

Goal of the course

This course offers experienced participants an understanding of the initial evaluation, stabilization, and definitive treatment of patients with fractures and dislocations of the pelvic ring, acetabulum, or both. The AO Principles, the latest techniques, and up-to-date evidence will be incorporated into the course, guiding participants in developing the knowledge and skills needed to treat these injuries and improve patient outcomes.

Target Participants

Participants should be fully trained orthopedic and/or trauma surgeons with subspecialty interest in the treatment of pelvic and acetabular fractures.

Learning objectives

At the end of this course, participants will be able to:

- Define key elements in the initial evaluation of pelvic and acetabular fractures
- Classify pelvic and acetabular injuries and recognize the implications for treatment
- Apply emergency treatment and stabilization techniques for pelvic ring injuries and initial management of acetabular fractures
- Demonstrate appropriate decision-making and operative planning strategies
- Define indications and apply surgical approaches to the pelvis and acetabulum, identifying the important anatomical structures
- Describe indications and perform techniques of reduction and fixation
- Discuss early and late results and complications of pelvic and acetabular surgery
- Identify issues related to challenging fractures with compromised bone quality or late reconstructions

Anatomical specimen lab

- Kocher-Langenbeck approach
- Posterior approach to the pelvic ring (including Wiltse)
- Master table demonstration-trochanteric osteotomy and surgical hip dislocation
- Ilioinguinal approach (supine)
- Anterior approach to the sacroiliac joint
- Middle window
- Pfannenstiel component (modified Stoppa)
- Pararectus (supine; same side)

*Only in selected courses. Check your chosen date and location for the full program.

Scan the QR code or click on the link button below to find the nearest location and date for this course:

Practical exercises

- Stabilization of the pelvic ring with an external fixator
- Insertion of iliac crest and supraacetabular Schanz pins
- Reduction and plating of symphysis disruption
- Sacroiliac joint dislocation
- Sacral fractures- iliosacral screw and tension band plate
- Sacral fractures-bilateral lumbopelvic fixation with transiliac transsacral screw
- Both column fracture

Small Group Discussions

- Acute management, assessment, and classification of pelvic ring injuries
- Radiology, classification, and treatment of acetabular fractures
- Complex cases of pelvis and complications
- Complex cases of acetabulum and complications

Modules

- Module 1—Pelvis: patient assessment and acute treatment
- Module 2—Pelvis: decision making and definitive treatment of pelvic ring injuries
- Module 3—Pelvis: special clinical situations
- Module 4—Acetabulum: Acetabular injury assessment
- Module 5—Acetabulum: Acetabular decision-making and treatment
- Module 6— Acetabulum: Surgical approaches
- Module 7— Acetabulum: special topics
- Module 8—Definitive management of complex pelvic ring injuries*
- Module 9—Special clinical situations and salvage of pelvic ring injuries*
- Module 10—Management of complex acetabular fractures*
- Module 11—Special clinical situations in acetabular fractures*
- Module 12—Surgical approaches with or without fixation on anatomical specimens*



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