

NEWSLETTER 03/2015

ICSJS 2015

1st International Conference on **Sacroiliac Joint Surgery**

Sept. 18th - 19th 2015
Hamburg/Germany



ICSJS 2015 REPORT

"You never think about the sacroiliac joint if you don't think about the sacroiliac joint" (Charles Aprill/Arnold Graham Smith)

- » **80 participants**
- » **20 new members**
- » **Financial break-even**
- » **New international board members elected**
- » **SIMEG attitudes confirmed**
- » **ICSJS shall be continued in 2016**
- » **Video Conference Report available for download**

What the participants say:

Dr. Thomas Kibsgård : "The best conference I ever attended"

Dr. Graham Smith: "If the patient has two lesions and you only treat one, the patient will still be unhappy!"

Prof. Dr. Jürgen Harms : "It is wonderful that there is now an institution which tries to collect the data – which are very poor until now."

Prof. Niels Egdung: "Why am I here in Hamburg? Curiosity! And already now I have learned a lot!"

Dr. Rolf Sobottke: "There's one remarkable thing happening here: this is your first international congress on sacroiliac joint surgery, and in the first congress we hear something about registries! This is remarkable, because normally... I have a lot of enemies... and I am very grateful that I don't have to convince you any more, Mr. Fuchs!"

Dr. E. Jeffrey Donner: "Thanks to Volker and Mr. Dierks for inviting me and for putting on this meeting, and not only putting on a meeting but making it as commercial free as possible. It's a bit of a fresh air."

Watch the Video Summary on www.si-meg.com

**DON'T MISS THE ICSJS 2016:
SEPTEMBER 15. - 17TH, 2016 IN HAMBURG/GERMANY**

Dear Colleagues,

for those who were not able to attend the „1st International Congress on Sacroiliac Joint Surgery“ in Hamburg we have pleasure to summarize the conference, which was a true update on sacroiliac joint surgery, treatment, research and medical device developments. Seventeen national and international experts met with an highly qualified auditorium to share and discuss their experience and actual knowledge. Many speakers appreciated our decision to set up an unbiased conference – not dictated by commercial interest – and confirmed the need of a specialized sacroiliac association.

The right event at the right time

Everyone was dedicated to serious research and all the discussions – though controversial – always tried to find a consensus for the most important questions: pain generators, indication, clinical studies, patient work up, postoperative treatment, healing challenges. It became clear that all these experts had been going their own way in the past, driven by their patients to find a solution to their individual pain, and it was only natural that their ways did not lead to Roma but to the ICSJS in Hamburg. As Louis Pasteur said “Chance favors the prepared mind” – we feel this was only the beginning of true research into the surgical aspects of sacroiliac joint pain (which is mainly referred to pelvic girdle pain) treatment. **Dr. Graham Smith** taught us a new term and called it a ‘P.I.T.B.’ problem – until he met Senior Researcher **Britt Stuge** from Norway in Hamburg. She really helped us to understand the complexity and challenges of evidence based treatment.

Too good to be true?

Thomas Kibsgårds’ literature research revealed that the majority of present studies initiated by the medical device industry are just too good to be true, and the conference agreed that independent qualified studies are needed – and most important: there is an imperative need, as **Dr. Sobottke** stated, for a case registry similar to hip and spine registries, which needs to be (politically) supported by the companies.

Even **Prof. Jürgen Harms**, one of the internationally most renowned spinal surgeons, travelled to Hamburg mainly to congratulate and encourage our association:

“...I want to congratulate Dr. Fuchs, because since 30 years I’m working as a spine surgeon and know that the

SI joint is really a big problem – not only in or after surgery, but also before surgery. It is wonderful that there is now an institution which tries to collect the data – which are very poor until now. So I think it’s very important to have such a society, and this is one of the reasons why I as a spine surgeon am willing to speak here about conservative ideas to overcome the problems of the SI joint dysfunction. ... It’s interesting to see that we have some knowledge, but we are just at the beginning!”

The introducing words of Organizer **Michael Dierks** and President **Dr. med. Volker Fuchs** served as guidelines to lead us through the discussions:

Dierks: “...Now we’re here at a unique conference, which I think is the first conference of its kind worldwide which was not initiated by a company. And if you attend this meeting as a company representative to learn about commercial aspects – this will help you to avoid failed investments as it will help attending surgeons to avoid failed diagnosis and treatment.

...I think the economical expectations do not relate to the real number of surgical cases, once we manage to set up diagnosis standards and certified treatments, what we intend to start on this conference.”

Fuchs: “When I first started mentally to look into an operation of the SIJ six years ago, I would never have thought that I would stand here today in front of you and have the honor to open the first international conference on surgical treatment of the sacroiliac joint.

I am doing this not without pride, for the path has been long and rocky. To be honest oftentimes I reckoned better to cancel it all, since the individual financial risk was significant and the enthusiasm of potential sponsors for this event was reluctant in the beginning.

But thanks to the insistency, the many encouraging words and unlimited support of Michael Dierks we are able to meet here today.

The longer I dealt with the SIJ topic, ... the more questions came to my mind. I tried to find answers to basic subjects in the literature, most what I found was “is not really known”, “there is no evidence available” or “has to be investigated more deeply”. Facts which seem to be answered were soon revised or left in a void of contradiction.

Along with industrial awareness of the widely untouched field of SIJ surgery, more and more – mostly ‘user friendly’, meaning minimally invasive – implant systems entered the market. Remembering interspinous



Dr. Volker Fuchs



Michael Dierks

spreaders and the steep rise and deep fall of lumbar disc prostheses, I had in mind all the patients, who would be operated for the best intentions but with a lack of basic knowledge about the SIJ. Publications which postulate the economical superiority of surgical against conservative treatment were meant to support a shorter time line and to lower the restriction to indicate SIJ surgery in the future.

I am completely in line with Prof. Heini, who formulated it to the point in 2013:

„Hopefully, the increasing numbers of reports on the treatment for SI joint problems will not misguide surgeons to perform uncontrolled interventions and I wish we do not have to state that too many SI joints are damaged by surgeons for undefined pain problems.“

Sure enough, due to its shape, position and surrounding ligamentous structures along with the still not fully explored biomechanical aspects, the SIJ is one of the most challenging areas in our body to be investigated. But this should not keep us from getting to the very bottom of this challenge.

Patients suffering since many months or even years from therapy resistant SIJ complaints undoubtedly need surgical treatment. The only dissent is about when and how to operate or what the correct diagnostic path would be.

To add authority to future studies, to take the wind out of the sails of the critics and to be able to offer optimal treatment to our patients, we should agree to certain basic standards. This only will enable us to directly

Therefore I want to invite you as spinal surgeons, physiotherapists, biomechanic researchers as well as medical device manufacturers within the setting of the “Sacroiliac Medical Expert Group” to get on board, join the projects and discuss actively today and in the future – preferably as a SIMEG member. I encourage you to use this chance today.

Finally I would like to thank the exhibiting companies who at last made it possible that we can meet on such a high level with experts from all over the world. We will be able to pay our bills, that’s a good feeling.

Addressing the companies, I am appealing to you for an important concern of our group: To enable us to establish a case register, please encourage your user surgeons or even oblige them to participate – this will surely raise and manifest the therapeutical quality.”

(Dr. med. Volker Fuchs)



Round table: SIJ surgical techniques

“I’m here because of curiosity!”

The high scientific level of lectures and discussions as well as the curiosity (the main reason why **Prof. Niels Egund** attended) of the attendees on the first day left no place for a social program. Dinner had to be postponed by an hour, and discussions went on in some groups even until early Saturday morning.

Basic SIJ presentations about historical and actual treatments and their risks and benefits (**John Stark**), biomechanics (**Dr. Böhme**), innervation of the SI joint (**Prof. Neuhuber**), SPECT CT and special MRI diagnostic imaging techniques (**Dr. Koga**), denervation challenges (**S. Roberts: ultrasound will make SIJ an office treatment!**) and conservative treatment (**Prof. Harms**) as well as physical diagnostic tests (**B. Stuge**) were the topics which nourished the hungry audience with solid science.



Attendees actively join the discussions

compare conservative or surgical outcome. This might make one or the other therapy to be abandoned sooner than otherwise, but I think economic considerations should not have first priority this time.



Prof. E. Murakami and Dr. E. Jeffrey Donner

The well renowned rheumatologist **Prof. Sieper** from the Charité hospital in Berlin/Germany presented his experience about diagnosis and treatment of SIJ arthritis – and he agreed with **Dr. Fuchs** to consider the 30 – 40% non-responding patients to probably operate on. **Prof. Egund (the SIJ is not a real joint, its partly a symphysis)** even dreamed about Japanese surgeon **Dr. Kurosawa's** lecture on SIJ injections and gave an unplanned presentation of his revelation at the beginning of the Saturday morning session.

The cartoon presented by **Britt Stuge** expressed the dilemma very clearly:

“If this does not help you, please come back and we will try something else!” “Can’t we try something else right now?”

At the end of day one **Dr. Fuchs** started the round table discussion about a diagnostic algorithm. After his presentation of available diagnostic techniques, supported by literature, he led the discussion and tried to find answers to his questions like

- » At what point of time do we speak of chronic SIJ pain? (open question)
- » How many months of intensive conservative treatment do we demand before SIJ fusion? (open question)
- » What in- /exclusion criteria should we recommend for SIJ surgery? (open)
- » Should we use a pain diagram? (YES)
- » Do we need a control block (according to ISIS)? (YES)
- » Should we use extraarticular injection? (YES)

- » At what time should we evaluate the patients pain level after the infiltration? (30 min., init pain diary)
- » What percentage (cut off value) of pain reduction after the infiltration do we demand defining a positive result? (30 %, preferably use numerous scale)

It became obvious that not all of these questions could be bindingly answered during this conference, since almost each of the participants had her/his own experience and algorithm, understanding and view on these answers. So it was agreed that the discussion shall continue after the conference using modern online techniques. **Britt Stuge** suggested to find a researcher who would set up a Delphi study on this to make sure the established guidelines will be acknowledged by the medical societies. A task group shall be established within SIMEG to work on that.

Day Two

Saturday was dominated by the presentation and discussion of known surgical techniques. Different from other conferences the presentations included only very few case reports to demonstrate the pros and contras of the various methods in a very fair and scientific way – none of the presented techniques was considered to be THE solution, and there was no speaker who tried to 'sell' his technique.

Drs. Eden, Murakami, Kibsgard, Fuchs, Stark, Donner and Graham Smith led a very comprehensive round table discussion, answering questions about bone healing after surgery, particular risks of certain techniques. **John Stark's** presentation about the neurovascular consequences and comorbidities rose the question if anyone had experienced any of the



Pro/Contra discussion on surgical procedures



Discussing Dr. Kurosawa's presentation

publically reported adverse events related to laterally MIS techniques – none of them had. This did not mean that the risks of neurovascular injuries, non-healing or other complications wouldn't occur - especially if surgeons are attracted operations by competitive industrial marketing practice. **Prof. Murakami** from Sendai, Japan, reported that out of 4.000 patients whom he treated for SIJ dysfunction only 45 patients were operated. **Dr. Fuchs** confirmed that this would be a reasonable ratio according to today's knowledge about safety and efficacy of available fusion systems.

After **Thomas Kibsgård's** talk about clinical studies and **Britt Stuge's** opening of the round table discussion the conference turned into a lively disputing group of dedicated surgeons and therapists, looking for a consensus about study designs, possible particular SIJ scores, the difficulty of motivating patients and surgeons to fill out the forms ("they are form fatigue"), the problem of illiterates (20 – 25 % in the USA) and – most interesting – what are the right questions to ask? Are the patients able to value their degree of

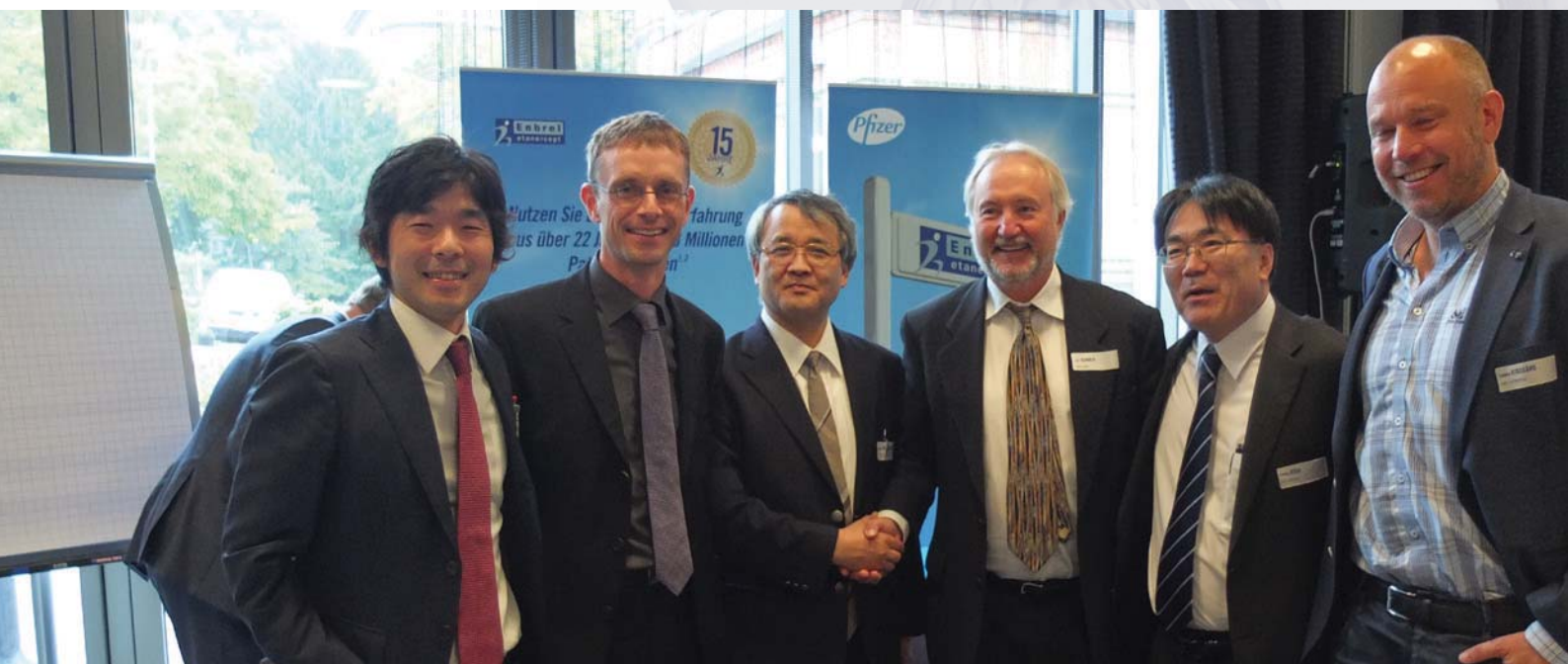
pain in percent, or wouldn't it just be a question of improvement of daily life quality?

At the end everyone congratulated **Dr. Fuchs** to this conference, demanding a 2nd one in 2016 and encouraging him to proceed the good work that he and **Michael Dierks** started, and it should be respectfully noted that it all began when **Dr. Stark** brought his idea of distraction interference arthrodesis to Germany in 2010. It was unique at that time, but today it is only one among many others. **Dr. Fuchs** expressed his thanks once again to the speakers who did not apply for a speakers fee and for the excellent presentations and discussions. He thanked the industry, which enabled SIMEG to make this conference not only a scientific success, but also helped to realize a financial break-even: **GLOBUS Medical UK, DIZG, SIGNUS-Medizintechnik GmbH, Metrum-Cryoflex, Pfizer Pharma, ILION Medical and Bauerfeind AG.** We hope that more pioneering SIJ companies will participate next year to support the start of a case registry.

80 attendees listened to and discussed the lectures



Dr. Kurosawa, Dr. Fuchs, Prof. Murakami, Dr. Donner, Dr. Koga and elected president 2016 Dr. Kibsgård are happy about a successful meeting





Prof. J. Harms



Dr. Graham Smith



Dr. Kibsgård, Dr. Fuchs, Dr. Donner, Dr. Graham Smith, Britt Stuge



Dr. John G. Stark



Shannon Roberts



Robert Boelen and Prof. Niels Egund discussing



Dr. Böhme



Britt Stuge



Elected president 2016 Thomas Kibsgård

All lectures are available in low resolution for participants and SIMEG members free of charge. Original lectures and video reports in high resolution can be purchased on demand, unless there is a copyright restriction by the speakers. Please contact us for further information.

info@si-meg.com

Members annual meeting

The members meeting revealed the financial break-even of the conference with a total budget of 30.000 EUR. Twenty new membership applications were accepted which almost doubles the number of members up to 45.

A new board was elected, and **Dr. Thomas Kibsgård** will lead SIMEG as the president 2016 together with vice president **Dr. Volker Fuchs**. **Dr. Uwe Dott** was elected as treasurer, and with respect to the international attitude of the association **Dr. John Stark** (USA) and **Dr. Niall Craig** (UK) were appointed as board members. Michael Dierks will continue to administer the organizational and public relation tasks.

Please fix the date for the 2nd ICSJS: September 15th – 17th, 2016 at the same place in Hamburg. And don't forget to send in your SIMEG application form! Members benefit from reduced conference fees and free access to the conference report and are invited to join the SIMEG projects.



M.E.G.