SCIENTIFIC PROGRAM

SA/NT Branch Scientific Papers Day

AOA

20 February 2026

SAHMRI, Adelaide

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TIME	TITLE	PRESENTER
12:45pm	**REGISTRATION AND LUNCH**	
1:25pm	Welcome to scientific meeting & session 1	TOM GIEROBA
1:30pm	Distal biceps tendon anatomical all-suture anchor repair technique	AFSANA HASAN
1:40pm	Alcohol consumption as a predictor of outcomes in open carpal tunnel release surgery: a systematic review	ERIC HE
1:50pm	A head-forward posture produces neck dislocation during inverted drop experiments	RYAN QUARRINGTON
2.00pm	The Hub and Spoke Model Orthopaedic Trauma Network Promotes Equitable Access: The Alice Springs Orthopaedics Department's Experience	KIMON TOUMAZOS
2:10pm	An Evaluation of Extra-Articular Distal Femoral Fracture Morphology and Evolution of a New Classification System for These Fractures	TOM HARDING
2:20pm	What is the Optimal Fixation Strategy for the Pubic Symphysis?	MATTHEW CEHIC
2.30PM	Deltoid injury is associated with syndesmotic malreduction post internal fixation	JED CAMPBELL
2:40PM	Barton's Financial	
2:50pm	AFTERNOON BREAK	

TIME	TITLE	PRESENTER
3:25pm	Welcome to session 2	RICHARD CLARNETTE
3:35pm	Pre-operative sarcopenia and sarcopenic obesity risk in Total Hip and Knee Arthroplasty Patients in South Australia: implications for pre-operative screening optimisation	GAVIN ONG
3:45pm	Mid-term Outcomes of the Fixed Bearing Lateral Oxford Unicompartmental Knee Replacement	LACHLAN ARTHUR
3.55pm	Quadriceps malalignment is an anatomical risk factor for patellofemoral instability.	FRANCESCA SASANELLI
4.05PM	The Myth of Aseptic Revision: Microbiome Evidence for a Gut–Bone Connection in PJI	TANVI SINGH
4.15PM	Assessing the Effectiveness of Double Debridement, Antibiotics and Implant Retention (DAIR) in the Hip and Knee Joint: A Scoping Review	RUDRAKSH GUPTA
4.25pm	Clinical outcomes of endoscopic decompression surgery for lumbar canal stenosis – A case series	CLAUDIA PAUL
4.35PM	Close of Meeting	
4.40pm	Annual General Meeting	GENERAL MEETING – MEMBERS AND TRAINEES ONLY

Distal Biceps Tendon Anatomical All-Suture Anchor Repair Technique

HASAN A, Alder-Price A, Woodmass J, Brandariz R, Honoki K, Leiter J, Hart D

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Distal biceps tendon ruptures occur at an incidence of approximately 2.5 per 100,000 patient-years and typically occur in physically active middle-aged males. Operative repair is associated with superior outcomes, including greater flexion and supination strength, endurance, and patient-reported function, compared with nonoperative management.

Distal biceps tendon repair techniques have evolved over the years to reduce the risks of adverse outcomes such as nerve injury, heterotrophic ossification and fracture. There has been a shift from an anatomical dual-incision technique to a single-incision technique. However, the latter method does not place the tendon back at its footprint on the ulnar border of the radial tuberosity, and this may limit the return of supination strength. Although bicortical metal buttons provide excellent pull-out strength, newer all-suture anchors offer comparable outcomes while minimising the risk of fracture. They can be easily inserted unicortically, avoiding risk to the posterior interosseous nerve.

This Technical Note describes a single-incision, onlay, double all-suture anchor technique for distal biceps tendon repair using two 2.9-mm JuggerLoc all-suture anchors. The method enables anatomic reattachment of the tendon and optimises tendon–bone contact area compared with conventional single-incision techniques. This configuration provides secure fixation that permits immediate postoperative motion and offers a secondary anchor for added stability should one anchor fail."

Alcohol Consumption as a Predictor of Outcomes in Open Carpal Tunnel Release Surgery: A Systematic Review

HE E, Mikhael MAS, Videon L, Crispin M D

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Background

Carpal Tunnel Syndrome (CTS) is a common peripheral nerve entrapment; open Carpal Tunnel Release (CTR) surgery is the gold standard orthopaedic surgical technique. Pre-operative alcohol consumption is a known predictive factor of polyneuropathy and post-operative outcomes. The aim is to investigate the influence of alcohol consumption on open CTR surgery outcomes.

Methods

A systematic review registered with PROSPERO was performed using PRISMA Guidelines. Study selection included English language randomised controlled trials, cohort longitudinal studies and case series, on adults published within a 10-year period (2015 – 2025). ROBINS-I was utilised for a risk of bias assessment.

Result

8 studies were eligible as per the criteria. There is little to no evidence which suggests pre-operative alcohol consumption impacts open CTR post-operative outcomes (p-0.60); depression ($p = 0.46$), Boston Carpal Tunnel Questionnaire (BCTQ) ($p = 0.16$), palmar pain ($p = 0.27$), wound healing disturbance ($p = 0.85$), numbness ($p = 1.00$), pain ($p = 0.50$), Kelly Score ($p = 1.00$) and return to work ($p = 0.67$). There is varying evidence associating pre-operative alcohol consumption with post-operative infection; one study reported little to no evidence ($p = 0.39$) and another reported very strong evidence ($p = < 0.001$). There is evidence to suggest that patients requiring revision surgery are less likely to consume alcohol ($p = 0.025$).

Conclusion

There is little to no evidence that alcohol consumption impacts outcomes in patients undergoing open CTR surgery. Further studies should investigate the impact of pre-operative alcohol consumption on post-operative infection risk and revision surgery outcomes.

A Head-Forward Posture Produces Neck Dislocation During Inverted Drop Experiments

QUARRINGTON R, Mongiardini M, Stevenson A, Diwan A

Adelaide University; Royal Adelaide Hospital

Subaxial cervical facet dislocation (CFD), a serious consequence of head-first impacts (HFI), often results in tetraplegia. The mechanisms underlying CFD remain unclear, and replication in computational and experimental settings has proven challenging. Prior studies suggest that a head-forward posture with a horizontal Frankfort plane (FP) may elevate CFD risk. This study tested that hypothesis using parametric finite element (FE) simulations and cadaveric experiments.

Eleven HFI simulations were performed using a detailed FE model of the human head and neck, replicating previous inverted drop cadaver experiments. The model was repositioned to represent head-forward eccentricity conditions (0, 5, ..., 50 mm; horizontal FP), then subjected to vertical impact at 2 m/s. Kinematic and kinetic data were exported at 100 kHz.

Six human cadaveric head-neck specimens underwent matched inverted drop tests using 30 mm head eccentricity. Impact forces (50 kHz) and cervical kinematics (10 kHz) were recorded, and post-impact injuries were documented.

Simulations reproduced the characteristic “S-shaped” cervical deformation observed in prior studies. Increasing head eccentricity led to progressively higher anterior shear forces at the lower cervical spine, with eccentricities above 15 mm exceeding physiological thresholds. Although limitations in soft-tissue failure modelling prevented CFD in simulations, 5 experiments resulted in complete C7/T1 facet dislocation.

Pre-impact head-forward posture increases the risk of lower cervical dislocation by amplifying intervertebral shear forces during HFI. These findings support the importance of neutral head alignment in at-risk scenarios and demonstrate the value of integrating computational and experimental models to better understand and prevent spinal injury."

The Hub and Spoke Model Orthopaedic Trauma Network Promotes Equitable Access: The Alice Springs Orthopaedics Department's Experience

TOUMAZOS K, Cheok T, Ravichandran B, Jaarsma R, Krishnan J, Williams K

Alice Springs Hospital

Background

Rural and remote communities throughout Australia face significant barriers in accessing specialist surgical care. Alice Springs Hospital have continuously expanded our capabilities and established pathways of care for orthopaedic surgery utilising a hub and spoke model.

Methods

We performed a retrospective longitudinal study of patients admitted to the orthopaedic department between 2003 and 2023. The aim of this study is to describe impact of healthcare service capability development, including the development and implementation of a hub and spoke model, on the provision of trauma and elective orthopaedic care in Alice Springs Hospital across the past two decades.

Results

Expansion of healthcare service capability is associated with a statistically significant decrease in the proportion of inpatient transfers to tertiary centres over time ($p = 0.001$). In 2003, 2.8% of orthopaedic inpatients were transferred to tertiary centres, whereas in 2023, only 0.9% were transferred. Furthermore, with increasing capabilities, we observed a significant decrease in the proportion of transfers potentially avoidable with increasing surgical capabilities ($p < 0.001$) and that potentially avoidable with increasing medical imaging capabilities ($p < 0.001$).

Conclusions

In the context of trauma and elective orthopaedic surgery, the expansion of surgical and imaging capabilities in a rural Australian hospital over the past two decades help reduce the need for transfer of remote patients to tertiary centres. The hub and spoke model provide excellent support and mentorship to locally based surgeons, resulting in less patient displacement and more culturally appropriate care.

An Evaluation of Extra-Articular Distal Femoral Fracture Morphology and Evolution of a New Classification System for These Fractures

HARDING T, McGurk C, Nimon K, Nicholson JA, Rickman M, Smitham PJ

Royal Adelaide Hospital

Background

Dual plating and nail-plate combinations have become into vogue in recent years due to reported rates of early implant failure as high as 25% and a recognition that early weightbearing is important. The aim of this study is to sub-classify this fracture group, to aid better surgical decision making in terms of construct choice.

Methods

A retrospective analysis of all femoral fractures over a 3-year period was conducted at a level 1 trauma centre. All extra-articular femoral fractures with or without concurrent total knee arthroplasty were included. The primary outcome was to map fracture patterns with CT and x-ray. Muller-box-technique was undertaken to provide a uniform descriptive technique. Secondary outcome measures included fixation strategy, implant failure, non-union, malunion, mortality and complications. Kappa analysis for intra- and inter-observer variability was performed.

Results

101 patients were identified from the trauma database. 41 patients were excluded due to intra-articular involvement. Three reproducible fracture patterns were identified: Type 1 lateral shear (n=21), type 2 medial shear (n=14), and type 3 simple metaphyseal (n=24). Higher rates of comminution and complications were observed in the Type 1 group. Good intra- and inter-observer variability was observed.

Conclusion

Through mapping of these fractures, we propose a new classification system for extra-articular femoral fractures. This study shows that about a third of distal femoral fractures exit low medially and have associated comminution. These more complex fracture patterns may benefit from additional fixation. Further work is required to better understand optimal fixation strategy in this patient group.

What Is the Optimal Fixation Strategy for the Pubic Symphysis?

CEHIC M, To C, Rickman M

Royal Adelaide Hospital

Background

Open reduction and single plating remains the gold standard for the surgical management of pubic symphysis diastasis. Single plating is standard practice, but dual plating is emerging as an alternative option, offering superior biomechanical stability. Specific patient cohorts such as the elderly, the morbidly obese and revision fixation require more stability and it has been suggested dual plating constructs can be utilised. This review aimed to explore the evidence supporting the use of dual plating.

Methods

Using Medline, Embase and Scopus, a systematic review and meta-analysis was performed of all papers published regardless of publication date reporting adult patients with pubic symphysis diastasis treated with single versus dual plating. Outcomes of interest were implant failure and re-operation rates.

Results

Only nine clinical studies directly compared single and dual symphyseal plating. All except one were retrospective and included small dual-plating cohorts. Implant failure (either plate or screw failure) rates varied widely (12–90%), with single plates failing more radiographically 105/381 (27.6%) vs dual plates 14/73 (19.1%). Re-operation rates were also lower in dual plate constructs (4/73 (5.5%) vs 41/381 (10.7%) for dual and single plating respectively).

Conclusion

This review highlights the paucity of high-quality clinical evidence and the absence of clear guidelines to support decision-making in the surgical management of pubic symphyseal diastasis. Whilst the cohorts of patients potentially benefitting from dual plating have been identified, there remains a lack of clinical data. This review serves as a call to arms for robust comparative studies to better define indications and clinically meaningful endpoints.

Deltoid Injury Is Associated with Syndesmotic Malreduction Post Internal Fixation

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Introduction

Deltoid ligament rupture is commonly encountered in ankle fractures. Despite previous studies suggesting decreased postoperative medial clear space and malreduction rates, the need for surgical repair remains debated1.

Methods

All patients who underwent syndesmotic internal fixation at Flinders Medical Centre from 2018 to 2025 underwent bilateral ankle CT scan. Using the Vetter et al2 criteria, the affected ankle was assessed for syndesmotic malreduction. These measurements were then compared to the contralateral ankle – if equivalent, the ankle was deemed reduced. The presence of deltoid injury was diagnosed with a medial clear space over 6mm, or talar sag sign.

Results

After excluding for skeletal immaturity and prior ankle injury, 147 patients underwent syndesmotic fixation and bilateral post-operative CT scan within the study period. 55 patients (38.2%) were malreduced, when comparing reduction to the native syndesmosis on the contralateral ankle using Vetter criteria. 19 patients (13%) were assessed to have deltoid injury. Deltoid injury was significantly associated with syndesmotic malreduction ($p = 0.016$); 24% ($n = 12$) had deltoid injury, versus 5.4% ($n = 7$) in the reduced cohort. Of these 19 patients, 14 underwent deltoid repair – despite this not reaching statistical significance ($p = 0.339$), all patients with successful reduction and deltoid injury had undergone deltoid repair.

Conclusion

Deltoid injury was significantly associated with syndesmotic malreduction. Larger, prospective data is needed to assess the impact of deltoid repair.

Pre-operative Sarcopenia and Sarcopenic Obesity Risk in Total Hip and Knee Arthroplasty Patients in South Australia: Implications for Pre-operative Screening Optimisation

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Background

THA/TKA candidates often have restricted physical activity. This potentiates sarcopenia and sarcopenic obesity as comorbidities, which are associated with poor post-operative outcomes. This research aims to determine the prevalence of high-risk patients for sarcopenia and sarcopenic obesity in the South Australian THA/TKA cohorts and explore the relationships between age and BMI with SARC-F positivity prevalence. Addressing these aims will better inform optimal pre-operative screening approaches.

Method

Cross-sectional analysis of adults scheduled for THA or TKA, with preoperative age, sex, BMI, and SARC-F recorded. SARC-F positivity was defined as ≥4. "High-risk sarcopenic obesity" was defined as obesity (BMI ≥30 kg/m^2) plus SARC-F positivity. Age- and BMI-based categorical comparisons were tested with χ^2 and Fisher's exact tests. Logistic regression was used to model SARC-F positivity for each 10-year increase in age and 5-unit increase in BMI, with adjustment for sex and BMI or age, respectively.

Results

The pre-operative SARC-F positivity rate was 60.6% and 44.6% in THA and TKA patients, respectively. The high-risk sarcopenic obesity prevalence was 66.7% in THA and 53.8% in TKA patients. There were no statistically significant trends between age and BMI with SARC-F positivity in both cohorts. The TKA cohort had a trend toward higher odds with increasing BMI.

Conclusion

High-risk candidates for sarcopenia and sarcopenic obesity were prevalent in both cohorts. Sarcopenia screening should be routinely incorporated into pre-operative assessment pathways for both surgeries, rather than relying on age, BMI or symptom-driven screening. Incorporating sarcopenia screening alongside BMI may improve preoperative risk stratification.

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Mid-term Outcomes of the Fixed Bearing Lateral Oxford Unicompartmental Knee Replacement

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Introduction

Lateral unicompartmental knee replacement (UKR) has had mixed clinical results and, although appropriate for about 10% of knees needing replacement, is only used for about 1%. The aim was to determine the medium-term results for the Fixed Lateral Oxford UKR (FLO).

Methods

The clinical results and survival for 305 consecutive FLOs implanted between 2015 and 2022 were analysed. 93% of knees satisfied the recommended indications. The mean follow-up was 4.3 years (range one to eight years). The Oxford Knee Score (OKS) was recorded pre- and post-operatively. The revision status of all knees was known.

Results

There were four (1%) revisions: two conversions to primary TKRs for instability and progressive arthritis, and two additions of a medial UKR for medial compartment arthritis. There were three other reoperations. At last follow-up the mean OKS was 41, a mean increase of 20 points from pre-operative OKS. At seven years the survival rate for any re-operation was 96% (95%CI 91-100), for revision was 98% (95%CI 94-100) and for revision to primary TKR was 99% (95%CI 96-100). No revisions required revision TKR components. There were only two revisions when knees outside the recommended indications were excluded, resulting in a seven-year survival for revision of 99% (95%CI 93-100).

Conclusion / Clinical significance

This study presents the largest published cohort of fixed bearing lateral UKR. The FLO's good clinical outcomes and medium-term survival, particularly when recommended indications are used, suggest it is an excellent alternative to TKR for the treatment of isolated lateral knee osteoarthritis.

Quadriceps Malalignment Is an Anatomical Risk Factor for Patellofemoral Instability

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Background

Patellofemoral instability (PFJI) has been associated with multiple anatomical risk factors. (1) Modern three-dimensional imaging techniques allow accurate measurement of the alignment of the quadriceps. (2, 3)

Methods

This is a case control study looking at retrospective data of CT scans of patients presenting with recurrent PFJI relative to a control group of patients with medial compartment osteoarthritis. Twenty patients were identified in each group. Other measurements included coronal alignment and Dejour 2.0 classification of trochlear dysplasia. The quadriceps alignment was measured using the quadriceps tendon axial angle (QTAx), which is the angle between the proximal apex of the quadriceps tendon relative to the posterior condyles and the centre of shaft of the femur.

Results

The QTAx in the PFJI group averaged 24.8 degrees externally rotated with a standard deviation of 12.0 degrees, compared to 2.6 degrees externally rotated with a standard deviation of 9.4 degrees in the control group ($p<0.05$). The TTTG was 15.8 mm in the PFJI group and 11 mm in the control group ($p<0.05$). There was a much higher rate of trochlear dysplasia in the PFJI group with 65% of the patients having Dejour 1 to 3 trochlear dysplasia compared to 10% in the control group ($p<0.05$). In the receiver operating characteristic graph, the area under the curve for quadriceps tendon axial angle was 0.941, showing it had the best predictive ability for PFJI compared to other measurements.

Conclusion

Quadriceps malalignment is an additional risk factor for PFJI. This is likely due to the increased lateral force vector on the patella caused by external rotation of the quadriceps muscle around the femoral shaft. The strength of the association between recurrent PFJI and quadriceps malalignment is similar to that for trochlear dysplasia.

The Myth of Aseptic Revision: Microbiome Evidence for a Gut–Bone Connection in PJI

SINGH T, Sharma D, Dash R, Clothier R, Ramasamy B, Venkatesan P, Atkins G, Callary S, Solomon B, Ramadass B

Royal Adelaide Hospital

Background

Aseptic revision hip arthroplasty is the most common indication for reoperation and traditionally attributed to mechanical loosening, instability, or implant wear over infection. However, the biological environment surrounding failed implants remains poorly characterised. Emerging evidence challenges assumptions of physiological sterility, suggesting bone may harbour microbial communities, influencing osteolysis and implant integration. Gastrointestinal dysbiosis has been implicated in orthopaedic outcomes, raising the possibility of gut–bone microbial axis. Defining baseline microbial signals could distinguish true colonisation from contamination and improve PJI interpretation

Methods

Thirty patients undergoing aseptic hip revision arthroplasty at the Royal Adelaide Hospital were prospectively recruited, all meeting Musculoskeletal Infection Society criteria for aseptic failure. Paired preoperative faecal samples and intraoperative periprosthetic bone samples were collected. A multi-omic approach using 16S rRNA sequencing and metagenomic profiling (Kraken2) was employed to detect low-biomass microbial signatures. Microbial diversity and community composition were analysed, with clinical correlations assessed using Pearson correlation and false discovery rate correction($p<0.05$).

Results

The cohort (mean age 73; mean BMI 30) demonstrated occult microbial activity. Despite aseptic classification, seven cultures were positive (23%). Sequencing identified distinct periprosthetic bone microbiomes enriched with gut-associated commensals and low-abundance anaerobes with biofilm formation. Faecal samples demonstrated dysbiosis, shared bone and stool taxa supported potential microbial translocation. Faecal calprotectin was elevated and comparable to PJI.

Conclusion

Aseptic hip revision is associated with distinct dysbiotic periprosthetic bone microbiomes. These findings challenge the “aseptic” paradigm and support a gut–bone microbial axis contributing to subclinical inflammatory failure, with implications for refining PJI diagnostics and implant survival.

Assessing the Effectiveness of Double Debridement, Antibiotics and Implant Retention (DAIR) in the Hip and Knee Joint: A Scoping Review

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Prosthetic joint infection (PJI) following hip or knee arthroplasty is a serious complication associated with substantial morbidity, cost, and mortality. While revision arthroplasty remains the gold standard, debridement, antibiotics, and implant retention (DAIR) offers a less invasive and morbid alternative. The role of planned double DAIR (D-DAIR) procedures, however, remains poorly defined.

A systematic search of Medline, PubMed, Embase, and Scopus was conducted. Two reviewers independently screened 5464 titles, abstracts, and 120 full texts. Studies examining outcomes of planned D-DAIR, planned multiple DAIR, and unplanned repeated DAIR procedures for acute hip or knee PJI following primary total arthroplasty were included. Four studies of planned D-DAIR, five of planned multiple DAIR, and six of unplanned multiple DAIR were identified.

Planned D-DAIR achieved infection control in 88.1% of 160 cases comparable to one- and two-stage revision outcomes. Planned multiple DAIR demonstrated 80.6% infection control in 137 cases. In contrast, 96 unplanned repeated DAIRs achieved implant retention in only 70.8% of cases.

Planned approaches, particularly when performed within seven days of symptom onset and incorporating modular component exchange, were associated with higher implant retention. Reactive approaches, particularly unplanned repeated DAIRs produced more variable results, reflecting heterogeneity in patient selection, timing, and operative technique.

These findings suggest that planned D-DAIR may represent an effective management strategy for acute PJI, achieving infection resolution rates approaching those of revision procedures but with lower morbidity. Further large-scale studies are warranted to confirm long-term outcomes.

Clinical Outcomes of Endoscopic Decompression Surgery for Lumbar Canal Stenosis – A Case Series

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Introduction

Lumbar spinal stenosis is a common cause of disability, resulting from spinal canal narrowing and neural compression, leading to back pain, radiculopathy, and neurogenic claudication. Surgical decompression is indicated following failure of conservative treatment. Endoscopic techniques have emerged as an alternative to traditional open or microscopic procedures, minimising approach-related morbidity while achieving comparable clinical outcomes. Unilateral biportal endoscopic decompression surgery has been adopted at our institution for selected patients with lumbar canal stenosis.

Aim

To evaluate pre- and post-operative outcomes of endoscopic spinal decompression surgery at the Royal Adelaide Hospital.

Method

A single-centre retrospective review was performed of adult patients undergoing endoscopic lumbar decompression between May 2024 and December 2025. Data were obtained from electronic medical records and patient questionnaires completed pre- and post-operatively. Demographics, surgical indication, medical imaging, hospital length of stay, and rehabilitation requirements were collected. Clinical outcomes were assessed using the EQ-5D health-related quality of life score, visual analog scores for back and leg pain, and the Oswestry Disability Index.

Results

Fourteen patients underwent lumbar spinal canal decompression, including eight males and six females, with a mean age of 44 ± 16 years. Questionnaires were completed on the day of surgery and at six-week follow up. Mean length of stay was 3 ± 3 days. Analysis of pre- and post-operative outcomes will be presented.

Conclusion

Endoscopic decompression appears to be a safe and effective alternative to open and microscopic techniques, demonstrating favourable early clinical outcomes. Further follow-up is required to confirm durability of results over time.

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