



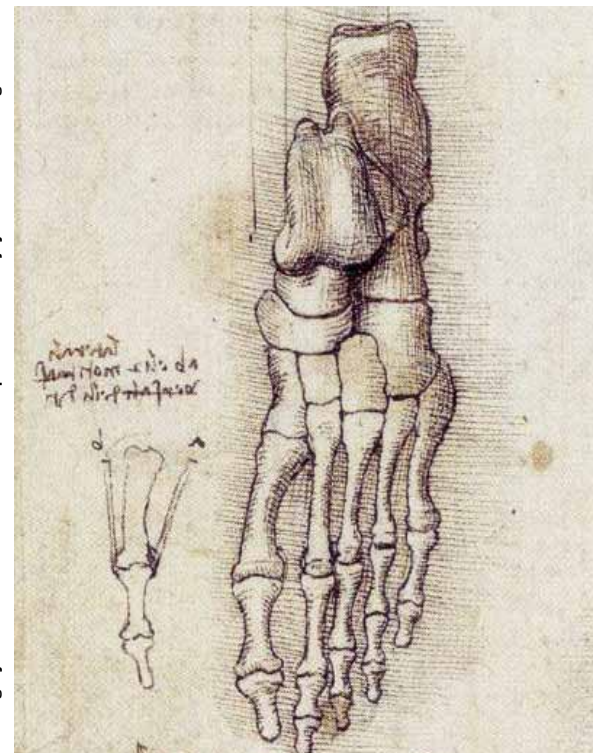
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4th Foot and Ankle Symposium Managing Complications in Foot & Ankle Surgery

Drawing by Leonardo da Vinci «The noblest pleasure is the joy of understanding»



Final Program
Thursday, September 20th (pm) and
Friday, September 21st, 2012
Auditorium

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Host

Norman Espinosa, MD
Department of Foot & Ankle Surgery
Balgrist University Hospital
Forchstrasse 340
8008 Zurich, Switzerland

Thrombosebehandlung ? Clexane® - easy to use !



1) Dosis für die 1x tgl. Gabe: 1.5 mg/kg Körpergewicht. Bei Patienten mit komplizierten thromboembolischen Problemen wird die Injektion von 1 mg/kg Körpergewicht zweimal täglich empfohlen.

ZUSAMMENSETZUNG: Enoxaparinum natrium, Inj.-lösung. **INDIKATIONEN:** Thromboembolie-Prophylaxe in der Chirurgie (1) und bei bettlägerigen Patienten (2) mit einer akuten Erkrankung, Therapie der tiefen Venenthrombose mit oder ohne Lungenembolie (3), der instabilen A. p. und des Nicht-Q-Wellen-Myokardinfarktes in Kombination mit Acetylsalicylsäure (4), der akuten Myokardinfarktes mit ST-Hebung (STEMI) (5), Thromboseprophylaxe im extrakorporalen Kreislauf bei der Hämodialyse (6). **DOSIERUNG:** 1: 20–40 mg s.c. tgl., je nach Risiko; 2: 40 mg s.c. tgl.; 3: 1 mg/kg s.c. 2x tgl. oder 1.5 mg/kg s.c. 1x tgl.; 4: 1 mg/kg s.c. 2x tgl.; 5: <75 Jahren: 30 mg Bolus iv + 1 mg/kg s.c. 2x täglich - >75 ans: 0.75 mg/kg s.c. 2x tgl.; 6: 1 mg/kg iv. **Spez. Dosierung bei schwerer ni. KONTRAINDIKATIONEN:** Allergie auf Enoxaparin, Heparin und Derivate und andere niedermol. Heparine, Benzylalkohol, akute bakt. Endokarditis, Hämostaseabnorm., Thrombozytopenie, aktives peptisches Ulkus, zerebrovask. Anfälle, Beckenvenenthromb., i.m.-Verabreichung. **VORSICHTSMASSNAHMEN:** spinale/epidurale Anästhesie, heparinind. Thrombozytopenie, Leber- oder Niereninsuffizienz, ältere Patienten, Untergewicht, Herzklappenprothese, Hypertonie, GI-Ulkus in der Anamnese, gestörte Hämostase, diab. Retinopathie, nach ischäm. Schlaganfall oder neurolog./ophthalmolog. chirurg. Eingriffen, erhöhtes Blutungsrisiko. **SCHWANGERSCHAFT:** Anwendung nur bei Notwendigkeit. **UNERWUNSCHTHE WIRKUNGEN:** Blutungen und Ekchymosen/Hämatome, Schmerzen sowie verhärtete Knötchen an der Einstichstelle, Thrombozytopenie, Urtikaria, kutane oder syst. Allergie, Vaskulitiden, Anstieg der Thrombozyten und der Leberwerte. **INTERAKTIONEN:** Substanzen, welche die Hämostase beeinflussen. **PACKUNGEN:** Fertigspritzen zu 20 mg/0.2 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80mg/0.8 ml, 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml; Clexane multi zu 300 mg/3 ml. Verkaufskategorie B. Ausführliche Angaben, s. Arzneimittelkompendium der Schweiz. **VERTRIEB:** sanofi-aventis (schweiz) ag, rue de Veyrot 11, 1217 Meyrin 1. CH-CLX-11-07-04

SANOFI

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Speakers

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1105 AZ Amsterdam, The Netherlands
- Weber, Martin, MD Ziegler Hospital, Morillonstr. 77
3001 Bern, Switzerland

Program

Thursday, September 20th, 2012

- 1400 Welcome **N. Espinosa**
1405 Why is it important to talk about complications **N. Espinosa**

ARTHROSCOPY AND TRAUMA

- 1410 Acute Athlete's Ankle **C.N. van Dijk**
1440 Complications in ankle arthroscopy **C.N. van Dijk**
1500 Persisting pain after arthroscopic treatment of osteochondral lesions of the talus – my approach **C.N. van Dijk**

1520 Coffee Break

- 1535 Arthroscopy after ankle fracture **C.N. van Dijk**
1550 Malunited ankle fractures **B. Hintermann**
1605 Stress fractures of the talus and medial malleolus **C.N. van Dijk**
1625 Management of AVN of the talus **M. Weber**
1640 How to treat sequels of calcaneal fractures **V. Valderrabano**
1700 Potential problems of metatarsal fractures – How to anticipate them **A. Kadakia**

GENERAL THOUGHTS ON SPECIFIC PROBLEMS

- 1715 Bone grafting: How can I promote incorporation? **V. Valderrabano**
1730 Infections of the foot and ankle – A logical approach to solve the problem **M. Knupp**
1745 Thromboprophylaxis in elective foot and ankle surgery **A. Molloy**

1800 End of first day, drinks and snacks in the foyer

Friday, September 21st, 2012

FOREFOOT

Moderator: **M. Huber**

- 0800 Failed bunion surgery **P. Rippstein**
0815 Iatrogenic hallux varus deformity **M. Huber**
0830 What if MP-I fusion goes wrong **M. Monteagudo**
0845 Transfer metatarsalgia after hallux valgus surgery **A. Molloy**
0900 How to make Weil's work and manage their complications **M. Huber**
0915 Complications and salvage of lesser toe surgery **P. Rippstein**
0930 Recurrent intermetatarsal neuroma **N. Espinosa**

0945 Coffee break

HINDFOOT

Moderator: **M. Knupp**

- 1015 Chronic syndesmotic instability **A. Molloy**
1035 Failed lateral ankle ligament repair **V. Valderrabano**
1055 Missed medial ankle instability **M. Knupp**
1115 Peritalar instability: How to recognize and treat the problem **B. Hintermann**
1145 Chronic Achilles tendon tears and tendinopathy **M. Monteagudo**
1205 Peroneal problems – my approach **A. Kadakia**

1230 Lunch Break

- 1315 Malunion and Nonunion after ankle fusion **N. Espinosa**
1330 Failed tibiotalar fusion: Causes and solutions **M. Monteagudo**
1345 An isolated subtalar and/or talonavicular joint arthrodesis has failed: What now? **A. Kadakia**
1400 Revision surgery in total ankle replacement **X. Crevoisier**
1420 Hindfoot varus and total ankle replacement **P. Rippstein**
1440 Hindfoot valgus and total ankle replacement **M. Knupp**
1500 The septic total ankle replacement – my approach **B. Hintermann**

1530 Coffee break

- 1550 How to balance an imbalanced cavovarus foot **F. Krause**
1605 Secondary treatment of Lisfranc injuries and sequels **M. Knupp**
1620 Flatfoot correction: How to avoid getting into troubles **X. Crevoisier**
1640 Salvage of Charcot Foot with and without arthrodesis **F. Krause**

1700 End of symposium

Sponsors

We thank our sponsors and exhibitors for supporting this event:



Fee/registration/information

Course fee: CHF 250 (130 for doctors-in-training)

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E-mail: karin.wettstein@balgrist.ch; www.balgrist.ch/congresses

Credits

11 credit points granted by the Swiss Society of Orthopedic Surgery and Traumatology (SGOT/SSOT)

Course venue

Auditorium Balgrist University Hospital, Forchstrasse 340, Zurich

How to get to Balgrist University Hospital

We recommend to use public transport:

- From Zurich main station via Stadelhofen train station: Tram # 11 direction «Rehalp» to stop «Balgrist» (travel time from Zurich main station: approx. 20 minutes).
- From Stadelhofen train station: tram # 11 direction «Rehalp» or «Forchbahn» (= S18) to stop «Balgrist» (travel time approx. 10 minutes).

By car:

Direction «Zürich City» and «See», from «Bellevue» drive direction «Rüti/Forch».

There is limited parking available at Balgrist University Hospital charged by the hour.

