7th Breaking the Boundaries of Possible
WORLD CONGRESS
of the ASAMI-BR & ILLRS SOCIETIES
27th - 30th August 2026 | Sunway Pyramid Convention Centre, Selangor, Malaysia

Organised by:

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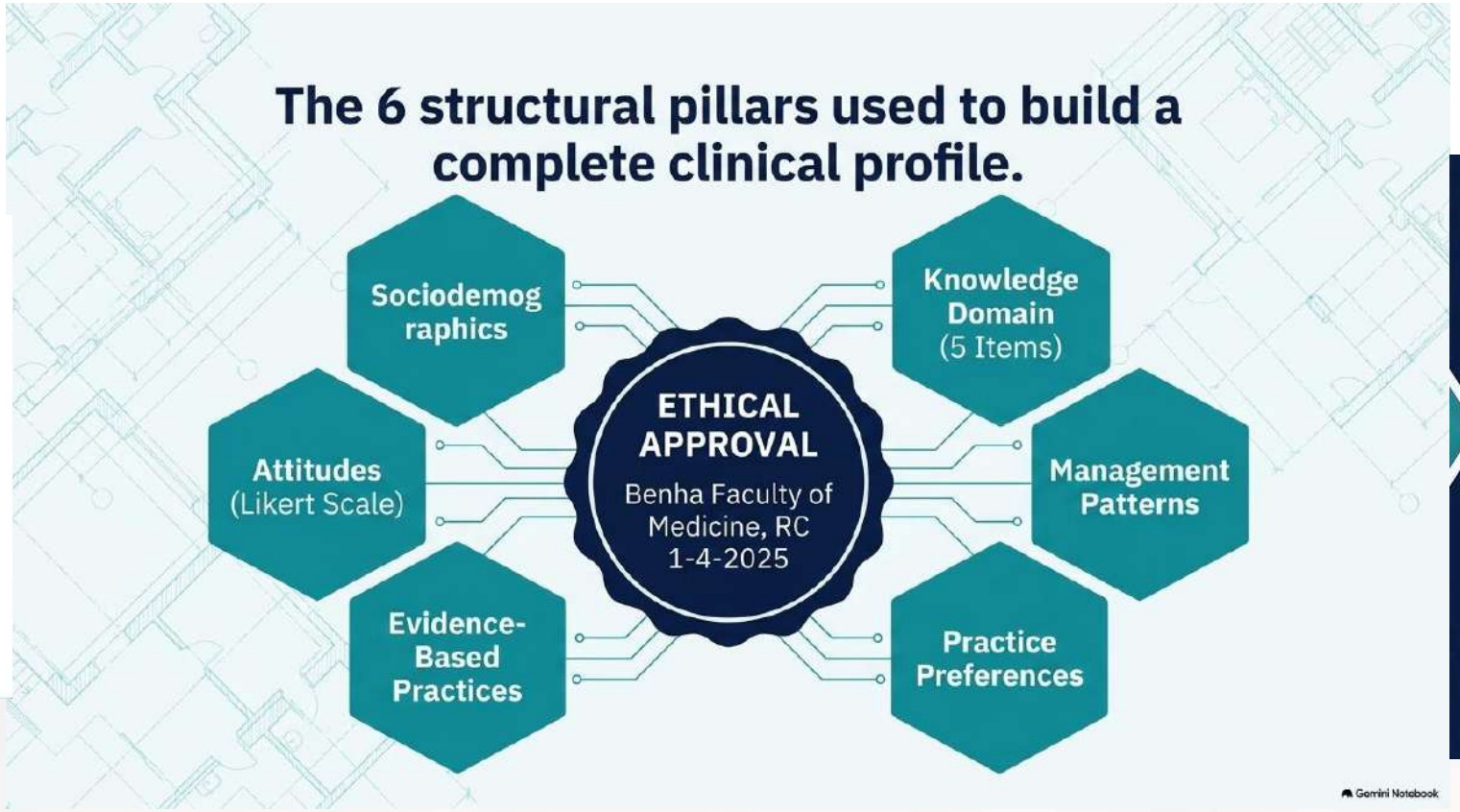
Comprehensive Assessment of an Evidence-Based Course Intervention (EBJIC) on Orthopaedic Surgeons' Knowledge, Attitudes, and Practices in Chronic Post-Traumatic Osteomyelitis Management

Ahmed A. Elsheikh, MD
Associate Professor of Trauma & Orthopaedics
Faculty of Medicine - Benha University, Benha, Egypt

37-Item

Validated KAP survey instrument utilized across six clinical domains.



Final Cohort Secured

N = 302

Exceeded minimum sample size to increase overall study power and geographical diversity.

Demographics Dashboard

1	**97.4%**	Male Cohort
2	**38.1 yrs**	Mean Age (± 8.3). 40.4% are Board-certified Specialists.
3	**11.0 yrs**	Mean Surgical Experience

The Critical Context Metric

77.2% of respondents handle only 0 to 5 bone infection cases per month.

Insight Tag: Clinical Context: Chronic osteomyelitis is not a routine daily caseload for the majority, serving as a foundational context for the observed knowledge gaps.

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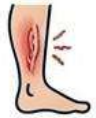
Knowledge Dashboard:
The Diagnostic Hit & Miss

Clinical Icon	Topic	Correct Answer & Percentage	Result Icon
	Pathogen Identification	*S. aureus* (78.8%) (14.9% confused species with resistance, selecting MRSA).	✓
	Primary Risk Factor	Surgery / Trauma (40.7%) (>50% incorrectly selected systemic hematogenous factors like diabetes).	✗
	Clinical Confirmatory Signs	Identified ≥2 key signs (71.5%)	✓
	Diagnostic Imaging	MRI or PET-CT (68.9%) (15.9% dangerously selected low-sensitivity CT or X-ray).	⚠
	Confirmatory Procedure	Open deep tissue cultures (79.8%)	✓

Overall Score:
53.0%
scored 3 or below
(out of 5)

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Practice Realities: Alignment vs. Divergence

Adherence to Gold Standards

- **Aggressive Debridement:** 85.7% appropriately prioritize surgical debridement.
- **Tissue Culture Mandate:** 81.1% recognize deep tissue cultures are mandatory.
- **Antibiotic Stewardship:** 76.5% correctly utilize an antibiotic holiday before elective surgery.
- **Graft Avoidance:** 81.1% correctly avoid simultaneous autologous bone grafts in contaminated fields.

Systemic Clinical Blindspots

- **The Biofilm Gap:** 88.7% either lack access to biofilm degradation methods (44.7%) or do not know about them (44.0%).
- **Sinus Tract Reliance:** 33.4% rely on sinus tract cultures (plus 28.1% unsure), despite documented poor correlation with deep pathogens.
- **MDT Underutilization:** Only 59.6% consistently involve Multidisciplinary Teams (MDT).

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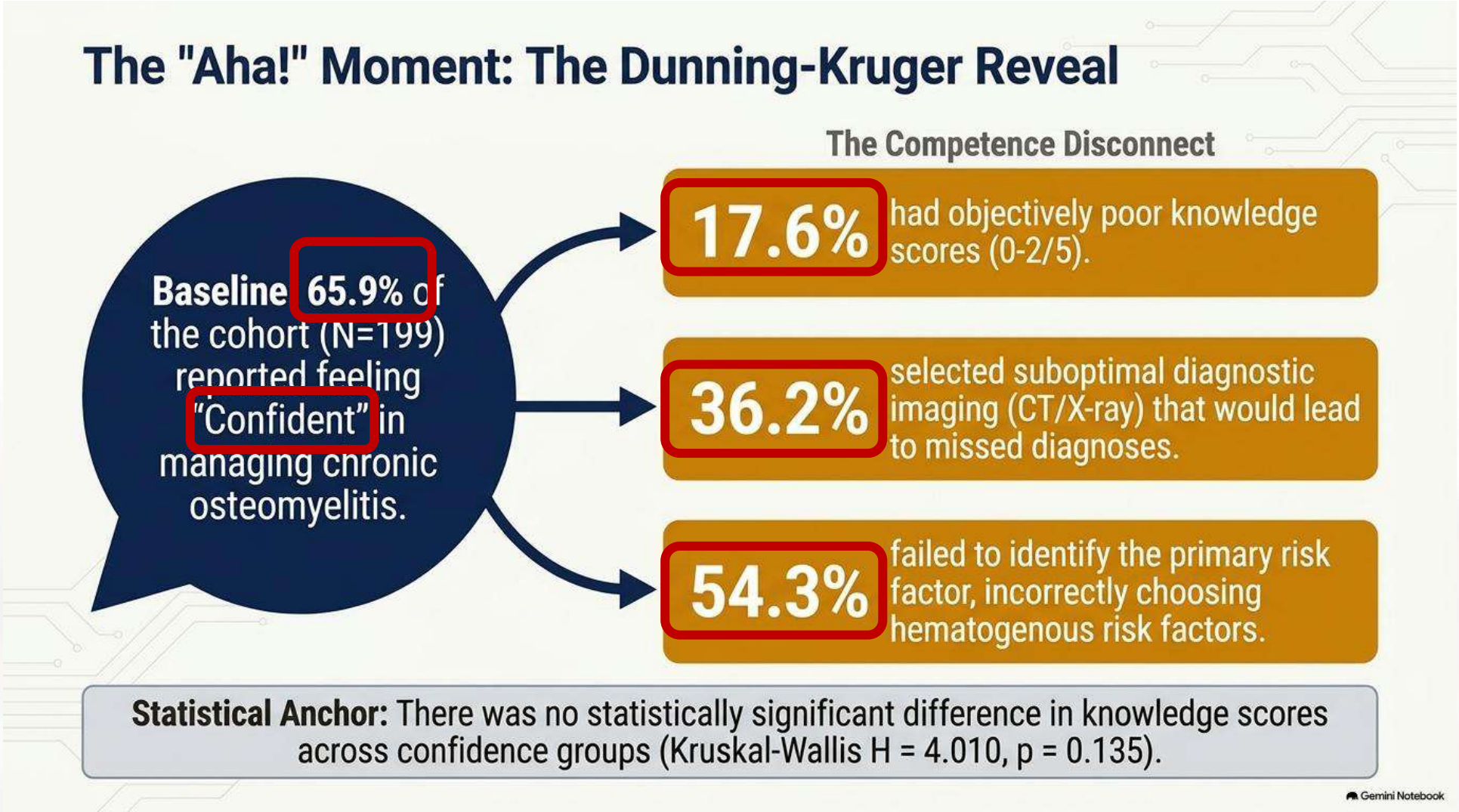
The "Aha!" Moment: The Dunning-Kruger Reveal
The Competence Disconnect
Baseline 65.9% of the cohort (N=199) reported feeling "Confident" in managing chronic osteomyelitis.
17.6% had objectively poor knowledge scores (0-2/5).
36.2% selected suboptimal diagnostic imaging (CT/X-ray) that would lead to missed diagnoses.
54.3% failed to identify the primary risk factor, incorrectly choosing hematogenous risk factors.
Statistical Anchor: There was no statistically significant difference in knowledge scores across confidence groups (Kruskal-Wallis H = 4.010, p = 0.135).
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Day 1: Fracture-related infection (FRI)

Registration

Introduction (Why are we here?)

Session (1):

Prevent & Understand

- New advances in the management of fracture-related infection
- Fracture-related infection (two-stage treatment)
- Knocking on ajar doors: Orthopaedic Infection Challenges
- Biofilm: Life cycle and impact on BJI
- Antibiotic Prophylaxis in Orthopaedic Surgery

Session (2):

Diagnose & Debride

- FRI consensus of diagnosis
- Radiological tools in FRI diagnosis
- Golden rules of Microbiology in FRI
- Soft tissue consideration and options in Fracture-related infection
- Early postoperative infection: How to manage
- Surgical Debridement
- Case-Based Discussion

Case-Based Discussion (Participants)

Session (3):

Plan & Reconstruct

- Use of internal fixation after FRI
- Induced membrane technique
- Longitudinal bone transport
- Vascularized fibular graft
- Bone Builders & Bug Killers: The Dual Power of Calcium Sulphate Carriers
- Navigating Culture Results in the Era of Resistance
- Ortho-ID: The Essential Partnership

Case-Based Discussion by the Faculty

Practical Workshops

Day 2: - Pediatric Bone & Joint Infection - Infected Charcot Arthropathy

Day (1) Rewind

Session (1):

Pediatric Bone & Joint Infection

- Septic Joint (SA)
- Acute Osteomyelitis (OM)
- Chronic Osteomyelitis (COM)
- Subacute Osteomyelitis
- Bone and Joint Infection in Neonates (don't miss)
- Neglected Septic Epiphysitis (NSE)

Case-Based Discussion by the faculty

Session (2):

Infected Charcot Arthropathy (Understand)

- Practice Essentials & Epidemiology
- The infected charcot ankle: a limb-threatening crisis
- Risk factors & the portals of infection
- Imaging studies of infected Charcot ankle
- Multidisciplinary approach and Laboratory workup
- Antibiotic management, Immobilization and offloading

Session (3):

Infected Charcot Arthropathy (Management)

- Pre-surgical requirements
- Surgical debridement
- Stabilization of the limb
- Soft tissue reconstruction in Infected Charcot
- Recurrence of infection
- Nonunion
- Amputation is not a failure

Case-Based Discussion by the faculty

Practical Workshops

Day 3: Periprosthetic Joint Infection

Day (2) Rewind

Session (1):

Periprosthetic Joint Infection (PJI): The Problem

- PJI: Do we have a problem?
- ICM: What happened in Istanbul?
- Prevention of PJI/SSI: Strategies that work!
- Microbiological and laboratory Diagnosis
- Osteomyelitis: Bane of our existence

International Consensus Meeting 2025 Questions and Discussion

- ICM questions and discussions
- Predisposing factors
- Diagnosis & Clinical picture
- Single stage
- 2 stage

Session (2):

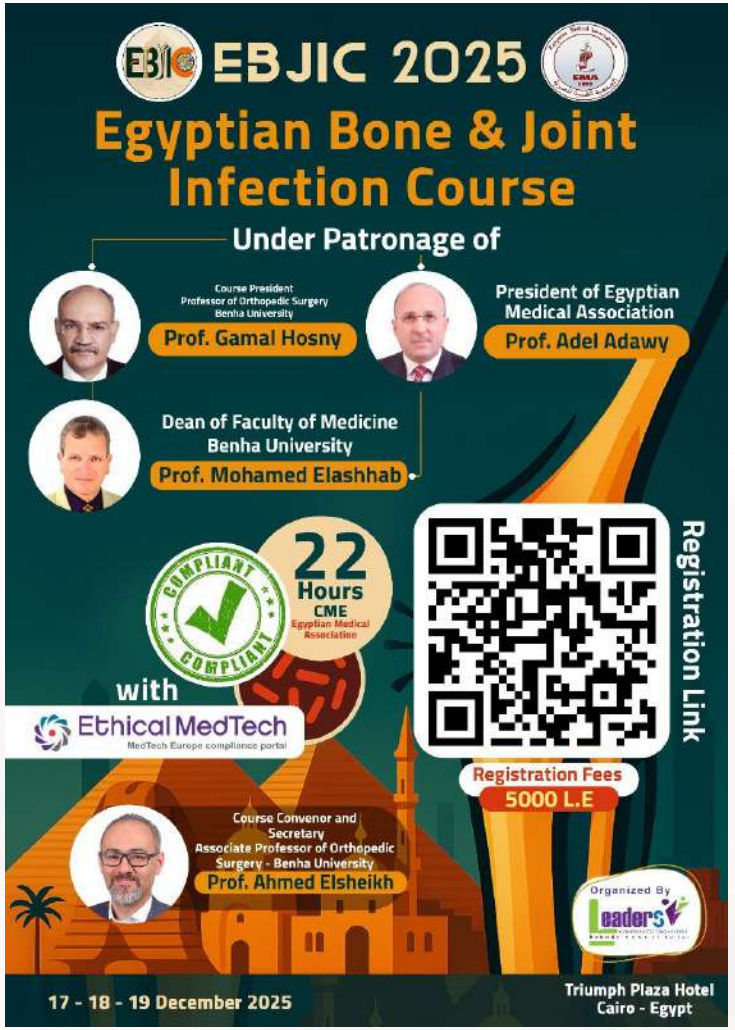
PJI: The Treatment

- Antimicrobial Therapy: How do we choose and for how long?
- Do local antimicrobials work?
- Can we fight infection while building bone? (Symposium)
- Spacers (Symposium)
- Does DAIR work?
- One stage exchange: Where do we stand?
- Two stage exchange: Still the Gold Standard?
- Case Presentations

Session (3):

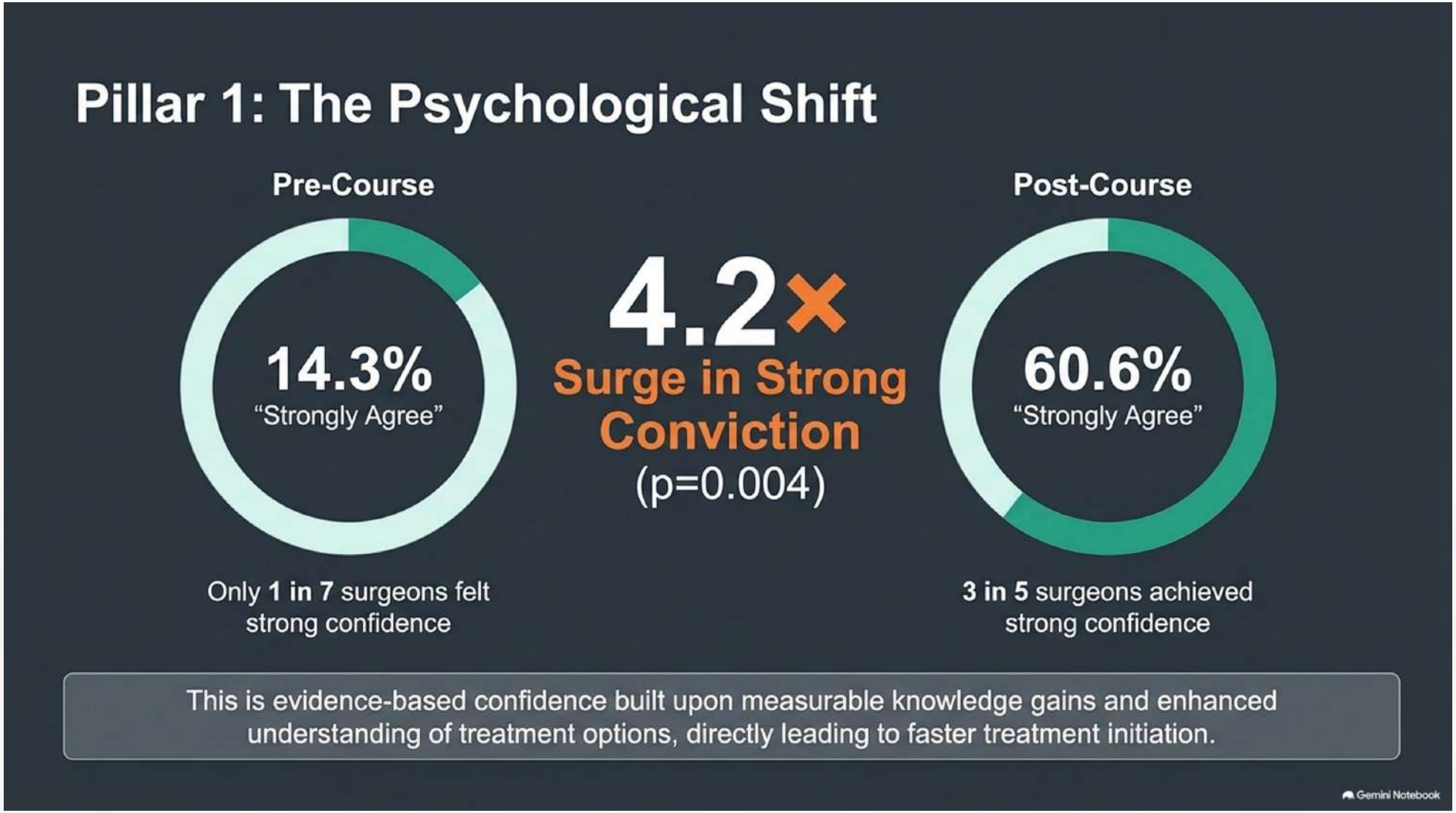
PJI: Complex Cases and Questions

- Surgical Treatment of PJI: Polymicrobial
- Surgical Treatment of Fungal PJI
- Surgical Treatment of Multiresistant PJI
- PJI: What is on the Horizon?
- Questions from Audience and COMPLEX SITUATIONS



EBJIC

EGYPTIAN BONE & JOINT INFECTION COURSE


Pillar 1: The Psychological Shift
Pre-Course
14.3%
"Strongly Agree"
4.2×
Surge in Strong Conviction
(p=0.004)
Post-Course
60.6%
"Strongly Agree"
Only 1 in 7 surgeons felt strong confidence
3 in 5 surgeons achieved strong confidence
This is evidence-based confidence built upon measurable knowledge gains and enhanced understanding of treatment options, directly leading to faster treatment initiation.
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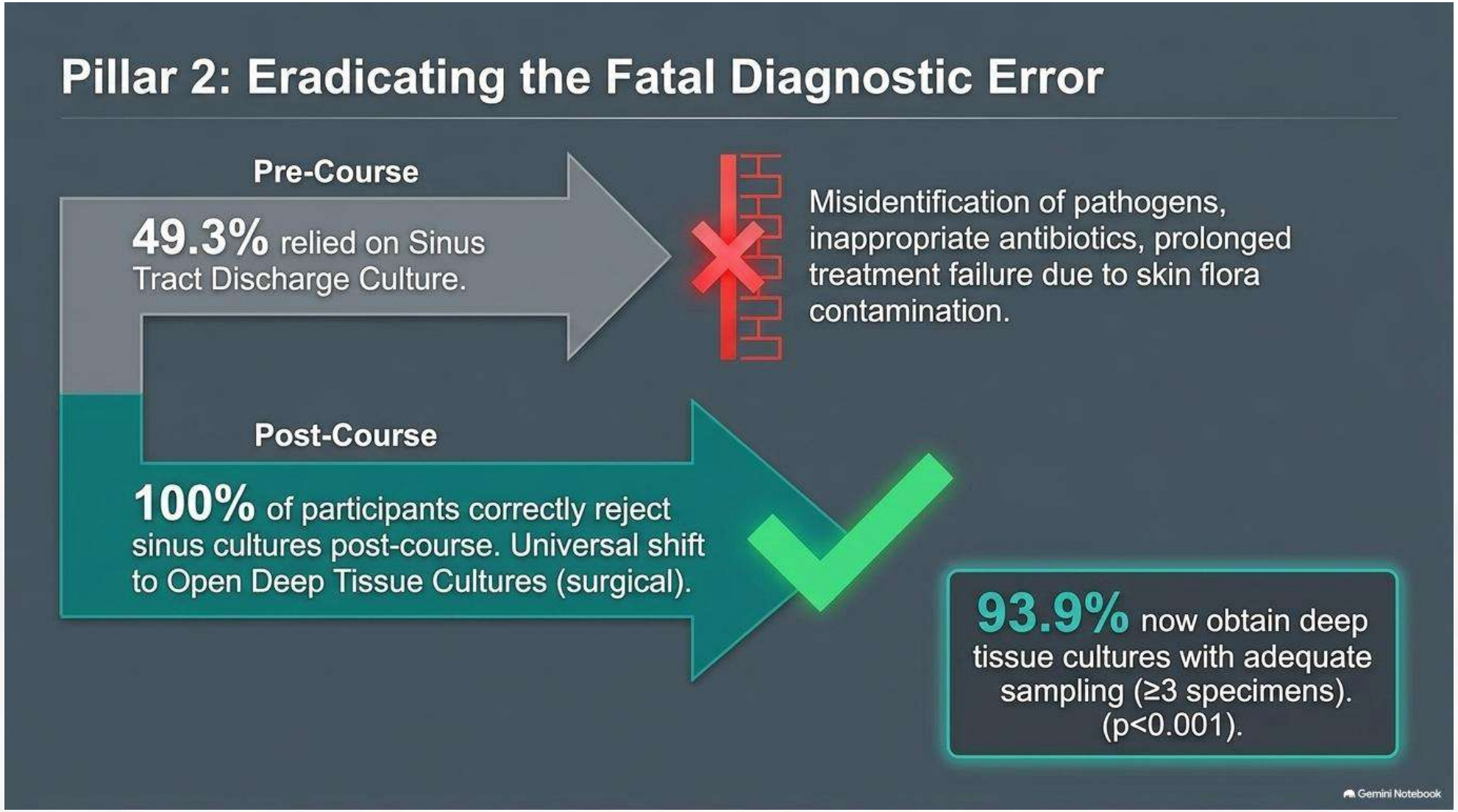
Pillar 2: Eradicating the Fatal Diagnostic Error
Pre-Course
49.3% relied on Sinus Tract Discharge Culture.
Misidentification of pathogens, inappropriate antibiotics, prolonged treatment failure due to skin flora contamination.
Post-Course
100% of participants correctly reject sinus cultures post-course. Universal shift to Open Deep Tissue Cultures (surgical).
93.9% now obtain deep tissue cultures with adequate sampling (≥3 specimens). (p<0.001).
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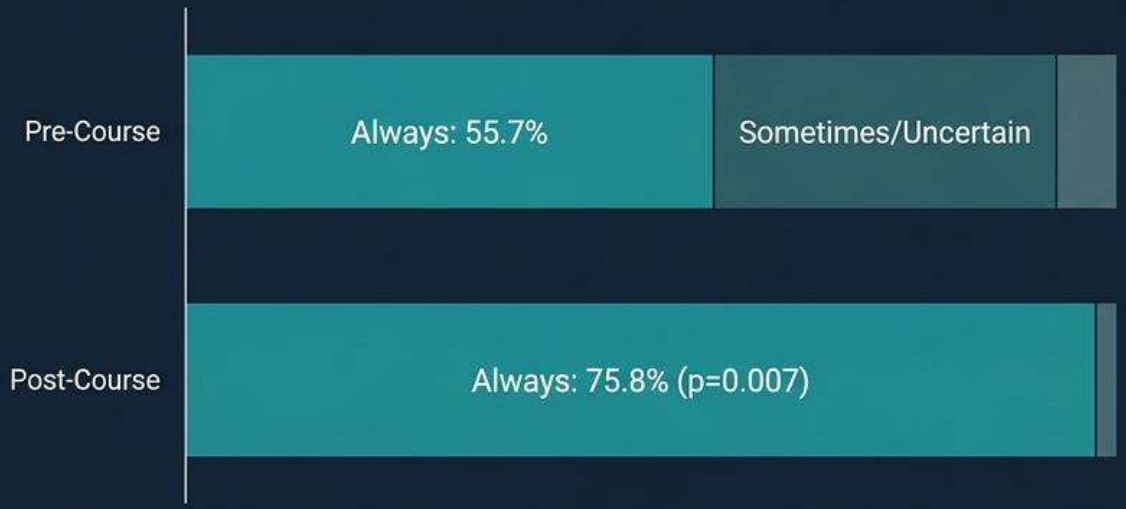
Clinical Transformation Dashboard

Pillar 3: From Hesitation to Decisive Action

Frequency of Surgical Intervention Recommendations



Key Insight Callout

80% Reduction in Under-treatment Patterns.

Key Insight Callout

The uncertain "Sometimes" response was completely eliminated (4.9% → 0%).

Clinical Impact: Prevents delayed surgical intervention and reduces prolonged, ineffective antibiotic-only approaches. Surgery is now correctly recognized as the cornerstone of CPTO management.

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Pillar 4: Shattering the Clinical Silo

Before & After

Pre-Course

Post-Course

"Always" involve a multidisciplinary team nearly doubled: **24.6%** → **48.5%** (p=0.009).

Combined "Always + Often" regular team involvement reached **88%**.

Isolated Practice Eliminated. The dangerous "Rarely/Never" category dropped from 12% to absolute zero. This represents a fundamental paradigm shift in Middle Eastern organizational practice patterns.

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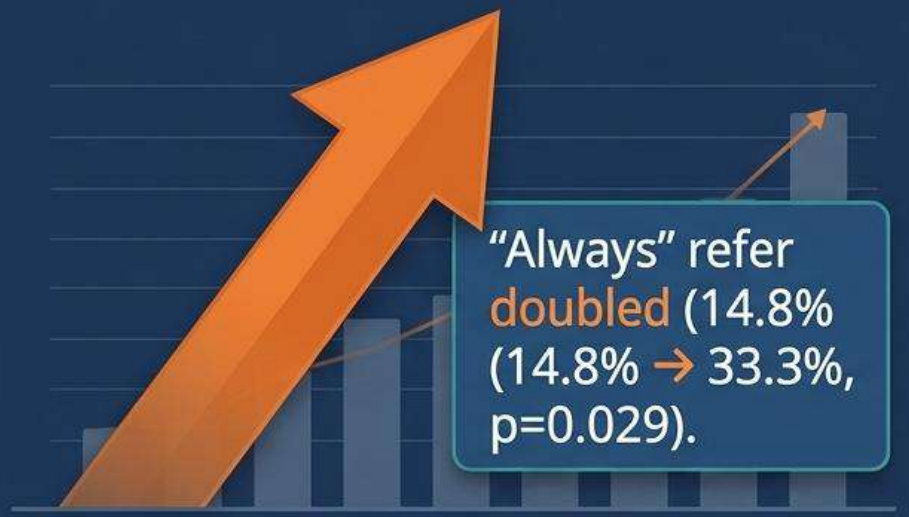
Pillar 5: Institutionalizing the Specialist Referral

Infectious Disease



Ensures optimal antibiotic selection, correct duration, and critical antimicrobial stewardship to prevent resistance.

Plastic Surgery

Represents emerging recognition of the absolute necessity for planned, expert soft tissue reconstruction in bone infection cases.

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The "Error Zero" Matrix

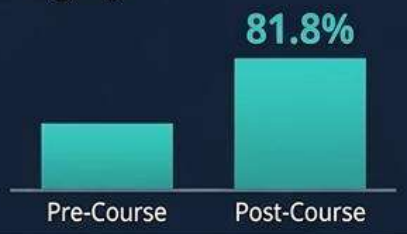
Critical Clinical Error	Pre-Course Rate	Post-Course Rate
Reliance on Sinus Tract Cultures	49.3%	0% ↓
Isolated Orthopedic-Only Practice	12.0%	0% ↓
Reliance on Antibiotic Monotherapy	9.8%	0% ↓
Refusal to take Deep Tissue Cultures	6.6%	0% ↓

The EBJIC intervention didn't **just tweak clinical habits—it completely eradicated** four fundamental diagnostic and practice errors, immediately elevating regional patient safety standards.

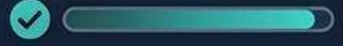
The Systemic Reality: Knowledge vs. Resources

Knowledge Achieved (The Surgeon)

- **81.8%** now correctly identify MRI/PET-CT as optimal imaging.



- Knowledge of proper antibiotic timing and deep culture techniques reached near-universal levels.



System Constraints (The Hospital)

- **Imaging Access Disparity:** Only 27% have access to advanced imaging (MRI/PET-CT); 50% are forced to rely on inferior X-rays.

- **Technology Shortage:** 70% of surgeons report having no access to biofilm degradation methods.

Synthesis Insight: EBJIIC successfully maximizes surgeon potential and clinical decision-making within the harsh realities of their regional infrastructure limits.

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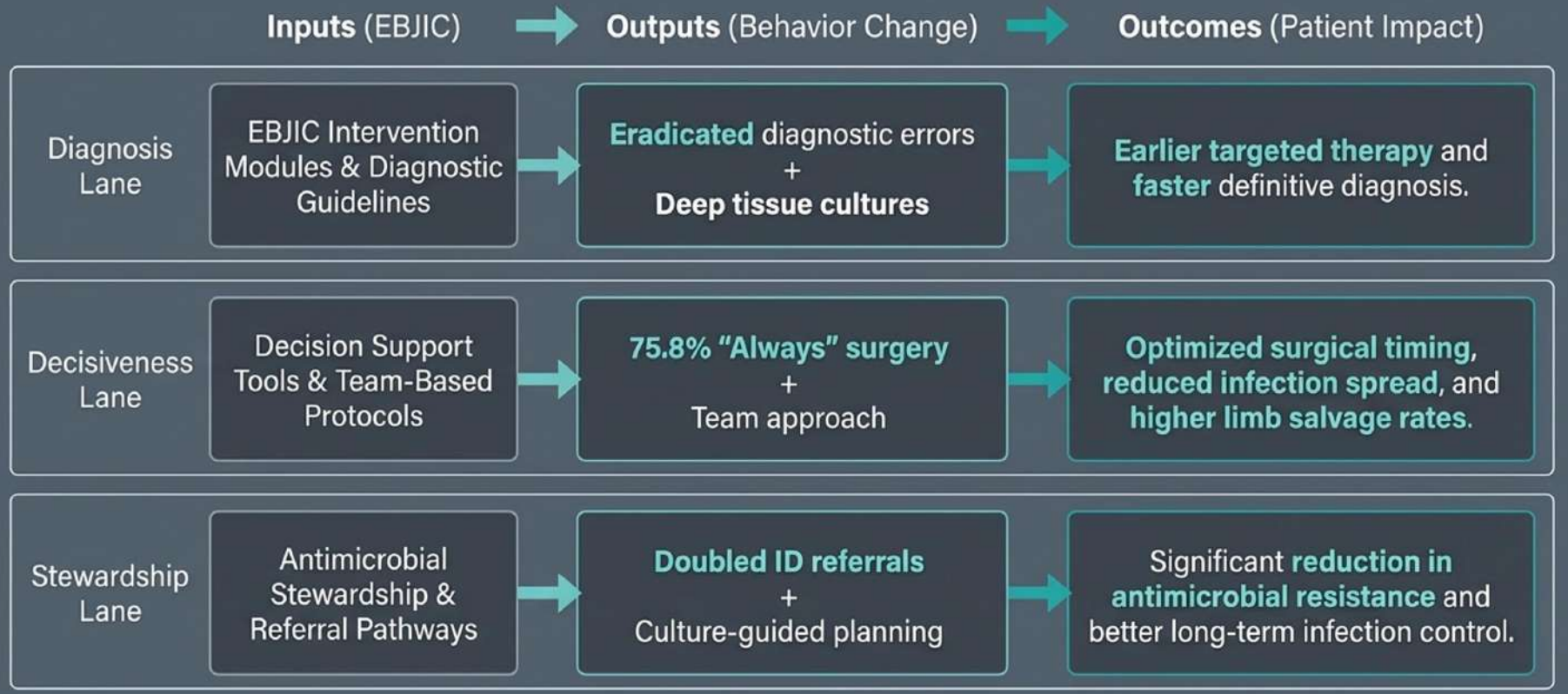
Translating Metrics to Patient Outcomes



Conclusion

- Complex pathologies like CPTO cannot be mastered through standard teaching alone. They require **high-impact, structured, and targeted** intervention.

- The **EBJIC** KAP study proves that a focused, evidence-based curriculum doesn't just impart facts and knowledge—it fundamentally transforms clinical practice and attitudes, eradicates fatal errors, and standardises life-saving multidisciplinary care.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