

HOSPITAL  
FOR  
**SPECIAL  
SURGERY**



## ***Total Hip: Replacement and Resurfacing***

*An International Learning & Training Program*

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Presented by Hospital for Special Surgery and  
Funded by the Stavros S. Niarchos Foundation

**Wednesday, May 5, 2010-Saturday, May 8, 2010**



### **HSS Activity Directors**

**Friedrich Boettner, MD, Activity Director**

Assistant Attending Orthopaedic Surgeon  
Assistant Professor of Orthopaedic Surgery, Weill Cornell Medical College

**Douglas E. Padgett, MD, Activity Director**

Associate Attending Orthopaedic Surgeon  
Chief of the Adult Reconstruction and Joint Replacement Division  
Chief of the Hip Service  
Associate Professor of Orthopaedic Surgery, Weill Cornell Medical College

**Edwin P. Su, MD, Activity Director**

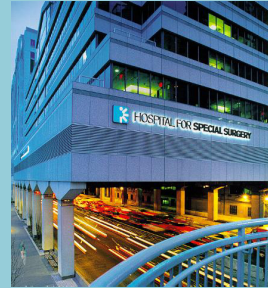
Assistant Attending Orthopaedic Surgeon  
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## Introduction

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Founded in 1863 by James Knight, MD and 20 prominent New Yorkers, Hospital for Special Surgery is the oldest orthopaedic hospital in the country. And now, for more than a century, it has been the educational resource for chief global leaders in orthopaedic surgery.

Hospital for Special Surgery is a world leader in orthopaedics, rheumatology and rehabilitation. For the 19th consecutive year, HSS has ranked above all other hospitals in the Northeast in orthopaedics. Also, Hospital for Special Surgery is nationally ranked No. 2 in orthopaedics, No. 3 in rheumatology and No. 24 in neurology by *U.S. News & World Report* (2009). HSS has been a recipient of the HealthGrades Joint Replacement Excellence Award for four years in a row (2007-2010). Scientific excellence in research, as well as state-of-the-art education programming, continues to influence local, national and international communities.



As a pioneer of total knee replacement and resurfacing, there has also been development of new imaging protocols for MRI evaluation of cartilage and ground-breaking progress in minimally invasive procedures and minimization of length of stay as well as leading the world in the application of general anesthesia techniques.

## Mission & Vision

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The mission of Hospital for Special Surgery is to provide the highest quality patient care, improve mobility and enhance quality of life and to advance the science of orthopaedic surgery, rheumatology and their related disciplines through research and education. The vision of Hospital for Special Surgery is to lead the world as the most innovative source of medical care, to be the premier research institution and the most trusted educator in the field of orthopaedics, rheumatology and their related disciplines.

## Hospital for Special Surgery and its International Learning & Training Center

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The creation of the International Learning and Training Center builds on the Hospital's mission and vision to be a global resource for musculoskeletal education and research. The Center offers centralization of the Hospital's best practices in learning and training by providing continuing education opportunities to physicians and other health care providers from around the world.

## Affiliations & Accreditations

Hospital for Special Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians as well as the Joint Commission on Accreditation of Healthcare Organizations. Additionally, it is a member of the New York-Presbyterian Healthcare System, an affiliate of Weill Medical College of Cornell University and cooperates in patient care with: Memorial Sloan-Kettering Cancer Center, New York-Presbyterian Hospital at New York Weill Cornell Medical Center and The Rockefeller University. It is the policy of the Hospital for Special Surgery to adhere to ACCME Essential Areas, Policies and Standard for Commercial Support in order to ensure fair balance, independence, objectivity and scientific rigor in all its sponsored programs. All faculty participating in sponsored programs must disclose to the audience any potential, apparent, or real conflict of interest related to their contribution to the activity, and any discussions of off-label or investigational uses of any commercial products or devices not yet approved in the United States. All disclosures will be made at the time of the continuing professional education activity. Hospital for Special Surgery continuing professional education activities are intended to be evidence-based and free of commercial bias.

## Stavros S. Niarchos Foundation

The Stavros S. Niarchos Foundation, an international philanthropic organization, supports charitable activities in four primary areas; arts and culture, education, health and medicine and social welfare.

The Foundation provides grants to nonprofit organizations throughout the world and maintains a major commitment to supporting programs in Greece through the guidance of a locally-based advisory committee.

The Stavros S. Niarchos Foundation aims to foster exchange and collaboration among recipient institutions by supporting a broad range of organizations worldwide. The Foundation expects recipients to become partners to improve healthcare in Greece and throughout the world.

The Stavros S. Niarchos Foundation's *Total Hip: Replacement and Resurfacing; An International Learning & Training Center Program* at Hospital for Special Surgery, co-chaired by Friedrich Boettner, MD, Douglas E. Padgett, MD and Edwin P. Su, MD, is designed to provide Greek orthopaedic surgeons with orthopaedic knowledge and surgical technique.

## ACKNOWLEDGEMENT

Hospital for Special Surgery gratefully acknowledges funding support from a generous unrestricted medical education grant from the **Stavros S. Niarchos Foundation**

## Overview

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The demand for hip reconstruction and replacement continues to grow throughout the world and remains one of the most successful orthopaedic operations with 97% of patients reporting improved outcome. Continued modifications in surgical techniques and materials have further enhanced its excellent outcomes. As an alternate method, hip resurfacing is one of the fastest growing operations worldwide. However, the clinical experience to date has been short-term. The goal of this course is to gather experienced hip surgeons to discuss surgical techniques, implant developments and clinical results in hip replacement and resurfacing. This activity will update participant knowledge on both surgical methods along with hands-on experience in the Bioskills Education Laboratory.

## Target Audience

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Orthopaedic surgeons practicing in Greece.

## Learning Objectives

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HSS activities are intended to improve the quality of patient care and safety. At the conclusion of this activity participants will be able to:

- 1) Demonstrate an updated knowledge of hip replacement and resurfacing
- 2) Perform primary and total hip revision and resurfacing
- 3) Assess best practices through observation of live surgery by HSS faculty
- 4) Understand the complications that may occur after hip replacement and resurfacing

## Program Coordinators

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### **Megan Skelly**

Program Coordinator  
International Learning and Training Center  
Education Division, Hospital for Special Surgery

### **Ilsa Klinghoffer, MPA**

Director  
International Learning and Training Center  
Education Division, Hospital for Special Surgery

## Course Topics

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### **Wednesday, May 5, 2010 • Hip Resurfacing**

Friedrich Boettner, MD

Bioskills Education Laboratory

Hands on cadaveric training experience including:

- Exposure
- Cup Position
- Femoral Component Position
- Closure

Observation in the OR

### **Thursday, May 6, 2010 • Primary Hip Replacement/Exposure/THR**

Douglas E. Padgett, MD

Bioskills Education Laboratory

Hands on cadaveric training experience including:

- Exposure technique in primary and total hip replacement
- Perform primary total hip replacement
- Learn techniques for revision hip replacement

Observation in the OR

### **Friday, May 7, 2010 – Saturday, May 8, 2010 Advanced Topics in Hip Resurfacing**

Edwin P. Su, MD and International Guest Faculty

#### **Friday, May 7, 2010**

- Live Surgery from HSS - Surgical Demonstration by Edwin Su, MD
- Tribology and Implant Design
- Cup Coverage Angles
- Patient Selection
- Point/Counterpoint Debate
- Surgical Exposure
- Pin Placement
- Cementing Technique
- Acetabular issues

#### **Saturday, May 8, 2010**

- Results
- Special Cases
- Problems with Resurfacing
- Retrievals of Resurfacing
- Conversions after Resurfacing
- Activity after Resurfacing
- Future Directions
- Difficult Cases - Stump the Professors



**2010 Hospital for Special Surgery  
Total Hip: Replacement and Resurfacing  
Registration Information**

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**Submission Deadline:** February 22, 2010

**Notification Deadline:** March 8, 2010

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*Please Note: all course materials submitted for review must be in English*

### **Eligibility & Selection**

Applicants must be Greek nationals currently working in Greece as orthopaedic surgeons (Epimelitis A or B) in a Greek public hospital. Priority will be given to orthopaedic surgeons who are currently practicing in remote areas of Greece (North, Northwest and Northeast Greece, Peloponnisos and islands).

The following information must be included to complete the application:

- 1) Description of current working position from your hospital director
- 2) Letter from hospital director authorizing participation in the course
- 3) Short curriculum vitae
- 4) Personal statement including the following:
  - a) Indication of commitment to return to Greece and transfer knowledge at home institution to improve patient outcomes
  - b) Explanation of role this course will play in your work
- 5) Completed Health Statement
- 6) Completed Safety & Confidentiality Statement
- 7) Completed Admission to OR Statement
- 8) Completed Letter of Understanding
- 9) Proof of Medical Licensure

**The application deadline is 2/22/2010.** You will receive notification of acceptance by 3/8/2010. Please Note: all course materials submitted for review must be in English.

For further information, please contact:

Megan Skelly  
International Learning and Training Center  
Program Coordinator, Education Division  
tel: 212.774.2893  
email: skellym@hss.edu.

All application materials may be submitted as email attachments to Megan Skelly or via fax to 212.734.3833.







## Total Hip: Replacement and Resurfacing

**Name** \_\_\_\_\_  
Surname Given Name

**Highest Degree** \_\_\_\_\_

**Home Address** \_\_\_\_\_

Postal Code (TK) \_\_\_\_\_

City \_\_\_\_\_

Town \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

Postal Code (TK) \_\_\_\_\_

City \_\_\_\_\_

Town \_\_\_\_\_

**Home Phone** \_\_\_\_\_  
Country Code City Code Phone Number

**Work Phone** \_\_\_\_\_  
Country Code City Code Phone Number

**Cell Phone** \_\_\_\_\_  
Country Code City Code Phone Number

**Email Address** \_\_\_\_\_ @ \_\_\_\_\_ .

**Date of Birth** \_\_\_\_\_  
Month Day Year

**Medical School** \_\_\_\_\_

*Graduation Date* \_\_\_\_\_ *Degree Title* \_\_\_\_\_  
Month / Day / Year

### Additional Schooling

School \_\_\_\_\_

*Graduation Date* \_\_\_\_\_ *Degree Title* \_\_\_\_\_  
Month / Day / Year

**Post-Doctoral Training**

Institution \_\_\_\_\_

Position \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Present Position**

Institution \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Director's Name \_\_\_\_\_

Director's Title \_\_\_\_\_

By signing below I attest that the information contained herein and additional materials submitted for review are accurate as of the date signed below.

\_\_\_\_\_  
SIGNATURE Month / Day / Year

**Occupational Health Services: Health Statement**

Supporting documentation must accompany this Health Statement (i.e. title of lab reports or vaccination certificate)

Name \_\_\_\_\_  
Given Name \_\_\_\_\_ Surname \_\_\_\_\_

**Rubella (German Measles):**

1 Vaccine \_\_\_\_\_ or Pos. Titer \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Rubeola (Measles):**

2 Vaccines \_\_\_\_\_ or Pos. Titer \_\_\_\_\_  
Month / Day / Year Month / Day / Year Month / Day / Year

Or 2 MMR (measles, mumps, rubella) Vaccines \_\_\_\_\_  
Month / Day / Year Month / Day / Year

MMR Booster 1 \_\_\_\_\_ MMR Booster 2 \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Mumps:**

2 Vaccines \_\_\_\_\_ or Pos. Titer \_\_\_\_\_  
Month / Day / Year Month / Day / Year Month / Day / Year

Or 2 MMR (measles, mumps, rubella) Vaccines \_\_\_\_\_  
Month / Day / Year Month / Day / Year

MMR Booster 1 \_\_\_\_\_ MMR Booster 2 \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Varicella (Chicken Pox):**

2 Vaccines \_\_\_\_\_ or Pos. Titer \_\_\_\_\_  
Month / Day / Year Month / Day / Year Month / Day / Year

or MD/NP Documentation of Illness \_\_\_\_\_  
Month / Day / Year

**Hepatitis B Vaccine:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
3 Vaccines Month / Day / Year Month / Day / Year Month / Day / Year

Titer: Hep B sAB Pos. \_\_\_\_\_ Neg. \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**Declination:** I do not wish to receive the Hepatitis B Vaccine

Visitor's Signature \_\_\_\_\_

**Tuberculosis Screening:**

**\* Please note: a BCG scar is not sufficient representation of PPD screening**

**\* Screening must be done no more than 12 months prior to planned arrival date**

Mantoux (PPD) Negative \_\_\_\_\_/mm Positive \_\_\_\_\_/mm  
Month / Day / Year Month / Day / Year

\*If Positive: Chest X-Ray: Date \_\_\_\_\_ Read by: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Safety & Confidentiality Protocols: Academic Visitors Guide

While a Visitor to Hospital for Special Surgery you are the responsibility of the physician who is your host during your time at the hospital. During your time at the hospital you must be aware of and follow the safety and confidentiality guidelines listed below.

### Emergency Codes:

- *Fire* • Code 10: report to host
- *Disaster* • Code 5: report to host
- *Child Abduction* • Code Pink: dial 1111, inform of abduction, then report to host

In any event, Security may be contacted by dialing 1234. If you have contacted security for any reason, you must also notify your host.

### Patient Confidentiality:

We are committed to maintaining the confidentiality of patient and other Hospital information in strict accordance with legal and ethical standards. Breaches of confidentiality are not tolerated by the Hospital.

Protected Health Information (PHI) is any information about health status, provision of health care, or payment for health care that can be linked to an individual. Breach of this is a federal violation against Health Insurance Portability and Accountability Act (*HIPAA*).

### All Academic Visitors must:

- Respect the privacy of our patients and fellow employees
- Adhere to all established confidentiality & privacy policies, & procedures as outlined in HIPAA
- Actively protect and safeguard patient information
- Not discuss PHI in any public area, including elevators, hallways & dining areas

I \_\_\_\_\_ hereby state that I have received, reviewed and will comply with all safety and confidentiality guidelines listed above while visiting Hospital for Special Surgery.

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Visitor, Printed Given Name

Visitor, Printed Surname

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Visitor Signature

Date (Month, Day, Year)

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ILTC Program Coordinator  
Printed Name

ILTC Program Coordinator  
Signature

Date

## Statement and Certification of Visitor Seeking Admission to Hospital for Special Surgery Operating Room

Your signature on this document is required before you will be permitted to enter a Hospital for Special Surgery Operating Room. Please read this statement carefully, sign below, and return to the Education Division

I understand that I will only be permitted to be in a Hospital for Special Surgery ("Hospital") operating room upon the request of the attending surgeon, with the consent of the patient and at the discretion of the Assistant Vice President, Nursing Perioperative Services (or Designee).

I understand that I am to consider all information regarding patient care and welfare, including the presence of the patient in the Hospital, as privileged and confidential information, and I will not divulge information of a confidential nature to other individuals, unless the patient consents in writing to my release of such information.

I agree and acknowledge that I shall: (1) be under the supervision and direction of the attending surgeon at all times when I am in the operating room, (2) not enter into or otherwise participate in the sterile field, (3) abide by and comply with all instructions given to me by the attending surgeon and the circulating nurse, or their designees; (4) wear an identification badge issued by the Hospital at all times during my visit, and (5) abide by and comply with all other applicable Hospital policies and procedures.

I certify that to the best of my knowledge, I am not currently infected with and have not been exposed within the past three (3) weeks to any disease which is of potential risk to patients and/or personnel in the operating room, and that I am free from any other health impairment which is of potential risk to patients or operating room personnel. I understand that I have an ongoing obligation to inform Perioperative Services Administration (Room 404) of any changes in this regard.

I know that there are potential risks to me by being present in an operating room. I am voluntarily attending this surgical procedure and assume all risks associated therewith, including, but not limited to, incidents involving blood-borne pathogens, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my presence in the operating room, I, for myself and anyone entitled to act on my behalf, waive and release the Hospital, its trustees, officers, employees, medical staff, students, representatives and successors from all responsibilities, claims or liabilities of any kind arising out of my presence in the operating room.

I understand and acknowledge that my failure to comply with any of the terms of this Statement and Certification will jeopardize my presence in the operating room.

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Visitor, Printed Given Name

Visitor, Printed Surname

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Visitor Signature

Date (Month, Day, Year)

Hospital for Special Surgery maintains strict policies and procedures that govern who may provide clinical services to our patients. Specifically, as a Visiting Observer, you are not permitted to have any contact with patients. This means that you are also not permitted to assist with surgical procedures, physical exams or any other clinical services within any area of the Hospital, including operating rooms. You must be under the visual supervision of your host at all times and are not allowed to stay in the operating room if your host leaves, nor are you allowed to observe under the supervision of another attending unless previously arranged and agreed to in writing by the attending.

If you attempt to provide patient care or have direct patient contact, you will be subject to termination from the Academic Visitors Program – Visitor Observership at HSS and required to leave the hospital.

You must review the attached document outlining the expectations set forth by HSS for all Academic Visitors.

Please indicate your understanding of the above by signing the attached copy of this memorandum and returning it to the attention of Megan Skelly, Program Coordinator, Education Division.

If you have any questions, please contact Megan Skelly at [skellym@hss.edu](mailto:skellym@hss.edu) 212.774.2893.

Thank you.

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I understand my participation in the HSS Academic Visitors Program is dependent upon complying with the following expectations:

- Timely arrival to the location specified by the host.
- All electronic devices (i.e. cell phones, pagers, Ipad) silenced while in the office or the OR.
- No food or beverages allowed in patient areas or the host physician's office.
- Do not disturb the office staff of the host physician with matters unrelated to patient care.
- Bring a lab coat with the understanding that one will not be provided the institution.
- Follow the appropriate HSS dress code:
  - \* Wear your HSS ID at all times
  - \* In the office setting: business attire
  - \* In the OR: cranberry colored scrubs and closed toe footwear

All interaction with HSS employees and patients should reflect compliance with aforementioned expectations.

I understand that HSS, the Education Division, and/or my host attending have the right to terminate my participation in the Academic Visitors Program at any time and for any reason, including if I do not meet the Academic Visitors Program requirement that participants be proficient in the English language. I represent to HSS that I am proficient in the English language and, specifically, in medical terminology and that if at any time HSS deems my communication skills in English inadequate, I understand that HSS can terminate my participation in the Academic Visitors Program immediately.

I understand the limitations on my clinical activities at the Hospital as described above and agree to comply with same.

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Visitor, Printed Given Name

Visitor, Printed Surname

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Visitor Signature

Date (Month, Day, Year)



535 East 70th Street  
New York, NY 10021

HOSPITAL  
FOR  
**SPECIAL  
SURGERY**



## **HSS Education Division**

*Programs Promoting  
Musculoskeletal Health*

**[www.hss.edu](http://www.hss.edu)**

Hospital for Special Surgery is an affiliate of NewYork-Presbyterian Healthcare System and Weill Cornell Medical College.