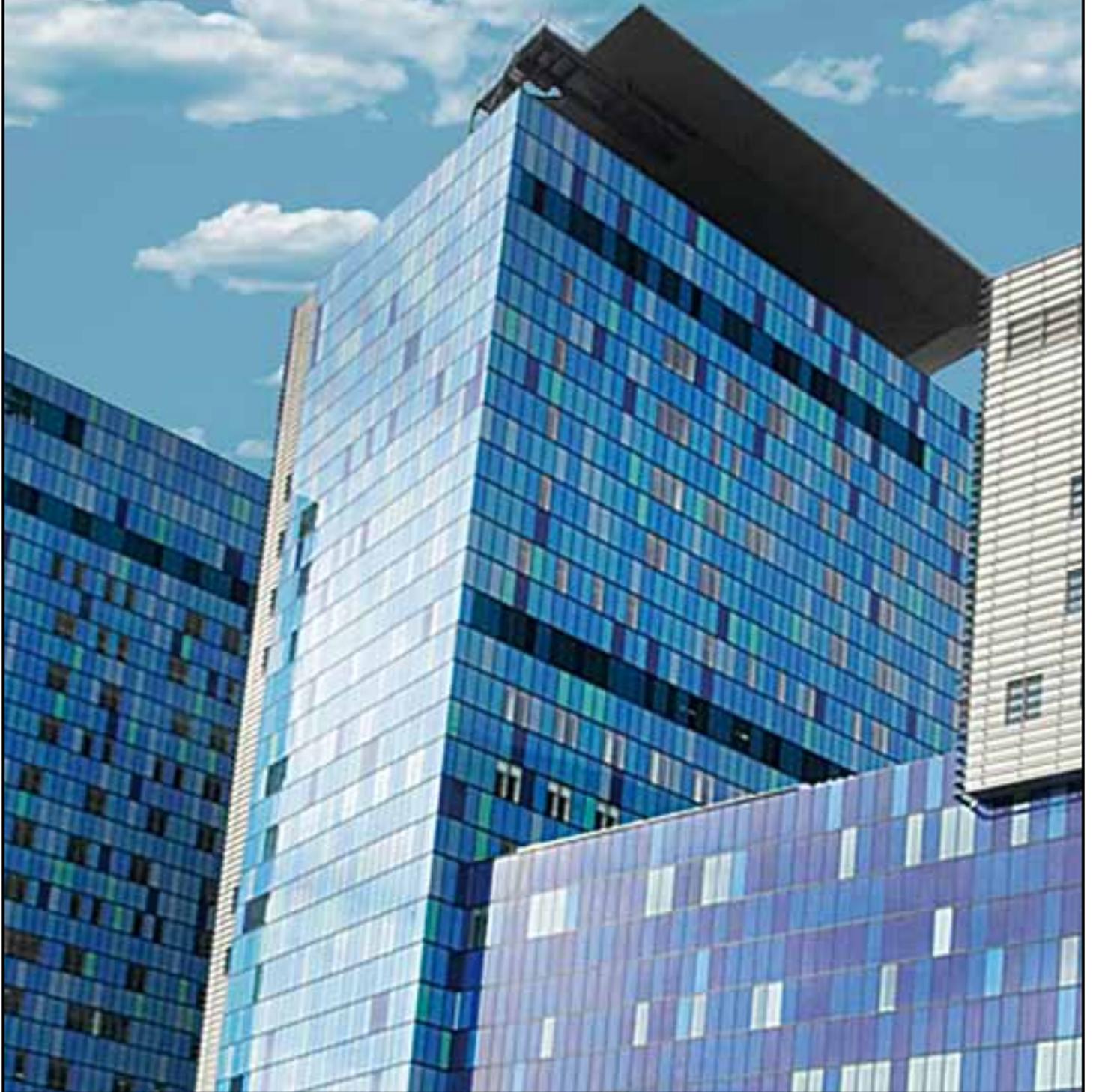


# Royal London Hospital Orthopaedic & Trauma Society



## **Eighth Annual Meeting**

*Friday, May 22nd, 2015*

**Kensington Roof Gardens, London**



The BOA has accredited this meeting  
with 5 CPD points

A certificate will be given when you hand in  
a completed feedback form at the end of the meeting



# The Royal London Hospital Orthopaedic and Trauma Society

Kensington Roof Gardens

Friday, May 22nd, 2015

- 8.30 - 9.00 Registration and Coffee
- 9.00 - 9.10 **Professor Gareth Scott**  
Welcome Address from the Chairman
- 9.10 - 9.45 Registrar Presentations: Session 1
- 9.45 - 10.15 **Professor Richard Field**  
Choice of Implants and Approaches in THR
- 10.15 - 10.45 **Mr Robin Allum**  
Thirty Five Years Experience of ACL Management
- 10.45 - 11.10 Coffee
- 11.10 - 11.45 Registrar Presentations: Session 2
- 11.45 - 12.15 **Dr Stephen Burkhart**  
Massive Cuff Tear, Is There A Tear Beyond Repair?
- 12.15 - 12.45 **Mr Kyle James**  
Supracondylar Fracture: Management, Controversies and the Outcome
- 12.45 - 14.45 Lunch and Workshop  
RLHOTS AGM
- 14.45 - 15.00 2015 RLHOTS Training Hospital of the Year  
RLHOTS Committee - Mr John Stammers
- 15.00 - 15.30 **Mr Mark Loeffler**  
Measuring Performance in Arthroplasty
- 15.30 - 16.00 **Professor Hans Zwipp**  
Thoughts and Approach in Treating Foot and Ankle Injuries
- 16.00 - 16.30 Coffee
- 16.30 - 17.00 **Dr Stephen Burkhart**  
My Journey with Shoulder Arthroscopy
- 17.00 - 17.15 Presentation of The Freeman and Paterson Prizes, The Winner of the  
RLHOTS, Travelling Fellowship and RLHOTS Trainer of the Year
- 17.15 - 17.30 Closing Words and Completion of Feedback Forms
- 17.30 - 23.00 Drinks and RLHOTS Annual Dinner  
**Aubaine Restaurant**, 37-45 Kensington High Street, London W8 5ED

The Eighth Annual Meeting of The Royal London Hospital Orthopaedic & Trauma Society has been generously sponsored by Arthrex, Acumed, B Braun, Biomet, Conmed, De souter, Depuy-Synthes, Medacta, Stryker and Zimmer. Please take the time to visit the exhibition stands throughout the day.



# Mobile Surgical Skills Lab

*Award Winning Medical Education Delivered To Your Doorstep*



- Fully-equipped high-tech laboratory with the latest image transmission technology – Synergy<sup>HD3</sup>
- Bespoke surgical training on joint models and human tissue specimens
- Two arthroscopic workstations, dry and wet lab options and live broadcasting
- Delivered to your hospital, event or course, at your time and convenience

*“The importance of training via the kind of simulation offered by the lab cannot be over-estimated”*

*Mr Paul Manning  
National Chairman of the Training  
Programme Directors and Treasurer of BESS*



Scan for more information!



© 2014, Arthrex GmbH. All rights reserved.

## Synovasure<sup>®</sup> PJI

Alpha Defensin Test for  
Periprosthetic Joint Infection



**Demand More  
From Your Diagnosis**



# The Royal London Hospital Orthopaedic and Trauma Society

Dear Colleagues

Welcome to the Eighth meeting of the Royal London Hospital Orthopaedic and Trauma Society. As always a large vote of thanks are extended to the organising committee who have arranged a prestigious programme of speakers on a breadth of subjects which should provide a point of specific interest for us all at some stage in the proceedings. We are grateful to all the speakers for donating their time and knowledge to make this day a success.

In my mind this year marks a real turning point for Orthopaedics at Barts Health. We now enjoy a cohesive department across three campuses. This can only be to the benefit of the service, and the training and academic opportunities. After an obscenely long absence, the University has recognised our potential and enabled the appointment of a bone fide Senior Lecturer, Mr Kash Akhtar. In addition, Mr Prim Achan's success in being awarded an ABC Fellowship last year has seen us restored to the ABC Fellows' circuit from which we have been absent for over ten years.

The jigsaw is almost complete. It now rests with the trainees to take the opportunity to restore the glory days of scientific endeavour.

Prof Gareth Scott  
Chairman  
Royal London Orthopaedic and Trauma Society

## **RLHOTS Committee Members:**

Simond Jagernauth *Treasurer*  
Jagwant Singh *Academic Secretary*  
Sulaiman Alazzawi *Academic Secretary*  
John Stammers *IT Secretary*  
Ramsey Chammaa *Social Secretary*  
Senthoran Raja *Membership Secretary*  
Shilpa Jha *Junior Committee Member*

## **Founding Committee Members:**

Nima Heidari, Ali Noorani, Nic Wardle, Wai Yoon

## **RLHOTS 2015 Programme Directors Report**

As always, thanks very much to the RLHOTS organising committee who have put together a superb academic programme with many notable speakers. I am sure that that this will be another excellent day.

In my report for last year's meeting, I mentioned that The Royal London programme was scheduled to have 6 new starters and that has proved to be the case. So, welcome to Zafar Ahmed, Alex Charalambous, Ibrahim El-Daly, Shilpa Jha and Sirat Khan who started in October 2014 and in addition, Iris Kwok who started with us in April 2015.

Since the last RLHOTS meeting, we have said goodbye to 2 trainees who are now on their fellowships - Charlie Jowett and Jo Thomas. Good luck and best wishes. Please come back to future RLHOTS meetings.

We have a teaching programme on Tuesday afternoons and I would like to acknowledge the hard work that Sulaiman Alazzawi and Nima Heidari have put into organising this. The mixture of invited speakers, registrar presentations and some hands-on workshops are all directed towards passing the exam. It is a fantastic educational resource and I strongly encourage you all to attend. I know that some trainees are not able to come because of clinical commitments but to those who can come - please come. The travelling distance for some can be quite far but the teaching start time has been pushed to 14.30 to allow trainees to get there in time. In addition, on alternate weeks there is a very good arthroplasty MDT meeting before the teaching and so for all you budding "tin hip" surgeons, another great educational resource. My arthroplasty colleagues are so keen and enthusiastic that I have on occasion attended as well. Anyone who suggests that is only because there is free food, will hear from my lawyer Saul Goodman.

As in past years, today's best presentation will be submitted to the "best of the best" session at this year's BOA meeting which will be in Liverpool from the 15th to the 18th September.

Matthew Barry

## RLHOTS Travelling Fellowship

De Soutter have generously provided sponsorship for a travelling fellowship. The award is for £1000, and is intended to provide support for a senior registrar on the Royal London Rotation who is due to embark upon a fellowship within the next year of their training.

Eligibility is based on strict criteria:

- 1) The applicant must be or have been on the Royal London Training Programme and hold a valid National Training Number or equivalent
- 2) The applicant must have passed the FRCS (Tr&Orth) and not taken up a consultant post at the time of submission deadline
- 3) The applicant must be able to demonstrate prior commitment to the Royal London Training Programme and RLHOTS

Applications should be submitted to the academic secretary, and must include a current Curriculum Vitae and a 500 word proposal outlining the fellowship and how the funds would be used. Selection will be performed by a senior consultant committee, one of whom will be the current Chairman of the society. The result of the selection process will be announced at the annual academic meeting.

Applications are open for 2016, and the closing date has been set as May 1st 2016.



“We are proud to support the Royal London Hospital Orthopaedic and Trauma Society, believing that it is the medical device industry’s responsibility to contribute towards high-quality training.”

## Invited Speakers



**Professor Richard E Field**  
PhD, FRCS(Orth)

Professor of Orthopaedic Surgery, St George's University of London. Director of Research, South West London Elective Orthopaedic Centre. Consultant Orthopaedic Surgeon, Epsom & St Helier NHS Trust.

Richard Field qualified from the Westminster Hospital in 1980. After junior hospital posts in London, he completed a PhD in Cambridge; where he became a junior Fellow of Magdalene College. His specialist Orthopaedic training was undertaken in London, Cambridge and Melbourne.

In 1994 Richard was appointed as a consultant Orthopaedic Surgeon, with a special interest in hips, at St Helier Hospital, Carshalton. In his early years at St Helier, he introduced hip arthroscopy, hip preserving surgical procedures and many innovations in hip replacement surgery. He also established a research department and outcome programme. Since 2004, this research team has worked at both St Helier and the South West London Elective Orthopaedic Centre (the EOC) to develop a world renowned research programme with many national and international collaborations. In 2013 he was awarded a personal Chair at St George's, University of London in recognition of his work at St Helier and the EOC.

Prof Field lectures widely and is a regular invited faculty member at many national and international Orthopaedic meetings and is a member of the Council of the British Hip Society and the International Society for Hip Arthroscopy. He continues to supervise MD(Res) and PhD students and has regular UK and overseas visiting Fellows in his team.

Besides being a pioneer of hip arthroscopy in the UK, Prof Field is one of the UK's most experienced hip resurfacing surgeons and continues to undertake this procedure on active young men. Since 2008, Prof Field has regularly used the muscle sparing, direct anterior approach for his routine hip replacement surgery and is a regular faculty member on national and international training courses for surgeons learning this technique. In 2011, Prof Field undertook the world's first GMK Sphere knee replacement and has been one of the key surgeons in the development of this new generation of knee replacement. Prof Field remains keen to involve as many of his patients, as possible, in long term outcome studies to properly monitor their progress and better understand the results of our surgery.



**Mr Robin Allum**

Consultant Orthopaedic Surgeon at Wexham Park Hospital

Robin Allum qualified MB ChB University of Bristol 1972 and FRCS (England) 1977 and underwent comprehensive training in knee surgery both in the UK and abroad. He was Clinical Fellow in Knee Surgery, University of Toronto, Canada 1980 to 1981 and Senior Registrar, Professorial Unit, Royal National Orthopaedic Hospital, Stanmore 1983.

He was appointed Consultant with an interest in knee surgery to Heatherwood and Wexham Park Hospitals 1983. In 1984 he was the BOA European Travelling Fellow.

He was Educational Secretary of BASK 1995 to 1998, Honorary Secretary 1999 to 2002 and President 2004 to 2006. He was a member of the Council of the BOA 1999 to 2001, Honorary Secretary 2002 to 2004 and a member of the Editorial Board of the JBJS 1999 to 2006.

He has organised 12 International Cruciate Meetings at Wexham since 1992 and was chairman of the Committee that produced the BOA Anterior Cruciate Ligament Reconstruction Best Practice document in 2001 (updated 2009).

He has lectured in knee surgery in Australia, Brazil, Canada, Chile, China, Ecuador, Egypt, Greece, India, Italy, Peru, Portugal, Singapore and Zambia and operated in Egypt.



**Dr Stephen S. Burkhart, M.D.**

Clinical Assistant Professor, Department of Orthopaedic Surgery, at the University of Texas Health Science Center at San Antonio.

Dr. Stephen S. Burkhart is an orthopaedic surgeon specializing in arthroscopic surgery and reconstructive procedures of the shoulder. Dr. Burkhart graduated cum laude from Rice University in 1972, with a degree in Mechanical Engineering. He attended The University of Texas Medical Branch at Galveston, earning his Doctor of Medicine in 1976. He completed his internship at Scott & White Memorial Hospital in Temple, Texas, and his residency in orthopaedic surgery at the Mayo Clinic, Rochester, Minnesota, from 1977-1978.

In 1981, Dr. Burkhart completed a sports medicine fellowship at the University of Oregon and Orthopaedic and Fracture Clinic in Eugene. He has pioneered a number of arthroscopic shoulder procedures, and is a frequent speaker at national and international medical symposia on these procedures.

Dr. Burkhart currently holds the position of Clinical Assistant Professor, Department of Orthopaedic Surgery, at the University of Texas Health Science Center at San Antonio. He is board certified in orthopaedic surgery by the American Board of Orthopaedic Surgery and is a member of the Executive Committee of The San Antonio Orthopaedic Group, where he has practiced since 1981. He is a past president of The Arthroscopy Association of North America. He has authored two textbooks on arthroscopic shoulder surgery and has published approximately two-hundred peer-reviewed articles.



### **Mr Kyle James**

Consultant Orthopaedic Surgeon at The Royal London, St Bartholomew's and Barts and The London Children's Hospitals, London, UK.

Kyle James qualified at Guy's, King's and St. Thomas' School of Medicine, London with honours in 2002. After basic surgical training he commenced his orthopaedic specialist registrar training on the South East Thames Rotation including training at the Evelina Children's Hospital and King's College Hospital. He has completed two fellowships in Paediatric Orthopaedics at Beit Cure International Hospital, Malawi and at the Children's Hospital, Westmead, Sydney, Australia. His subspeciality and research interests are cerebral palsy, correction of limb deformity and the management of severe slipped femoral epiphysis. He has worked in 3 major trauma centres and is trained in the use of circular frames in the management of trauma and deformity.

Kyle was appointed to The Royal London Hospital, part of Barts Health, as a paediatric orthopaedic and trauma surgeon in 2013. Along with Miss Claudia Maizen, he leads the neuromuscular service providing care for children with cerebral palsy and other neuromuscular conditions. He is part of the paediatric and adult deformity service which manages problems with limb length equality, malalignment, fractures and fracture malunion or nonunion with the use of various surgical techniques including circular external fixators. As well as providing general paediatric orthopaedics care he also does adult trauma (fracture) surgery.

Kyle has a wide range of academic and teaching experience several publications and international and national presentations. He has been a lecturer and examiner on orthopaedic courses from medical undergraduate to FRCS-Orth level. His research interests include cerebral palsy and slipped femoral epiphysis and is one of the investigators in an international multi-centre trial of outcomes of hip dislocation in cerebral palsy and is part of the UK Slipped Femoral Epiphysis Steering Group.



**Mr Mark Loeffler**

Consultant Orthopaedic Surgeon at Colchester Hospital

My medical training was at the London Hospital Whitechapel where I was inspired to follow a career in Orthopaedic surgery by the teaching of Michael Freeman. Basic surgical training was at Addenbrookes and Whipps Cross hospitals I was anatomy demonstrator at Cambridge University and anatomy tutor at Queens, Magdalen and Girton colleges. My higher surgical training was based at the London Hospital with spells at the Royal National Orthopaedic hospitals, Colchester and Black Notley hospitals My fellowship in knee surgery was in Auckland working with Mr Tietjens who was the surgeon for the All Blacks rugby team.

After passing the FRCS (orth) exam and completing higher surgical training I was appointed consultant in Colchester in 1995. I have been able to concentrate more on elective knee surgery, both soft tissue injuries and arthroplasty as the department has expanded. I also have an interest in adult hip surgery and general trauma.

I was lead clinician to the Orthopaedic department from 2008 to 2011 since when I have been the director of the Surgical division.

I am clinical tutor to the Orthopaedic registrars and undergraduates and have an interest in teaching. I have published clinical research on a variety of subjects and continue to be actively involved in research in Orthopaedic surgery. I am keen that the practice of surgery has a sound scientific basis.



### **Professor Hans Zwipp**

Medical Director & Professor of Trauma Surgery,  
Department of Trauma and Reconstructive Surgery at the University Hospital  
“Carl Gustav Carus” Dresden.

Having completed his undergraduate training in Vienna, Berlin, Bochum and Essen, Professor Hans Zwipp completed his state exam and doctorate in medicine in 1975 at the University of Essen. Following this, he completed his internship at Bethesda hospital in Essen.

From 1978 to 1993 continued his training in trauma surgery and research activity under Professor Harald Tscherne at Hanover medical school. In 1988 he was awarded the Hans-Liniger Prize for best post-doctoral dissertation by the German Trauma Society, and in 1993 he was promoted to chief consultant at Hanover (MHH).

In 1993 he was appointed as Professor of Trauma Surgery at the Department of Trauma and Reconstructive Surgery at the University Hospital “Carl Gustav Carus” Dresden, a major level 1 trauma centre with an international reputation for treating acute and chronic injuries of the foot and ankle.

In 1994 he became the chairman and a founding member of the AO foot & ankle expert group. During his time as chairman, the group established a comprehensive foot classification according to the AO principles, as well as developed new techniques and implants for complex problems including charcot hindfoot, pilon and calcaneal injuries.

He continues to lecture internationally and is a lead member of AO Germany. He has been married since 1971, and is the father of three children.

## **Training Update**

I'm sure you are getting bored with any more chat about elections but the most important election in May is yet to be determined! The government wishes it had a 95% turnout.

## **Training Hospital of the Year**

For those that did not make last year's meeting, we piloted the RLHOTS Training Hospital of the Year. It is awarded based on what trainees want from their hospital. It is very much in its infancy and feedback has helped the 2nd iteration. Many of the criteria continue with a few additions.

Data is gathered from trainee surveys for each 6 month rotation and elogbook data. Massive thanks to Mr Barry for sacrificing his bank holiday weekend to collate the elogbook data.

- Overall Logbook numbers
- Percentage of STS/STU/Performed to assisting
- Number of indicative procedures achieved
- Number of clinics and whether you cross cover other consultants clinics
- Number of operating sessions
- Educational value of the trauma meeting
- Opportunity to get to teaching
- Are clinics used to provide educational value?
- Are your training needs considered in planning theatre case mix or type?
- Would you recommend this job to your colleagues?

Stay tuned for the winner!

## **Trainer of the Year**

Congratulations to those consultants nominated for the 2015 RLHOTS Trainer of the Year. Year-on-year the quality of the nominations supporting outstanding trainers has increased. The winner is also hotly contested with 90% of the rotation taking part in the vote. Thank you to the trainees for being part of it.

## **The Nominees:**

### **Miss Ang – The Royal London**

Miss Ang combines all the qualities of the best orthopaedic trainer, and has contributed not just to our own training but the training of our peers as well. She maximises all training opportunities, specifically setting up cases for you as the junior, and takes time to teach you during the ever busy clinic. She is helpful and makes you feel welcome, being easily approachable when asking questions. She helps sets trainee goals, providing constructive feedback throughout training. She inspires confidence by gentle encouragement, and gives you an opportunity to identify the solution. She sets an example in promoting good practice, holding herself to a higher standard. She is also actively involved in training and teaching, in our regional and local training. Her patients have great affection for her, as well as all trainees who come in touch with her.

### **Mr Joyti Saksena – Barnet/Chase Farm/RLH**

Joyti Saksena is an alumnus of the Royal London Rotation and has an excellent understanding of what is expected of a trainee and what is required from him as their trainer. It goes without saying that Mr Saksena is approachable, supportive and friendly at all times; both at in and out of the work place. He is an excellent teacher in clinic and theatre, always offering tips and pearls to fine tune your clinical assessment and operative technique. Even in the most complex of cases, Mr Saksena makes sure you understand and are involved in the operative steps. If things aren't going to plan and everything seems to be going against you, he remains a picture of zen-line calm and negotiates a safe passage through the obstacles. It's an impressive quality worth aspiring to. What makes him exceptional, however, is his innate ability to understand the personality of a trainee to offer the right balance of constructive criticism and encouragement. Consequently, he is a true mentor that instills confidence and enthusiasm.

### **Mr Kyle James – The Royal London**

Mr Kyle James has a perfect combination of a gifted surgical ability and knowledge of how to train his registrars. He uses every opportunity as a teaching session whether it is in clinic, ward round or theatre. He provides constant feedback on how his trainee is improving and areas in which they can focus their attention. Above all he shows enthusiasm in this job which is transferred to his trainee.

### **Mr Sebastian Dawson-Bowling – Newham/The Royal London**

It has been a pleasure to work for Mr. Dawson-Bowling. He is an excellent trainer who places importance on your development and what goals need to be achieved. Among other attributes becoming of an orthopaedic trainer, the thing that stands out most is his ability to know when to supervise and when to take a step back and promote independent operating. In addition, he ensures his trainees are involved in other aspects of clinical governance such as research and auditing current practice. I would highly recommend his job to my fellow trainees!

### **Mr Adrian Carlos – Newham / The Royal London**

Mr Carlos is an excellent teacher - explains concepts really well and draws illustrations to make things clearer. He is teaching at every opportunity in clinic and in theatre. He lets the trainee do the vast majority of the list themselves. When I struggle, he doesn't take over the case but watches patiently in the background and offers helpful tips. If still struggling, he'll briefly take over to show a better way of doing it, then hand the instruments back for the next step of the operation. After the list, I submit my ISCP assessments and he does them within 2 days every time. No chasing!

He really strives for me to get the best operative experience out of the job. I couldn't believe it when he emailed me about a theatre list on a day when I was taking annual leave. "Why don't you make sure the secretary only books injections on my list that week" he said. "That way you won't be missing any important cases". I couldn't believe the total selflessness of this and think it illustrates what a thoughtful trainer he is. Mr Carlos is also quite an inspiration in his rapport with patients. I've never seen him frustrated or stressed out. He is calm in every situation, listens intently to patients, shows empathy and makes them all feel important. I would trust him to treat my whole family.

Lastly, he tries to get the best out of the trainee. He showed an interest in me fulfilling my ARCP requirements. He encouraged me to write a paper, submit an abstract, finish an audit and get involved with a proforma to improve clinic services. He is an all round joy to work with - approachable with a great sense of humour and a treasure for our rotation.

### **Mr Rajiv Bajekal – Barnet/Chase Farm/RFH**

Mr Bajekal is an inspiring consultant who takes his work seriously but also makes every day fun and is a pleasure to spend time with. He ensures that each clinical session has an educational component. He plans his lists so that his registrar can do a number of the cases firstly under close supervision then when competencies are achieved allows more independent operating. Clinics aren't over stuffed and he makes them educational also. As an FRCS examiner every utterance is a gold mine and any teaching sessions he gives a possible key to success.

### **Mr Kes Sri-Ram - Whipps Cross**

Mr Sri-Ram is an excellent trainer. His presence in trauma meeting improves its educational value. He has set up weekly registrar teaching & monthly journal club at Whipps X. His day to day practice reflects evidence based medicine. Despite being new consultant and with all the challenges of getting an elective case done at Whipps X his job is always hands on. He provides case to case tailored supervision ranging from holding the retractor for his registrar, top tips for each case to physical presence in coffee room.

I would like to nominate him as the trainer of the year for his support to trainees and his efforts to create training environment in the department.

### **Mr David Moore - Colchester**

Mr Moore has all the qualities of a great trainer. He is patient, friendly, reliable and takes responsibility but gives the trainee the freedom to make decisions and progress. As a RL rotation alumni he has taken responsibility for training many generations of RL trainees.

He takes the extra time to make the most of every educational opportunity whether in clinic or in the operating theatre. He hosts 3 teaching clinics a month in Halstead and CGH where you review complex patients together providing a platform for perfecting a targeted foot & ankle history, examination and management. This provides excellent educational value in preparation for the FRCS and managing those nightmare patients!

He is very proactive when it comes to completing work based assessments and motivates you to get them done particularly when he feels you've performed well. He teaches reproducible techniques to ensure consistent, high quality outcomes. He is instrumental in ensuring the trainee has maximal exposure to theatre sessions and uses non-trainees to cover gaps in service provision. He leads by example and he inspires absolute professionalism.

## **Freeman Prize**

Each year the best registrar paper is awarded the Freeman Prize. The value of this is £250 towards an academic meeting or course of the winner's choice.

### **Past Winners of The Freeman Prize**

#### **2014 - Mr S. Alazzawi**

The incidence of venous thromboembolism events following pelvic fractures.

#### **2013 - Mr J. Singh**

The use of ultrasound to assess screw penetration following distal radius fixation: A Cadaveric study.

#### **2012 - Mr J. Stammers**

Clinical experience of minimally invasive treatment of pelvic ring injuries using an internal anterior fixator.

#### **2011 - Mr P.K. Jaiswal**

The importance of osteoclasts in fracture repair in an osteoporotic animal model.

#### **2010 - Mr S. Masterson**

Impaction femoral allografting at revision hip arthroplasty using a proximally hydroxyapatite coated stem without cement.

#### **2009 - Mr N. Heidari**

Thromboprophylaxis policy and mortality following hip fractures.

#### **2008 - Mr P.J.H. Sloper**

Bilateral Cementless Total Knee Replacement Following Previous Unilateral High Tibial Osteotomy: Functional Results at an Average of 8 Years.

### **Best Poster Prize Past Winner**

2011 – Mr S Matthews, 2012 – Mr A Parker

2013 – Mr S El-Tawil, 2014 – Mr I El-Daly

# Registrar Podium Presentations

09.10 – 09.45 *Session 1*

**A prospective randomised controlled trial of “fixed-angle” versus “polyaxial” locking plate fixation systems for periprosthetic/osteoporotic distal femoral fractures**

O Obakponovwe, N Kanakaris, R West & P.V. Giannoudis

**Spinopelvic dissociation: have we finally got an answer?**

I El-Daly, P Culpan, A Ranganathan, A Montgomery, P Bates

**Plate fixation of high-energy lisfranc fractures**

F Malagelada, C Sahirad, L Parker, N Heidari

**The direct anterior versus other approaches in primary total hip arthroplasty: A systematic review and meta-analysis**

Mohamed Sukeik<sup>1</sup>, Fatih Kucukdurmaz<sup>2</sup>, Javad Parvizi<sup>2</sup>

11.10 – 11.45 *Session 2*

**Novel tendon augmentation graft for the rotator cuff of the sheep**

Z Ahmad, J Wardale, F Henson, R Brooks, G Tytherleigh-Strong, N Rushton

**Blood component use in damage control resuscitation**

S Khan, R Davenport, P I Johansson, S Stanworth, C Gaarder, K Brohi

**The use of tranexamic acid in paediatric pelvic osteotomy/hip reconstruction surgery**

S Jha, I Igah, E Izadi, C Maizen

# Abstracts

## **A Prospective Randomised Controlled Trial of “fixed-angle” versus “polyaxial” locking plate fixation systems for Periprosthetic /Osteoporotic Distal Femoral Fractures.**

O Obakponovwe, N. Kanakaris, R. West & P.V. Giannoudis

<sup>1</sup> *Southend University Hospital*

<sup>2</sup> *Academic unit of Trauma and Orthopaedics, University of Leeds.*

### **Hypothesis**

The use of the newer, polyaxial plating system is equally effective in comparison to the first generation, fixed-angle, periarticular distal femoral locking plates.

### **Methods**

This prospective randomized trial was conducted between 2010 to 2014 in 4 UK institutions. Inclusion criteria; osteoporotic/periprosthetic fractures; excluding patients with dementia, loose femoral components and polytrauma. Fracture union was the primary objective secondary objectives included; comparison of intraoperative details, the incidence of non-union, hardware failure, complications, secondary surgery and functional outcome (Oxford knee score). Fractures were classified according to the AO/OTA and Rorabeck systems. Osteoporosis grading used Singh's index. Statistical analysis applied logistic regression of union on covariates that included use of either system with set variables including: age, sex, smoking, fracture type, complication rates and knee function. Significance was set at P value<0.05.

### **Results**

In a 1:1 ratio 40 patients all completed a 12month follow up. Overall union rates at 6months(73%) and 9months(77.5%). 2 cases of implant failure (revised) and 3 cases of non-union (bone grafting without osteosynthesis revision). 1-year mortality; 12.5%. Between the 2 groups statistical analysis verified no significant differences in demographics (mean age78yoa (58-99yoa), gender 87.5%females), mechanism of injury, the impact of comorbidities (Charlson score mean5 (2-9), Singh score mean2 (1-4)), the duration of surgery (mean86min (55-192min), incision length (mean15cm (7-33cm)), hospital stay (21days (10-43days)), as well as functional, quality of life and pain scoring at 6, 9 and 12months. The number of open reductions (29% vs. 19%) occurred in the LISS group, although more complex fractures (33.A2/3/B/C) were managed to the polyax group (77.5% vs 85%).

### **Conclusion**

The primary hypothesis was verified, with very good union rates for both systems, and limited implant related complications.

## **Spinopelvic Dissociation: Have we finally got an answer?**

I El-Daly, P Culpan, A Ranganathan, A Montgomery, P Bates  
*Pelvic Unit, The Royal London Hospital, Barts Health NHS Trust*

### **Introduction**

Spinopelvic dissociation (SPD) is a rare, life threatening condition that results from discontinuity between the axial spine and the pelvic ring. With only 63 cases documented in the literature, evidence is sparse and the vast majority of surgeons have limited experience in treating this condition. Joint operating between spinal and pelvic surgeons at our unit gives us a unique opportunity to develop a new form of fixation not previously described.

### **Aim**

Present our new minimally invasive surgical technique and operative experience, for the lumbopelvic fixation of patients with SPD.

### **Methods**

Retrospective review of 10 SPD cases in the last 24 months that were treated operatively at The Royal London Hospital.

### **Results**

The mean age was 41 years (range 18 – 78 years) out of seven males and three females. The most common mechanism of injury was a fall from height followed by road traffic accident. Three patients had known psychiatric illnesses, one of which was a suicide attempt. Eight patients had other associated injuries and two had significant neurological deficit at the time of injury that did not recover. All patients underwent percutaneous fixation. Six patients had lumbopelvic fixation reinforced with an SI screw. Post-operative complications included two deep surgical site infection over the iliac screw heads. Of the two treated without SI screw fixation one had metal work failure with loosening of the set screws and dislocation of the rods bilaterally. There was no mortality.

### **Conclusion**

We treated 10 patients with SPD over the course of two years, constituting a higher incidence than any other reported. In our experience, the novel reduction technique described was successful in all our patients without any subsequent loss of reduction or failure of fixation. Triangular osteosynthesis achieved the most stable fixation without any failure of fixation or hardware.

# **Plate fixation of high-energy Lisfranc fractures**

F Malagelada, C Sahirad, L Parker, N Heidari

*Foot and ankle Unit, The Royal London Hospital, Barts Health NHS Trust. London, UK*

## **Aim**

Open reduction and internal fixation (ORIF) is now established as the accepted treatment for unstable injuries of the Lisfranc (tarsometatarsal) joint (TMTJ). In low-energy fractures good reductions can be achieved and maintained with trans-articular screw fixation but in higher-energy injuries particularly in presence of comminution plates are recommended. We aimed to assess the mid-term outcome of plate fixation for Lisfranc fractures.

## **Methods**

Consecutive patients treated by medial (1st TMTJ) and dorsal (2nd and 3rd TMTJs) plate ORIF for high-energy Lisfranc injuries were included. Post-operative evaluation included clinical examination, radiographs and the American Orthopaedic Foot and Ankle Society (AOFAS) midfoot scale.

## **Results**

A total of 30 feet in 29 patients were included and followed for a mean of 14 months (6-68). The mean age at diagnosis was 39.3 years and patients were predominantly males (66%). The principal mechanism of injury was a fall from a height and five patients (17%) sustained multiple fractures involving other joints. Anatomical reduction was achieved in 28 feet and nonanatomic in two. The average AOFAS score was 68.7 points. Eight patients developed moderate posttraumatic osteoarthritis of the tarsometatarsal joint. Complications included 2 cases of neuropathic pain and paraesthesias over the deep peroneal nerve distribution. No cases of wound infection or metalwork failure were encountered. Removal of the metalwork was deemed necessary in 4 patients.

## **Conclusion**

Plate fixation for high energy Lisfranc fractures provides good mid-term outcomes with minimal re-operation rates and complications. We recommend plate fixation for high-energy Lisfranc injuries in order to achieve and maintain anatomic reduction.

# **The Direct Anterior versus Other Approaches in Primary Total Hip Arthroplasty: A Systematic Review and Meta-analysis**

M Sukeik<sup>1</sup>, F Kucukdurmaz<sup>2</sup>, J Parvizi<sup>2</sup>

<sup>1</sup>*The Royal London Hospital, London, United Kingdom*

<sup>2</sup>*The Rothman Institute at Thomas Jefferson University, Philadelphia, United States*

## **Aim**

Proponents of the direct anterior approach (DAA) for THAs state earlier functional recovery as an advantage, while opponents claim that the DAA leads to higher complications without improving outcomes. We conducted a meta-analysis of all randomised controlled trials (RCTs) to compare outcomes of the DAA versus other approaches in primary hip arthroplasties.

## **Methods**

The study was conducted according to the Cochrane Handbook for Systematic Reviews of Interventions.

## **Results**

Eight RCTs were suitable for detailed extraction of data. The RCTs included a total of 813 patients with mean age of 61.5 years (SD ± 2.5) for the DAA and 60.6 years (SD ± 10.9) for all other approaches. Using the DAA led to significant improvement in the Harris Hip Score (mean difference (MD) 5.06, 95% CI 3.13 to 6.98, P<0.001) and the WOMAC score (MD -4.40 95% confidence interval (CI) -6.88 to -1.91, P<0.001) at 6 weeks postoperatively. Using the DAA also led to significant reduction in length of hospital stay (MD -1.65 days 95% CI -1.80 to -1.51, P<0.001), a smaller incision (MD -2.08cm 95% CI -2.34 to -1.82, P<0.001) and reduction in perioperative blood loss (MD -76.52mls 95% CI -101.14 to -51.91, P<0.001) but at the expense of prolonged surgical time (MD 8.56mins 95% CI 5.72 to 11.40, P<0.001) and with significant heterogeneity among the studies included. There were no significant differences in complications among the study groups.

## **Conclusion**

Based on the available data, the DAA appears to result in earlier rehabilitation, shorter length of hospital stay and no increase in complications when compared to other surgical approaches used for primary THAs.

# **Novel tendon augmentation graft for the rotator cuff of the sheep**

Z Ahmad, J Wardale, F Henson, R Brooks, G Tytherleigh-Strong, N Rushton

## **Introduction**

Rotator cuff tears remain a problem, with massive rotator cuff tears having a failure rate of repair of up to 90%, despite new surgical techniques. Tissue engineering techniques offer the possibility of generating pre-injury tendon tissue. We present a case-control study of 24 sheep who we detach the infraspinatus of the humeral head; augment the repair with a novel collagen scaffold (Ligamimetic and Chondromimetic) with and without platelet rich plasma (PRP). Our hypothesis is that the novel tendon augmentation graft with the PRP will resemble the closest to a pre-injured state.

## **Methods**

A total of 24 sheep were operated on, with the infraspinatus being surgically cut from its attachment to the humeral head. The sheep were divided into 4 groups: control, Ligamimetic with PRP, Chondromimetic, and Chondromimetic with PRP. This section outlines the surgical approach to the rotator cuff of the sheep, the study protocol, an analysis of PRP in sheep (Comparing two different systems), comparing controls outcomes to the other treatment group. The sheep were harvested at 12 weeks.

## **Results**

Our findings showed that the tendon augmentation graft was well integrated into the tissue, with minimal inflammatory process. The material however had not yet begun to break down as expected, however there were indications that this was occurring. We found that the delivery of platelet rich plasma using the device does enhance the repair of the tendon.

## **Blood component use in damage control resuscitation**

S Khan, R Davenport, P I Johansson, S Stanworth, C Gaarder, K Brohi

*The Royal London Hospital, John Radcliffe Oxford*

Exsanguination following severe injury remains the most common preventable cause of traumatic death. One third of these patients exhibit trauma-induced coagulopathy (TIC) with an associated significant morbidity and mortality. A key feature of damage control resuscitation (DCR) is early diagnosis and direct targeting of TIC with blood component therapy combined in major haemorrhage protocols (MHPs). The impact and efficacy of high-dose blood component therapy on TIC is currently unknown. The overall aim of this thesis is to address these specific areas of uncertainty.

A prospective observational cohort study of 106 severely injured, bleeding trauma patients was performed over a three-year period. Blood samples for coagulation testing and clotting factor analysis were drawn on arrival and during the acute bleeding (resuscitative) phase after administration of every 4 U of PRBCs, up to 12 U. The quantity of blood products administered within each interval was recorded.

Following implementation of MHP significantly higher ratios of blood component therapy were observed. FFP:PRBC transfusion improved from 1:3 to 1:2 ( $p<0.01$ ) and CRYO:PRBCs from 1:10 to 1:7 ( $p<0.05$ ). There was a six-fold reduction in platelets wastage (14% to 2%,  $p<0.01$ ). On admission, 43% of patients were coagulopathic and increased to 49% by PRBC 4, 62% by PRBC 8 and 68% by PRBC 12, despite adherence to DCR strategies. In shock, lactate clearance did not occur until haemorrhage control was achieved with no further PRBC requirement. Only the combination of high-dose FFP, CRYO and platelet therapy with a high total fibrinogen load produced a consistent improvement in ROTEM parameters.

The body of work within this prospective observational study supports the need for larger studies to determine the clinical benefits of early fibrinogen supplementation in treating severely injured trauma patients suffering from life threatening haemorrhage.

# **The Use of Tranexamic Acid in Paediatric Pelvic Osteotomy/Hip Reconstruction Surgery**

S Jha, I Igah , E Izadi, C Maizen

*Paediatric Orthopaedic Unit, The Royal London Hospital, Barts Health NHS Trust*

## **Aims**

Tranexamic acid reduces clot breakdown by inhibiting the action of plasmin, which is involved in fibrinolysis. Multiple studies suggest benefit in reducing transfusion risk +/- mortality in a variety of adult surgical settings. We aimed to assess the effect of tranexamic acid in reducing blood loss and transfusion rate in paediatric hip reconstruction surgery.

## **Methods**

We retrospectively examined a case series of all pelvic and/or femoral osteotomies performed by a single surgeon between May 2012 to June 2014. Clinical and electronic notes were assessed using a proforma for data collection. Whether Tranexamic acid was used was dependant on anaesthetic preference, and where used, the dosage was 10mg/kg (not greater than 500mg).

## **Results**

A total of 37 patients were identified, with an age range from 12 months to 15 years. The indication for surgery was most commonly a neuromuscular disorder (27/37) followed by DDH (7/37). Of note 28/37 patients were ASA grade 3 or 4.

14 patients received tranexamic acid and 23 patients received no tranexamic acid. Of note 71% of those receiving tranexamic acid were on concurrent anti-epileptic medication compared to 17% of those not receiving tranexamic acid. The mean Haemoglobin drop at 24 hours post-op was 2mg/dl in the tranexamic acid group vs. 3.4mg/dl in the non-tranexamic acid group. This was a statistically significant difference ( $p < 0.05$ ).

## **Conclusions**

Patients receiving tranexamic acid in this cohort had a statistically significant reduction in Haemoglobin drop, compared to those not receiving tranexamic acid, and this was in spite of more complex surgical profile and increased concurrent anti-epileptic use. This was without significant morbidity or side-effects in this population. It is unclear from this study how this translates to transfusion requirements and we would suggest a larger prospective study to confirm results and determine an administration protocol.

## **Poster Presentations**

**Medial Patella Femoral Ligament Reconstruction using Semitendinosus with subperiosteal tunnel fixation-a short to midterm follow up and literature search**

J Dhaliwal, J Targett

*Basildon University Hospital*

**Hoffa's disease of the knee in children**

J Dhaliwal, M Ramachandran, A Rastogi,

J Sadaf, R Jalan

*The Royal London Hospital, Barts Health NHS Trust*

**Has our outcome from the management of open fractures really improved – a systematic review?**

M A Goldring, S Alazzawi, M Alam

*Queens Hospital Romford*

**High grade adolescent spondylolisthesis – a novel single stage posterior correction technique**

K R Vaghela, A Ranganathan

*The Royal London Hospital, Bart's Health NHS Trust*

**The Role Of Online Handover In Patient Care And Safety**

A Charalambous

*Royal London Hospital, Bart's Health NHS Trust*

**Acetabular Fractures Secondary To Seizures**

I S Grewal, M Goldring, P Culpan

*Pelvic Unit, Royal London Hospital, Bart's Health NHS Trust*

**Early outcome of navigated knee arthroplasty in a district general hospital**

J Onimowo, A Ikram, J Singh, K Ratnakumar, A Ali

*Queens Hospital, Barking Havering and Redbridge University Hospitals*

*NHS Trust (BHRUT)*

**Rib fracture plating: an early experience at a major trauma centre**

R Dhir, N Moore, P Bates, T Konig, M Griffiths, M Barry

## **News from the region**

### **Former Royal London Trainee Consultant Appointments**

Congratulations to Ed Britton who has been appointed to a substantive post as a Consultant at York Teaching Hospital NHS foundation trust, specialising in hips and knees.

Congratulations to Hilary Bosman who has been appointed to a substantive post at Homerton University Hospital NHS Foundation trust, specialising in foot and ankle.

Congratulations to Shafic Al-Nammari who has been appointed to a consultant post at Ipswich Hospital, specialising in foot and ankle.

### **Fellowships**

Charlie Jowett is currently at the Alfred Hospital in Melbourne in foot & ankle surgery.

Shafic Al- Nammari is currently in Baltimore, USA on fellowship in Foot & Ankle Surgery with Dr Mark Myerson.

Alasdair Thomas is currently at Flinders Medical Centre in Adelaide, Australia on a trauma fellowship.

Wisam Al-Hakim is currently doing shoulder and elbow fellowship in Liverpool.

Mohamed Sukeik recently returned from a travelling fellowship to the US where he visited the Hospital for Special Surgery & The Rothmans Institute for 5 weeks as part of BOA/Zimmer Travelling Fellowship between October and November 2014.

### **Personal updates & Congratulations**

Congratulations to Sherif Al Tawil and Chetan Jayadev on passing the FRCS exam.

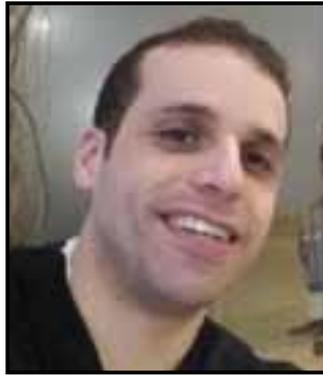
Congratulations to Sam Heaton on the birth of your son.

## Current Trainees



**Sam Heaton**

*ST8 Royal London Hospital*  
samheaton@hotmail.com



**Sherif El-Tawil**

*ST8 Harlow*  
sherif.el-tawil@doctors.org.uk



**Chethan Jayadev**

*ST8 Royal London Hospital*  
cjayadev@gmail.com



**Anna Berridge**

*ST7 Homerton Hospital*  
anna.berridge@mac.com



**Steve Key**

*ST7 RNOH, Stanmore*  
steve\_key99@yahoo.co.uk



**Sarah McMahon**

*SpR Newham Hospital*  
sarahmcma@hotmail.com



**Asif Parkar**

*ST7 Queens Hospital, Romford*  
asifhparkar@gmail.com



**Emeka Oragui**

*ST7 London Business School*  
emekaoragui@hotmail.com



**John Stammers**

*ST6 Royal London Hospital*  
john.stammers@nhs.net

## Current Trainees continued



**Jagwinder Dhaliwal**  
*ST6 Whipps Cross Hospital*  
jagdhaliwal@hotmail.co.uk



**Mohamed Sukeik**  
*ST6 Broomfield Hospital*  
msukeik@hotmail.com



**Natasha Picardo-Green**  
*ST6 Whipps Cross Hospital*  
natashapicardogreen@gmail.com



**Ramsey Chammaa**  
*ST6 RNOH, Stanmore*  
ramsey@doctor.com



**Jagwant Singh**  
*ST6 Barnet Hospital*  
drjagwant@gmail.com



**Rishi Dhir**  
*ST6 Royal London Hospital*  
rishimusic@hotmail.com



**Sulaiman Alazzawi**  
*ST5 Queens Hospital, Romford*  
salazzawi2@gmail.com



**Simond Jagernauth**  
*ST 6 Barnet Hospital*  
sjagernauth@hotmail.com



**Ibraheim El-Daly**  
*ST5 Basildon Hospital*  
ibraheimeldaly@gmail.com

## Current Trainees continued



**Ishvinder Grewal**  
*ST5 Colchester Hospital*  
ishi@doctors.org.uk



**Senthoran Raja**  
*ST4 Newham Hospital*  
senthoran.raja@gmail.com



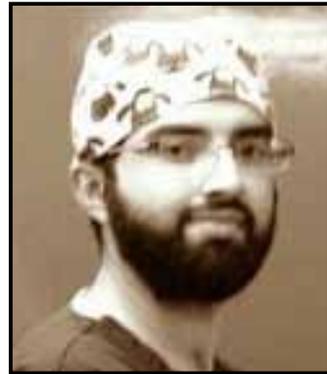
**Sirat Khan**  
*ST4 Royal London Hospital*  
siratkhan@hotmail.com



**Oghor Obakponovwe**  
*ST4 Southend Hospital*  
oghofoori@hotmail.com



**Shilpa Jha**  
*ST3 Royal London Hospital*  
shilpa.jha@doctors.org.uk



**Zafar Ahmad**  
*ST3 Royal London Hospital*  
zafar.ahmad@bartshealth.nhs.uk



**Iris Kwok**  
*ST3 Colchester Hospital*  
iriskwokhy@hotmail.com



**Alex Charalambous**  
*ST3 Royal London Hospital*  
a.chara@doctors.org.uk

# Delegate List

Ahmed Abdelaziz	Ragai Gadelrab	Pavan Nandra
Prim Achan	Chiara Galli	Colin Natali
Hasan Ahmed	Michael Goldring	Ali Noorani
Kash Akhtar	David Goodier	Kirstie Ormston
Wisam Al-Hakim	Tony Greer	Asif Parkar
Louay Al-Mouazzen	Joon Ha	Lee Parker
Ali Al-Sabti	Omar Haddo	Lee Parker
Sulaiman Alazzawi	Syed Mahmood Hassan	Tim Peckham
Swee Ang	Sam Heaton	Mahesh Pimple
Yasin Assraff	Matthew Hynes	P S V Prasad
Sunil Auplish	Alexios Iliadis	Senthooran Raja
Sheweidin Aziz	Simond Jagernauth	Manoj Ramachandran
Toby Baring	Chethan Jayadev	Mustafa Rashid
Matthew Barry	Shilpa Jha	K Ratnakumar
Peter Bates	Stephen Key	Stewart Ryan
Rej Bhumbra	Aazer Khan	Joyti Saksena
David Boardman	Amer Khan	J Salloum
Hilary Bosman	Arif Khan	Safwan Sarsam
Sumati Bothra	Rashid Khan	Gareth Scott
John Bradley	Sirat Khan	Neil Segaren
Jade Brien	Vikas Khanduja	Muhammad Shahid
Thomas Bucknill	Suan Khor	Shohab Hyder Shaikh
Adrian Carlos	Karadi Hari Sunil Kumar	Aadhar Sharma
Ramsey Chammaa	Satish Kutty	Zacharia Silk
A Charalambous	Iris Kwok	Jagwant Singh
Michael Chee	Mandeep Lamba	Ziali Sivardeen
Helen Cripps	Shahbux Lashari	Peter Smitham
Chloe Critchley-Fawsitt	Joshua Lee	John Stammers
David Crone	Surjit Lidder	Jeremy Stanton
Paul Culpan	Julian Livingstone	Mohamed Sukeik
Sebastian Dawson-Bowling	Adnan Majid	Joanna Thomas
Rishi Dhir	Francesc Malagelada	J Tuite
Livio Di Mascio	Georgios Mamarelis	Kalpesh Vaghela
Cameron Dott	Bill Martin	Kalpesh R Vaghela
Nicola Duffy	Edward Massa	Simon Wabitsch
Ibraheim El-Daly	Sean Masterson	Nicholas Wardle
Sherif El-Tawil	Donal McCarthy	Alex Watson
Michael Elvey	Steven Millington	John White
Simon Fleming	Maureen Monda	Simon Wimsey
Andrew Flood	Kathy Murphy	Abdulkarim Zurgani



## ConMed Shoulder Restoration System™

With strong fixation, less bone removal and a simple, self-punching technique, the Y-Knot® RC can help you overcome the trade-offs of other rotator cuff fixation methods.

### Y-Knot® RC All-Suture Anchor System



#### Self-Punching = **Simpler Technique**

As the market's only self-punching all-suture anchors, Y-Knot® RC anchors can help streamline procedures with a fast, efficient technique. For PEEK, Biocomposite and other all-suture users, this system eliminates the need to create and then find a pilot hole while metal anchor users can get the benefits of an all-suture anchor without sacrificing the simple, self-punching technique

#### All-Suture = **Less Invasive**

Y-Knot® RC anchors are a great choice for surgeons concerned with biocompatibility. Compared to metal anchors, Y-Knot® RC anchors eliminate the possibility of hard loose bodies. Additionally, their small size combined with their all-suture construct help make Y-Knot® RC anchors an even less invasive implant than PEEK or Biocomposites

#### Small Size = **Less Bone Removal**

With a 2.8mm footprint, Y-Knot® RC anchors require significantly less bone removal than standard metal, PEEK and Biocomposite anchors. This provides fixation and placement advantages in the frail bones of older patients when bone real estate is limited, or during a revision when anchors from the original repair remain intact.

For more information, please contact ConMed UK  
T: 01793 787910  
E: [ukmarketing@conmed.com](mailto:ukmarketing@conmed.com)  
W: [www.conmed.com](http://www.conmed.com)

## GAK SPHERE

MEDIALY STABILIZED KNEE

Stability

Natural patellar tracking

Anatomical fit

Patient-specific kinematics

[stabilityforlife.com](http://stabilityforlife.com)

[medacta.com](http://medacta.com)



# B | BRAUN

## SHARING EXPERTISE



VISIT THE  
DEPUY SYNTHES STAND...  
To discover how  
DePuy Synthes Companies  
can help you  
& your patients

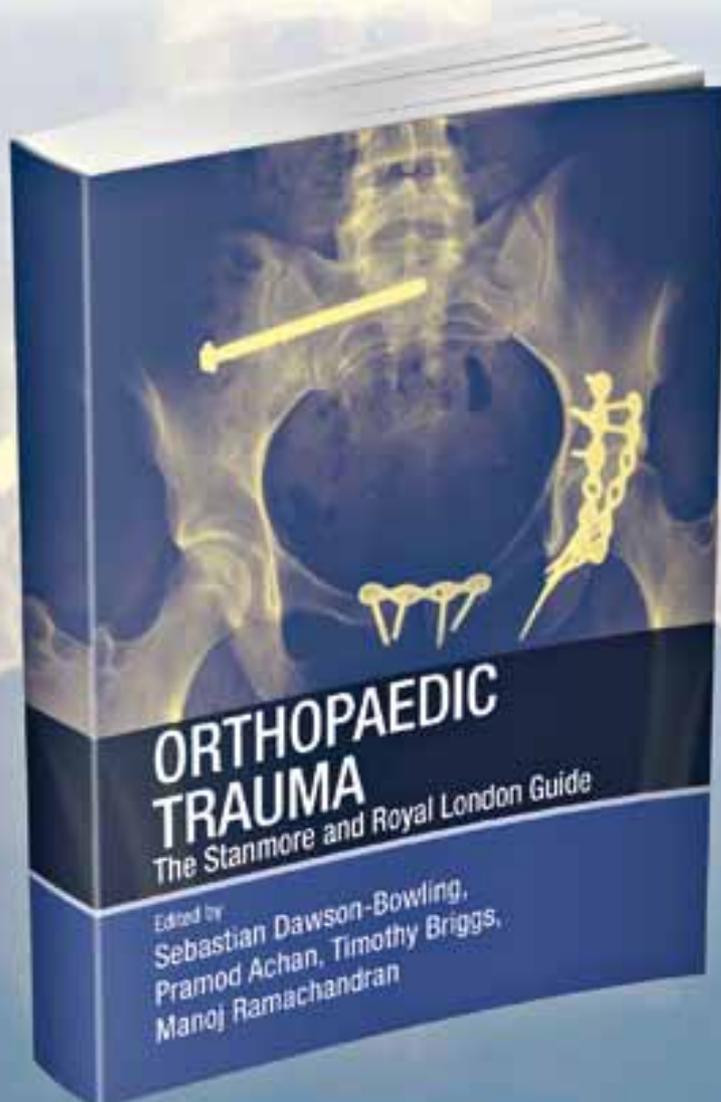
 **DePuy Synthes**

COMPANIES OF *Johnson & Johnson*

# Orthopaedic Trauma

The Stanmore and Royal London Guide

*Just published*



November 2014 | 438pp  
9781444148824 | £49.99 **£42.49**

Visit: <http://bit.ly/OrthoTrauma15> to automatically receive your **15% discount** and to view our entire collection of orthopedics & trauma books.  
**Free** worldwide delivery.

Expires 30/06/2015

[www.crcpress.com](http://www.crcpress.com)



CRC Press  
Taylor & Francis Group