3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

ICM 2025 Istanbul

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Number of Delegates Involved	**1205**
Delegates Attended	**857**
Observers Attended	**105**
Industry Attendance	**112**
Local Academic Institutions	**20**

- ICM is a non-profit organization whose mission is to engage experts from around the world to create compendiums of up-to-date recommendations, related to various fields of orthopedics, that will improve patient care

3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

ICM 2013:
305 delegates
52 countries
12 languages

ICM 2018:
880 delegates
92 countries
17 languages

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ICM 2013:

305 delegates

52 countries

12 languages

ICM 2018:

880 delegates

92 countries

17 languages

Journal of Shoulder and Elbow Surgery

Journal of Orthopaedic Research

FAI Foot & Ankle International

The Journal of Arthroplasty

JBJI Journal of Bone and Joint Infection

JB&JS

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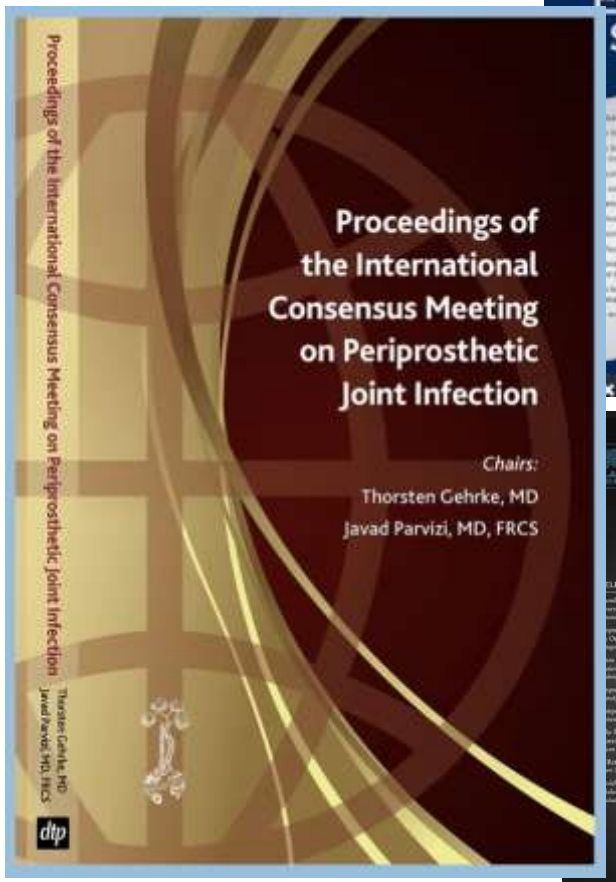

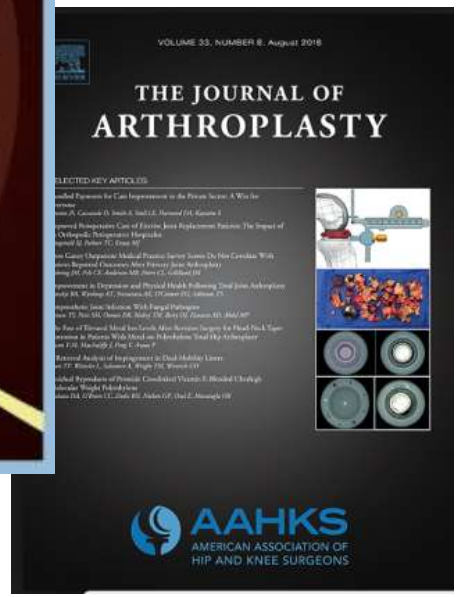

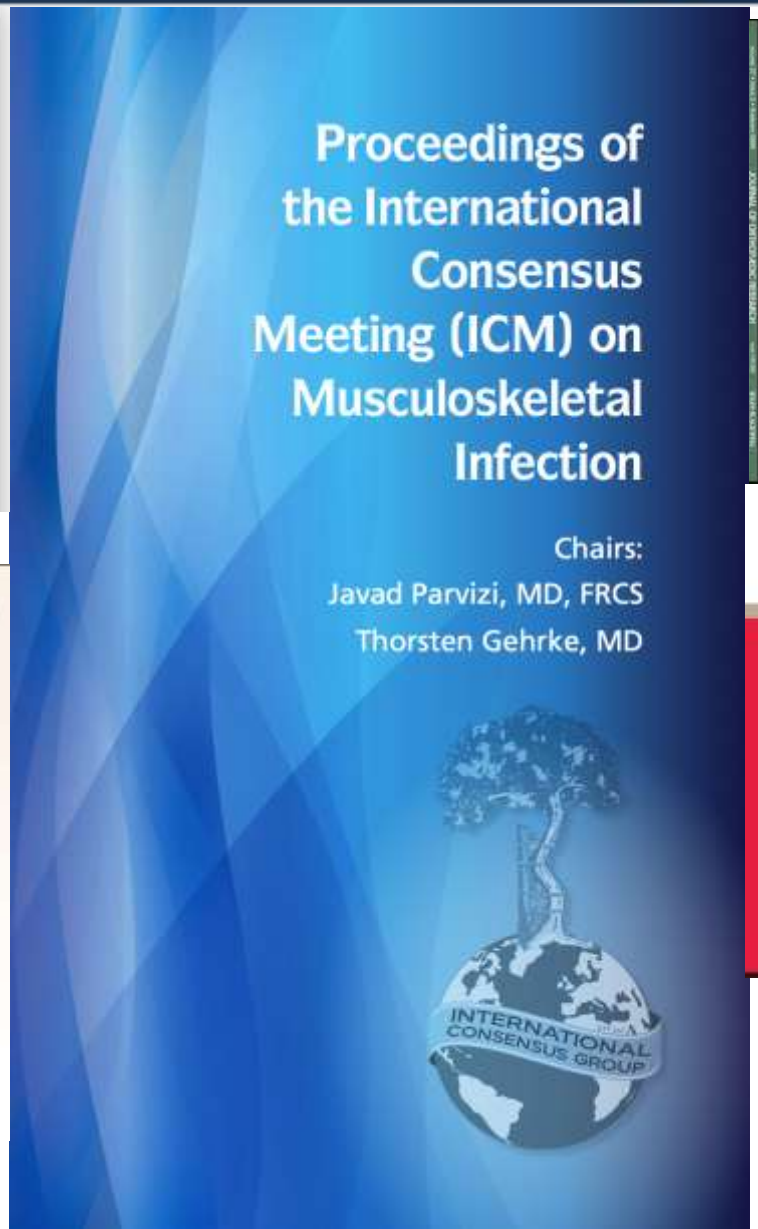

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COVID-19

Current Concepts Review

Resuming Elective Orthopaedic Surgery During the COVID-19 Pandemic

Guidelines Developed by the International Consensus Group (ICM)

J. Parvizi, MD, FRCS, T. Gehrke, MD, C.A. Krueger, MD, E. Chisari, MD, M. Citak, MD, PhD, S. Van Onsem, MD, PhD, W.L. Walter, MBBS, PhD, the International Consensus Group (ICM) and Research Committee of the American Association of Hip and Knee Surgeons (AAHKS)*

- As we resume elective surgical procedures, it is important to understand what practices and protocols should be altered or implemented in order to minimize the risk of pathogen transfer during the severe acute respiratory syndrome (SARS)-CoV-2 pandemic.
- Each hospital and health system should consider their unique situation in terms of SARS-CoV-2 prevalence, staffing capabilities, personal protection equipment supply, and so on when determining how and when to implement these recommendations.
- All patients should be screened for SARS-CoV-2 by means of a thorough history and physical examination, as well as reverse transcription-polymerase chain reaction (RT-PCR) testing whenever possible, prior to undergoing elective surgery.
- Patients who are currently infected with coronavirus disease 2019 (COVID-19) should not undergo elective surgery.
- These guidelines are based on the available scientific evidence, albeit scant. The recommendations have been reviewed and voted on by the expert delegates who produced this document.

As the coronavirus disease 2019 (COVID-19) pandemic begins to loosen its initial grip on the globe and we contemplate starting the long road back toward normalcy, the medical community will be facing many challenges, none more paramount than preventing the further spread of COVID-19 and limiting the possibility and the extent of a potential "second wave."

The purpose of the present report is to provide a list of recommendations aimed at reducing pathogen transfer during the reintroduction of elective orthopaedic surgical procedures, with a specific focus on preventing the spread of severe acute respiratory syndrome (SARS)-CoV-2 infection. Although we are assuming that we will be operating on patients without SARS-CoV-2 infection, because of the complexities involved in accurate diagnosis of SARS-CoV-2 infection, including up to 40% false-negative results for reverse transcription-polymerase chain reaction (RT-PCR) tests[1], we believe that precautions need to be in place to minimize the chance of infection transmission by potentially infected patients.

We realize that the situation is evolving on a daily basis and that some of the recommendations in the present report may need to be altered as new evidence emerges. In addition, we are aware that the infection-prevention measures described in the present report will highly depend on the prevalence of COVID-19 in the affected areas and the ability to implement

*A list of the International Consensus Group (ICM) and Research Committee of the American Association of Hip and Knee Surgeons (AAHKS) members is provided in a note at the end of the article.

Disclosure: The authors indicated that no external funding was received for any aspect of this work. On the **Disclosure of Potential Conflicts of Interest** forms, *which are provided with the online version of the article*, one or more of the authors checked "yes" to indicate that the author had a relevant financial relationship in the biomedical arena outside the submitted work and "yes" to indicate that the author had a patent and/or copyright, planned, pending, or issued, broadly relevant to this work (http://links.lww.com/JBJS/F892).

Oliver Marin-Pena. E mail: olivermarin@yahoo.es
Dr Orthopedic and Traumatology Department
Hospital Universitario Infanta Leonor (Madrid-Spain)

Current Concepts Review
Resuming Elective Orthopaedic Surgery During the COVID-19 Pandemic

Pandemia de COVID-19: protocolos para reanudar la cirugía ortopédica electiva

Parvizi, J., Gehrke, T., Krueger, CA., Chisari, E., Citak, M., Van Onsem, S., Walter WL.

Y otros miembros del Grupo de Consenso Internacional de Infecciones Musculoesqueléticas (ICM) y del Comité de Investigación de la Sociedad Americana de Cirujanos de Cadera y Rodilla (AAHKS)

Abdelaziz, H., Abolghasemian, MN., Aboltins, C., Al Maskari, SM., Baldini, A., Barnes, CL., Basso T., Belden, K., Benazzo, F., Bhandari, M., Bolognesi, MP., Bosco, JA3rd., Bozkurt, NM., Brown, TS., Buttaro, M., Carli, AV., Catani, F., Chen, J., Cao, L., Choe, H., Clohisy, JC., de Beaubien, B., Della Valle, CJ., Diaz-Ledezma, C., Dietz, MJ., Drago, L., Ehrlich, GD., Fleischman, AN., Ghanem, ES., Ghert, M., Gomes, LSM., Goswami, K., Guerra-Farfan, E., Higuera, CA., Iorio, R., Jennings, JM., Kim, KI., Kjærsgaard-Andersen, P., Kunutsor, SK., Kyte, R., Lee, MS., Levine, BR., Linke, P., Malizos, KN., Marcelescu, CE., Marin-Peña, OM., Mears, SC., Mihalko, WM., Memtsoudis, SG., Miller, AO., Mont, MA., Mullaji, A., Munhoz Lima, AL., Nandi, S., Ohlmeier, M., Otero, JE., Padgett, DE., Reed, M., Rossi, R., Sancheti, P., Sandiford, NA., Schwaber, MJ., Schwarz, EM., Schwarzkpof, R., Seyler, TM., Spangehl, MJ., Sporer, SM., Springer, BD., Sousa, R.,., Tornetta, P 3rd., Witso, E., Wouthuyzen-Bakker, M., Zhou, Y.

Parvizi et al. Resuming Elective Orthopaedic Surgery During the COVID-19 Pandemic: Guidelines Developed by the International Consensus Group (ICM)
http://dx.doi.org/10.2106/JBJS.20.00844

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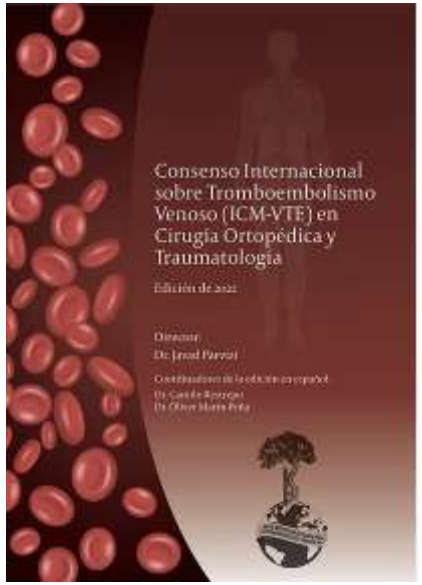
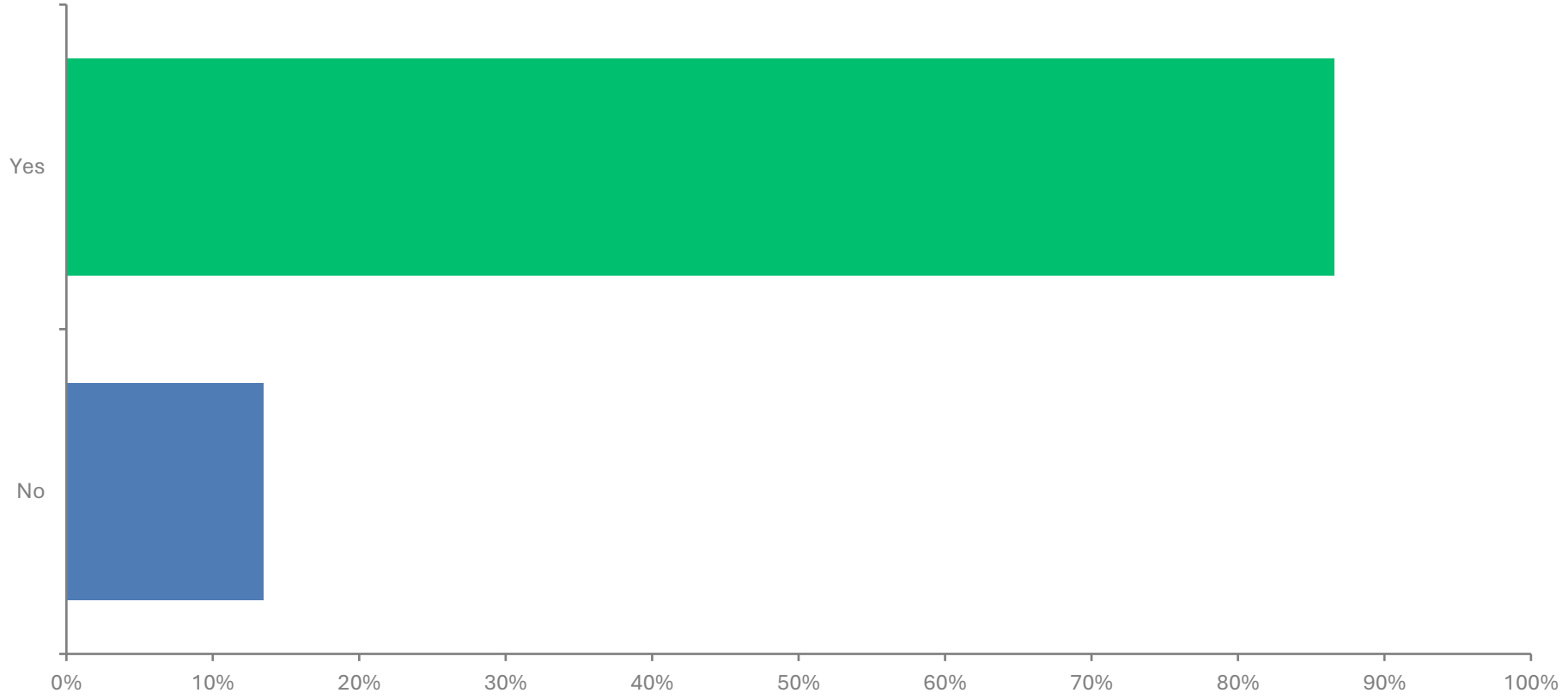
VTE 2022

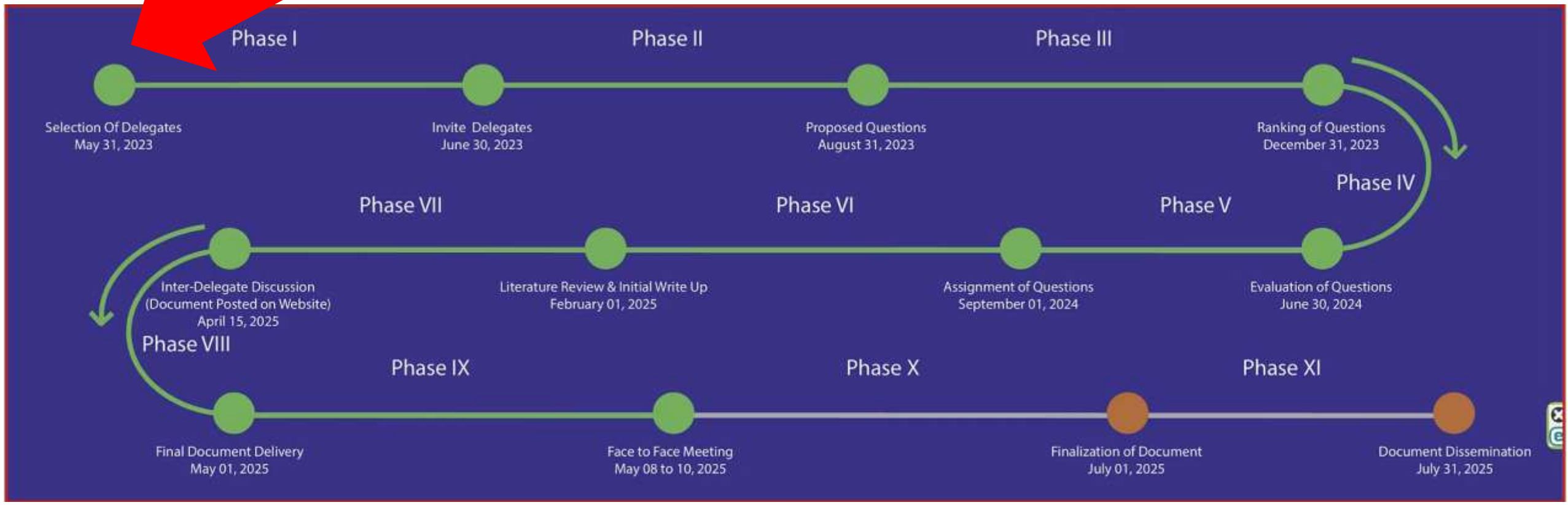


- Answered: 357 Skipped: 2

Q1: Do you see a need for a 3rd Infectious ICM?



Process


Phase I
Selection Of Delegates
May 31, 2023
Phase II
Invite Delegates
June 30, 2023
Phase III
Proposed Questions
August 31, 2023
Ranking of Questions
December 31, 2023
Phase IV
Evaluation of Questions
June 30, 2024
Phase V
Assignment of Questions
September 01, 2024
Phase VI
Literature Review & Initial Write Up
February 01, 2025
Phase VII
Inter-Delegate Discussion
(Document Posted on Website)
April 15, 2025
Phase VIII
Final Document Delivery
May 01, 2025
Phase IX
Face to Face Meeting
May 08 to 10, 2025
Phase X
Finalization of Document
July 01, 2025
Phase XI
Document Dissemination
July 31, 2025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Armita Abedi, MD
The International Consensus Meeting

Process

- Systematic review/Meta-analysis (whenever possible)
- 8-10 delegates assigned to each question
- Document was created by the delegates
- Reviewed/edited prior to meeting
- Presented by one of the delegates

Consensus Process

Agreeing
on what we know;
on what we don't know; and,
on what we need to do to know more.

Why bother?

Literature is not definitive on many issues

Much of what we have is based on thin science, if any

- To do studies on infection large sample sizes are needed
- n=5,000, n= 22,000, n= 36,000

One Stage Exchange
US Trial

Surgical Treatment of Chronic Periprosthetic Joint Infection: One-Stage versus Two-stage

Thomas Fehring MD	OrthoCarolina	Principal Investigator
Javad Parvizi MD, FRCS	Rothman Institute at Thomas Jefferson University	Co-Principal Investigator
Antonia Chen MD, MBA	Rothman Institute at Thomas Jefferson University	Other Investigator
Michael Cross MD	The Hospital for Special Surgery	Other Investigator
Craig Della Valle MD	Rush University Medical Center	Other Investigator
Carlos Higuera MD	The Cleveland Clinic	Other Investigator
Bryan Springer MD	OrthoCarolina	Other Investigator

Oral vs IV Abx

AAOS
American Academy of Orthopaedic Surgeons

AAHKS
American Association of Hip and Knee Surgeons

The New England Journal of Medicine

ORIGINAL ARTICLE

Oral versus Intravenous Antibiotics for Bone and Joint Infection

H.-K. Li, I. Rombach, R. Zambellas, A.S. Walker, M.A. McNally, B.L. Atkins, B.A. Lipsky, H.C. Hughes, D. Bose, M. Kümin, C. Scarborough, P.C. Matthews, A.J. Brent, J. Lomas, R. Gundle, M. Rogers, A. Taylor, B. Angus, I. Byren, A.R. Berendt, S. Warren, F.E. Fitzgerald, D.J.F. Mack, S. Hopkins, J. Folb, H.E. Reynolds, E. Moore, J. Marshall, N. Jenkins, C.E. Moran, A.F. Woodhouse, S. Stafford, R.A. Seaton, C. Vallance, C.J. Hemsley, K. Bisnauthsing, J.A.T. Sandoe, I. Aggarwal, S.C. Ellis, D.J. Bunn, R.K. Sutherland, G. Barlow, C. Cooper, C. Geue, N. McMeekin, A.H. Briggs, P. Sendi, E. Khatamzas, T. Wangrangsimakul, T.H.N. Wong, L.K. Barrett, A. Alvand, C.F. Old, J. Bostock, J. Paul, G. Cooke, G.E. Thwaites, P. Bejon, and M. Scarborough, for the OVIVA Trial Collaborators

Musculoskeletal Infecton Society

The Knee Society — Founded in 1983

The Hip Society — Founded in 1968

- Multicenter study
- 90 patients (350 needed)

One vs Three ABX

- Multicenter study
- Duke Team (>3000 patients)
- Need 6000 patients

AAHKS
AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS

Challenges of Generating Evidence

- Not everything we do needs "randomized, prospective studies"

Glove during surgery

Hand washing- sterile techniques

Antibiotics

Equipose

SPECIAL ARTICLE

EQUIPOISE AND THE ETHICS OF CLINICAL RESEARCH

BENJAMIN FREEDMAN, PH.D.

Abstract The ethics of clinical research requires equipoise — a state of genuine uncertainty on the part of the clinical investigator regarding the comparative therapeutic merits of each arm in a trial. Should the investigator discover that one treatment is of superior therapeutic merit, he or she is ethically obliged to offer that treatment. The current understanding of this requirement, which entails that the investigator have no "treatment preference" throughout the course of the trial, presents nearly insuperable obstacles to the ethical commencement or completion of a controlled trial and may also contribute to the termination of trials because of the failure to enroll enough patients.

I suggest an alternative concept of equipoise, which would be based on present or imminent controversy in the clinical community over the preferred treatment. According to this concept of "clinical equipoise," the requirement is satisfied if there is genuine uncertainty within the expert medical community — not necessarily on the part of the individual investigator — about the preferred treatment. (N Engl J Med 1987; 317: 141-5.)

THERE is widespread agreement that ethics requires that each clinical trial begin with an honest null hypothesis.[1,2] In the simplest model, testing a new treatment B on a defined patient population P for which the current accepted treatment is A, it is necessary that the clinical investigator be in a state of genuine uncertainty regarding the comparative merits of treatments A and B for population P. If a physician knows that these treatments are not equivalent, ethics requires that the superior treatment be recommended. Following Fried, I call this state of uncertainty about the relative merits of A and B "equipoise."[3]

Equipoise is an ethically necessary condition in all cases of clinical research. In trials with several arms, equipoise must exist between all arms of the trial; otherwise the trial design should be modified to exclude the inferior treatment. If equipoise is disturbed during the course of a trial, the trial may need to be terminated and all subjects previously enrolled (as well as other patients within the relevant population) may have to be offered the superior treatment. It has been rigorously argued that a trial with a placebo is ethical only in investigating conditions for which there is no known treatment[2]; this argument reflects a special application of the requirement for equipoise. Although equipoise has commonly been discussed in the special context of the ethics of randomized clinical trials,[4,5] it is important to recognize it as an ethical condition of all controlled clinical trials, whether or not they are randomized, placebo-controlled, or blinded.

The recent increase in attention to the ethics of research with human subjects has highlighted problems associated with equipoise. Yet, as I shall attempt to show, contemporary literature, if anything, minimizes those difficulties. Moreover, there is evidence that concern on the part of investigators about failure to satisfy the requirements for equipoise can doom a trial as a result of the consequent failure to enroll a sufficient number of subjects.

The solutions that have been offered to date fail to resolve these problems in a way that would permit clinical trials to proceed. This paper argues that these problems are predicated on a faulty concept of equipoise itself. An alternative understanding of equipoise as an ethical requirement of clinical trials is proposed, and its implications are explored.

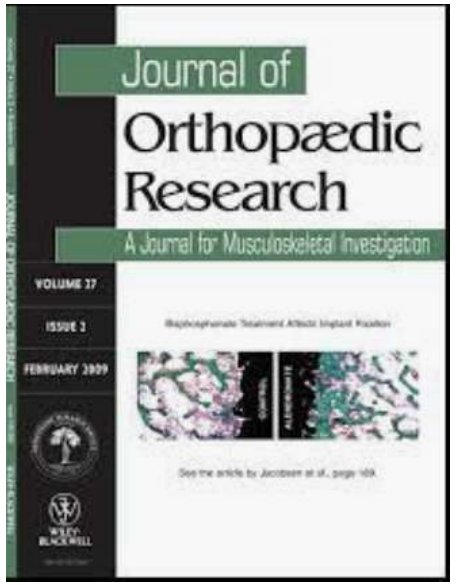
Many of the problems raised by the requirement for equipoise are familiar. Shaw and Chalmers have written that a clinician who "knows, or has good reason to believe," that one arm of the trial is superior may not ethically participate.[6] But the reasoning or preliminary results that prompt the trial (and that may themselves be ethically mandatory)[7] may jolt the investigator (if not his or her colleagues) out of equipoise before the trial begins. Even if the investigator is undecided between A and B in terms of gross measures such as mortality and morbidity, equipoise may be disturbed because evident differences in the quality of life (as in the case of two surgical approaches) tip the balance.[3-5,8] In either case, in saying "we do not know" whether A or B is better, the investigator may create a false impression in prospective subjects, who hear him or her as saying "no evidence leans either way," when the investigator means "no controlled study has yet had results that reach statistical significance."

Late in the study — when P values are between 0.05 and 0.06 — the moral issue of equipoise is most readily apparent,[9,10] but the same problem arises when the earliest comparative results are analyzed.[11] Within the closed statistical universe of the clinical trial, each result that demonstrates a difference between the arms of the trial contributes exactly as much to the statistical conclusion that a difference exists as does any other. The contribution of the last pair of cases in the trial is no greater than that of the first. If, therefore, equipoise is a condition that reflects equivalent evidence for alternative hypotheses, it is jeopardized by the first pair of cases as much as by the last. The investigator who is concerned about the ethics of recruitment after

From the McGill Centre for Medicine, Ethics and Law, McGill University, Lady Meredith Bldg., 1110 Pine Ave. W., Montreal, PQ H3A 1A3, Canada, where reprint requests should be addressed to Dr. Freedman.

Supported in part by a research grant from the Social Sciences and Humanities Research Council of Canada.

- 102 General
- 102 Hip and Knee
- 86 Shoulder
- 72 Spine
- 23 Biofilm



- Selected from over 2000 questions submitted by delegates
- Ranked by executive committee (36 member)

Organizing Committees

Founders
Javad Parvizi, Thorsten Gehrke

Course Chairmen
Mohit Bhandari, Surena Namdari, Javad Parvizi, Edward Schwarz, S. Rajasekaran

Executive Director
Tiffany Morrison

Academic Director
Armita Abedi

Assistant Director
Krystal Ferguson

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Biofilm Executive Committee

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Koji Yamada

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G9: What is the Optimal Antibiotic Prophylaxis for Patients with Penicillin Allergy?

Jason M. Jennings, Hitoshi Honda, Michael Yayac, Meeri Honkanen, Christopher E. Pelt, Piret Mitt, Nicholas J. Giori, Daniel Schweitzer, & Kristen I. Barton

Jason M. Jennings, MD, DPT, AdventHealth Colorado Joint Replacement, United States

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Hitoshi Honda, Japan

Michael Yayac, United States

Meeri Honkanen, Finland

Christopher E. Pelt, United States

Piret Mitt, Estonia

Nicholas J. Giori, United States

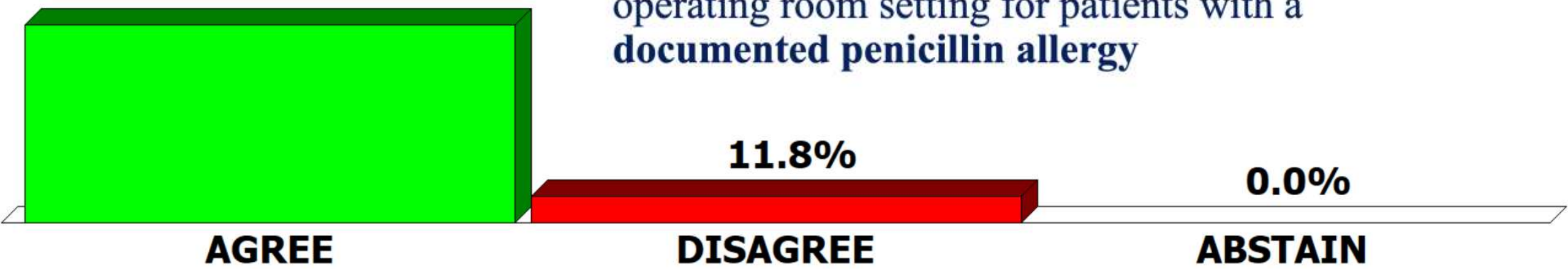
Daniel Schweitzer, Chile

Kristen I. Barton, Canada

G9: What is the optimal antibiotic prophylaxis for patients with penicillin allergy? (Presenter: Jason Jennings)

Response:

- It is **safe and appropriate to administer a first generation cephalosporins (cefazolin)** as **first-line antibiotic prophylaxis** in the operating room setting for patients with a **documented penicillin allergy**



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Is there a role for skin testing in patients reporting penicillin allergy, who are undergoing major orthopedic procedures?

Laura E. Daimoli, MD

Associate Professor
Director of Orthopedic Infectious Disease
University of Colorado

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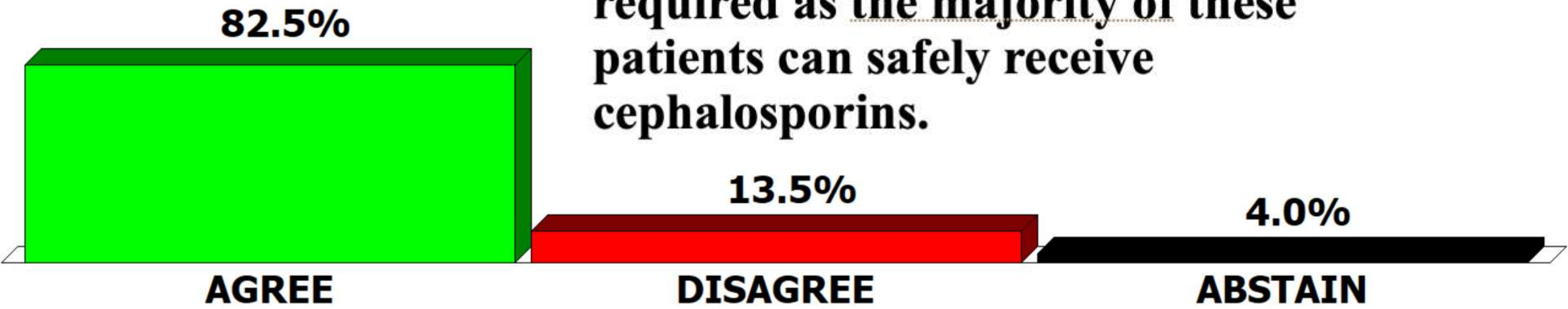
G10: Is there a role for skin testing in patients reporting penicillin allergy, who are undergoing major orthopedic procedures? (Presenter: Laura Damioli)

❖**Response:**

Routine skin testing for patients reporting penicillin allergy is not required as the majority of these patients can safely receive cephalosporins.



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Is Vitamin D deficiency a risk factor for SSI/PJI in patients undergoing major orthopedic surgery?

Arshi A., Cordero J., Novikov D., Fujie A., Gahramanov A., Solomon L.B., Saldana A.E., Piuzzi N.S., Ramasamy B., Kigera J.

Armin Arshi MD, NYU Langone, New York, NY

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John K. Cordero
USA

David Novikov
USA

Atsuhiro Fujie
Japan

Aydin Gahramanov
Azerbaijan

Lucian Bogdan Solomon
Australia

Ariel E Saldana
Panama

Nicolas S. Piuzzi
USA

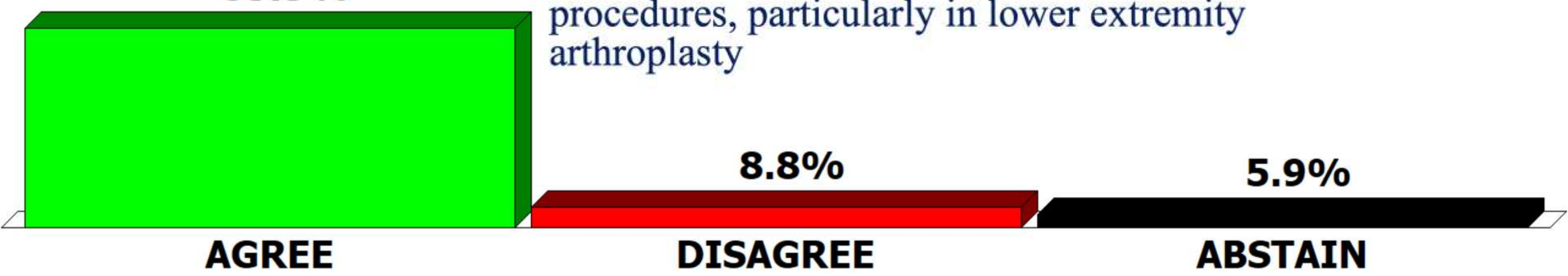
Boopalan Ramasamy
Australia

James Kigera
Kenya

G21: Does the level of preoperative vitamin D have an influence on the incidence of SSI/PJI in patients undergoing major orthopedic surgery?
(Presenter: Armin Arshi)

❖**Response:**

Yes. There is consistent evidence demonstrating that VDD is associated with increased risk of subsequent SSIs and/or PJIs in patients undergoing orthopaedic procedures, particularly in lower extremity arthroplasty



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G25

Does gut microbiome have a role in the development of Surgical Site Infection (SSI) and/or Periprosthetic Joint Infection (PJI)

Atipiboonsin V, Chisari E, Megaloikonomos P, Huddlestone J, Budhiparama N, Ozden VE, Drago L, Enayatollahi M, Longo UG, Parvizi J

Vorawit Atipiboonsin MD
Orthopaedic Surgery Department
Khonkaen University, Thailand

Emanuele Chisari MD, PhD
ICM fellow

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Nicolaas C. Budhiparama

Umile Giuseppe Longo

Mohammadali Enayatollahi

Lorenzo Drago

Panayiotis Megaloikonomos

James Huddlestone

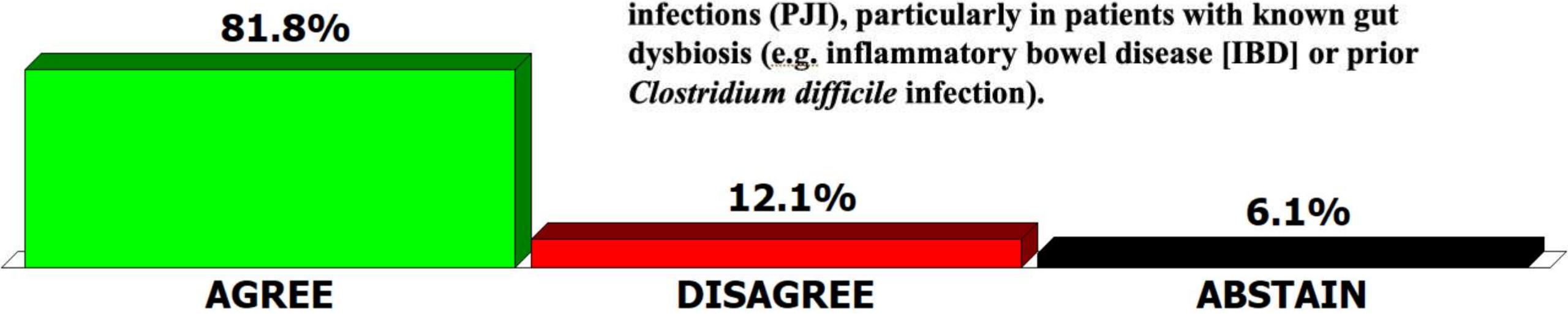
Vahit Emre Ozden

Javad Parvizi

G25: Does gut microbiome have a role in the development of SSI/PJI in patients undergoing major orthopedic surgery?
(Presenter: Atipiboonsin Vorawit)

❖ Response

The gut microbiome contributes to the development of surgical site infections (SSI) and periprosthetic joint infections (PJI), particularly in patients with known gut dysbiosis (e.g. inflammatory bowel disease [IBD] or prior *Clostridium difficile* infection).



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G32: What is the optimal irrigation solution for the patients undergoing major orthopedic procedures?

Ernesto Guerra-Farfán, Simon Garceau, Pablo Slulittel, Osamu Kimura, Karan Goswami, Volker Alt, Jie Xie, Marcelo Lizarraga, **Seper Ekhtiari**

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Ernesto Guerra-Farfán

Simon Garceau

Pablo Slullitel

Karan Goswami

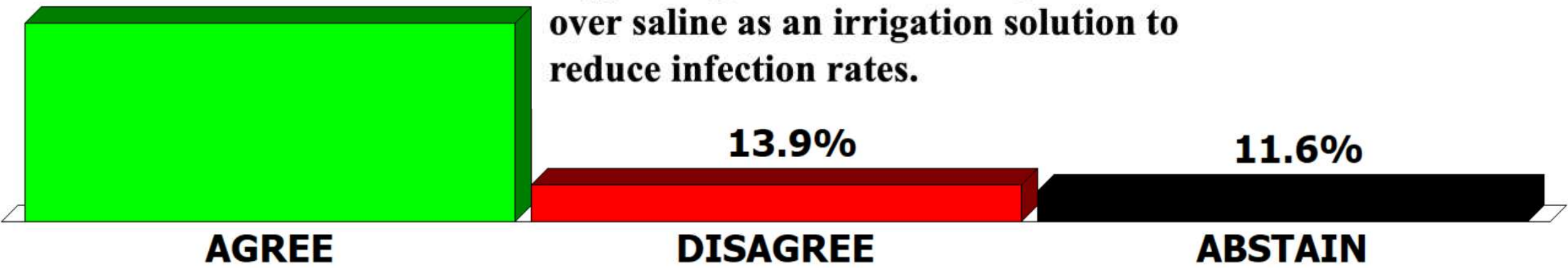
Seper Ekhtiari

Marcelo Lizarraga

G32: What is the optimal irrigation solution for the patients undergoing major orthopedic procedures? (Presenter: Seper Ekhtiari)

❖Response:

In total hip and knee arthroplasty and spine surgery, there is substantial evidence supporting the use of dilute povidone-iodine over saline as an irrigation solution to reduce infection rates.



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G 42 - Is there a role for the use of personal protection systems (surgical helmets/spacesuits) in prevention of SSI/PJI after major orthopedic procedures?

David Milligan, Benjamin F Ricciardi, Atul F. Kamath, Mark J Spangehl, P. Maxwell Courtney, Tina S. Wik, Simon Young

Gary Hooper
University of Otago Christchurch
New Zealand

Ali Albelooshi
Philadelphia

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David Milligan
Christchurch NZ

Benjamin Ricciardi,
Rochester USA

Atul Kamath
Cleveland USA

Mark Spangehl
Mayo USA

P Maxwell Courtney
Philadelphia USA

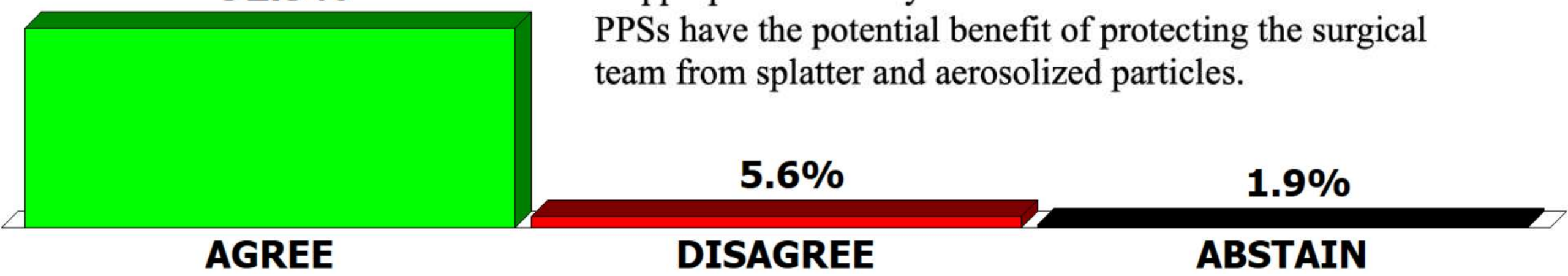
Tina Strømdal Wik
Norway

Simon Young
Auckland NZ

G42: Is there a role for the use of personal protection systems (surgical helmets/spacesuits) in prevention of SSI/PJI after major orthopedic procedures? (Presenter: Gary Hooper)

❖Response:

There is no high-level evidence that personal protection systems (PPS) reduce the incidence of SSI/PJI. Inappropriate use may increase wound contamination. PPSs have the potential benefit of protecting the surgical team from splatter and aerosolized particles.



20

G57: Is there a role for bacteriophage therapy in treatment of orthopedic infections?

3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

Gina A. Suh

Cecile Batailler

Laura E. Damioli

James B. Doub

Karan Goswami

Antonia Scobie

Roshan P. Shah

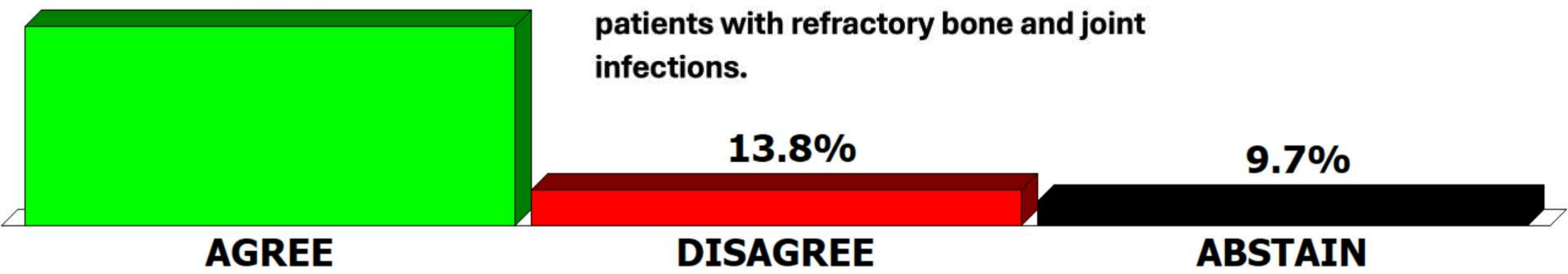
Kenneth Urish

Tristan Ferry

G57: Is there a role for bacteriophage therapy in treatment of orthopedic infections?
(Presenter: Gina Suh)

❖**Response:**

Yes. Phage therapy demonstrates a favorable safety profile and is a reasonable therapeutic consideration for patients with refractory bone and joint infections.



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3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

How Can we Distinguish Pathogenic Microbes from Normal Microbiota in the Musculoskeletal System?

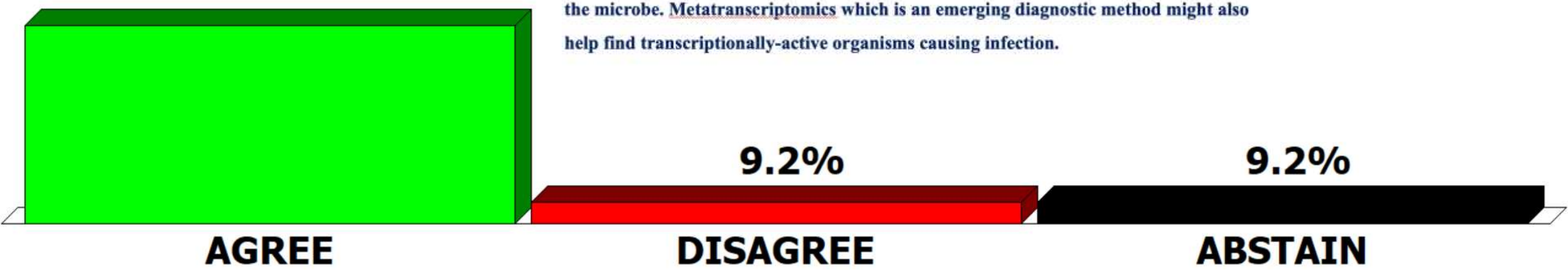
Chong Bum Chang, Kee Soo Kang, Bo Söderquist, Nathanael Heckmann, Javad Parvizi, Emanuele Chisari, Wenming Zhang, Mohammad Ali Enayatollahi, Fernando A Lopreite, Goksel Dikmen

Chong Bum Chang, M.D., Ph.D.
Professor, Dept. of Orthopaedic Surgery,
Seoul National University College of Medicine,
Seoul National University Bundang Hospital, South Korea

G73: How can we distinguish pathogenic microbes from normal microbiota in the musculoskeletal system? (Presenter: Nate Heckman)

❖Response:

We recommend that the clinicians refer to the inflammatory status at first to decide whether the situation itself is infection or not with the guidance of the ICM criteria. Low diverse microbial community composed of high virulence organisms might suggest the detected microbes to be pathogens rather than commensals. Specific genes associated with antimicrobial resistance and biofilm formation could reflect the virulent nature of the microbe. Metatranscriptomics which is an emerging diagnostic method might also help find transcriptionally-active organisms causing infection.



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G78: Can oral antimicrobials be used for the treatment of implant-associated infection?

José Francisco Reyes Copello, MD
Orthopaedic Surgeon
Knee reconstruction
Clinica Universitaria Colombia,
Unisanitas University

Laura Certain, MD, PhD
University of Utah
Salt Lake City, Utah, USA

3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

Armita A Abedi, Denmark

Abdelhak Adjel, Algeria

Laura Certain, USA

Jose Francisco Reyes Copello, Columbia

Nicolas Cortes-Penfield, USA

Ana Lucia Munhoz Lima, Brazil

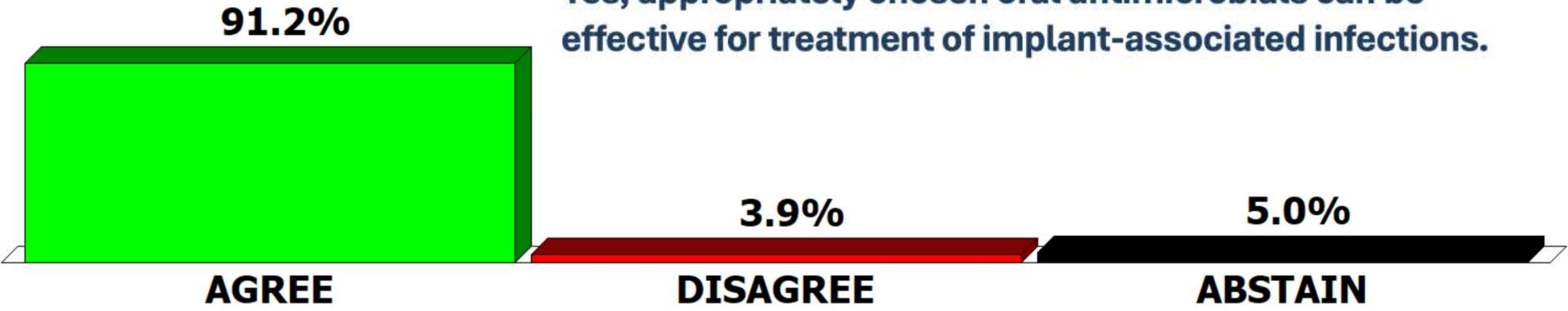
Pēteris Studers, Latvia

Laila Woc-Colburn, USA

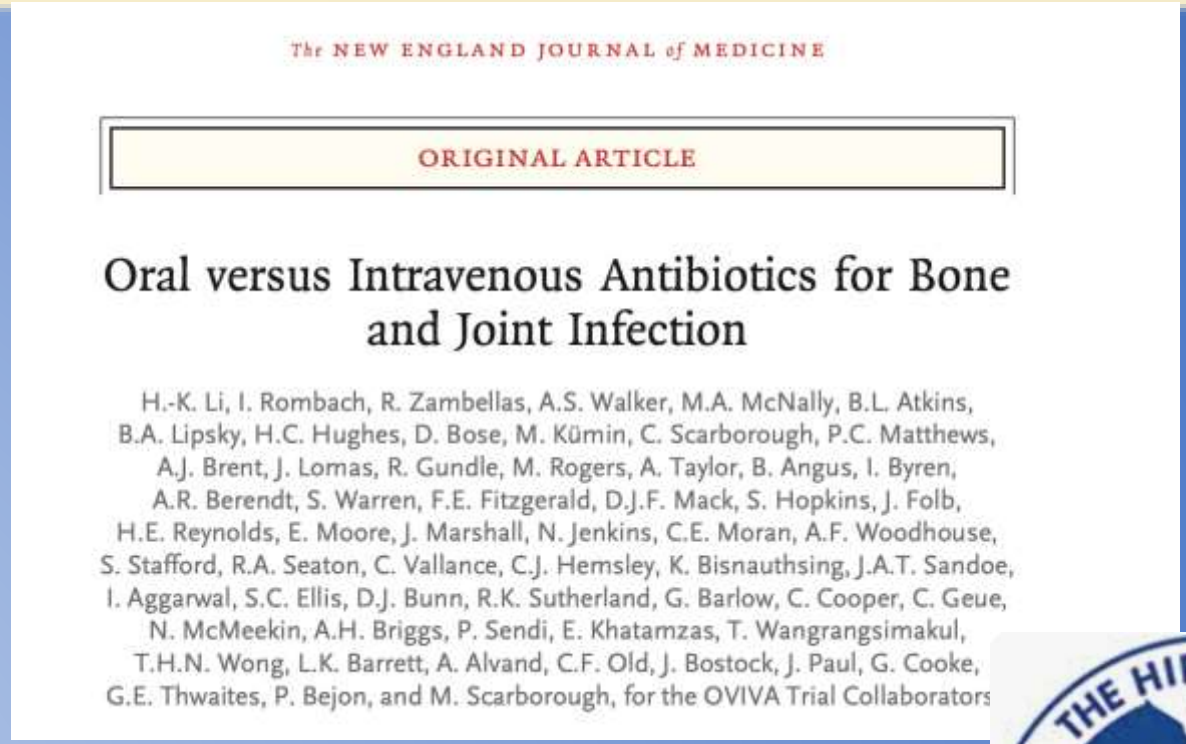
G78: Can oral antimicrobials be used for the treatment of implant associated infections? (Presenter: Jose Francisco Reyes)

❖Response:

Yes, appropriately chosen oral antimicrobials can be effective for treatment of implant-associated infections.



Oral vs IV Abx



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Oral versus Intravenous Antibiotics for Bone and Joint Infection

H.-K. Li, I. Rombach, R. Zambellas, A.S. Walker, M.A. McNally, B.L. Atkins, B.A. Lipsky, H.C. Hughes, D. Bose, M. Kümin, C. Scarborough, P.C. Matthews, A.J. Brent, J. Lomas, R. Gundle, M. Rogers, A. Taylor, B. Angus, I. Byren, A.R. Berendt, S. Warren, F.E. Fitzgerald, D.J.F. Mack, S. Hopkins, J. Folb, H.E. Reynolds, E. Moore, J. Marshall, N. Jenkins, C.E. Moran, A.F. Woodhouse, S. Stafford, R.A. Seaton, C. Vallance, C.J. Hemsley, K. Bisnauthsing, J.A.T. Sandoe, I. Aggarwal, S.C. Ellis, D.J. Bunn, R.K. Sutherland, G. Barlow, C. Cooper, C. Geue, N. McMeekin, A.H. Briggs, P. Sendi, E. Khatamzas, T. Wangrangsimakul, T.H.N. Wong, L.K. Barrett, A. Alvand, C.F. Old, J. Bostock, J. Paul, G. Cooke, G.E. Thwaites, P. Bejon, and M. Scarborough, for the OVIVA Trial Collaborators

- Multicenter study
- Rothman (90 patients)

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G79: Is there a role for administration of rifampicin for patients undergoing surgical treatment for implant-associated infections?

Kayahan Karaytug, Camelia Marculescu, Katherine Belden, Onur Tunalı, Elie Berbari, Marjan Wouthuyzen-Bakker, Tiziana Ascione, Willem-Jan Metsemakers, Javad Parvizi, Jose Francisco Reyes Copello, Meredith Schade, Laurens Manning, Henk Scheper

Kayahan Karaytug, MD

Acibadem University Maslak Acibadem Hospital International Joint Center (IJC)

3rd Meeting of the International Consensus Meeting
8-10 of May, 2025 Istanbul

Kayahan Karaytug

Marjan Wouthuyzen-Bakker

Katherine Belden

Onur Tunalı

Tiziana Ascione

Willem-Jan Metsemakers

Elie Berbari

Camelia Marculescu

Javad Parvizi

Jose Francisco Reyes Copello

Meredith Schade

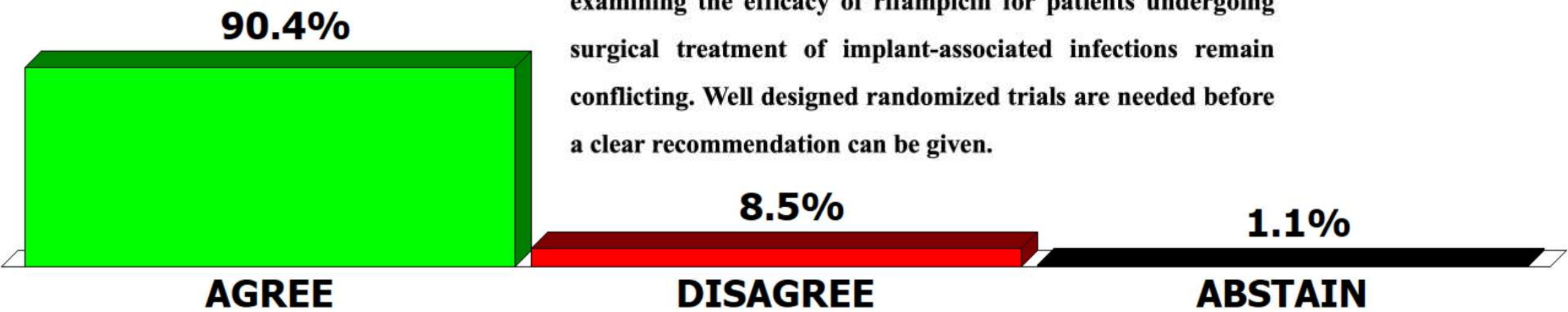
Laurens Manning

Henk Scheper

G79: Is there a role for administration of rifampicin for patients undergoing surgical treatment for implant associated infections?
(Presenter: Kayahan Karaytug)

❖Response:

Unknown. Despite supportive animal data, clinical studies examining the efficacy of rifampicin for patients undergoing surgical treatment of implant-associated infections remain conflicting. Well designed randomized trials are needed before a clear recommendation can be given.



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G-96 Should implant associated orthopedic infections be treated in specialized centers?

Juan D Lizcano, Efrain Diaz-Borjon, Ruben Alejandro Morales, Jesse Wolfstadt, Phillippe Boisrenault, Panayiotis Papagelopoulos, Tulio Campos, Angela Hewlett

Dr. Carlos A. Higuera, Cleveland Clinic Florida, USA.

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8-10 of May, 2025 Istanbul

Juan D Lizcano

Cleveland Clinic Florida

Jesse Wolfstadt

Mount Sinai Hospital

Ruben A Morales

Hospital Angeles Lomas

Efrain Diaz-Borjon

Hospital Angeles Lomas

Angela Hewlett

University of Nebraska Medical Center

Phillippe Boisrenault

Versailles Saint-Quentin-en-Yvelines University

Panayiotis Papagelopoulos

Nation and Kapodistrian University of Athens

Tulio Campos

Instituto Orizonti

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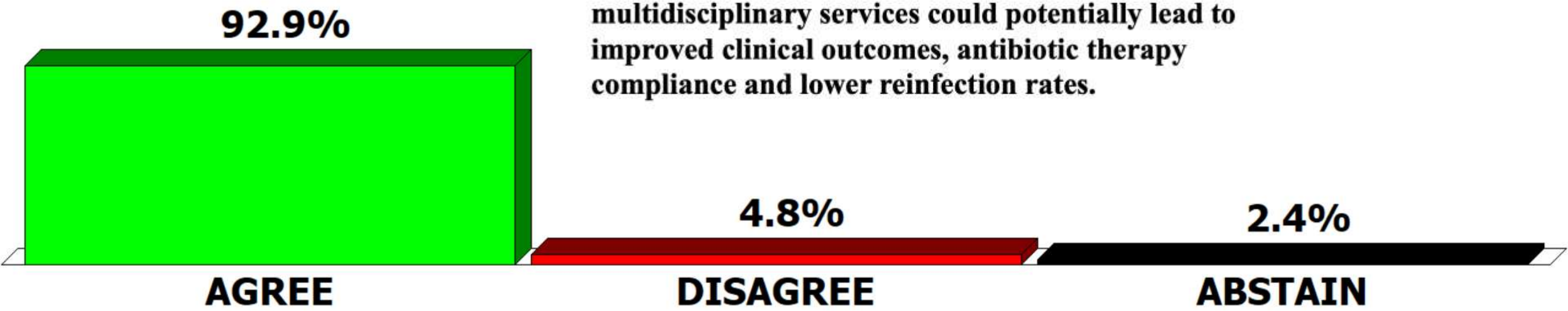
G96: Should implant associated orthopedic infections be treated in specialized centers? (Presenter: Carlos Higuera Rueda)

❖Response:

Treating implant-associated orthopedic infections in specialized centers with a dedicated multidisciplinary services could potentially lead to improved clinical outcomes, antibiotic therapy compliance and lower reinfection rates.



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Is there a role for employing Artificial intelligence and/or machine learning in management of orthopedic infections?

André Grenho, Chingiz Alizadeh, Erlangga Yusuf, Fouad Sadek, Gérard Giordano, Pedro Dantas, Sérgio Gonçalves

André Grenho, MD, MSc – ULS São José, Hospital de Curry Cabral, Lisbon, Portugal

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Chingiz Alizadeh
Azerbaijan Scientific Research Institute
of Traumatology and Orthopedics

Erlangga Yusuf
Erasmus MC

Fouad Sadek
Kasralainy School of Medicine

Gérard Giordano
Joseph Ducuing Hospital

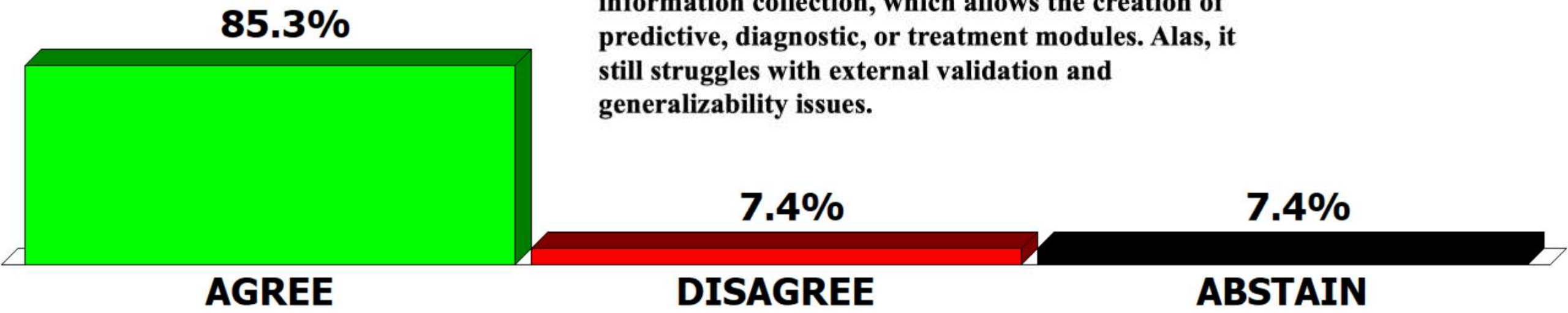
Pedro Dantas
ULS São José

Sérgio Gonçalves
ULS São José

G98: Is there a role for employing Artificial intelligence and/or machine learning in management of orthopedic infections? (Presenter: Andre Grenho)

❖Response:

AI may soon be used to manage orthopedic infections. Its main advantages are data mining and systematic information collection, which allows the creation of predictive, diagnostic, or treatment modules. Alas, it still struggles with external validation and generalizability issues.



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HK6: Does the use of antibiotic-impregnated polymethyl methacrylate cement reduce the incidence of infection in patients undergoing primary joint arthroplasty?

Ernesto Guerra-Farfan, Thiago Sampaio Busato, Brett R. Levine, Jean-Yves Jenny, Levent Bayam, Elysia Masters, Ron E. Delanois, Michael I Solomon, David S Choon, Seper Ekhtiari (Liaison)

Ernesto Guerra-Farfán MD, PhD. Hospital Universitario Vall d´Hebron. Centro Médico Teknon. Barcelona-Spain

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Seper Ekhtiari (Liaison)

Thiago Sampaio Busato

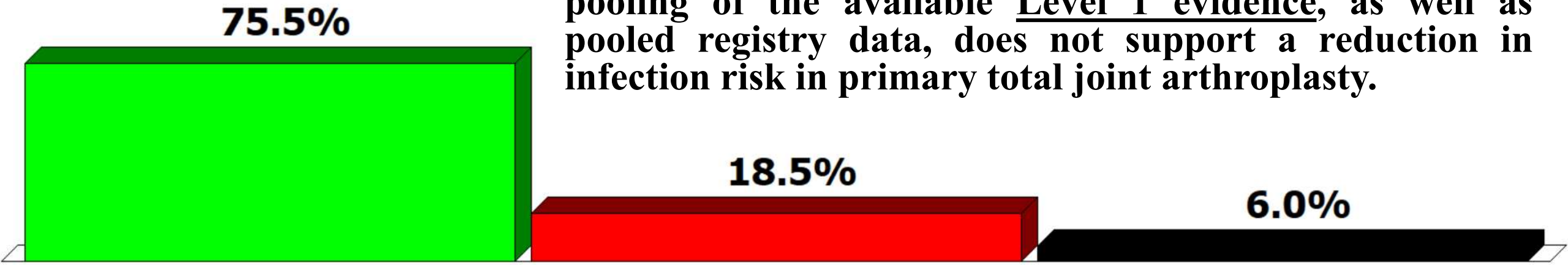
Brett R. Levine

Ron E. Delanois

David S Choon **Jean-Yves Jenny** **Levent Bayam** **Elysia Masters** **Michael I Solomon**

HK6: Does the use of antibiotic impregnated PMMA cement reduce the incidence of infection in patients undergoing primary joint arthroplasty?
(Presenter: Ernesto Guerra Farfan)

The evidence among lower-level comparative studies is mixed, with some studies suggesting antibiotic-impregnated cement reduces the risk of infection in patients undergoing primary joint arthroplasty. However, pooling of the available Level 1 evidence, as well as pooled registry data, does not support a reduction in infection risk in primary total joint arthroplasty.



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ESCMID

European Bone & Joint Infection Society
EBJIS

IDSA
Infectious Diseases Society of America

Unified PJI definition

MUSCULOSKELETAL
INFECTON SOCIETY

Unified Criteria for Periprosthetic Joint Infections (PJI)

Standalone criteria

Clinical features

- A sinus tract communicating from the joint to the outside environment that develops or persists after the incision has or should have healed

Microbiology

- Two positive cultures with a phenotypically indistinguishable organism from periprosthetic tissue
- One positive culture from synovial fluid or sonicate fluid PLUS one positive culture from periprosthetic tissue with a phenotypically indistinguishable organism

Inflammatory markers and histology

- Synovial leucocyte count >3000 cells/µL
- Synovial polymorphonuclear cells >75%
- Positive histology: 5 or more neutrophils in each of 5 or more high power fields (400x)

All without any alternative explanation[1]

Specificity >95%

Supportive criteria

Microbiology

- A single positive synovial fluid, sonicate fluid or periprosthetic tissue culture
- A positive molecular test of any organism in synovial fluid, tissue or sonication fluid

Imaging

- A positive WBC-scintigraphy[3]
- A positive [^{18}F]-FDG-PET/CT when performed more than 6 months after the index arthroplasty[4]

Inflammatory markers

- Synovial leucocyte count 1500 - 2999 cells/µL
- Synovial polymorphonuclear cells 65 - 74%
- Any alternative positive synovial fluid biomarker[5]

All without any alternative explanation[1]

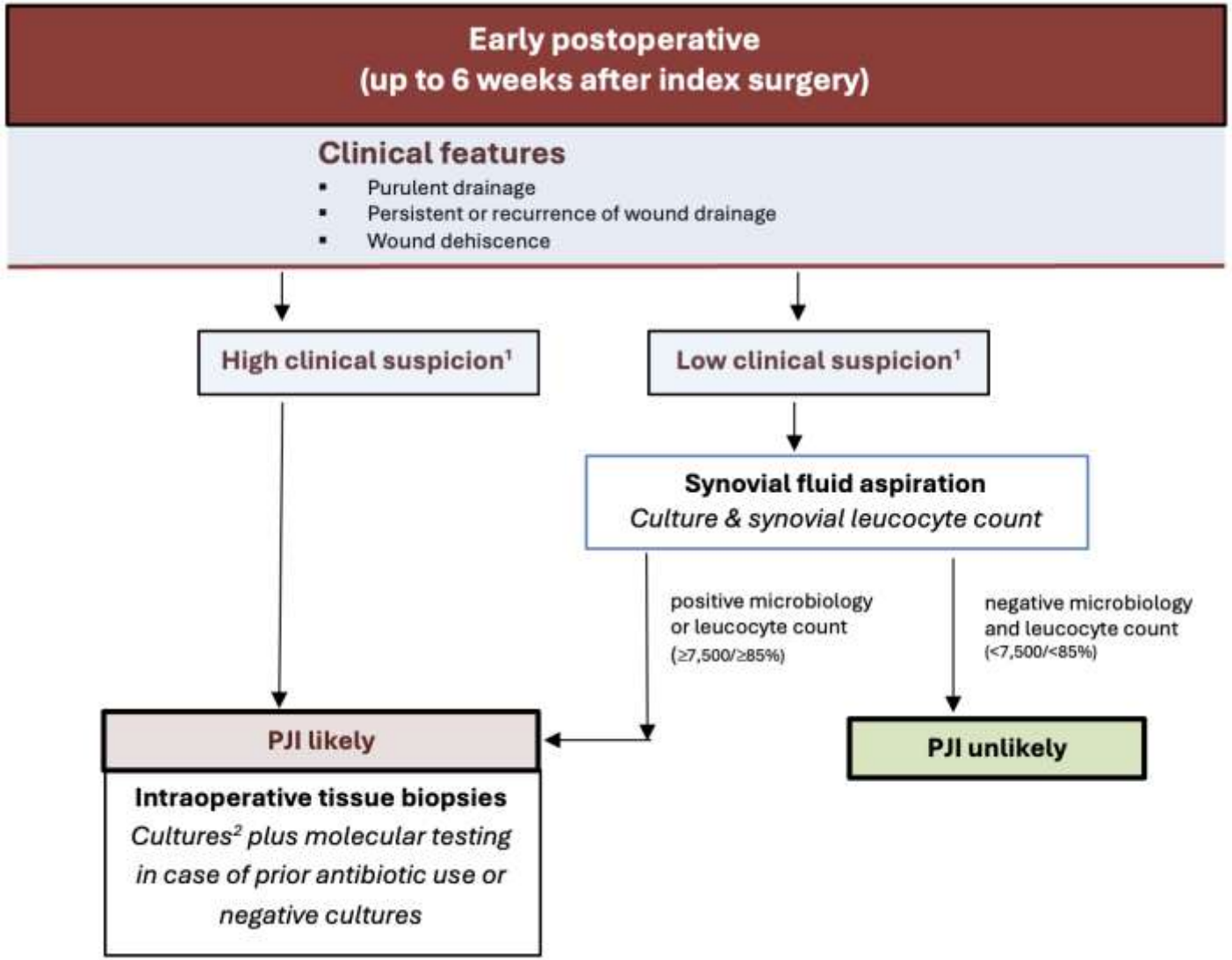
Specificity >80%

Confirmed PJI

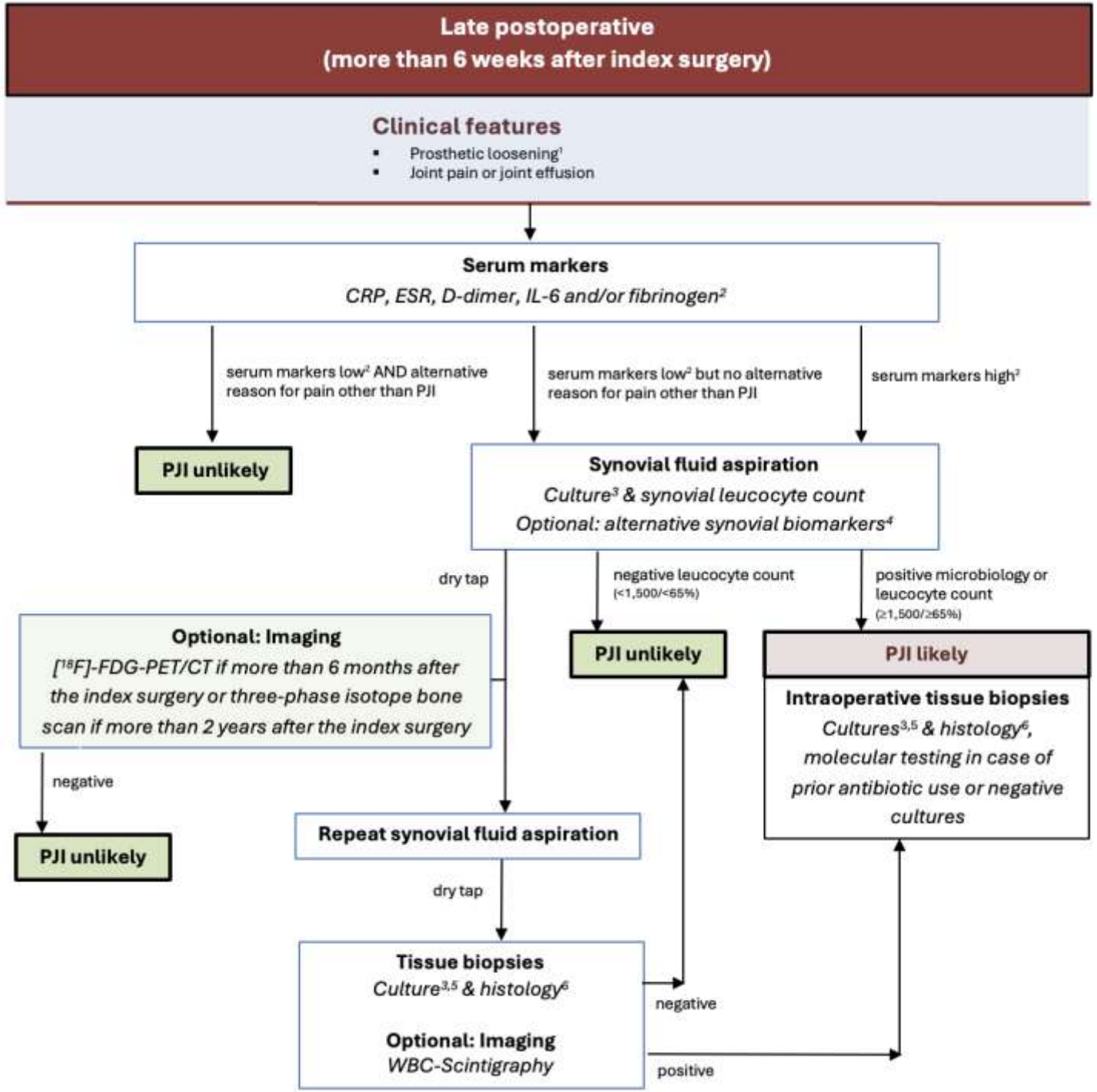
One standalone criterion in any category

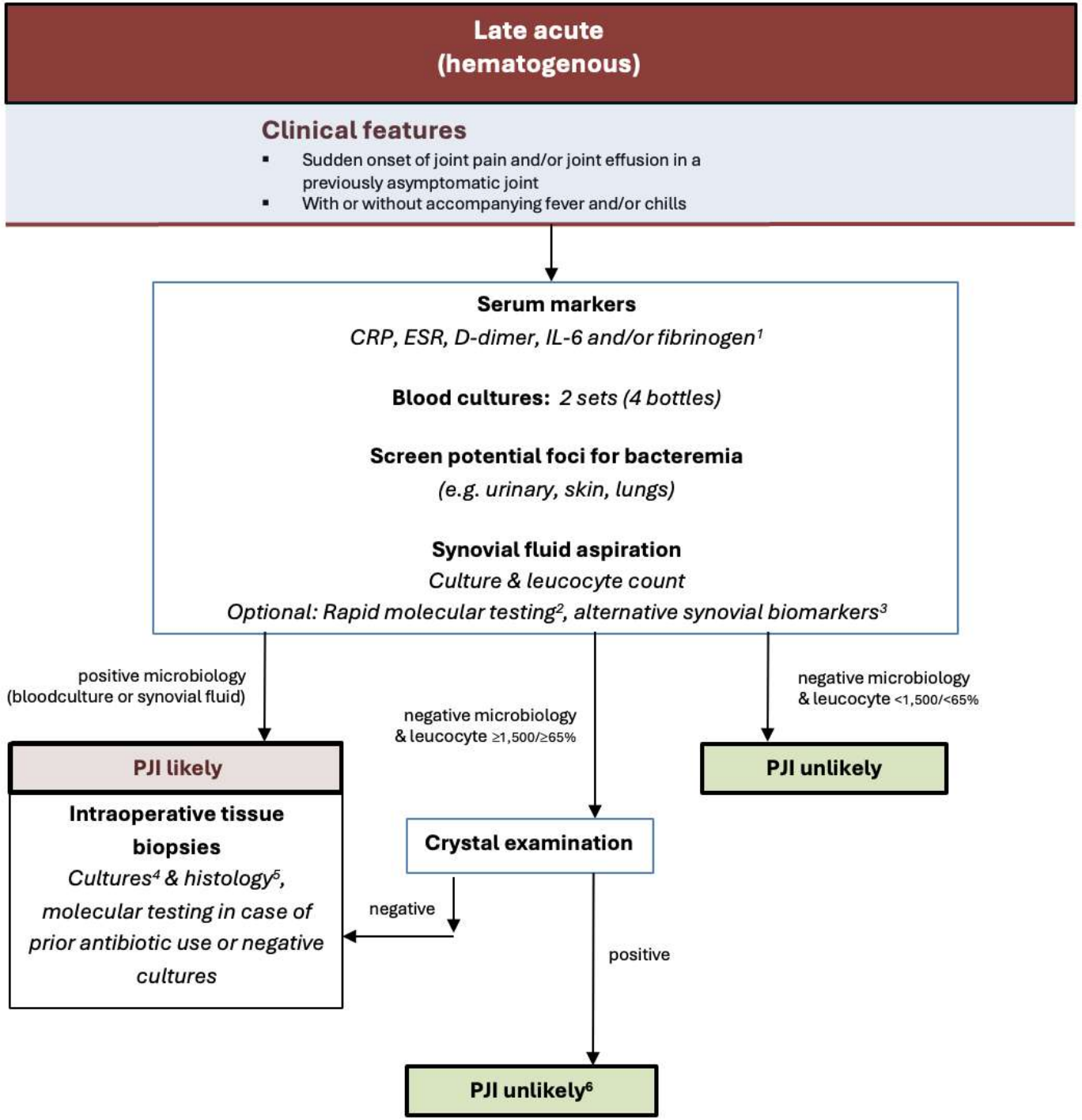
Probable PJI

One supportive microbiology criterion PLUS one supportive inflammatory criterion or imaging criterion



[1]High clinical suspicion: purulent drainage or any drainage from day 8 post-operatively, especially when drainage is increasing or reoccurs


Late postoperative
(more than 6 weeks after index surgery)
Clinical features
Prosthetic loosening[1]
Joint pain or joint effusion
Serum markers
CRP, ESR, D-dimer, IL-6 and/or fibrinogen[2]
serum markers low[2] AND alternative reason for pain other than PJI
serum markers low[2] but no alternative reason for pain other than PJI
serum markers high[2]
PJI unlikely
Synovial fluid aspiration
Culture[3] & synovial leucocyte count
Optional: alternative synovial biomarkers[4]
dry tap
negative leucocyte count
(<1,500/<65%)
positive microbiology or leucocyte count
(≥1,500/≥65%)
Optional: Imaging
[18F]-FDG-PET/CT if more than 6 months after the index surgery or three-phase isotope bone scan if more than 2 years after the index surgery
PJI unlikely
PJI likely
Intraoperative tissue biopsies
Cultures[3,5] & histology[6], molecular testing in case of prior antibiotic use or negative cultures
negative
PJI unlikely
Repeat synovial fluid aspiration
dry tap
Tissue biopsies
Culture[3,5] & histology[6]
Optional: Imaging
WBC-Scintigraphy
negative
positive


Late acute
(hematogenous)
Clinical features
Sudden onset of joint pain and/or joint effusion in a previously asymptomatic joint
With or without accompanying fever and/or chills
Serum markers
CRP, ESR, D-dimer, IL-6 and/or fibrinogen1
Blood cultures: 2 sets (4 bottles)
Screen potential foci for bacteremia
(e.g. urinary, skin, lungs)
Synovial fluid aspiration
Culture & leucocyte count
Optional: Rapid molecular testing2, alternative synovial biomarkers3
positive microbiology (bloodculture or synovial fluid)
negative microbiology & leucocyte ≥1,500/≥65%
negative microbiology & leucocyte <1,500/<65%
PJI likely
Intraoperative tissue biopsies
Cultures4 & histology5, molecular testing in case of prior antibiotic use or negative cultures
Crystal examination
negative
positive
PJI unlikely
PJI unlikely6

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HK20: In patients with a prosthetic joint infection of one joint, is there a role for aspiration of other joints that have prostheses in place?

George A. Komnos, Nifon K. Gkekas, Trifon Totlis , Federico Llobet, João Maurício Barretto, Ibrahim M G

George A. Komnos, Assistant Professor of Orthopaedics
University Hospital of Larisa, Greece
School of Health Sciences, Department of Medicine, University of Thessaly, Greece

Nifon K. Gkekas

Trifon Totlis

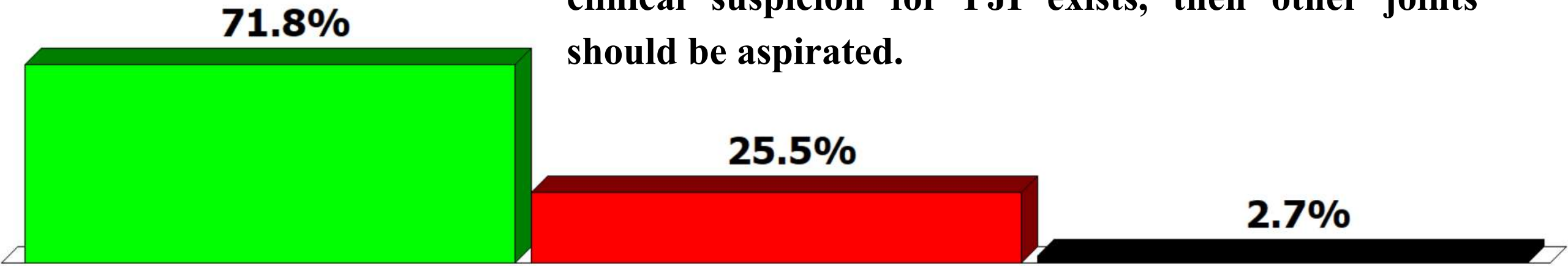
Federico Llobet

João Maurício Barretto

Ibrahim M Gado

HK20: In patients with PJI of one joint, is there a role for aspiration of other joints that have prostheses in place? (Presenter: George Komnos)

We recommend that when a patient develops a prosthetic joint infection (PJI) in one joint, all other artificial joints should be examined clinically, and if clinical suspicion for PJI exists, then other joints should be aspirated.



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HK26: What is the Optimal Duration for Holding Cultures in Patients with Periprosthetic joint Infection?

Mayo Clinic Arizona

Saad Tarabichi, MD

3rd Meeting of the International Consensus Meeting

8-10 of May, 2025 Istanbul



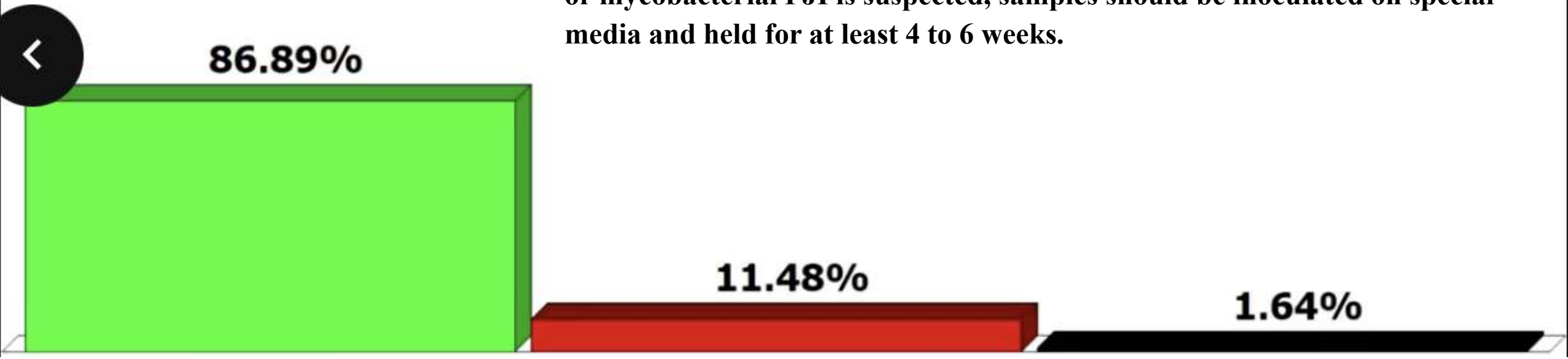







HK26: What is the optimal duration for holding cultures in patients with PJI?
(Presenter: Saad Tarabichi)

In light of recent data to suggest that certain slow-growing microorganisms, such as *Cutibacterium acnes*, require prolonged incubation times in order to be isolated on culture, we recommend routine holding of cultures for a duration of 14 days in patients with an established diagnosis of PJI. If fungal or mycobacterial PJI is suspected, samples should be inoculated on special media and held for at least 4 to 6 weeks.



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8-10 of May, 2025 Istanbul

Is there a role for the use of molecular techniques in isolation of infective organism(s) causing periprosthetic joint infection (PJI)?

Brandon J. Martinazzi, **Pier Francesco Indelli**, Hyuk-Soo Han, Maria Eugenia Portillo, Barend C Mitton, Ana Lucia Munhoz Lima, Massimo Franceschini, Ibrahim Azboy, George Babis, Karan Goswami

ROTHMAN ORTHOPAEDICS

BING OVERSEAS STUDIES PROGRAM
STANFORD UNIVERSITY

AUTONOME PROVINZ BOZEN – SÜDTIROL
PROVINCIA AUTONOMA DI BOLZANO – ALTO ADIGE
PROVINZIA AUTONOMA DE BULSAN – SUDTIROL
Südtiroler Sanitätsbetrieb
Azienda Sanitaria dell'Alto Adige
Azienda Sanitera de Sudtirol

PARACELSUS MEDIZINISCHE PRIVATUNIVERSITÄT

Pier Francesco Indelli MD, PhD: Clinical Professor Adult Reconstruction; PMU, Austria; Stanford in Florence, Florence, Italy

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Brandon J. Martinazzi, USA

Ana Lucia Munhoz Lima, Brazil

Barend Mitton, South Africa

George C. Babis, Greece

Maria Eugenia Portillo, Spain

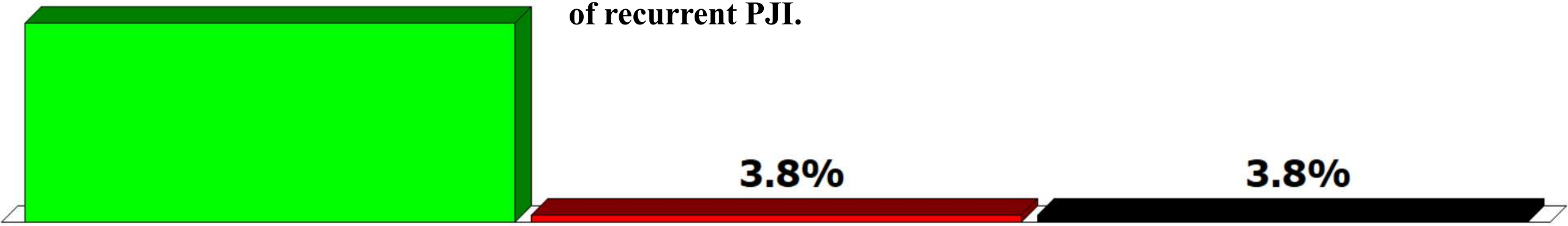
Ibrahim Azboy, Turkey

Hyuk-Soo Han, Korea

Massimo Franceschini, Italy

Karan Goswami, USA

HK35: Is there a role for the use of molecular techniques in isolation of infective organism(s) causing PJI? (Presenter: Pier Indelli)



Yes. Molecular techniques are promising adjuncts to conventional methods for diagnosing PJI and isolating infective organisms. These techniques may be of particular benefit in culture-negative cases, when rapid pathogen identification is critical, when rare pathogens are suspected, or in high-risk patients, such as those with a history of recurrent PJI.

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Is there a role for the use of bone scans in the diagnosis of periprosthetic joint infections?

Armita A Abedi, Ahmad Abbaszadeh, Dernando Da Rin de Lorenzo, Jose I Fregeiro, Paul Jutte, Michael T Hirchmann, Umile G. Longo, Jeroen Neyt

Armita A Abedi, ICM fellow 2024
Department of Orthopedic Surgery and Traumatology, Copenhagen University Hospital Bispebjerg, Denmark

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Ahmad Abbaszadeh, Iran

Humaid Al Farii, Oman

Fernando Da Rin de Lorenzo, Italy

Jose I Fregeiro, Uruguay

Paul Jutte, The Netherlands

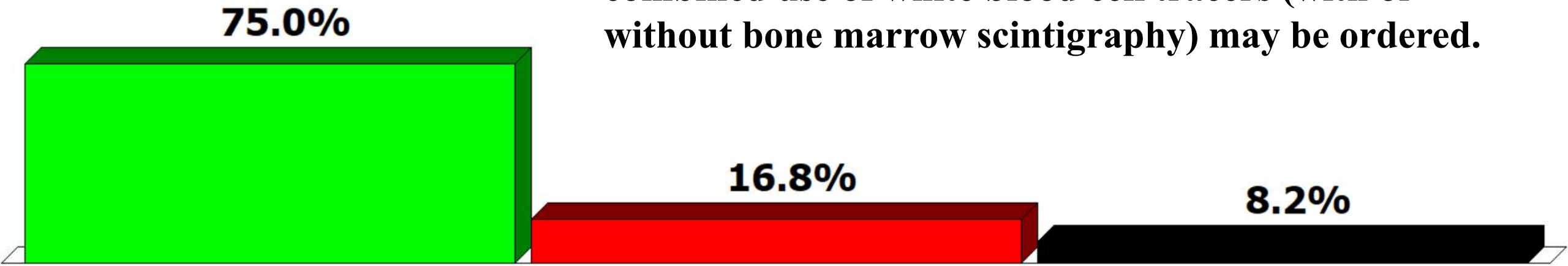
Michael T. Hirchman, Switzerland

Umile G Longo, Italy

Jeroen Neyt, Belgium

HK42: Is there a role for bone scan in diagnosis of PJI?
(Presenter: Armita Abedi)

In rare circumstances, when despite performing serological and synovial tests, a diagnosis of PJI cannot be refuted or confirmed, a bone scan with the combined use of white blood cell tracers (with or without bone marrow scintigraphy) may be ordered.



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HK 48: What patients are candidates for DAIR ?

James Cashman, Paul McCarroll, Peter Choong, Pedro Ivo Carvalho, Nicolaas Budhiparama, Ewout S Veltman, David Dewar, Mehmet Kursat Yilmaz

James Cashman, National Orthopaedic Hospital, Cappagh, Ireland

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Ewout Veltman
Netherlands

David Dewar
Australia

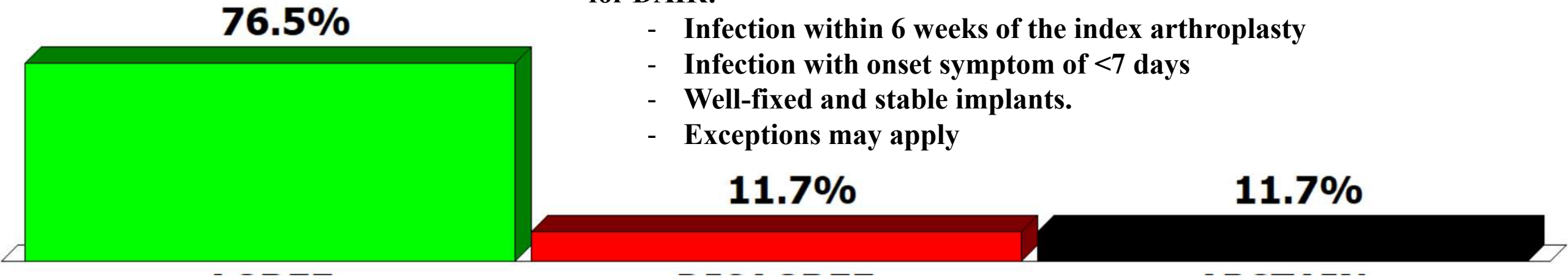
Mehmet Kürşat Yılmaz
Türkiye

Nicolaas Budhiparama
Indonesia

Paul McCarroll
Ireland

Peter Choong
Australia

HK48: What patients are candidates for DAIR? (Presenter: Wout Veltman)



In general, all patients with acute onset of infection and with a stable prosthesis are candidates for DAIR. However, the expected infection eradication rate greatly depends on several patient- and infection characteristics. The following patients are considered good candidates for DAIR:

- **Infection within 6 weeks of the index arthroplasty**
- **Infection with onset symptom of <7 days**
- **Well-fixed and stable implants.**
- **Exceptions may apply**

7

HK59: Are there any absolute contraindications to performing one stage exchange arthroplasty for patients with chronic periprosthetic joint infection (PJI)?

Baochao Ji MD, PHD

Department of Orthopedic surgery,
First affiliate Hospital of Xinjiang Medical University, Urumqi, Xinjiang, China

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8-10 of May, 2025 Istanbul

Li Cao
China

Ewout S Veltman
Netherlands

Ayman Ebied
Egypt

James Cashman
Ireland

Luiz Sérgio Marcelino Gomes
Brazil

Scot A Brown
USA

Baochao Ji
China

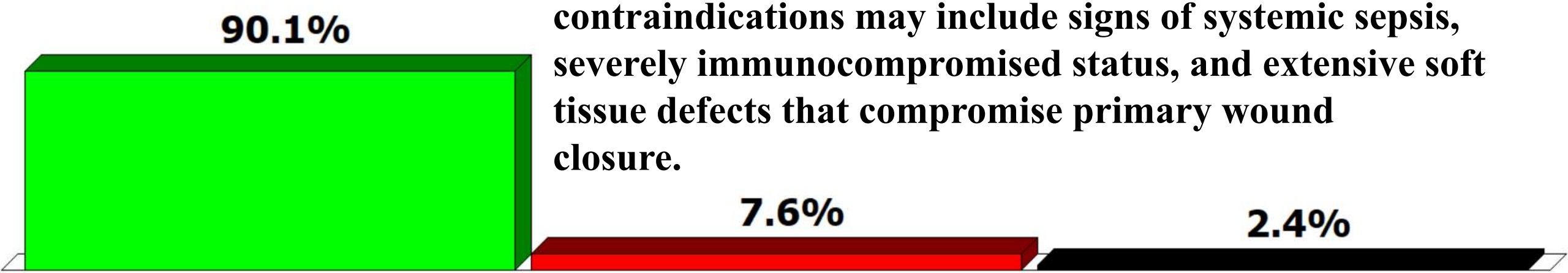
Carl L Herndon
USA

Andrew Fraval
Australia

Yicheng Li
China

Yanguo Qin
China

HK59: Are there absolute contraindications to performing one stage exchange arthroplasty? (Presenter: Baochao Ji)



No. We do not feel that there are any absolute contraindications to one stage exchange arthroplasty. However, relative contraindications may include signs of systemic sepsis, severely immunocompromised status, and extensive soft tissue defects that compromise primary wound closure.

6

Is there a role for 1.5 stage exchange arthroplasty?

Falotico, Guilherme; Baron, Gabriel; Bagaria, Vaibhav; Yates, Piers; Balato, Giovanni; Nace, James; Deckey, David; Jones, Christopher.

Prof. Dr. med. Guilherme Falotico, Escola Paulista de Medicina/UNIFESP, Brazil

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8-10 of May, 2025 Istanbul

Gabriel Baron, Chile

Vaibhav Bagaria, India

Piers Yates, Australia

Giovanni Balato, Italy

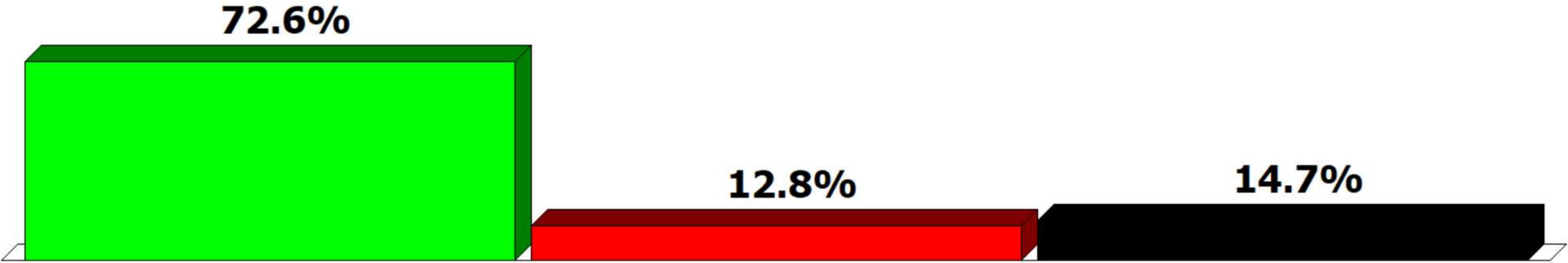
James Nace, USA

David Deckey, USA

Christopher Jones, Australia

HK75: Is there a role for 1.5 stage exchange arthroplasty?
(Presenter: James Nace)

The 1.5-stage revision does not show inferior results compared to the two-stage technique, with the advantage of reducing the number of additional surgical procedures.



5

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8-10 of May, 2025 Istanbul

HK81: What is the optimal prophylactic antibiotic for patients undergoing primary arthroplasty?

Ana Lucia Munhoz Lima, Jose Luque ,Koji Yamada, Aydin Gahramanov, Abdelhak Adjel, Mansour Sadeqi, Jorge Villafuerte, Ashok Rajgopal

Ana Lucia Munhoz Lima, MD PhD
Head of Infection Unit at Orthopaedic and Traumatology Institute -University of São Paulo-BR

3rd Meeting of the International Consensus Meeting
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José G Luque
Orthopaedic Surgeon
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Hospital Rebagliati and Clínica Internacional,
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Koji Yamada
Director, Nakanoshima Orthopaedics
Japan

Dr Abdelhak Adjel,
Consultant Arthroplasty and Sport Surgery,
Orthopedic Department Eldjazayer Clinic
Oran Algeria

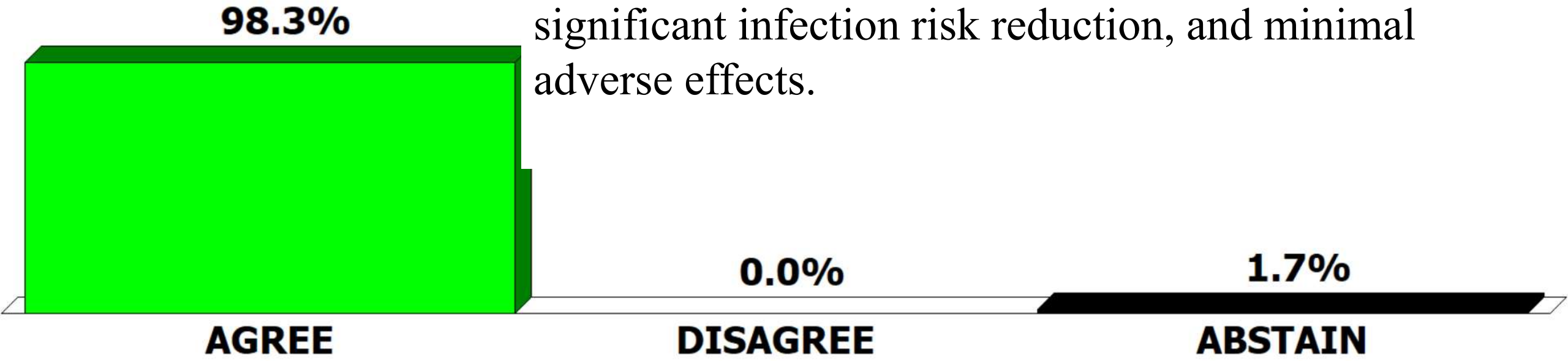
Aydin Gahramanov
Professor of orthopedics
Azerbaijan Scientific Research Institute of Traumatology and Orthopedics

Jorge A. Villafuerte
Clinical Instructor in Orthopedic Surgery
Harvard Medical School
Assistant Professor in Orthopedic Surgery
Boston University Medical School
Chief of Orthopedic Surgery
VA Boston HealthCare System

Ashok Rajgopal

HK81: What is the optimal prophylactic antibiotic for patients undergoing primary arthroplasty ? (Presenter: Ana Lucia Munhoz Lima)

Cephalosporins, particularly cefazolin, are strongly recommended as first-line prophylaxis in primary arthroplasty based on consistent high-quality evidence, significant infection risk reduction, and minimal adverse effects.



4

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What is the recommended duration of prophylactic antibiotics for patients undergoing outpatient arthroplasty?

Luo TD, Yamada K, Sekar P, Moucha C, Lustig S, Schade M, Riaz T, Poultsides L, Hoveidaei AH

T. David Luo, Indiana Orthopedic Institute, USA

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Koji Yamada, Japan

Poorani Sekar, USA

Calin Moucha, USA

Sébastien Lustig, France

Meredith Schade, USA

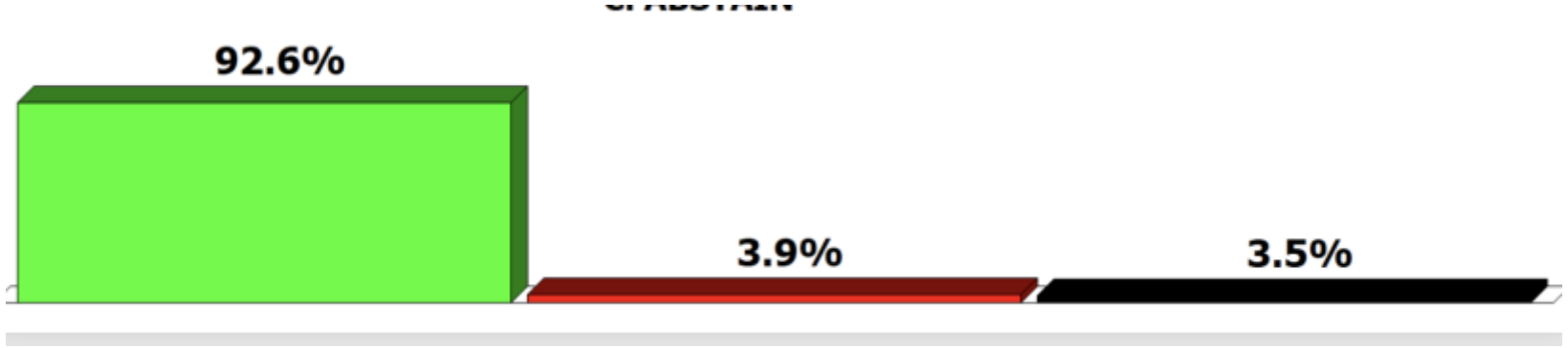
Talha Riaz, USA

Lazaros Poultsides, Greece

Amir Human Hoveidaei, USA

❖Response:

Our systematic review found no clear consensus on the optimal duration or method of prophylactic antibiotic use in outpatient arthroplasty. From the studies reviewed, one to two doses of oral antibiotic may be sufficient for patients undergoing outpatient arthroplasty.



3

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Is there a role for extended oral antibiotic prophylaxis for patients at high risk of infection after primary total joint arthroplasty?

Arshi A., Novikov D. Cordero J., Lastinger A., Ahadi K., Molloy I., Buterin A., García-Bógalo R., Heller S., Kigera J., Cao L.

Armin Arshi MD, NYU Langone, New York, NY

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David Novikov
USA

John K. Cordero
USA

Allison Lastinger
USA

Keyvan Ahadi
Iran

Ilda Molloy
USA

Antea Buterin
Croatia

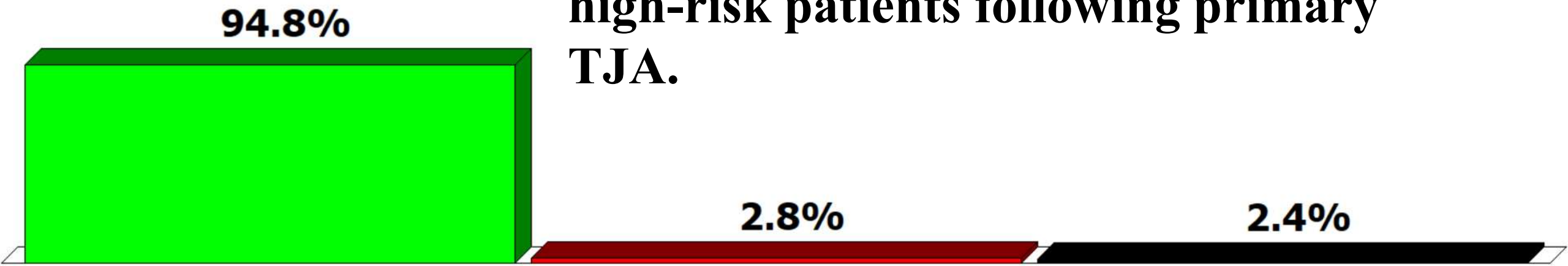
Raúl García-Bógalo
Spain

Snir Heller
Israel

James Kigera
Kenya

Li Cao
China

HK83: Is there a role for extended oral antibiotic prophylaxis for patients at high risk of infection after primary total joint arthroplasty?
(Presenter: Armin Arshi)



No. There is insufficient evidence to recommend the routine use of EOAP in high-risk patients following primary TJA.

2

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HK94: What is the optimal antimicrobial treatment for patients with culture-negative PJI?

Mahmoud Abdel Karim, Abdullah Hammad, Bryan Hess, Keivan Ahadi, Mohamed Gobba, Murat Birinci, Rajeev Sharma, Toshibumi Taniguchi, Ahmed S. Younis

Prof. Mahmoud Abdel Karim
Professor Trauma & Orthopedic Surgery, Cairo University , Egypt

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Abdullah Hammad, Egypt

Bryan Hess, USA

Keivan Ahadi, Iran

Mohamed Gobba, Egypt

Murat Birinci, Turkey

Rajeev Sharma, India

Toshibumi Taniguchi, USA

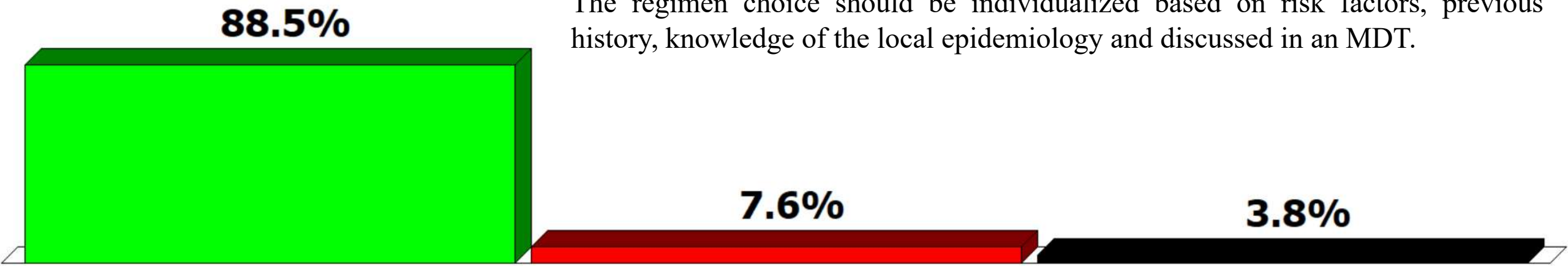
Ahmed S. Younis, Egypt

HK94: What is the optimal antimicrobial treatment for patients with culture negative PJI? (Presenter: Mahmoud Abdel Karim)

For treatment of CN PJI, the antibiotics should be selected to have a broad-spectrum activity against both gram-positive and gram-negative organisms.

Consideration should be given to a combination or multiple drug regimens including a glycopeptide e.g. vancomycin.

The regimen choice should be individualized based on risk factors, previous history, knowledge of the local epidemiology and discussed in an MDT.



1

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HK99: Is there a role for two-week antibiotic holiday in patients undergoing two-stage exchange arthroplasty for prosthetic joint infection (PJI)?

Andrew Fraval

Melbourne Orthopaedic Group and St Vincent's Hospital Melbourne, Australia

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Tiziana Ascione

Bülent Atilla

Jose L Del Pozo

Andrew Fraval

Elizabeth Gancher

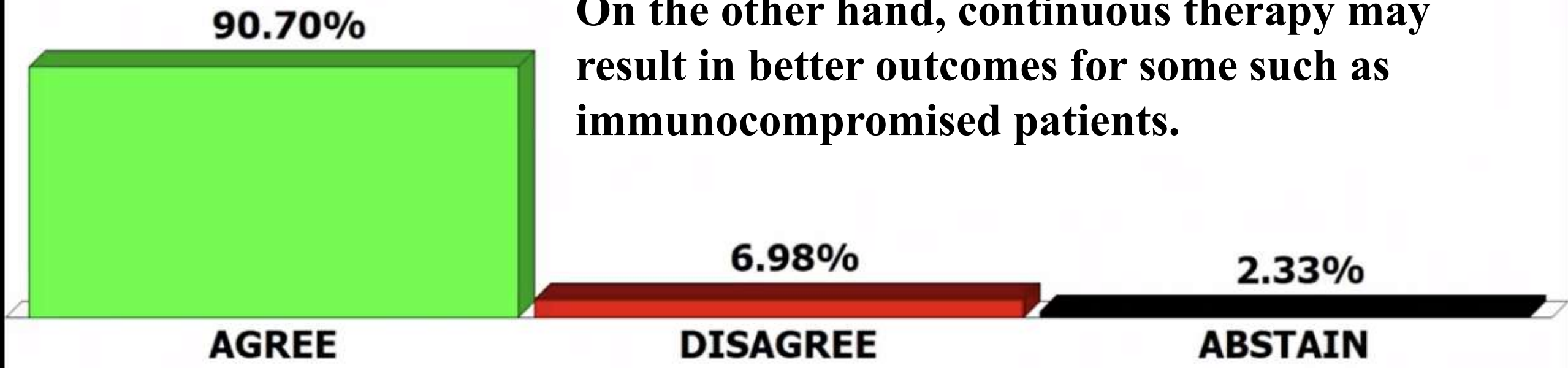
Daniel Gould

Anders Odgaard

Jakrapun Pupaibool

Xianlong Zhang

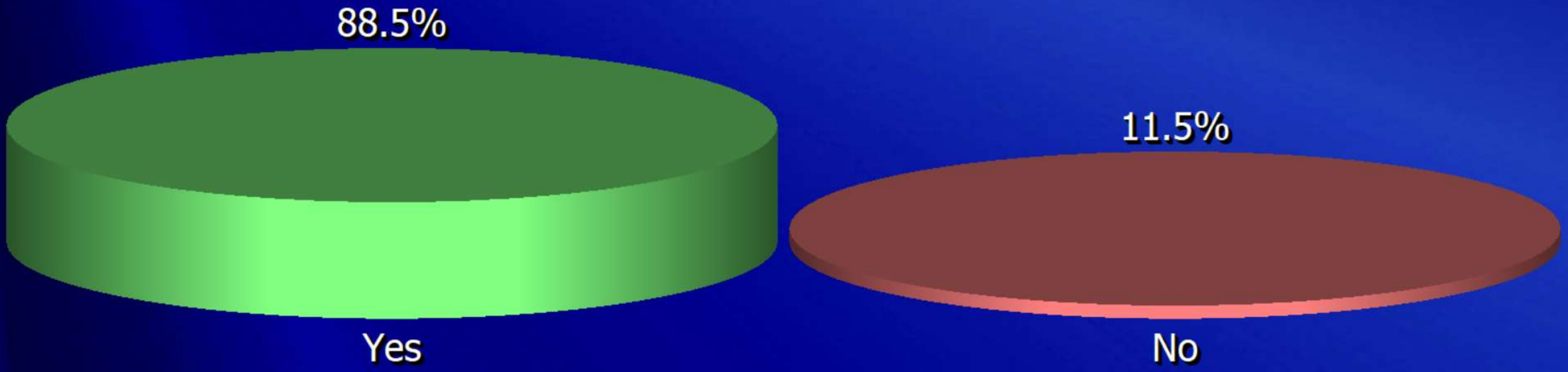
HK99: Is there a role for two-week antibiotic holiday in patients undergoing two stage exchange arthroplasty for PJI? (Presenter: Andrew Fraval)



There is no conclusive evidence that two-week antibiotic holiday improves the outcome of two-stage exchange in patients with PJI.
On the other hand, continuous therapy may result in better outcomes for some such as immunocompromised patients.

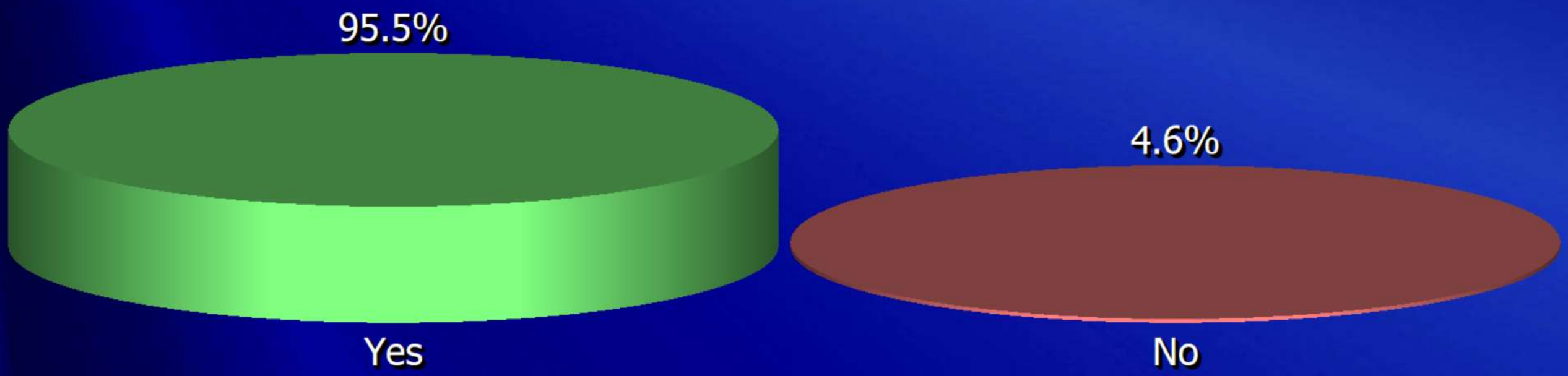
Did you like the new format of the ICM?

1. YES
2. NO



Did you enjoy ICM 2025 and glad you attended?

1. YES
2. NO



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Plans for Publication

- Hip Knee /General

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