**ΒΙΟΓΡΑΦΙΚΟ ΣΗΜΕΙΩΜΑ**

**Ιωάννης Χρήστου Βοσινάκης**

**Ορθοπαιδικός χειρουργός**

Διεύθυνση

Αγίου Νικολάου 33

382 21 Βόλος

Τηλέφωνο: 24210 32750

E-mail: vossinakis@vodafone.net.gr

Επιστημονικός υπεύθυνος ορθοπαιδικού τμήματος

Κλινική Ακεσώ,

Βεναρδάκη 13, Βόλος.

Τηλέφωνο: 24210 30188

Εξειδικευμένος στην αρθροσκοπική χειρουργική και την αντιμετώπιση αθλητικών κακώσεων γόνατος ώμου, την χειρουργική γόνατος και ισχίου(αρθροπλαστικές, οστεοτομίες), την αντιμετώπιση σκελετικών παραμορφώσεων με τη μέθοδο της διατατικής οστεογένεσης (Ilizarov) και όλο το φάσμα της ορθοπαιδικής τραυματολογίας (κατάγματα, εξαρθρήματα κλπ).

Ημερομηνία γεννήσεως: 10 Απριλίου 1965

Εκπαίδευση

30-10-89

Πτυχίο Ιατρικής από το Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών

με το βαθμό "Λίαν Καλώς"

Υπηρεσία Υπαίθρου

Κέντρο Υγείας Αλμυρού με απόσπαση στην Ορθοπαιδική Κλινική του Νοσοκομείου Βόλου

13-7-92 έως 15-8-93

Ειδικότητα

Β' Πανεπιστημιακή Κλινική Χειρουργικής, Κεντρικό Νοσοκομείο Θεσσαλονίκης

17-6-91 έως 2-6-92

Χειρουργική Κλινική Νοσοκομείου Τρικάλων

16-8-93 έως 30-8-93

Ορθοπαιδική Κλινική Νοσοκομείου Βόλου

6-10-93 έως 5-10-97

Κλινική Πλαστικής Χειρουργικής Ιπποκράτειο Νοσοκομείο Αθηνών

6-10-96 έως 6-4-97

Νευροχειρουργική Κλινική Νοσοκομείο ΚΑΤ Αθηνών

6-4-97 έως 5-10-97

Απόκτηση Τίτλου Ορθοπαιδικής Ειδικότητος

26-1-98

Ξένες Γλώσσες

Αγγλικά, Γαλλικά

ΜΕΤΕΚΠΑΙΔΕΥΣΗ

Από 20-12-97 έως 1-9-98

Επιμελητής (Registrar) Ορθοπαιδική Κλινική

Νοσοκομείο Frenchay, Bristol, Αγγλία

Από 2-9-98 έως 14-4-99

Επιμελητής (Registrar) Ορθοπαιδική Κλινική

Νοσοκομείο Gloucestershire Royal, Αγγλία

Από 15-4-99 έως 31-5-2001

Διευθυντής (Consultant) Ορθοπαιδική Κλινική

Νοσοκομείο Weston General, Αγγλία

ΕΡΓΑΣΙΑ

Από 7-7-2001 έως 20-2-2007

Επιμελητής Β’, ΕΣΥ, Ορθοπαιδική Κλινική

Γενικό Νομαρχιακό Νοσοκομείο Βόλου

Από 21-2-2007 έως 28-7-2008

Επιμελητής Α’, ΕΣΥ, Ορθοπαιδική Κλινική

Γενικό Νομαρχιακό Νοσοκομείο Βόλου

Από 1-8-2008 έως σήμερα

Ιδιώτης ορθοπαιδικός χειρουργός

Ιατρείο: Αγ. Νικολάου 33, 382 21 Βόλος

Επιστημονικός υπεύθυνος Ορθοπαιδικού τμήματος

Κλινική Ακεσώ, Βόλος.

ΚΛΙΝΙΚΗ ΕΜΠΕΙΡΙΑ - ΕΙΔΙΚΗ ΕΜΠΕΙΡΙΑ

Στο διάστημα της υπηρεσίας μου στη Μεγάλη Βρεττανία έχω διενεργήσει άνω των 1000 χειρουργικών επεμβάσεων, περιλαμβανομένου σημαντικού αριθμού ολικών αρθροπλαστικών ισχίου και γόνατος καθώς και αρθροσκοπήσεων γόνατος και ώμου. Έχω επίσης αποκομίσει σημαντική εμπειρία στην αντιμετώπιση όλου του φάσματος των καταγμάτων και ειδικά στην ενδομυελική ήλωση μακρών οστών. Ιδιαίτερα ενδιαφέροντα μου αποτελούν η χειρουργική του γόνατος, και ειδικότερα οι αθλητικές κακώσεις και η αρθροσκοπική χειρουργική καθώς και οι αρθροπλαστική γόνατος και ισχίου.

Κατά την υπηρεσία μου στα Νοσοκομεία Frenchay και Gloucestershire Royal εξειδικεύτηκα για επτάμιση μήνες (3-9-98 έως 14-4-99) στην αρθροσκοπική χειρουργική γόνατος.

Επίσης απέκτησα εμπειρία στην χειρουργική πυέλου-κοτύλης, γόνατος και ισχίου.

Κατά την υπηρεσία μου στο Νοσοκομείο Weston General συμμετείχα στην οργάνωση-διοίκηση του ορθοπαιδικού τμήματος και στην αξιολόγηση των κλινικών υπηρεσιών που παρέχονται από αυτό.

Κατά την υπηρεσία μου στο Γενικό Νομαρχιακό Νοσοκομείο Βόλου συμμετείχα σε όλες τις δραστηριότητες της Ορθοπαιδικής Κλινικής (Τακτικά Εξωτερικά Ιατρεία, Εφημερίες, Χειρουργικές επεμβάσεις). Έχω εκτελέσει μεγάλο αριθμό χειρουργικών επεμβάσεων τόσο προγραμματισμένων όσο και επειγουσών, σε όλο το εύρος της Ορθοπαιδικής και Τραυματολογίας. Είχα αναπτύξει, με την προτροπή του Διευθυντού της Κλινικής τον τομέα της Αρθροσκοπικής Χειρουργικής του γόνατος (αρθροσκοπικές μηνισκεκτομές, αποκατάσταση προσθίου χιαστού), την χειρουργική αποκατάσταση συνδεσμικών αθλητικών κακώσεων, καθώς και τη χρήση της εξωτερικής οστεοσύνθεσης τύπου Ilizarov για τη αντιμετώπιση καταγμάτων αλλά και οστικών παραμορφώσεων (διόρθωση γωνιώσεων, επιμήκυνση). Έχω ακόμη ασχοληθεί με την αρθροσκοπική και συμβατική χειρουργική του ώμου.

Συμμετοχή σε Ιατρικές Επιστημονικές Εταιρείες

Ελληνική Εταιρεία Χειρουργικής Ορθοπαιδικής και Τραυματολογίας (ΕΕΧΟΤ)

Ορθοπαιδική Εταιρεία Μακεδονίας-Θράκης

Γενικό Ιατρικό Συμβούλιο Μεγάλης Βρεττανίας (GMC, UK), πλήρες μέλος στη λίστα των ειδικευμένων (Specialist Register).

American Association of Orthopedic Surgeons (AAOS)

Ελληνική Εταιρεία Διατατικής Οστεογένεσης (Ιδρυτικό μέλος) ASAMI

Τμήμα Ορθοπαιδικής Έρευνας της ΕΕΧΟΤ

ΕΠΙΣΤΗΜΟΝΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ

Διδακτορική Διατριβή

Έχω αναλάβει την εκπόνηση διδακτορικής διατριβής από το Πανεπιστήμιο Ιωαννίνων με θέμα: “Η αντιμετώπιση των διατροχαντηρίων καταγμάτων με εξωτερική οστεοσύνθεση και ολισθαίνοντα ήλο τύπου ΑΜΒΙ. Προοπτική συγκριτική μελέτη.”

(317α/25-2-97 απόφαση της Γενικής Συνέλευσης της Ιατρικής Σχολής του Πανεπιστημίου Ιωαννίνων)

Η συγγραφή της διατριβής έχει ολοκληρωθεί και αναμένεται ημερομηνία παρουσίασης στο Πανεπιστήμιο Ιωαννίνων για τη κρίση της.

Τμήμα του γενικού μέρους έχει αποτελέσει το θέμα διάλεξης στο 14ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας.

“Η εξωτερική οστεοσύνθεση στην αντιμετώπιση των διατροχαντηρίων καταγμάτων”

Καρπενήσι, 3 - 5 Ιουλίου 1998

Τμήμα των αποτελεσμάτων έχει ανακοινωθεί στο 17ο ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης.

“Εξωτερική Οστεοσύνθεση διατροχαντηρίων καταγμάτων”

Μπάδρας, Ε. Σκρέτας, Δ. Παυλόπουλος, Ι. Βοσινάκης

Χαλκιδική, 23-26 Απρ., 1998

Το ειδικό μέρος έχει δημοσιευθεί στο Βρετανικό περιοδικό Journal of Bone and Joint Surgery

“The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.”

J Bone Joint Surg Br. 2002 Jan;84(1):23-9.

Σχετικές δημοσιεύσεις:

1. I.C. Vossinakis, L.S. Badras

Management of pertrochanteric fractures in high-risk patients with an external fixation.

International Orthopaedics, 25(4):219-22, 2001

2. Vossinakis IC, Skretas E, Bitounis V, Badras LS.

Comparison between external fixation and the sliding hip screw in pertrochanteric fractures.

A prospective randomized study.

Journal of Bone and Joint Surgery [Br], 83B Supp III: 132, 2001

3. I.C. Vossinakis, L.S. Badras

The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.

Journal of Bone and Joint Surgery [Br], Jan;84B(1):23-9, 2002

4. Vossinakis IC, Badras LS

External fixation for pertrochanteric fractures.

Journal of Bone and Joint Surgery [Am], Nov;85-A(11):2252-3, 2003

5. Vossinakis IC, Badras LS

Management of pertrochanteric fractures in the elderly patients with an external fixation. Injury, vol. 32 (Suppl. 4), pp. 115-128 (2001).

Injury, Jan;35(1):95-6, 2004

Έχει ακόμη προστεθεί και μία εμβιομηχανική συγκριτική μελέτη των δύο μεθόδων, η οποία ανακοινώθηκε στο 61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο

Ανακοινώσεις σε Ελληνικά Συνέδρια

1. Λ. Μπάδρας, Ε. Σκρέτας, Ν. Ζαχαράκης, Ι. Βοσινάκης

Χειρουργική αντιμετώπιση των καταγμάτων των κνημιαίων κονδύλων.

12ο Συνέδριο της Ορθοπαιδικής Εταιρείας Βορείου Ελλάδος

Λεπτοκαρυά, 14-16 Μαίου, 1993

2. Λ. Μπάδρας, Ε. Σκρέτας, Δ. Παυλόπουλος, Ι. Νοταράς, Ι. Βοσινάκης, Α. Κανελλόπουλος

Η αντιμετώπιση των ενδαρθικών καταγμάτων πτέρνης με κλειστή ανάταξη.

Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας

και της Αμερικανικής Ορθοπαιδικής Εταιρείας

Αθήνα, 20-23 Οκτ., 1993

Περίληψη δημοσιευμένη στα πρακτικά

3. Λ. Μπάδρας, Ε. Σκρέτας, Β. Μπιτούνης, Ι. Βοσινάκης

Αποσυμπίεση και σταθεροποίηση εκρηκτικών καταγμάτων της οσφυικής μοίρας της

σπονδυλικής στήλης (Ο2-Ο5) με τη χρήση πλακών Luque και διαυχενικών κοχλιών.

Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματπλογίας

και της Αμερικανικής Ορθοπαιδικής Εταιρείας

Αθήνα, 20-23 Οκτ., 1993

Περίληψη δημοσιευμένη στα πρακτικά

4. Δ. Παυλόπουλος, Λ. Μπάδρας, Ε. Σκρέτας, Ι. Βοσινάκης

Αμφοτερόπλευρη αναθεώρηση ολικής γόνατος με custom-made υλικά.

Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας

και της Ιταλικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας.

Χαλκιδική, 4-7 Μαίου, 1994

5. Λ. Μπάδρας, Ε. Σκρέτας, Δ. Παυλόπουλος, Ι. Βοσινάκης, Α. Κανελλόπουλος, Ε. Σακοράφα

Η διπολική ημιαρθροπλαστική στην αντιμετώπιση των βασεοαυχενικών καταγμάτων του

μηριαίου.

Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας

Αθήνα, 26-29 Οκτ., 1994

Περίληψη δημοσιευμένη στα πρακτικά

6. Λ. Μπάδρας, Ε. Σκρέτας, Β. Αλεξοπούλου, Ι. Βοσινάκης, Α. Κανελλόπουλος

Θυλακίτις περιοχής μείζονος τροχαντήρος φυματιώδους αιτιολογίας χωρίς πνευμονική

εντόπιση της νόσου.

Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας

Αθήνα, 26-29 Οκτ., 1994

Περίληψη δημοσιευμένη στα πρακτικά

7. Λ. Μπάδρας, Ι. Βοσινάκης, Δ. Παυλόπουλος, Ε. Σκρέτας

Επίπτωση της ιδιοπαθούς σκολιώσεως στη Μαγνησία κατά το 1994.

14ο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης

Χαλκιδική, 26-29 Απρ., 1995

Περίληψη δημοσιευμένη στα πρακτικά

8. Δ. Παυλόπουλος, Λ. Μπάδρας, Β.Μπιτούνης, Ε. Σκρέτας, Ι. Βοσινάκης

Ημιαρθροπλαστική σε συντριπτικά κατάγματα άνω πέρατος του βραχιονίου.

Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας,

της Σουηδικής Ορθοπαιδικής Εταιρείας και της Κυπριακής Ορθοπαιδικής Εταιρείας

Ρόδος, 24-28 Οκτ., 1995

Περίληψη δημοσιευμένη στα πρακτικά

9. Ι. Βοσινάκης, Λ. Μπάδρας, Δ. Παυλόπουλος, Ε. Σκρέτας, Κ. Αβραμίδης, Μ. Παπαδόπουλος

Αντιμετώπιση υποτροχαντηρίων καταγμάτων με τον ολισθαίνοντα ήλο 95ο.

15ο ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης

Χαλκιδική, 17-20 Απρ., 1996

Περίληψη δημοσιευμένη στα πρακτικά

10.Α. Κανελόπουλος, Ε. Σκρέτας, Δ. Παυλόπουλος, Ι. Βοσινάκης, Λ. Μπάδρας

Εξωτερική οστεοσύνθεση καταγμάτων διαφύσεως μηριαίου σε παιδιά - επιπλοκές.

17ο ετήσιο Συνέδριο τηης Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης

Χαλκιδική, 23-26 Απρ., 1998

Περίληψη δημοσιευμένη στα πρακτικά

11.Λ. Μπάδρας, Ε. Σκρέτας, Δ. Παυλόπουλος, Ι. Βοσινάκης

Εξωτερική Οστεοσύνθεση διατροχαντηρίων καταγμάτων.

17ο ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης

Χαλκιδική, 23-26 Απρ., 1998

Περίληψη δημοσιευμένη στα πρακτικά

12.Ι.C. Vossinakis

Stress Fracture of the medial tibial condyle. A case report.

(Κάταγμα εκ κοπώσεως του έσω κνημιαίου κονδύλου. Ανακοίνωση περιστατικού)

Συνάντηση Ορθοπαιδικών στο Internet, Ορθοπαιδική Εταιρεία Μακεδονίας

Θράκης, Μάρτιος 2000.

13.Ι.C. Vossinakis

An unusual combination of ipsilateral forearm fractures in a very young child.

(Ασυνήθης συνδυασμός καταγμάτων του αντιβραχίου σε παιδί νηπιακής ηλικίας)

Συνάντηση Ορθοπαιδικών στο Internet, Ορθοπαιδική Εταιρεία Μακεδονίας

Θράκης, Μάρτιος 2000.

14.Ι.C. Vossinakis

Ulnar Nerve Entrapment at the Elbow by an Aberrant Fibrous Band

(Παγίδευση ωλενίου νεύρου στον αγκώνα από έκτοπη ινώδη ταινία)

Συνάντηση Ορθοπαιδικών στο Internet, Ορθοπαιδική Εταιρεία Μακεδονίας

Θράκης, Μάρτιος 2000.

15.Βοσινάκης Ι., Κωστάκης Α., Καφίδας Δ., Γεωργακλής Β., Σκρέτας Ε., Μπάδρας Λ. :

Αντιμετώπιση Υποτροχαντηρίων καταγμάτων με κοχλία ΑΜΒΙ 90ο χωρίς ακτινοσκόπηση.

21ο Ετήσιο Συνέδριο Ορθοπαιδικής και Τραυματιολογικής Εταιρεία

Μακεδονίας-Θράκης, Θεσσαλονίκη Μάιος, 9-12, 2002.

Περίληψη δημοσιευμένη στα πρακτικά

16.Βοσινάκης Ι., Τερσενίδης Ι., Παλαιοχωρλίδης Η., Γεωργακλής Β., Παυλόπουλος Δ.,

Μπάδρας Λ.:

Αυτομετάγγιση για τον περιορισμό των αναγκών σε ομόλογο αίμα στην ολική αρθροπλαστική

του γόνατος.

21ο Ετήσιο Συνέδριο Ορθοπαιδικής και Τραυματιολογικής Εταιρείας Μακεδονίας

Θράκης, Θεσσαλονίκη Μάιος, 9-12, 2002.

Περίληψη δημοσιευμένη στα πρακτικά

17.Μπάδρας Λ., Βοσινάκης Ι., Καφίδας Δ., Παυλόπουλος Δ., Γεωργακλής Β.,

Παλαιοχωρλίδης Η.:

Βραχυπρόθεσμα αποτελέσματα ολικής αρθροπλαστικής γόνατος τύπου Solution RT.

58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

Περίληψη δημοσιευμένη στα πρακτικά

18.Μπάδρας Λ., Βοσινάκης Ι., Γεωργακλής Β., Σκρέτας Ε., Παλαιοχωρλίδης Η., Καφίδας Δ.:

Μεσοπρόθεσμα αποτελέσματα ολικής αρθροπλαστικής γόνατος τύπου Genesis Ι.

58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

Περίληψη δημοσιευμένη στα πρακτικά

Δημοσιεύθηκε η περίληψη στο J.Bone Jt.Surg., 85-B Supl III, p215

19.Μπάδρας Λ., Βοσινάκης Ι., Παλαιοχωρλίδης Η., Παυλόπουλος Δ., Κωστάκης Α.,

Τερσενίδης Ι.:

Μεσοπρόθεσμα αποτελέσματα ολικής αρθροπλαστικής ισχίου με μεταλλικές

επιφάνειες τριβής [Μέταλλο-Μέταλλο].

58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

Περίληψη δημοσιευμένη στα πρακτικά

20.Μπάδρας Λ., Βοσινάκης Ι., Κωστάκης Α., Παλαιοχωρλίδης Η., Παυλόπουλος Δ.:

Αναθεώρηση ολικής αρθροπλαστικής του ισχίου με μακρύ στυλεό.

22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003.

Περίληψη δημοσιευμένη στα πρακτικά

21.Παυλόπουλος Δ., Βοσινάκης Ι., Παλαιοχωρλίδης Η., Γεωργακλής Β., Μπάδρας Λ.,:

Ημιαρθροπλαστική για την αντιμετώπιση διατροχαντηρίων καταγμάτων σε ανοϊκούς

υπερήλικες ασθενείς με βαρειά οστεοπόρωση.

22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003.

Περίληψη δημοσιευμένη στα πρακτικά

22.Φωτιάδου Α, Καφίδας Δ, Γεωργακλής Β, Τερσενίδης Ι., Βοσινάκης Ι., Μπάδρας Λ:

Η αξία της ανασύστασης με ελικοειδή αξονική τομογραφία στον προεγχειρητικό

σχεδιασμό για τα κατάγματα πτέρνης.

22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003.

Περίληψη δημοσιευμένη στα πρακτικά

23.Σκρέτας Ε., Μπάδρας Λ., Βοσινάκης Ι, Κωστάκης Α, Καφίδας Δ.:

Αντιμετώπιση ενδοαρθρικών καταγμάτων πτέρνης με ανοικτή ανάταξη και εσωτερική οστεοσύνθεση

22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003.

Περίληψη δημοσιευμένη στα πρακτικά

24.Βοσινάκης Ι., Κωστάκης, Α., Γεωργακλής Β., Τερσενίδης Ι., Μπάδρας Λ.

Η επίπτωση των καταγμάτων του ισχίου στο νομό Μαγνησίας

22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003.

Περίληψη δημοσιευμένη στα πρακτικά

25.Λ.Σ. Μπάδρας, Ι.Χ. Βοσινάκης, Ε.Φ. Σκρέτας, Α.Γ. Κωστάκης

IMHS – χειρουργική τεχνική και παρατηρήσεις

Σεμινάριο Ενδομυελικών ηλώσεων, Θεσ/νικη, Ιανουάριος 2004

26.Ι. Βοσινάκης, Η. Παλαιοχωρλίδης, Β. Γεωργακλής, Α. Κωστάκης, Δ. Παυλόπουλος,

Λ. Μπάδρας

Πλαστική προσθίου χιαστού συνδέσμου με τετραπλό ημιτενοντώδη – ισχνό μόσχευμα.

2 χρόνια follow-up

60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 5-9, 2004.

Περίληψη δημοσιευμένη στα πρακτικά

27.Ι.Βοσινάκης, Α. Παπαθανασόπουλος, Α. Φωτιάδου, Χ. Γεωργίου, Ε. Σκρέτας, Λ. Μπάδρας

Ευθειασμός ΑΜΣΣ μετά από κάκωση. Χρειάζεται αξονική τομογραφία;

60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 5-9, 2004.

Περίληψη δημοσιευμένη στα πρακτικά

28.Λ. Μπάδρας, Δ. Καφίδας, Η. Παλαιοχωρλίδης. Ι. Τερσενίδης. Ε. Σκρέτας, Ι. Βοσινάκης

Συγκριτική προοπτική μελέτη μεταξύ δύο ενδομυελικών ηλώσεων για δια- και υποτρο-

χαντήρια κατάγματα

60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 5-9, 2004.

Περίληψη δημοσιευμένη στα πρακτικά

29.Λ. Μπάδρας, Α. Κωστάκης, Δ Καφίδας, Ι Τερσενίδης, Δ.Α. Παυλόπουλος, Ι.Χ. Βοσινάκης

Εκπτυσσόμενος ήλος σε διατροχαντήρια κατάγματα – Χειρουργική τεχνική, παρατηρήσεις.

60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 5-9, 2004.

Περίληψη δημοσιευμένη στα πρακτικά

30.Ι.Βοσινάκης, Β.Γεωργακλής, Η.Παλαιοχωρλίδης, Α.Κωστάκης, Ε.Σκρέτας, Λ. Μπάδρας

Κλειστή αντιμετώπιση των καταγμάτων των κνημιαίων κονδύλων με διαδερμικές βίδες και

εξωτερική οστεοσύνθεση τύπου Ilizarov.

60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 5-9, 2004.

Περίληψη δημοσιευμένη στα πρακτικά

31.Λ. Μπάδρας, Η. Παλαιοχωρλίδης, Ε. Σκρέτας, Α. Κωστάκης, Χ. Γεωργίου, Ι. Βοσινάκης

Μεσοπρόθεσμα αποτελέσματα ολικής αρθροπλαστικής ισχίου με μεταλλικές

επιφάνειες τριβής [Μέταλλο-Μέταλλο].

15ο Παγκύπριο Συνέδριο. Λευκωσία, 29-31 Οκτωβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

32.Λ. Μπάδρας, Δ. Καφίδας, Δ. Παυλόπουλος, Β. Γεωργακλής, Χ. Γεωργίου, Ι. Βοσινάκης

Αρθρωτή-στροφική αρθροπλαστική γόνατος τύπου SOLUTION RT

15ο Παγκύπριο Συνέδριο. Λευκωσία, 29-31 Οκτωβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

33.Λ. Μπάδρας, Δ. Καφίδας, Η. Παλαιοχωρλίδης. Ι. Τερσενίδης. Ε. Σκρέτας, Ι. Βοσινάκης

Συγκριτική προοπτική μελέτη μεταξύ δύο ενδομυελικών ηλώσεων για δια- και υποτρο-

χαντήρια κατάγματα

20ο Ιατρικό Συνέδριο Ενόπλων Δυνάμεων

Θεσσαλονίκη, 18-21 Νοεμβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

34.Ι.Βοσινάκης, Β.Γεωργακλής, Η.Παλαιοχωρλίδης, Α.Κωστάκης, Ε.Σκρέτας, Λ. Μπάδρας

Κλειστή αντιμετώπιση των καταγμάτων των κνημιαίων κονδύλων με διαδερμικές βίδες και

εξωτερική οστεοσύνθεση τύπου Ilizarov.

20ο Ιατρικό Συνέδριο Ενόπλων Δυνάμεων

Θεσσαλονίκη, 18-21 Νοεμβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

35.Ι. Βοσινάκης, Η. Παλαιοχωρλίδης, Β. Γεωργακλής, Α. Κωστάκης, Δ. Παυλόπουλος,

Λ. Μπάδρας

Πλαστική προσθίου χιαστού συνδέσμου με τετραπλό ημιτενοντώδη – ισχνό μόσχευμα.

2 χρόνια follow-up

20ο Ιατρικό Συνέδριο Ενόπλων Δυνάμεων

Θεσσαλονίκη, 18-21 Νοεμβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

36.Λ. Μπάδρας, Α. Κωστάκης, Δ Καφίδας, Ι Τερσενίδης, Δ.Α. Παυλόπουλος, Ι.Χ. Βοσινάκης

Εκπτυσσόμενος ήλος σε διατροχαντήρια κατάγματα – Χειρουργική τεχνική, παρατηρήσεις.

20ο Ιατρικό Συνέδριο Ενόπλων Δυνάμεων

Θεσσαλονίκη, 18-21 Νοεμβρίου 2004

Περίληψη δημοσιευμένη στα πρακτικά

37.Δ. Παυλόπουλος, Λ. Μπάδρας, Ι. Βοσινάκης, Η. Παλαιοχωρλίδης, Α. Κωστάκης, Α.

Παπαθανασόπουλος

Ημιαρθροπλαστική ώμου – Επιπλοκές

Πανελλήνιο Συνέδριο Τμήματος Ώμου-Αγκώνος Ε.Ε.Χ.Ο.Τ

Αθήνα, 14-16 Απριλίου 2005

Περίληψη δημοσιευμένη στα πρακτικά

38.Μπάδρας ΛΣ, Κωστάκης ΑΓ, Παλαιοχωρλίδης ΗΣ, Γεωργίου Χ, Σκρέτας ΕΦ,

Βοσινάκης ΙΧ.

Η χρήση πλακών και δακτυλίων τιτανίου στα περιπροθετικά κατάγματα.

24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach Resort, 5-8 Μαΐου 2005

Περίληψη δημοσιευμένη στα πρακτικά

39.Βοσινάκης ΙΧ, Γεωργακλής ΒΑ, Παλαιοχωρλίδης ΗΣ, Κωστάκης ΑΓ, Καφίδας Δ,

Μπάδρας ΛΣ.

Τεχνικές παρατηρήσεις από την χρήση του ήλου Endovis στην αντιμετώπιση δια-

τροχαντηρίων καταγμάτων.

24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach Resort, 5-8 Μαΐου 2005

Περίληψη δημοσιευμένη στα πρακτικά

40.Ι. Βοσινάκης, Λ. Μπάδρας, Ε. Μαγνήσαλης, Η. Παλαιοχωρλίδης, Χ. Γεωργίου, Ε.

Σκρέτας

Συγκριτική εμβιομηχανική μελέτη της εξωτερικής οστεοσύνθεσης με τον ολισθαίνοντα κοχλία στην αντιμετώπιση των ασταθών διατροχαντηρίων καταγμάτων

61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, Οκτώβριος, 12-15, 2005

Περίληψη δημοσιευμένη στα πρακτικά

Ανακοινώσεις σε Διεθνή Συνέδρια

1. Μπάδρας, Ι. Βοσινάκης, Δ. Παυλόπουλος, Ε. Σκρέτας

High tibial osteotomy in younger patients with severe osteoarthritis of the knee.

(Υψηλή οστεοτομία κνήμης σε νεότερους ασθενείς με σοβαρή οστεοαρθρίτιδα του γόνατος)

7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy

Budapest, 10-15 Μαίου, 1996

Περίληψη δημοσιευμένη στα πρακτικά

2. Ι. Βοσινάκης, Λ. Μπάδρας, Μ. Παπαδόπουλος

Bilateral luno-triquetral synostosis. A case report.

(Αμφοτερόπλευρη συνοστέωση μηνοειδούς-πυραμοειδούς. Ανακοίνωση περιπτώσεως)

3rd EFORT Congress, Barcelona, 21-27 Απρ., 1997

Περίληψη δημοσιευμένη στα πρακτικά

3. Μπάδρας, Ε. Σκρέτας, Ι. Βοσινάκης

External fixation of fractures of the femoral diaphysis in children.

(Εξωτερική οστεοσύνθεση καταγμάτων της διαφύσεως του μηριαίου σε παιδιά)

3rd EFORT Congress, Barcelona, 21-27 Απρ., 1997

Περίληψη δημοσιευμένη στα πρακτικά

4. Ι. Βοσινάκης, Λ. Μπάδρας

Stress fracture of the medial tibial condyle. A case report.

(Κάταγμα εκ κοπώσεως του έσω κνημιαίου κονδύλου. Ανακοίνωση περιστατικού)

5th international Congress of Northern Greece Sports Medicine Association, Θεσσαλονίκη,

18-21 Νοεμβ., 1999

5. I. Karnezis, I. Vossinakis, J. Newman

Outcome parameters of secondary patellar resurfacing in total knee arthroplasty.

(Παράμετροι αξιολογήσεως του αποτελέσματος της σε δεύτερο χρόνο αντικατάστασης της

επιγονατίδος στην ολική αρθροπλαστική του γόνατος.)

South-west Orthopaedic Club Meeting, Bath, UK, 12-13 May, 2000.

6. I. Karnezis, I. Vossinakis, J. Newman

Secondary patellar resurfacing: results of multivariate analysis in two matched groups.

ESSKA Congress, London, 2000

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

7. Vossinakis IC, Karnezis IA, Learmonth ID

Does the anatomy of the hip joint influence the type of the developing osteoarthritis?

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Περίληψη στο J Bone Joint Surg 2001; 83-B: Supp II, 132

8. Vossinakis IC, Skretas E, Bitounis V, Badras LS.

Comparison between external fixation and the sliding hip screw in pertrochanteric fractures.

A prospective randomized study.

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Περίληψη στο J Bone Joint Surg 2001; 83-B: Supp II, 132

9. Karnezis IA, Drosos G, Fragiadakis EG, Vossinakis IC, Cunningham JL, Miles AW

Biomechanics of “non-contact” plating of diaphyseal fractures – A biomechanical study

Using simulated fracture healing.

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Περίληψη στο J Bone Joint Surg 2001; 83-B: Supp II, 204

10.Miles AW, Karnezis IA, Fragiadakis EG, Vossinakis IC

Biomechanical parameters of “biological” internal fixation of the femur using the “bridging”

and “wave” plating techniques.

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Περίληψη στο J Bone Joint Surg 2001; 83-B: Supp II, 241

11.Badras LS, Vossinakis IC, Fagan DJ, Bitounis V.

Cubital tunnel syndrome due to an abnormal fibrous band.

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

12.Badras LS, Vossinakis IC, Pavlopoulos D, Bitounis V.

Veins causing dynamic ulnar nerve compression at the elbow.

5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

13.Vossinakis IC, Bisbinas I.

Macroscopic observations and relative associations in retrieved polyethylene cups of loose

Total Hip Arthroplasties

XXII World Congress SICOT

San Diego, California, 23-30 August 2002

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

14.Vossinakis IC, Bisbinas I.

Correlation between radiological osteolysis and operative component stability in patients

undergoing revision total hip replacement.

XXII World Congress SICOT

San Diego, California, 23-30 August 2002

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

15.Vossinakis IC, Bisbinas I.

Evaluation of different formulae to assess the volume of wear in retrieved acetabular cups

from loose total hip replacements.

XXII World Congress SICOT

San Diego, California, 23-30 August 2002

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

16.D. Pavlopoulos, D. Kafidas, E. Skretas, I. Vossinakis, L. Badras:

The treatment of acromioclavicular dislocation by transference of the coracoacromial

ligament and coracoclavicular wire loop placement.

International Congress of the upper extremity, hand and micro surgery

Corfu August, 28-31, 2002.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

17.I. Palaiochorlidis, I. Vossinakis, E.Skretas, L. Badras:

Functional outcome after complex supracondylar fractures of the humerus.

International Congress of the upper extremity, hand and micro surgery

Corfu August, 28-31, 2002.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

18.Badras L.S., Vossinakis I.C., Skretas E., Palaiochorlidis I.S., Tersenidis I.E.:

Autotransfusion in total knee Arthroplasty.

6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Helsinki, Finland, 4-10 June 2003.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Δημοσιεύθηκε η περίληψη στο J.Bone Jt.Surg

19.Badras L.S., Vossinakis I.C., Pavlopoulos D., Palaiochorlides I.S., Kafidas D., Georgaklis V.:

Salvage hemiarthroplasty for trochanteric fractures in demented elderly patients with severe

osteoporosis.

6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Helsinki, Finland, 4-10 June 2003.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

20.Vossinakis I.C., Badras L.S., Kostakis A., Pavlopoulos D., Skretas E., Palaiochorlidis I.S.:

Incidence of hip fractures in Magnesia, Greece.

6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Helinki, Finland, 4-10 June 2003.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

21.Vossinakis I.C., Badras L.S., Kostakis A., Pavlopoulos D., Skretas E., Palaiochorlidis I.S.:

Hip fractures:factor affecting ambulation and mortality.

6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Helsinki, Finland, 4-10 June 2003.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

22.E. Georgopoulou, D. Kafidas, I.C.Vossinakis, L.S. Badras.:

Treating an infected rotating-hinge arthroplasty by a salvage total knee revision procedure.

10th Scientific Meeting, European Society of Chemotherapy, Infectious Diseases.

Vienna, Austria, 28 June – 1 July 2003.

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

23.Badras L, Georgaklis V, Kostakis A, Georgiou C, Skretas E, Vossinakis I.

Mid-term 8 years follow-up of the Genesis total knee prosthesis

7th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Lisbon, 4-7 June 2005

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

24.Vossinakis IC, Papathanasopoulos A, Palaiochorlidis IS, Kostakis A, Georgaklis V.

Loss of cervical lordosis following trauma. Is computed tomography necessary?

7th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Lisbon, 4-7 June 2005

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

25.Kafidas D, Vossinakis IC, Badras L

Mid-term outcome of total knee arthroplasty using the “solution” rotating-hinge.

7th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Lisbon, 4-7 June 2005

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

26.Kostakis A, Vossinakis IC, Badras L

A prospective comparative study between two intramedullary devices for trochanteric

fractures.

7th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Lisbon, 4-7 June 2005

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

27.Georgaklis V, Vossinakis IC, Badras L

Closed treatment of tibial plateau fractures with transcutaneous screws and Ilizarov external

fixation.

7th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology.

Lisbon, 4-7 June 2005

Η περίληψη έχει δημοσιευθεί στα πρακτικά του συνεδρίου.

Προεδρεία και συντονισμός Στρογγυλών Τραπεζών σε Σεμινάρια, Συμπόσια και Συνέδρια

1. 57ο Πανελλήνιο Ορθοπαιδικό Συνέδριο. Στρογγυλή Τράπεζα με αντικείμενο

«Η αντιμετώπιση των οστικών ελλειμμάτων κατά την αναθεώρηση των ολικών αρθρο-

πλαστικών ισχίου με τη μέθοδο εμπακτωμένου μοσχεύματος

Αθήνα, 11-15 Σεπτεμβρίου 2001.

2. 57ο Πανελλήνιο Ορθοπαιδικό Συνέδριο. Στρογγυλή Τράπεζα με αντικείμενο

«Οι Διπολικές Αρθροπλαστικές».

Αθήνα, 11-15 Σεπτεμβρίου 2001.

3. 3η Στρογγυλή Τράπεζα

Ετήσιο Πανελλήνιο Συμπόσιο Φυσικοθεραπείας με θέμα:

«Τροχαία ατυχήματα, φυσικοθεραπεία σε κρανιοεγκεφαλικές κακώσεις, πολυτραυματίες»

Βόλος, Πανεπιστήμιο Θεσσαλίας, 19-21 Οκτωβρίου 2001

4. Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

5. 2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov.

Αθήνα, Νοσοκομείο Αττικόν, 18-20 Φεβρουαρίου 2005

6. Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Τρίκαλα, 12-13 Μαΐου 2006

7. 6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

8. 3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

Οργανωτικές Επιτροπές Σεμιναρίων και Συνεδρίων

1. Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

Συμμετοχές ως εκπαιδευτής σε Σεμινάρια (πρακτική άσκηση)

1. 11ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης

Λάρισα, 7-10 Μαρτίου 2002

2. 2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov.

Αθήνα, Νοσοκομείο Αττικόν, 18-20 Φεβρουαρίου 2005

3. 3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

Λοιπές Επιστημονικές Δραστηριότητες

Το περιοδικό Medical Science Monitor που εκδίδεται στις ΗΠΑ μου έκανε την τιμή να μου ζητήσει τη συνεργασία μου ως αναλυτή-εκτιμητή (reviewer) των άρθρων που υποβάλλονται σε αυτό προς δημοσίευση.

Διαλέξεις - Εισηγήσεις σε Σεμινάρια, Συμπόσια και Συνέδρια

1. Κινησιολογία και βιομηχανική της άρθρωσης του ισχίου.

Περιφεριακό Σεμινάριο συνεχιζόμενης εκπαίδευσης Ορθοπαιδικών Χειρουργών με θέμα

την Ολική αρθροπλαστική ισχίου.

Πορταριά Βόλου, 12 -13 Ιουνίου 1993

2. External fixation of fractures of the femoral diaphysis in children.

(Εξωτερική οστεοσύνθεση καταγμάτων της διάφυσης του μηριαίου σε παιδιά)

Registrar’s presentation day, University Department of Orthopaedics, Bristol, 12 Νοεμβρίου

1997

3. Η εξωτερική οστεοσύνθεση στην αντιμετώπιση των διατροχαντηρίων καταγμάτων.

14ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας

Καρπενήσι, 3 - 5 Ιουλίου 1998

4. Radiological associations for “primary” hip osteoarthritis.

(Ακτινολογικοί συσχετισμοί για την «ιδιοπαθή» οστεοαρθρίτιδα του ισχίου)

Registrar’s presentation day, University Department of Orthopaedics, Bristol, 11 Δεκεμβρίου

1998

5. Η χρήση της αρθροπλαστικής διπλής κινήσεως στην αναθεώρηση ολικής αρθροπλαστικής

ισχίου.

57ο Πανελλήνιο Ορθοπαιδικό Συνέδριο. Συντονιστής Στρογγυλής Τράπεζας με αντικείμενο

«Οι Διπολικές Αρθροπλαστικές».

Αθήνα, 11-15 Σεπτεμβρίου 2001.

6. Η επιστημονική βάση της χρήσης του εμπακτωμένου μοσχεύματος

57ο Πανελλήνιο Ορθοπαιδικό Συνέδριο. Στρογγυλή Τράπεζα με αντικείμενο

«Η αντιμετώπιση των οστικών ελλειμμάτων κατά την αναθεώρηση των ολικών αρθρο-

πλαστικών ισχίου με τη μέθοδο εμπακτωμένου μοσχεύματος

Αθήνα, 11-15 Σεπτεμβρίου 2001.

7. Τραυματική κήλη μεσοσπονδυλίου δίσκου

3η Στρογγυλή Τράπεζα

Ετήσιο Πανελλήνιο Συμπόσιο Φυσικοθεραπείας με θέμα:

«Τροχαία ατυχήματα, φυσικοθεραπεία σε κρανιοεγκεφαλικές κακώσεις, πολυτραυματίες»

Βόλος, Πανεπιστήμιο Θεσσαλίας, 19-21 Οκτωβρίου 2001

8. Ανεπάρκεια προσθίου χιαστού. Αποκατάσταση.

Περιφερειακό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδας

Καρδίτσα, Λίμνη Πλαστήρα, 7-8 Ιουνίου 2002

9. Προοπτική συγκριτική μελέτη της εξωτερικής οστεοσύνθεσης και του ολισθαίνοντος κοχλία

Στην αντιμετώπιση των διατροχαντηρίων καταγμάτων

3η Ορθοπαιδική Συνάντηση Αιγίου& Μετεκπαιδευτικό Περιφερειακό Σεμινάριο του

Κολλεγίου Ελλήνων Ορθοπαιδικών Χειρουργών

«Σύγχρονες εφαρμογές της εξωτερικής οστεοσύνθεσης στην τραυματιολογία και την

Ορθοπαιδική»

Αίγιο 14-16 Ιουνίου 2002

10.Ο πολυτραυματίας. Άμεση αντιμετώπιση

Στρογγυλή τράπεζα

Ημερίδα με θέμα: «Η αντιμετώπιση του πολυτραυματία»

Βόλος, Πανεπιστήμιο Θεσσαλίας, 13 Δεκεμβρίου 2003

11.Μηχανισμοί χαλάρωσης της ολικής αρθροπλαστικής του ισχίου

Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

12.Καθ’ έξιν εξάρθρημα περονιαίων τενόντων

Ετήσιο Μετεκπαιδευτικό Σεμινάριο Ορθοπαιδικής και Τραυματολογίας

Θεσσαλίας και Στερεάς Ελλάδος

Καρπενήσι, 4-6 Ιουνίου 2004

13.Πλεονεκτήματα της συσκευής Ilizarov έναντι συμβατικών μεθόδων οστεοσύνθεσης στην

αντιμετώπιση συντριπτικών καταγμάτων των κνημιαίων κονδύλων.

2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov.

Αθήνα, Νοσοκομείο Αττικόν, 18-20 Φεβρουαρίου 2005

14.Χειρουργική αποκατάσταση του προσθίου χιαστού συνδέσμου.

6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

15.Κυκλικά και υβριδικά πλαίσια: Ευελιξία για την αντιμετώπιση πολύπλοκών τραυματισμών

3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

Δημοσιεύσεις σε Ελληνικά Ιατρικά Περιοδικά

1. Ι. Βοσινάκης, Λ. Μπάδρας, Ε. Σκρέτας

Επίπτωση της ιδιοπαθούς σκολιώσεως στη Μαγνησία κατά το 1994.

Ορθοπαιδική, Τεύχος 1o, 1998

2. Π.Κ. Αραμπατζής, Ι.Χ. Βοσινάκης

Μέθοδοι εξοικονόμησης αίματος σε μεγάλες χειρουργικές επεμβάσεις και μείωση των

αναγκών αυτού.

Ελληνική Ιατρική, 64, 1, 1998

Δημοσιεύσεις σε Διεθνή Ιατρικά Περιοδικά– Citations 111

1. P. Stavroulaki, N. Apostolopoulos, D. Dinopoulou, I. Vossinakis, M. Tsakanikos,

D. Douniadakis

Otoacoustic Emissions – An approach for Monitoring Aminoglycoside Induced Ototoxicity in

Children

International Journal of Pediatric Oto Rhino Laryngology, Nov;50:177-184, 1999

OBJECTIVES: The early detection of hearing impairment caused by ototoxic drugs, such as aminoglycosides, has been the aim of research world-wide. Histopathological studies have shown that the outer hair cells are the most susceptible cochlear components to injury from ototoxic drugs like aminoglycosides. Otoacoustic emissions reflect the functional status of the outer hair cells and constitute the only non-invasive means of objective cochlear investigation. The aim of this study was to evaluate the potential of otoacoustic emissions in early identification of aminoglycoside-induced cochlear dysfunction. In addition, a comparison with pure-tone audiometry or auditory brainstem responses was performed in order to determine if this test might provide a more reliable method of monitoring early ototoxic insults to the cochlea. METHODS: Twenty four children receiving gentamicin (4 mg/kg once daily) for 6-29 days were included in the study. Eleven children received gentamicin for up to 7 days (group A), while 13 underwent longer-term therapy lasting 8-29 days (group B). Hearing was serially monitored using transient evoked otoacoustic emissions and pure-tone audiometry (0.25-12 kHz) or auditory brainstem responses for younger or uncooperative children. Transient evoked otoacoustic emissions data were analysed in terms of emission amplitude and response reproducibility as a function of frequency. RESULTS: All patients yielded a normal baseline audiometric assessment upon hospital admission. For group A patients no significant changes in hearing levels were observed either by pure-tone audiometry (P = 0.2), auditory brainstem responses (P = 0.3) or transient evoked otoacoustic emissions (mean response: P = 0.06, reproducibility by frequency: P > 0.05). For group B patients no significant changes in hearing levels measured by pure-tone audiometry (P = 0.1) or auditory brainstem responses (P = 0.4) were observed. Transient evoked otoacoustic emissions however revealed a statistically significant decrease in the mean response level (P = 0.017) and in the reproducibility over the whole frequency spectrum (1 kHz: P = 0.0057, 2 kHz: P = 0.0247, 3 kHz: P = 0.0134, 4 kHz: P = 0.0049, 5 kHz: P = 0.0019). CONCLUSIONS: The findings suggest that transient evoked otoacoustic emissions are an extremely sensitive measure of the early effects of aminoglycoside-induced injury to the peripheral auditory system. Therefore, their use is recommended for regular monitoring of cochlear function, in the presence of potentially toxic factors, aiming at prevention of permanent damage.

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2. Johannesen TB, Rasmussen K, Winther FO, et al. Late radiation effects on hearing, vestibular function, and taste in brain tumor patients. Int J Radiat Oncol 53 (1): 86-90 May 1 2002

3. Bayar N, Boke B, Apan A et al. Efficacy of topotecan on an experimental model of transient evoked otoacoustic emissions. Int J Pediatr Otorhi 61(2): 135-42 NOV 1 2001.

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Prevention of gentamicin induced ototoxicity by trimetazidine in animal model

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Audiological management of patients receiving aminoglycoside antibiotics

VOLTA REVIEW 105 (3): 229-250 WIN 2005

15. Riga M, Korres S, Psarommatis I, et al.

Neurotoxicity of BFM-95 on the medial olivocochlear bundle assessed by means of contralateral suppression of 2f1-f2 distortion product otoacoustic emissions.

OTOLOGY & NEUROTOLOGY 28 (2): 208-212 FEB 2007-05-02

16. Wilkinson AR, Jiang ZD

Brainstem auditory evoked response in neonatal neurology

SEMINARS IN FETAL & NEONATAL MEDICINE 11 (6): 444-451 DEC 2006

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Effects of extracorporeal shock wave lithotripsy treatment on transient evoked otoacoustic emissions in patients with urinary lithiasis

JOURNAL OF OTOLARYNGOLOGY 35 (5): 320-326 OCT 2006

18. Thomas E. Young, MD

Aminoglycoside Therapy in Neonates With Particular Reference to Gentamicin

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Adverse perinatal conditions and the inner ear.

Semin Neonatol. 2001 Dec;6(6):543-51.

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Aminoglycoside Prescribing and Surveillance in Cystic Fibrosis

Am J Respir Crit Care Med Vol 167. 819–823, 2003

21. Stephen A. Fausti, PhD;1-2\* Debra J. Wilmington, PhD;1 Patrick V. Helt, MA;1 Wendy J. Helt, MA;1 Dawn Konrad-Martin, PhD

Hearing health and care: The need for improved hearing loss prevention and hearing conservation practices

Journal of Rehabilitation Research and Development, 42 (4), Supp 2, 45- 62, 2005

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Ear & Hearing 27(5):466-479, 2006

23. Lilian Cassia Bornia Jacob, Fabrina Pavia Aguiar, Aline Aparecida Tomiasi, Samira NatachaTschoeke, Raquel Fava de Bitencourt

Auditory monitoring in ototoxicity

Rev Bras Otorrinolaringol; 72(6):836-44, 2006

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Distortion Product Otoacoustic Emission Findings in Behçet's Disease and Rheumatoid Arthritis.

ORL;69:233-238, 2007

2. E. Ferekidis, P. Stavroulaki, I. Vossinakis, J. Yiotakis, L. Manolopoulos, G. Adamopoulos.

Stapedotomy in Osteogenesis Imperfecta patients.

Journal of Laryngology and Otology, Jun;114(6):424-8, 2000

Osteogenesis imperfecta (OI) is a connective tissue disorder characterized by osseous fragility, blue sclerae and hearing loss. In order to assess the impact of stapedotomy on improving hearing on OI, a retrospective, one-group, pre-test-post-test design was used to compare the pre-operative and post-operative audiograms of nine OI patients, treated with stapedotomy for their mixed hearing loss. Operative findings included fixation or thickening of the stapes footplate with normal superstructure configuration and hypervascularization of the promontory mucosa. Immediate post-operative results showed a significant improvement (p < 0.05) from 250-4000 Hz in air conduction and from 250-2000 Hz in bone conduction. A significant closure of the air-bone gap between 250-2000 Hz was also achieved (p < 0.05). The long-term results remained satisfactory with a mean threshold shift of 8 dB HL and an almost unchanged air-bone gap. These satisfactory results and the lack of complications make stapedotomy an appealing method for the management of OI-associated hearing loss.

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hearing loss in dyschondrosteosis. Ann Oto Rhinol Laryn 112(2): 153-158 Feb 2003.

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Audiologic investigation of a family with Van der Hoeve syndrome

Otolaryngology-Head and Neck Surgery Vol.10 No.3 P.131-133 2003

5. Vincent, Robert; Gratacap, Benoit; Oates, John; Sperling, Neil M

Stapedotomy in Osteogenesis Imperfecta: A Prospective Study of 23 Consecutive Cases.

Otology & Neurotology. 26(5):859-865, September 2005

3. I.C. Vossinakis, T.P.B. Tasker

Stress Fracture of the medial tibial condyle. A case report.

The Knee, Jul1;7(3):187-190, 2000

Although stress fractures of the tibial diaphysis are common among athletes, the proximal tibial metaphysis is an unusual location for such injuries. In addition, their proximity to the knee joint can obscure the diagnosis. We present a case of a stress fracture of the medial tibial condyle in a long-distance runner, aiming to increase awareness about this uncommon and interesting differential diagnostic problem. A change in running conditions preceded the fracture and should always raise suspicion of overuse injuries. MRI scan has proved very sensitive for diagnosing stress fractures and provided a definite diagnosis in our case.ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Wall J, Feller JF

Imaging of stress fractures in runners

CLINICS IN SPORTS MEDICINE 25 (4): 781+ OCT 2006

2. Rosenthal MD, Moore JH, DeBerardino TA

Diagnosis of medial knee pain: Atypical stress fracture about the knee joint

JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY 36 (7): 526-534 JUL 2006

3. Niva et al. Bone Stress Injuries Causing Exercise-Induced Knee Pain

Am J Sports Med.2005

4. Niva, Maria

Fatigue bone stress injuries of the lower extremities in Finnish conscripts

University of Helsinki, Faculty of Medicine, Institute of Clinical Medicine

Doctoral dissertation, 2006

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Bone stress injuries causing exercise-induced knee pain

AMERICAN JOURNAL OF SPORTS MEDICINE 34 (1): 78-83 JAN 2006

6. Drabicki RR, Greer WJ, DeMeo PJ

Stress fractures around the knee

CLINICS IN SPORTS MEDICINE 25 (1): 105+ JAN 2006

4. I.C. Vossinakis

Re: reduction in pain associated with open carpal tunnel decompression.

Journal of Hand Surgery [Br], Oct;26(5):503-4, 2001

In their recent article Avramidis et al (2000) identify a significant problem of open carpal tunnel decompression, the pain caused by local anaesthetic injection, and attempt to provide a solution. Although their aim is commendable, I believe the approach is somewhat superficial. The authors seem to believe that the introduction of the hypodermic needle is the main cause for the pain and they attempt to identify if this can be reduced by the application of a local anaesthetic cream (EMLA). Although the ingredients of the cream may penetrate up to 10mm from the skin, they obviously cannot be expected to be effective at the full depth of the subcutaneous tissue of the palm. The authors also reported less satisfactory results in males with thicker skin.

From my experience in open carpal tunnel decompression under local anaesthetic I have identified three distinct causes for the pain associated with local anaesthetic infiltration of the tissues prior to the operation. The first, although not the most important one, is obviously the introduction of the hypodermic needle through the skin. My experience is that with a blue needle (23 G) this pain is minimal for most patients. The second cause of pain is the acidity of the anaesthetic solution (Lawrence, 1996; Lugo-Janer et al., 1993), which causes a burning or stinging pain that patients clearly have identified as severe in my practice. Finally, the third cause of pain is the tension that the volume of the local anaesthetic solution causes in the unyielding subcutaneous tissue of the palm.

To reduce the pain from the local anaesthetic injection one has to target all three causative factors. The needle pain is minimal in adults and I agree that it could be further reduced by the application of EMLA cream in sensitive patients. However, this practice requires a long preoperative preparation time that in most Day Surgery Units is not available.

The pain due to tissue tension can be significantly reduced by a slow rate of local anaesthetic administration (Scarfone et al., 1998).

Finally, the most severe pain caused by the acidity of the anaesthetic solution can be significantly reduced by buffering lidocaine with sodium bicarbonate. This method is inexpensive and simple (Masters, 1998) and requires no extra time, since the operating surgeon can mix the lidocaine and sodium bicarbonate solutions just before administration. It has been shown to reduce the latency time for local anaesthesia (Gandy, 1991; Metzinger et al., 1992) and to enhance the intensity and spread of nerve blocks (Curatolo et al., 1998; Gandy, 1991). Buffering is very effective in reducing the pain from local anaesthetic infiltration (Christoph et al., 1988; Fitton et al., 1996; Matsumoto et al., 1994) and has a greater effect than needle size in pain reduction (Palmon et al., 1998). Moreover, it has been shown to have significant antibacterial properties (Thompson et al., 1993).

For all those reasons I have been using 1% lidocaine with adrenaline 1:100,000 buffered with 8.4% sodium bicarbonate for local anaesthesia in open carpal tunnel decompression. Pain reduction and overall patient satisfaction have been encouraging, leading to the undertaking of a double-masked, prospective, randomised trial, currently performed, comparing the buffered and unbuffered solutions in patients undergoing bilateral open carpal tunnel decompression. I hope that the results of this study will be available soon to further support my clinical experience and the existing literature.

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The use of a fine-gauge needle to reduce pain in open carpal tunnel decompression: A randomized controlled trial

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 30B (6): 615-617 DEC 2005

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5. I.C. Vossinakis, L.S. Badras

Management of pertrochanteric fractures in high-risk patients with an external fixation.

International Orthopaedics, 25(4):219-22, 2001

In 44 surgical high-risk patients (ASA grade 3 or 4) pertrochanteric fractures were treated with a newly developed external fixator; all fractures healed within 14 weeks. Seven patients had a superficial pin tract infection and in 12 patients the fracture united with a shortening of 18 (5-30) mm. No implant failures or limitation of knee movements were recorded. Nine patients died during the first 6 months. The "pertrochanteric fixator" is a valuable alternative for treating high-risk, elderly patients.

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Osteoporotic Pertrochanteric Fractures Can Be Successfully Treated with External Fixation

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Modern methods of treating hip fractures

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FRACTURAS DE FÉMUR EN EL NIÑO. COMPORTAMIENTO EN CUATRO AÑOS

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External fixation for the treatment of senile intertrochanteric fracture of the femur 30

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Study of femur unstable peritrochanteric fractures treated with blocked cephalodiaphyseal nail: a minimally invasive technique

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On: "Dynamic Hip Screw Compared with External Fixation for Treatment of Osteoporotic Pertrochanteric Fractures" by Antonio Moroni, MD, et al.

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Does the anatomy of the hip joint influence the type of the developing osteoarthritis?

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Comparison between external fixation and the sliding hip screw in pertrochanteric fractures.

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Biomechanics of “non-contact” plating of diaphyseal fractures – A biomechanical study

Using simulated fracture healing.

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Biomechanical parameters of “biological” internal fixation of the femur using the “bridging”

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The use of auxiliary pins with the Orthofix external fixator.

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In their recent article Sola et al 5 conclude that the use of an auxiliary pin with the Orthofix external fixator increases clinical stability and decreases the risk of loss of reduction and malunion. However, this conclusion appears to be based on observations that have not reached statistical significance. Furthermore, since this was not a randomised study, the possibility of patient selection bias between the two groups is high.

The high rates of loss of reduction and malunion without the use of the auxiliary pin observed in this study have not been reported in previous, larger series with the same or different fixators 2,3 and are in contrast with our experience.1 We thus believe that these complications could be attributed to the method of dynamisation used by the authors. The auxiliary pin may create a rather stiff construct that could be detrimental to callus formation, as reflected by the relatively long time before they could allow dynamisation in their patients (6 weeks) and by the need for removal of this pin in order to obtain dynamisation in fractures that were slow to consolidate. In addition, the reported method of dynamisation seems rather radical. Dynamisation aims at allowing micromotion at the fracture site. By removing the fixator screw that maintains the fracture at length the result is simply the axial collapse of the fracture, which assumes a new position without permitting micromotion during loading.4 Furthermore, loosening of the ball joints, which was performed in some cases, may compromise the angular stability of the fixation and could probably account for the loss of position observed in their patients.

In a similar series of pediatric femoral shaft fractures (n=34), treated with the same fixator and no use of auxiliary pins,1 we have not observed loss of reduction or clinically significant malunion. Dynamisation in our series was performed in all cases before the fourth week and included loosening, but not removal of the length controlling screw, while in most cases we added the special cushions provided by Orthofix for this purpose. This method does not allow complete collapse of the fracture and promotes micromotion with weight bearing. The ball joints were never loosened; instead they were tightened at every outpatient visit to prevent loosening. We believe that this method is safer and more efficient for dynamising the fracture without compromising stability.

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Radiographic associations for "primary" hip osteoarthrosis: a retrospective cohort study of 47 patients.

Acta Orthopaedica Scandinavica, Dec;72(6):600-8, 2001

This radiographic retrospective cohort study aims to identify relations between the prearthrotic anatomy of the hip joint and the type of subsequent osteoarthrosis (OA). Radiographs of 64 hips in 47 patients were evaluated. Several anatomical indices were measured on radiographs obtained before the onset of OA. The location, type and grade of OA were recorded on subsequent radiographs. Due to the small number of hips available, only three potential risk factors could be considered for both OA location and OA type (weight-bearing surface angle, spherical sector and neck shaft angle for both outcomes). The only variable that was found to be a significant predictor of OA location was the degree of inclination of the acetabular sourcil. Patients with craniomedial sourcils were more likely to have medial OA. No predictors of OA type could be identified. Our results suggest that the anatomy of the hip joint is a factor determining the location of developing osteoarthrosis.

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The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.

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In a prospective, randomised study we have compared the pertrochanteric external fixator (PF) with the sliding hip screw (SHS) in 100 consecutive patients who were allocated randomly to the two methods of treatment. Details of the patients and the patterns of fracture were similar in both groups. Follow-up was for six months. Use of the PF was associated with significantly less blood loss, a shorter operating time, reduced postoperative pain, shorter hospitalisation (p < 0.001), earlier mobilisation (p < 0.001) and a reduced rate of mechanical complications (p < 0.01). Superficial infection was significantly more common with the PF (p < 0.01), but without long-term adverse consequences. There were no differences in the healing of the fracture, mortality or final functional outcome. Our results indicate that the external fixator is an effective and safe device for treating pertrochanteric fractures and should be considered as a useful alternative to conventional fixation with the sliding hip screw.

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A Comparative Study of External Fixators and DHS for Intertrochanteric Fracture of the Femur

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Otoacoustic emissions for monitoring aminoglycoside-induced ototoxicity in children with cystic fibrosis.

Archives of Otolaryngology Head and Neck Surgery, Feb;128(2):150-5, 2002

OBJECTIVE: To investigate whether transient-evoked and distortion-product (DP) otoacoustic emissions (OAEs) are more sensitive than pure-tone audiometry (PTA) in revealing gentamicin-induced ototoxicity in children with cystic fibrosis (CF). DESIGN: Prospective case-control study. SETTING: Tertiary referral audiologic center in conjunction with an academic pediatric CF unit. PARTICIPANTS: The study group consisted of a consecutive sample of 12 audiologically normal children with CF and a history of gentamicin exposure (CF-gentamicin group). The control groups consisted of 8 age-matched children with CF and 11 age-matched healthy volunteers. No member of the control groups had a history of aminoglycoside exposure. INTERVENTION: Members of the CF-gentamicin study group received 4 mg/kg of gentamicin per day for a mean of 14.2 days (range, 11-29 days). OUTCOME MEASURES: The PTA thresholds (250-8000 Hz) were the criterion standard. Transient-evoked OAEs' reproducibility at 5 frequency bands (800, 1600, 2400, 3200, and 4000 Hz) and total emission level were measured, as were DP-audiogram (DP-gram) amplitude (1001-6299 Hz), input-output function dynamic range, and detection thresholds at 4004, 6006, and 7996 Hz. Baseline measurements were compared between groups examining the effect of CF and previous gentamicin exposure (2-way analysis of variance). For the CF-gentamicin group, baseline measurements were compared with those at the end of the last gentamicin treatment (paired t test). RESULTS: The PTA findings were normal for all groups at baseline and remained normal in the CF-gentamicin group after treatment. The CF-gentamicin group had significantly lower transient-evoked OAEs total emission level, DP-gram amplitude at 5042 Hz, and input-output dynamic ranges with higher detection thresholds in all frequencies compared with both control groups, which was attributed completely to previous gentamicin exposure (P<.05). After treatment, further decreases in total emission levels, DP-gram amplitudes (>3000 Hz), and dynamic ranges were noted, with increased detection thresholds (P<.05). CONCLUSIONS: Otoacoustic emissions measurement (especially of DP OAEs) proved more sensitive than PTA in revealing minor cochlear dysfunction after gentamicin exposure. They should be used for monitoring patients receiving ototoxic factors such as aminoglycosides.

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Distal locking of femoral nails under direct vision through a cortical window.

Journal of Orthopaedic Trauma, Sept;17(8):574-7 2003

We present a salvage technique for distal femoral interlocking under direct vision through a window in the anterior femoral cortex in a subgroup of six patients, among those presented to our institution during the last 10 years with a femoral shaft fracture treated with reamed, locked intramedullary nailing. The common characteristic of these patients was the performance of distal locking under direct vision through a small window in the anterior femoral cortex because of intraoperative dysfunction of the image intensifier. Screw insertion was successful in all cases. All fractures and all cortical windows healed uneventfully. No postoperative fractures occurred through the cortical defect. This technique, despite being a salvage one, has proven a safe alternative to the common distal targeting techniques. It can be used when an image intensifier is unavailable without jeopardizing the excellent clinical and radiographic outcome of reamed locked nailing of femoral shaft fractures.

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External fixation for pertrochanteric fractures.

Journal of Bone and Joint Surgery [Am], Nov;85-A(11):2252-3, 2003

We welcomed Dr Baumgaertner’s analysis and commentary1 of our paper2. Certain questions raised in this commentary, however need to be answered.

Exclusion of reverse obliquity and inter-subtrochanteric fractures should not be considered a limitation of our study. Since the sliding hip screw is known to perform poorly with such fractures we tend not to use it. Instead, we prefer the 90o sliding screw that provides increased stability for these fracture patterns. For this reason these fractures were excluded from our study.

In a previous study3 we have also stressed the need for family education and participation in pin care. In addition, home visiting nursing stuff inspects and cleans the external fixator weekly. Outpatient visits in monthly intervals are needed until fixator removal, but we have not found this to greatly increase the outpatient workload.

We do agree that external fixation is an effective treatment option for pertrochanteric fractures but we would recommend its use under certain indications, stated in our paper.

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Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

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Complications of extremities fractures treated by unilateral external fixator and the counter measures

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Secondary patellar resurfacing in total knee arthroplasty: results of multivariate analysis in two case-matched groups.

Journal of Arthroplasty, Dec;18(8):993-8, 2003

Although patellofemoral symptoms after patellar-retaining knee arthroplasty are common, no evidence has been published in the literature on the potential benefit from patellar resurfacing at a later stage. This study evaluates the effect of secondary (delayed) patellar resurfacing using comparisons between 2 case-matched groups of patients with primary and secondary patellar resurfacing. Furthermore, multivariate statistical methods were applied to study factors that may influence the final outcome. Our results suggest that although significant clinical improvement was seen after delayed patella resurfacing, the outcome of secondary patellar resurfacing is inferior to that expected for a similar group of patients with primary resurfacing. Furthermore, the timing (delay period) of the secondary resurfacing procedure appears to negatively affect the final outcome. This suggests that secondary patellar resurfacing, when indicated, should be considered at an early stage.

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Treatment of patella in total knee arthroplasty

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Management of pertrochanteric fractures in the elderly patients with an external fixation. Injury, vol. 32 (Suppl. 4), pp. 115-128 (2001).

Injury, Jan;35(1):95-6, 2004

This is an interesting article on a method that is becoming increasingly popular for the treatment of pertrochanteric fractures. It is imperative, however, to clearly define the indications for external fixation in this region of the skeleton. Although the title of the article states that external fixation was used in elderly patients, the authors report using it for all pertrochanteric fractures since March 1996. In addition they mention using the Pertrochanteric Fixator (PF) for fractures extending to the subtrochanteric region. In a recent prospective randomised study we have shown the PF to be a safe and effective treatment option for pertrochanteric fractures, giving comparable results with the sliding hip screw [3]. However, we believe that it is not necessary to submit all patients to the discomfort of external fixation. The sliding hip screw remains the golden standard for most patients with pertrochanteric fractures. The main benefits with external fixation for the patient are due to the reduction of blood loss and surgical trauma. Therefore, the method should be mainly indicated for high-risk or multiply injured patients and those who refuse a transfusion [1,2,3]. Moreover, fractures extending to the subtrochanteric area of the femur may require axial compression that the PF does not provide. We believe that the Dynamic Axial Fixator (DAF) with an angled clamp would be more suitable, when external fixation is required for such fractures. Finally, the authors report using open reduction, when a closed one could not be obtained. Our experience is that open reduction is almost never required. Accepting a less than optimal reduction very rarely compromises the final outcome, whereas open reduction increases blood loss, surgical time and trauma, cancelling the main benefits of using external fixation.

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Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

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Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], Aug;29(4):399-401, 2004

This prospective, randomized study assessed the effectiveness of buffering lidocaine with sodium bicarbonate for reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. Twenty-one patients undergoing bilateral open carpal tunnel decompression received, in a randomized manner, lidocaine 1% with adrenaline (1:200,000) in one hand and the same local anaesthetic buffered with 8.4% NaHCO3 at a 5:1 ratio in the other hand. Pain, especially its burning element, was evaluated on a visual analogue scale and was significantly reduced with the buffered solution. The buffering was effective for all patients and no adverse effects were noted. This is a safe, easy and quick method for making open carpal tunnel surgery less uncomfortable to patients.

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Surgical preparation: anesthesia & hemostasis

Endodontic Topics, Volume 11 Issue 1 Page 32 - July 2005

21.L.S. Badras, I.C. Vossinakis, E. Skretas, I.S. Palaiochorlidis, I.E. Tersenidis

Autotransfusion in total knee Arthroplasty.

Journal of Bone and Joint Surgery [Br], 86B, Supp III: 262, 2004.

22.Kanellopoulos Anastasios D, Yiannakopoulos Christos K, Vossinakis Ioannis, Badras

Leonidas S. Distal Locking of Femoral Nails Under Direct Vision Through A Cortical Window: In Response. Letter to the Editor

Journal of Orthopaedic Trauma. 18(4):258, April 2004.

23.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], May;30(2):235, 2005

We welcome the comments by Watts and Hooper regarding our published study (JHS 2004;29B:4:399-401). Although Watts et al. (JHS 2004;29B:1:30-31) could not demonstrate any significant difference in pain scores between plain and buffered lidocaine, several previous studies reported a reduction in pain with buffered lidocaine for various minor surgical procedures (Fitton et al., 1996; Friedman et al., 1997; Matsumoto et al., 1994). Our findings regarding open carpal tunnel decompression were similar. The high pain scores for plain lidocaine in our study are also in agreement with other previous studies (Fitton et al., 1996; Avramidis et al., 2000). We cannot underestimate the fact that pain perception and expression has cultural influences and this could account for the significant variation in pain scores for similar procedures in the literature. We would agree that the rate of injection has an effect on pain due to tissue tension. In our study we could not estimate the magnitude of this effect since the rate of infiltration and the needle gauge were standardised for both hands. However, pain sub scores for plain lidocaine revealed that, with a 23-gauge needle and a 30- second infiltration time, the mean tension pain score was almost half the mean burning score. Obviously, making the operation less uncomfortable for our patients requires that we take all this into account.

24. Paleochorlidis I, Badras L, Georgaklis V, Kostakis A, Georgiou C, SkretasE, Vossinakis I.

Mid-term 8 years follow-up of the Genesis total knee prosthesis.

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 84-85, 2006.

25.Vossinakis IC, Papathanasopoulos A, Paleochorlidis IS, Kostakis A, Georgaklis V.

Loss of cervical lordosis following trauma. Is computed tomography necessary?

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 153-154, 2006.

26.I.C. Vossinakis, G. Georgiades, D. Kafidas, G. Hartofilakidis. Unilateral hip osteoarthritis: can we predict the outcome of the other hip? Skeletal Radiology, 37:911-916, 2008.

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευόμενος)

Παρακολούθηση Συνεδρίων, Σεμιναρίων

(Ελληνικά)

1. 3ο Σεμινάριο Χειρουργικής Γόνατος και Αρθροσκόπησης Γόνατος και Ώμου. Αθήνα, 3 Οκτ., 1992

2. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 28-31 Οκτ., 1992

3. 4ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης με πρακτική εξάσκηση. Ναύπλιο, 25-28 Μαρτίου, 1993

4. 12ο Συνέδριο της Ορθοπαιδικής Εταιρείας Βορείου Ελλάδος. Λεπτοκαρυά, 14-16 Μαίου, 1993

5. Περιφεριακό Σεμινάριο Συνεχιζόμενης Εκπαίδευσης Ορθοπαιδικών Χειρουργών. Θέμα: Ολική Αρθροπλαστική Ισχίου. Πορταριά Βόλου, 12-13 Ιουνίου, 1993

6. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Αμερικανικής Ορθοπαιδικής Εταιρείας. Αθήνα, 20-23 Οκτ., 1993

7. 5ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης. Μέτσοβο, 10-14 Μαρτίου, 1994

8. Προσυνεδριακή Επιστημονική Εκδήλωση με Πρακτική άσκηση “Εξωτερική Οστεοσύνθεση". Χαλκιδική, 4 Μαίου, 1994

9. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Ιταλικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Χαλκιδική, 4-7 Μαίου, 1994

10. 10ο Μικροχειρουργικό Σεμινάριο. Ιωάννινα, 1-5 Ιουνίου, 1994

11. 2ο Μακεδονικό Σεμινάριο Χειρουργικής Γόνατος και Ισχίου. Λεπτοκαρυά, 24-25 Ιουνίου, 1994

12. Προσυνεδριακό Σεμινάριο και Εργαστήριο “Link-Tack Cementless Knee System”. Αθήνα, 26 Οκτ., 1994

13. Προσυνεδριακό Σεμινάριο και πρακτική άσκηση συστήματος ολικής αρθροπλαστικής γόνατος AGC. Αθήνα, 26 Οκτ., 1994

14. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 26-29 Οκτ., 1994

15. Σεμινάριο Αρθροσκοπικής Χειρουργικής. Ιωάννινα, 30 Μαρτ.-1 Απρ., 1995

16. Συμπόσιο Χειρουργικής χεριού. Θεσσαλονίκη, 7-9 Απριλίου, 1995

17. 14ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 26-29 Απριλίου, 1995

18. Επιστημονική Ημερίδα Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών. Μεταβολικά νοσήματα των οστών. Οστεοπόρωση. Λάρισα, 27 Μαίου, 1995

19. 21ο Ετήσιο Συνέδριο του Τμήματος Παθήσεων Σπονδυλικής Στήλης. Θεσσαλονίκη, 28-30 Σεπτεμβρίου, 1995

20. Κοινό Συνέδριο Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας , της Σουηδικής Ορθοπαιδικής Εταιρείας και της Κυπριακής Ορθοπαιδικής Εταιρείας. Ρόδος, 24-28 Οκτ., 1995

21. Κοινό Συνέδριο της Ελληνικής Εταιρείας Επανορθωτικής Μικροχειρουργικής και της Ελληνικής Εταιρείας Χειρουργικής Άκρας Χειρός. Βόλος, 30 Νοεμ.-3 Δεκ., 1995

22. Εντατικά εκπαιδευτικά Μαθήματα Κολλεγίου Ελλήνων Ορθοπεδικών Χειρουργών.Αθήνα 1995-1996.

23. 15ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 17-20 Απριλίου 1996

24. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Γερμανικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 5-8 Ιουν., 1996

25. 13ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας-Στερεάς Ελλάδας. Βόλος, 4-5 Ιουν., 1997

26. 17ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 23-26 Απριλίου 1998

27. 14ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδος. Καρπενήσι, 3-5 Ιουλ., 1998

28. 57ο Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 12-15 Σεπτ., 2001

29. Ετήσιο Πανελλήνιο Συμπόσιο Φυσικοθεραπείας

«Τροχαία ατυχήματα, φυσικοθεραπεία σε κρανιοεγκεφαλικες κακώσεις, πολυτραυματίες»

Βόλος, 19-21 Οκτώβριος 2001

30.Ημερίδα: «Ολικές Αρθροπλαστικές Ισχίου»

Αθήνα, 1 Δεκεμβρίου 2001

31.11ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης

Λάρισα, 7-10 Μαρτίου 2002

32.4η Αρθροσκοπική Ημερίδα Γόνατος

Θεσσαλονίκη, 16 Μαρτίου 2002

33.10ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Μύκονος, 18-21 Απριλίου 2002

34.21ο Ετήσιο Συνέδριο της Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 9-12 Μαΐου 2002

35. Περιφερειακό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδας

Καρδίτσα, Λίμνη Πλαστήρα, 7-8 Ιουνίου 2002

36.3η Ορθοπαιδική Συνάντηση Αιγίου& Μετεκπαιδευτικό Περιφερειακό Σεμινάριο του

Κολλεγίου Ελλήνων Ορθοπαιδικών Χειρουργών

«Σύγχρονες εφαρμογές της εξωτερικής οστεοσύνθεσης στην τραυματιολογία και την

Ορθοπαιδική»

Αίγιο, 14-16 Ιουνίου 2002

37.58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

38.2nd Update on Shoulder and Elbow Arthroscopic Surgery & Workshop

Αθήνα, Νοσοκομείο Metropolitan, 5-6 Απριλίου 2003

39.22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003

40.Διεθνές Συμπόσιο Λοιμώξεων του Μυοσκελετικού Συστήματος

Λάρισα, 15-17 Μαΐου 2003

41.20ο Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

42.1η Ετήσια Ημερίδα του Τμήματος Ορθοπαιδικής Έρευνας της Ε.Ε.Χ.Ο.Τ.

Λάρισα. 12-13 Σεπτεμβρίου 2003

43.59ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 15-19 Οκτωβρίου 2003

44.1ο Σεμινάριο Ενδείξεων και Εφαρμογών του Συστήματος Ilizarov στα Άνω και Κάτω Άκρα

Κηφισιά, 14-16 Νοεμβρίου 2003

45.Διεθνές Συμπόσιο για την Πρόληψη & Αντιμετώπιση των Αθλητικών Κακώσεων

Λάρισα, 27-30 Νοεμβρίου 2003

46.Ημερίδα: «Η αντιμετώπιση του πολυτραυματία»

Βόλος, 13 Δεκεμβρίου 2003

47.23ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 15-18 Απριλίου 2004

48.12ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Λήμνος, 29 Απριλίου-1 Μαΐου 2004

49.Επιστημονικό Συμπόσιο Φυσικοθεραπείας. 5η Διημερίδα

Βόλος, 15-16 Μαΐου 2004

50.21ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας

Καρπενήσι, 4 - 6 Ιουνίου 2004

51.60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 6-9 Οκτωβρίου 2004

52.Πρακτική Άσκηση: «Η περιορισμένης έκτασης προσπέλαση στην αρθροπλαστική ισχίου &

γόνατος

Αθήνα, 15-16 Οκτωβρίου 2004

53.2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 18-20 Φεβρουαρίου 2005

54.24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, 5-8 Μαΐου, 2005

55.61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 12-15 Οκτωβρίου 2005

56.25ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Καστοριά, 27-30 Απριλίου 2006

57.Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Τρίκαλα, 12-13 Μαΐου 2006

58.6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

59.62ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 3-7 Οκτωβρίου 2006

60.3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

61.3ο Πανελλήνιο Συνέδριο Τμήματος Ώμου- Αγκώνος της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, 15-17 Μαρτίου 2007

Παρακολούθηση Συνεδρίων, Σεμιναρίων (Διεθνή)

1. Instruction Course for Osteosynthesis and Endoprosthetic. University Orthopaedic Department Homburg Saar, Germany. 8-19 Νοεμβρίου 1993

2. Orthofix Seminar and Workshop. Bussolengo, Italy, 12-14 Sept., 1994

3. Annual Meeting of the American Academy of Orthopaedic Surgeons. Orlando, Florida, 16-21 Feb., 1995

4. 2nd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Munich, Germany, 4-7 July, 1995

5. 2nd International Conference on Orthopaedic Trauma - A Master class Symposium. University of Manchester, UK, 28-30 Mar., 1996

6. 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

7. Course III on Knee Prostheses, of the 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

8. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 15-16 Nov., 1996

9. 3rd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Barcelona, Spain, 21-27 Apr., 1997

10. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 14-15 Nov., 1997

11. Osteotomies around the Knee. Southmead Hospital Bristol, UK, 6 March, 1998

12. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1997-1998

13. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 20-21 Nov., 1998

14. Orthofix one-day intensive seminar on fine wire fixation. Medical education center, Northern General Hospital, Sheffield, UK, 23 Feb., 1999

15. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1998-1999

16. An instructional course in total knee arthroplasty. Primary & revision knee arthroplasty. Princess Margaret-Rose Hospital, Edinburgh, UK, 3-7 Sept., 1999

17. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1999-2000

18. 5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

19. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 12-13 Nov., 1999

20. 5th International Congress of Northern Greece Sports Medicine Association, Thessaloniki, 18-21 November, 1999

21. South-West Orthopaedic Club Meeting, Bath (UK), 12-13 May 2000.

22. 5th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Rhodes, Greece 3-7 June, 2001

23. 10th Congress European Society of Sports Traumatology, Knee Surgery and Arthroscopy Rome, 23-27 April 2002

24. International Congress of Upper Extremity Hand Micro Surgery. Corfu, Greece, 28-31 August 2002

25. 6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology. Helsinki, Finland, 6-10 June 2003

26. 14th Annual Baltimore Limb Deformity Pre-Course Symposium “Nonunions: Advances and Controversies”. Baltimore, Maryland, 4 September 2004

27. 14th Annual Baltimore Limb Deformity Course. Baltimore, Maryland, 5-9 September 2004

28. 14th Annual Baltimore Limb Deformity Post-Course Symposium “Taylor Spatial X-Frames: X-ceptional, X-treme, X-cetera”. Baltimore, Maryland, 10 September 2004

29. 7th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Lisbon, Portugal, 4-7 June 2005

30. The Knee from A to Z: International Sports Medicine & Knee Arthroplasty Meeting. Athens, Greece, 28- September-2 October 2005

31. Horizons in Biology & Joint Function. International Sports Medicine & Knee Arthroplasty Meeting. Rhodes, Greece, 13-17 September 2006

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευτής)

Κατά την υπηρεσία μου στα Νοσοκομεία Frenchay και Gloucestershire Royal συμμετείχα στην εκπαίδευση φοιτητών Ιατρικής του πανεπιστημίου του Bristol.

Κατά την παρούσα υπηρεσία μου στο Νοσοκομείο Weston General συμμετέχω στη διδασκαλία των φοιτητών της Ιατρικής του πανεπιστημίου του Bristol και στην εκπαίδευση των ειδικευομένων του Ορθοπαιδικού τμήματος.

Κατά την υπηρεσία μου συμμετέχω ενεργά στα ετήσια εκπαιδευτικά προγράμματα για τους ειδικευομένους της Ορθοπαιδικής Κλινικής του Νοσοκομείου Βόλου, υπό την επίβλεψη του Διευθυντού κ. Λεωνίδα Σ. Μπάδρα. Στα προγράμματα αυτά περιλαμβάνονται:

1) Τακτικά μαθήματα σε όλο το εύρος της ορθοπαιδικής

2) Βιβλιογραφικές ενημερώσεις

3) Συζητήσεις ενδιαφερουσών περιπτώσεων

4) Καθοδήγηση για την εκπόνηση μελετών προς ανακοίνωση ή δημοσίευση καθώς και των διδακτορικών διατριβών των ειδικευομένων.

5) Καθοδήγηση για την εκτέλεση χειρουργικών επεμβάσεων

Επίσης συμμετέχω στα εκπαιδευτικά προγράμματα της Χειρουργικής κλινικής με διαλέξεις σε θέματα κοινού ενδιαφέροντος.

Ακόμη, συμμετείχα σε εκπαιδευτικές διαλέξεις και πρακτικές επιδείξεις χειρουργικών τεχνικών για τις νοσηλεύτριες του Χειρουργείου.

Τέλος, συμμετέχω με διαλέξεις στις εκπαιδευτικές μηνιαίες συναντήσεις των Ορθοπαιδικών της Θεσσαλίας και Κεντρικής Ελλάδας που διοργανώνει η Ορθοπαιδική Κλινική του Πανεπιστημίου Θεσσαλίας (καθ. Κ. Μαλίζος):

1. Η διπολική ημιαρθροπλαστική στα υποκεφαλικά κατάγματα του μηριαίου

Λάρισα, Δεκέμβριος 2002

2. Βιολογικοί μηχανισμοί της πώρωσης

Λάρισα, Δεκέμβριος 2003

3. Αρχές βιολογικής οστεοσύνθεσης

Λάρισα, Ιανουάριος 2005

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Wall J, Feller JF

Imaging of stress fractures in runners

CLINICS IN SPORTS MEDICINE 25 (4): 781+ OCT 2006

2. Rosenthal MD, Moore JH, DeBerardino TA

Diagnosis of medial knee pain: Atypical stress fracture about the knee joint

JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY 36 (7): 526-534 JUL 2006

3. Niva et al. Bone Stress Injuries Causing Exercise-Induced Knee Pain

Am J Sports Med.2005

4. Niva, Maria

Fatigue bone stress injuries of the lower extremities in Finnish conscripts

University of Helsinki, Faculty of Medicine, Institute of Clinical Medicine

Doctoral dissertation, 2006

5. Niva MH, Kiuru MJ, Haataja R, et al.

Bone stress injuries causing exercise-induced knee pain

AMERICAN JOURNAL OF SPORTS MEDICINE 34 (1): 78-83 JAN 2006

6. Drabicki RR, Greer WJ, DeMeo PJ

Stress fractures around the knee

CLINICS IN SPORTS MEDICINE 25 (1): 105+ JAN 2006

4. I.C. Vossinakis

Re: reduction in pain associated with open carpal tunnel decompression.

Journal of Hand Surgery [Br], Oct;26(5):503-4, 2001

In their recent article Avramidis et al (2000) identify a significant problem of open carpal tunnel decompression, the pain caused by local anaesthetic injection, and attempt to provide a solution. Although their aim is commendable, I believe the approach is somewhat superficial. The authors seem to believe that the introduction of the hypodermic needle is the main cause for the pain and they attempt to identify if this can be reduced by the application of a local anaesthetic cream (EMLA). Although the ingredients of the cream may penetrate up to 10mm from the skin, they obviously cannot be expected to be effective at the full depth of the subcutaneous tissue of the palm. The authors also reported less satisfactory results in males with thicker skin.

From my experience in open carpal tunnel decompression under local anaesthetic I have identified three distinct causes for the pain associated with local anaesthetic infiltration of the tissues prior to the operation. The first, although not the most important one, is obviously the introduction of the hypodermic needle through the skin. My experience is that with a blue needle (23 G) this pain is minimal for most patients. The second cause of pain is the acidity of the anaesthetic solution (Lawrence, 1996; Lugo-Janer et al., 1993), which causes a burning or stinging pain that patients clearly have identified as severe in my practice. Finally, the third cause of pain is the tension that the volume of the local anaesthetic solution causes in the unyielding subcutaneous tissue of the palm.

To reduce the pain from the local anaesthetic injection one has to target all three causative factors. The needle pain is minimal in adults and I agree that it could be further reduced by the application of EMLA cream in sensitive patients. However, this practice requires a long preoperative preparation time that in most Day Surgery Units is not available.

The pain due to tissue tension can be significantly reduced by a slow rate of local anaesthetic administration (Scarfone et al., 1998).

Finally, the most severe pain caused by the acidity of the anaesthetic solution can be significantly reduced by buffering lidocaine with sodium bicarbonate. This method is inexpensive and simple (Masters, 1998) and requires no extra time, since the operating surgeon can mix the lidocaine and sodium bicarbonate solutions just before administration. It has been shown to reduce the latency time for local anaesthesia (Gandy, 1991; Metzinger et al., 1992) and to enhance the intensity and spread of nerve blocks (Curatolo et al., 1998; Gandy, 1991). Buffering is very effective in reducing the pain from local anaesthetic infiltration (Christoph et al., 1988; Fitton et al., 1996; Matsumoto et al., 1994) and has a greater effect than needle size in pain reduction (Palmon et al., 1998). Moreover, it has been shown to have significant antibacterial properties (Thompson et al., 1993).

For all those reasons I have been using 1% lidocaine with adrenaline 1:100,000 buffered with 8.4% sodium bicarbonate for local anaesthesia in open carpal tunnel decompression. Pain reduction and overall patient satisfaction have been encouraging, leading to the undertaking of a double-masked, prospective, randomised trial, currently performed, comparing the buffered and unbuffered solutions in patients undergoing bilateral open carpal tunnel decompression. I hope that the results of this study will be available soon to further support my clinical experience and the existing literature.

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5. I.C. Vossinakis, L.S. Badras

Management of pertrochanteric fractures in high-risk patients with an external fixation.

International Orthopaedics, 25(4):219-22, 2001

In 44 surgical high-risk patients (ASA grade 3 or 4) pertrochanteric fractures were treated with a newly developed external fixator; all fractures healed within 14 weeks. Seven patients had a superficial pin tract infection and in 12 patients the fracture united with a shortening of 18 (5-30) mm. No implant failures or limitation of knee movements were recorded. Nine patients died during the first 6 months. The "pertrochanteric fixator" is a valuable alternative for treating high-risk, elderly patients.

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Osteoporotic Pertrochanteric Fractures Can Be Successfully Treated with External Fixation

The Journal of Bone and Joint Surgery Am.;87:42-51, 2005.

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Modern methods of treating hip fractures

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External fixation for the treatment of senile intertrochanteric fracture of the femur 30

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23. Commentary & Perspective by J. Lawrence Marsh, MD\*,

On: "Dynamic Hip Screw Compared with External Fixation for Treatment of Osteoporotic Pertrochanteric Fractures" by Antonio Moroni, MD, et al.

Electronic letters JBJS, 2006

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Does the anatomy of the hip joint influence the type of the developing osteoarthritis?

Journal of Bone and Joint Surgery [Br], 83B Supp III: 132, 2001

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The use of auxiliary pins with the Orthofix external fixator.

Journal of Pediatric Orthopaedics, Nov-Dec;21(6):826, 2001

In their recent article Sola et al 5 conclude that the use of an auxiliary pin with the Orthofix external fixator increases clinical stability and decreases the risk of loss of reduction and malunion. However, this conclusion appears to be based on observations that have not reached statistical significance. Furthermore, since this was not a randomised study, the possibility of patient selection bias between the two groups is high.

The high rates of loss of reduction and malunion without the use of the auxiliary pin observed in this study have not been reported in previous, larger series with the same or different fixators 2,3 and are in contrast with our experience.1 We thus believe that these complications could be attributed to the method of dynamisation used by the authors. The auxiliary pin may create a rather stiff construct that could be detrimental to callus formation, as reflected by the relatively long time before they could allow dynamisation in their patients (6 weeks) and by the need for removal of this pin in order to obtain dynamisation in fractures that were slow to consolidate. In addition, the reported method of dynamisation seems rather radical. Dynamisation aims at allowing micromotion at the fracture site. By removing the fixator screw that maintains the fracture at length the result is simply the axial collapse of the fracture, which assumes a new position without permitting micromotion during loading.4 Furthermore, loosening of the ball joints, which was performed in some cases, may compromise the angular stability of the fixation and could probably account for the loss of position observed in their patients.

In a similar series of pediatric femoral shaft fractures (n=34), treated with the same fixator and no use of auxiliary pins,1 we have not observed loss of reduction or clinically significant malunion. Dynamisation in our series was performed in all cases before the fourth week and included loosening, but not removal of the length controlling screw, while in most cases we added the special cushions provided by Orthofix for this purpose. This method does not allow complete collapse of the fracture and promotes micromotion with weight bearing. The ball joints were never loosened; instead they were tightened at every outpatient visit to prevent loosening. We believe that this method is safer and more efficient for dynamising the fracture without compromising stability.

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Radiographic associations for "primary" hip osteoarthrosis: a retrospective cohort study of 47 patients.

Acta Orthopaedica Scandinavica, Dec;72(6):600-8, 2001

This radiographic retrospective cohort study aims to identify relations between the prearthrotic anatomy of the hip joint and the type of subsequent osteoarthrosis (OA). Radiographs of 64 hips in 47 patients were evaluated. Several anatomical indices were measured on radiographs obtained before the onset of OA. The location, type and grade of OA were recorded on subsequent radiographs. Due to the small number of hips available, only three potential risk factors could be considered for both OA location and OA type (weight-bearing surface angle, spherical sector and neck shaft angle for both outcomes). The only variable that was found to be a significant predictor of OA location was the degree of inclination of the acetabular sourcil. Patients with craniomedial sourcils were more likely to have medial OA. No predictors of OA type could be identified. Our results suggest that the anatomy of the hip joint is a factor determining the location of developing osteoarthrosis.

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The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.

Journal of Bone and Joint Surgery [Br], Jan;84B(1):23-9, 2002

In a prospective, randomised study we have compared the pertrochanteric external fixator (PF) with the sliding hip screw (SHS) in 100 consecutive patients who were allocated randomly to the two methods of treatment. Details of the patients and the patterns of fracture were similar in both groups. Follow-up was for six months. Use of the PF was associated with significantly less blood loss, a shorter operating time, reduced postoperative pain, shorter hospitalisation (p < 0.001), earlier mobilisation (p < 0.001) and a reduced rate of mechanical complications (p < 0.01). Superficial infection was significantly more common with the PF (p < 0.01), but without long-term adverse consequences. There were no differences in the healing of the fracture, mortality or final functional outcome. Our results indicate that the external fixator is an effective and safe device for treating pertrochanteric fractures and should be considered as a useful alternative to conventional fixation with the sliding hip screw.

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A Comparative Study of External Fixators and DHS for Intertrochanteric Fracture of the Femur

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The role of external fixation in trauma

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Otoacoustic emissions for monitoring aminoglycoside-induced ototoxicity in children with cystic fibrosis.

Archives of Otolaryngology Head and Neck Surgery, Feb;128(2):150-5, 2002

OBJECTIVE: To investigate whether transient-evoked and distortion-product (DP) otoacoustic emissions (OAEs) are more sensitive than pure-tone audiometry (PTA) in revealing gentamicin-induced ototoxicity in children with cystic fibrosis (CF). DESIGN: Prospective case-control study. SETTING: Tertiary referral audiologic center in conjunction with an academic pediatric CF unit. PARTICIPANTS: The study group consisted of a consecutive sample of 12 audiologically normal children with CF and a history of gentamicin exposure (CF-gentamicin group). The control groups consisted of 8 age-matched children with CF and 11 age-matched healthy volunteers. No member of the control groups had a history of aminoglycoside exposure. INTERVENTION: Members of the CF-gentamicin study group received 4 mg/kg of gentamicin per day for a mean of 14.2 days (range, 11-29 days). OUTCOME MEASURES: The PTA thresholds (250-8000 Hz) were the criterion standard. Transient-evoked OAEs' reproducibility at 5 frequency bands (800, 1600, 2400, 3200, and 4000 Hz) and total emission level were measured, as were DP-audiogram (DP-gram) amplitude (1001-6299 Hz), input-output function dynamic range, and detection thresholds at 4004, 6006, and 7996 Hz. Baseline measurements were compared between groups examining the effect of CF and previous gentamicin exposure (2-way analysis of variance). For the CF-gentamicin group, baseline measurements were compared with those at the end of the last gentamicin treatment (paired t test). RESULTS: The PTA findings were normal for all groups at baseline and remained normal in the CF-gentamicin group after treatment. The CF-gentamicin group had significantly lower transient-evoked OAEs total emission level, DP-gram amplitude at 5042 Hz, and input-output dynamic ranges with higher detection thresholds in all frequencies compared with both control groups, which was attributed completely to previous gentamicin exposure (P<.05). After treatment, further decreases in total emission levels, DP-gram amplitudes (>3000 Hz), and dynamic ranges were noted, with increased detection thresholds (P<.05). CONCLUSIONS: Otoacoustic emissions measurement (especially of DP OAEs) proved more sensitive than PTA in revealing minor cochlear dysfunction after gentamicin exposure. They should be used for monitoring patients receiving ototoxic factors such as aminoglycosides.

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Distal locking of femoral nails under direct vision through a cortical window.

Journal of Orthopaedic Trauma, Sept;17(8):574-7 2003

We present a salvage technique for distal femoral interlocking under direct vision through a window in the anterior femoral cortex in a subgroup of six patients, among those presented to our institution during the last 10 years with a femoral shaft fracture treated with reamed, locked intramedullary nailing. The common characteristic of these patients was the performance of distal locking under direct vision through a small window in the anterior femoral cortex because of intraoperative dysfunction of the image intensifier. Screw insertion was successful in all cases. All fractures and all cortical windows healed uneventfully. No postoperative fractures occurred through the cortical defect. This technique, despite being a salvage one, has proven a safe alternative to the common distal targeting techniques. It can be used when an image intensifier is unavailable without jeopardizing the excellent clinical and radiographic outcome of reamed locked nailing of femoral shaft fractures.

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External fixation for pertrochanteric fractures.

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We welcomed Dr Baumgaertner’s analysis and commentary1 of our paper2. Certain questions raised in this commentary, however need to be answered.

Exclusion of reverse obliquity and inter-subtrochanteric fractures should not be considered a limitation of our study. Since the sliding hip screw is known to perform poorly with such fractures we tend not to use it. Instead, we prefer the 90o sliding screw that provides increased stability for these fracture patterns. For this reason these fractures were excluded from our study.

In a previous study3 we have also stressed the need for family education and participation in pin care. In addition, home visiting nursing stuff inspects and cleans the external fixator weekly. Outpatient visits in monthly intervals are needed until fixator removal, but we have not found this to greatly increase the outpatient workload.

We do agree that external fixation is an effective treatment option for pertrochanteric fractures but we would recommend its use under certain indications, stated in our paper.

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Complications of extremities fractures treated by unilateral external fixator and the counter measures

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Journal of Bone and Joint Surgery [Br], 85B Supp III: 215, 2003

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Secondary patellar resurfacing in total knee arthroplasty: results of multivariate analysis in two case-matched groups.

Journal of Arthroplasty, Dec;18(8):993-8, 2003

Although patellofemoral symptoms after patellar-retaining knee arthroplasty are common, no evidence has been published in the literature on the potential benefit from patellar resurfacing at a later stage. This study evaluates the effect of secondary (delayed) patellar resurfacing using comparisons between 2 case-matched groups of patients with primary and secondary patellar resurfacing. Furthermore, multivariate statistical methods were applied to study factors that may influence the final outcome. Our results suggest that although significant clinical improvement was seen after delayed patella resurfacing, the outcome of secondary patellar resurfacing is inferior to that expected for a similar group of patients with primary resurfacing. Furthermore, the timing (delay period) of the secondary resurfacing procedure appears to negatively affect the final outcome. This suggests that secondary patellar resurfacing, when indicated, should be considered at an early stage.

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Management of pertrochanteric fractures in the elderly patients with an external fixation. Injury, vol. 32 (Suppl. 4), pp. 115-128 (2001).

Injury, Jan;35(1):95-6, 2004

This is an interesting article on a method that is becoming increasingly popular for the treatment of pertrochanteric fractures. It is imperative, however, to clearly define the indications for external fixation in this region of the skeleton. Although the title of the article states that external fixation was used in elderly patients, the authors report using it for all pertrochanteric fractures since March 1996. In addition they mention using the Pertrochanteric Fixator (PF) for fractures extending to the subtrochanteric region. In a recent prospective randomised study we have shown the PF to be a safe and effective treatment option for pertrochanteric fractures, giving comparable results with the sliding hip screw [3]. However, we believe that it is not necessary to submit all patients to the discomfort of external fixation. The sliding hip screw remains the golden standard for most patients with pertrochanteric fractures. The main benefits with external fixation for the patient are due to the reduction of blood loss and surgical trauma. Therefore, the method should be mainly indicated for high-risk or multiply injured patients and those who refuse a transfusion [1,2,3]. Moreover, fractures extending to the subtrochanteric area of the femur may require axial compression that the PF does not provide. We believe that the Dynamic Axial Fixator (DAF) with an angled clamp would be more suitable, when external fixation is required for such fractures. Finally, the authors report using open reduction, when a closed one could not be obtained. Our experience is that open reduction is almost never required. Accepting a less than optimal reduction very rarely compromises the final outcome, whereas open reduction increases blood loss, surgical time and trauma, cancelling the main benefits of using external fixation.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Krikler S When things don't go right. INJURY 36 (5): 577-578 MAY 2005

2. C. Faldini, G. Grandi, M. Romagnoli, S. Pagkrati, V. Digennaro, O. Faldini and S. Giannini

Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

20.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], Aug;29(4):399-401, 2004

This prospective, randomized study assessed the effectiveness of buffering lidocaine with sodium bicarbonate for reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. Twenty-one patients undergoing bilateral open carpal tunnel decompression received, in a randomized manner, lidocaine 1% with adrenaline (1:200,000) in one hand and the same local anaesthetic buffered with 8.4% NaHCO3 at a 5:1 ratio in the other hand. Pain, especially its burning element, was evaluated on a visual analogue scale and was significantly reduced with the buffered solution. The buffering was effective for all patients and no adverse effects were noted. This is a safe, easy and quick method for making open carpal tunnel surgery less uncomfortable to patients.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. JOURNAL OF HAND SURGERY [Br], May;30(2):235, 2005

2. Veterans Health Administration Library Network. Pain Management. March 2005

3. Watts AC, McEachan J

The use of a fine-gauge needle to reduce pain in open carpal tunnel decompression: A randomized controlled trial

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 30B (6): 615-617 DEC 2005

4. Watts AC, McEachan J

The use of a fine-gauge needle reduces pain in open carpal tunnel decompression: a randomized controlled trial - Reply

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (3): 349-349 JUN 2006

5. Patil S, Ramakrishnan M, Stothard J

Local anaesthesia for carpal tunnel decompression: A comparison of two techniques

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (6): 683-686 DEC 2006

6. KENNETH M. HARGREAVES & ASMA KHAN

Surgical preparation: anesthesia & hemostasis

Endodontic Topics, Volume 11 Issue 1 Page 32 - July 2005

21.L.S. Badras, I.C. Vossinakis, E. Skretas, I.S. Palaiochorlidis, I.E. Tersenidis

Autotransfusion in total knee Arthroplasty.

Journal of Bone and Joint Surgery [Br], 86B, Supp III: 262, 2004.

22.Kanellopoulos Anastasios D, Yiannakopoulos Christos K, Vossinakis Ioannis, Badras

Leonidas S. Distal Locking of Femoral Nails Under Direct Vision Through A Cortical Window: In Response. Letter to the Editor

Journal of Orthopaedic Trauma. 18(4):258, April 2004.

23.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], May;30(2):235, 2005

We welcome the comments by Watts and Hooper regarding our published study (JHS 2004;29B:4:399-401). Although Watts et al. (JHS 2004;29B:1:30-31) could not demonstrate any significant difference in pain scores between plain and buffered lidocaine, several previous studies reported a reduction in pain with buffered lidocaine for various minor surgical procedures (Fitton et al., 1996; Friedman et al., 1997; Matsumoto et al., 1994). Our findings regarding open carpal tunnel decompression were similar. The high pain scores for plain lidocaine in our study are also in agreement with other previous studies (Fitton et al., 1996; Avramidis et al., 2000). We cannot underestimate the fact that pain perception and expression has cultural influences and this could account for the significant variation in pain scores for similar procedures in the literature. We would agree that the rate of injection has an effect on pain due to tissue tension. In our study we could not estimate the magnitude of this effect since the rate of infiltration and the needle gauge were standardised for both hands. However, pain sub scores for plain lidocaine revealed that, with a 23-gauge needle and a 30- second infiltration time, the mean tension pain score was almost half the mean burning score. Obviously, making the operation less uncomfortable for our patients requires that we take all this into account.

24. Paleochorlidis I, Badras L, Georgaklis V, Kostakis A, Georgiou C, SkretasE, Vossinakis I.

Mid-term 8 years follow-up of the Genesis total knee prosthesis.

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 84-85, 2006.

25.Vossinakis IC, Papathanasopoulos A, Paleochorlidis IS, Kostakis A, Georgaklis V.

Loss of cervical lordosis following trauma. Is computed tomography necessary?

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 153-154, 2006.

26.I.C. Vossinakis, G. Georgiades, D. Kafidas, G. Hartofilakidis. Unilateral hip osteoarthritis: can we predict the outcome of the other hip? Skeletal Radiology, 37:911-916, 2008.

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευόμενος)

Παρακολούθηση Συνεδρίων, Σεμιναρίων

(Ελληνικά)

1. 3ο Σεμινάριο Χειρουργικής Γόνατος και Αρθροσκόπησης Γόνατος και Ώμου. Αθήνα, 3 Οκτ., 1992

2. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 28-31 Οκτ., 1992

3. 4ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης με πρακτική εξάσκηση. Ναύπλιο, 25-28 Μαρτίου, 1993

4. 12ο Συνέδριο της Ορθοπαιδικής Εταιρείας Βορείου Ελλάδος. Λεπτοκαρυά, 14-16 Μαίου, 1993

5. Περιφεριακό Σεμινάριο Συνεχιζόμενης Εκπαίδευσης Ορθοπαιδικών Χειρουργών. Θέμα: Ολική Αρθροπλαστική Ισχίου. Πορταριά Βόλου, 12-13 Ιουνίου, 1993

6. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Αμερικανικής Ορθοπαιδικής Εταιρείας. Αθήνα, 20-23 Οκτ., 1993

7. 5ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης. Μέτσοβο, 10-14 Μαρτίου, 1994

8. Προσυνεδριακή Επιστημονική Εκδήλωση με Πρακτική άσκηση “Εξωτερική Οστεοσύνθεση". Χαλκιδική, 4 Μαίου, 1994

9. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Ιταλικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Χαλκιδική, 4-7 Μαίου, 1994

10. 10ο Μικροχειρουργικό Σεμινάριο. Ιωάννινα, 1-5 Ιουνίου, 1994

11. 2ο Μακεδονικό Σεμινάριο Χειρουργικής Γόνατος και Ισχίου. Λεπτοκαρυά, 24-25 Ιουνίου, 1994

12. Προσυνεδριακό Σεμινάριο και Εργαστήριο “Link-Tack Cementless Knee System”. Αθήνα, 26 Οκτ., 1994

13. Προσυνεδριακό Σεμινάριο και πρακτική άσκηση συστήματος ολικής αρθροπλαστικής γόνατος AGC. Αθήνα, 26 Οκτ., 1994

14. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 26-29 Οκτ., 1994

15. Σεμινάριο Αρθροσκοπικής Χειρουργικής. Ιωάννινα, 30 Μαρτ.-1 Απρ., 1995

16. Συμπόσιο Χειρουργικής χεριού. Θεσσαλονίκη, 7-9 Απριλίου, 1995

17. 14ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 26-29 Απριλίου, 1995

18. Επιστημονική Ημερίδα Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών. Μεταβολικά νοσήματα των οστών. Οστεοπόρωση. Λάρισα, 27 Μαίου, 1995

19. 21ο Ετήσιο Συνέδριο του Τμήματος Παθήσεων Σπονδυλικής Στήλης. Θεσσαλονίκη, 28-30 Σεπτεμβρίου, 1995

20. Κοινό Συνέδριο Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας , της Σουηδικής Ορθοπαιδικής Εταιρείας και της Κυπριακής Ορθοπαιδικής Εταιρείας. Ρόδος, 24-28 Οκτ., 1995

21. Κοινό Συνέδριο της Ελληνικής Εταιρείας Επανορθωτικής Μικροχειρουργικής και της Ελληνικής Εταιρείας Χειρουργικής Άκρας Χειρός. Βόλος, 30 Νοεμ.-3 Δεκ., 1995

22. Εντατικά εκπαιδευτικά Μαθήματα Κολλεγίου Ελλήνων Ορθοπεδικών Χειρουργών.Αθήνα 1995-1996.

23. 15ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 17-20 Απριλίου 1996

24. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Γερμανικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 5-8 Ιουν., 1996

25. 13ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας-Στερεάς Ελλάδας. Βόλος, 4-5 Ιουν., 1997

26. 17ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 23-26 Απριλίου 1998

27. 14ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδος. Καρπενήσι, 3-5 Ιουλ., 1998

28. 57ο Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 12-15 Σεπτ., 2001

29. Ετήσιο Πανελλήνιο Συμπόσιο Φυσικοθεραπείας

«Τροχαία ατυχήματα, φυσικοθεραπεία σε κρανιοεγκεφαλικες κακώσεις, πολυτραυματίες»

Βόλος, 19-21 Οκτώβριος 2001

30.Ημερίδα: «Ολικές Αρθροπλαστικές Ισχίου»

Αθήνα, 1 Δεκεμβρίου 2001

31.11ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης

Λάρισα, 7-10 Μαρτίου 2002

32.4η Αρθροσκοπική Ημερίδα Γόνατος

Θεσσαλονίκη, 16 Μαρτίου 2002

33.10ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Μύκονος, 18-21 Απριλίου 2002

34.21ο Ετήσιο Συνέδριο της Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 9-12 Μαΐου 2002

35. Περιφερειακό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδας

Καρδίτσα, Λίμνη Πλαστήρα, 7-8 Ιουνίου 2002

36.3η Ορθοπαιδική Συνάντηση Αιγίου& Μετεκπαιδευτικό Περιφερειακό Σεμινάριο του

Κολλεγίου Ελλήνων Ορθοπαιδικών Χειρουργών

«Σύγχρονες εφαρμογές της εξωτερικής οστεοσύνθεσης στην τραυματιολογία και την

Ορθοπαιδική»

Αίγιο, 14-16 Ιουνίου 2002

37.58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

38.2nd Update on Shoulder and Elbow Arthroscopic Surgery & Workshop

Αθήνα, Νοσοκομείο Metropolitan, 5-6 Απριλίου 2003

39.22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003

40.Διεθνές Συμπόσιο Λοιμώξεων του Μυοσκελετικού Συστήματος

Λάρισα, 15-17 Μαΐου 2003

41.20ο Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

42.1η Ετήσια Ημερίδα του Τμήματος Ορθοπαιδικής Έρευνας της Ε.Ε.Χ.Ο.Τ.

Λάρισα. 12-13 Σεπτεμβρίου 2003

43.59ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 15-19 Οκτωβρίου 2003

44.1ο Σεμινάριο Ενδείξεων και Εφαρμογών του Συστήματος Ilizarov στα Άνω και Κάτω Άκρα

Κηφισιά, 14-16 Νοεμβρίου 2003

45.Διεθνές Συμπόσιο για την Πρόληψη & Αντιμετώπιση των Αθλητικών Κακώσεων

Λάρισα, 27-30 Νοεμβρίου 2003

46.Ημερίδα: «Η αντιμετώπιση του πολυτραυματία»

Βόλος, 13 Δεκεμβρίου 2003

47.23ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 15-18 Απριλίου 2004

48.12ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Λήμνος, 29 Απριλίου-1 Μαΐου 2004

49.Επιστημονικό Συμπόσιο Φυσικοθεραπείας. 5η Διημερίδα

Βόλος, 15-16 Μαΐου 2004

50.21ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας

Καρπενήσι, 4 - 6 Ιουνίου 2004

51.60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 6-9 Οκτωβρίου 2004

52.Πρακτική Άσκηση: «Η περιορισμένης έκτασης προσπέλαση στην αρθροπλαστική ισχίου &

γόνατος

Αθήνα, 15-16 Οκτωβρίου 2004

53.2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 18-20 Φεβρουαρίου 2005

54.24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, 5-8 Μαΐου, 2005

55.61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 12-15 Οκτωβρίου 2005

56.25ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Καστοριά, 27-30 Απριλίου 2006

57.Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Τρίκαλα, 12-13 Μαΐου 2006

58.6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

59.62ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 3-7 Οκτωβρίου 2006

60.3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

61.3ο Πανελλήνιο Συνέδριο Τμήματος Ώμου- Αγκώνος της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, 15-17 Μαρτίου 2007

Παρακολούθηση Συνεδρίων, Σεμιναρίων (Διεθνή)

1. Instruction Course for Osteosynthesis and Endoprosthetic. University Orthopaedic Department Homburg Saar, Germany. 8-19 Νοεμβρίου 1993

2. Orthofix Seminar and Workshop. Bussolengo, Italy, 12-14 Sept., 1994

3. Annual Meeting of the American Academy of Orthopaedic Surgeons. Orlando, Florida, 16-21 Feb., 1995

4. 2nd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Munich, Germany, 4-7 July, 1995

5. 2nd International Conference on Orthopaedic Trauma - A Master class Symposium. University of Manchester, UK, 28-30 Mar., 1996

6. 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

7. Course III on Knee Prostheses, of the 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

8. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 15-16 Nov., 1996

9. 3rd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Barcelona, Spain, 21-27 Apr., 1997

10. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 14-15 Nov., 1997

11. Osteotomies around the Knee. Southmead Hospital Bristol, UK, 6 March, 1998

12. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1997-1998

13. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 20-21 Nov., 1998

14. Orthofix one-day intensive seminar on fine wire fixation. Medical education center, Northern General Hospital, Sheffield, UK, 23 Feb., 1999

15. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1998-1999

16. An instructional course in total knee arthroplasty. Primary & revision knee arthroplasty. Princess Margaret-Rose Hospital, Edinburgh, UK, 3-7 Sept., 1999

17. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1999-2000

18. 5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

19. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 12-13 Nov., 1999

20. 5th International Congress of Northern Greece Sports Medicine Association, Thessaloniki, 18-21 November, 1999

21. South-West Orthopaedic Club Meeting, Bath (UK), 12-13 May 2000.

22. 5th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Rhodes, Greece 3-7 June, 2001

23. 10th Congress European Society of Sports Traumatology, Knee Surgery and Arthroscopy Rome, 23-27 April 2002

24. International Congress of Upper Extremity Hand Micro Surgery. Corfu, Greece, 28-31 August 2002

25. 6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology. Helsinki, Finland, 6-10 June 2003

26. 14th Annual Baltimore Limb Deformity Pre-Course Symposium “Nonunions: Advances and Controversies”. Baltimore, Maryland, 4 September 2004

27. 14th Annual Baltimore Limb Deformity Course. Baltimore, Maryland, 5-9 September 2004

28. 14th Annual Baltimore Limb Deformity Post-Course Symposium “Taylor Spatial X-Frames: X-ceptional, X-treme, X-cetera”. Baltimore, Maryland, 10 September 2004

29. 7th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Lisbon, Portugal, 4-7 June 2005

30. The Knee from A to Z: International Sports Medicine & Knee Arthroplasty Meeting. Athens, Greece, 28- September-2 October 2005

31. Horizons in Biology & Joint Function. International Sports Medicine & Knee Arthroplasty Meeting. Rhodes, Greece, 13-17 September 2006

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευτής)

Κατά την υπηρεσία μου στα Νοσοκομεία Frenchay και Gloucestershire Royal συμμετείχα στην εκπαίδευση φοιτητών Ιατρικής του πανεπιστημίου του Bristol.

Κατά την παρούσα υπηρεσία μου στο Νοσοκομείο Weston General συμμετέχω στη διδασκαλία των φοιτητών της Ιατρικής του πανεπιστημίου του Bristol και στην εκπαίδευση των ειδικευομένων του Ορθοπαιδικού τμήματος.

Κατά την υπηρεσία μου συμμετέχω ενεργά στα ετήσια εκπαιδευτικά προγράμματα για τους ειδικευομένους της Ορθοπαιδικής Κλινικής του Νοσοκομείου Βόλου, υπό την επίβλεψη του Διευθυντού κ. Λεωνίδα Σ. Μπάδρα. Στα προγράμματα αυτά περιλαμβάνονται:

1) Τακτικά μαθήματα σε όλο το εύρος της ορθοπαιδικής

2) Βιβλιογραφικές ενημερώσεις

3) Συζητήσεις ενδιαφερουσών περιπτώσεων

4) Καθοδήγηση για την εκπόνηση μελετών προς ανακοίνωση ή δημοσίευση καθώς και των διδακτορικών διατριβών των ειδικευομένων.

5) Καθοδήγηση για την εκτέλεση χειρουργικών επεμβάσεων

Επίσης συμμετέχω στα εκπαιδευτικά προγράμματα της Χειρουργικής κλινικής με διαλέξεις σε θέματα κοινού ενδιαφέροντος.

Ακόμη, συμμετείχα σε εκπαιδευτικές διαλέξεις και πρακτικές επιδείξεις χειρουργικών τεχνικών για τις νοσηλεύτριες του Χειρουργείου.

Τέλος, συμμετέχω με διαλέξεις στις εκπαιδευτικές μηνιαίες συναντήσεις των Ορθοπαιδικών της Θεσσαλίας και Κεντρικής Ελλάδας που διοργανώνει η Ορθοπαιδική Κλινική του Πανεπιστημίου Θεσσαλίας (καθ. Κ. Μαλίζος):

1. Η διπολική ημιαρθροπλαστική στα υποκεφαλικά κατάγματα του μηριαίου

Λάρισα, Δεκέμβριος 2002

2. Βιολογικοί μηχανισμοί της πώρωσης

Λάρισα, Δεκέμβριος 2003

3. Αρχές βιολογικής οστεοσύνθεσης

Λάρισα, Ιανουάριος 2005

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Imaging of stress fractures in runners

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3. Niva et al. Bone Stress Injuries Causing Exercise-Induced Knee Pain

Am J Sports Med.2005

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Fatigue bone stress injuries of the lower extremities in Finnish conscripts

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Doctoral dissertation, 2006

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Bone stress injuries causing exercise-induced knee pain

AMERICAN JOURNAL OF SPORTS MEDICINE 34 (1): 78-83 JAN 2006

6. Drabicki RR, Greer WJ, DeMeo PJ

Stress fractures around the knee

CLINICS IN SPORTS MEDICINE 25 (1): 105+ JAN 2006

4. I.C. Vossinakis

Re: reduction in pain associated with open carpal tunnel decompression.

Journal of Hand Surgery [Br], Oct;26(5):503-4, 2001

In their recent article Avramidis et al (2000) identify a significant problem of open carpal tunnel decompression, the pain caused by local anaesthetic injection, and attempt to provide a solution. Although their aim is commendable, I believe the approach is somewhat superficial. The authors seem to believe that the introduction of the hypodermic needle is the main cause for the pain and they attempt to identify if this can be reduced by the application of a local anaesthetic cream (EMLA). Although the ingredients of the cream may penetrate up to 10mm from the skin, they obviously cannot be expected to be effective at the full depth of the subcutaneous tissue of the palm. The authors also reported less satisfactory results in males with thicker skin.

From my experience in open carpal tunnel decompression under local anaesthetic I have identified three distinct causes for the pain associated with local anaesthetic infiltration of the tissues prior to the operation. The first, although not the most important one, is obviously the introduction of the hypodermic needle through the skin. My experience is that with a blue needle (23 G) this pain is minimal for most patients. The second cause of pain is the acidity of the anaesthetic solution (Lawrence, 1996; Lugo-Janer et al., 1993), which causes a burning or stinging pain that patients clearly have identified as severe in my practice. Finally, the third cause of pain is the tension that the volume of the local anaesthetic solution causes in the unyielding subcutaneous tissue of the palm.

To reduce the pain from the local anaesthetic injection one has to target all three causative factors. The needle pain is minimal in adults and I agree that it could be further reduced by the application of EMLA cream in sensitive patients. However, this practice requires a long preoperative preparation time that in most Day Surgery Units is not available.

The pain due to tissue tension can be significantly reduced by a slow rate of local anaesthetic administration (Scarfone et al., 1998).

Finally, the most severe pain caused by the acidity of the anaesthetic solution can be significantly reduced by buffering lidocaine with sodium bicarbonate. This method is inexpensive and simple (Masters, 1998) and requires no extra time, since the operating surgeon can mix the lidocaine and sodium bicarbonate solutions just before administration. It has been shown to reduce the latency time for local anaesthesia (Gandy, 1991; Metzinger et al., 1992) and to enhance the intensity and spread of nerve blocks (Curatolo et al., 1998; Gandy, 1991). Buffering is very effective in reducing the pain from local anaesthetic infiltration (Christoph et al., 1988; Fitton et al., 1996; Matsumoto et al., 1994) and has a greater effect than needle size in pain reduction (Palmon et al., 1998). Moreover, it has been shown to have significant antibacterial properties (Thompson et al., 1993).

For all those reasons I have been using 1% lidocaine with adrenaline 1:100,000 buffered with 8.4% sodium bicarbonate for local anaesthesia in open carpal tunnel decompression. Pain reduction and overall patient satisfaction have been encouraging, leading to the undertaking of a double-masked, prospective, randomised trial, currently performed, comparing the buffered and unbuffered solutions in patients undergoing bilateral open carpal tunnel decompression. I hope that the results of this study will be available soon to further support my clinical experience and the existing literature.

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5. I.C. Vossinakis, L.S. Badras

Management of pertrochanteric fractures in high-risk patients with an external fixation.

International Orthopaedics, 25(4):219-22, 2001

In 44 surgical high-risk patients (ASA grade 3 or 4) pertrochanteric fractures were treated with a newly developed external fixator; all fractures healed within 14 weeks. Seven patients had a superficial pin tract infection and in 12 patients the fracture united with a shortening of 18 (5-30) mm. No implant failures or limitation of knee movements were recorded. Nine patients died during the first 6 months. The "pertrochanteric fixator" is a valuable alternative for treating high-risk, elderly patients.

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Osteoporotic Pertrochanteric Fractures Can Be Successfully Treated with External Fixation

The Journal of Bone and Joint Surgery Am.;87:42-51, 2005.

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Mini-invasive fixation of proximal femoral fractures what benefit for elderly patients?

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The role of external fixation in trauma

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Modern methods of treating hip fractures

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External fixation for the treatment of senile intertrochanteric fracture of the femur 30

ENGLISH JOURNAL OF SURGERY OF INTEGRATED TRADITIONAL AND WESTERN MEDICINE Vol.11 No.1 P.46-47, 2005

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Study of femur unstable peritrochanteric fractures treated with blocked cephalodiaphyseal nail: a minimally invasive technique

Acta ortop. Bras. vol.13 no.3 São Paulo, 2005

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Electronic letters JBJS, Comparison between external fixation and sliding hip screw. 21 November 2006

23. Commentary & Perspective by J. Lawrence Marsh, MD\*,

On: "Dynamic Hip Screw Compared with External Fixation for Treatment of Osteoporotic Pertrochanteric Fractures" by Antonio Moroni, MD, et al.

Electronic letters JBJS, 2006

6. Vossinakis IC, Karnezis IA, Learmonth ID

Does the anatomy of the hip joint influence the type of the developing osteoarthritis?

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7. Vossinakis IC, Skretas E, Bitounis V, Badras LS.

Comparison between external fixation and the sliding hip screw in pertrochanteric fractures.

A prospective randomized study.

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Biomechanics of “non-contact” plating of diaphyseal fractures – A biomechanical study

Using simulated fracture healing.

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Biomechanical parameters of “biological” internal fixation of the femur using the “bridging”

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Journal of Bone and Joint Surgery [Br], 83B Supp III: 241, 2001

10.I.C. Vossinakis, L.S. Badras, I.A. Karnezis

The use of auxiliary pins with the Orthofix external fixator.

Journal of Pediatric Orthopaedics, Nov-Dec;21(6):826, 2001

In their recent article Sola et al 5 conclude that the use of an auxiliary pin with the Orthofix external fixator increases clinical stability and decreases the risk of loss of reduction and malunion. However, this conclusion appears to be based on observations that have not reached statistical significance. Furthermore, since this was not a randomised study, the possibility of patient selection bias between the two groups is high.

The high rates of loss of reduction and malunion without the use of the auxiliary pin observed in this study have not been reported in previous, larger series with the same or different fixators 2,3 and are in contrast with our experience.1 We thus believe that these complications could be attributed to the method of dynamisation used by the authors. The auxiliary pin may create a rather stiff construct that could be detrimental to callus formation, as reflected by the relatively long time before they could allow dynamisation in their patients (6 weeks) and by the need for removal of this pin in order to obtain dynamisation in fractures that were slow to consolidate. In addition, the reported method of dynamisation seems rather radical. Dynamisation aims at allowing micromotion at the fracture site. By removing the fixator screw that maintains the fracture at length the result is simply the axial collapse of the fracture, which assumes a new position without permitting micromotion during loading.4 Furthermore, loosening of the ball joints, which was performed in some cases, may compromise the angular stability of the fixation and could probably account for the loss of position observed in their patients.

In a similar series of pediatric femoral shaft fractures (n=34), treated with the same fixator and no use of auxiliary pins,1 we have not observed loss of reduction or clinically significant malunion. Dynamisation in our series was performed in all cases before the fourth week and included loosening, but not removal of the length controlling screw, while in most cases we added the special cushions provided by Orthofix for this purpose. This method does not allow complete collapse of the fracture and promotes micromotion with weight bearing. The ball joints were never loosened; instead they were tightened at every outpatient visit to prevent loosening. We believe that this method is safer and more efficient for dynamising the fracture without compromising stability.

11.Vossinakis IC, Karnezis LA, Parry K, Learmonth ID

Radiographic associations for "primary" hip osteoarthrosis: a retrospective cohort study of 47 patients.

Acta Orthopaedica Scandinavica, Dec;72(6):600-8, 2001

This radiographic retrospective cohort study aims to identify relations between the prearthrotic anatomy of the hip joint and the type of subsequent osteoarthrosis (OA). Radiographs of 64 hips in 47 patients were evaluated. Several anatomical indices were measured on radiographs obtained before the onset of OA. The location, type and grade of OA were recorded on subsequent radiographs. Due to the small number of hips available, only three potential risk factors could be considered for both OA location and OA type (weight-bearing surface angle, spherical sector and neck shaft angle for both outcomes). The only variable that was found to be a significant predictor of OA location was the degree of inclination of the acetabular sourcil. Patients with craniomedial sourcils were more likely to have medial OA. No predictors of OA type could be identified. Our results suggest that the anatomy of the hip joint is a factor determining the location of developing osteoarthrosis.

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12.I.C. Vossinakis, L.S. Badras

The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.

Journal of Bone and Joint Surgery [Br], Jan;84B(1):23-9, 2002

In a prospective, randomised study we have compared the pertrochanteric external fixator (PF) with the sliding hip screw (SHS) in 100 consecutive patients who were allocated randomly to the two methods of treatment. Details of the patients and the patterns of fracture were similar in both groups. Follow-up was for six months. Use of the PF was associated with significantly less blood loss, a shorter operating time, reduced postoperative pain, shorter hospitalisation (p < 0.001), earlier mobilisation (p < 0.001) and a reduced rate of mechanical complications (p < 0.01). Superficial infection was significantly more common with the PF (p < 0.01), but without long-term adverse consequences. There were no differences in the healing of the fracture, mortality or final functional outcome. Our results indicate that the external fixator is an effective and safe device for treating pertrochanteric fractures and should be considered as a useful alternative to conventional fixation with the sliding hip screw.

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Comparison between external fixation and sliding hip screw in the management of trochanteric fracture of the femur in Nepal

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Percutaneous dynamic hip screw

INJURY-INTERNATIONAL JOURNAL OF THE CARE OF THE INJURED 37 (8): 751-754 AUG 2006

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Osteoporotic Pertrochanteric Fractures Can Be Successfully Treated with External Fixation

The Journal of Bone and Joint Surgery Am.;87:42-51, 2005

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22. Commentary & Perspective by J. Lawrence Marsh, MD\*,

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A Comparative Study of External Fixators and DHS for Intertrochanteric Fracture of the Femur

CHINESE GENERAL PRACTICE Vol.8 No.15 P.1264-1265, 2005

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The role of external fixation in trauma

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Modern methods of treating hip fractures

Disability & Rehabilitation, Volume 27, Issue 18 & 19 , pages 1045 – 1051, 2005

26. Huang Hai Jing - Jie Wang Zhi-Bin Wang Pang Guibing

External fixation for the treatment of senile intertrochanteric fracture of the femur 30

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13.Stavroulaki P, Vossinakis I, Dinopoulou D, Douniadakis D, Adamopoulos G, Apostolopoulos

N.

Otoacoustic emissions for monitoring aminoglycoside-induced ototoxicity in children with cystic fibrosis.

Archives of Otolaryngology Head and Neck Surgery, Feb;128(2):150-5, 2002

OBJECTIVE: To investigate whether transient-evoked and distortion-product (DP) otoacoustic emissions (OAEs) are more sensitive than pure-tone audiometry (PTA) in revealing gentamicin-induced ototoxicity in children with cystic fibrosis (CF). DESIGN: Prospective case-control study. SETTING: Tertiary referral audiologic center in conjunction with an academic pediatric CF unit. PARTICIPANTS: The study group consisted of a consecutive sample of 12 audiologically normal children with CF and a history of gentamicin exposure (CF-gentamicin group). The control groups consisted of 8 age-matched children with CF and 11 age-matched healthy volunteers. No member of the control groups had a history of aminoglycoside exposure. INTERVENTION: Members of the CF-gentamicin study group received 4 mg/kg of gentamicin per day for a mean of 14.2 days (range, 11-29 days). OUTCOME MEASURES: The PTA thresholds (250-8000 Hz) were the criterion standard. Transient-evoked OAEs' reproducibility at 5 frequency bands (800, 1600, 2400, 3200, and 4000 Hz) and total emission level were measured, as were DP-audiogram (DP-gram) amplitude (1001-6299 Hz), input-output function dynamic range, and detection thresholds at 4004, 6006, and 7996 Hz. Baseline measurements were compared between groups examining the effect of CF and previous gentamicin exposure (2-way analysis of variance). For the CF-gentamicin group, baseline measurements were compared with those at the end of the last gentamicin treatment (paired t test). RESULTS: The PTA findings were normal for all groups at baseline and remained normal in the CF-gentamicin group after treatment. The CF-gentamicin group had significantly lower transient-evoked OAEs total emission level, DP-gram amplitude at 5042 Hz, and input-output dynamic ranges with higher detection thresholds in all frequencies compared with both control groups, which was attributed completely to previous gentamicin exposure (P<.05). After treatment, further decreases in total emission levels, DP-gram amplitudes (>3000 Hz), and dynamic ranges were noted, with increased detection thresholds (P<.05). CONCLUSIONS: Otoacoustic emissions measurement (especially of DP OAEs) proved more sensitive than PTA in revealing minor cochlear dysfunction after gentamicin exposure. They should be used for monitoring patients receiving ototoxic factors such as aminoglycosides.

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Distal locking of femoral nails under direct vision through a cortical window.

Journal of Orthopaedic Trauma, Sept;17(8):574-7 2003

We present a salvage technique for distal femoral interlocking under direct vision through a window in the anterior femoral cortex in a subgroup of six patients, among those presented to our institution during the last 10 years with a femoral shaft fracture treated with reamed, locked intramedullary nailing. The common characteristic of these patients was the performance of distal locking under direct vision through a small window in the anterior femoral cortex because of intraoperative dysfunction of the image intensifier. Screw insertion was successful in all cases. All fractures and all cortical windows healed uneventfully. No postoperative fractures occurred through the cortical defect. This technique, despite being a salvage one, has proven a safe alternative to the common distal targeting techniques. It can be used when an image intensifier is unavailable without jeopardizing the excellent clinical and radiographic outcome of reamed locked nailing of femoral shaft fractures.

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Stereo Fluoroscopy-Assisted Distal Interlocking of Intramedullary Nails. Technical Tricks

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External fixation for pertrochanteric fractures.

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We welcomed Dr Baumgaertner’s analysis and commentary1 of our paper2. Certain questions raised in this commentary, however need to be answered.

Exclusion of reverse obliquity and inter-subtrochanteric fractures should not be considered a limitation of our study. Since the sliding hip screw is known to perform poorly with such fractures we tend not to use it. Instead, we prefer the 90o sliding screw that provides increased stability for these fracture patterns. For this reason these fractures were excluded from our study.

In a previous study3 we have also stressed the need for family education and participation in pin care. In addition, home visiting nursing stuff inspects and cleans the external fixator weekly. Outpatient visits in monthly intervals are needed until fixator removal, but we have not found this to greatly increase the outpatient workload.

We do agree that external fixation is an effective treatment option for pertrochanteric fractures but we would recommend its use under certain indications, stated in our paper.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. C. Faldini, G. Grandi, M. Romagnoli, S. Pagkrati, V. Digennaro, O. Faldini and S. Giannini

Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

2. WANG Hua-dong , ZHU Qing-sheng , HOU Shu-xun , LI Wen-feng , ZHANG Wei-jia , WU Ke-jian

Complications of extremities fractures treated by unilateral external fixator and the counter measures

JOURNAL OF CLINICAL ORTHOPAEDICS Vol.8 No.4 P.340-342, 2005.

16.Badras L.S., Vossinakis I.C., Skretas E., Palaiochorlidis I.S., Tersenidis I.E.:

Autotransfusion in total knee Arthroplasty.

Journal of Bone and Joint Surgery [Br], 85B Supp III, 2003

17.Badras L, Vossinakis I, Georgaklis V, Skretas E, Paleochorlidis I, Kafidas D.

Midterm results of the Genesis I total knee arthroplasty.

Journal of Bone and Joint Surgery [Br], 85B Supp III: 215, 2003

18.Karnezis IA, Vossinakis IC, Rex C, Fragkiadakis EG, Newman JH

Secondary patellar resurfacing in total knee arthroplasty: results of multivariate analysis in two case-matched groups.

Journal of Arthroplasty, Dec;18(8):993-8, 2003

Although patellofemoral symptoms after patellar-retaining knee arthroplasty are common, no evidence has been published in the literature on the potential benefit from patellar resurfacing at a later stage. This study evaluates the effect of secondary (delayed) patellar resurfacing using comparisons between 2 case-matched groups of patients with primary and secondary patellar resurfacing. Furthermore, multivariate statistical methods were applied to study factors that may influence the final outcome. Our results suggest that although significant clinical improvement was seen after delayed patella resurfacing, the outcome of secondary patellar resurfacing is inferior to that expected for a similar group of patients with primary resurfacing. Furthermore, the timing (delay period) of the secondary resurfacing procedure appears to negatively affect the final outcome. This suggests that secondary patellar resurfacing, when indicated, should be considered at an early stage.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Bozic KJ, Kinder J, Menegini M, et al. Implant survivorship and complication rates after total knee arthroplasty with a third-generation cemented system. CLIN ORTHOP RELAT R (430): 117-124 JAN 2005

2. YE Kai-shan, WU Li-dong

Treatment of patella in total knee arthroplasty

INTERNATIONAL JOURNAL OF ORTHOPAEDICS Vol.27 No.4 P.208-211, 2006

19.Vossinakis IC, Badras LS

Management of pertrochanteric fractures in the elderly patients with an external fixation. Injury, vol. 32 (Suppl. 4), pp. 115-128 (2001).

Injury, Jan;35(1):95-6, 2004

This is an interesting article on a method that is becoming increasingly popular for the treatment of pertrochanteric fractures. It is imperative, however, to clearly define the indications for external fixation in this region of the skeleton. Although the title of the article states that external fixation was used in elderly patients, the authors report using it for all pertrochanteric fractures since March 1996. In addition they mention using the Pertrochanteric Fixator (PF) for fractures extending to the subtrochanteric region. In a recent prospective randomised study we have shown the PF to be a safe and effective treatment option for pertrochanteric fractures, giving comparable results with the sliding hip screw [3]. However, we believe that it is not necessary to submit all patients to the discomfort of external fixation. The sliding hip screw remains the golden standard for most patients with pertrochanteric fractures. The main benefits with external fixation for the patient are due to the reduction of blood loss and surgical trauma. Therefore, the method should be mainly indicated for high-risk or multiply injured patients and those who refuse a transfusion [1,2,3]. Moreover, fractures extending to the subtrochanteric area of the femur may require axial compression that the PF does not provide. We believe that the Dynamic Axial Fixator (DAF) with an angled clamp would be more suitable, when external fixation is required for such fractures. Finally, the authors report using open reduction, when a closed one could not be obtained. Our experience is that open reduction is almost never required. Accepting a less than optimal reduction very rarely compromises the final outcome, whereas open reduction increases blood loss, surgical time and trauma, cancelling the main benefits of using external fixation.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Krikler S When things don't go right. INJURY 36 (5): 577-578 MAY 2005

2. C. Faldini, G. Grandi, M. Romagnoli, S. Pagkrati, V. Digennaro, O. Faldini and S. Giannini

Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

20.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], Aug;29(4):399-401, 2004

This prospective, randomized study assessed the effectiveness of buffering lidocaine with sodium bicarbonate for reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. Twenty-one patients undergoing bilateral open carpal tunnel decompression received, in a randomized manner, lidocaine 1% with adrenaline (1:200,000) in one hand and the same local anaesthetic buffered with 8.4% NaHCO3 at a 5:1 ratio in the other hand. Pain, especially its burning element, was evaluated on a visual analogue scale and was significantly reduced with the buffered solution. The buffering was effective for all patients and no adverse effects were noted. This is a safe, easy and quick method for making open carpal tunnel surgery less uncomfortable to patients.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. JOURNAL OF HAND SURGERY [Br], May;30(2):235, 2005

2. Veterans Health Administration Library Network. Pain Management. March 2005

3. Watts AC, McEachan J

The use of a fine-gauge needle to reduce pain in open carpal tunnel decompression: A randomized controlled trial

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 30B (6): 615-617 DEC 2005

4. Watts AC, McEachan J

The use of a fine-gauge needle reduces pain in open carpal tunnel decompression: a randomized controlled trial - Reply

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (3): 349-349 JUN 2006

5. Patil S, Ramakrishnan M, Stothard J

Local anaesthesia for carpal tunnel decompression: A comparison of two techniques

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (6): 683-686 DEC 2006

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Surgical preparation: anesthesia & hemostasis

Endodontic Topics, Volume 11 Issue 1 Page 32 - July 2005

21.L.S. Badras, I.C. Vossinakis, E. Skretas, I.S. Palaiochorlidis, I.E. Tersenidis

Autotransfusion in total knee Arthroplasty.

Journal of Bone and Joint Surgery [Br], 86B, Supp III: 262, 2004.

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Leonidas S. Distal Locking of Femoral Nails Under Direct Vision Through A Cortical Window: In Response. Letter to the Editor

Journal of Orthopaedic Trauma. 18(4):258, April 2004.

23.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], May;30(2):235, 2005

We welcome the comments by Watts and Hooper regarding our published study (JHS 2004;29B:4:399-401). Although Watts et al. (JHS 2004;29B:1:30-31) could not demonstrate any significant difference in pain scores between plain and buffered lidocaine, several previous studies reported a reduction in pain with buffered lidocaine for various minor surgical procedures (Fitton et al., 1996; Friedman et al., 1997; Matsumoto et al., 1994). Our findings regarding open carpal tunnel decompression were similar. The high pain scores for plain lidocaine in our study are also in agreement with other previous studies (Fitton et al., 1996; Avramidis et al., 2000). We cannot underestimate the fact that pain perception and expression has cultural influences and this could account for the significant variation in pain scores for similar procedures in the literature. We would agree that the rate of injection has an effect on pain due to tissue tension. In our study we could not estimate the magnitude of this effect since the rate of infiltration and the needle gauge were standardised for both hands. However, pain sub scores for plain lidocaine revealed that, with a 23-gauge needle and a 30- second infiltration time, the mean tension pain score was almost half the mean burning score. Obviously, making the operation less uncomfortable for our patients requires that we take all this into account.

24. Paleochorlidis I, Badras L, Georgaklis V, Kostakis A, Georgiou C, SkretasE, Vossinakis I.

Mid-term 8 years follow-up of the Genesis total knee prosthesis.

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 84-85, 2006.

25.Vossinakis IC, Papathanasopoulos A, Paleochorlidis IS, Kostakis A, Georgaklis V.

Loss of cervical lordosis following trauma. Is computed tomography necessary?

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 153-154, 2006.

26.I.C. Vossinakis, G. Georgiades, D. Kafidas, G. Hartofilakidis. Unilateral hip osteoarthritis: can we predict the outcome of the other hip? Skeletal Radiology, 37:911-916, 2008.

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευόμενος)

Παρακολούθηση Συνεδρίων, Σεμιναρίων

(Ελληνικά)

1. 3ο Σεμινάριο Χειρουργικής Γόνατος και Αρθροσκόπησης Γόνατος και Ώμου. Αθήνα, 3 Οκτ., 1992

2. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 28-31 Οκτ., 1992

3. 4ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης με πρακτική εξάσκηση. Ναύπλιο, 25-28 Μαρτίου, 1993

4. 12ο Συνέδριο της Ορθοπαιδικής Εταιρείας Βορείου Ελλάδος. Λεπτοκαρυά, 14-16 Μαίου, 1993

5. Περιφεριακό Σεμινάριο Συνεχιζόμενης Εκπαίδευσης Ορθοπαιδικών Χειρουργών. Θέμα: Ολική Αρθροπλαστική Ισχίου. Πορταριά Βόλου, 12-13 Ιουνίου, 1993

6. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Αμερικανικής Ορθοπαιδικής Εταιρείας. Αθήνα, 20-23 Οκτ., 1993

7. 5ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης. Μέτσοβο, 10-14 Μαρτίου, 1994

8. Προσυνεδριακή Επιστημονική Εκδήλωση με Πρακτική άσκηση “Εξωτερική Οστεοσύνθεση". Χαλκιδική, 4 Μαίου, 1994

9. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Ιταλικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Χαλκιδική, 4-7 Μαίου, 1994

10. 10ο Μικροχειρουργικό Σεμινάριο. Ιωάννινα, 1-5 Ιουνίου, 1994

11. 2ο Μακεδονικό Σεμινάριο Χειρουργικής Γόνατος και Ισχίου. Λεπτοκαρυά, 24-25 Ιουνίου, 1994

12. Προσυνεδριακό Σεμινάριο και Εργαστήριο “Link-Tack Cementless Knee System”. Αθήνα, 26 Οκτ., 1994

13. Προσυνεδριακό Σεμινάριο και πρακτική άσκηση συστήματος ολικής αρθροπλαστικής γόνατος AGC. Αθήνα, 26 Οκτ., 1994

14. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 26-29 Οκτ., 1994

15. Σεμινάριο Αρθροσκοπικής Χειρουργικής. Ιωάννινα, 30 Μαρτ.-1 Απρ., 1995

16. Συμπόσιο Χειρουργικής χεριού. Θεσσαλονίκη, 7-9 Απριλίου, 1995

17. 14ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 26-29 Απριλίου, 1995

18. Επιστημονική Ημερίδα Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών. Μεταβολικά νοσήματα των οστών. Οστεοπόρωση. Λάρισα, 27 Μαίου, 1995

19. 21ο Ετήσιο Συνέδριο του Τμήματος Παθήσεων Σπονδυλικής Στήλης. Θεσσαλονίκη, 28-30 Σεπτεμβρίου, 1995

20. Κοινό Συνέδριο Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας , της Σουηδικής Ορθοπαιδικής Εταιρείας και της Κυπριακής Ορθοπαιδικής Εταιρείας. Ρόδος, 24-28 Οκτ., 1995

21. Κοινό Συνέδριο της Ελληνικής Εταιρείας Επανορθωτικής Μικροχειρουργικής και της Ελληνικής Εταιρείας Χειρουργικής Άκρας Χειρός. Βόλος, 30 Νοεμ.-3 Δεκ., 1995

22. Εντατικά εκπαιδευτικά Μαθήματα Κολλεγίου Ελλήνων Ορθοπεδικών Χειρουργών.Αθήνα 1995-1996.

23. 15ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 17-20 Απριλίου 1996

24. Κοινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας και της Γερμανικής Εταιρείας Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 5-8 Ιουν., 1996

25. 13ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας-Στερεάς Ελλάδας. Βόλος, 4-5 Ιουν., 1997

26. 17ο Ετήσιο Συνέδριο της Ορθοπαιδικής Εταιρείας Μακεδονίας-Θράκης. Χαλκιδική, 23-26 Απριλίου 1998

27. 14ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδος. Καρπενήσι, 3-5 Ιουλ., 1998

28. 57ο Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 12-15 Σεπτ., 2001

29. Ετήσιο Πανελλήνιο Συμπόσιο Φυσικοθεραπείας

«Τροχαία ατυχήματα, φυσικοθεραπεία σε κρανιοεγκεφαλικες κακώσεις, πολυτραυματίες»

Βόλος, 19-21 Οκτώβριος 2001

30.Ημερίδα: «Ολικές Αρθροπλαστικές Ισχίου»

Αθήνα, 1 Δεκεμβρίου 2001

31.11ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης

Λάρισα, 7-10 Μαρτίου 2002

32.4η Αρθροσκοπική Ημερίδα Γόνατος

Θεσσαλονίκη, 16 Μαρτίου 2002

33.10ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Μύκονος, 18-21 Απριλίου 2002

34.21ο Ετήσιο Συνέδριο της Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 9-12 Μαΐου 2002

35. Περιφερειακό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδας

Καρδίτσα, Λίμνη Πλαστήρα, 7-8 Ιουνίου 2002

36.3η Ορθοπαιδική Συνάντηση Αιγίου& Μετεκπαιδευτικό Περιφερειακό Σεμινάριο του

Κολλεγίου Ελλήνων Ορθοπαιδικών Χειρουργών

«Σύγχρονες εφαρμογές της εξωτερικής οστεοσύνθεσης στην τραυματιολογία και την

Ορθοπαιδική»

Αίγιο, 14-16 Ιουνίου 2002

37.58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

38.2nd Update on Shoulder and Elbow Arthroscopic Surgery & Workshop

Αθήνα, Νοσοκομείο Metropolitan, 5-6 Απριλίου 2003

39.22ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, Mάιος 1-4, 2003

40.Διεθνές Συμπόσιο Λοιμώξεων του Μυοσκελετικού Συστήματος

Λάρισα, 15-17 Μαΐου 2003

41.20ο Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

42.1η Ετήσια Ημερίδα του Τμήματος Ορθοπαιδικής Έρευνας της Ε.Ε.Χ.Ο.Τ.

Λάρισα. 12-13 Σεπτεμβρίου 2003

43.59ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 15-19 Οκτωβρίου 2003

44.1ο Σεμινάριο Ενδείξεων και Εφαρμογών του Συστήματος Ilizarov στα Άνω και Κάτω Άκρα

Κηφισιά, 14-16 Νοεμβρίου 2003

45.Διεθνές Συμπόσιο για την Πρόληψη & Αντιμετώπιση των Αθλητικών Κακώσεων

Λάρισα, 27-30 Νοεμβρίου 2003

46.Ημερίδα: «Η αντιμετώπιση του πολυτραυματία»

Βόλος, 13 Δεκεμβρίου 2003

47.23ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 15-18 Απριλίου 2004

48.12ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Λήμνος, 29 Απριλίου-1 Μαΐου 2004

49.Επιστημονικό Συμπόσιο Φυσικοθεραπείας. 5η Διημερίδα

Βόλος, 15-16 Μαΐου 2004

50.21ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας

Καρπενήσι, 4 - 6 Ιουνίου 2004

51.60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 6-9 Οκτωβρίου 2004

52.Πρακτική Άσκηση: «Η περιορισμένης έκτασης προσπέλαση στην αρθροπλαστική ισχίου &

γόνατος

Αθήνα, 15-16 Οκτωβρίου 2004

53.2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 18-20 Φεβρουαρίου 2005

54.24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, 5-8 Μαΐου, 2005

55.61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 12-15 Οκτωβρίου 2005

56.25ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Καστοριά, 27-30 Απριλίου 2006

57.Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Τρίκαλα, 12-13 Μαΐου 2006

58.6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

59.62ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 3-7 Οκτωβρίου 2006

60.3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

61.3ο Πανελλήνιο Συνέδριο Τμήματος Ώμου- Αγκώνος της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, 15-17 Μαρτίου 2007

Παρακολούθηση Συνεδρίων, Σεμιναρίων (Διεθνή)

1. Instruction Course for Osteosynthesis and Endoprosthetic. University Orthopaedic Department Homburg Saar, Germany. 8-19 Νοεμβρίου 1993

2. Orthofix Seminar and Workshop. Bussolengo, Italy, 12-14 Sept., 1994

3. Annual Meeting of the American Academy of Orthopaedic Surgeons. Orlando, Florida, 16-21 Feb., 1995

4. 2nd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Munich, Germany, 4-7 July, 1995

5. 2nd International Conference on Orthopaedic Trauma - A Master class Symposium. University of Manchester, UK, 28-30 Mar., 1996

6. 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

7. Course III on Knee Prostheses, of the 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

8. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 15-16 Nov., 1996

9. 3rd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Barcelona, Spain, 21-27 Apr., 1997

10. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 14-15 Nov., 1997

11. Osteotomies around the Knee. Southmead Hospital Bristol, UK, 6 March, 1998

12. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1997-1998

13. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 20-21 Nov., 1998

14. Orthofix one-day intensive seminar on fine wire fixation. Medical education center, Northern General Hospital, Sheffield, UK, 23 Feb., 1999

15. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1998-1999

16. An instructional course in total knee arthroplasty. Primary & revision knee arthroplasty. Princess Margaret-Rose Hospital, Edinburgh, UK, 3-7 Sept., 1999

17. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1999-2000

18. 5th Congress of the European Federation of National Associations of Orthopaedics and

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Rhodes, Greece 3-7 June 2001

19. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 12-13 Nov., 1999

20. 5th International Congress of Northern Greece Sports Medicine Association, Thessaloniki, 18-21 November, 1999

21. South-West Orthopaedic Club Meeting, Bath (UK), 12-13 May 2000.

22. 5th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Rhodes, Greece 3-7 June, 2001

23. 10th Congress European Society of Sports Traumatology, Knee Surgery and Arthroscopy Rome, 23-27 April 2002

24. International Congress of Upper Extremity Hand Micro Surgery. Corfu, Greece, 28-31 August 2002

25. 6th Congress of the European Federation of National Associations of Orthopaedics and

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26. 14th Annual Baltimore Limb Deformity Pre-Course Symposium “Nonunions: Advances and Controversies”. Baltimore, Maryland, 4 September 2004

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28. 14th Annual Baltimore Limb Deformity Post-Course Symposium “Taylor Spatial X-Frames: X-ceptional, X-treme, X-cetera”. Baltimore, Maryland, 10 September 2004

29. 7th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Lisbon, Portugal, 4-7 June 2005

30. The Knee from A to Z: International Sports Medicine & Knee Arthroplasty Meeting. Athens, Greece, 28- September-2 October 2005

31. Horizons in Biology & Joint Function. International Sports Medicine & Knee Arthroplasty Meeting. Rhodes, Greece, 13-17 September 2006

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευτής)

Κατά την υπηρεσία μου στα Νοσοκομεία Frenchay και Gloucestershire Royal συμμετείχα στην εκπαίδευση φοιτητών Ιατρικής του πανεπιστημίου του Bristol.

Κατά την παρούσα υπηρεσία μου στο Νοσοκομείο Weston General συμμετέχω στη διδασκαλία των φοιτητών της Ιατρικής του πανεπιστημίου του Bristol και στην εκπαίδευση των ειδικευομένων του Ορθοπαιδικού τμήματος.

Κατά την υπηρεσία μου συμμετέχω ενεργά στα ετήσια εκπαιδευτικά προγράμματα για τους ειδικευομένους της Ορθοπαιδικής Κλινικής του Νοσοκομείου Βόλου, υπό την επίβλεψη του Διευθυντού κ. Λεωνίδα Σ. Μπάδρα. Στα προγράμματα αυτά περιλαμβάνονται:

1) Τακτικά μαθήματα σε όλο το εύρος της ορθοπαιδικής

2) Βιβλιογραφικές ενημερώσεις

3) Συζητήσεις ενδιαφερουσών περιπτώσεων

4) Καθοδήγηση για την εκπόνηση μελετών προς ανακοίνωση ή δημοσίευση καθώς και των διδακτορικών διατριβών των ειδικευομένων.

5) Καθοδήγηση για την εκτέλεση χειρουργικών επεμβάσεων

Επίσης συμμετέχω στα εκπαιδευτικά προγράμματα της Χειρουργικής κλινικής με διαλέξεις σε θέματα κοινού ενδιαφέροντος.

Ακόμη, συμμετείχα σε εκπαιδευτικές διαλέξεις και πρακτικές επιδείξεις χειρουργικών τεχνικών για τις νοσηλεύτριες του Χειρουργείου.

Τέλος, συμμετέχω με διαλέξεις στις εκπαιδευτικές μηνιαίες συναντήσεις των Ορθοπαιδικών της Θεσσαλίας και Κεντρικής Ελλάδας που διοργανώνει η Ορθοπαιδική Κλινική του Πανεπιστημίου Θεσσαλίας (καθ. Κ. Μαλίζος):

1. Η διπολική ημιαρθροπλαστική στα υποκεφαλικά κατάγματα του μηριαίου

Λάρισα, Δεκέμβριος 2002

2. Βιολογικοί μηχανισμοί της πώρωσης

Λάρισα, Δεκέμβριος 2003

3. Αρχές βιολογικής οστεοσύνθεσης

Λάρισα, Ιανουάριος 2005

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3. Niva et al. Bone Stress Injuries Causing Exercise-Induced Knee Pain

Am J Sports Med.2005

4. Niva, Maria

Fatigue bone stress injuries of the lower extremities in Finnish conscripts

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Bone stress injuries causing exercise-induced knee pain

AMERICAN JOURNAL OF SPORTS MEDICINE 34 (1): 78-83 JAN 2006

6. Drabicki RR, Greer WJ, DeMeo PJ

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4. I.C. Vossinakis

Re: reduction in pain associated with open carpal tunnel decompression.

Journal of Hand Surgery [Br], Oct;26(5):503-4, 2001

In their recent article Avramidis et al (2000) identify a significant problem of open carpal tunnel decompression, the pain caused by local anaesthetic injection, and attempt to provide a solution. Although their aim is commendable, I believe the approach is somewhat superficial. The authors seem to believe that the introduction of the hypodermic needle is the main cause for the pain and they attempt to identify if this can be reduced by the application of a local anaesthetic cream (EMLA). Although the ingredients of the cream may penetrate up to 10mm from the skin, they obviously cannot be expected to be effective at the full depth of the subcutaneous tissue of the palm. The authors also reported less satisfactory results in males with thicker skin.

From my experience in open carpal tunnel decompression under local anaesthetic I have identified three distinct causes for the pain associated with local anaesthetic infiltration of the tissues prior to the operation. The first, although not the most important one, is obviously the introduction of the hypodermic needle through the skin. My experience is that with a blue needle (23 G) this pain is minimal for most patients. The second cause of pain is the acidity of the anaesthetic solution (Lawrence, 1996; Lugo-Janer et al., 1993), which causes a burning or stinging pain that patients clearly have identified as severe in my practice. Finally, the third cause of pain is the tension that the volume of the local anaesthetic solution causes in the unyielding subcutaneous tissue of the palm.

To reduce the pain from the local anaesthetic injection one has to target all three causative factors. The needle pain is minimal in adults and I agree that it could be further reduced by the application of EMLA cream in sensitive patients. However, this practice requires a long preoperative preparation time that in most Day Surgery Units is not available.

The pain due to tissue tension can be significantly reduced by a slow rate of local anaesthetic administration (Scarfone et al., 1998).

Finally, the most severe pain caused by the acidity of the anaesthetic solution can be significantly reduced by buffering lidocaine with sodium bicarbonate. This method is inexpensive and simple (Masters, 1998) and requires no extra time, since the operating surgeon can mix the lidocaine and sodium bicarbonate solutions just before administration. It has been shown to reduce the latency time for local anaesthesia (Gandy, 1991; Metzinger et al., 1992) and to enhance the intensity and spread of nerve blocks (Curatolo et al., 1998; Gandy, 1991). Buffering is very effective in reducing the pain from local anaesthetic infiltration (Christoph et al., 1988; Fitton et al., 1996; Matsumoto et al., 1994) and has a greater effect than needle size in pain reduction (Palmon et al., 1998). Moreover, it has been shown to have significant antibacterial properties (Thompson et al., 1993).

For all those reasons I have been using 1% lidocaine with adrenaline 1:100,000 buffered with 8.4% sodium bicarbonate for local anaesthesia in open carpal tunnel decompression. Pain reduction and overall patient satisfaction have been encouraging, leading to the undertaking of a double-masked, prospective, randomised trial, currently performed, comparing the buffered and unbuffered solutions in patients undergoing bilateral open carpal tunnel decompression. I hope that the results of this study will be available soon to further support my clinical experience and the existing literature.

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5. I.C. Vossinakis, L.S. Badras

Management of pertrochanteric fractures in high-risk patients with an external fixation.

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In 44 surgical high-risk patients (ASA grade 3 or 4) pertrochanteric fractures were treated with a newly developed external fixator; all fractures healed within 14 weeks. Seven patients had a superficial pin tract infection and in 12 patients the fracture united with a shortening of 18 (5-30) mm. No implant failures or limitation of knee movements were recorded. Nine patients died during the first 6 months. The "pertrochanteric fixator" is a valuable alternative for treating high-risk, elderly patients.

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4. Antonio Moroni, Cesare Faldini, Francesco Pegreffi, Amy Hoang-Kim, Sandro Giannini

Osteoporotic Pertrochanteric Fractures Can Be Successfully Treated with External Fixation

The Journal of Bone and Joint Surgery Am.;87:42-51, 2005.

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Mini-invasive fixation of proximal femoral fractures what benefit for elderly patients?

BULLETIN DE L ACADEMIE NATIONALE DE MEDECINE 189 (7): 1399-1414 OCT 2005

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Comparison between external fixation and sliding hip screw in the management of trochanteric fracture of the femur in Nepal

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17. Martyn J. Parker; Kurinchi Gurusamy a

Modern methods of treating hip fractures

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20. Maurício de MoraesI; Rubens RodriguesII; Carlo MilaniIII; Edison Noboru FujikiIV; Nelson Keiske OnoV; Paulo H. N. da CostaVI

Study of femur unstable peritrochanteric fractures treated with blocked cephalodiaphyseal nail: a minimally invasive technique

Acta ortop. Bras. vol.13 no.3 São Paulo, 2005

21. Navin Kumar Karn, G.K.Singh, M.P. Singh, P. Kumar

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23. Commentary & Perspective by J. Lawrence Marsh, MD\*,

On: "Dynamic Hip Screw Compared with External Fixation for Treatment of Osteoporotic Pertrochanteric Fractures" by Antonio Moroni, MD, et al.

Electronic letters JBJS, 2006

6. Vossinakis IC, Karnezis IA, Learmonth ID

Does the anatomy of the hip joint influence the type of the developing osteoarthritis?

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A prospective randomized study.

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Biomechanics of “non-contact” plating of diaphyseal fractures – A biomechanical study

Using simulated fracture healing.

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Journal of Bone and Joint Surgery [Br], 83B Supp III: 241, 2001

10.I.C. Vossinakis, L.S. Badras, I.A. Karnezis

The use of auxiliary pins with the Orthofix external fixator.

Journal of Pediatric Orthopaedics, Nov-Dec;21(6):826, 2001

In their recent article Sola et al 5 conclude that the use of an auxiliary pin with the Orthofix external fixator increases clinical stability and decreases the risk of loss of reduction and malunion. However, this conclusion appears to be based on observations that have not reached statistical significance. Furthermore, since this was not a randomised study, the possibility of patient selection bias between the two groups is high.

The high rates of loss of reduction and malunion without the use of the auxiliary pin observed in this study have not been reported in previous, larger series with the same or different fixators 2,3 and are in contrast with our experience.1 We thus believe that these complications could be attributed to the method of dynamisation used by the authors. The auxiliary pin may create a rather stiff construct that could be detrimental to callus formation, as reflected by the relatively long time before they could allow dynamisation in their patients (6 weeks) and by the need for removal of this pin in order to obtain dynamisation in fractures that were slow to consolidate. In addition, the reported method of dynamisation seems rather radical. Dynamisation aims at allowing micromotion at the fracture site. By removing the fixator screw that maintains the fracture at length the result is simply the axial collapse of the fracture, which assumes a new position without permitting micromotion during loading.4 Furthermore, loosening of the ball joints, which was performed in some cases, may compromise the angular stability of the fixation and could probably account for the loss of position observed in their patients.

In a similar series of pediatric femoral shaft fractures (n=34), treated with the same fixator and no use of auxiliary pins,1 we have not observed loss of reduction or clinically significant malunion. Dynamisation in our series was performed in all cases before the fourth week and included loosening, but not removal of the length controlling screw, while in most cases we added the special cushions provided by Orthofix for this purpose. This method does not allow complete collapse of the fracture and promotes micromotion with weight bearing. The ball joints were never loosened; instead they were tightened at every outpatient visit to prevent loosening. We believe that this method is safer and more efficient for dynamising the fracture without compromising stability.

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Radiographic associations for "primary" hip osteoarthrosis: a retrospective cohort study of 47 patients.

Acta Orthopaedica Scandinavica, Dec;72(6):600-8, 2001

This radiographic retrospective cohort study aims to identify relations between the prearthrotic anatomy of the hip joint and the type of subsequent osteoarthrosis (OA). Radiographs of 64 hips in 47 patients were evaluated. Several anatomical indices were measured on radiographs obtained before the onset of OA. The location, type and grade of OA were recorded on subsequent radiographs. Due to the small number of hips available, only three potential risk factors could be considered for both OA location and OA type (weight-bearing surface angle, spherical sector and neck shaft angle for both outcomes). The only variable that was found to be a significant predictor of OA location was the degree of inclination of the acetabular sourcil. Patients with craniomedial sourcils were more likely to have medial OA. No predictors of OA type could be identified. Our results suggest that the anatomy of the hip joint is a factor determining the location of developing osteoarthrosis.

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The external fixator compared with the sliding hip screw for pertrochanteric fractures of the femur.

Journal of Bone and Joint Surgery [Br], Jan;84B(1):23-9, 2002

In a prospective, randomised study we have compared the pertrochanteric external fixator (PF) with the sliding hip screw (SHS) in 100 consecutive patients who were allocated randomly to the two methods of treatment. Details of the patients and the patterns of fracture were similar in both groups. Follow-up was for six months. Use of the PF was associated with significantly less blood loss, a shorter operating time, reduced postoperative pain, shorter hospitalisation (p < 0.001), earlier mobilisation (p < 0.001) and a reduced rate of mechanical complications (p < 0.01). Superficial infection was significantly more common with the PF (p < 0.01), but without long-term adverse consequences. There were no differences in the healing of the fracture, mortality or final functional outcome. Our results indicate that the external fixator is an effective and safe device for treating pertrochanteric fractures and should be considered as a useful alternative to conventional fixation with the sliding hip screw.

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Percutaneous dynamic hip screw

INJURY-INTERNATIONAL JOURNAL OF THE CARE OF THE INJURED 37 (8): 751-754 AUG 2006

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A Comparative Study of External Fixators and DHS for Intertrochanteric Fracture of the Femur

CHINESE GENERAL PRACTICE Vol.8 No.15 P.1264-1265, 2005

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External fixation for the treatment of senile intertrochanteric fracture of the femur 30

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N.

Otoacoustic emissions for monitoring aminoglycoside-induced ototoxicity in children with cystic fibrosis.

Archives of Otolaryngology Head and Neck Surgery, Feb;128(2):150-5, 2002

OBJECTIVE: To investigate whether transient-evoked and distortion-product (DP) otoacoustic emissions (OAEs) are more sensitive than pure-tone audiometry (PTA) in revealing gentamicin-induced ototoxicity in children with cystic fibrosis (CF). DESIGN: Prospective case-control study. SETTING: Tertiary referral audiologic center in conjunction with an academic pediatric CF unit. PARTICIPANTS: The study group consisted of a consecutive sample of 12 audiologically normal children with CF and a history of gentamicin exposure (CF-gentamicin group). The control groups consisted of 8 age-matched children with CF and 11 age-matched healthy volunteers. No member of the control groups had a history of aminoglycoside exposure. INTERVENTION: Members of the CF-gentamicin study group received 4 mg/kg of gentamicin per day for a mean of 14.2 days (range, 11-29 days). OUTCOME MEASURES: The PTA thresholds (250-8000 Hz) were the criterion standard. Transient-evoked OAEs' reproducibility at 5 frequency bands (800, 1600, 2400, 3200, and 4000 Hz) and total emission level were measured, as were DP-audiogram (DP-gram) amplitude (1001-6299 Hz), input-output function dynamic range, and detection thresholds at 4004, 6006, and 7996 Hz. Baseline measurements were compared between groups examining the effect of CF and previous gentamicin exposure (2-way analysis of variance). For the CF-gentamicin group, baseline measurements were compared with those at the end of the last gentamicin treatment (paired t test). RESULTS: The PTA findings were normal for all groups at baseline and remained normal in the CF-gentamicin group after treatment. The CF-gentamicin group had significantly lower transient-evoked OAEs total emission level, DP-gram amplitude at 5042 Hz, and input-output dynamic ranges with higher detection thresholds in all frequencies compared with both control groups, which was attributed completely to previous gentamicin exposure (P<.05). After treatment, further decreases in total emission levels, DP-gram amplitudes (>3000 Hz), and dynamic ranges were noted, with increased detection thresholds (P<.05). CONCLUSIONS: Otoacoustic emissions measurement (especially of DP OAEs) proved more sensitive than PTA in revealing minor cochlear dysfunction after gentamicin exposure. They should be used for monitoring patients receiving ototoxic factors such as aminoglycosides.

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Distal locking of femoral nails under direct vision through a cortical window.

Journal of Orthopaedic Trauma, Sept;17(8):574-7 2003

We present a salvage technique for distal femoral interlocking under direct vision through a window in the anterior femoral cortex in a subgroup of six patients, among those presented to our institution during the last 10 years with a femoral shaft fracture treated with reamed, locked intramedullary nailing. The common characteristic of these patients was the performance of distal locking under direct vision through a small window in the anterior femoral cortex because of intraoperative dysfunction of the image intensifier. Screw insertion was successful in all cases. All fractures and all cortical windows healed uneventfully. No postoperative fractures occurred through the cortical defect. This technique, despite being a salvage one, has proven a safe alternative to the common distal targeting techniques. It can be used when an image intensifier is unavailable without jeopardizing the excellent clinical and radiographic outcome of reamed locked nailing of femoral shaft fractures.

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Literature review of current techniques for the insertion of distal screws into intramedullary locking nails

INJURY-INTERNATIONAL JOURNAL OF THE CARE OF THE INJURED 37 (2): 109-119 FEB 2006

2. Yiannakopoulos CK, Kanellopoulos AD, Apostolou C, et al.

Distal intramedullary nail interlocking - The flag and grid technique

JOURNAL OF ORTHOPAEDIC TRAUMA 19 (6): 407-411 JUL 2005

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Review of Existing, Mounted Targeting Devices for Distal Locking of Intramedullary Nails. In: Practice of Intramedullary Locked Nails Kwok-Sui Leung, Gilbert Taglang, Reinhard Schnettler, Volker Alt, H. J. T. M. Haarman, Hartmut Seidel and Ivan Kempf eds. Springer Berlin Heidelberg, 265-270, 2006

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Stereo Fluoroscopy-Assisted Distal Interlocking of Intramedullary Nails. Technical Tricks

Journal of Orthopaedic Trauma. 11(4):300-303, May 1997.

15.Vossinakis IC, Badras LS

External fixation for pertrochanteric fractures.

Journal of Bone and Joint Surgery [Am], Nov;85-A(11):2252-3, 2003

We welcomed Dr Baumgaertner’s analysis and commentary1 of our paper2. Certain questions raised in this commentary, however need to be answered.

Exclusion of reverse obliquity and inter-subtrochanteric fractures should not be considered a limitation of our study. Since the sliding hip screw is known to perform poorly with such fractures we tend not to use it. Instead, we prefer the 90o sliding screw that provides increased stability for these fracture patterns. For this reason these fractures were excluded from our study.

In a previous study3 we have also stressed the need for family education and participation in pin care. In addition, home visiting nursing stuff inspects and cleans the external fixator weekly. Outpatient visits in monthly intervals are needed until fixator removal, but we have not found this to greatly increase the outpatient workload.

We do agree that external fixation is an effective treatment option for pertrochanteric fractures but we would recommend its use under certain indications, stated in our paper.

ΒΙΒΛΙΟΓΡΑΦΙΚΕΣ ΑΝΑΦΟΡΕΣ (CITATIONS):

1. C. Faldini, G. Grandi, M. Romagnoli, S. Pagkrati, V. Digennaro, O. Faldini and S. Giannini

Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

2. WANG Hua-dong , ZHU Qing-sheng , HOU Shu-xun , LI Wen-feng , ZHANG Wei-jia , WU Ke-jian

Complications of extremities fractures treated by unilateral external fixator and the counter measures

JOURNAL OF CLINICAL ORTHOPAEDICS Vol.8 No.4 P.340-342, 2005.

16.Badras L.S., Vossinakis I.C., Skretas E., Palaiochorlidis I.S., Tersenidis I.E.:

Autotransfusion in total knee Arthroplasty.

Journal of Bone and Joint Surgery [Br], 85B Supp III, 2003

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Midterm results of the Genesis I total knee arthroplasty.

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Secondary patellar resurfacing in total knee arthroplasty: results of multivariate analysis in two case-matched groups.

Journal of Arthroplasty, Dec;18(8):993-8, 2003

Although patellofemoral symptoms after patellar-retaining knee arthroplasty are common, no evidence has been published in the literature on the potential benefit from patellar resurfacing at a later stage. This study evaluates the effect of secondary (delayed) patellar resurfacing using comparisons between 2 case-matched groups of patients with primary and secondary patellar resurfacing. Furthermore, multivariate statistical methods were applied to study factors that may influence the final outcome. Our results suggest that although significant clinical improvement was seen after delayed patella resurfacing, the outcome of secondary patellar resurfacing is inferior to that expected for a similar group of patients with primary resurfacing. Furthermore, the timing (delay period) of the secondary resurfacing procedure appears to negatively affect the final outcome. This suggests that secondary patellar resurfacing, when indicated, should be considered at an early stage.

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Treatment of patella in total knee arthroplasty

INTERNATIONAL JOURNAL OF ORTHOPAEDICS Vol.27 No.4 P.208-211, 2006

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Management of pertrochanteric fractures in the elderly patients with an external fixation. Injury, vol. 32 (Suppl. 4), pp. 115-128 (2001).

Injury, Jan;35(1):95-6, 2004

This is an interesting article on a method that is becoming increasingly popular for the treatment of pertrochanteric fractures. It is imperative, however, to clearly define the indications for external fixation in this region of the skeleton. Although the title of the article states that external fixation was used in elderly patients, the authors report using it for all pertrochanteric fractures since March 1996. In addition they mention using the Pertrochanteric Fixator (PF) for fractures extending to the subtrochanteric region. In a recent prospective randomised study we have shown the PF to be a safe and effective treatment option for pertrochanteric fractures, giving comparable results with the sliding hip screw [3]. However, we believe that it is not necessary to submit all patients to the discomfort of external fixation. The sliding hip screw remains the golden standard for most patients with pertrochanteric fractures. The main benefits with external fixation for the patient are due to the reduction of blood loss and surgical trauma. Therefore, the method should be mainly indicated for high-risk or multiply injured patients and those who refuse a transfusion [1,2,3]. Moreover, fractures extending to the subtrochanteric area of the femur may require axial compression that the PF does not provide. We believe that the Dynamic Axial Fixator (DAF) with an angled clamp would be more suitable, when external fixation is required for such fractures. Finally, the authors report using open reduction, when a closed one could not be obtained. Our experience is that open reduction is almost never required. Accepting a less than optimal reduction very rarely compromises the final outcome, whereas open reduction increases blood loss, surgical time and trauma, cancelling the main benefits of using external fixation.

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Surgical treatment of unstable intertrochanteric fractures by bipolar hip replacement or total hip replacement in elderly osteoporotic patients

Journal of Orthopaedics and Traumatology, Volume 7, Number 3 / September, 117-121, 2006

20.Vossinakis IC, Stavroulaki P, Paleochorlidis I, Badras LS

Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], Aug;29(4):399-401, 2004

This prospective, randomized study assessed the effectiveness of buffering lidocaine with sodium bicarbonate for reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression. Twenty-one patients undergoing bilateral open carpal tunnel decompression received, in a randomized manner, lidocaine 1% with adrenaline (1:200,000) in one hand and the same local anaesthetic buffered with 8.4% NaHCO3 at a 5:1 ratio in the other hand. Pain, especially its burning element, was evaluated on a visual analogue scale and was significantly reduced with the buffered solution. The buffering was effective for all patients and no adverse effects were noted. This is a safe, easy and quick method for making open carpal tunnel surgery less uncomfortable to patients.

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The use of a fine-gauge needle to reduce pain in open carpal tunnel decompression: A randomized controlled trial

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 30B (6): 615-617 DEC 2005

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JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (3): 349-349 JUN 2006

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Local anaesthesia for carpal tunnel decompression: A comparison of two techniques

JOURNAL OF HAND SURGERY-BRITISH AND EUROPEAN VOLUME 31B (6): 683-686 DEC 2006

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Surgical preparation: anesthesia & hemostasis

Endodontic Topics, Volume 11 Issue 1 Page 32 - July 2005

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Autotransfusion in total knee Arthroplasty.

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Leonidas S. Distal Locking of Femoral Nails Under Direct Vision Through A Cortical Window: In Response. Letter to the Editor

Journal of Orthopaedic Trauma. 18(4):258, April 2004.

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Reducing the pain associated with local anaesthetic infiltration for open carpal tunnel decompression.

Journal of Hand Surgery [Br], May;30(2):235, 2005

We welcome the comments by Watts and Hooper regarding our published study (JHS 2004;29B:4:399-401). Although Watts et al. (JHS 2004;29B:1:30-31) could not demonstrate any significant difference in pain scores between plain and buffered lidocaine, several previous studies reported a reduction in pain with buffered lidocaine for various minor surgical procedures (Fitton et al., 1996; Friedman et al., 1997; Matsumoto et al., 1994). Our findings regarding open carpal tunnel decompression were similar. The high pain scores for plain lidocaine in our study are also in agreement with other previous studies (Fitton et al., 1996; Avramidis et al., 2000). We cannot underestimate the fact that pain perception and expression has cultural influences and this could account for the significant variation in pain scores for similar procedures in the literature. We would agree that the rate of injection has an effect on pain due to tissue tension. In our study we could not estimate the magnitude of this effect since the rate of infiltration and the needle gauge were standardised for both hands. However, pain sub scores for plain lidocaine revealed that, with a 23-gauge needle and a 30- second infiltration time, the mean tension pain score was almost half the mean burning score. Obviously, making the operation less uncomfortable for our patients requires that we take all this into account.

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Loss of cervical lordosis following trauma. Is computed tomography necessary?

Journal of Bone and Joint Surgery [Br], 88B, Supp I, 153-154, 2006.

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ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευόμενος)

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(Ελληνικά)

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2. Φθινοπωρινό Συνέδριο της Ελληνικής Εταιρείας Χειρουργικής Ορθοπαιδικής και Τραυματολογίας. Αθήνα, 28-31 Οκτ., 1992

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Βόλος, 19-21 Οκτώβριος 2001

30.Ημερίδα: «Ολικές Αρθροπλαστικές Ισχίου»

Αθήνα, 1 Δεκεμβρίου 2001

31.11ο Διαπανεπιστημιακό Σεμινάριο Οστεοσύνθεσης

Λάρισα, 7-10 Μαρτίου 2002

32.4η Αρθροσκοπική Ημερίδα Γόνατος

Θεσσαλονίκη, 16 Μαρτίου 2002

33.10ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Μύκονος, 18-21 Απριλίου 2002

34.21ο Ετήσιο Συνέδριο της Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 9-12 Μαΐου 2002

35. Περιφερειακό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδας

Καρδίτσα, Λίμνη Πλαστήρα, 7-8 Ιουνίου 2002

36.3η Ορθοπαιδική Συνάντηση Αιγίου& Μετεκπαιδευτικό Περιφερειακό Σεμινάριο του

Κολλεγίου Ελλήνων Ορθοπαιδικών Χειρουργών

«Σύγχρονες εφαρμογές της εξωτερικής οστεοσύνθεσης στην τραυματιολογία και την

Ορθοπαιδική»

Αίγιο, 14-16 Ιουνίου 2002

37.58ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Θεσσαλονίκη, Οκτώβριος, 22-27, 2002.

38.2nd Update on Shoulder and Elbow Arthroscopic Surgery & Workshop

Αθήνα, Νοσοκομείο Metropolitan, 5-6 Απριλίου 2003

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Sani Beach holiday Resort, Mάιος 1-4, 2003

40.Διεθνές Συμπόσιο Λοιμώξεων του Μυοσκελετικού Συστήματος

Λάρισα, 15-17 Μαΐου 2003

41.20ο Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Πορταριά Πηλίου, 23-24 Μαΐου 2003

42.1η Ετήσια Ημερίδα του Τμήματος Ορθοπαιδικής Έρευνας της Ε.Ε.Χ.Ο.Τ.

Λάρισα. 12-13 Σεπτεμβρίου 2003

43.59ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 15-19 Οκτωβρίου 2003

44.1ο Σεμινάριο Ενδείξεων και Εφαρμογών του Συστήματος Ilizarov στα Άνω και Κάτω Άκρα

Κηφισιά, 14-16 Νοεμβρίου 2003

45.Διεθνές Συμπόσιο για την Πρόληψη & Αντιμετώπιση των Αθλητικών Κακώσεων

Λάρισα, 27-30 Νοεμβρίου 2003

46.Ημερίδα: «Η αντιμετώπιση του πολυτραυματία»

Βόλος, 13 Δεκεμβρίου 2003

47.23ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης

Θεσσαλονίκη, 15-18 Απριλίου 2004

48.12ο Πανελλήνιο Συνέδριο Ελληνικής Εταιρείας Μελέτης Μεταβολισμού των Οστών

(Ε.Ε.Μ.Μ.Ο.)

Λήμνος, 29 Απριλίου-1 Μαΐου 2004

49.Επιστημονικό Συμπόσιο Φυσικοθεραπείας. 5η Διημερίδα

Βόλος, 15-16 Μαΐου 2004

50.21ο Περιφεριακό Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Κεντρικής Στερεάς Ελλάδας

Καρπενήσι, 4 - 6 Ιουνίου 2004

51.60ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 6-9 Οκτωβρίου 2004

52.Πρακτική Άσκηση: «Η περιορισμένης έκτασης προσπέλαση στην αρθροπλαστική ισχίου &

γόνατος

Αθήνα, 15-16 Οκτωβρίου 2004

53.2ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 18-20 Φεβρουαρίου 2005

54.24ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Sani Beach holiday Resort, 5-8 Μαΐου, 2005

55.61ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 12-15 Οκτωβρίου 2005

56.25ο Ετήσιο Συνέδριο Ορθοπαιδικής & Τραυματολογικής Εταιρείας Μακεδονίας-Θράκης.

Καστοριά, 27-30 Απριλίου 2006

57.Ετήσιο Μετεκπαιδευτικό Σεμινάριο Θεσσαλίας και Στερεάς Ελλάδος

Τρίκαλα, 12-13 Μαΐου 2006

58.6ο Επιστημονικό Συμπόσιο Φυσικοθεραπείας. «Κακώσεις Μαλακών Μορίων»

Βόλος, 27-28 Μαΐου 2006

59.62ο Πανελλήνιο Ορθοπαιδικό Συνέδριο της Ε.Ε.Χ.Ο.Τ.

Αθήνα, 3-7 Οκτωβρίου 2006

60.3ο Σεμινάριο Εφαρμογές & Τεχνικές Συστήματος Εξωτερικής Οστεοσύνθεσης Ilizarov

Ενδείξεις και εφαρμογές του συστήματος Ilizarov στα άνω και κάτω άκρα.

Αθήνα, Νοσοκομείο ΑΤΤΙΚΟΝ, 10-12 Νοεμβρίου 2006

61.3ο Πανελλήνιο Συνέδριο Τμήματος Ώμου- Αγκώνος της Ε.Ε.Χ.Ο.Τ

Θεσσαλονίκη, 15-17 Μαρτίου 2007

Παρακολούθηση Συνεδρίων, Σεμιναρίων (Διεθνή)

1. Instruction Course for Osteosynthesis and Endoprosthetic. University Orthopaedic Department Homburg Saar, Germany. 8-19 Νοεμβρίου 1993

2. Orthofix Seminar and Workshop. Bussolengo, Italy, 12-14 Sept., 1994

3. Annual Meeting of the American Academy of Orthopaedic Surgeons. Orlando, Florida, 16-21 Feb., 1995

4. 2nd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Munich, Germany, 4-7 July, 1995

5. 2nd International Conference on Orthopaedic Trauma - A Master class Symposium. University of Manchester, UK, 28-30 Mar., 1996

6. 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

7. Course III on Knee Prostheses, of the 7th Congress of the European Society of Sports Traumatology, Knee Surgery and Arthroscopy. Budapest, Hungary, 10-15 May, 1996

8. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 15-16 Nov., 1996

9. 3rd Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Barcelona, Spain, 21-27 Apr., 1997

10. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 14-15 Nov., 1997

11. Osteotomies around the Knee. Southmead Hospital Bristol, UK, 6 March, 1998

12. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1997-1998

13. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 20-21 Nov., 1998

14. Orthofix one-day intensive seminar on fine wire fixation. Medical education center, Northern General Hospital, Sheffield, UK, 23 Feb., 1999

15. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1998-1999

16. An instructional course in total knee arthroplasty. Primary & revision knee arthroplasty. Princess Margaret-Rose Hospital, Edinburgh, UK, 3-7 Sept., 1999

17. Postgraduate Teaching Programme. University Department of Orthopaedics, Bristol, UK, 1999-2000

18. 5th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology

Rhodes, Greece 3-7 June 2001

19. Debates about Hip Replacement. Southmead Hospital Bristol, UK, 12-13 Nov., 1999

20. 5th International Congress of Northern Greece Sports Medicine Association, Thessaloniki, 18-21 November, 1999

21. South-West Orthopaedic Club Meeting, Bath (UK), 12-13 May 2000.

22. 5th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Rhodes, Greece 3-7 June, 2001

23. 10th Congress European Society of Sports Traumatology, Knee Surgery and Arthroscopy Rome, 23-27 April 2002

24. International Congress of Upper Extremity Hand Micro Surgery. Corfu, Greece, 28-31 August 2002

25. 6th Congress of the European Federation of National Associations of Orthopaedics and

Traumatology. Helsinki, Finland, 6-10 June 2003

26. 14th Annual Baltimore Limb Deformity Pre-Course Symposium “Nonunions: Advances and Controversies”. Baltimore, Maryland, 4 September 2004

27. 14th Annual Baltimore Limb Deformity Course. Baltimore, Maryland, 5-9 September 2004

28. 14th Annual Baltimore Limb Deformity Post-Course Symposium “Taylor Spatial X-Frames: X-ceptional, X-treme, X-cetera”. Baltimore, Maryland, 10 September 2004

29. 7th Congress of the European Federation of National Associations of Orthopaedics and Traumatology. Lisbon, Portugal, 4-7 June 2005

30. The Knee from A to Z: International Sports Medicine & Knee Arthroplasty Meeting. Athens, Greece, 28- September-2 October 2005

31. Horizons in Biology & Joint Function. International Sports Medicine & Knee Arthroplasty Meeting. Rhodes, Greece, 13-17 September 2006

ΕΚΠΑΙΔΕΥΤΙΚΗ ΔΡΑΣΤΗΡΙΟΤΗΤΑ (Εκπαιδευτής)

Κατά την υπηρεσία μου στα Νοσοκομεία Frenchay και Gloucestershire Royal συμμετείχα στην εκπαίδευση φοιτητών Ιατρικής του πανεπιστημίου του Bristol.

Κατά την παρούσα υπηρεσία μου στο Νοσοκομείο Weston General συμμετέχω στη διδασκαλία των φοιτητών της Ιατρικής του πανεπιστημίου του Bristol και στην εκπαίδευση των ειδικευομένων του Ορθοπαιδικού τμήματος.

Κατά την υπηρεσία μου συμμετέχω ενεργά στα ετήσια εκπαιδευτικά προγράμματα για τους ειδικευομένους της Ορθοπαιδικής Κλινικής του Νοσοκομείου Βόλου, υπό την επίβλεψη του Διευθυντού κ. Λεωνίδα Σ. Μπάδρα. Στα προγράμματα αυτά περιλαμβάνονται:

1) Τακτικά μαθήματα σε όλο το εύρος της ορθοπαιδικής

2) Βιβλιογραφικές ενημερώσεις

3) Συζητήσεις ενδιαφερουσών περιπτώσεων

4) Καθοδήγηση για την εκπόνηση μελετών προς ανακοίνωση ή δημοσίευση καθώς και των διδακτορικών διατριβών των ειδικευομένων.

5) Καθοδήγηση για την εκτέλεση χειρουργικών επεμβάσεων

Επίσης συμμετέχω στα εκπαιδευτικά προγράμματα της Χειρουργικής κλινικής με διαλέξεις σε θέματα κοινού ενδιαφέροντος.

Ακόμη, συμμετείχα σε εκπαιδευτικές διαλέξεις και πρακτικές επιδείξεις χειρουργικών τεχνικών για τις νοσηλεύτριες του Χειρουργείου.

Τέλος, συμμετέχω με διαλέξεις στις εκπαιδευτικές μηνιαίες συναντήσεις των Ορθοπαιδικών της Θεσσαλίας και Κεντρικής Ελλάδας που διοργανώνει η Ορθοπαιδική Κλινική του Πανεπιστημίου Θεσσαλίας (καθ. Κ. Μαλίζος):

1. Η διπολική ημιαρθροπλαστική στα υποκεφαλικά κατάγματα του μηριαίου

Λάρισα, Δεκέμβριος 2002

2. Βιολογικοί μηχανισμοί της πώρωσης

Λάρισα, Δεκέμβριος 2003

3. Αρχές βιολογικής οστεοσύνθεσης

Λάρισα, Ιανουάριος 2005

FAQ | Όροι | Επικοινωνία | Θέσεις εργασίας | Διαφημιστείτε | Εταιρεία | Περιοχές | Κατηγορίες

Watergate