“CUTTING EDGE TECHNIQUES AND CONTROVERSIES IN SHOULDER ARTHROPLASTY – A TRANSATLANTIC DEBATE – 2° EDITION”

VENICE
20-21 MAY 2022

COURSE CHAIRMEN
Giuseppe Porcellini MD (Italy)
John Sperling MD, MBA (USA)

INVITED SPEAKERS:
O. Verborgt (Belgium), L. Lafosse (France),
P. Boileau (France), R. Barco (Spain),
B. Gobbato (Brasil), F. Soza (Chile),
J. H. Oh (South Korea), A. Babhulkar (India),
C. Jiang (China), F. Campi (Italy),
F. Catani (Italy), A. Castagna (Italy),
G. Di Giacomo (Italy), G. Fiumana (Italy),
S. Gumina (Italy), M. Mantovani (Italy),
G. Merolla (Italy), P. Paladini (Italy),
P. Randelli (Italy), L. Tarallo (Italy)

LOCAL SCIENTIFIC SECRETARY:
A. Giorgini, G. Micheloni

SIGN UP HERE
www.congredior.it

20% discount on the registration fee for the patronages members of the event (in good standing with the current year membership fee)

Official Language: English
Saturday, 21st May

8:00 AM
CONTROVERSIES IN SHOULDER ARTHROPLASTY
Introduction to the Session and Moderators, Giuseppe Porcellini and John Sperling

8:10 AM
40 YEAR OLD WITH ARTHRITIS AFTER INSTABILITY SURGERY
Arthropic management is my preferred approach. L. Lafosse
Stemless anatomic shoulder arthroplasty is the way to go. J. H. Oh
Standard TSA is the gold standard. My keys to success. F. Soza
Cross-fire discussion moderators. P. Randelli and F. Campi

8:50 AM
SURGICAL OPTIONS FOR B2 GLENOID IN A 70 YEAR OLD PATIENT WITH 20 DEGREES OF RETROVERSION:
Standard TSA, Augmented TSA or RSA?
Standard TSA with eccentric reaming and PSI. O. Verborgt
Augmented anatomic TSA with navigation. R. Barco
Reverse shoulder arthroplasty with 3D planning. P. Boileau
Cross-fire discussion moderators. F. Soza and P. Paladini

9:30 AM
CLINICAL CASE: MY PATIENT RETURNS 6 MONTHS AFTER A PAINFUL ANATOMIC SHOULDER ARTHROPLASTY AND MILD ERYTHEMA
How to scope a shoulder arthroplasty. Technical tips. L. Lafosse
One stage is the preferred technique. G. Merolla
Two stage reimplantation is the way to go. P. Paladini
Cross-fire discussion moderators. P. Boileau and F. Soza

10:20 AM
MY PATIENT RETURNS 3 MONTHS AFTER A STANDARD TSA, AUGMENTED TSA OR RSA?
Non-operative treatment is preferred. P. Boileau
Cross-fire discussion moderators. P. Paladini

11:00 AM
CLINICAL CASE: MY PATIENT RETURNS 6 WEEKS AFTER A PRIMARY REVERSE AND IS NOW DISLOCATED. WHY AND WHAT IS NEXT?
Moderators: Dr. Barco and J.H. Oh
Panel. L. Lafosse, P. Boileau, O. Verborgt, L. Tarallo, F. Campi

11:30 AM
65 YEAR OLD WITH A MASSIVE ROTATOR CUFF TEAR AND INABILITY TO FULLY REPAIR
Don’t worry, I can repair the cuff. Let me show you how. A. Castagna
What about the use of the Balloon? G. Giorgini
Reverse shoulder arthroplasty is the preferred technique. P. Boileau
Cross-fire discussion moderators. G. Di Giacomo and L. Lafosse

12:30 AM
64 YEAR OLD WITH A FOUR PART PROXIMAL HUMERUS FRACTURE
Non-operative treatment is preferred. S. Gumina
ORIF is the way to go. L. Tarallo
Hemiarthroplasty is the best treatment. G. Merolla
Reverse shoulder arthroplasty is the best treatment. P. Randelli
Cross-fire discussion moderators. P. Boileau and B. Gobbato

3:00 PM
TECHNIQUES IN REVERSE SHOULDER ARTHROPLASTY: TIPS AND ESSENTIAL STEPS
Moderators: P. Boileau and F. Soza
How to tension the reverse shoulder arthroplasty. J. H. Oh
Subscapularis repair in RSA: to repair or not repair. R. Barco
Stemless reverse arthroplasty. S. Gumina
Reverse arthroplasty with a stemmed humeral component. C. Jiang
Management of glenoid bone deficiency with reverse. O. Verborgt
Discussion

4:00 PM
COMPLEX AND REVISION SHOULDER ARTHROPLASTY-HOW TO MANAGE YOUR MOST CHALLENGING CASES
Moderators: J. H. Oh and G. Merolla
Hemiarthroplasty for proximal humerus fracture. A. Babhulkar
Reverse arthroplasty for fracture. P. Boileau
Shoulder arthroplasty for the dislocation. C. Jiang
Revision of anatomic shoulder arthroplasty to reverse arthroplasty. J. H. Oh
Management of severe glenoid bone loss. J. Sperling
Management of severe humeral bone loss. F. Soza
Neurologic complication in shoulder arthroplasty. L. Lafosse
Discussion

5:20 PM Conclusion for Day 1