

Building our Orthopaedic Future

Dr. Van der Bracht Hans
Diensthoofd ORTHO.Gent



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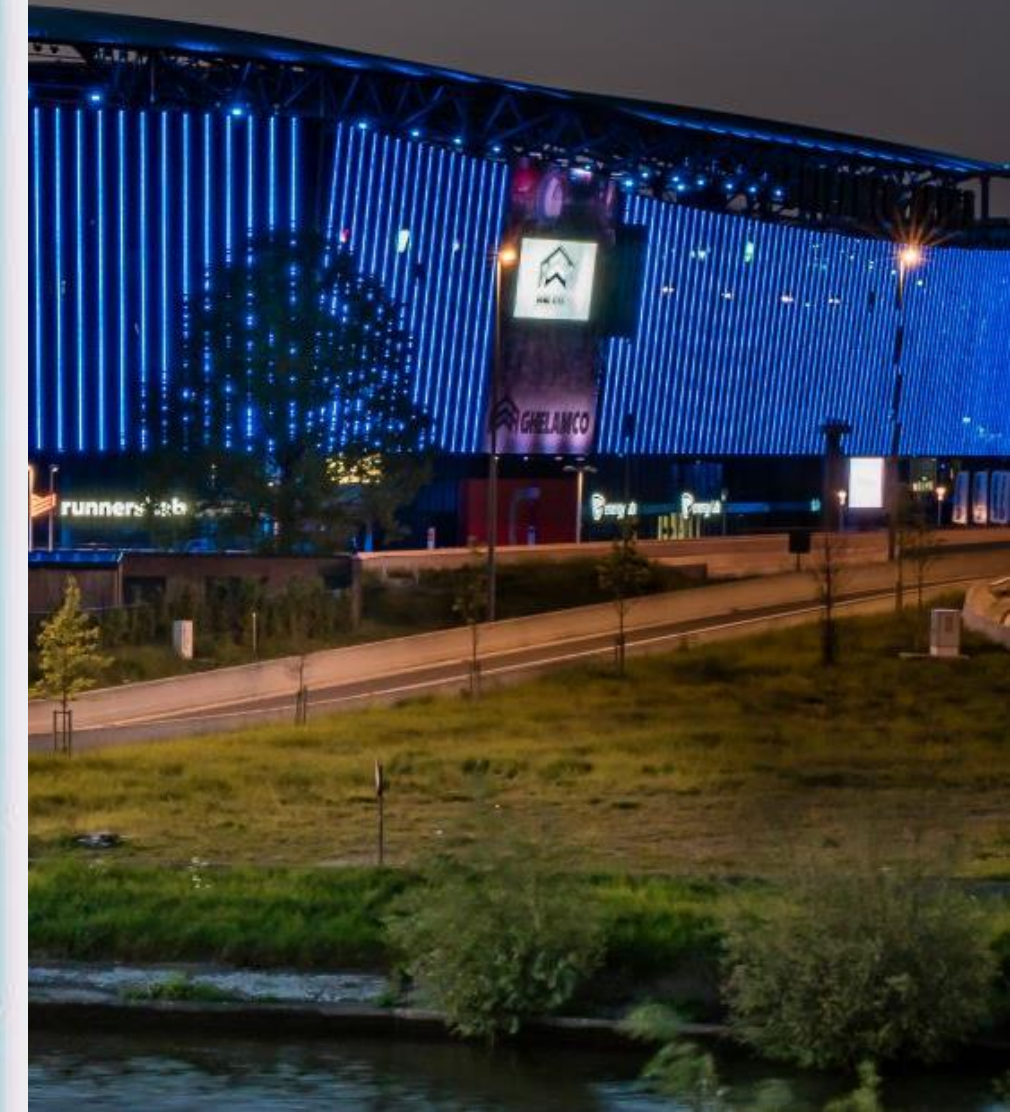
ORTHOPEDIE & TRAUMATOLOGIE

ORTHO.TOMORROW 25.11.23



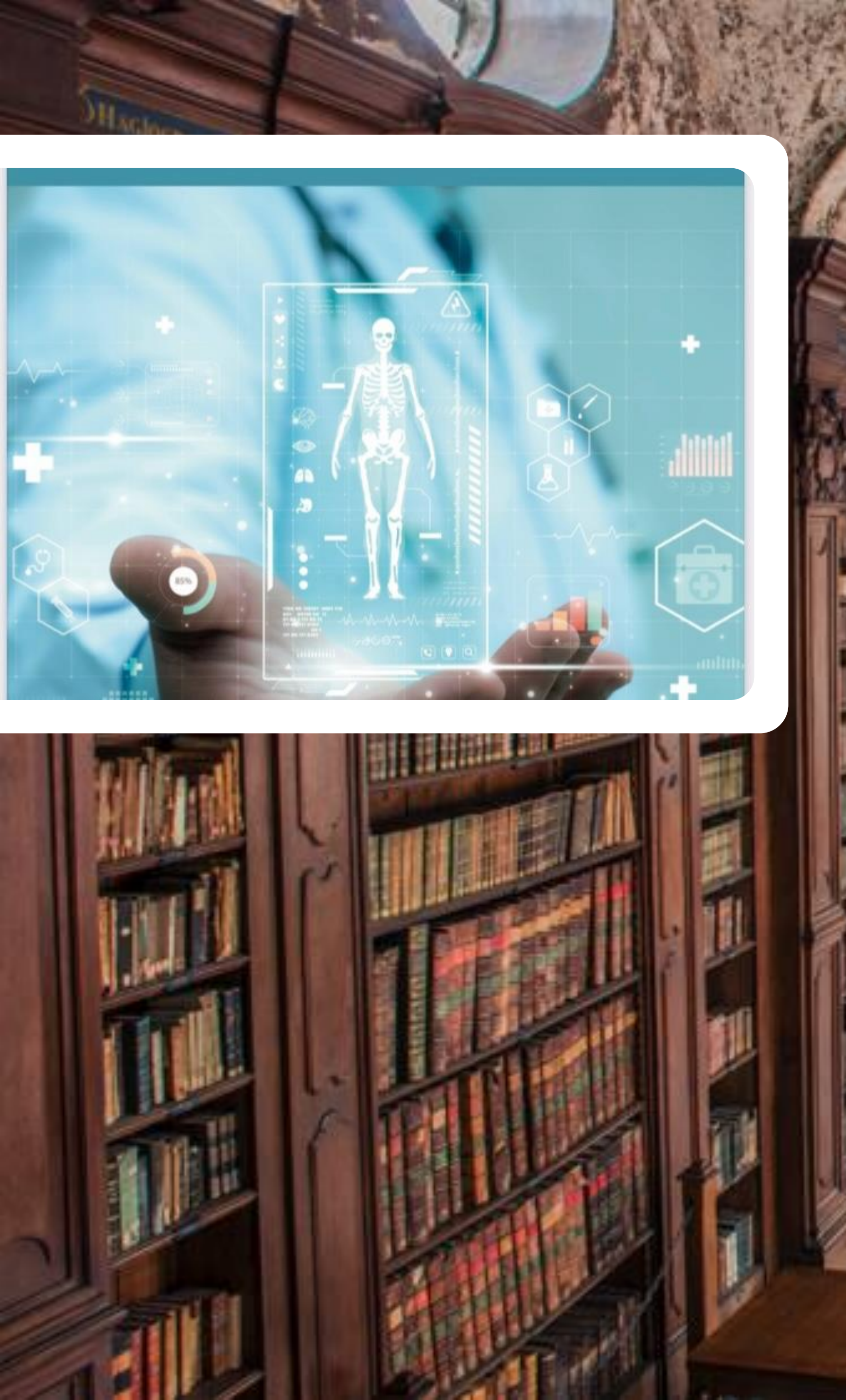
25 november 2023
Augustijnenklooster Gent

ORTHO.TOMORROW



ORTHO.GENT
ORTHOPEDIE & TRAUMATOLOGIE

 azsintlucas
gent





azsintlucas
gent

The logo for 'azsintlucas gent' is located in the top right corner. It consists of a stylized icon of four overlapping circles in orange, yellow, and red, followed by the text 'azsintlucas' in a bold, sans-serif font, with 'azsint' in blue and 'lucas' in red. Below it, the word 'gent' is written in a smaller, blue, sans-serif font.

ORTHO.TOMORROW

A, NO. 4

OCTOBER 1948

The Journal of Bone and Joint Surgery

American Volume

THE FUTURE OF ORTHOPAEDIC SURGERY *

BY ROBERT I. HARRIS, M.B., TORONTO, ONTARIO, CANADA



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On this occasion, historic because the Orthopaedic Associations of Great Britain and of Canada are meeting jointly with us, we may well pause to consider the background of our growth, which, from small beginnings, has led us steadily onward to this unique landmark in our special field of surgery. Nor can we fail to give some thought to the future and what it may hold for us in increased knowledge of orthopaedic problems and improved techniques for the mastery of disease.

In the years which have elapsed since its founding, The American Orthopaedic Association has traveled an interesting pathway of development. The original fourteen surgeons who met in the home of Dr. Shaffer in New York "to discuss the formation of The American Orthopaedic Association" could have had no conception of the magnitude and importance of the project they were launching. Indeed there was no unanimity among the founding fathers; two voted against the motion, and two abstained from voting. Yet the majority succeeded in establishing a scientific organization greater than they could have thought possible. They would have rejoiced, could they have witnessed its progress through the years; and I like to think that they would have been especially proud to share in this Meeting with two other orthopaedic associations whose existence, in some measure, is due to the stimulus, example, and interest of the Association they founded sixty-one years ago.

From the outset our Association manifested healthy vigor. Its founding members were men of intelligence, energy, and foresight. Even in the earliest meetings, the papers they presented displayed originality and interest. Important new contributions to knowledge are sprinkled through every issue of the Transactions. Vigorous discussion was the rule. In 1901, for instance, when Clarence L. Starr of Toronto recorded his experience in "The Treatment of Abscesses in Tubercular Bone Lesions", his paper of four and a half pages was followed by nine pages of discussion.

The Association came into being at an opportune moment in the history of surgery. Lister's technique of antiseptic surgery had proved its merit, and aseptic surgery had made its first appearance. It was now possible to operate upon patients with the confidence that the wound would heal and no harm would result to the patient. Operations of election became feasible, because they were safe. This revolutionary advance opened a field of immense possibilities to those who were concerned with the treatment of deformities. No longer was the surgeon limited to slow and feeble correction by braces and splints. If he was skillful and bold, he might obtain an instant and perfect correction by operation upon the deformed extremity. Orthopaedic surgery, as we know it, could not have come into existence except for the safeguards of Lister's discovery. Safety in operating made possible the development of a great new field of elective operations, peculiarly suited to the problems of orthopaedic surgery.

It was in this atmosphere that the new Association was founded and spent its formative years. It is not surprising, therefore, that its meetings were vigorous and stimulating.

* President's Address, delivered at the Joint Meeting of The American Orthopaedic Association, The British Orthopaedic Association, and The Canadian Orthopaedic Association, Quebec, Canada, June 5, 1948.

In the first sixteen years, during which the papers read at the annual meetings of the Association were recorded in the Transactions of The American Orthopaedic Association, there were many contributions of historic importance. Not unnaturally, the opportunities in the field of operative surgery aroused the interest of the orthopaedist. New and ingenious operative procedures occupied his attention and endeavored to bring increasing certainty to correct deformity and to cure disease.

In 1895, when the Association was eight years old, Roentgen discovered x-rays and gave to orthopaedic surgeons a new agent for diagnosis and for assessing the results of treatment. There is singularly little discussion of this epoch-making discovery in the proceedings of the Association, but gradually papers appeared, which were accompanied with reproductions of roentgenograms, often in the form of tracings. The x-ray as a diagnostic agent grew slowly. Doubtless the crudity of the early roentgenograms made it difficult to appreciate the vast potentialities of x-ray technique in the study of disease.

During the years of its existence, the influence which the Association has had has been great and has steadily increased, until today it molds the thinking and the work of not only of orthopaedic surgeons, but of the world of medicine at large.

It is a far cry from 1894, when A. M. Phelps of New York in his Presidential Address discussed the transition from "orthopedy" (the treatment of deformities by means of braces, and splints) to "orthopedic surgery" (the operative treatment of deformities by surgeons who devoted themselves to this field). It was a vigorous fighting of the general surgeons to equal the skill and interest of the orthopaedist. Phelps defended the development of specialism and the growth of the orthopaedic specialties of ophthalmology and gynecology. He was so bold as to claim that orthopaedic surgery not merely fractures of the neck of the femur, but all fractures and dislocations. ". . . many members of this Association include in their work the treatment of fractures of the neck of the femur, and with them I fully agree. But why not include in the work of the orthopaedist the treatment of hernia of the neck of the femur and not all fractures? If all fractures are to be treated by truss, why not include in the work of the orthopaedist the treatment of hernia? He even claimed hernia for the orthopaedic surgeon, for the reason that the orthopaedist who could most skillfully carry out treatment by truss. "Hernia unquestionably should be classified as an orthopedic subject. It is as important and as difficult to cure as any other remedy a hernia as a splint to hip-joint disease, and frequently, by means of truss, herniae are cured."

Phelps surveyed the future with far-sighted vision. His predictions have seemed visionary to his audience and irritating to his critics. Yet, most that he dreamed of has been accomplished and much besides.

At the early annual meetings, before the turn of the Century, the papers were concerned with congenital deformities, tuberculosis of bones and joints, dislocations, new designs for splints and braces, deformities due to bad posture, fractures of the upper femoral epiphysis, rachitic deformities, foot deformities, and other conditions. Operative techniques (such as osteoclasis), scoliosis, typhoid splints, and occasional papers on infantile paralysis and on fractures. It is singular that the problems were so seldom discussed at the early meetings of this Association. It is hard to say how long a time was necessary to transform Phelps's "orthopedist" into the "orthopaedic surgeon" in the modern sense of the term.

In the first three decades of this Century, orthopaedic surgery advanced. The technique of antiseptic surgery had been completely replaced by that of aseptic surgery. Operative surgery rapidly evolved new and improved principles which made it safe the exploration of every part of the body. This was a challenge to the orthopaedist of the surgeon to master more and more complex technical procedures, in order to obtain greater and greater results. To none had this more appeal than to the orthopaedist. His response was a great outpouring of new and modified operations by which the treatment were greatly improved.

Voor 1948:

- Aseptisch werken
- Radiografische opnames
- Van orthopedie naar orthopedische chirurgie
- Traumata
- Infecties
- => afsplitsen van de algemene heelkunde

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• De Toekomst in 1948:

• **Honger naar kennis:**

• *basic science en fractuurheling*

• *Endocrinologie (Ca, osteoporose, ...)*

• *RX pathologie en normale anatomie*

• **Link houden met andere specialismen**

• **Evolutie in chirurgische techniek**

• **Opleiding, overleg, samenwerking**

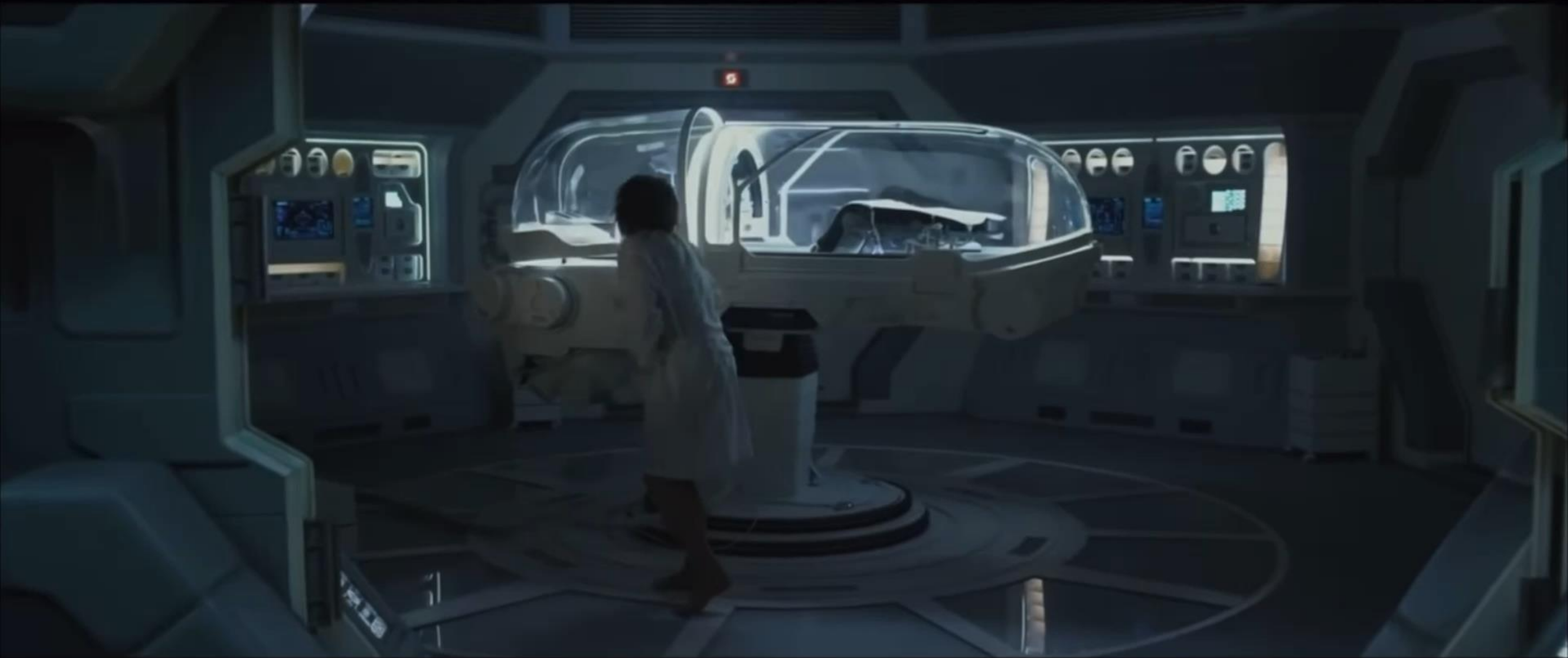


• Charnley

- 1960 eerste THP
- 1961 eerste operatiezaal

The past is the foundation of tomorrow.





Het team, de groep



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Team vs Subspecialisatie

=> Kennis

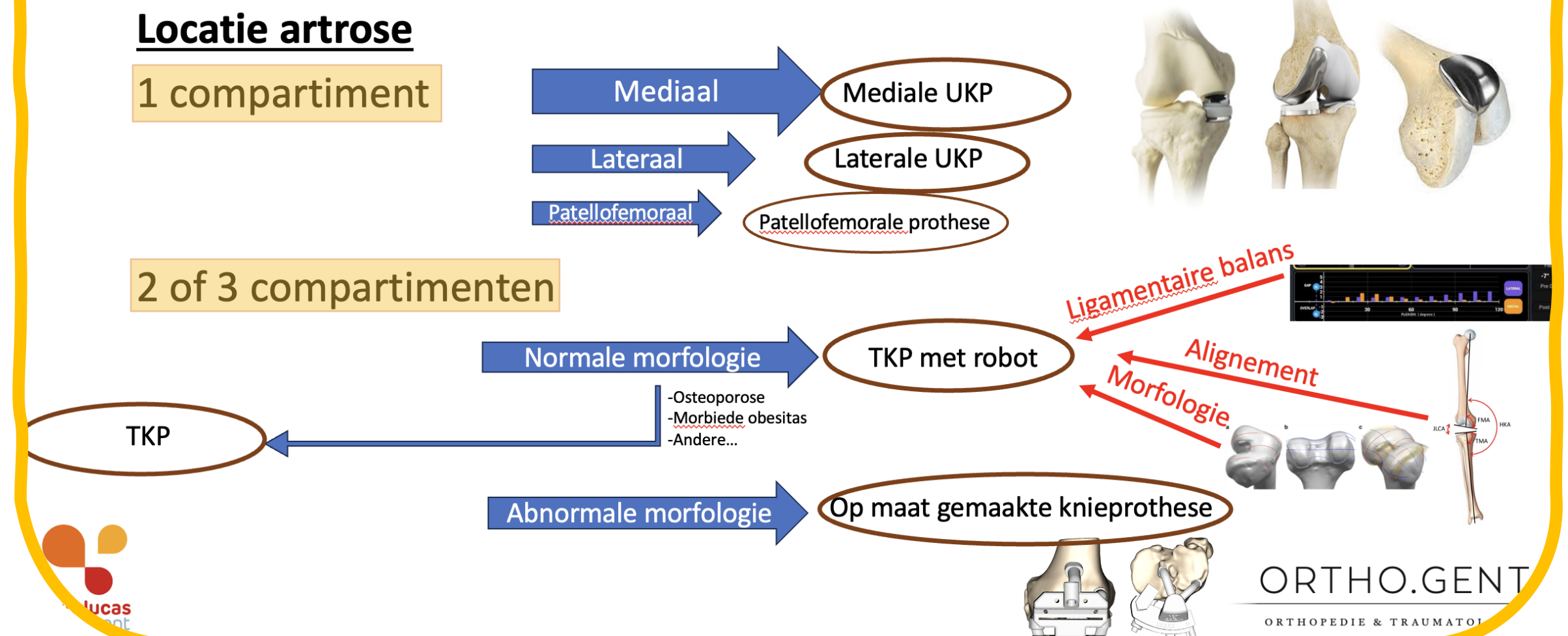


Young Adult Hip Clinic

Vroeger was de vraag: Is de heup kapot of niet....

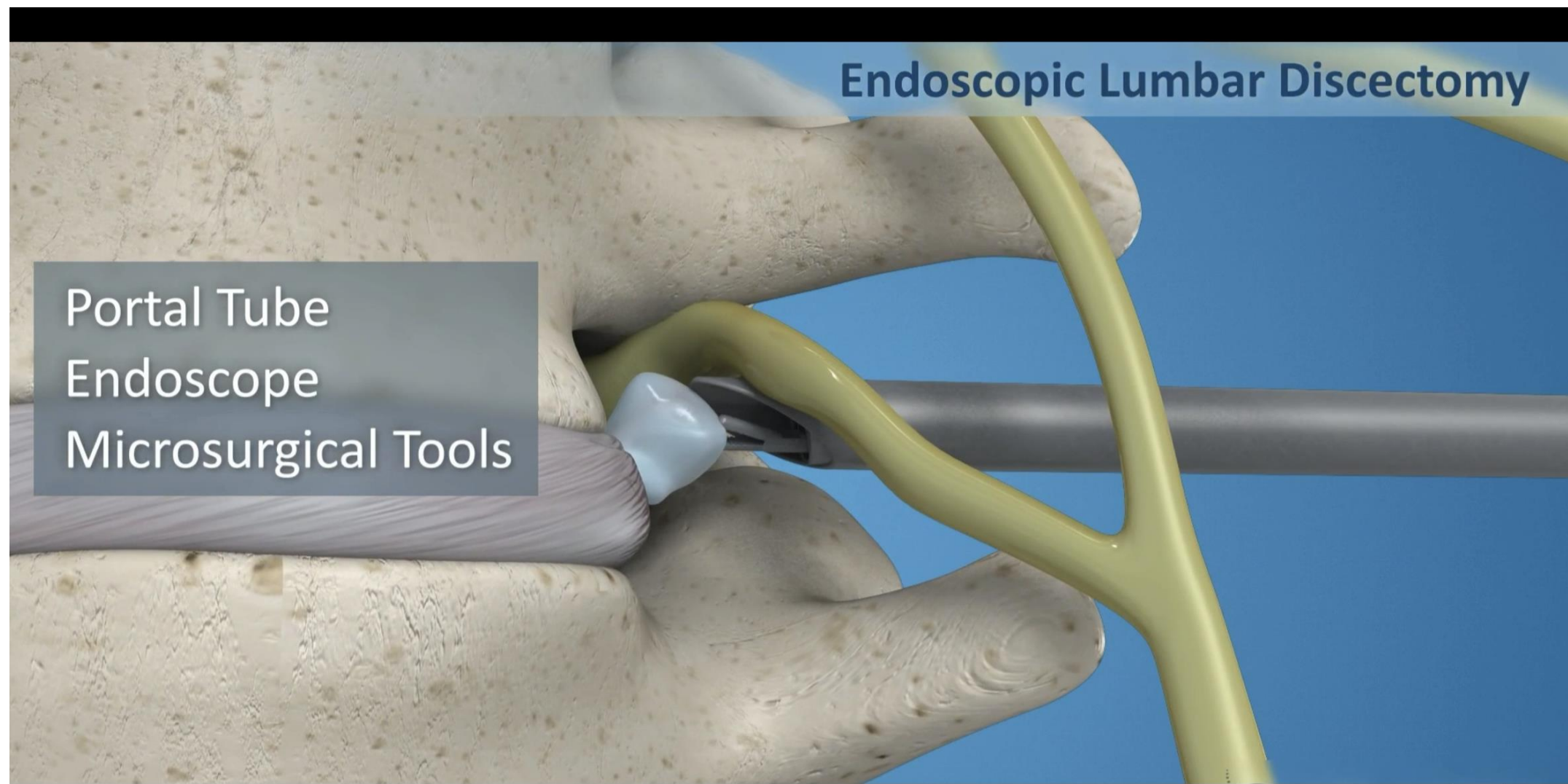
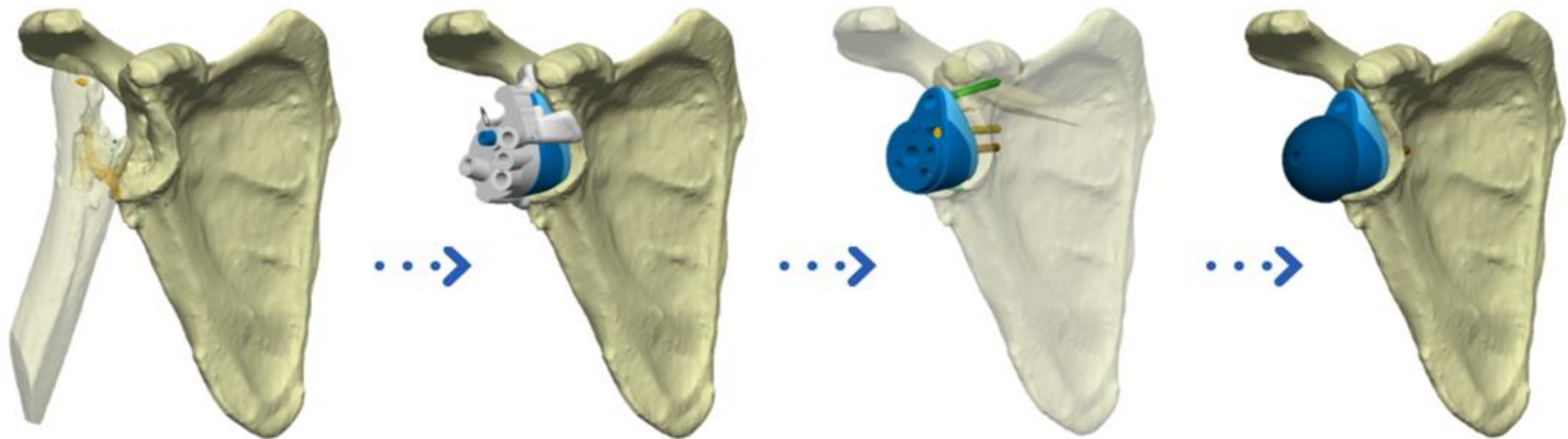
Nu is de vraag: Hoe komt het dat deze heup kapot is of kapot zal gaan??

Flowchart gepersonaliseerde knieprothese



Subspecialisatie => kennis

Technische innovatie



Patient centraal

Take home

- Toenemende indicaties
 - grotere chirurgie
 - wakker testen → betere resultaten
- Toenemende efficiëntie
- Toenemende betrokkenheid
- 'Hole in one' local anesthesia
- Happy patients



Samenwerken

Take home messages



. Snelle doorverwijzing!

. Multidisciplinaire aanpak

- Pre-hospitaal / Spoedopvang
- Chirurgisch team (Orthopedie / Plastische heelkunde)
- Wondzorgteam / thuisverpleging
- Bandagist
 - Adequate spalk
- Kinesithérapie
 - Oefentherapie (thuisprogramma)
 - Mentale ondersteuning
 - Begeleiding naar werkhervatting

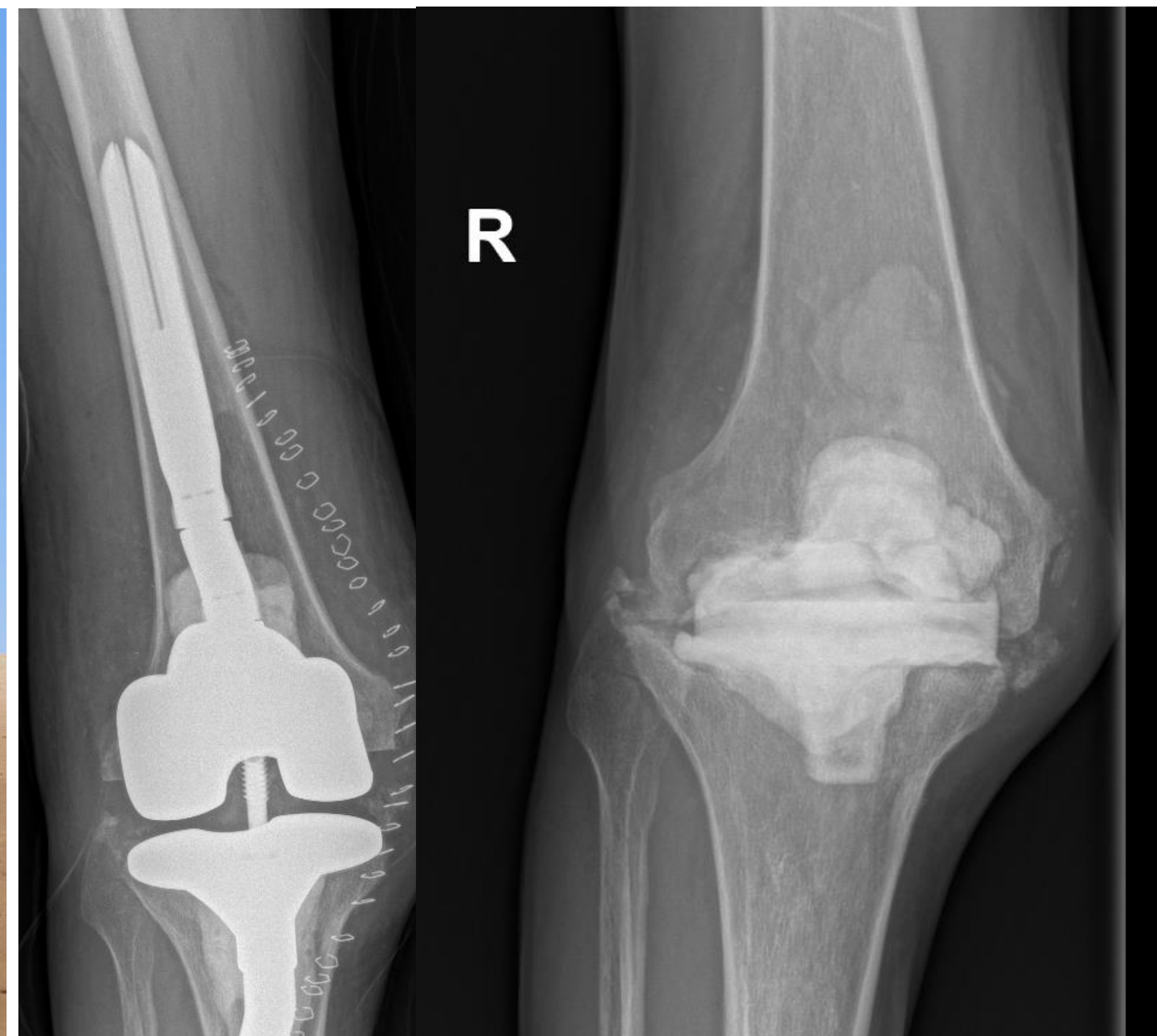
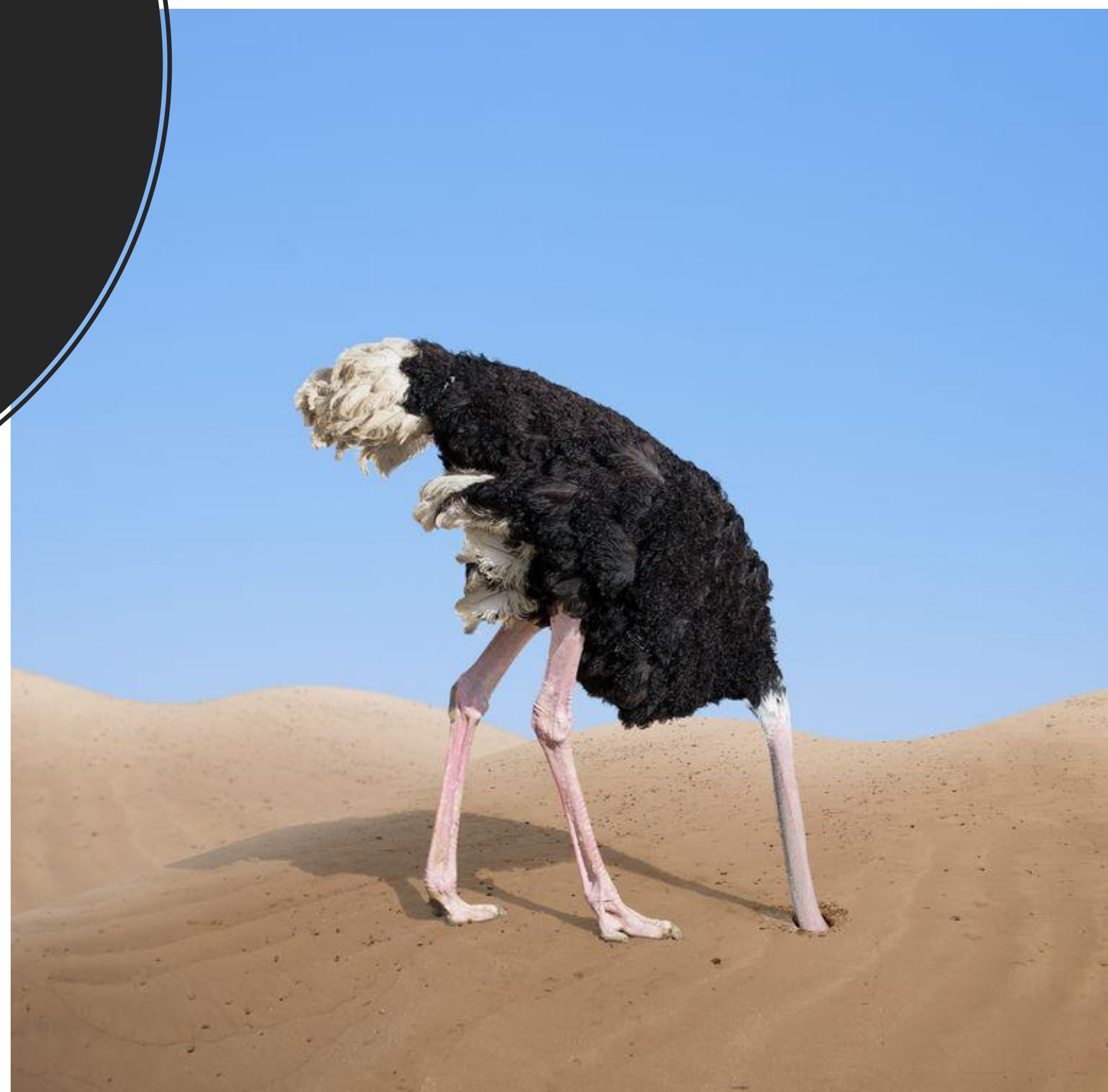
Toekomst overkoepelende
Gentse wachtdienst SOS
mains?





Samenwerken ORTHOG(eriatrie)

Samenwerken: infecties



Patient
centraal



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WELKOM

NIEUWS

ARTSEN ▾

MEDISCH ▾

INFO ▾

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hartelijk dank