# Titles and abstracts of Lecturers

**1- Consultant Orthopedic Surgeon Dr. Mahmood Shihab Wahhab.**

* Supervisor fellowship training of knee and hip arthroplasty
* Authorized responser of S&S program (primary and revision knee in Iraq)
* Arabic and Iraqi board supervisor
* Member of international concense meeting of PJI (Philadelphia)

**Lecture:**

**Periprosthetic Joint Infection (PJI)**

Short review about periprosthetic joint infection
Prophylaxis
Causes
Diagnosis
Scenario for
management.

**Work shop:**

**Articulating spacer VS non articulating spacer**

Short talk about steps of application of articulating spacer in cases of PJI with principles of antibiotic application with cement with mobile spacer for the sake of the mobility and walking of the patient. The aim
is keep walking even with spacer to avoid stiffness.

**2- Consultant Orthopedic Surgeon. Dr. Waleed A Abdul-wahid Al-Saadan**

**FICMS (Ortho), MBChB**. **Special Nursing Home Hospital & Ghazi Al-Hariri**

**Special Surgery Hospital, MCTC, Baghdad, Iraq.**

*Head of Joint replacement center, Special Nursing Home Hospital, Medical City Teaching Complex (MCTC), Baghdad, Iraq. Since 2015
*Member of Medical Education Council in Iraq (MECIQ), MOH, Iraq, since 2017
*Training program director of: "hip & knee reconstructive surgery fellowship", since 2015
*Faculty (training supervisor), Iraqi board orthopedic postgraduate study, since 2010 And Arab board emergency medicine postgraduate study, Iraq, 2010 *Ex-Country Council Chairperson AO Trauma, Iraq, since Feb 2014-July 2021.
*Elected member of Administrative Board of "Iraqi Orthopedic association", 2018
*Member of Arab Board Regional "Training Programs & Medical Ethics" Committee, 2018
*Member of Central Committee of Research of Iraqi MOH, Oct 2020

## Deformity and joint replacement.

Arthroplasty is a solution for end stage joint disease, the main indication is usually pain. The presence of deformity in the limb could complicate the procedure. Performing the

arthroplasty without considering the deformity definitely would compromise the results. The presentation would be an interactive discussion of some arthroplasty cases with a concomitant deformity in the same limb.

**3- Professor Dr. Medhat Mohammed Mahdi.**

University of Basrah .Collage of Medicine.

Consultant orthopedic and sport surgery. Basrah Teaching Hospital * Head of Iraqi Council of Orthopedic Surgery Basrah Center.

* Member and supervisor and examiner of Iraqi and Arab board Basrah center and diploma study Basrah Collage of Medicine.

**Arthroscopic surgery in Basrah: Past, Present and Future**

**4- Consultant Orthopedic Surgeon Dr. Khalil Ibrahim Sadek.**

**FICMS (Ortho), MBChB**.

*Director of Basrah arthroplasty center.

*Supervisor specialist in adult reconstructive surgery arthroplasty and arthroscopy

*Fellowship in adult reconstructive surgery.

*Member and supervisor of Arab board orthopedic surgery center in Basrah.

**Joint Replacement surgery in Basrah: Past, Present and Future**

**5- Consultant orthopedic and sports surgeon**

**Dr. Qasim Mohammed Aljanabi**. Subspecialty in advanced knee arthroscopy

*Member of Orthopedic Arab board council in Iraq

*Supervisor in Iraqi board council

*Member of Asian football Confederation (AFC) Medical Committee

*Iraqi football Team doctor in more than 100 official match for 15 years till 4 months ago

*Bronze merits award of distinguished medical service from AFC

*Nominated for the Silver merit award of the AFC medical service this year.

*Authorized FIFA doping control medical officer.

**Lateral extra-Articular tenodesis**

**Indications & Techniques**

As a general surgeon by trade, Dr. Marcel lemaire was the first to describe an isolated extra-articular tenodesis in 1967. A sport french digestive and thoracic surgeon who become because of football sport an orthopedist.

Lateral extra-articular tenodesis improve patient outcomes when combined with anterior cruciate ligament reconstruction. Failure rates are > 50% lower in young patients at high risk of reinjury with 2 or more factors of the following criteria :

1- Returning to contact pivoting sport

2- High grade anterolateral rotatory laxity

3-Generalized ligamentous laxity (beighton score > 4)

Other indications include segod #, chronic ACL lesion, and lateral coronal laxity. A clear understanding of indications determined by a comprehensive clinical assessment and risk stratification is needed.

As indication continue to be stretched we need better understand the role of lateral – extra articular tenodesis and when to employ it in our practice.

We have different techniques to accomplish this operation because to many surgrons modified lemaires one.

We are including our work with photos in the lecture.

**Anterior cruciate ligament management in children**

ACL injuries are thought to be increasing in several patient population, including pediatric and adolescents as well as in female patients. Increasing ACL injuries let to many controversies about the appropriate treatment of these injuries. Because there is a spectrum of injuries including tibial avulsions, partial ACL tears. And complete tears. Also, there is some concern for the treatment regarding the physis and potential growth disturbances .

If surgery is chosen, there is debate over the appropriate technique as well as graft choice. Finally, the pediatric and adolescents may have difficulty adhering to detailed rehabilitation protocol.

We depend here on the radiologically based classification of Meyers & Mc Keever to treat the patients of 4 types, two of them may be conservatively treated at the start.

Also we present in this talk a case of 8 years old female treated by our technique surgically.

**6- Consultant Orthopedic Surgeon Dr. Ihsan Ouda Alshamy**
**FIBMS, M.B.CH.B. AL Hussein Teaching Hospital- Nasiriya-Iraq.**

*****Fellowship in knee arthroscopy and arthroplasty – Sain Rafael hospital- Milano – Italy-2012 *Fellowship in knee arthroscopy – Colombia Asia hospital- Delhi-2015

**Do all ACL reconstruction are the same?**
**(Modified Lemaire procedure for high pivot shift patients).**

The main mechanism in most of anterior cruciate ligament (ACL) injuries include high pivoting mechanism of the knee, which is the main mechanism also for injuring the anterolateral complex of the knee namely anterolateral ligament of the knee (ALL). ALL considered the main stabilizers of internal tibial rotation and if not addressed during ACL reconstruction it may lead to persistent pivoting of the knee postoperatively with high graft failure rate. Modified Lemaire procedure is promising procedure can be added to the ACL reconstruction procedure to eliminate the risk of persistent pivoting postoperatively provided that we properly choose the candidate patient for that. Indications may include the following: young age patient (15-25 years), ACL revision surgery, high grade pivot shift grade 3 and more, generalized ligamentous laxity, genu recurvatum more than 10 degrees, segond fracture. not only it is simple and not time consuming; but also it does not need harvesting a new graft, from other hand it is not totally without complications like overconstain lateral compartment of the knee causing early arthritic changes. We recommend doing this procedure as adjuvant procedure with ACL reconstruction in some patients with appropriate indications.

**7- Specialist Orthopedic surgeon Dr.Salam Fadhil Mohammed**

**FIBMS, M.B.CH.B Al-FayhaaTeaching Hospital in Basrah. Basrah arthroplasty center.**

**Management of multi ligament knee injuries**

.Multiligament knee injuries (MLKI) are devastating injuries

In this lecture I will review the management of this injuries and present some of cases that have been treated in Basrah center.

**8- Assistant Professor of Orthopedic Surgery. Ali Abadalnabi Al-Tamimi. FIBMS, M.B.CH.B College of Medicine.Sulaimaniyah University. Consultant Orthopedics Surgeon. Sulaimaniyah Teaching Hospital**

*Chairman of Sulaimaniyah Orthopedics center for Arab Board

*Supervisor of postgraduate students of Arab board, Iraqi board and Kurdistan board.

## Hip periprosthetic fracture

Hip periprosthetic fracture is one of complications which can be due to the procedure and technique of arthroplasty or due to causes not related to the arthroplasty. It can happen intraoperatively (1.7%) or post operatively (3.5%). Fracture is more common in cementless prosthesis than the cemented one. The most common part prone to fracture intraoperatively is the calcar (69%).

Bone quality, technique and prosthesis stability play a role in such complication. Vancouver classification divided the fracture into 3 main types: metaphyseal, around the stem and distal to the stem. Vancouver classification is the best way to decide the plan of management whether the fracture happened intraoperatively or postoperatively. Cases with periprosthetic fractures will be discussed.

**9- Consultant orthopedic surgeon Dr. Falih Waheed Hashim.**

**FIBMS (Ortho), M.B.CH.B Lecture Al-Zahraa College of Medicine, University of Basrah.**

**Basrah Teaching Hospital.**

*Member and supervisor of Arab board orthopedic surgery center in Basrah.

**Pre-operative planning for total hip arthroplasty.** Preoperative procedure planning, why it is important?

- It is a crucial step towards a successful hip replacement

It comprises: Comprehensive history and examination

-Weight-bearing
standardized
radiographs
- Assessment of patients fitness
- Choosing the best implants
- Templating

**10- Consultant Orthopedic Surgeon Dr. Mohammed Saeed Mohammed,**
**FIBMS (Ortho), MBChB. Medical City Teaching Complex Ghazi Al-Hariri Special Surgery Hospital. & Special Nursing Home Hospital. Baghdad, Iraq.**
*Fellowship in AO truma &AO spine.

**Strategy of surgical management in crow type 3 and 4 in DDH hip arthroplsaty.**

Total hip arthroplasty in developmental dysplasia of the hip represent highly demanding surgical procedure especially in type 3&4Crowe due to distorted anatomy, soft tissue imbalance and most patient fromyoung age group. We will focus onsome strategy that we follow it during surgery to overcome the difficulties from
acetabular, femoral and soft tissue balancing side.

**11- Specialist Orthopedic Surgeon Dr. Nabeel Yusuf**
**MB CHB. ABHS (Orthop.) Basrah Teaching Hospital.** Basrah arthroplasty center
**F.A.B.M.S (Fellow of Arab Board of Medical Specialization /Subspecialty in Knee – Hip**
**Reconstructive Surgery and Knee Arthroscopy).**

**Difficult primary THA**

Presentation of difficult THR
cases Learning Objectives
All patients had a significant anatomical abnormality rendered the primary THR difficult
Preoperative Planning is very important
Multiplanner CT provides additional information
Short narrowed stem

**12- Specialist Orthopedic Surgeon Dr.Hussein ali khazaal**

**MB CHB. ABHS (Orthop.) FIBMS,Orthopedic surgeon** Fellowship attendant in hip and knee reconstructive surgery

**How the hip offset the result of total hip arthroplasty**

Offset in THA corrlates to abductor muscle function, wear, and impingement. femoral offset after THA is not independent of the cup center of rotation (COR) SO HIP offset , a combination of femoral offset and
change in hip COR , becomes the important measurement .

**13- Professor Dr.Nickolay N. Kornilov**

**Nikolai Kornilov, knee surgeon, professor. Head of knee surgery department at Vreden National Medical Research Center of Traumatology and Orthopedics, Saint-Petersburg, Russia**

**Management of bone defects in TKR**

Bone defects management in primary and revision total knee arthroplasty includes many options with known advantages and disadvantages: bone cement with or without augmentation by screws, autologous and allogenic morselized or structured bone grafts, rectangular and wedge-shaped modular metal blocks, porouscoated metaphyseal sleeves, trabecular metal cones, mega-prostheses or customized implants. Recently the additive manufacturing technologies makes possible designing and production of patient-specific 3D-printed implants for extensive femoral and tibial bone loss.

**14- Specialist Orthopedic surgeon Dr.Ahmed Hazim Alaoodh**

**FIBMS (Ortho), M.B.CH.B .Basrah Teaching Hospital** Basra Arthroplasty Center

**F.A.B.M.S (Fellow of Arab Board of Medical Specialization /Subspecialty in Knee – Hip Reconstructive Surgery and Knee Arthroscopy).**

*AO Faculty in reconstructive surgery 2018. Still work on establish a training programs for Arthroplasy training courses.

*Active member of Iraqi Associate of Orthopedic Surgeons, Baghdad-Iraq.

*Conferences and workshops:

1. ICJR (international committee of joint replacement) in Dubai 2014.
2. AO spine conference in Istanbul 2015.

3. Fedia academy work shop of joint injections Beirut 2016
4. ICJR Dubai 2017.
5. AO principles of hip and knee replacement Dubai 2017.
6. AO cadaver course for complex knee and hip revision surgeries Dubai 2019.

**Frequantely asked questions about total knee surgery**

Total knee replacement know become famous know surgery in community of orthopedic and in our people community

There for many questions hear it from our patient asking about fears and guaranteed of the surgery Not only our people even doctors medical staff student of higher education So to raise some questions to discuss

To make the perfect ideal answers to uniforms our answers

**15- Specialist orthopedic Surgeon Dr.Mohamed bakir abbas abdulzuhara**
**MB CHB. ABHS (Orthop.)**
**Basrah arthroplasty center. Basrah Teaching Hospital**
**Lecturer Alzahraa College of Medicine University of Basrah**

**Postoperative Pain Management in Total Knee Arthroplasty**

The aim of this lecture is to discuss the current postoperative pain management regimens for TKA. Our review of the literature demonstrated that multimodal analgesia is considered the optimal regimen for perioperative pain management of TKA and improves clinical outcomes and patient satisfaction, through a combination of several types of medications and delivery routes, including:

Preemptive analgesia, neuraxial anesthesia, peripheral nerve blockade, patient-controlled analgesia and local infiltration analgesia, and oral opioid/no opioid medications. Multimodal analgesia provide: superior pain relief, promotes recovery of the knee, and reduces opioid consumption and related adverse effects in patients undergoing TKA.

**16- Professor Dr. Medhat Mohammed Mahdi.**

**Musculoskeletal tumors around the knee joint mimic sport injuries in their presentation** Although the musculoskeletal tumor are less common , they frequently occur at the same age group and also around the joint most commonly the knee , and the patients often recall some traumatic event with pain and swelling around the knee . The overlapping clinical appearance of some sport related injury and orthopedic oncology condition continued to lead to delay diagnosis or incorrect diagnosis or incorrect arthroscopic diagnosis. High index of clinical suspicion may clinch early diagnosis of musculoskeletal tumors of the knee joint so far the clinical features may mimic sport injuries in their presentation. Three case presentation of variable tumors of knee joint are presented in details regarding history, physical examination, investigation and their outcomes are discussed. Thorough history and clinical examination with attention to the possibility of referred pain. High index of clinical suspicion of tumor in sport injuries is not rare. To avoid misdiagnosis quality radiograph and MRI studies should be obtained before any invasive procedure

Like arthroscopy. Imaging study should be obtained at least three weeks before any planned procedure.