Pillars of ESSKA.

ESSKA likes to honour the men that have been the pillars of Sports Medicine in Europe. In this issue we will focus on Prof. René Verdonk, President of the ESSKA from 1996 to 1998.

Interview done the 23rd February 2010
by Fredrik Almqvist

Dear Professor Verdonk,

What led you to specialize in orthopaedic surgery? In my 5th year of medicine, I had the opportunity to go for 1 month to Algeria since my father had friends and colleagues there. During my stay I was able to attend much trauma surgery, which kindled my interest in traumatology and orthopaedic surgery.

At that time, just as today, traumatology was performed at the Gent University Hospital by the Department of Orthopaedic Surgery. From 1971 to 1973, I spent the first 2 years of my residency in orthopaedic surgery in Antwerp with Dr. Louis Rombouts. As I had already mentioned, I was much interested in traumatology and working with Dr. Rombouts gave me the opportunity to learn a lot about the knee joint and knee surgery, which stirred my specific interest in that joint in 1973. I continued my residency at the Gent University Hospital in the Department of Orthopaedic Surgery and Traumatology under the supervision of Professor H. Claessens.

So, you mention that the focus of your interest was on trauma surgery and the knee joint. What was the reason for you to start performing arthroscopy? As you know, many traumatologic and sports injuries involve the knee joint. By introducing arthroscopy, I had the opportunity to combine traumatology with arthroscopy of the knee.

When did you start arthroscopy of the knee joint? The first arthroscopy congress was held in Lier by Dr. Geens in 1984. We should bear in mind that, as in many other countries, arthroscopy was first performed by rheumatologists. They introduced these instruments into the Gent University Hospital. Due to logistic problems, they never had the opportunity to perform these interventions in the operating theatre, which has always been an issue. However, we as orthopaedic surgeons, did have this opportunity. In Gent, the first arthroscopic procedure in the operating theatre was performed in 1976 by Dr. P. Coetsier, after he had visited Dr. Van Dam in the Netherlands. In the same period, Dr. Jet Rombouts visited Dr. Lanny Johnson in Michigan to learn more about arthroscopic surgery. Once back in Gent, he started this surgery at the Gent University Hospital and after his departure to Antwerp, I took over this arthroscopic activity in 1978.

And what about your involvement in knee arthroplasty? When I came to Gent to continue my orthopaedic residency, not many knee arthroplasties were performed, although some surgeons at the department were experimented in it. When they left the department, I had the opportunity to become proficient in knee prosthesis surgery. In 1984, at the annual Belgian orthopaedic congress organized by Professor Carl Wirth from Hannover (also past president of ESSKA), I performed the first viable meniscal transplantation in January 1989.

How did you become involved in the ESSKA society? After some years of research, and just a few years after Professor Carl Wirth from Hannover (also past president of ESSKA) performed the first viable meniscal transplantation in January 1989.

What was the most important step in your orthopaedic career? After some years of research, and just a few years after Professor Carl Wirth from Hannover (also past president of ESSKA) performed the first viable meniscal transplantation in January 1989.

Your travelling career.

You were the godfather of the ESSKA travelling fellows in 1995. How did you become involved in the ESSKA society? After some years of research, and just a few years after Professor Carl Wirth from Hannover (also past president of ESSKA) performed the first viable meniscal transplantation in January 1989.

You are travelling a lot. Could you explain how this all started? The fact that Professor Claessens did not travel too much, gave me early in my career the opportunity to replace him and to attend quite a few congresses/meetings. Later, in 1977, I did a Zimmer travelling fellowship in the US, and as arthroscopy became increasingly important in the late 1970s, this also meant more and more travelling to meetings. Eventually, I founded a group of friends, from all over the world, who are interested in the knee, arthroscopy, and sports traumatology.

You were the Godfather of the ESSKA travelling fellows in 1995. How did you experience this? It was an exiting and a wonderful time touring the US together with Philippe Neyret, Ale Wyymena and Menschii Gofken. This fellowship was started by Werner Müller, Eriksson and John Feagin, and has since then been a very prestigious fellowship.

During my time as a Godfather for the 3 travelling fellows, I had the opportunity to attend and become familiar with many surgical procedures in sports medicine. I fully appreciated the hospitality of the hosts at each place we visited and even continued to be friends with many of them until today. Of course, I had the opportunity to get to know my 3 European colleagues and this created an everlasting friendship. In your opinion, what is the biggest difference in orthopaedic surgery between Europe and the US?

The English literature is very comprehensive, but I remember an anecdote about Dr. L. Rombouts travelling to New York a long time ago for a knee meeting. In Europe, the French literature is very well known, but not so in the US, where French is not a common language. The meeting was about the knee and osteotomy, a procedure that at that time was uncommon in the US. Rombouts presented promising results with a long-term follow-up, mainly from the French literature. The US colleagues then realized that this was a procedure which had since long been established in Europe with good results. I believe that the link between the US and Europe has continuously progressed since then.

As you know, orthopaedic surgeons in the US are doing sports or joint surgery. This is in contrast with knee surgeons in Europe, who treat everything about and in the knee joint. We should also bear in mind that the US is one continent, but Europe comprises a lot of different countries. This stimulate contributions towards the orthopaedic community in Europe.

In which journal did you first publish a paper? I wrote an article on different techniques of the bimal diaphysis, which was published in Acta Orthopaedica Belgica in 1977.

Since then, because of my involvement with ESSKA, my preferred journal obviously is the KSSTA journal.

How do you feel about the relationship between the industry and science? Clinical science, especially in the field of orthopaedics, is very much supported and made possible by the industry. I believe that the development of new technologies in orthopaedics as well as fellowships are stimulated by the orthopaedic community, and often also made possible by the industry. This relationship is of paramount importance, also because it allows us to bring together many scientific colleagues.

What advice would you give young orthopaedic surgeons today who still have to start their career?

What advice would you give young orthopaedic surgeons today who still have to start their career? Based on what I have learned during all these years, the most important advice I can give is to stay oneself. This is the right way for them and for their colleagues to proceed. Networking could also be important. This is something you have to create yourself and it will be stimulated by, as I mentioned, staying yourself.

What is the message you would like to give to the European and outside of Europe colleagues?

Well, try to establish good relationships with colleagues and take every opportunity to bring together younger or orthopaedic surgeons as this is bound to be positive for today’s orthopaedic colleagues.