



The Association of Surgeons in Training

Conclusions: The majority of the patients in our series were at risk of RfS, and the prevention of it requires vigilance. In our series those with oral cavity primaries were at highest risk of developing RfS.

THE IMPORTANCE OF DEXAMETHASONE IN REDUCING POST-OPERATIVE MORBIDITY FROM A TONSILLECTOMY

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Introduction: Post operative nausea and vomiting (PONV) is still a frequent cause of morbidity following a tonsillectomy in children. The published press emphasises the importance of preventative anti-emetics given at induction to reduce this. Dexamethasone, a synthetic Glucocorticoid hormone, is extremely effective in achieving the above and should be considered first line treatment. It not only allows appropriate control of post-operative emesis but reduces post-operative inflammation and subsequently pain. No national consensus or formal guidance currently exists to guide local practice. We present an audit, evaluating the compliance of local anaesthetic practice with the published best evidence. Through this we hope to stimulate national debate and the eventual attainment of evidence based national guidelines.

Method: A prospective audit of anaesthetic technique and medication used during 91 consecutive paediatric tonsillectomies was performed. The audit looked specifically at the use of weight titrated dexamethasone given per-operatively.

Results: n = 91 41 male: 50 female 4% (4/91) were given an appropriate weight dependent dose of dexamethasone Further 23% (21/91) were given a sub-therapeutic dose of dexamethasone.

Conclusion: Despite extensive published evidence showing the efficacy of dexamethasone as a potent anti-emetic to reduce PONV in children; its clinical use is still limited. There is need for wider debate and national guidelines.

OBTAINING CONSENT: IS THE PROCESS TRULY INFORMED?

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Introduction: Valid consent is given voluntarily by an appropriately informed patient with the capacity to consent to the intervention in question. Aim: To assess adequacy of the consent process for the three most frequently performed operations (Hip Hemiarthroplasty, DHS and Ankle ORIF) within a regional trauma centre.

Methods: N = 90 (30 Hemiarthroplasty, 30 DHS, 30 Ankle ORIF). Operation notes and generic consent forms were analysed and compared to British Orthopaedic Association (BOA) endorsed procedure specific Orthoconsent consent forms.

Results: Risks/Complications documented: Hip Hemiarthroplasty: DVT 67%, Bleeding 90%, Pain 40%, LLD 20%, Dislocation 60%, Infection 100%, Altered wound healing 7%, Nerve injury 80%, Fracture 27%, Vessel injury 60%, PE 60%, Death 20%. DHS: DVT/PE 53%, Bleeding 93%, Pain 30%, Infection 100%, LLD 3%, AVN 27%, Stiffness 23%, Nerve injury 50%, Fracture 20%, Vessel injury 37%, Death 23%. Ankle ORIF: Pain 47%, Numbness 67%, Stiffness 23%, Repeat surgery 47%, Infection 100%, Bleeding 93%, Abnormal wound healing 10%.

Conclusion: Documentation of consent does not satisfy current BOA endorsed guidelines and in some instances may not be truly informed. Procedure specific consent forms may prove beneficial. Addressing such aspects of the consent process will improve patient understanding and expectations. It may also reduce the likelihood of patient dissatisfaction, complaints and litigation.

A REVIEW OF THE SHORT-LISTING CRITERIA FOR APPLICATIONS TO CORE-SURGICAL TRAINING IN ENGLAND

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Introduction: Competition for surgical training posts is high and there is variable guidance on the relative importance of the essential and desirable criteria outlined in the person specification. This study examines the importance of different short-listing criteria across Postgraduate Deaneries in England.

Method: The short-listing criteria for the 2009 applications to Core Surgical Training in 10 out of 13 of the English deaneries were reviewed. Common short-listing criteria were ranked in order of importance according to the percentage of the total scores allocated to each.

Result: Common short-listing criteria in descending order (Average % of total scores): Audit (12.8), Specialty related courses (10.0), Teaching (9.7), Publications (9.5), Postgraduate Degree (9.3), Prizes (8.4), Presentations (7.1), Undergraduate Degree (5.9) and MRCS (5.8). Achievements in Audits, Teaching and Specialty related courses were ranked in the top 3 criteria by 9, 7 and 5 deaneries respectively.

Conclusion: The importance of working towards fulfilling the national person specification is well emphasised to undergraduates and foundation trainees. This review provides additional information to help candidates prioritise and prepare for future applications. It is evident that achievements relating to audits, specialty related courses and teaching make a greater contribution to short-listing scores across the country.

CLINICAL INCIDENT REPORTING IN REPLY TO: ORTHOPAEDIC SURGERY DEPARTMENT- LEARNING FROM A DISTRICT GENERAL HOSPITAL EXPERIENCE

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Introduction: The aim of the audit is to raise awareness of clinical incident reporting, identify areas of management delays and concerns amongst Orthopaedic surgeons working in high risk hospital environment with the view to introduce local improvements.

Methods: Using local databases, data were collected on the number, types and reporting time of incidents recorded in the study period of September 2008 to August 2009 in the department. A local policy was set for the audit standard (all incidents should be reported to the risk management department within 3 days). Interviews were conducted with orthopaedic consultants and relevant management staff.

Results: 46 incidents were identified. The average time to report an incident was 11 days, the range was 43. 22% of clinical incidents were reported within 3 days. Interviews identified a lack of incident recognition and human errors in incident reporting amongst surgeons and lack of enthusiasm in seeking feedback following reports.

Conclusions: Clinical incident is an important part of improving the standard of clinical practice. Transparent management process, regular training of surgeons and enhanced communications between relevant departments is vital in delivering safer healthcare services.

ANTERIOR CRUCIATE LIGAMENT INTEGRITY IN OSTEOARTHRITIS OF THE KNEE

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Aims: Anterior cruciate ligament (ACL) rupture has been implicated in the development of knee osteoarthritis (OA). The relationship between existing