

“CurveBeam Connect: South American Orthopedics are Making Strides”

Podcast Posted: June 30, 2019

KEY POINTS

- The Foot & Ankle department at Clinica Universidad de Los Andes was able to justify the purchase of a LineUP weight bearing CT system solely using scientific evidence and did not have to demonstrate financial benefits.
- The LineUP weight bearing CT system at Clinica Universidad de Los Andes was placed in the foot & ankle department, allowing the surgeons to get a patient scan right away.
- Other imaging studies can misrepresent the degree of dislocation in a syndesmosis injury. Weight bearing CT can provide a conclusive answer in the first test.



PODCAST GUEST

Dr. Cristian Ortiz, MD

Dr. Ortiz is the current president of the International Federation of Foot & Ankle Societies (IFFAS) and is a foot & ankle surgeon at Clinica Universidad de los Andes in Santiago, Chile.

“Clinica Universidad de los Andes (Santiago, Chile) is a brand new hospital, it’s only been five years since it launched. It’s a private institution, part of Los Andes University, the most prestigious private university in Chile. It is affiliated with the Chilean Olympic teams. Our orthopedic department is growing. We created a dedicated foot and ankle center and it is the first one in South America that functions like a foot and ankle center in the United States. We have four foot & ankle surgeons, which is one of the bigger concentrations of foot & ankle surgeons you have in one place. We are reaching close to 1,000 surgeries a year. Right now in Chile, we have about 60 foot and ankle surgeons who are formally trained in the United States or Europe.

Our hospital was the first in South America to acquire a LineUP weight bearing CT system. We are very proud that we were able to convince our institution to get this weight bearing CT. At first it was a bit hard because the authorities say, "show me the numbers." They want to know how many patients are going to be using this new technology every day, which translates into how much money we're going to collect from the new device and how long it is going to take to recover the costs.

Weight bearing CT is relatively brand new. Just in the last five years, we have been collecting a lot of new information about how useful this new technology is. So we conveyed this to the authorities in our institution, that this new technology was going to bring more patients in because patients were going to be interested in a CT scan that has low radiation. That's very, very important for patients. Also, that it's pretty quick to obtain the images. You can get bilateral CT of the weight bearing ankle and foot in less than 30 seconds. With the equipment we have, we can get CT of the knee, and with the adaption chair we can get a CT of the hands and elbows. We have been very interested in hindfoot surgery for the last 10 years. Chile has been the leading country in South America in terms of the number of ankle replacements and rearfoot reconstructions. And we thought that the weight bearing CT was especially important to make a proper diagnosis and make proper decisions for hindfoot fusions, correction, malunions, and at the same time get more information about the forefoot.

We were lucky enough to get our radiologists and the hospital CEO very excited about this new technology. Other institutions in Chile have asked us how we were able to convince our administrators without showing them any numbers. And I think at this point there is enough out there in the literature to support how important weight bearing CT is.

We have a new foot and ankle area in the hospital, so we are able to put the weight bearing CT right in front of our offices. For the patient, it's very nice. The patient literally walks out of my door and the front door and the CT system is right there. That's really the workflow we had in mind, that the doctor could say, "I need to see more" and they can get the scans right away. And of course, right now we are not only getting our own patients but patients from other institutions in Chile. We're keeping this new apparatus very busy, and the people who look at the numbers are very happy because we're seeing an increased number of patients.

We had a 25-year-old patient who was told he needed surgery for a syndesmotic injury. He was told in three different institutions that he needed surgery because the syndesmosis was significantly displaced. So we got a bilateral weight bearing CT, and when we compared the images the syndesmosis was not displaced at all. What was displaced was the fracture of the fibula, but the ankle itself, the mortise, the joint space and the syndesmosis were equal on both sides. We recommended no surgery, and the patient recovered after a month. He was back to playing sports. He spent a lot of money on weight bearing X-Rays, he had a CT scan, he had a SPECT-CT, and MRI. He spent a lot of money and none of these were able to tell him for sure what to do. Just one weight bearing CT and we were able to make a final decision."

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