05 - 06 May 2017
Bellevue Medical Center Beirut-Lebanon

in collaboration with
Welcome Letter

Dear Colleague and Friends,

It’s our distinct pleasure to invite you to attend our Annual Meeting which will be held on May 5 & 6 2017 at the Bellevue Medical Center, titled for this year: Hip and Knee Congress.

Eminent International leaders in Orthopedic Surgery, Sport Medicine, Geriatric, Pain management will have the tribune to expose and share their experience.

The congress will provide the opportunity to learn about novelties & actual tendencies treating the below topics:

- Primary total Hip Arthroplasty
- Knee Conditions
- Primary total hip Arthroplasty and management of its main complications
- Revision total hip Arthroplasty
- Hip of the young adult
- Hip fracture, a Fragility Fracture
- Sport Session

A truly outstanding exhibit will run concurrent to the conference and will inevitably provide an excellent forum for networking with participants. State of the art medical equipment and medications will be exhibited shedding more light on the newest treatment methods to all participants.

We would like to thank all those who supported this event and made it possible. Our gratitude goes to our faculty members who readily accepted to partake in this symposium; the Bellevue Medical University Center, which has generously offered us its premises; our sponsors whose continuous support enables us to put together this type of exchange platform bringing together members of the industry and the medical profession; Infomed International for Events, our partner in putting this symposium together in a most seamless manner.

And finally, our partners in this congress for their confidence and support, namely the Fragility Fracture Network, the Global Alliance for Musculoskeletal Health of the Bone and Joint Decade, the Lebanese Osteoporosis Prevention society and the Lebanese Orthopedic Association.

We look forward to a successful Meeting, with best wishes and hoping to see you at the Bellevue Medical Hospital!

Prof. Fernand Dagher
President of the Congress
Pr. Fernand Dagher  President of the Congress

Scientific and Organizing Committee

Johnny Abdelnour  President of the Scientific Committee

Falah Bachour  President of the Organizing Committee

Tony Abboud, Order of Physical Therapy in Lebanon  Raed Hassan, MD
Amer Abdallah, MD  Gaby Haykal, MD
Claude Abi Safi, MD  Khaled Hussein, MD
Nadim Afeiche, MD  Roger Jawich, MD
Sleiman Ajjoub, MD  Antoine Karam, MD
Chahine Assi, MD  Rida Kassem, MD
Omar Baddoura, MD  Alfred Khoury, MD
Falah Bachour, MD  Ziad Khoury, MD
Jaafar Bahsoun, MD  Vatche Kourtian, MD
Hasan Baydoun, MD  Jean-Claude Lahoud, MD
Wissam Boueiri, MD  Ghassan Maalouf, MD
Raja Chaftari, MD  Firas El Masri, MD
Ali Chamseddine, MD  Roger Melki, MD
Chawki Cortbawi, MD  Rima Nasser, MD
Fernand Dagher, MD  Alexandre Nehme, MD
Tony Daher  Ziad Noun, MD
Patricia Fadel, MD  Roy El Rai
Riad Fakih, MD  Maroun Rizkallah, MD
Pierre Gemayel, MD  Carlo Saad
Bachir Ghostine, MD  Said Saghiel, MD
Bechara Ghoulam  Saydeh Sassine
Assaad Habib, MD  Doumit Semaan, MD

International Speakers

Adrien Peltier, MD  France
Elias Dagher, MD  France
Henri Migaud, MD  France
Julien Girard, MD  France
Philippe Neyret, MD  France
Pierre Hoffmeyer, MD  Switzerland
Friday, 5 May, 2017

08:00 - 09:00  Registration

09:00 - 09:05  Welcome Note by The Congress President and Congress Chair  Pr. Fernand Dagher

09:05 - 10:20  Session I: Primary Total Knee Arthroplasty

Moderators: Raed Hassan - Ziad Khoury

09:05 - 09:20  Cementless TKA: Is it Only a Time Saving Procedure?  Falah Bachour
09:20 - 09:35  Ligament Balance and Malalignement in Primary TKA  Raja Chaftari
09:35 - 09:50  Patellar Resurfacing v/s Pateloplasty  Johnny Abdelnour
09:50 - 10:05  Economic and Medical Advantages of Simultaneous Bilateral TKA v/s Deferred  Amer Abdallah
10:05 - 10:20  Total Knee in Tumor Surgery.  Said Saghieh

10:20 - 10:40  Coffee Break

10:40 - 11:40  Session II: Knee Conditions

Moderator: Khaled Hussein

10:40 - 10:55  Sleeves for Metaphysical Fixation in Revision Total Knee Replacement  Ziad Noun
10:55 - 11:10  TKA Infection, Single Stage or Multistage Surgery  Pierre Gemayel
11:10 - 11:25  Lower Limb Axis Mal-Alignment: UKA vs HTO, the Endless Dilemma  Ali Chamseddine
11:25 - 11:40  Spontaneous Osteonecrosis of the Knee: Diagnosis and Management  Antoine Karam
11:40 - 13:10  Lunch Break

Moderator: Falah Bachour

13:10 - 14:10  Satellite Symposium: Eli Lilly  Ghassan Maalouf

14:45 - 14:45  Coffee Break

14:45 - 16:45  Session III: Sports Session

Moderators: Vatche Kourtian - Claude Abi Safi - Carlo Saad

14:45 - 15:00  Update and Controversies in ACL Reconstruction  Elias Dagher (France)
15:00 - 15:15  Meniscal Lesions in Athletes, When to Operate and How?  Adrien Peltier (France)
15:15 - 15:30  Treatment Options in Cartilage Lesions  Alfred Khoury (Lebanon)
15:30 - 15:45  Multi Ligament Knee Injuries, How to Deal with?  Philippe Neyret (France)

Moderators: Roger Melki - Riad Fakih - Saydeh Sassine

15:45 - 16:00  Extensor Mechanism Llesions, from Tendinitis to Rupture  Wissam Boueiri (Lebanon)
16:00 - 16:15  Painful and Unstable Patella in Athletes, How to Deal with?  Philippe Neyret (France)
16:15 - 16:30  Conservative Treatment Options for Arthritis in Young Athletes  Bachir Ghostine (Lebanon)
16:30 - 16:45  Sports and Knee Arthroplasty, what are the Recommendations?  Hasan Baydoun (Lebanon)
Causal Treatment of Musculoskeletal Disorders by Nuclear Magnetic Resonance

Osteoarthritis • Osteoporosis • Low Back Pain • Neck Pain • Bones • Joints • Muscles • Tendons • Ligaments

MBST®
Molecular Biophysical Stimulation

Awarded several times with the German SME Innovation Prize

Distributor in Lebanon:
EL-B Group s.a.r.l.
Minkara Bldg 4th floor, Clemenceau St., Beirut, Lebanon.
Tel: +961 70 86 95 84
info@mbst-lebanon.com
www.mbst-lebanon.com
### Saturday, 6 May, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 09:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>
| 09:00 - 11:00 | **Primary Total Hip Arthroplasty and Management of its Main Complications**  
**Moderators:** Fernand Dagher - Roger Jawich - Bechara Ghoulam |
| 09:00 - 09:15 | Is There an Ideal Bearing Surface??  
Omar Baddoura |
| 09:15 - 09:30 | Why are Surgeons Moving Towards the Anterior Approach?  
Gaby Haykal |
| 09:30 - 09:45 | Is THR a Choice in the 50-60 y.o Patients with Displaced Femoral Neck Fracture??  
Firas el Masri |
| 09:45 - 10:00 | Is there a Place for Double Mobility in Young Patients??  
Chahine Assi |
| 10:00 - 10:15 | Diagnosis and Management of CoC Complications  
Henri Migaud |
| 10:15 - 10:30 | Diagnosis and Management of MoM Complications  
Julien Girard |
| 10:30 - 10:50 | Coffee Break                                                             |
| 10:50 - 12:05 | **Revision Total Hip Arthroplasty**  
**Moderators:** Chawki Cortbawi - Sleiman Ajjoub - Tony Daher |
| 10:50 - 11:05 | Management Strategies for Recurrent Hip Dislocations  
Jean-Claude Lahoud |
| 11:05 - 11:20 | Comprehension of the Role of Biofilm in peri-prosthetic Joint Infection  
Nadim Afeiche |
| 11:20 - 11:35 | What are the Acetabular Choices and Their Indications in Revision THA?  
Alexandre Nehme |
| 11:35 - 11:50 | Revision of the Femoral Stem: Choice of the Right Implant  
Rida Kassem |
| 11:50 - 12:05 | The Multiple Revised Hip : What are the Challenges and the Limits  
Henri Migaud |
| 12:05 - 13:35 | Lunch Break                                                              |
| 13:35 - 14:05 | **Hip of the Young Adult**  
**Moderators:** Jaafar Bahsoun - Roy El Raii |
Rima Nasser |
| 13:50 - 14:05 | Resurfacing, Who are the Candidates?  
Julien Girard |
| 14:05 - 14:50 | **Hip Fracture, A Fragility Fracture**  
**Moderators:** Assaad Habib - Doumit Semaan - Roy El Raii |
| 14:05 - 14:20 | How to Reduce the Mortality Associated with Hip Fracture?  
Pierre Hoffmeyer |
| 14:20 - 14:35 | Orthogeriatric Service. Is it Feasible in Lebanon?  
Patricia Fadel |
| 14:35 - 14:50 | Ideal Management of Periprosthetic Fracture  
Pierre Hoffmeyer |
WHEN PATIENT IS IN SURGERY WITH AN OSTEOPOROTIC FRACTURE
HELP TREAT THE UNDERLYING CONDITION

CONSIDER TERIPARATIDE, THE ONLY FDA-APPROVED BONE ANABOLIC AGENT FOR OSTEOPOROSIS TREATMENT

BEFORE FORTÉO®
SAME PATIENT 21 MONTH AFTER FORTÉO®


TERIPARATIDE is indicated for:
1- Treatment of postmenopausal women with osteoporosis at high risk for fracture.
2- Increase of bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture.
3- Treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture.

Solution for injection in pre-filled pen. Teriparatide 20 micrograms/0.06 milliliters solution for injection in pre-filled pen. QUALITATIVE AND QUANTITATIVE COMPOSITION Each dose contains 20 micrograms of teriparatide. One pre-filled pen of 2.4 ml contains 400 micrograms of teriparatide (corresponding to 250 micrograms per ml). Teriparatide, rP3(1-34), produced in E. coli, using recombinant DNA technology, is identical to the N-terminal amino acid sequence of endogenous human parathyroid hormone. 3. PHARMACEUTICAL FORM Solution for injection in a pre-filled pen. Colourless, clear solution. 4. CLINICAL PARTICULARS 4.1 Therapeutic indications. Treatment of osteoporosis in postmenopausal women and in men at increased risk of fracture. In postmenopausal women, a significant reduction in the incidence of vertebral and non-vertebral fractures but not hip fractures has been demonstrated. Treatment of osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture. 4.2 Posology and method of administration. The recommended dose of FORTÉO is 20 micrograms administered once daily by subcutaneous injection in the thigh or abdomen. Patients must be trained to use the proper injection technique. A User Manual is also available to instruct patients on the correct use of the pen. The maximum total duration of treatment with FORTÉO should be 24 months. The 36-month course of FORTÉO should not be repeated over a patient's lifetime. Patients should receive supplemental Calcium and vitamin D supplements if dietary intake is inadequate. Following cessation of FORTÉO therapy, patients may be continued on other osteoporosis therapies. FORTÉO should not be used in patients with severe renal impairment. No data are available in patients with impaired hepatic function. 4.3 Contraindications. Hypersensitivity to the active substance or to any of the excipients. 4.4 Pregnancy and lactation. Pre-existing hypercalcemia. Severe renal impairment. Metabolic bone diseases other than primary osteoporosis (including hyperparathyroidism and Paget's disease of the bone). Unexplained elevations of alkaline phosphatase. Prior external beam or implant radiation therapy to the skeleton. Patients with skeletal malignancies or bone metastases should be excluded from treatment with teriparatide. 4.4.4 Special warnings and precautions for use In normocalcemic patients, slight and transient elevations of serum calcium concentrations have been observed following teriparatide injection. Serum calcium concentrations reach a maximum between 4 and 6 hours after initiation of treatment. Routine calcium monitoring during therapy is not required. Therefore, if any blood samples are taken from a patient, this should be done at least 14 hours after the most recent FORTÉO injection. May cause small increases in urinary calcium excretion, but the incidence of hypercalcemia did not differ from that in the placebo-group treated patients in clinical trials. FORTÉO has not been studied in patients with active urinolithiasis. FORTÉO should be used with caution in patients with active or recent urinolithiasis because of the potential to exacerbate this condition. In short-term clinical studies with FORTÉO, isolated episodes of transient orthostatic hypotension were observed. Typically, an event was relieved within 4 hours of dosing and spontaneously resolved within a few minutes to a few hours. When transient orthostatic hypotension occurred, it happened within the first several doses, was relieved by placing patients in a reclining position, and did not preclude continued treatment. 4.8 Undesirable effects. The most commonly reported adverse reactions in patients treated with FORTÉO are nausea, pain in lower limb, cramps, vertigo, headache, scotoma, dizziness, palpitations, anemia, dyspnea, increased sweating, hypotension, hypercholesterolemia, fatigue, chest pain, depression. 5. PHARMACEUTICAL PARTICULARS. Shelf life 2 years. Chemical, physical and microbiological in-use stability has been demonstrated for 28 days at 2°C to 8°C. Once opened, the product may be stored for a maximum of 28 days at 2°C to 8°C. Other in-use storage times and conditions are the responsibility of the user. Special precautions for storage. Store in a refrigerator (2°C - 8°C) at all times. The pen should be returned to the refrigerator immediately after use. Do not freeze. Do not store the injection device with the needle attached. For adverse events and safety reporting, please send on this: PV-MEABIL.Lilly.com