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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**

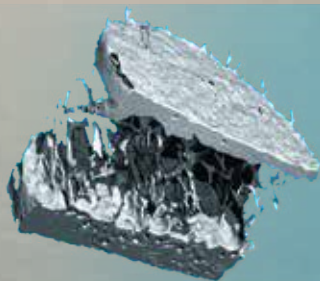
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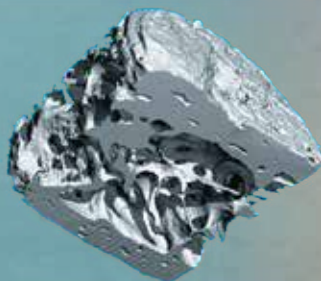
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International Speakers		
Abdulrahim Al Suhaili	Hikmat Abou Samra	
Ahmed Mortagy	Karsten Dreinhoffer	
Ami Hommel	Nicola Napoli	
David Marsh	Paolo Falaschi	
Ghassan Kaadan	Samir Badawi	

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 hypercalcaemia • 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

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

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: Kaissar Yammine - 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 v/s 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: Remy Sassine - Pierre Antoun

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 Multidisciplinary	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	Dr. Maroun Rizkallah
Chairman of the Bellevue Medical Center Board	Mr. Elie Maalouf
Head of the Bellevue Medical Center Spine Unit	Prof. Nabil Okais
President of the Egyptian Osteoporosis Society	Prof. Samir Badawi
President of the Global Fragility Fracture Network	Prof. Paolo Falaschi
His Excellency, the Deputy Prime Minister and the Ministry of Public Health	Mr. Ghassan Hasbani

Saturday, May 5th 2018

08:00 Registration

09:00 - 11:00 Vertebral Fragility Fracture (VFF)

Moderators: Nabil Okais - Paul Hajj

09:00 - 09:15	Morbidity and Mortality of VFF	Maroun Rizkallah
09:15 - 09:30	Conservative Treatment in VFF	Philippe Younes
09:30 - 09:45	Interventional Kypho + Vertebro VFF	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

Moderator: Said Saghie

11:30 - 11:50	Fracture Act Now	Fouad Fayad
11:50 - 12:10	Fix & Treat	Fouad Jabbour
12:10 - 12:30	Management of Fragility Fractures: Case Discussion	Yasser Yaghi

12:30 - 13:30 Lunch Break

Saturday, May 5th 2018

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

Moderators: Rizkallah Korkomaz, Vanda Abi Raad

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

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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