

A CME-Certified Dinner Symposium

Wednesday, March 10, 2010

6:00 PM – 9:00 PM

Marriott New Orleans

Acadia Room

555 Canal Street

New Orleans, Louisiana

You are cordially invited to attend a CME-Certified
Dinner Symposium in New Orleans, Louisiana.

CONTROL THE BLEEDING, CONTROL THE PAIN: NEW THERAPEUTIC ADVANCES


An Interactive Symposium

Featuring patient cases and audience polling

Chairman: Fred Cushner, MD

*This CME activity is sponsored by Jefferson Medical College
of Thomas Jefferson University.*

*Supported by an educational grant from PriCara® and Ortho-McNeil™,
Divisions of Ortho-McNeil-Janssen Pharmaceuticals, Inc,
administered by Ortho-McNeil Janssen Scientific Affairs, LLC*



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PROGRAM OVERVIEW

CONTROL THE BLEEDING...

Venous thromboembolism (VTE) is an important patient safety issue. Almost all hospitalized patients have risk factors for VTE — in fact, 40% have ≥ 3 risk factors. Without thromboprophylaxis, the incidence of hospital-acquired deep vein thrombosis (DVT) is approximately 10% to 40% among all medical or general surgical patients. In patients undergoing major orthopedic surgery, the incidence of DVT can be as high as 60%. Among all hospitalized patients, VTE is the second most common medical complication, the second most common cause of excess length of stay, and the third most common cause of excess mortality and charges.

The rationale for the use of thromboprophylaxis is based on solid principles and scientific evidence. There is considerable evidence for routine thromboprophylaxis of most hospitalized patient groups. Among patients undergoing major orthopedic surgery, routine thromboprophylaxis has been the standard of care for >20 years. While routine thromboprophylaxis has made fatal PE an uncommon event, symptomatic VTE continues to be reported in up to 10% of patients after surgery. Moreover, the risk continues to be higher than expected for ≥ 2 months after surgery. VTE remains the most common reason for readmission to the hospital following major orthopedic surgery.

These data suggest that gaps remain in the provision of adequate thromboprophylactic modalities to patients following major orthopedic surgery. Furthermore, established treatments for thromboprophylaxis (eg, adjusted-dose oral vitamin K antagonists and low-molecular-weight heparins) are subject to a number of efficacy, safety, and compliance limitations that have reduced their impact on VTE in real-world clinical practice. Recently reported trials and new agents continue to redefine optimal thromboprophylactic strategies for patients undergoing orthopedic surgery. Additionally, newer guidelines and patient safety requirements help to address these challenges.

CONTROL THE PAIN...

Concomitantly with recent advances in thromboprophylaxis following orthopedic surgery, there has been an evolution in paradigms for acute and chronic pain management in patients undergoing orthopedic surgery. Adequate pain control not only benefits the patient directly but can speed mobilization, hasten rehabilitation, improve patient satisfaction, possibly permit earlier discharge, and reduce the likelihood of life-threatening events associated with extended hospitalization, such as DVT.

Currently, a number of choices are available to orthopedic surgeons for pain management. These include narcotics (both oral and intravenous), nerve blocks, pain pumps, epidural injections, aspirin, nonsteroidal anti-inflammatory drugs (oral and intravenous), transdermal patches, and muscle relaxants. Despite the availability of these options, periprocedural pain in patients undergoing orthopedic surgery continues to be undertreated; in fact, up to 76% of surgical patients experience moderate to severe pain following surgery. These data clearly suggest that adequate pain control among patients undergoing orthopedic surgery remains suboptimal.

To address the gaps in thromboprophylaxis and pain management outlined above, this program will examine the key elements of VTE prevention and pain management, as delineated by public health and professional medical societies. It will also critically review available data for existing therapies and novel agents for the prevention of VTE and for pain management. It is hoped that the content presented in this program will prove valuable in improving care of patients awaiting, undergoing, or recovering from orthopedic surgery.

Program Format

This will be a highly interactive educational symposium utilizing audience response system technology, clinical cases and question-and-answer sessions.

AGENDA & FACULTY

6:00 PM - 6:30 PM	Registration and Dinner
6:30 PM - 6:35 PM	Welcome and Introduction <i>F Cushner, MD (Chairman)</i>
6:35 PM - 6:45 PM	VTE and Pain Management: The Challenges of Change <i>F Cushner, MD</i>
6:45 PM - 7:05 PM	Pain Management in Total Joint Arthroplasty: A Historical Review <i>T Horlocker, MD</i>
7:05 PM - 7:25 PM	Setting the Stage: Pre-and Intra-Operative Pain Management <i>C Deirmengian, MD</i>
7:25 PM - 7:45 PM	New Approaches: Post Operative Pain Management <i>JD Swenson, MD</i>
7:45 PM - 8:05 PM	Advances in VTE Prophylaxis <i>G Merli, MD, FACP</i>
8:05 PM - 8:20 PM	Partial Knee Arthroplasty 2010 <i>K Berend, MD</i>
8:20 PM - 8:50 PM	Panel Discussion: Assessing Patient Cases
8:50 PM - 9:00 PM	Question and Answer

Fred Cushner, MD (Chairman)



Director, Insall Scott Kelly Institute
Chairman, Division of Orthopedics
Southside Hospital, Bay Shore, New York
Assistant Clinical Professor
Albert Einstein College of Medicine
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Geno Merli, MD, FACP



Director, Jefferson Center for Vascular Diseases
Senior Vice President and Chief Medical Officer,
Thomas Jefferson University Hospital
Ludwig A Kind Professor of Medicine
Thomas Jefferson University
Philadelphia, Pennsylvania

Jeffrey D Swenson, MD



Professor of Anesthesiology
Director of Anesthesia
University of Utah Orthopaedic Center
Salt Lake City, Utah

TARGET AUDIENCE

This CME activity is intended for orthopedic surgeons and other healthcare professionals involved in the care of patients undergoing total joint arthroplasty.

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

- Comprehend the importance of the prevention of VTE in orthopaedic patients, including in challenging patient types
- Review the key elements of VTE prevention and pain management as delineated by public health and surgical professional societies
- Describe and critically review available data for existing therapies and novel anticoagulant agents in the prevention of VTE in addition to pain management (pre-, intra-, post-operative)
- Describe and be able to understand the application of novel approaches to pain management and VTE prevention
- Determine risk-benefit ratio of various therapeutic options
- Appropriately apply national guidelines and recommendations to virtual patients
- Assess individual practice for compliance with these mandates and clinical guidelines in order to reduce medical errors and improve patient outcomes
- Establish mechanisms for integrating public health mandates and clinical guidelines into daily practice patterns

CREDIT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Jefferson Medical College and Thrombosis Education, Ltd.

Jefferson Medical College of Thomas Jefferson University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Jefferson Medical College designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credits™. Physicians should only claim credits commensurate with the extent of their participation in the activity.

This activity is provided free of charge to participants.

EDUCATIONAL SUPPORT


Supported by an educational grant from PriCara® and Ortho-McNeil™, Divisions of Ortho-McNeil-Janssen Pharmaceuticals, Inc, administered by Ortho-McNeil Janssen Scientific Affairs, LLC

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