POLSKA ORTOPEDIA I TRAUMATOLOGIA NARZĄDU RUCHU

2012

Historia

ORTHOPEDIA

Nicolas Andry /1658 – 1742/:

„L`Orthopedie ou l`art. de prevenir et de corriger dans les enfans les defformites du corps” 1741

Historia

ORTHOPEDIA

Greckie określenie:

- Orthos /prosty/

  i

- paideo /rosnę/

lub

pais /drzewo/

lub

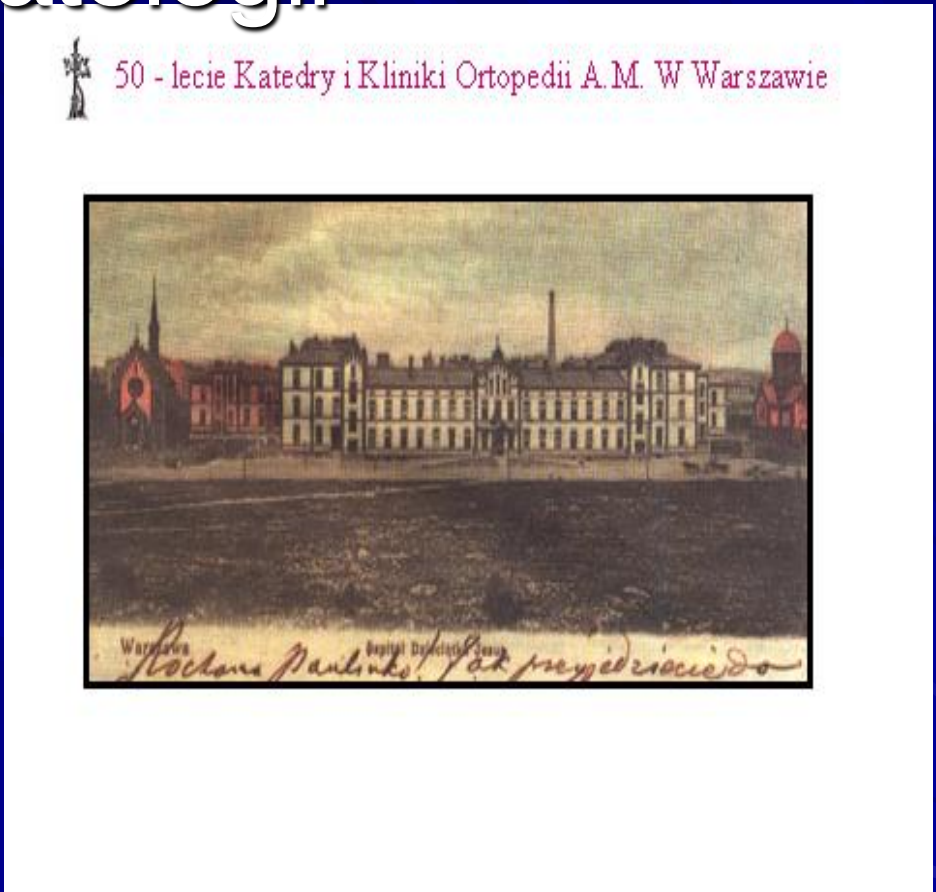
pedia /dzieci/

Historia Polskiej Ortopedii i Traumatologii

- Ireneusz Wierzejewski /1897-1930/ Poznań,
- 1927 – Towarzystwo Chirurgów i Chirurgów Ortopedów Polski Zachodniej
- 17.11.1928 /Poznań/: Pierwszy Naukowy Zjazd Polskiego Towarzystwa Ortopedycznego I Traumatologicznego
- 6 Zjazdów do 1939 r
- 2 Ośrodki we Lwowie /Gabryszewski, Szram, Gruca/.

Historia Polskiej Ortopedii i Traumatologii

- Warszawa:
- Centralny Instytut Traumatologii /od 1945 r./ – 1950 r. Klinika Ortopedyczna w Szpitalu Dzieciątka Jezus



- Kolejne Kliniki i oddziały na terenie całej Polski

Historia Polskiej Ortopedii i Traumatologii

- 1956 zakończenie budowy „Pałacu Grucy ”

Historia Polskiej Ortopedii i Traumatologii

- Warszawa:
  Prof. Adam Gruca
- Poznań:
  Prof. Wiktor Dega

Od 1998 roku

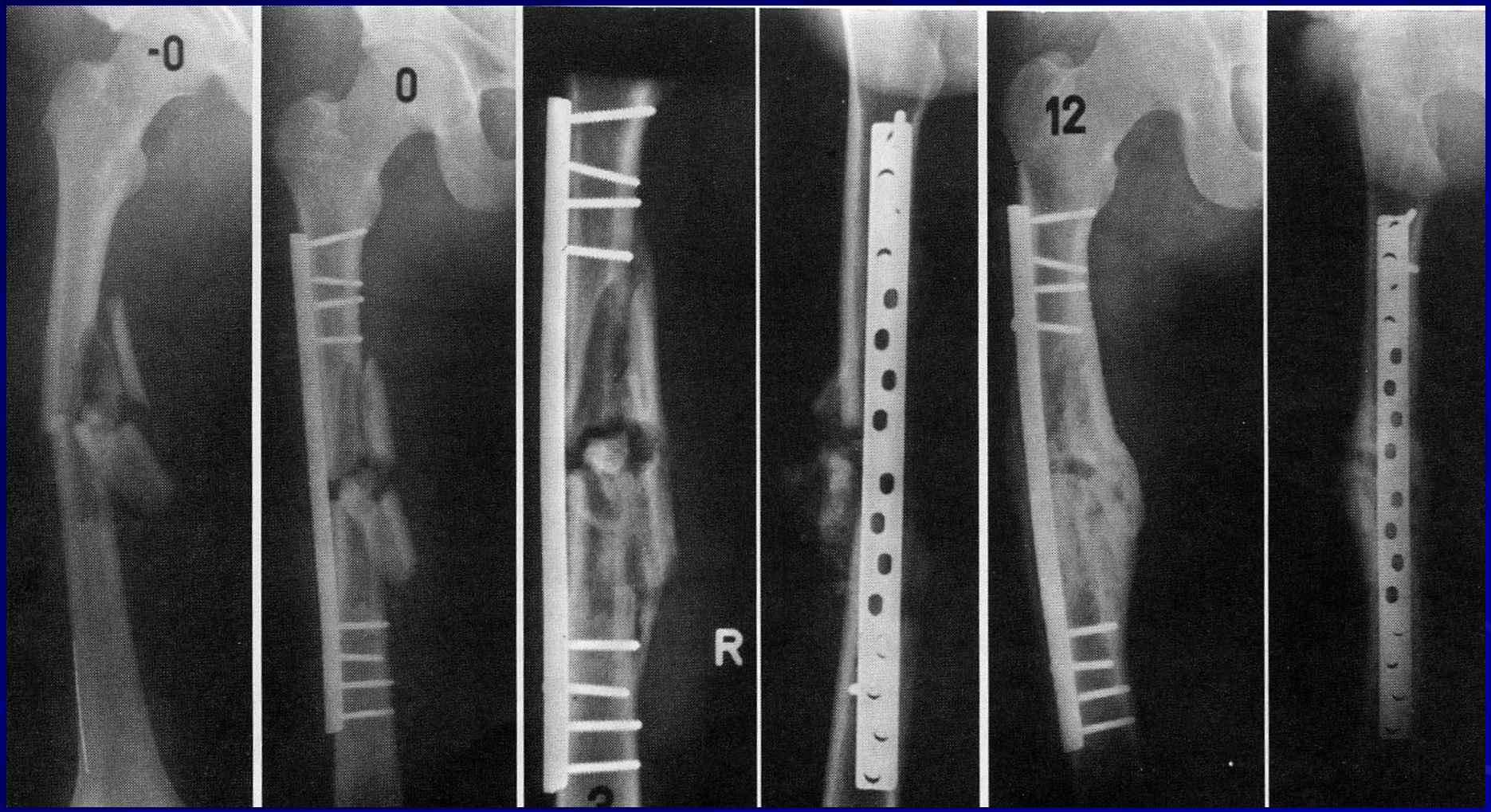
ORTOPEDIA I TRAUMATOLOGIA NARZĄDU RUCHU

Definicja specjalności: /The UEMS Specialists Section Orthopaedic Surgery, Bonn 3 March, 1989/:

Orthopaedic surgery is that surgical specialty concerned with the history-taking, examination, recognition, prevention, treatment and rehabilitation of the congenital and aquired diseases, malformations and funcional problems /traumatic or not/, of the skeletal and locomotor system. The incorporation of the study and, particulary, the research into these diseases is considered to be mandatory.

Orthopaedic surgery – definicja specjalności:

- „...jest chirurgiczną specjalnością zajmującą się zbieraniem wywiadów, badaniem klinicznym, rozpoznawaniem, zapobieganiem i rehabilitacją wrodzonych i nabytych schorzeń, zniekształceń i zaburzeń funkcji /pourazowych lub nie/ szkieletu i narządu ruchu.”
- *spotkanie UEMS Specialists Section Orthopaedic Surgery, Bonn, 1989 /opublikowane w UEMS Compendium of Medical Specialist Training in the UE, 1992/*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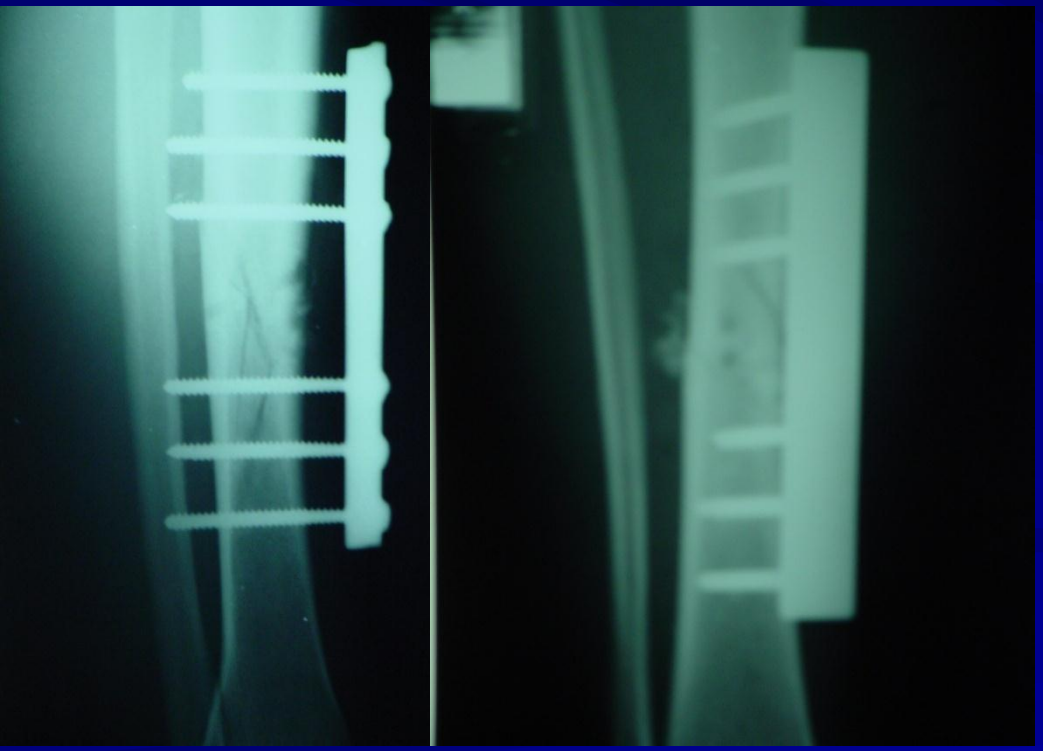
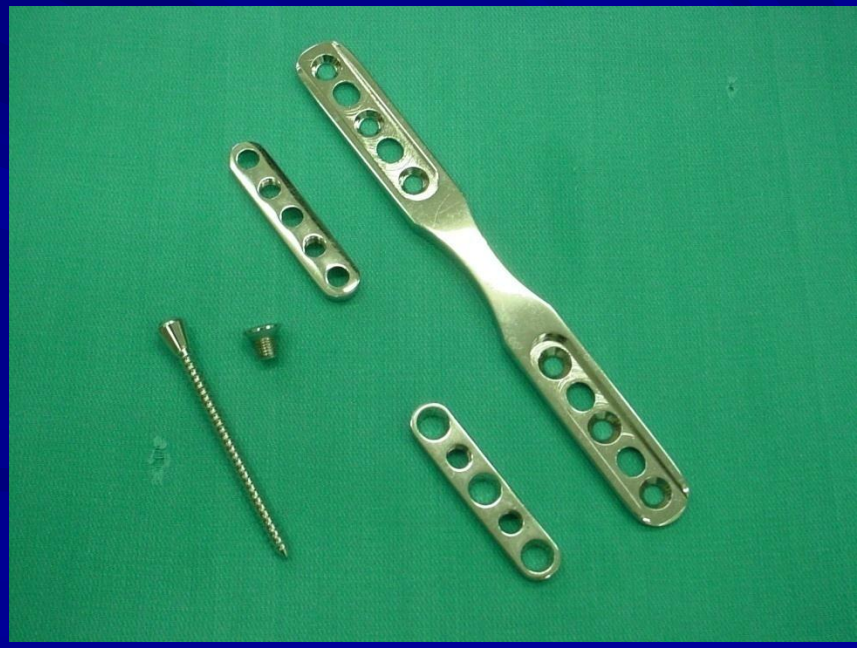


Polfix



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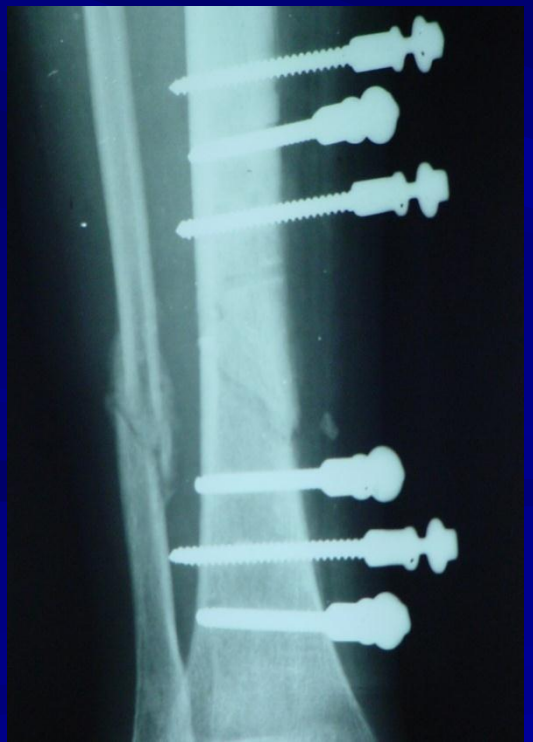
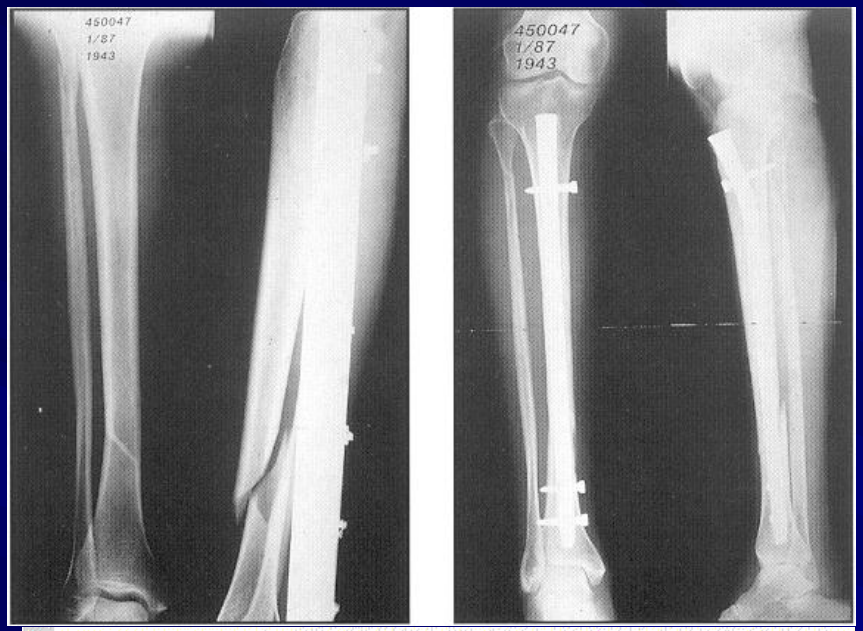
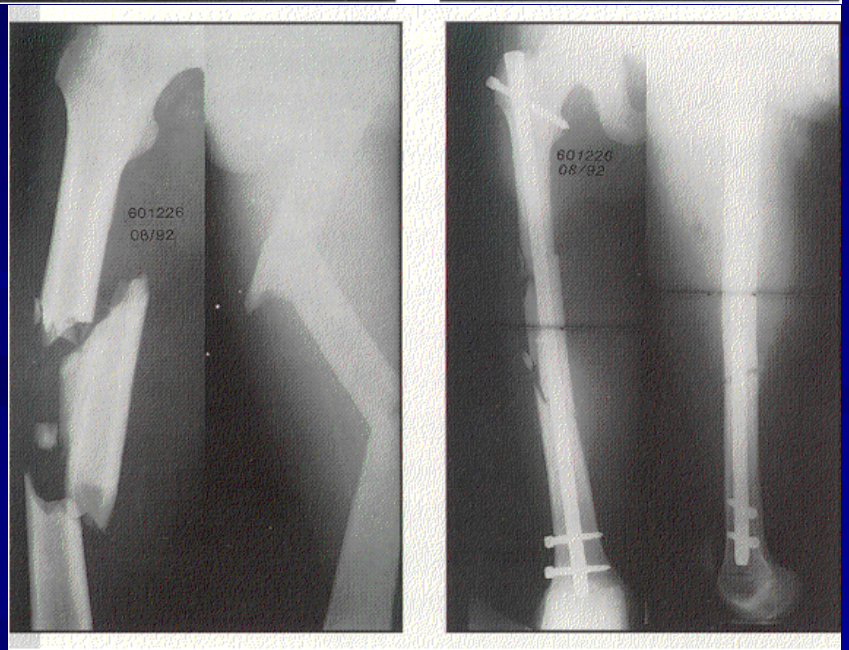
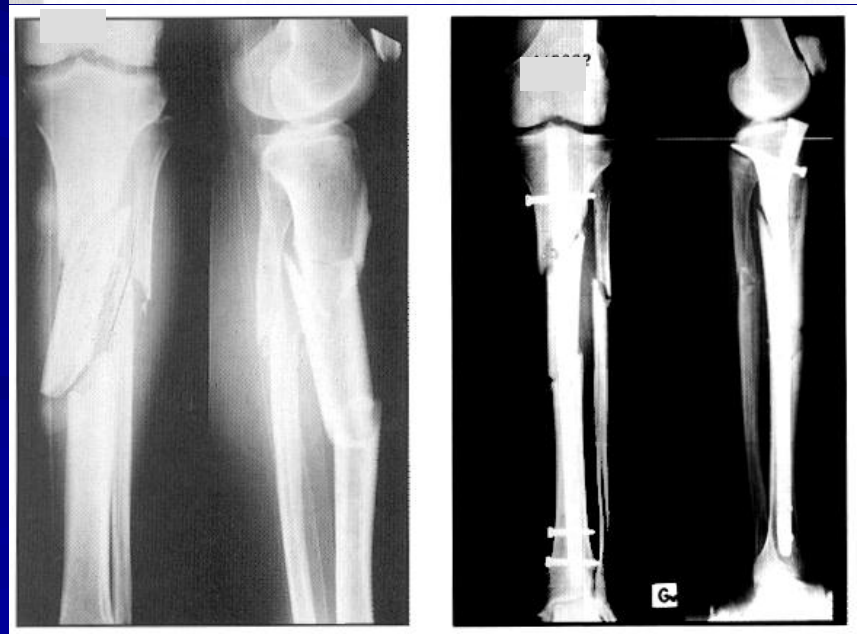


Gwoździe śródszpikowe

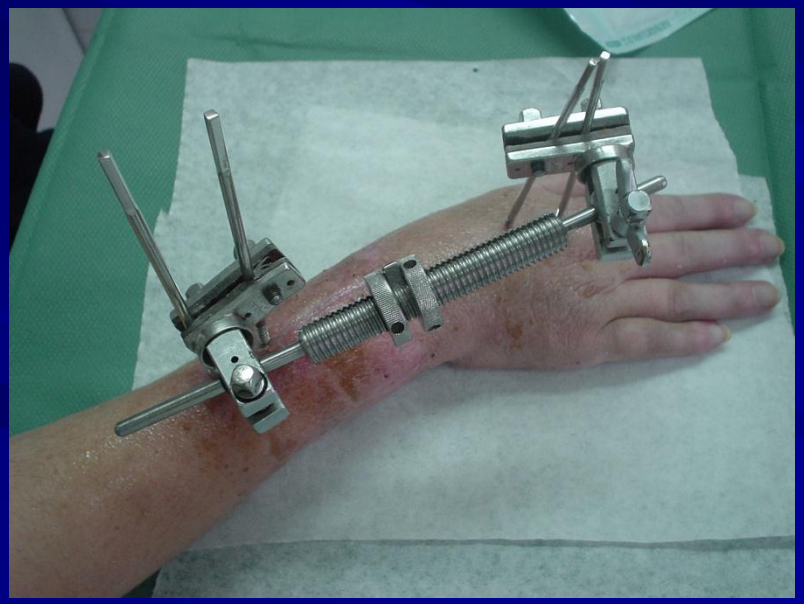


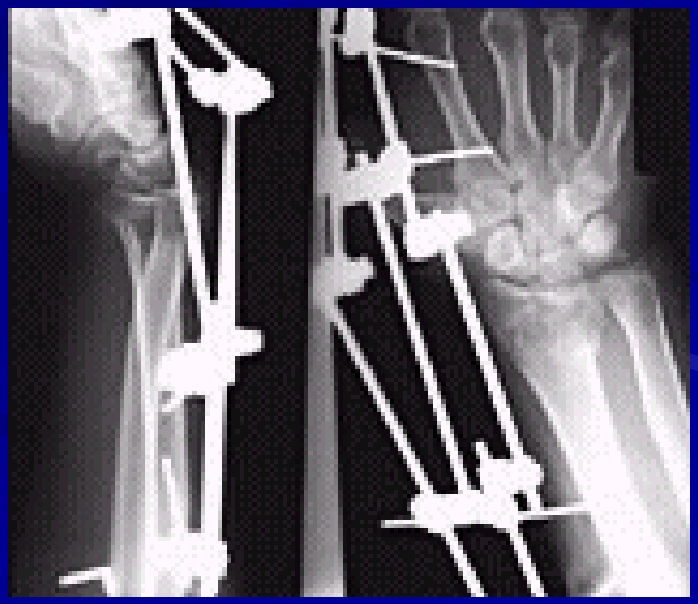




Złamania dalszego końca kości promieniowej

Złamania dalszego końca kości promieniowej



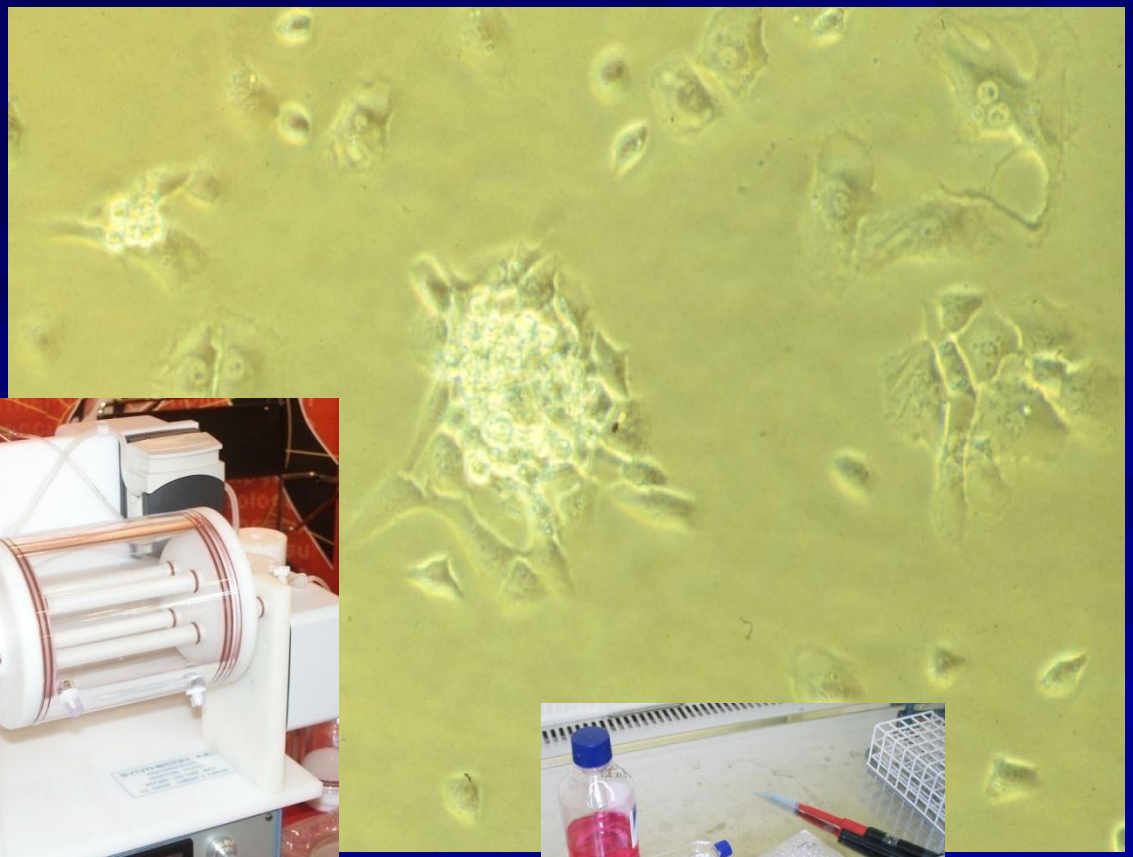


Chirurgia kolana

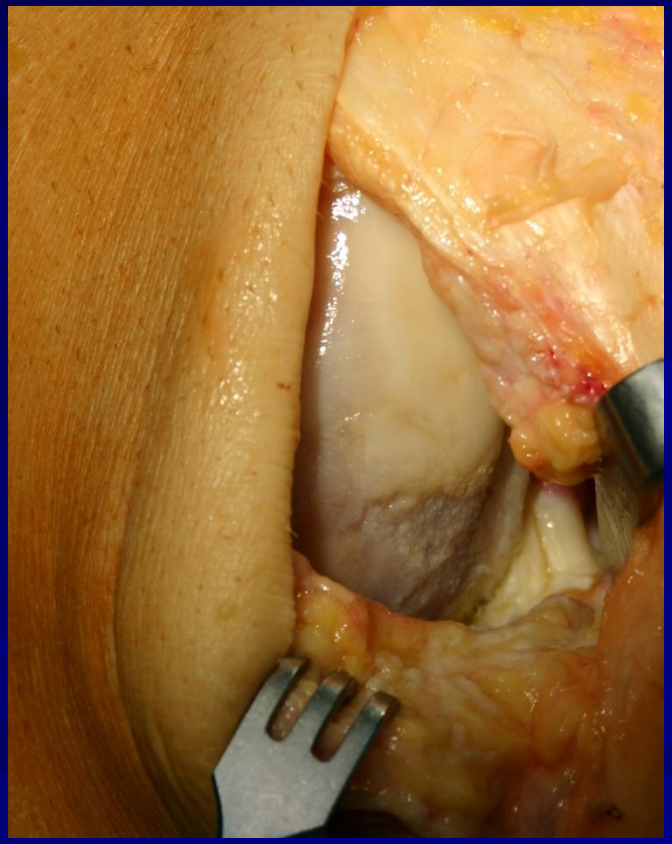
Uszkodzenia chrząstki stawowej

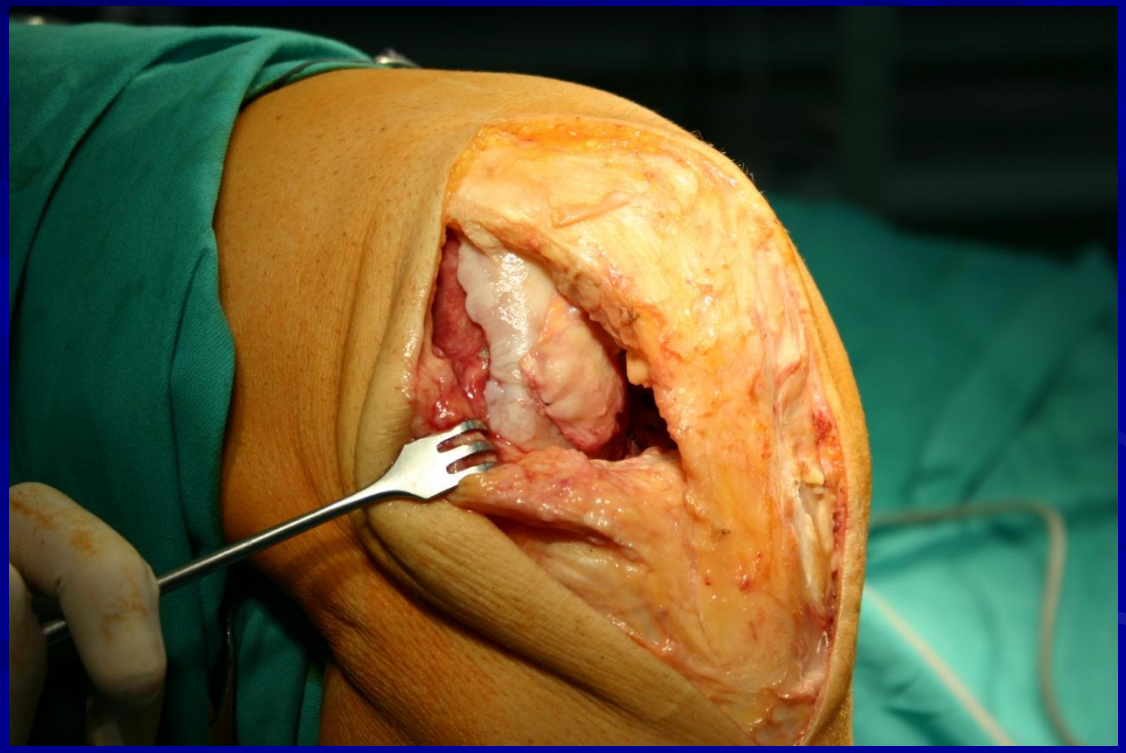
„Mosaic plasty”

Przeszczep autologicznych chondrocytów



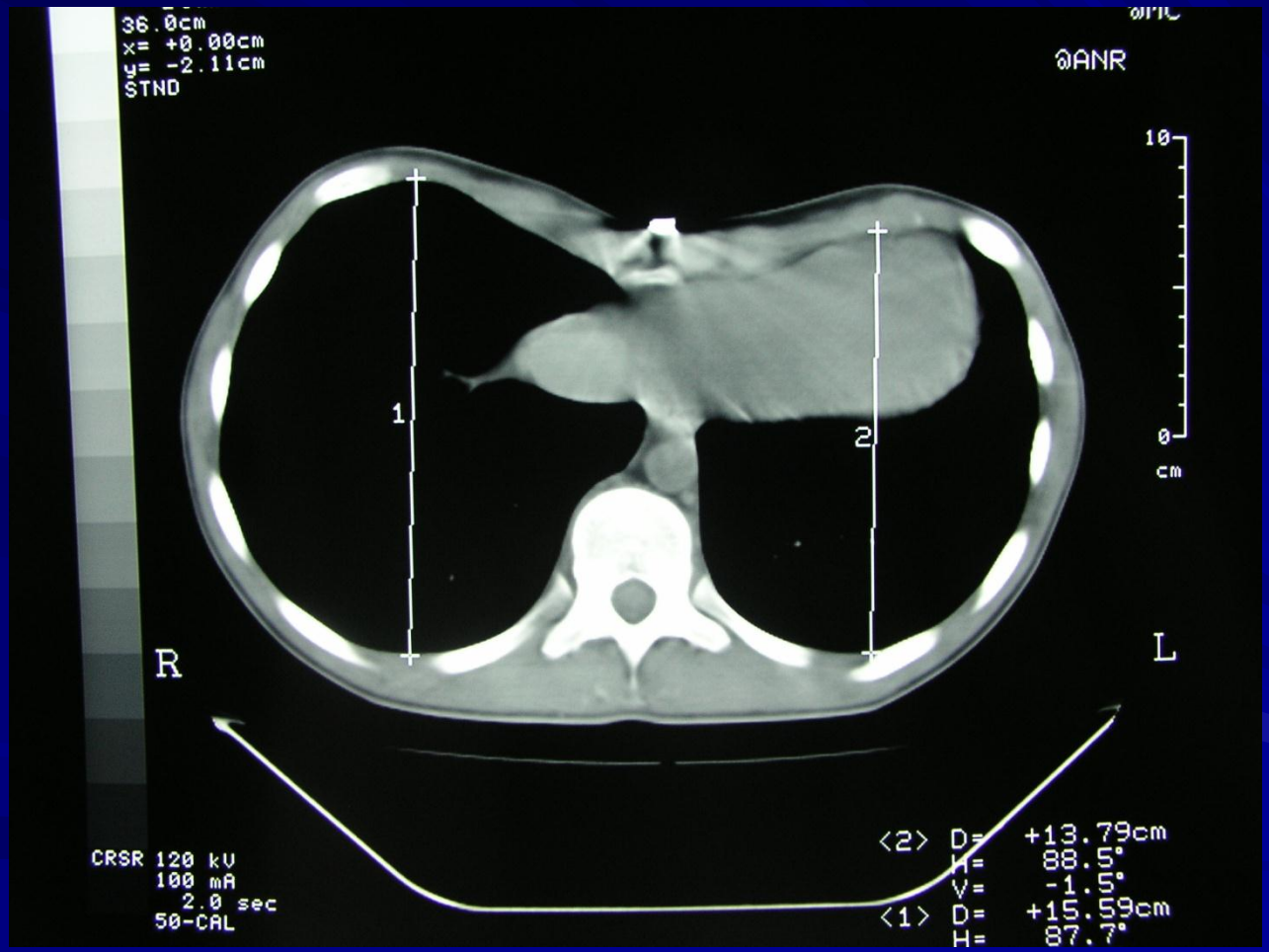
Przeszczep autologicznych chondrocytów



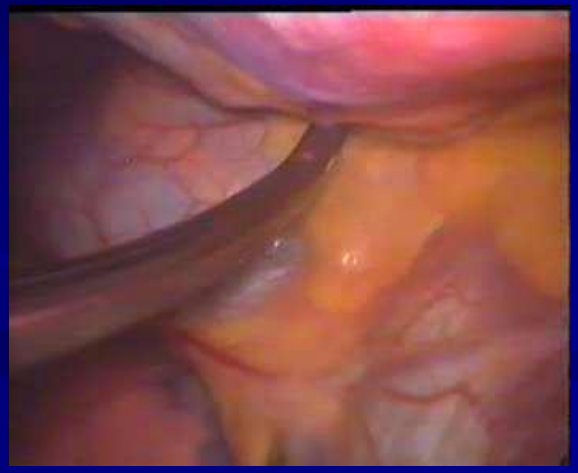


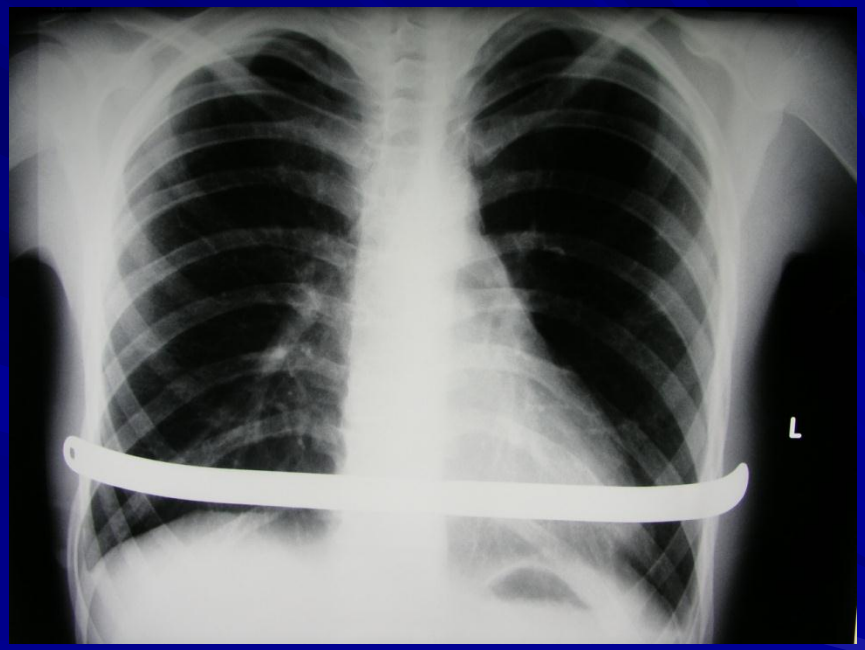
Klatka piersiowa lejkowata
Technika Nuss`a

Obraz CT


36.0cm
x= +0.00cm
y= -2.11cm
STND
@ANR
10
0
cm
1
2
R
L
CRSR 120 kV
100 mA
2.0 sec
50-CAL
<2> D= +13.79cm
H= 88.5°
V= -1.5°
<1> D= +15.59cm
H= 87.7°

Technika Nuss`a



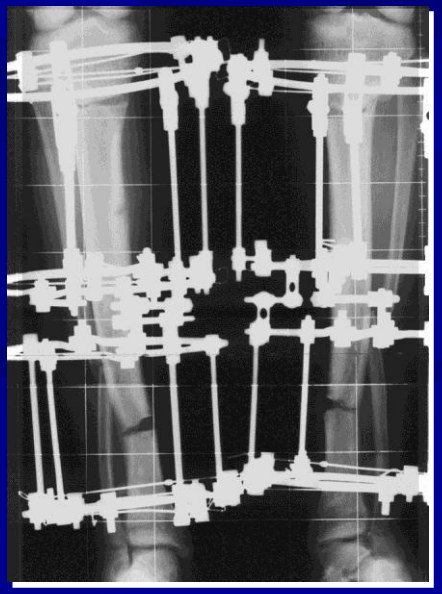


7 dni po operacji

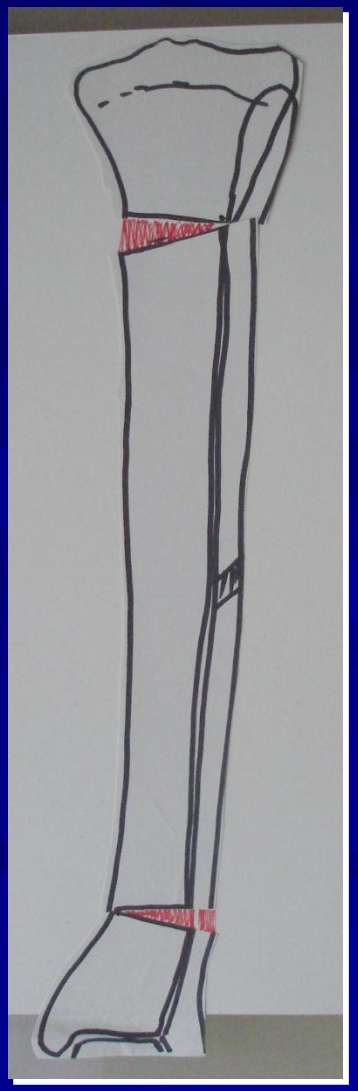
Technika Rawicza

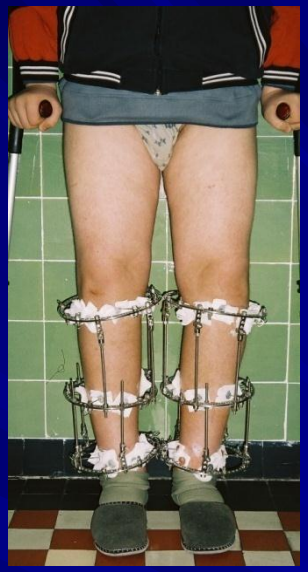
Metoda Ilizarowa

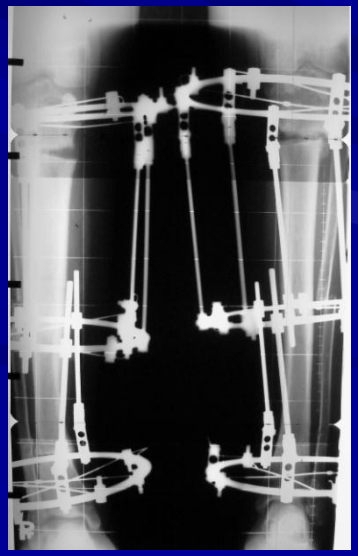
Krzywica hipofosfatemiczna



Chory B.T., l.13. Chroba Blounta dorastajacych. Powolna korekcja szpotawości (20°)w górnych przynasadach i koślawości (10°) w dolnych. Czas leczenia 4,5 miesiąca.

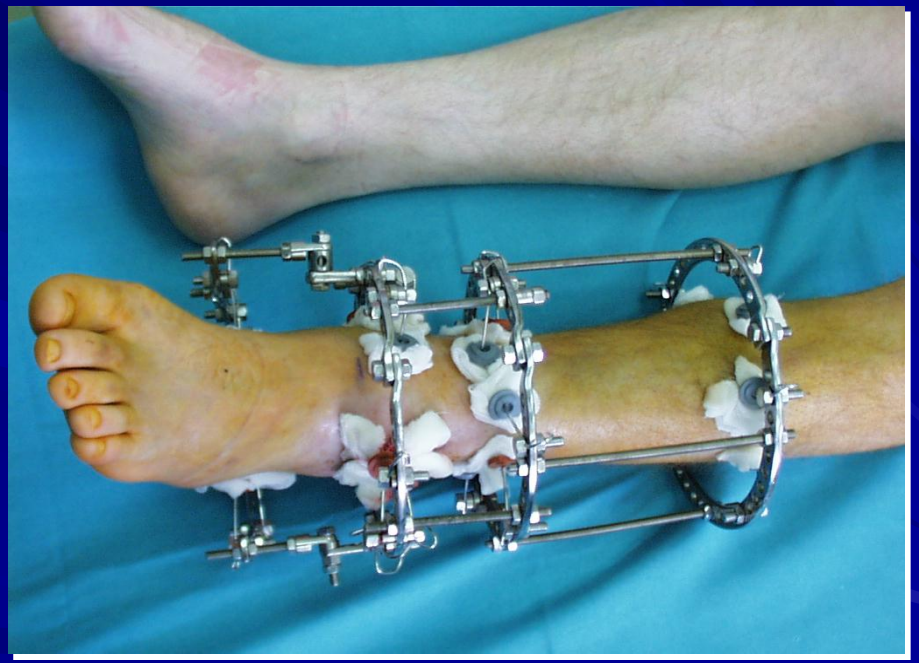






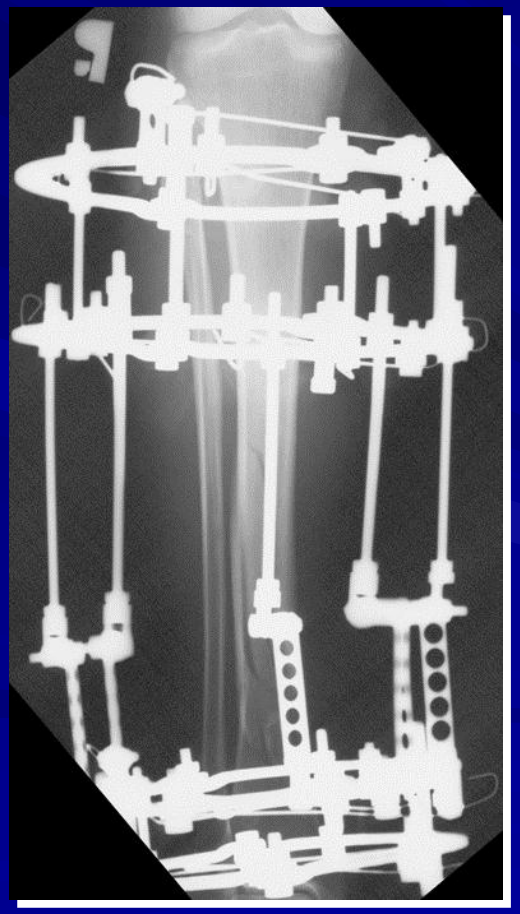
Metoda Ilizarowa

Metoda Ilizarowa



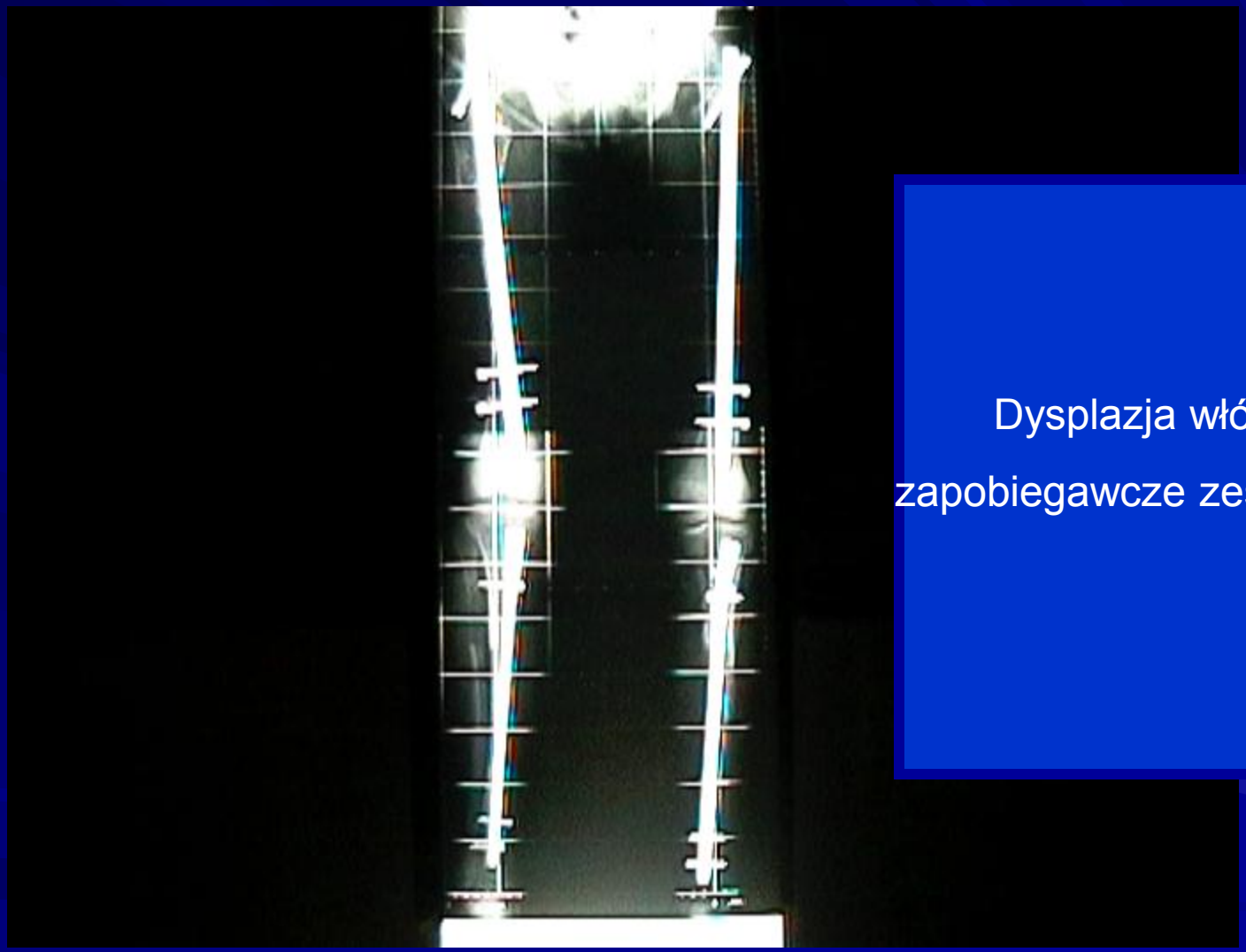
8 miesięcy po operacji

Metoda Ilizarowa



14 tygodni po operacji

Metaboliczne zaburzenia kości



Dysplazja włóknista –

zapobiegawcze zespolenie kości

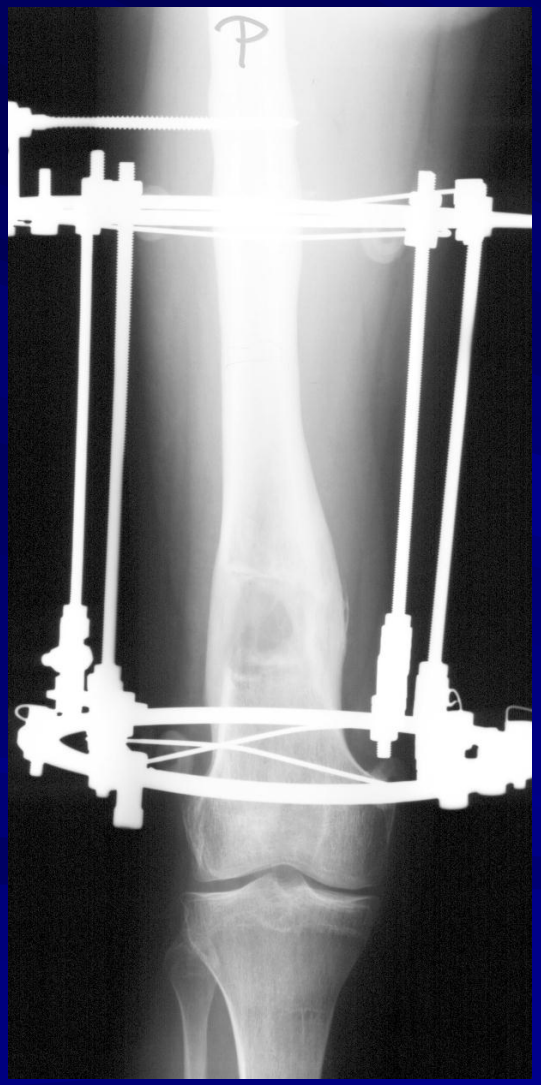
Czynniki wzrostu

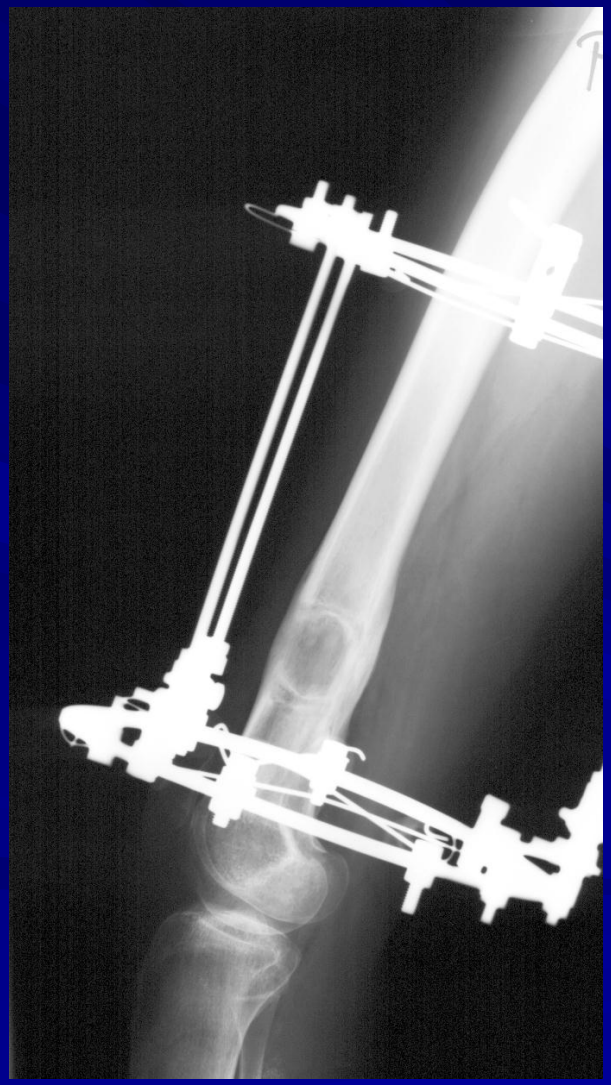
OP-1/BMP-7

Kobieta, 18 lat

26 tygodni po operacji

OP-1/BMP-7





6 tygodni po miejscowym podaniu OP-1

Platelet Derived Growth Factor /PDGF/

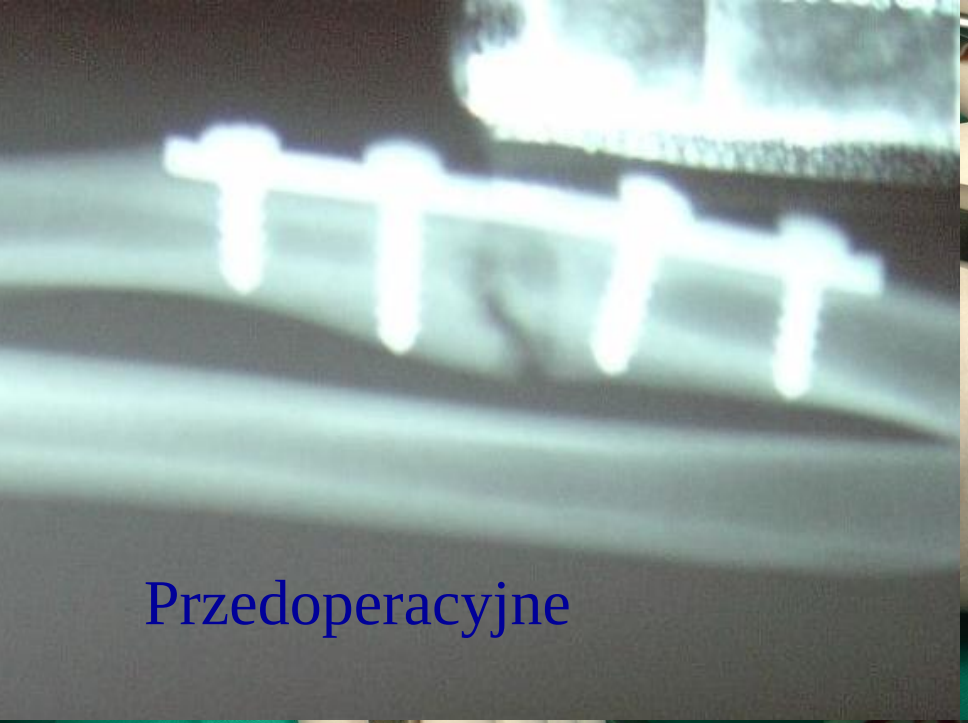
Osocze bogatopłytkowe (Platelet Rich Plasma) PRP

Krew autologiczna!

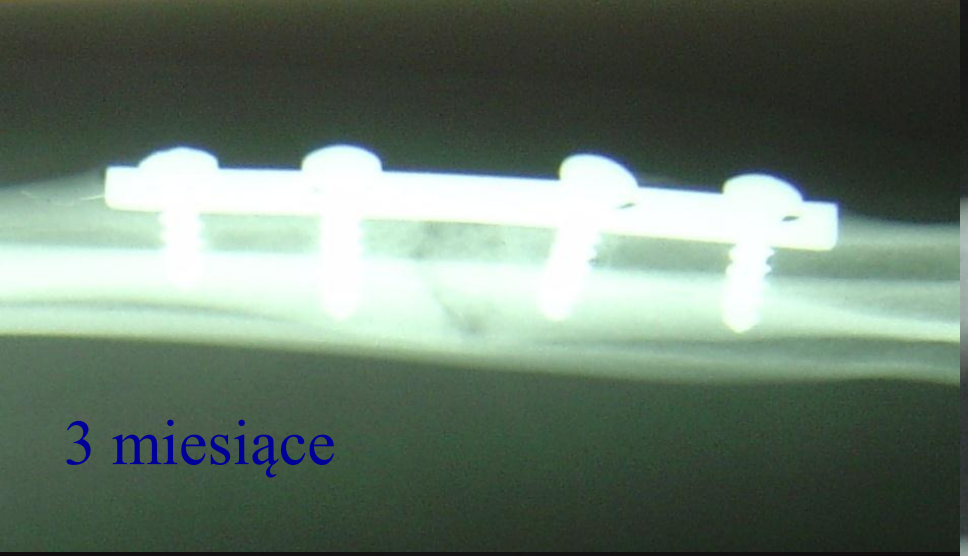
System GPS

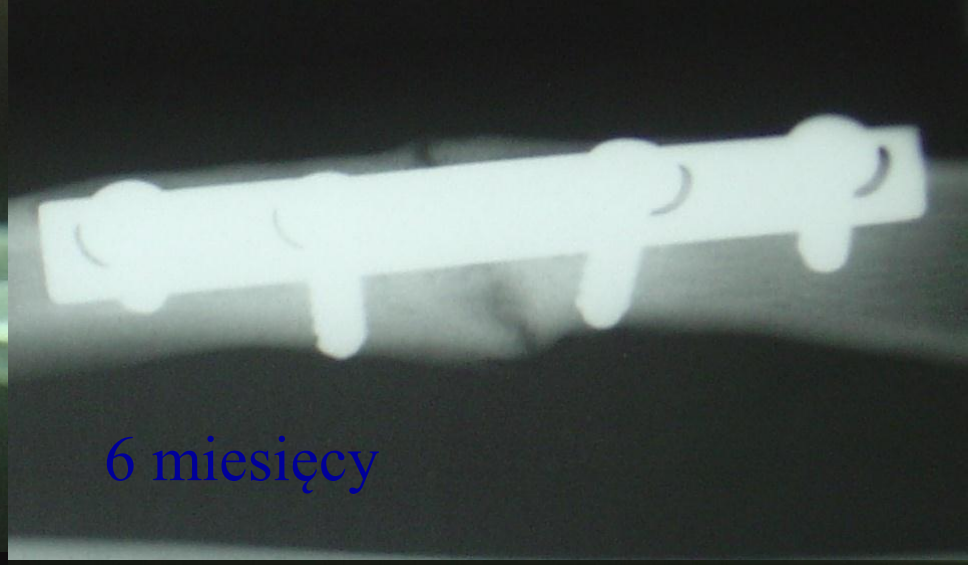
S.R. 27 lat ♀

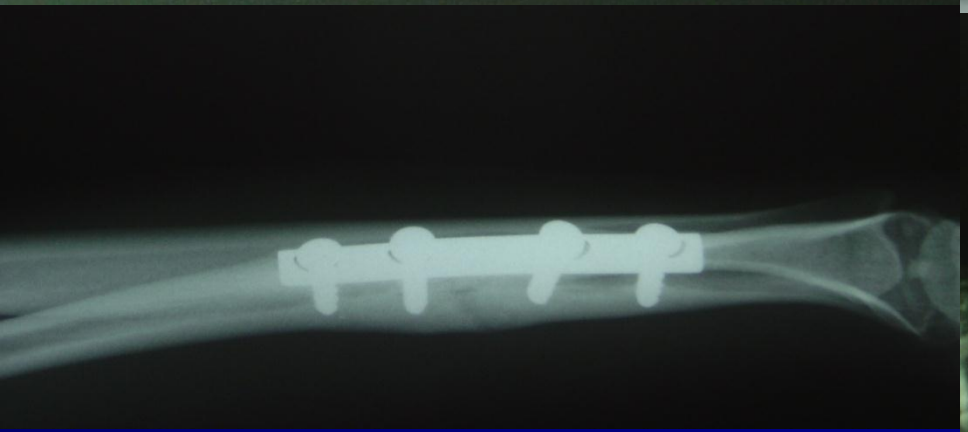
- Uraz komunikacyjny 27.06.2003
- Początkowo leczone opatrunkiem gipsowym złamanie kości łokciowej
- Zespolenie za pomocą płyty AO 7.07.2003
- Brak zrostu i destabilizacja zespolenia w maju 2004
- Wymiana płyty w Klinice czerwcu 2004
- Brak zrostu- przezskórne podanie PRP 27.10.2004



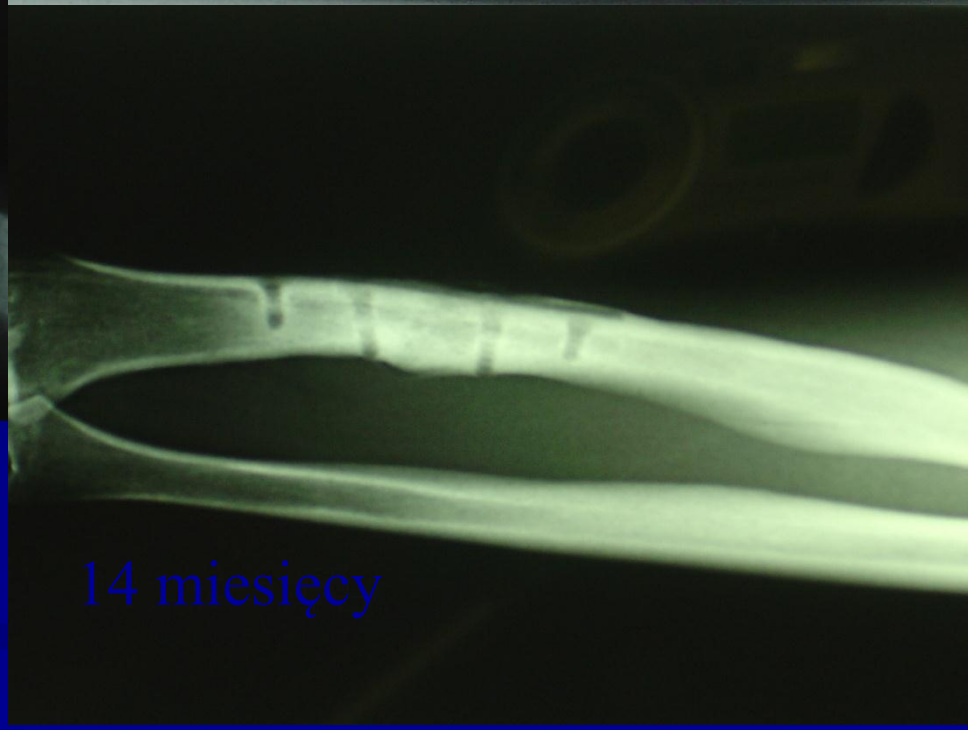
Podanie PRP pod kontrolą RTG TV







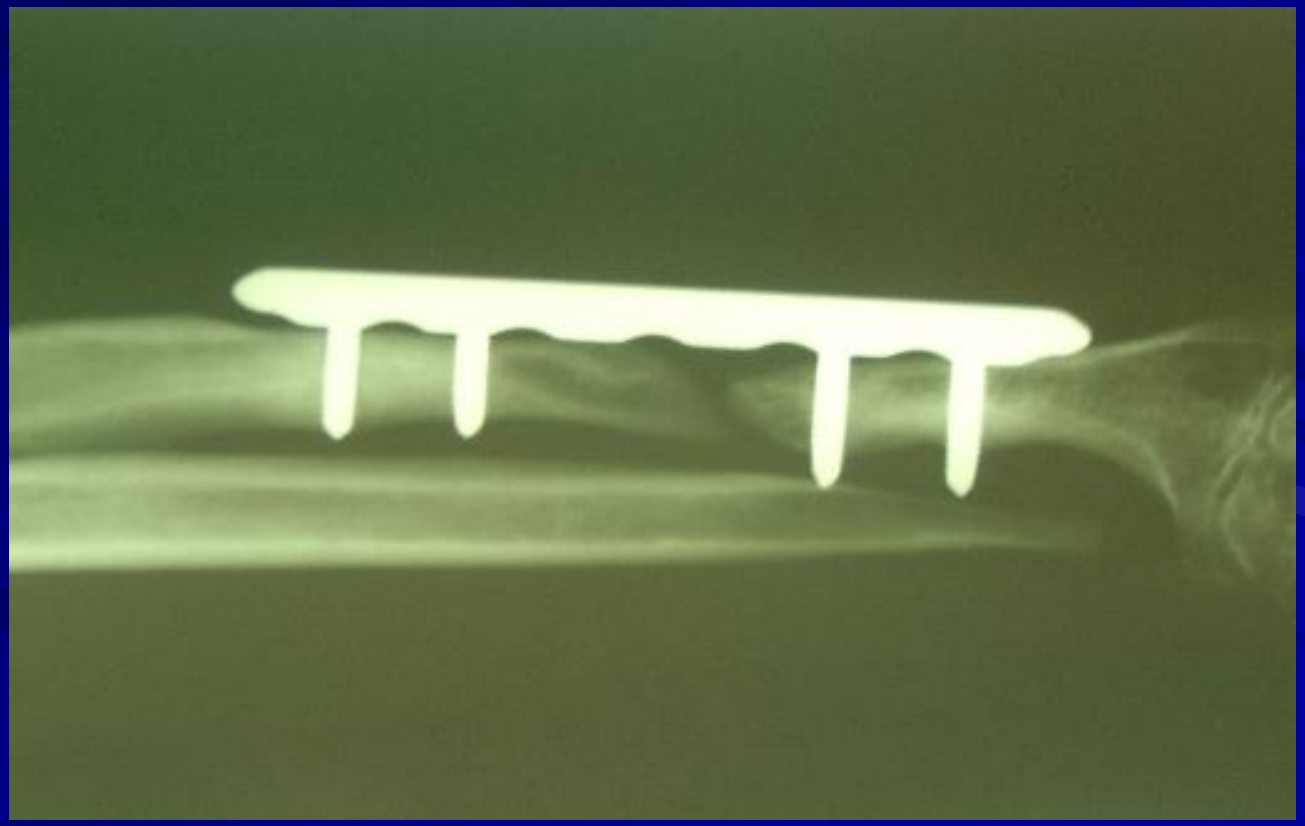
10 miesięcy

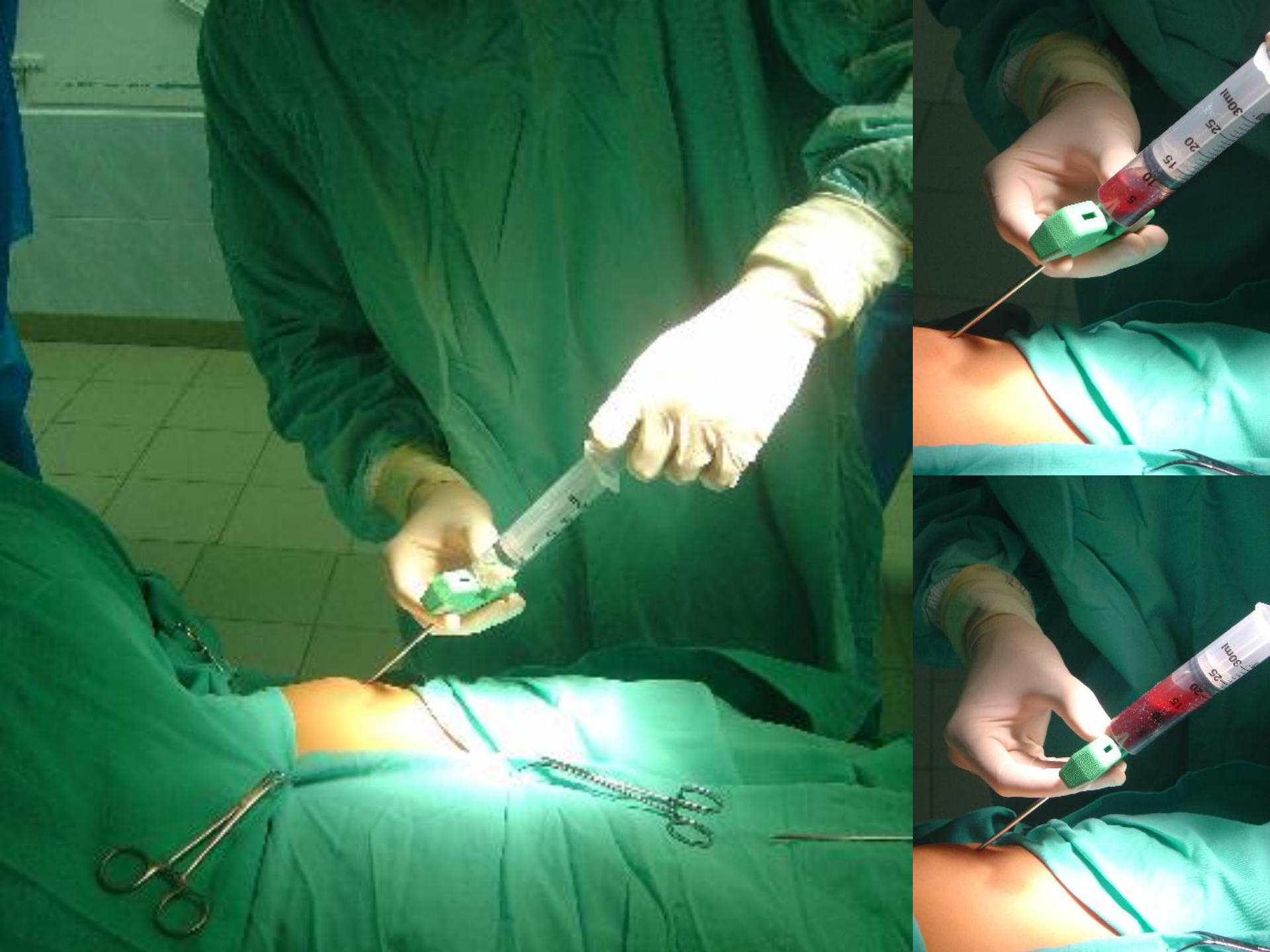


System Marrow Stim

P.A. 32 lat ♀

Staw rzekomy kości promieniowej

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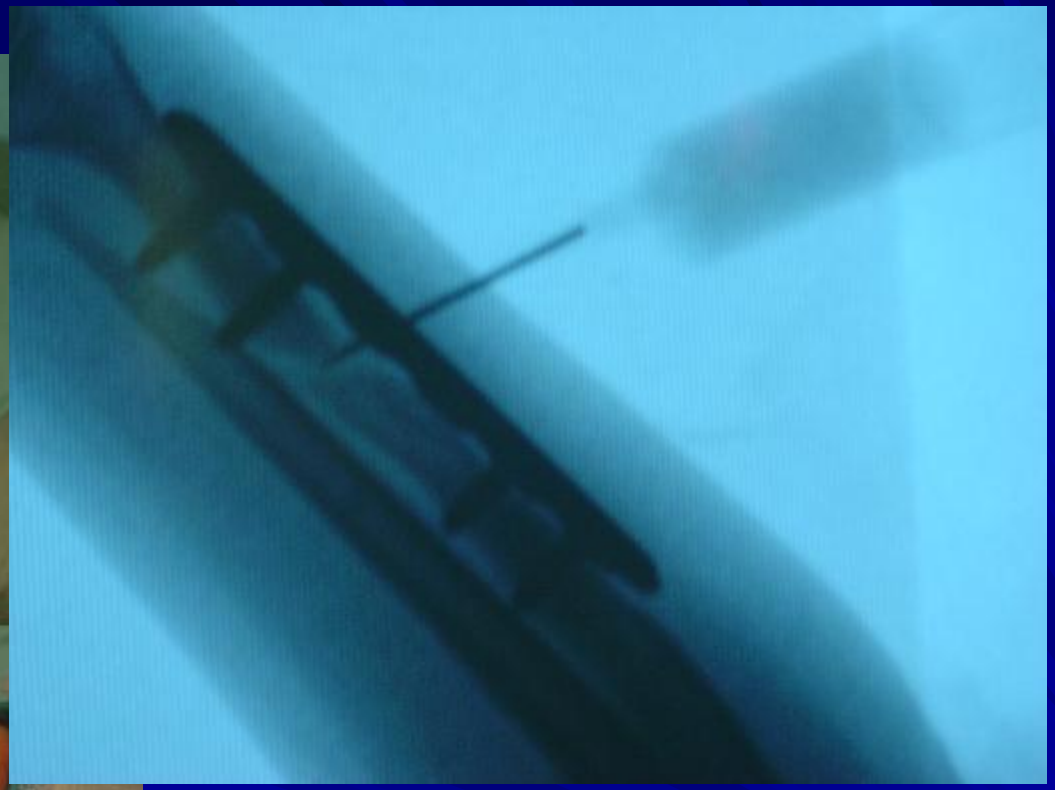
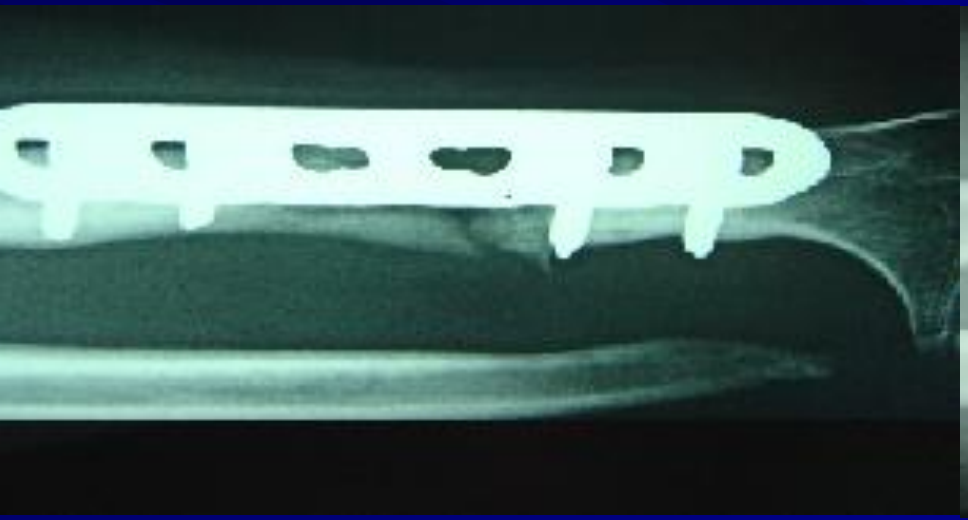
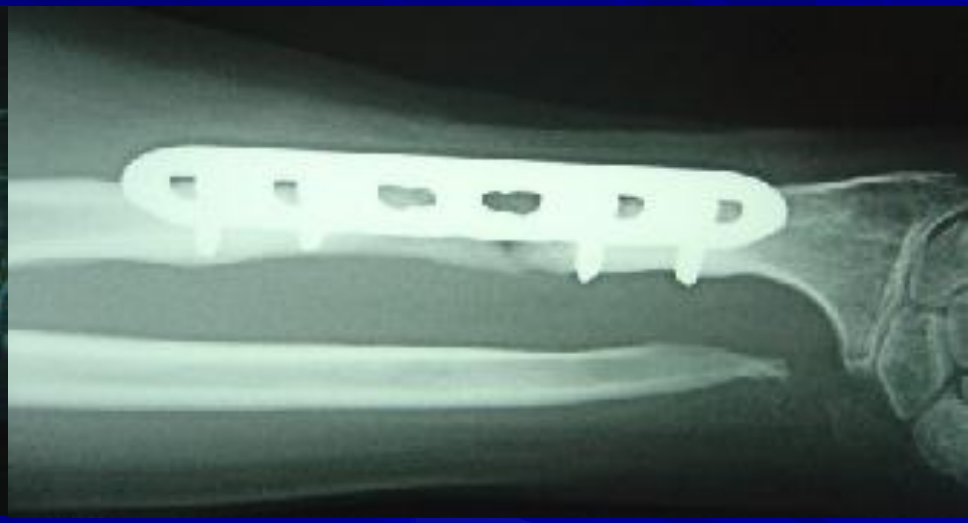


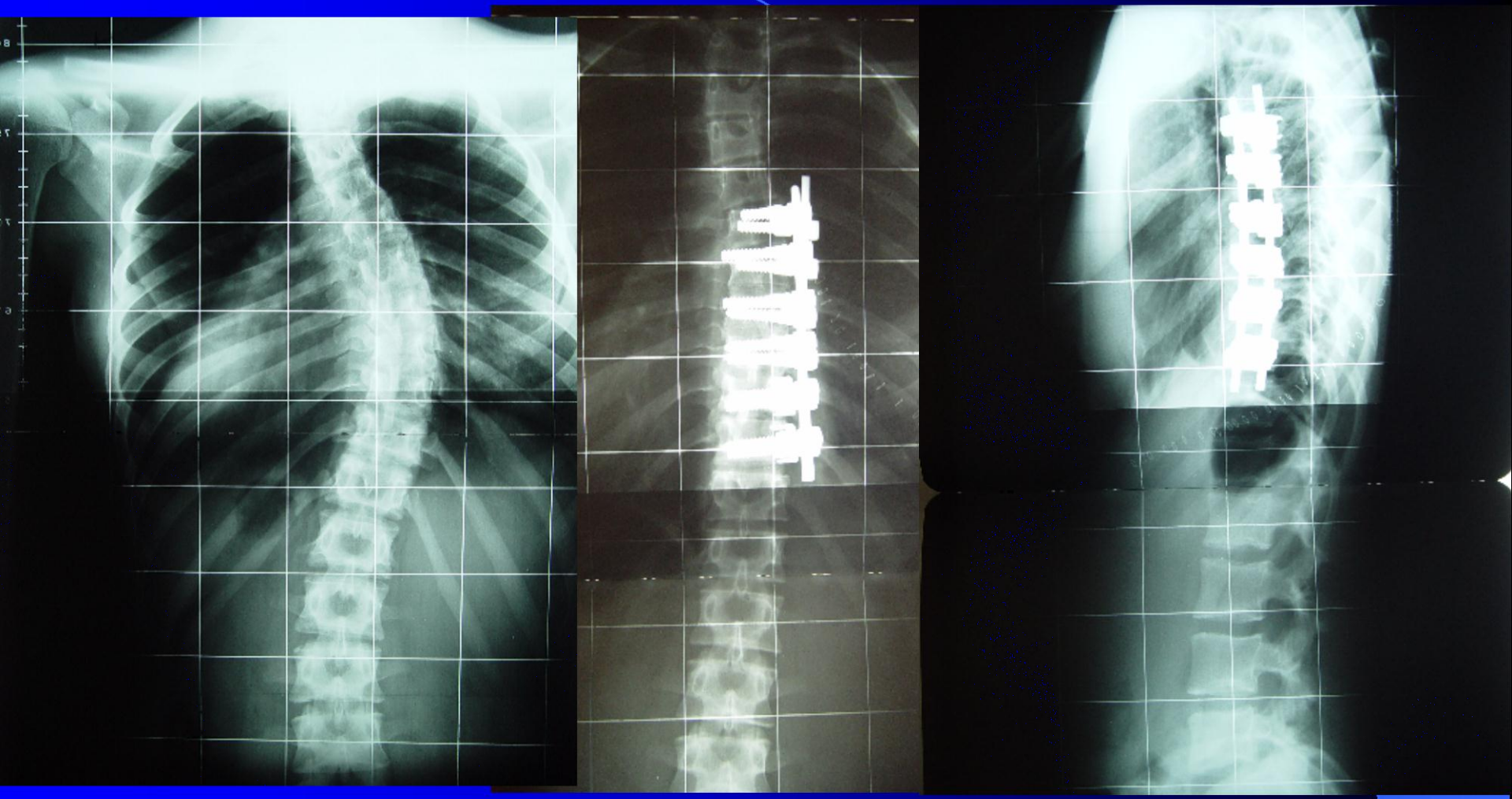


przedoperacyjne

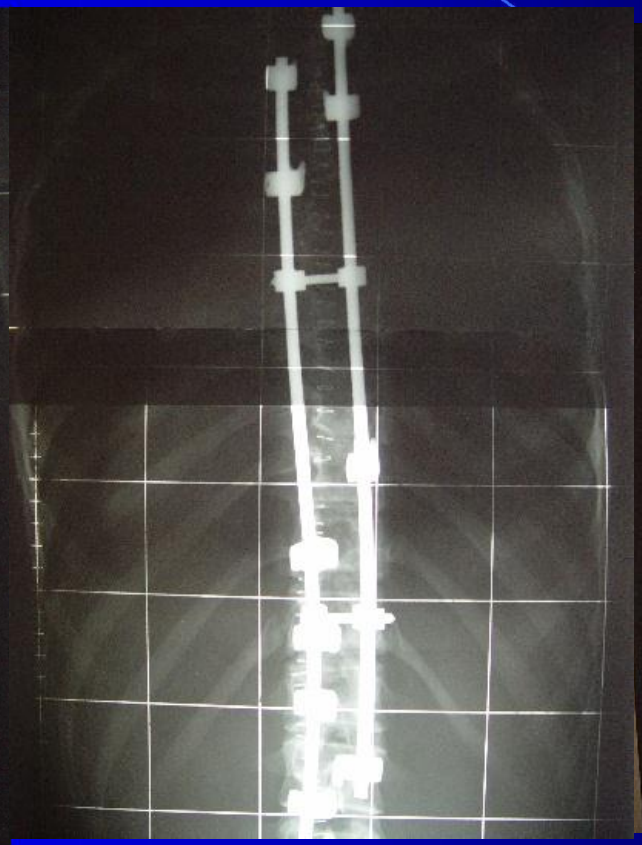


6 tygodni po operacji

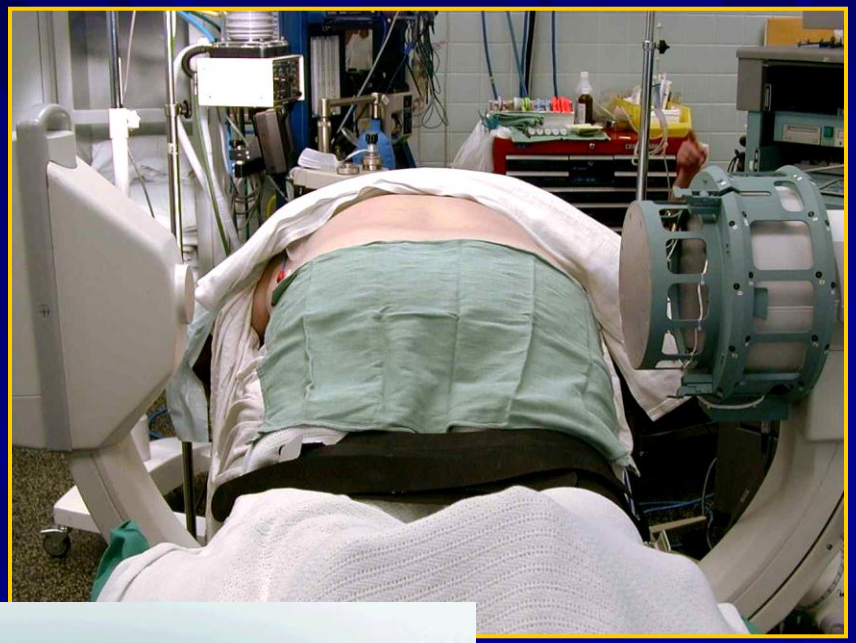
Chirurgia kręgosłupa



Chirurgia kręgosłupa



Chirurgia kręgosłupa



Nawigacja komputerowa

Osteoporotyczne złamania kręgosłupa

Vertebroplastyka

Kifoplastyka

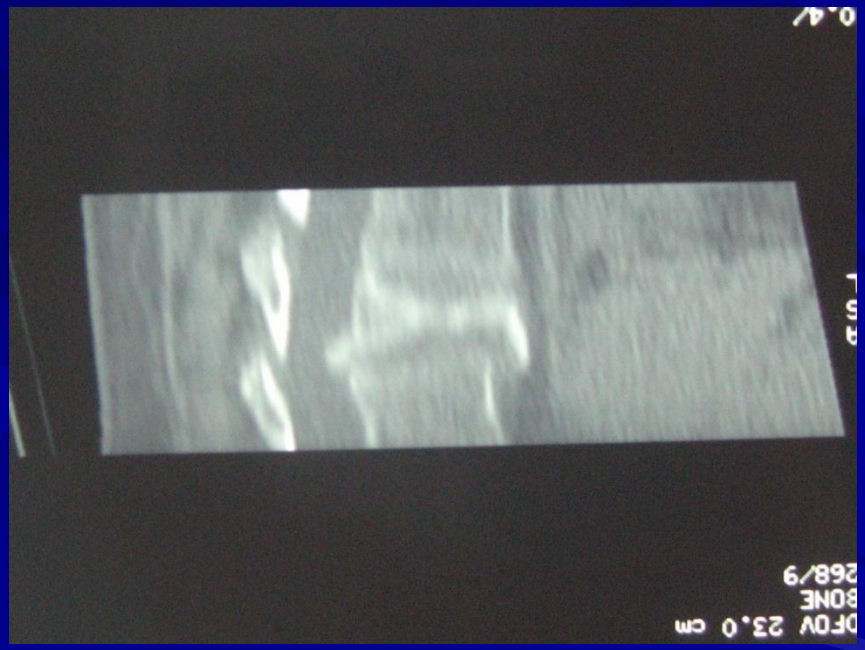
Redukcja bólu w 89 – 97% przypadków

McKiernan F, Jensen R, Faciszewski T. The dynamic mobility of vertebral compression fractures. J Bone Miner Res 2003;18(1):24-29.

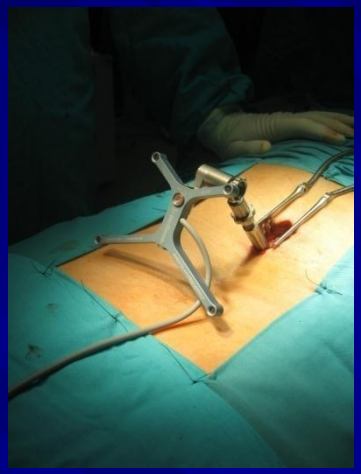
Lee ST, Chen JF. Closed reduction vertebroplasty for the treatment of osteoporotic vertebral compression fractures. Technical note. J Neurosurg Spine 2004;100(4):392-396.

Gaitanis IN, Hadjipavlou AG, Katonis PG, et al. Balloon kyphoplasty for the treatment of pathological vertebral compressive fractures.Eur Spine J Oct. 8, 2004 (Epub ahead of print).

Vertebroplastyka

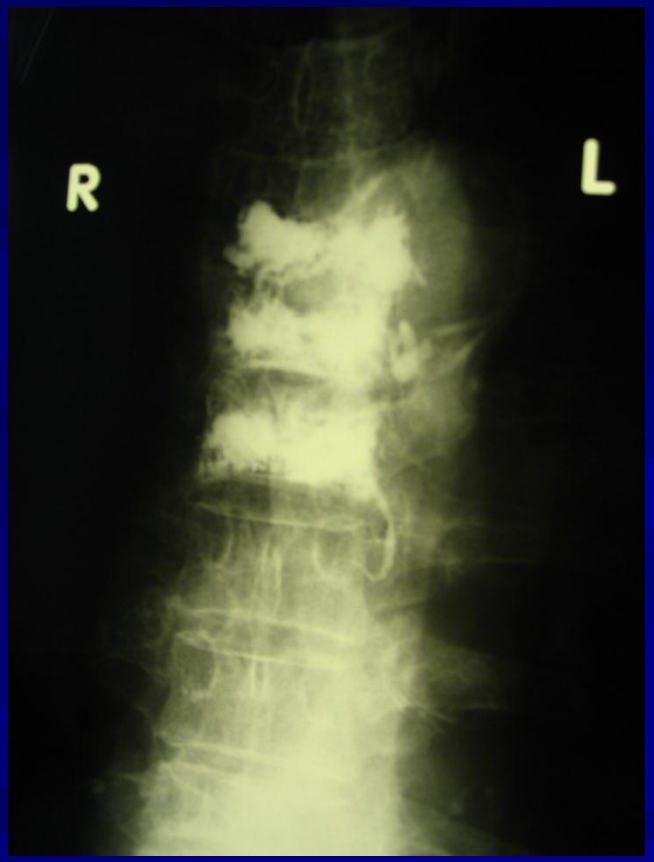


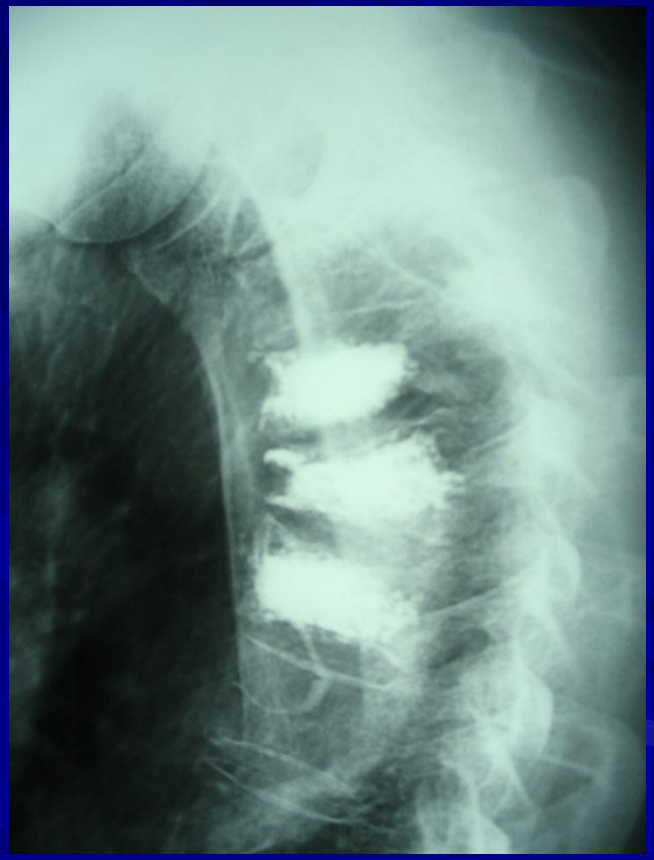
Vertebroplastyka



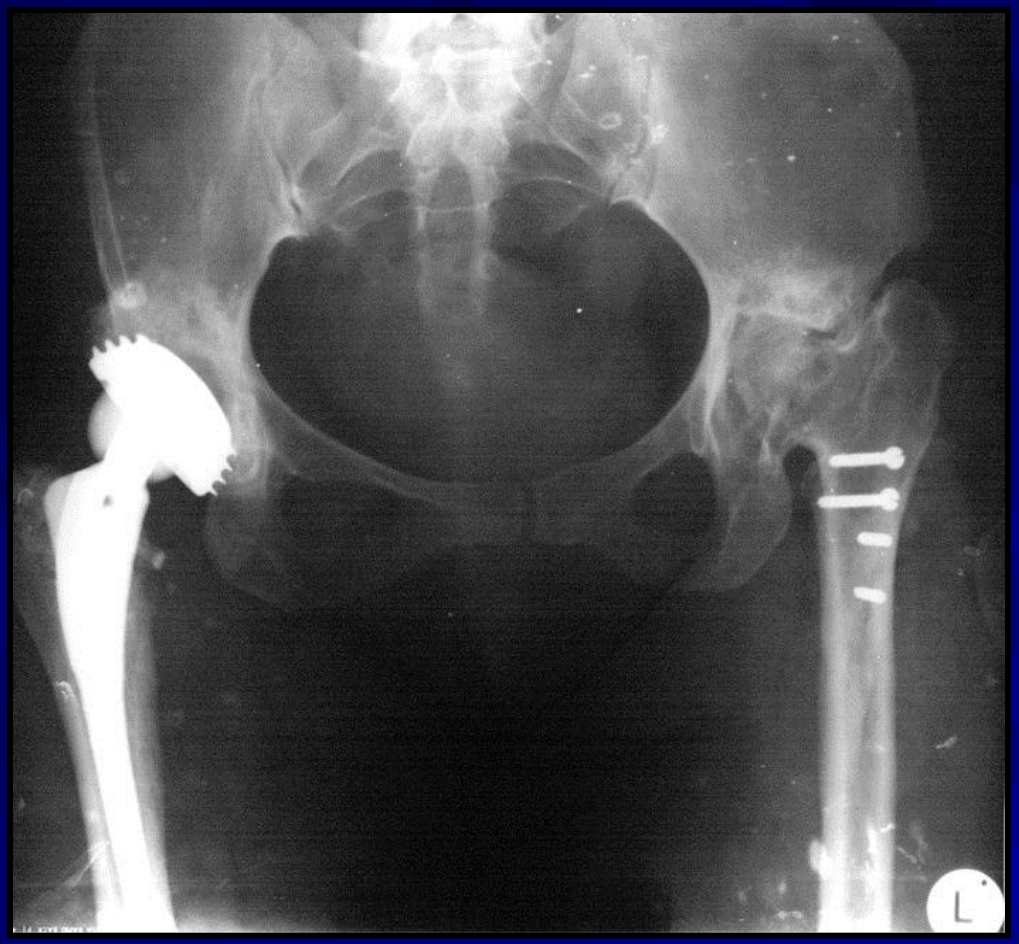
Kyfoplastyka

Kyfoplastyka – 3 poziomy





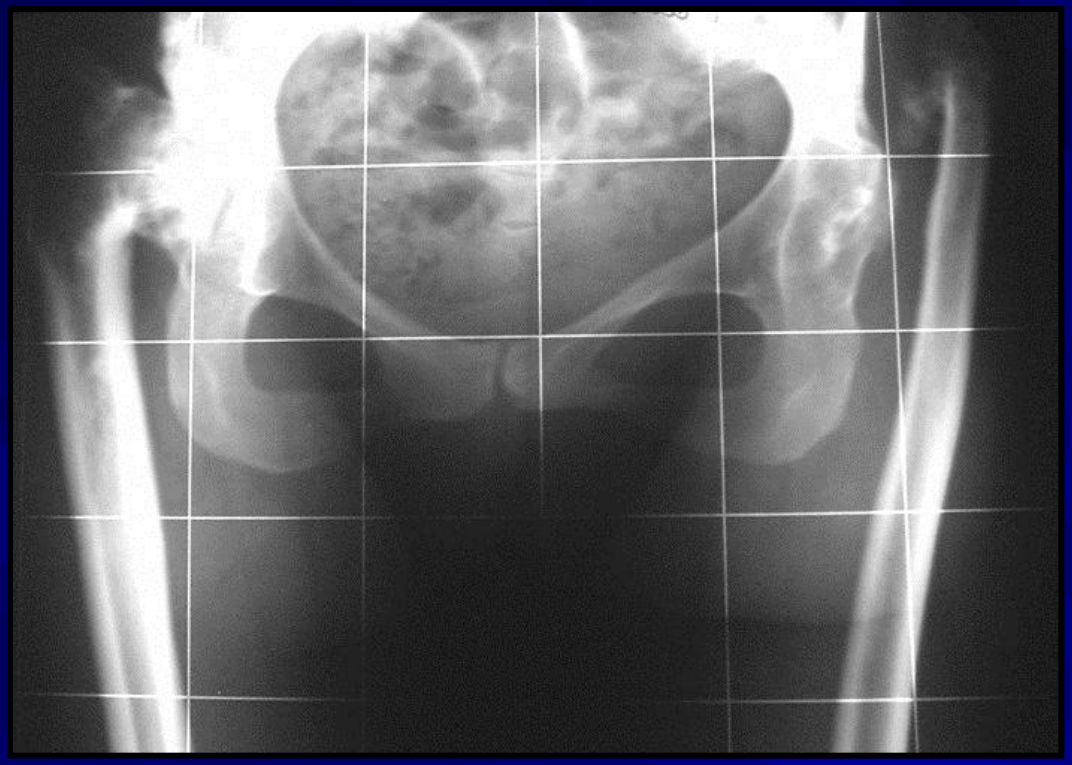
Totalna aloplastyka stawu biodrowego



K.K., kobieta, 40 lat

„Trudne biodra”

N.A., kobieta, wiek 40 lat

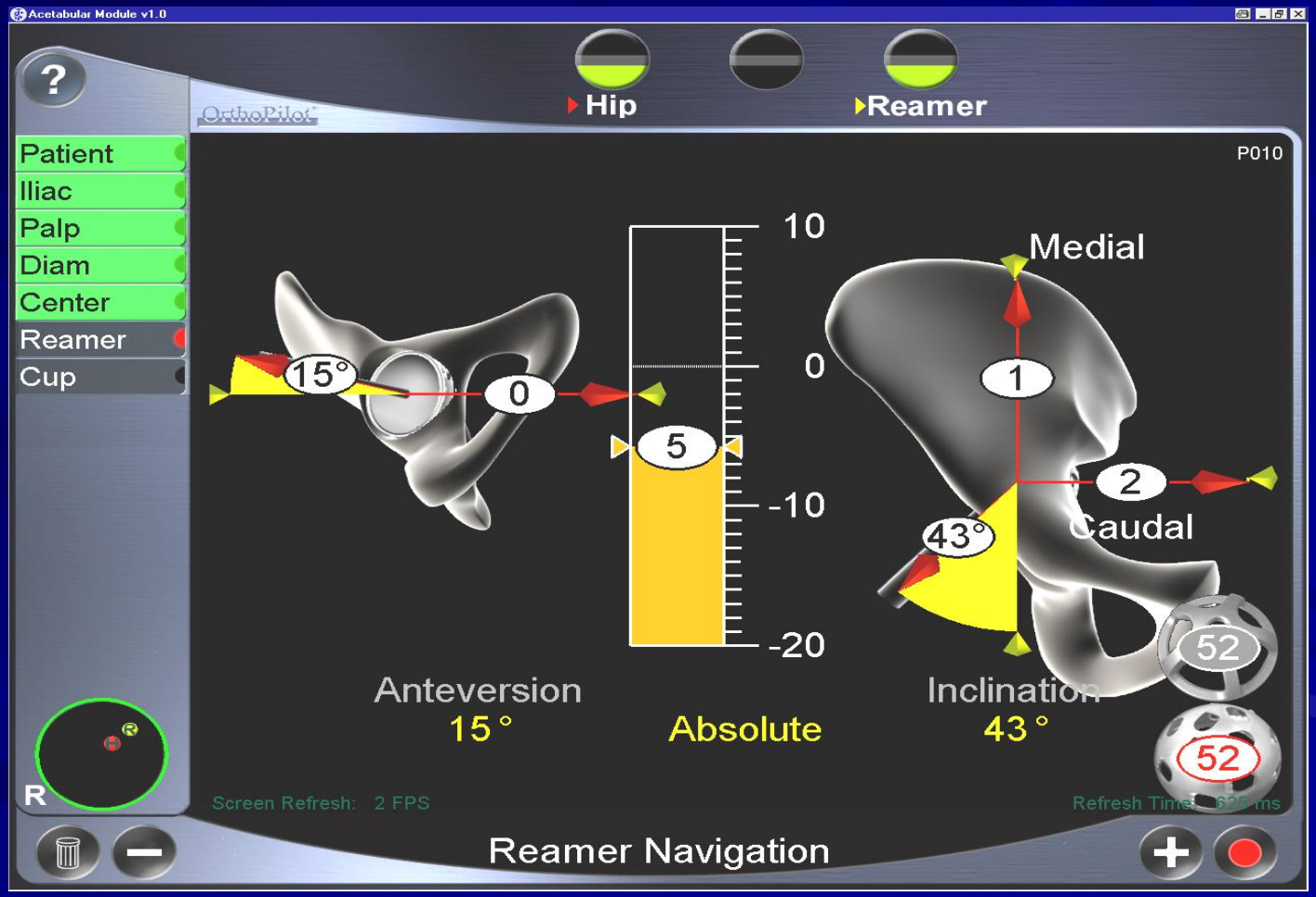


H.B. , kobieta, wiek 37 lat –

lewe biodro operowane 5 razy

Skrócenie kończyny o 15 cm
zmniejszono do 3 cm

Totalna aloplastyka stawu biodrowego – nawigacja komputerowa panewki



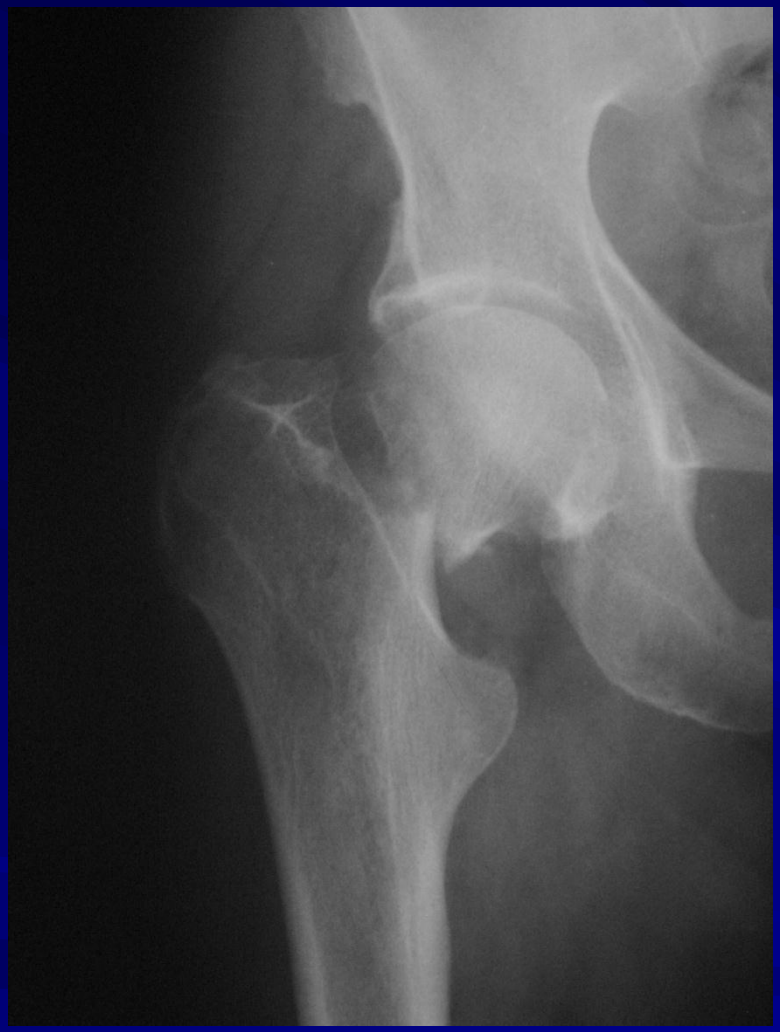
Trzpienie krótkie:

Proxima	Metha	Mayo	Nanos
2006	2007	2006	2008

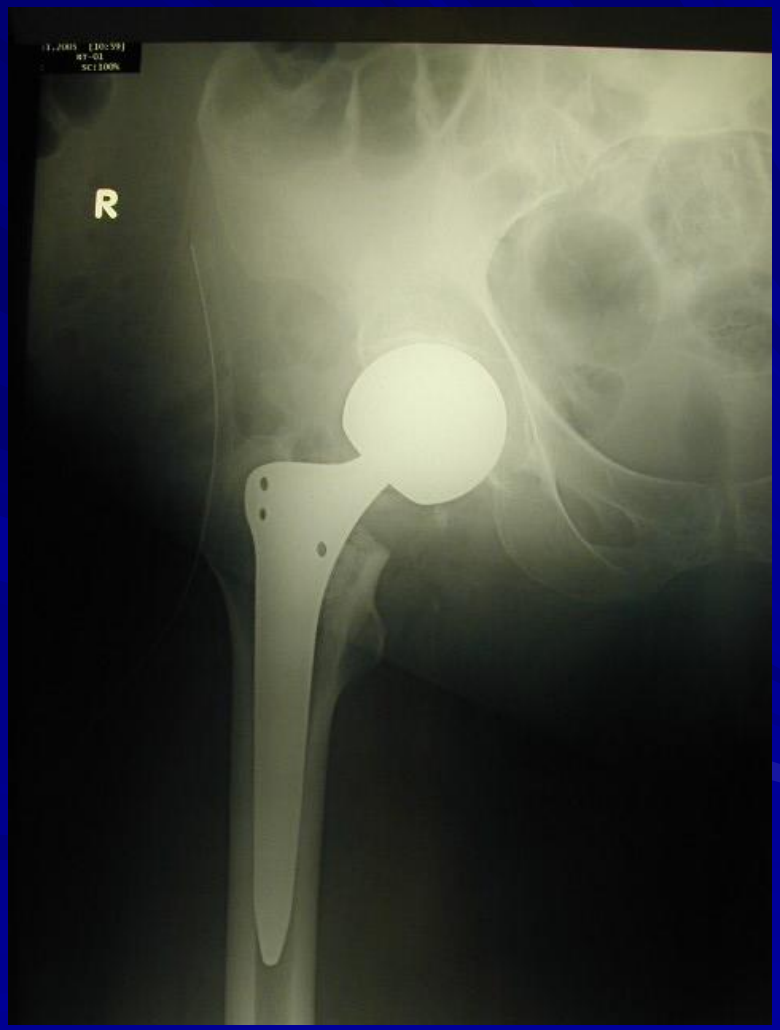
„Kapoplastyka” stawu biodrowego

Złamanie szyjki kości udowej

Złamanie szyjki kości udowej



Złamanie szyjki kości udowej –
proteza połowicza Feniks /bezcementowa/

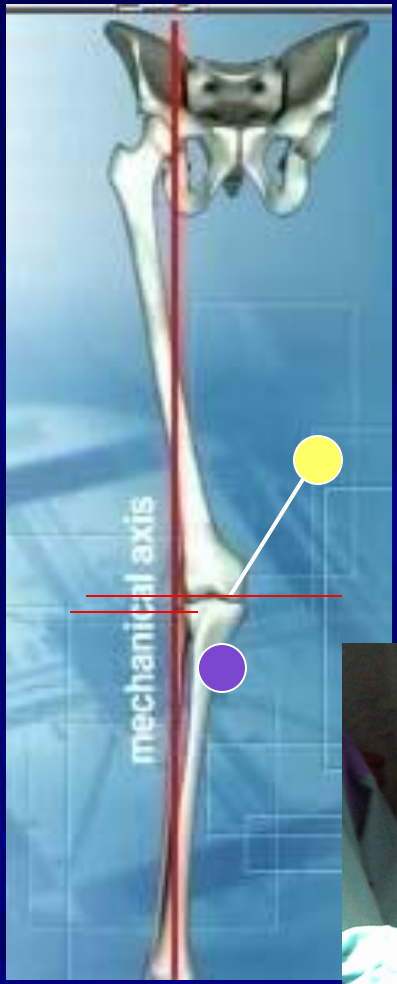


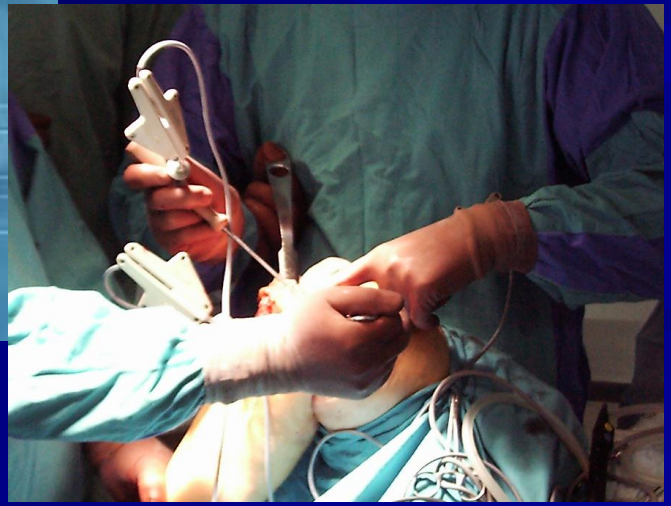
Totalna aloplastyka stawu kolanowego

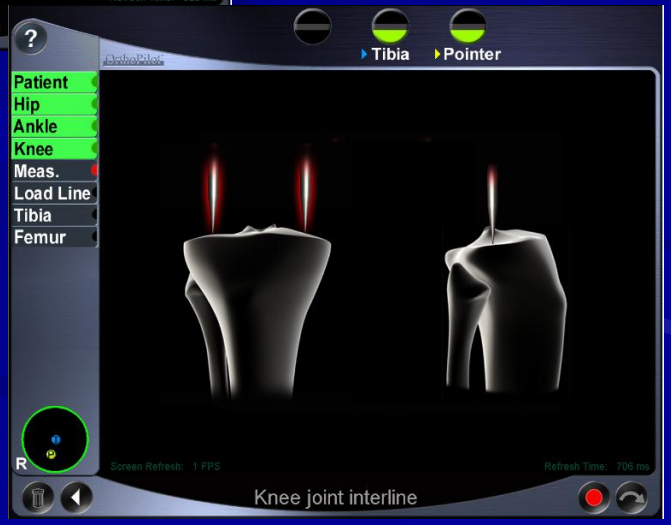
Totalna aloplastyka stawu kolanowgo

nawigacja

komputerowa

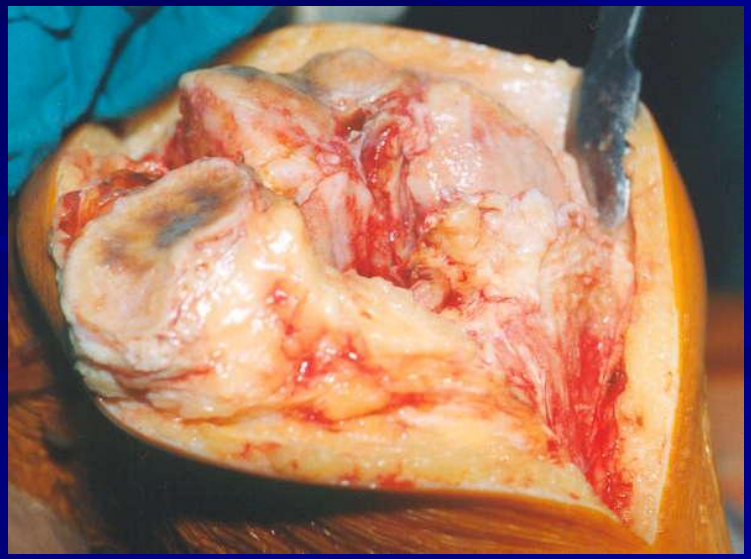






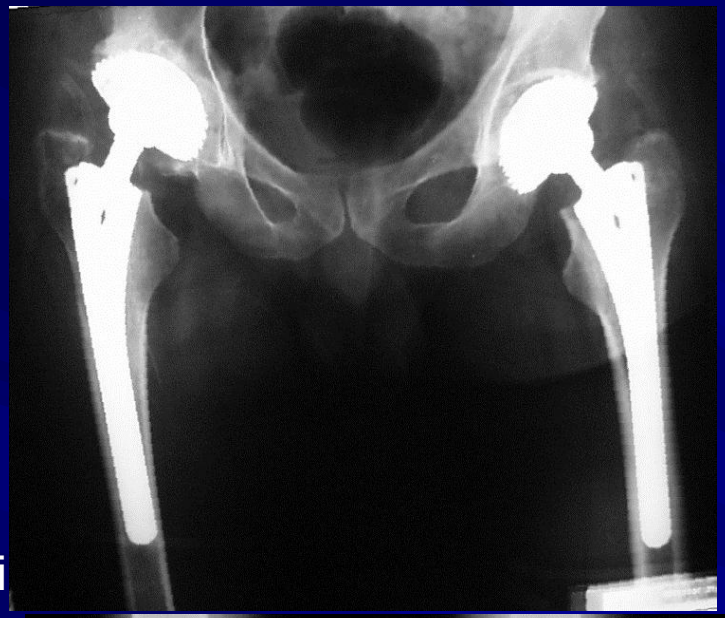
Proteza połowicza stawu kolanowego/Oxford/

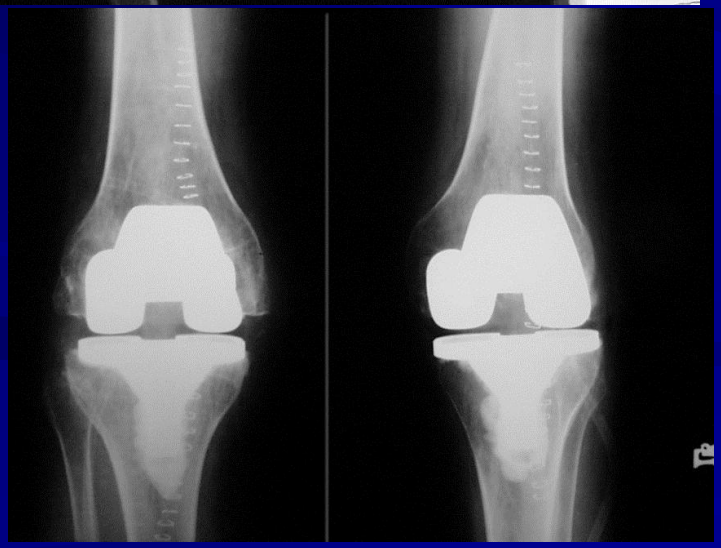
Hemofilia



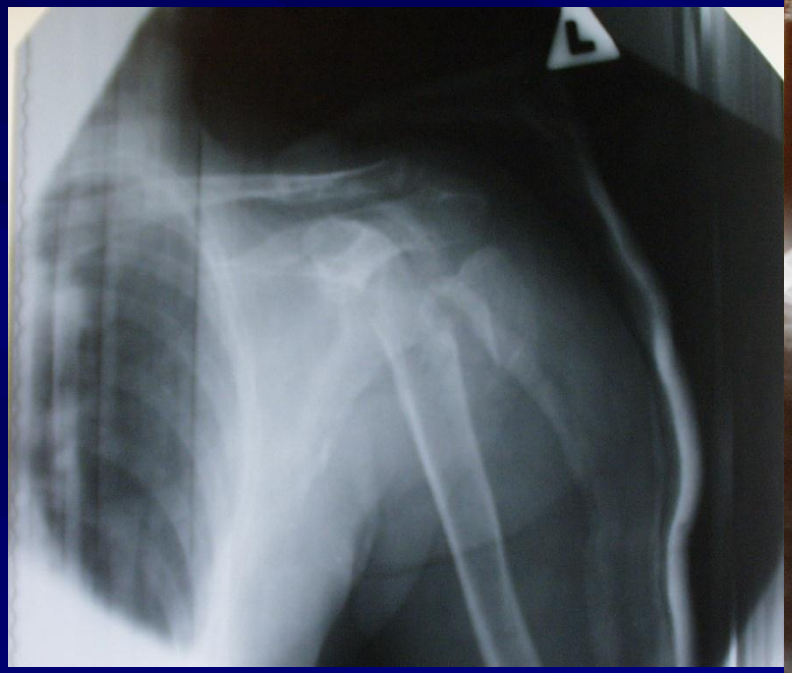
Hemofilia

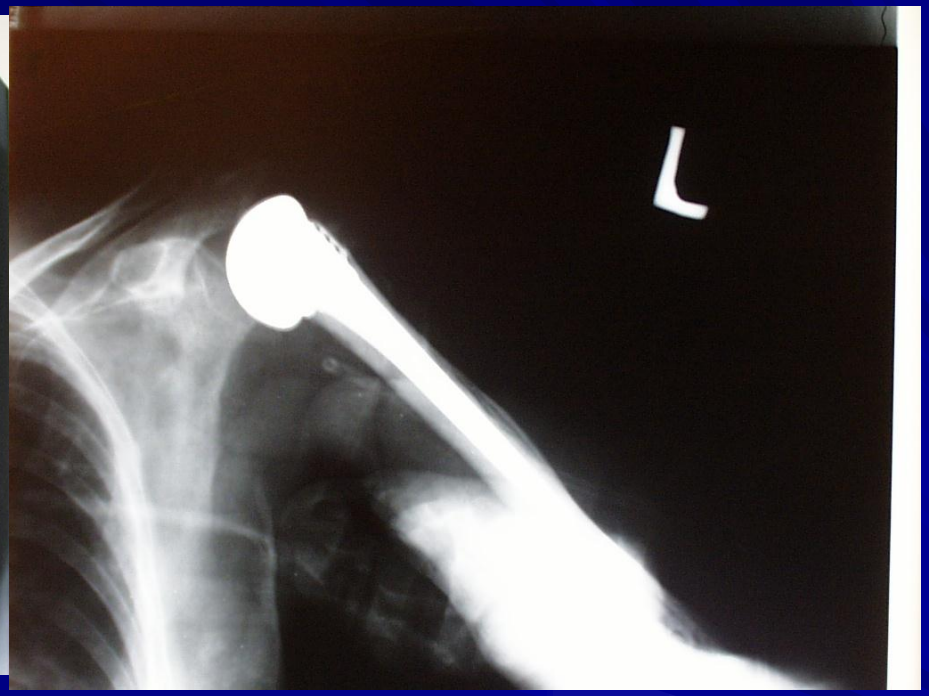
3 mies.
po operacji





Aloplastyka stawu barkowego

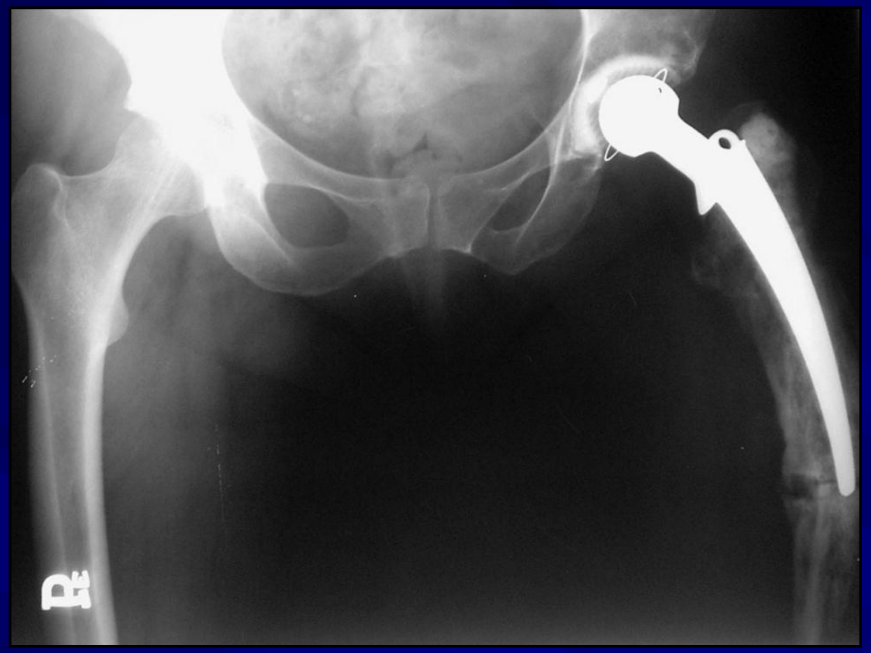




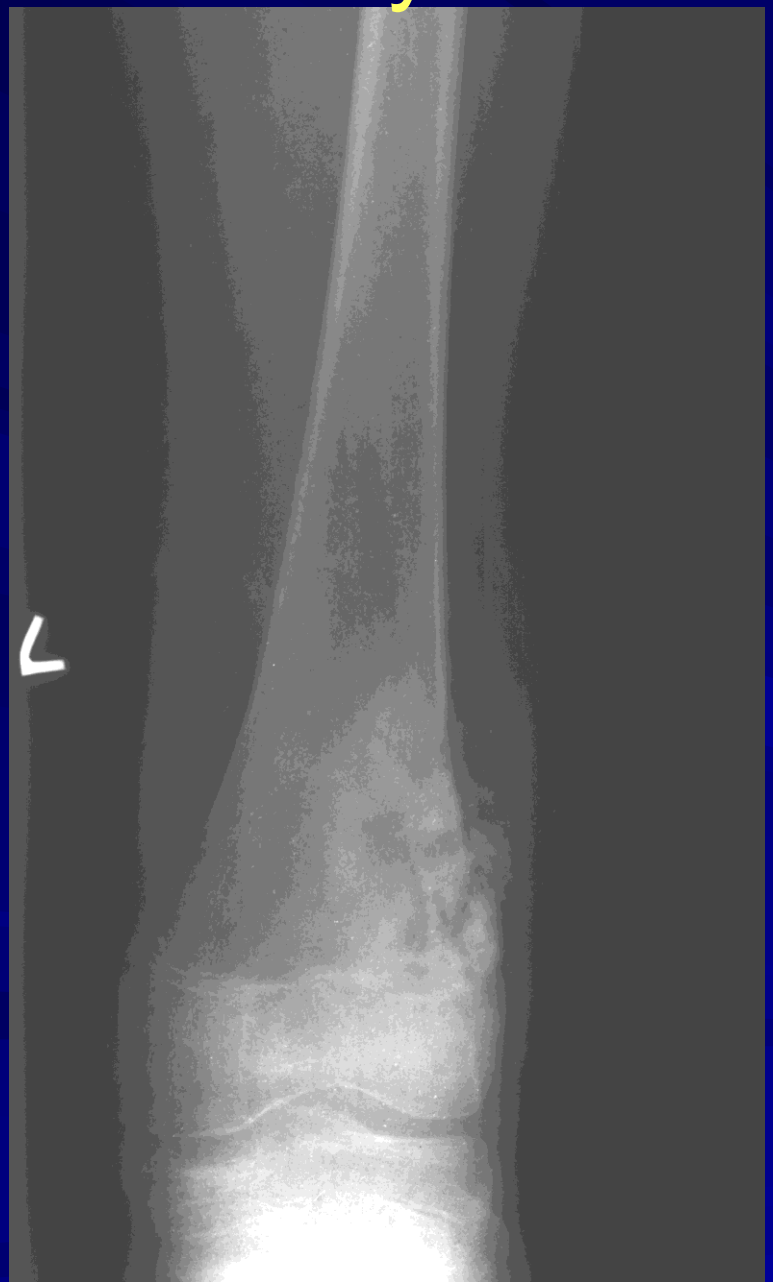
Operacje rewizyjne po aloplastyce stawu biodrowego

Operacje rewizyjne

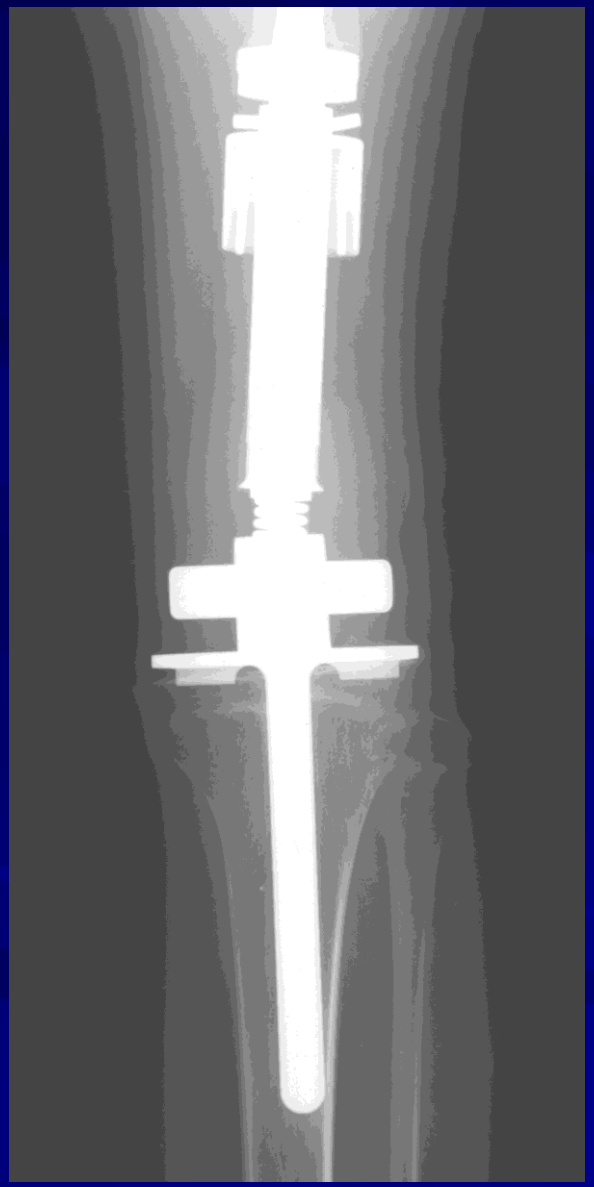
Operacje rewizyjne



Guzy kości – osteosarcoma

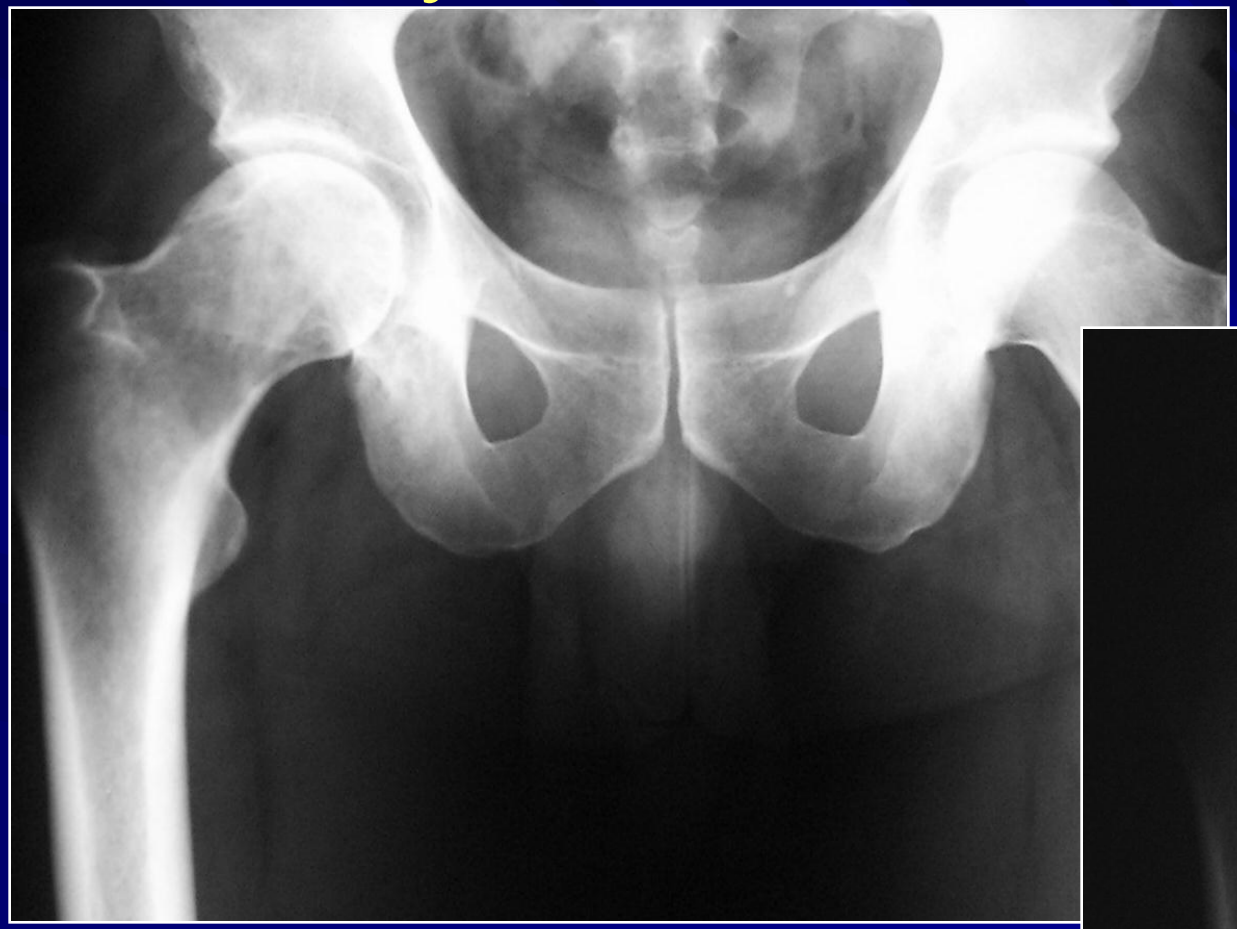


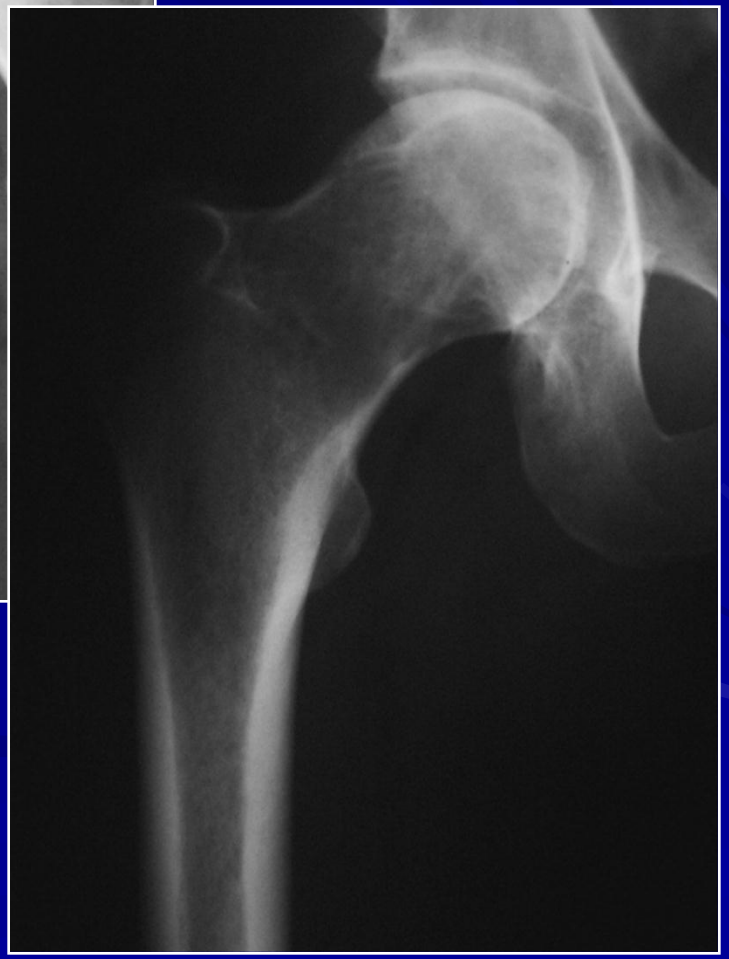
Guzy kości



„Rosnąca” proteza

Guzy kości - chondrosarcoma

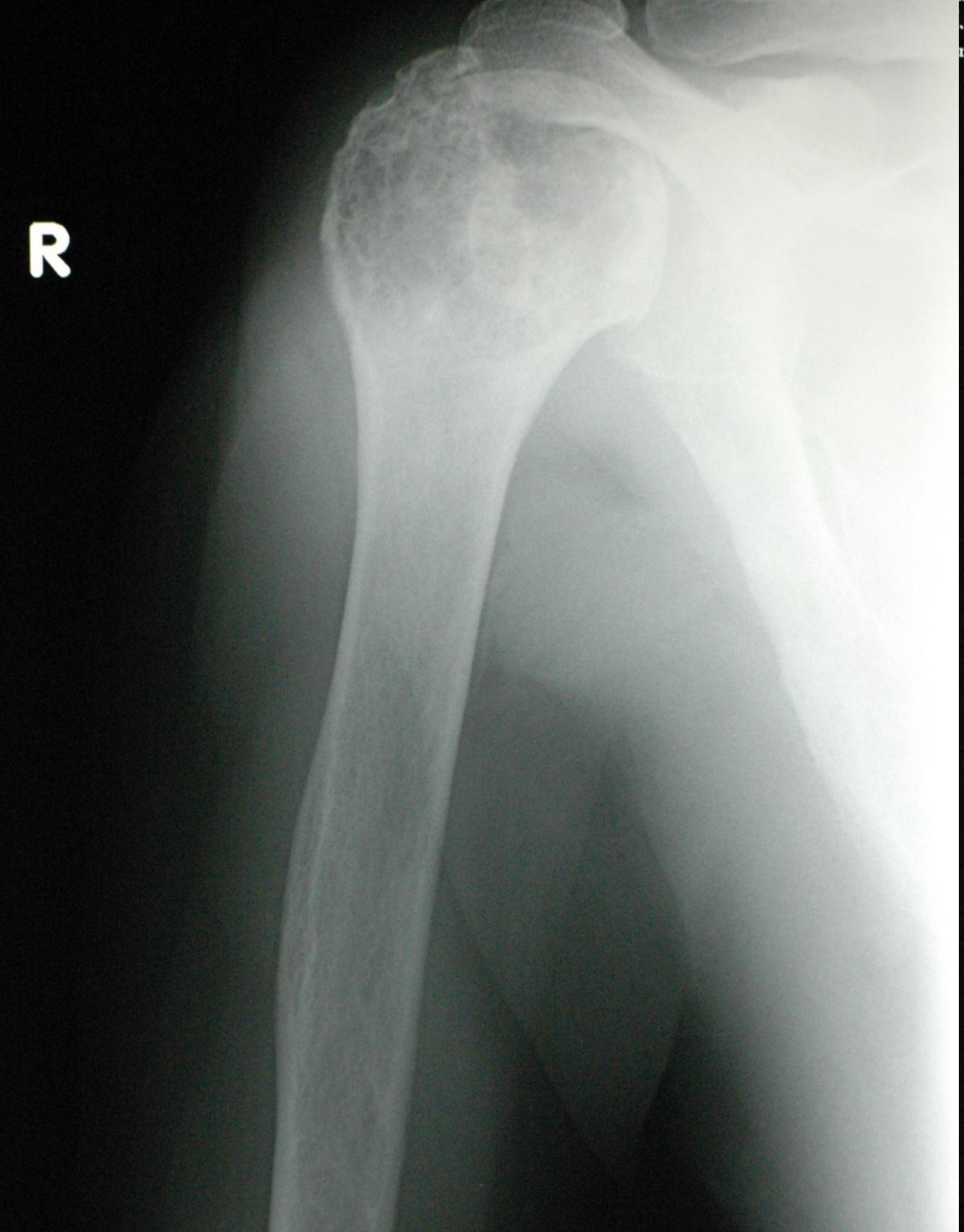


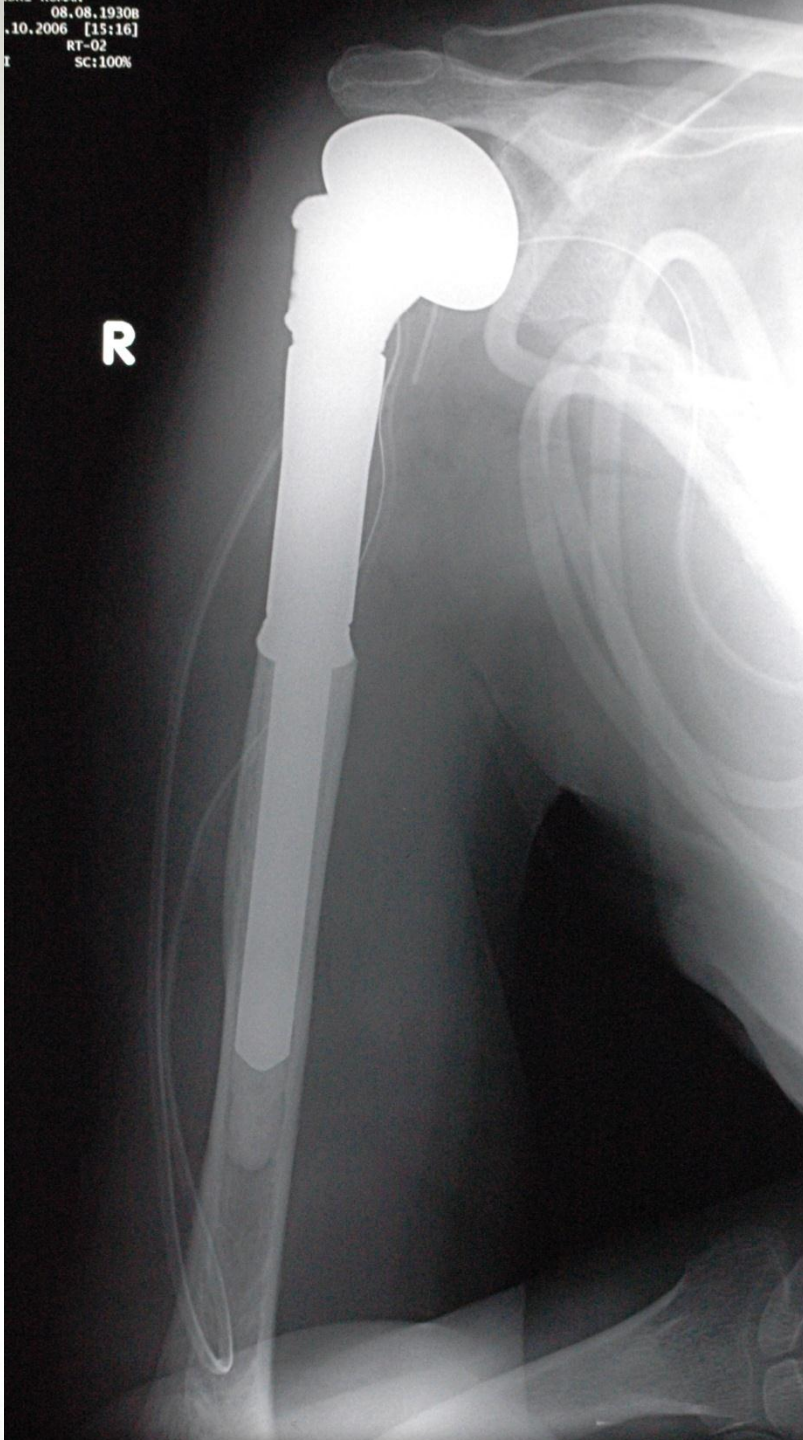


Resekcja i rekonstrukcja

Guzy kości - chondrosarcoma

Resekcja i rekonstrukcja

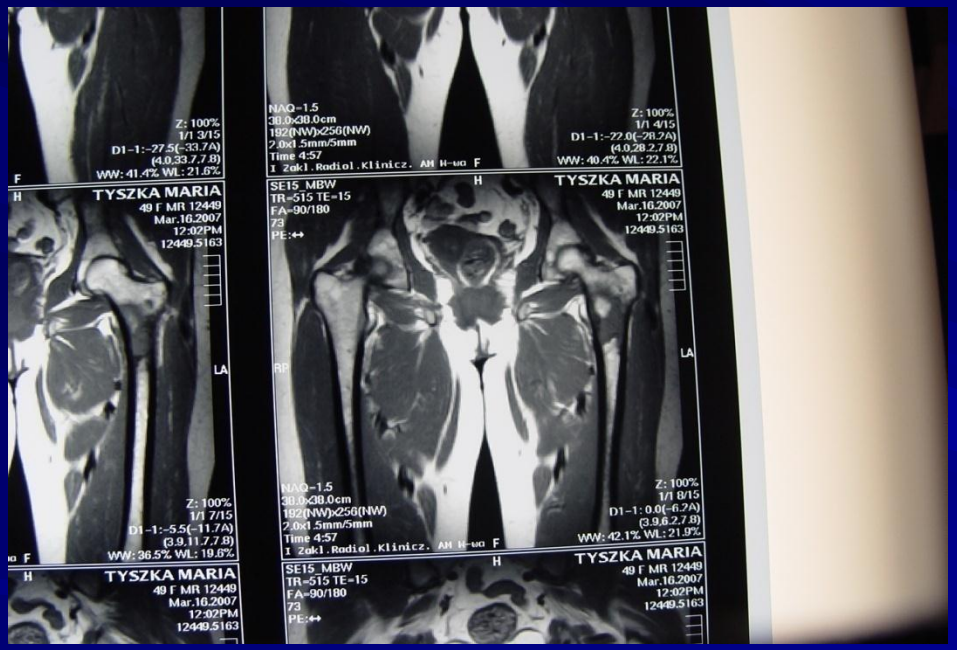

R

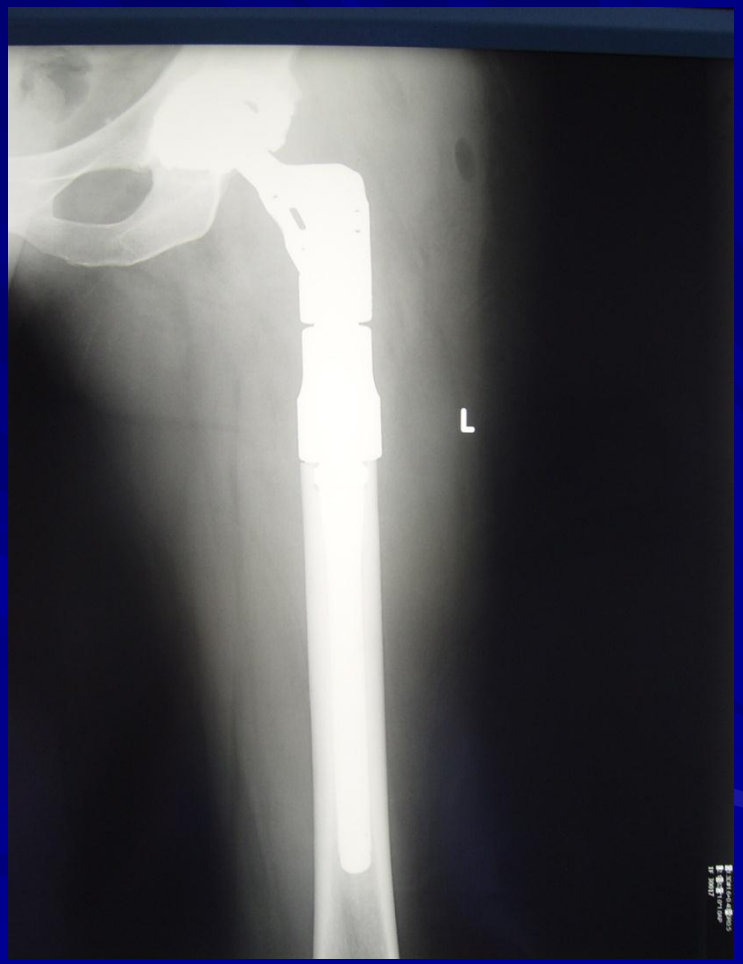

08.08.1930B
.10.2006 [15:16]
RT-02
SC:100%
R

Przerzuty nowotworowe

/50 lat, 5 lat mastektomii/

Proteza poresekcyjna





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Koordynator: Prof. dr hab. med. Andrzej Górecki

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Akademia Aesculap

Wideokonferencje
TeleOrto – ITC Regensburg

Centralny Rejestr Wszczepionych Endoprotez Stawu Biodrowego

- Powołany w 2000 r. decyzją Ministra Zdrowia
- Protezy stawu biodrowego:
- 1999 - 8558
- 2000 - 7824
- 2001 - 10642
- 2002 – 10986
- 2005 – ok.25000 /baza danych NFZ/

Liczby wszczepianych rocznie protez stawu biodrowego w kilku krajach europejskich

[Polska: 38/15]

	mln/tys
Niemcy:	83/140
Francja:	59/87
Austria:	8/11
Belgia:	10/18
W. Brytania:	58/87

	mln/tys
Holandia:	16/17
Czechy:	10/7,5
Węgry:	10/6
Grecja:	11/5
Hiszpania:	40/23

Wnioski:

- Poziom nie odbiega od standardów UE
- Stan wymaga podjęcia pilnych działań w celu jego poprawy (wyposażenie, dostępność świadczeń)
- Szybki ubytek kadry /wyjazdy/

Dziękuję za uwagę