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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 in 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



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knee OA and ACL macroscopic and histological status is unclear. This study aimed to determine the incidence of prior ACL deficiency or injury in patients undergoing total knee replacement (TKR), the incidence of ACL rupture at TKR and to examine the ACL histologically for degenerative change.

Methods: 95 patients undergoing elective TKR for OA were recruited. Pre-operative knee function was assessed via patient history and standardised questionnaire, and standardised ligament examination, including measurement of laxity using the KT1000 arthrometer. The ACL was examined macroscopically at TKR and 10 ACL specimens were examined histologically.

Results: The ACL was absent in 12% of the patients. No significant correlation was found between the examination findings, pre-operative function and ACL surgical status. The ACL samples all demonstrated degenerative change of varying severities.

Conclusions: ACL rupture is uncommon in patients undergoing TKR for OA, as is previous index injury. The histological findings suggest that degeneration of the ligament occurs in OA, but not that this leads to rupture. In patients with advanced OA, ACL absence does not worsen function.

LATERAL EPICONDYLITIS OF THE ELBOW-ARE PLATELETS THE ANSWER?

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Elbow epicondylar tendinosis is a common problem that usually resolves with nonoperative treatments. Platelets release many bioactive proteins responsible for removal of necrotic tissue and enhance tissue regeneration and healing. Based on this principle platelets are introduced to stimulate a supra-physiologic release of growth factors in an attempt to jump start healing in chronic conditions like lateral epicondylitis. 30 patients met the study criteria and were surgical candidates who had failed conservative treatments. All were treated with one Platelet Rich Plasma (PRP) injection and their scores evaluated pre and post injection by a Quick DASH score. The average preinjection quick DASH score was 80. 18 patients (60%) noted improvement according to Quick DASH scores (13.50) at 8 weeks, 21 patients (70%) at 6 months, and 20 (68%) at final follow-up at 12 months. These results were statistically significant ($p < 0.05$) for an improvement in outcome. These results compare favorably with other treatments including surgery for lateral epicondylitis. We believe that Platelet rich Plasma (PRP) injection certainly is a useful addition to the orthopaedic surgeons' armamentarium. Even if it does not permanently cure lateral epicondylitis it can certainly provide the patient with quality time for the time its effect lasts.

EMERGENT THORACOTOMY FOR BLUNT TRAUMA-IS THE OUTCOME SO BAD?

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Introduction: Survival after blunt trauma thoracotomy is rare and blunt mechanism is often considered a contraindication. We reviewed all blunt trauma patients who underwent a thoracotomy at our institution since 2004.

Results: Since 2004, 33 patients underwent resuscitative thoracotomy following blunt trauma. 21 patients were male and the median age was 39. Pedestrians in road traffic collisions and falls from height accounted for over half the patients. 6 patients (18%) survived to neurologically intact hospital discharge. In the survivor group the median initial GCS was 15 (interquartile range 14,15), the systolic blood pressure (SBP) was 102mmHg (76,122) and the median ISS was 32 (21, 38). Of the survivors 3 underwent myocardial repair and 3 required lung repair. In the non survivor group the median presenting GCS was 8 (3, 14), the SBP was 85mmHg (65, 99) and the

median ISS was 38 (29, 43). There was no significant difference in the mean ISS for the two groups. In the non survivor group the chest was the most severely injured body region in 22 patients.

Conclusions: The survival rate of 18% is below the survival rate for penetrating trauma in this institution but compares favorably with other published blunt survival rates.

IS OTITIS MEDIA WITH EFFUSION (OME) CAUSED BY BACTERIA IN A BIOFILM? ELUCIDATING THE PATHOGENESIS OF OME.

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Otitis media with effusion (OME) is the leading cause of deafness in the developed world affecting 80% of preschool children and left undetected, can lead to learning and developmental problems. It is characterised by the presence of a middle ear effusion for 3 months or more with a general absence of gross signs of infection. It is diagnosed in 180,000 children/year and costs the NHS £18.5million/year to manage surgically and is currently the only effective treatment to restore hearing. Elucidating the role of bacteria in the pathogenesis of OME is therefore imperative to allow an alternative treatment for OME. Using microbiology and confocal laser scanning microscopy we identified the bacteria found within the effusions and demonstrated a wide array of bacteria is often clustered together and enveloped within mucus. In order to assess the ability of bacteria to form a biofilm, a novel bacterial adhesion assay demonstrated the ability of bacteria to adhere to mucosal cells. Studies on the implications of this for the pathogenesis of OME are continuing. Elucidation of a mechanism that is employed by bacteria in the progression of this disease would allow more targeted therapies to be developed and to eventually obviate the need for surgery.

PROSPECTIVE AUDIT ON THE OUTPATIENT MANAGEMENT OF PERITONSILLAR ABSCESS

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Introduction: In the UK most patients with peritonsillar abscess (PTA) are managed as inpatients. This contradicts routine practice in other developed countries. There appears to be no consensus over the setting in which PTA patients should be managed (inpatient vs. outpatient) leading to numerous avoidable acute hospital admissions.

Method: Completed audit cycle over 18 months. First cycle (2008): retrospective study of management of all PTA patients presenting in A&E over one year. Intervention: introduction of treatment protocol and formal lectures to educate A&E doctors. Second cycle (2009): prospective evaluation of management of PTA patients in A&E and assessment of patient satisfaction with outpatient management by telephone survey.

Results: Significant drop in hospital admissions from 69% to 21%. Significant increase in the proportion of patients satisfied with the treatment they received from 23% to 68%. No adverse outcomes from implementation of routine outpatient management.

Conclusion: Managing patients with PTA on an outpatient basis is feasible and safe. It leads to significant improvement in all aspects of patient care and increases patient satisfaction. Finally, it reduces the financial impact to the trust by decreasing the number of hospital admissions at a time where resources and bed availability in the NHS are limited.