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The Middle East Regional Meeting on Fragility Fracture Care

3-5 May 2018 | Bellevue Medical Center, Beirut Lebanon



**C.M.E
Credits**

In collaboration with



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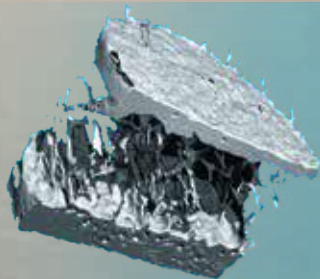
International Speakers

Abdulrahim Al Suhaili
Ahmed Mortagy
Ami Hommel
David Marsh
Ghassan Kaadan

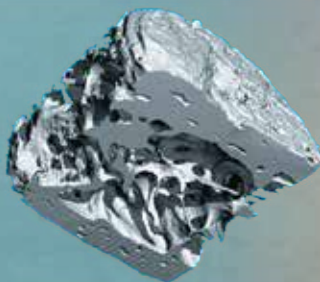
Hikmat Abou Samra
Karsten Dreinhoffer
Nicola Napoli
Paolo Falaschi
Samir Badawi

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®

1. Adapted from Jiang et al., J Bone Min Res 2003;18(11):1932-1941.

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

1. NAME OF THE MEDICINAL PRODUCT FORTÉO 20 micrograms/80 microliters solution for injection in pre-filled pen. 2. QUALITATIVE AND QUANTITATIVE COMPOSITION Each dose contains 20 micrograms of teriparatide. One pre-filled pen of 2.4 ml contains 600 micrograms of teriparatide (corresponding to 250 micrograms per ml). Teriparatide, rhPTH(1-34), produced in E. coli, using recombinant DNA technology, is identical to the 34 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 techniques. 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 24-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. • 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 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 and return to baseline by 16 to 24 hours after each dose of teriparatide. Routine calcium monitoring during therapy is not required. Therefore if any blood samples are taken from a patient, this should be done at least 16 hours after the most recent FORTÉO injection. FORTÉO may cause small increases in urinary calcium excretion, but the incidence of hypercalcaemia did not differ from that in the placebo-treated patients in clinical trials. FORTÉO has not been studied in patients with active urolithiasis. FORTÉO should be used with caution in patients with active or recent urolithiasis 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 began 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 subjects 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 limb, cramps, vertigo, headache, sciatica, dizziness, palpitations, anaemia, 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 2-8°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-MEA@LILLY.com


FORTÉO
teriparatide (rDNA origin) injection

Lilly

Instructional Day for Nurses

Thursday, May 3rd 2018

08:30 Registration

09:00 - 09:30 Welcome Note by:
Najwa Shaar - Represented by Wediane Saoud
Nuhad Doumit

09:30 - 11:05 Introduction to frailty, Osteoporosis and Fragility fracture

Moderators: Wediane Saoud - Abir Alameh

| | | |
|---------------|---|------------------|
| 09:30 - 09:50 | Osteoporosis and Nature of Fragility Fracture | Ami Hommel |
| 09:50 - 10:05 | Fracture and Fall Prevention | Gisele Kiredjian |
| 10:05 - 10:25 | Aging, Frailty and Sarcopenia | Ami Hommel |
| 10:25 - 10:45 | Importance of Nutrition, Fluid Balance and Elimination Following Fragility Fracture | Maya Khoury |
| 10:45 - 11:05 | Discussion | |

11:05 - 11:35 Coffee Break

11:35 - 12:50 The Elderly Patient with Fragility Fractures

Moderators: Shams Issa - Mirvat El Khoury - Maha Abou Chawareb

| | | |
|---------------|--|------------------|
| 11:35 - 11:50 | Mobility, Remobilization Exercise and Prevention of Stasis | Andreo Zgheib |
| 11:50 - 12:05 | Wound Management and Pressure Ulcer Prevention and Management | Ghada Kesserwani |
| 12:05 - 12:20 | Patient with Delirium Dementia and Depression Following Fragility Fracture | Maya Torbey |
| 12:20 - 12:35 | Patient Motivation and the Fear of Death | Joanne Zeino |
| 12:35 - 12:50 | Discussion | |

12:50 - 13:20 Standing Lunch

13:20 - 14:30 The Fracture Liaison Nurse

Moderators: Gisele Kiredjian - Carole Raffoul

| | | |
|---------------|---|------------------|
| 13:20 - 13:35 | Introduction to the Concept of the Fracture Liaison Service | Ami Hommel |
| 13:35 - 13:50 | Pivot Role of a Champion Nurse in the FLS | Maroun Rizkallah |
| 13:50 - 14:05 | FLN in Lebanon, Review of a 4 Years of Experience | Mirvat El Khoury |
| 14:05 - 14:30 | Meet the Experts Open Floor Discussion | |

Friday, May 4th 2018

08:00 Registration

09:15 - 09:25 Welcome Note of the President of the Congress Ghassan Maalouf

09:30 - 11:00 Hip Fragility

Moderators: Fernand Dagher - Sleiman Ajjoub

| | | |
|---------------|--|----------------|
| 09:30 - 09:45 | Intertrochanteric Fractures: Nail or Prosthetic Replacement | Falah Bachour |
| 09:45 - 10:00 | Augmented Nails Better Than Classic Nails? | Raja Chaftari |
| 10:00 - 10:15 | Hip Replacement: To Cement or Not to Cement | Chahine Assi |
| 10:15 - 10:30 | Hip Periprosthetic Fractures | Omar Baddoura |
| 10:30 - 10:45 | Acetabular Fragility Fx: Replacement vs Conservative | Gaby Haykal |
| 10:45 - 11:00 | New Concept in Hip Fragility Fracture | Ghassan Kaadan |
| | Tips and Tricks in Hip Replacement in Comminuted Subtrochanteric Fragility Fractures | Amer Abdallah |

11:00 - 11:30 Coffee Break

11:30 - 13:15 Geriatrics

Moderators: Samir Badawi - Elie Stephan

| | | |
|---------------|---|-----------------------|
| 11:30 - 11:45 | Aging, Frailty and Sarcopenia | Abdulrahim Al Suhaili |
| 11:45 - 12:00 | Orthogeriatrics, Where is the Evidence? | Paolo Falaschi |
| 12:00 - 12:15 | Pre-Operative Geriatric Assessment and Care: How, When and Where? | Ahmed Mortagy |
| 12:15 - 12:30 | Post-Operative Geriatric Assessment and Care: The Challenges | Patricia Fadel |
| 12:30 - 12:45 | Orthogeriatrics in Lebanon, A Rising Concept | Lynn Abdo |
| 12:45 - 13:00 | Orthogeriatrics in MENA Region. Where Are We? | Ahmed Mortagy |
| 13:00 - 13:15 | Discussion | |

13:15 - 14:30 Lunch Break

Friday, May 4th 2018

14:30 - 16:00 Upper Extremity Fragility Fracture

Moderators: Antoine Kahwaji - Antoine Azzi

| | | |
|---------------|--|--------------------|
| 14:30 - 14:45 | Shoulder Fracture: Is ORIF Safe? | Rami el Abiad |
| 14:45 - 15:00 | Shoulder Fracture: Reverse TSA, New Evidence | Hassan Baydoun |
| 15:00 - 15:15 | Humeral Shaft in Elderly: Nail? Plate? Or Sarmiento | Marwan Baaklini |
| 15:15 - 15:30 | Elbow Fracture: ORIF vs Replacement | Ziad Tannous |
| 15:30 - 15:45 | Is There Still a Place for Pins in Distal Radius Fractures in Elderly? | Ramzi Moucharafieh |
| 15:45 - 16:00 | Discussion | |

16:00 - 16:30 Coffee Break

16:30 - 18:30 Secondary Prevention

Moderators: Sassine Rém - Pierre Antoun

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|---------------|---|-------------------|
| 16:30 - 16:45 | FLS Growing evidence? Ask the expert. Strategies for Secondary Prevention | David Marsh |
| 16:45 - 17:00 | FLS Experience in a Lebanese Center | Maroun Rizkallah |
| 17:00 - 17:15 | Challenges Facing FLS in the MENA Region | Farid Bedran |
| 17:15 - 17:30 | Fragility Fractures in Syria | Hikmat Abou Samra |
| 17:30 - 17:45 | FFN Strategy for Regionalization | David Marsh |
| 17:45 - 18:00 | Importance of Multidisciplinarity | Ami Hommel |
| 18:00 - 18:15 | FFN, the Message of the President | Paolo Falaschi |
| 18:15 - 18:30 | Discussion | |

19:00 - 20:00 Opening Ceremony followed by a Cocktail Reception

Master of Ceremony
Chairman of the Bellevue Medical Center Board
Head of the Bellevue Medical Center Spine Unit
President of the Egyptian Osteoporosis Society
President of the Global Fragility Fracture Network
His Excellency, the Deputy Prime Minister and the
Ministry of Public Health

Dr. Maroun Rizkallah
Mr. Elie Maalouf
Prof. Nabil Okais
Prof. Samir Badawi
Prof. Paolo Falaschi
Mr. Ghassan Hasbani

Saturday, May 5th 2018

08:00 Registration

09:00 - 11:00 Vertebral Fragility

Moderators: Nabil Okais - Paul Hajj

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|---------------|--|------------------|
| 09:00 - 09:15 | Morbidity and Mortality of Vertebral Fragility Fracture | Maroun Rizkallah |
| 09:15 - 09:30 | Conservative Treatment in Vertebral Fragility Fracture | Philippe Younes |
| 09:30 - 09:45 | Interventional Kypho + Vertebro Vertebral Fragility Fracture | Amer Sebaaly |
| 09:45 - 10:00 | Any Indication for Fusion? | Ghassan Skaff |
| 10:00 - 10:15 | How to Restore Sagittal Balance After Fragility Fracture? | Firas Atallah |
| 10:15 - 10:30 | Tips and Tricks for Surgery on Fragile Vertebra | Khalil Kharrat |
| 10:30 - 10:45 | Fragility in Patients with Osteogenesis Imperfecta | Ismat Ghanem |
| 10:45 - 11:00 | Discussion | |

11:00 - 11:30 Coffee Break

11:30 - 12:30 What's new in Medical treatment of osteoporosis *Symposium by Eli Lilly*

12:30 - 13:30 Lunch Break

13:30 - 14:50 Anesthesia Tips & Tricks in Orthopedic Frail Patients

Moderators: Rizkallah Korkomaz, Vanda Abi Raad

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|---------------|--|------------------|
| 13:30 - 13:50 | Optimal Timing for Hip Surgery + Optimizing Patient | Luisa Khairallah |
| 13:50 - 14:10 | Confusion and Its Management After Surgery in Patients with Fragility Fracture | Marwan Rizk |
| 14:10 - 14:30 | Loco-Regional Nerve Blocs and the Evidence | Maroun Ghabach |
| 14:30 - 14:50 | Management of Direct oral Anticoagulants Prior to Orthopedic Surgery | Samia Jebara |

14:50 - 15:15 Coffee Break

Saturday, May 5th 2018

| 15:15 - 16:30 Knee and Ankle Fragility | | |
|--|---|-----------------|
| Moderators: Chawki Kortbawi, Jaafar Bahsoun | | |
| 15:15 - 15:30 | How did LCP Plates Help in Around Knee Fractures Care in Elderly? | Bachir Ghostine |
| 15:30 - 15:45 | The place of TKR in Comminuted Around Knee Fragility Fractures? | Rida Kassim |
| 15:45 - 16:00 | Is a Bimall Fracture the Same in Elderly as in Adults? What are the Indications? | Antoine Karam |
| 16:00 - 16:15 | Retrograde Nailing for Distal Femur Fracture: Better or Bitter? | Raed El Hassan |
| 16:15 - 16:30 | Discussion and Closing Remarks | |

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