

Ever since I started using Synvisc One for my OA knee patient's, I haven't felt the need for using routine pain killers for their daily pain management. Now patients are chasing me to get a repeat injection after 6 months - 1 year rather than me having to counsel them to get it.

**Dr. Raju Easwaran, Consultant**  
Orthopedic Surgeon, Max Hospital

Very good choice in my knee OA patients and would like to use it more often in them on account of the results which I am seeing.

**Dr. Pushpinder Bajaj**  
Bajaj Specialty Clinic  
Safdarjung Enclave

Viscosupplementation - my treatment of choice in mild to moderate osteoarthritis patients whose efficacy is proven by scientific data

**Dr. Gurinder Bedi**  
Sr. Consultant Orthopedic Surgeon  
Fortis Hospitals

Judiciously used in selected group of osteoarthritis knee patients, Synvisc One injection has given very good response and satisfaction in over 80% patients.

**Dr. R. C. Arya**  
Consultant  
Orthopedic Surgeon, Max Hospital



Move beyond pain with Synvisc-One™



that stands out for

- Pioneering Indian experience<sup>1</sup>
- Filling the treatment gap in managing knee OA pain<sup>2</sup>
- Unique Cross-linking Technology<sup>3,4,5,6</sup>
- Global presence & International evidence<sup>7</sup>
- Providing patients a long-term treatment plan<sup>8,11</sup>
- Enhancing outcomes in your existing care<sup>9,10</sup>

**Important Treatment Considerations**

Synvisc-One™ (hylan G-F 20) is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, eg, acetaminophen.

Synvisc-One™ is contraindicated in patients with known hypersensitivity to hyaluronan products or patients with infections in or around the target knee. Use caution when injecting Synvisc-One™ in patients allergic to avian proteins, feathers, or egg products; who have evidence of venous or lymphatic stasis in the leg to be treated; or who have severe inflammation in the knee to be treated. The most commonly reported related local adverse events were transient, mild to moderate arthralgia, arthritis, arthropathy, injection site pain and joint effusion. No serious adverse events have been reported in knees injected with Synvisc-One™. Repeat treatment did not affect the safety profile. In the pivotal clinical trial, there was one related systemic event of syncope. The most common systemic side effects irrespective of relationship to Synvisc-One™ were headache, back pain, nasopharyngitis and influenza. Systemic adverse event profiles were similar between patients in the Synvisc-One™ and saline control groups. Other side effects, such as rash, have been reported rarely in association with SYNISC. Patients should be advised to avoid strenuous or prolonged weight-bearing activities for approximately 48 hours after treatment. Aspiration of any effusion prior to injection is highly recommended. Strict adherence to aseptic technique must be followed to avoid joint infection. The safety and effectiveness of Synvisc-One™ have not been established in children or in pregnant or lactating women. It is unknown whether Synvisc-One™ is excreted in human milk

**References:** 1. OASIS poster at IASCON 2011 at New Delhi. 2. Data on file. Genzyme Corp. 3. Bagga H, Burkhardt D, Sambrook P, March L. Longterm effects of intraarticular hyaluronan synovial fluid in osteoarthritis of the knee. *Future Rheumatol.* 2006;3(5):946-950. 4. US FDA Device Listings Database and Pharmacopeia. <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cRL/nl.cfm?lid=3960&pcd=MOZ>. Accessed December 2009. 5. Sitik TP, Kazi A, Kim J-H. Synvisc™ in knee osteoarthritis. *Future Rheumatol.* 2008;3(3):215-222. 6. Larsen NE, Dursema H, Skrabut EM. Clearance kinetics of single injection cross-linked hylan-based viscosupplement in a rabbit model. *Osteoarthritis Cartilage.* 2007;15(suppl C):e64. 7. Chevalier X et al. Ann Rheum Dis 2010;113-119. 8. Wang Y, Hall S, et al. Effect of hylan G-F 20 [Synvisc™] supplementation on cartilage preservation detected by magnetic resonance imaging in osteoarthritis of the knee: a two-year, single-blind clinical trial. *BMC Musculoskeletal Disorders* 2011; 12:195. 9. Raymauld JP, Torrance GW, et al. Osteoarthritis Cartilage 2002; 10(7):506-17. 10. Langworthy MJ, Saad A, Langworthy HM. Conservative treatment modalities and outcomes for osteoarthritis: the concomitant pyramid of treatment. *Phys Sportsmed.* 2010 Jun;38(2):133-45. 11. Raman R, Johnson G, Shaw C, Dutta A, Sharma H. Safety and efficacy of repeat treatment with hylan G-F 20 in osteoarthritis of the knee. Presented at: 2010 EULAR Annual European Congress of Rheumatology; June 16-19, 2010; Rome, Italy. Abstract 696

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7<sup>TH</sup> International Symposium on Current Concepts  
in Knee & shoulder Arthroscopic Surgery and Arthroplasty



Under the aegis of  
Delhi Orthopaedics Association  
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OFFICIAL NEWSLETTER OF ISKSAA 2012

DAILY NEWSLETTER OF ISKSAA 2012 | 18 FEBRUARY, 2012

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DAY 1 HIGHLIGHTS

The first day of the conference witnessed a plethora of lectures, live surgeries and panel discussion covering almost all aspects of arthroscopic surgery of the knee. The topics like ACL reconstruction were discussed 'thread bare' and there was lively interaction between the delegates and the faculty. Live surgeries were highlight of the day and were demonstrated beautifully by skilled surgeons. Transtibial as well as transportal technique of the ACL reconstruction were demonstrated making the delegates aware of various tips, pearls and potential pitfalls. ACL reconstruction using BTB graft needs special mention here, as I feel most of the young surgeons are exposed to hamstrings as a graft choice and have not seen many BTB grafts either during training or during workshops. BTB graft can come for your rescue if you accidentally amputate the hamstring graft or the graft thickness is not adequate. Double bundle ACL reconstruction was also very beautifully demonstrated by Dr. Tapasvi as was MPFL reconstruction surgery by Dr. Sanjeev Anand. Dr. Deepak Chaudhary demonstrated a combined ACL PCL reconstruction using "safety incision" that interested a lot of people. It was very heartening to see delegates glued to their seats even during the last session.

Dr. Amite Pankaj

The day started on time at 8 AM with a lecture on hip arthroscopy by Dr Manzoor Qazi followed by a live mosaic plasty. Unfortunately for the surgeon and delegates but fortunately for the patient, he did not have a major cartilage lesion (as it happens our luck is inversely proportional to that of the general population). A diagnostic scopy marked the start of the day and the spectrum of surgeries grew more & more complex with a double bundle Acl by Dr S Tapasvi & ACL + PCL reconstruction by Dr Deepak Chaudhary ending the day's list.

Interspersed with these surgeries was a lively panel discussion on ACL injuries moderated by Dr Raju Easwaran, that brought several burning issues to the forefront. Thankfully all speakers stuck to their allotted time. Dr Bothra gave us an insight into the latest in tendoachilles repairs & Dr Shaun O'Brien gave a very lucid account of pitfalls in ACL reconstruction. The lively audience kept the speakers on their toes with incisive questions. Dr P S Bajaj gave a stellar demonstration of how to harvest & use the BTB graft for ACL reconstruction, which is a dying art these days. He followed it up with an excellent demonstration of hamstring graft harvest & its use for an ACL reconstruction using aperture fixation. MPFL reconstruction performed by Dr Sanjeev highlighted the technical difficulties encountered in the procedure & how a single intelligently placed incision can be used as a mobile window to access medial border of patella & medial epicondyle. Dr Aggarwal's demonstration of ACL reconstruction using the onbutton highlighted the role of cost effective implants & inventory in the Indian setting. On a lighter note the excellent panel discussion moderated by Dr Amite Pankaj, was highlighted by good academia interspersed with the sound of broken glasses (well before the banquet dinner), that had the media guys scurrying for cover.

Dr. Raju Easwaran

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## 7TH ISKSAA ARTHROPLASTY SESSION 18TH FEBRUARY 2012 ( SATURDAY )

TIMING	TOPIC/EVENT	CHAIRMAN	FACULTY	MODERATOR
8.00am to 10.00am	<b>KNEE SYMPOSIUM I</b>	BINOD SINGH ANUJ DOGRA		
7 min	PATIENT SELECTION : CAN I OFFER THIS PATIENT A TKR ?		HAVIND TANDON	
7 min	WHICH IMPLANTS & MATERIAL DO I PICK ?		R MAHAJAN	
7 min	PRE-OPERATIVE PLANNING : AVOIDING CHAOS		ANUJ DOGRA	
7 min	APPROACHES FOR A TKR		KB ATTRI	
7 min	MAINTAINING THE 3 GAPS IN TKR !!		BINOD SINGH	
7 min	SOFT TISSUE BALANCING USING LIGAMENT BALANCER		MILIND PATIL	
7 min	PRINCIPLES OF DEFORMITY CORRECTION IN TKR		SHAUN O BRIEN	
7 min	PATELLO FEMORAL JOINT REPLACEMENT : THE 3RD COMPARTMENT		S JANGID	
7 min	PCL SACRIFICING : THE WAY TO GO !!		AK SINGH	
7 min	POST TKR RECOVERY : EARLY HOME & PAIN FREE		S ANAND	
9.10am to 10.00 am	LIVE TKR SURGERY ( ANT REF , CS , PARAPATELLAR )		J KRISHNAN PUSHPINDER BAJAJ	ANUJ DOGRA
10.00am to 12.00pm	<b>KNEE SYMPOSIUM II</b>	SHAUN O BRIEN GURINDER BEDI		
7 min	TKR IN SEVERE VARUS DEFORMITY		N CHUGH	
7 min	TKR IN SEVERE VALGUS DEFORMITY		S SHUKLA	
7 min	TKR IN SEVERE FLEXION DEFORMITY		RK SHARMA	
7 min	TKR IN THE STIFF KNEE		VIVEK SHARMA	
7 min	INSTABILITY IN TKR		S ANAND	
7 min	THE UNHAPPY KNEE : CAUSES & REMEDIES		SWAPNIL SINGH	
7 min	INFECTED TKR : PRINCIPLES & MANAGEMENT		Y KHARBANDA	
7 min	PATELLOFEMORAL COMPLICATIONS AFTER TKR		H HEGDE	
7 min	REVISION TKR : WHEN TO REVISE & PRINCIPLES ?		R K SHARMA	
7 min	CUSTOMISED TKR JIGS ? DO WE NEED THEM ?		PV KAILEY	
11.10am to 12.00am	LIVE TKR SURGERY ( POST REF , CS , MIDVASTUS )		MILIND PATIL BHUSHAN NARIANI	HAVIND TANDON
12.00 pm to 1.00 pm	<b>PANEL DISCUSSION</b> • DILEMMAS IN TKR • ARTHROPLASTY IN 2012 :WHERE ARE WE ?		J KRISHNAN A RAJGOPAL BINOD SINGH SHAUN O BRIEN H HEGDE PRADEEP SHARMA	S TAPASVI S ANAND
	PCL an enigma – to cut or not to cut ? Patella resurfacing Fixed vs mobile bearing surfaces Role of High flexion implants ? Cementless TKR : when ? DVT prophylaxis Antibiotic prophylaxis Allpoly tibial component ?	The obese patient Simultaneous bilateral TKR Minimally invasive TKR Unicondylar TKR Computer assisted navigation in TKR Current materials in TKR Management of periprosthetic fractures Extensor mechanism disruption : what to do ?		
1.00 pm - 2.00pm	<b>LUNCH</b>			

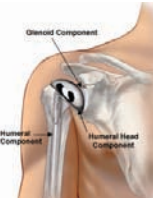


**MR. SANJEEV ANAND**  
Consultant in Trauma & Orthopaedics  
North Tees University Hospital, UK  
Tutor MCh course Teesside University

**SOFT TISSUE KNEE SURGERY SPECIALIST**

It has been a lovely experience for me to participate in this meeting. This is my 3rd year of involvement in this endeavor and I feel that it has grown in magnitude and content tremendously. I was deeply impressed with the knowledge base of the audience and their active participation. Since I was trained in India I am in a position to make an observation that the exposure to this sub-speciality of Orthopaedics that was quite limited in those days seems to have changed a great deal over the last 20 years. The number of academic courses and other training avenues has increased and have become easily available. The wide variety of live surgeries that we observed on the first day was very impressive. I would also like to invite the young surgeons who are interested in pursuing further studies in UK to apply for the MCh course run by the Teesside University. Interested surgeons can email their CVs to me at sanjeev.anand@nth.nhs.uk

### LIVE SURGERIES 18th Feb 2012



**TOTAL KNEE REPLACEMENT ( ANT REF , PARAPATELLAR )**  
**TOTAL KNEE REPLACEMENT ( POST REF , MIDVASTUS )**  
**TOTAL SHOULDER REPLACEMENT LIVE/VIDEO SYMPOSIUM**  
**REVERSE SHOULDER REPLACEMENT LIVE / VIDEO SYMPOSIUM**

## 7TH ISKSAA ARTHROPLASTY SESSION 18TH FEBRUARY 2012 ( SATURDAY )

TIMING	TOPIC/EVENT	CHAIRMAN	FACULTY	MODERATOR
2.00pm to 4.00pm	<b>SHOULDER SYMPOSIUM</b>	ERAN MAMAN GURINDER BEDI		
6 min	WHO REQUIRES A SHOULDER REPLACEMENT ?		GURINDER BEDI	
7 min	APPROACHES TO A TOTAL SHOULDER		JOHN HARRISON	
7 min	DIFFICULTIES DURING A TOTAL SHOULDER		ANUJ DOGRA	
2.20 pm to 3.00 pm	<b>LIVE SURGERY / VIDEO OF TOTAL SHOULDER REPLACEMENT</b>		J KRISHNAN NICK WALLWORK	G BEDI
5 min	EVOLUTION OF THE REVERSE SHOULDER & ITS ROLE		JOHN HARRISON	
5 min	INDICATIONS FOR REVERSE SHOULDER		S TAPASVI	
5min	SURGICAL PRINCIPLES REVERSE SHOULDER ARTHROPLASTY		ERAN MAMAN	
5 min	PEARLS & COMPLICATIONS REVERSE SHOULDER		R PANDEY	
3.20 pm to 4.00 pm	<b>LIVE SURGERY / VIDEO OF REVERSE SHOULDER REPLACEMENT</b>		J KRISHNAN N WALLWORK	ERAN MAMAN
<b>HANDSON WORKSHOPS</b>				
4.00pm to 6.00pm	<b>WORKSHOP</b>	<b>CONVENER</b>	<b>FACULTY</b>	
	KNEE ARTHROPLASTY - SCORPIO (STRYKER)	Y KHARBANDA SWAPNIL SINGH ( 10 STATIONS )		
	BASIC KNEE ARTHROSCOPY COURSE (KARL STORZ)	SHEKHAR SRIVASTAV (6 STATIONS)	JANAK MEHTA RAJU EASWARAN RAHUL KHARE GAURAV JINDAL DEEPAK JOSHI AMITE PANKAJ	
	BASIC SHOULDER ARTHROSCOPY COURSE ( KARL STORZ )	SHASHANK MISHRA (3 STATIONS)	AMIT MISHRA V SHARMA NICK WALLWORK R PANDEY JOHN HARRISON ERAN MAMAN	

### Dr Shaun O Brien's interview jointly taken by Dr Janak Mehta & Dr Raju Easwaran

#### 1) Shaun it's your first visit to India. How does it feel to be here?

Frankly, I'd be lying if I said that it doesn't feel different. The moment you land in New Delhi, the modern airport with its vast ramparts impresses you very much. The pre-course organization has been excellent with several mails flying back & forth keeping me updated about the schedule & avoiding unpleasant surprises. The local hospitality is very good & the Indian people are warm & I don't feel intimidated by them as I've experienced in certain other parts of the world. The traffic is a different issue altogether, with our cabbie zipping across lanes & honking away to glory with utter disdain for pedestrians & other forms of life.

#### 2) How have been the day's proceedings so far?

The program is so extremely brimming with activity. There are 8 live surgeries in a day (which is more than my usual list back home), multiple lectures & panel discussions. The academic content of the talks echoes modern literature recommendations, the complexity of the live surgeries particularly double bundle ACL & combined ACL/ PCL defies imagination. There is excellent co-ordination between the theater staff & the people in the auditorium which ensured that not a single minute was ever wasted in idle jabber.

I found the talks on patellar malalignment, MCL reconstruction & multi-ligament injuries to be particularly enlightening.

#### 3) How did you find the audience?

The audience was a bit slow to come in the morning, but as the day warmed up, they turned up in good numbers. I was pretty surprised to see them plastered to their seats as late as 7 in the evening, still wide awake & asking incisive questions.

Quotable quotes

Dr Janak Mehta: In this meeting, so far, I have learnt more than what I've given.

Dr Shaun O brien: The choice of faculty is very balanced. They look interested in disseminating & receiving knowledge. In my book the person who thinks that I know it all perhaps does not deserve to be on the panel.

