



Hip sonography in Switzerland

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Abstract

The diagnosis of hip dysplasia has developed very differently in different countries over the last few decades. The development and current situation in Switzerland is described in this paper. In the meantime, early diagnosis by means of Graf hip sonography, corresponding to screening, has been established, although it varies from region to region. The training system for examiners is also clearly regulated. The massive reduction in costly treatments and operations documents the success of the efforts made in Switzerland.

Keywords

Switzerland, hip, sonography, dysplasia, screening, Graf

History

Hip sonography was already performed sporadically in the late 1980s by physicians who had trained with Prof. Reinhard Graf in Stolzalpe, Austria [1]. After the specialist societies of orthopaedics, paediatric surgery, and paediatrics had submitted applications for the official inclusion of hip sonography in the catalogue of services to be reimbursed from 1995 onwards, it was possible to include it provisionally and for a limited period from 1997 onwards.

In the meantime, a group of experts had already formed and constituted the hip sonography commission, which consisted of representatives of pediatricians, paediatric orthopaedists, paediatric surgeons, paediatric radiologists, and general practitioners. After many studies and a lengthy, sometimes extremely laborious hick-hack with the licensing authorities, dysplasia diagnostics by means of hip sonography could definitely be included in the official catalogue of services as of June 2004.

Current situation

Hip sonography is not established in Switzerland as an official screening, but as a diagnostic measure in the case of a suspicion of the presence of dysplasia, however, it is expressed. However, with an incidence of around 1%, this is de facto equivalent to screening.

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Training in Switzerland is strictly regulated and is laid down in a skills program. Courses defined in terms of time and content as well as a prescribed number of self-performed examinations are the prerequisites for obtaining the hip sonography certificate of competence. This must be recertified every five years by attending a refresher course and submitting 20 examination protocols, 10 of which must be of type IIa or higher. The Swiss Commission for Hip Sonography is responsible for all questions of quality assurance and training and also issues certificates of competence.

There are currently around 660 holders of a hip sonography certificate of competence in Switzerland. Several official continuing education courses are held each year. The quality level of the examiners can be classified as very high throughout.

The guidelines and recommendations published by the Interdisciplinary Consensus Committee on DDH Evaluation (ICODE) in a consensus paper [2] are also applied in Switzerland.

Results

Due to the almost complete nationwide distribution of hip sonography in Switzerland, the number of severe hip dysplasia has drastically decreased, as these cases can also be detected earlier thanks to early diagnostics and accordingly treated more simply, more gently, and with significantly less effort. Some of the children in need of treatment come from immigrants who never had the privilege of sonographic diagnosis.

At the same time, operations for severely dysplastic hips have also decreased to such an extent that young surgeons hardly find enough opportunities to learn the relevant technique at a suitable time.

Recommendations

The development and the current situation also demonstrate impressively in Switzerland that comprehensive hip sonography performed as early as possible according to the method of Prof. Reinhard Graf in accordance with the guidelines recommended by the ICODE not only saves considerable costs but also a lot of suffering and economic losses.

Declarations

Author contributions

BD: Conceptualization, Investigation, Validation, Writing—original draft, Writing—review & editing.

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The author declares there is no conflicts of interest.

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Consent to participate

Not applicable.

Consent to publication

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