

GIJS VAN HELLEMONTD

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SUMMARY

Gijs Van Hellemondts has centered his career on the technical refinement of revision arthroplasty at the Sint Maartenskliniek. His professional philosophy, shaped by early observational fellowships, emphasizes the meticulous documentation of surgical nuances. As President of the European Knee Society, he translates this focus on knowledge transfer into international collaborative frameworks. Van Hellemondts now champions a shift toward open mentorship, preparing younger surgeons to navigate the evolving economic and clinical demands of modern orthopedic practice.

The World Arthroplasty Conference has been held in April virtually and has attracted a very strong international audience. Among those that preside over this event, we met Gijs Van Hellemondts from Sint Maartenskliniek in Nijmegen. Portrait of a figure in Netherland knee surgery.

You are the current EKS president, can you explain what EKS means?

Gijs Van Hellemondts: As you know the European Knee Society - EKS started in 2015, trying to focus on degenerative knee pathology and arthroplasty in Europe. What we try to do, on the contrary to other knee societies, is to focus on surgeons who have first of all certain experience in years and numbers, but also are strongly interested in research and education. Now, EKS after a relatively short period of time, has gained a certain position in Europe in degenerative pathology and knee arthroplasty. This happens not only by organising meetings - we have an open and closed meeting and also the WAC every third year - by also by having a sort of European discussion on arthroplasty and degenerative pathology.

How do you see the role of EKS in Europe

Europe is of course bigger than just a few countries within the European Community with their several national knee societies. We try to get as many leading surgeons as possible together in the European Knee Society, where we can ask each other at the closed meetings more critical questions about our research and protocols and what we actually do in practice. And we try to bring across a lot of surgeons from Europe to the meetings we organise.

Is there any relationship with other international knee societies?

At first, we needed a good number of members and a place in the field of knee surgery in the world. Now since 2015, we have established a certain position in the world. We have close cooperation with the American Knee Society, Knee Society's in the Asia-Pacific and also with most National Knee Society within Europe. We have been asked to participate in a lot of meetings throughout the world, where EKS has become more or less of a well-known international society in knee surgery.

This brings us to the WAC. Can you explain what WAC is and what role EKS plays in this international meeting?

When EKS was founded, we thought that there is globally a large number of surgeons who are not only performing knee arthroplasty, but also hip arthroplasty and many international arthroplasty societies are more or less combined knee and hip societies. That was the reason why EKS, together with the International Congress for Joint Replacement (ICJR), started for the first time in Paris a World Arthroplasty Congress (WAC). Every third year, European knee and hip society together with the Americans, organise a World Arthroplasty Congress with faculty from around the world.. Based first of all on keynote lectures, video's on surgical technique's, but very importantly also with a lot of people who can send in their abstracts and discuss all the research which is performed globally. And that is the main driver, there's a lot of effort in the abstracts, in creating a good abstract platform and presenting the research. For the WAC 2021 we had over 800 abstracts sent in and we rated them all, both on the European side and the American side, and tried to get the best research in the program and poster sessions.

The WAC originally was planned to be Munich, but due to the coronavirus situation it was held as an online meeting. How difficult it was to switch from the planned face-to-face meeting to the new online format ?

There are a few things. In the beginning of the covid period, it was not clear whether in 2021 it will be still possible to perform live meetings. So, we had to reschedule the WAC at a relatively short notice from a congress which was planned originally in Munich for more than 1000 participants, to a virtual meeting. The good news of course is that over one year of covid we all got used to the new way of organising meetings, which is either virtual or hybrid or however we want to organise it. What we have tried to do is to create a digital platform, again not only based on people who present some of their cases or their keynote lectures, but most importantly for people presenting their research in a relatively short presentation of 6 minutes in a pre-recorded session. Especially the prerecording is something that we see more often in the digital meetings now. You still can have some interaction with delegates asking questions in the Q&A. The technical support from new platforms is improving compared to the first meetings we had, where you had to share a screen with Zoom or another platform.

You are orthopaedic surgeon in the Sint Maartenskliniek Nijmegen which is one of the leading orthopaedics clinics in the Netherlands. Can you tell us a little bit about your work homeplace?

It's a specialised orthopaedic hospital founded in 1936, and we are the largest specialist orthopaedic hospital in the Netherlands where a lot of patients are referred to from all over the country. Which is the reason why for my field, which is primary and revision hip and knee arthroplasty, we see a lot of difficult patients referred. Due to the fact that we are doing research (Orthoreasearch Department) and education a lot, but also the relatively high volume in our hospital gives us a certain position in the national and international hip and knee arthroplasty field. A good situation for us of course is that due to the education and research part, we have a large number of National and International collaegues visiting our hospital for a fellowship for a short or longer time., Surgeons can learn and see how to put this specific hip and knee arthroplasty concept to their own practice. We also organise a lot of meetings inside and outside our hospital: either as a hospital ourselves or in combination with orthopaedic industries, playing a definite role in education and in our research at the department.

Your hospital is also part of the International Society of Orthopaedic Centres (ISOC). Can you explain what ISOC is and what role Sint Maartenskliniek plays?

In 2006 several specialist orthopaedic hospitals from around the world together with the hospital for special surgeries in New York founded ISOC to exchange ideas on best practice and collaborate on patient care, education (incl. fellowship) and research to improve orthopaedic care. During these meetings the CEOs of these institutes are also part of the organised ISOC meetings. Which means there is a lot of parallel discussions going on how to keep your position as a specialised hospital in an environment where there is pressure on healthcare budget all around the globe. That's the reason why I think the ISOC is currently a very interesting society, because throughout the world the most important hospitals only doing specialised orthopaedic surgery are now part of ISOC.

You are also a National panel member within the Orthopaedic Data Evaluation Panel (ODEP). Can you explain ODEP and your role there?

The discussion throughout Europe is fairly simple. There is a certain need to control and improve the quality of implants and there has been a ODEP rating on implants for several years. The ODEP is based in the UK, and the Dutch Orthopaedic Society was asked a few years ago to cooperate within the ODEP panel on hip and knee arthroplasty. Within the ODEP the implant is provided a rating based on literature /registry data that is convincing regarding survivorship with a specific implant design. Due to this rating better control and more objective data are available for patients and healthcare providers on hip and knee implants. With the new Medical Device regulations (MDR) we have to be aware that regulations have become stricter, but innovation in our practice has to be continued in a safe manner. Beside the ODEP, in the Netherlands, like in several other EU countries, we have a very good implant registry which started with the orthopaedic society several years ago. Nevertheless, if you really create a discussion on which implant has a certain survivorship probably cooperation within Europe is mandatory.

You did a fellowship with Werner Muller in Basel 1998. How did that influence your career ?

I went to Werner Muller and Niklaus Friederich because at that stage in my career in Europe this was the place to go if you really wanted to know the details of the knee surgery. If you read the book "Das Knie" from Werner Muller, you know there is probably not one person in the world who knows more about the anatomy of the knee than he does. That was the reason for me to do the fellowship in Basel.

How was the situation at that time in the Netherlands when you compare with Bruderholz - was it different?

I think the difference in the healthcare system is that in Switzerland, it's organised in Cantons, so it's a relatively small hospital but at that stage very well focused on knee pathology. That was not the level of knee surgery we were doing at that time in the Netherlands. But of course, I think Werner Muller, who was one of the founding fathers of the ESSKA, was ahead of his time at that stage. Nowadays we can say that there are a lot of specialised hospitals in Europe at the same level, but at that time Werner Muller and Niklaus Friederich were probably a little bit ahead of a lot of people in Europe on the knee surgery side; especially their knowledge of the anatomy and the way they actually treated their patients.

Was your personal career focused from the beginning on the knee? Or was it both hip and knee?

I started my training and went to the fellowship in Basel, and when I returned to the Maartenskliniek and got a position as a hip and knee surgeon from the beginning, because of my preference. I must say I'm very happy that I changed a little my practice from knee sportsmedicine to primary Hip and Knee arthroplasty and revision. If you look at the European thought, it's mainly "if you are a knee surgeon, you perform everything on the knee side" Internationally, it is not uncommon for arthroplasty surgeons perform hip and knee arthroplasty's but no joint preserving procedures.

Beside this experience you had with Werner Muller, is there anybody else you might see as your teacher or "godfather" for your orthopaedic career?

If you are travelling in the orthopaedic community, you have a lot of people you encounter you could learn a lot from. In my own clinic I had very well-experienced knee surgeons I learned a lot from also. But there is not one person I would say is the main driver. From the knee side, I learned a lot from Ate Wymenga who was already there as a knee surgeon. He was always a knee surgeon not only doing arthroplasties but also knee joint preserving procedures and sports medicine. But overall, I would say there is not one person I could mention who I learned the most from. I still enjoy traveling as much as I can. Not only go to meetings but try to visit someone to work with in the outpatient clinic and in the OR and try to learn. That is what I did in my early career from 2000 up until now: I try to visit a clinic on a regular basis, take a few days off and travel there and ask if someone could host me. I would take a notebook and write down what I learned and try to put that into my own practice.

Is this supported by the clinic? Do you get any budget support, or is everything from your own pocket?

I did that it in my free time. Of course, nowadays there are a lot of fellowships available in Europe and outside. We all know there are several fellowships on the knee, like the well known Insall traveling fellowship in the US and the EKS Travelling Fellowship in Europe. There are a lot of other fellowship possibilities for nearly every subspeciality to do that. It's a huge life changing experience for young surgeons coming back from the travelling fellowship. I think that is what you need to do as young surgeon, but of course I'm far too old to do such a fellowship. I think you should even later in your career be still willing and able to learn from others.

What would you recommend a young doctor who is interested in going into orthopaedics? Do you still think this is an attractive field of medicine?

The answer is simple - Yes. I think we have a fantastic job for our patients as an orthopaedic surgeon. Simply because most of the patients benefit from our treatment. You should be a little bit technical in your mindset, but it's also a learning experience which doesn't stop when you become over a certain age. You still see innovations and see a lot of things changing the orthopaedic world. Of course, the downside of all people who are specialised or not in a healthcare environment, the pressure on the budget for the coming decades is getting higher. We will have to do more with limited resources and this pressure will be clear for the future for young surgeons. That's, throughout Europe, something I believe will not change.

How can you stimulate young surgeons to start a career in orthopaedics. Do you have a special program at Sint Maartenskliniek?

For me, the most important part is that we need to be aware of the fact that we get the young people into our system. We need to focus on young people, and they need to be motivated to become part of societies. In our clinic we have our training program, which is similar to the rest of Europe, which you have to apply to. For young people it's important to have an open discussion about what's the best way to learn the orthopaedic business. It's a little bit different from 20 years ago when I started, where they told me "You just do and learn it. You will learn it from someone and if you fail you do it again". Now the whole way of teaching is different. You need to talk with young surgeons more frequently on how to train, get them on the right track of training and use the possibilities available. It means they ask young people about what their preference is, which way they want to go, and whether they are willing to put time and effort into their career. In the old days there was a boss you had to listen, and he made decisions for you. Now there is a more open conversation between the residents and fellows and the surgeons who are part of our institution. For the older guys like me, that was a little different in the beginning, or difficult to understand. But the open-mindedness of how you approach young surgeons is helping to get them more motivated.

How is the healthcare system in the Netherlands? How easy is it to set up your own private practice or set up a centre like the Sint Maartenskliniek?

The Netherlands situation is slightly different to the rest of Europe. It's a bit like the Canadian and Scandinavian system because we don't have private healthcare. Everything is more or less available for every patient. It means there is no private system and if you do your surgery, you get a fixed fee depending on the negotiation with the insurance company, a bit like the DRG in Germany. The quality of Orthopaedics in the Netherlands in my opinion has a good standard if you compare it to the rest of the world. There is always some discussion on whether private care is needed or not. But overall, I think the system works as it is now, because there are no people uninsured, and you still have access to high quality orthopaedic care throughout the country. We have to take into consideration that we are still a very small country in Europe with only 17 million people.

Do you still have sports and hobbies, because you are a very busy international travelling surgeon?

Even when you are busy finding time for other activities outside your profession is possible and important. Because I believe as an orthopaedic surgeon, your physical condition - not only your mental condition - is needed to perform arthroplasty throughout your career. Especially revision arthroplasty surgery which sometimes takes a little bit longer than an hour or two, and might be challenging. I try to do sports very regularly through the week. I like to play squash, tennis and do some running and cycling. I sit on a rowing machine, which is boring but it's still exercise. I'm very active in sports, because I think if you can be physically fit it's also good for your mental state. You get a little bit out of this stressful business you are in. As a hobby beside that, I like to cook, which is a little bit different. But in preparation I always compare cooking to surgery. If you are well prepared with the right ingredients you will get a nice meal on the table. There is a similarity between cooking and doing surgery in my opinion.

Do you have other private interests, like culture and travelling, I mean private travelling?

Privately I like to travel with my family and friends. In my professional traveling what I try to do, but it's relatively something I've learned over the years, to take a little bit more time. I try to go to a meeting a little bit earlier and leave a little bit late. By doing that I want to learn about the culture of the countries I go to. We know time is precious, I try to experience other cultures if I'm traveling, because you probably will visit some locations only once in a lifetime, and you will never go back.