

Press Release

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International initiative aids above knee amputated patients

In 2005 Sahlgrenska University Hospital will be seeing 40-50 above knee amputated patients from outside of Sweden, in order to attach leg prostheses using titanium screws. Sweden is a world leader in this type of osseointegration (the Brånemark Method). The method was originally used for permanent attachment of teeth in the jawbone, but can now also be used in surgical procedures of above knee amputated patients. “The difference in quality is immense. Patients can virtually lead completely normal lives,” says orthopaedic surgeon Rickard Brånemark.

Hundreds of thousands of people all over the world have had a leg amputated due to accidents, landmines or tumours. A lower extremity amputation often entails great difficulties. Conventional socket prostheses are problematic for many patients. They are awkward, chafe frequently, are difficult to attach and prevents hip motion, making it uncomfortable to sit down. It is also hard to walk properly with a conventional prosthesis.

“The new method of osseointegration enables the patient to move far more easily, cycle, climb and even feel when he or she is walking,” says Rickard Brånemark.

40-50 patients

There is a great need globally, and in the long term centres will have to be created for osseointegration at several locations around the world. In Göteborg, Sweden, the method has been under further development for around 10 years and has helped 75 patients lead better lives. The method is scientifically well-known internationally. The patient has a special titanium screw surgically implanted into the residual limb, to which a convenient prosthesis can then be attached. The aim now is to introduce the method internationally and also build up a world-leading development centre in osseointegration for these patients.

“In 2005 Sahlgrenska will see around 40 to 50 patients. This initiative will not affect the hospital’s other orthopaedics activities, but will instead add new resources as we are remunerated for these patients,” says Nils Crona, area manager at Sahlgrenska University Hospital.

“Every country has some kind of insurance system for health care. Financing can also be resolved via the UN, Red Cross and similar organisations,” says Björn Ström, President of Sahlgrenska International Care AB, the Region Västra Götaland’s service export body in medical and dental care.

The move is a far-reaching initiative: the 40-50 patients will need surgery on two occasions, and each patient will require subsequent rehabilitation and outpatient care for about a year. “The entire care process is important for achieving the optimum results. For example, the advanced training in the Department of Prosthetics and Orthotics at Sahlgrenska is an important aspect to ensure success. In this area too Sweden is on the leading edge,” says Nils Crona.

Training and education

In a longer-term perspective, Sahlgrenska will not be able to help all the patients who would like access to osseointegration. In the future the focus will therefore be on making Göteborg into an international training centre where staff can train orthopaedic surgeons and rehabilitation carers. This in turn is likely to lead to further osseointegration centres around the world.

“That would be the logical progression. This was the way it happened when the dental integration made its breakthrough, and the process followed much the same pattern when developments in angiography (vascular X-ray) began spreading,” Nils Crona concludes.

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