

Live CME Webcasts from OR-Live

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will present 4 different orthopaedic events during September. These procedures will originate from 4 different hospitals across the country. 3 of these events offer CME.

Alex Fraser - Director of Marketing

Sept. 16th: 2 - Incision Mini Hip

Union

Memorial Hospital, Baltimore, MD, presents a minimally invasive hip replacement surgery on Thursday, September 16, 2004, at 4:30 p.m. EDT (2030 UTC). The minimally invasive hip replacement involves an "image-intensifier," a specialized X-ray machine that allows the surgeon to assess the precise position of the artificial hip joint in the body. Through the manipulation of specialized instruments, surgeons can position the implant based on what they view in the X-ray. The surgeon can then assemble the patient's new hip through two incisions of only two inches each - as compared to a 12-inch incision with traditional hip replacement surgery.

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Sept 21st: Posterior Lumbar Decompression and Fusion with Instrumentation and Bone Graft

Spinal Stenosis. The University of Maryland Medical Center will present a live webcast of lumbar decompression and spinal fusion surgery at 5:30 pm EDT (2130 UTC). The surgery will be performed to treat spinal stenosis, a narrowing of the spinal canal that puts pressure on nerves in the back, and a related condition involving slippage of the vertebrae known as spondylolisthesis. Both conditions cause pain and weakness in the lower back and legs, and many patients have difficulty in walking.

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Sept 29th: Arthroscopic Rotator Cuff Repair

Hartford Hospital will present a live arthroscopic rotator cuff repair procedure, September 29th at 6:00pm EDT. The surgery will be performed by Peter R. Barnett, MD.

Sept. 30th: Bone Conserving Humeral Resurfacing Head

Watch this live

minimally invasive replacement implant surgery performed by David Bailie, M.D. Chairman, Orthopaedic Surgery, Scottsdale Healthcare at 8 am MST (11 am EDT / 8 am PDT / 1500 UTC). Unlike a total shoulder implant, this implant is designed to cap only the top of the humerus. The implant requires less bone and cartilage removal, which makes it much more conservative than total joint implants. The implant's design allows patients to potentially recover more quickly and with less pain, and is ideal for the younger or active older patient.