

Royal London Hospital Orthopaedic & Trauma Society



Seventh Annual Meeting

Friday, July 4th, 2014

Kensington Roof Gardens, London



The BOA has accredited this meeting
with 6 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, July 4th, 2014

- 8.30 - 9.00 Registration and coffee
- 9.00 - 9.10 **Professor G. Scott**
Welcome address from the chairman
- 9.10 - 9.40 **Mr N. Heidari**
The treatment of bone infection: from the Smith Papyrus to the International Consensus Meeting
- 9.40 - 10.10 **Mr M. Jackson**
Limb Reconstruction: the past, the present and possibilities for the future
- 10.10 - 10.45 Registrar presentations: session 1
- 10.45 - 11.10 Coffee
- 11.10 - 12.00 Registrar presentations: session 2
- 12.00 - 12.30 **Mr P. Brownson**
The management of first time shoulder dislocations in contact athletes
- 12.30 - 14.00 Lunch, review of posters, RLHOTS AGM and Workshop
- 14.00 - 14.40 **Mr M. Porter**
10 years of registry data and clinical practice progress and development of the NJR
- 14.40 - 15.00 **Mr P. Achan**
ABC Travelling fellowship
- 15.00 - 15.30 Coffee
- 15.30 - 16.00 **Mr V. Khanduja**
Current Concepts in the management of femoroacetabular impingement
- 16.00 - 16.40 **Mr B. Bryson**
Bear attacks and the perfect doctor
- 16.40 - 17.00 Freeman prize, RLHOTS trainer of the year, RLHOTS travelling fellowship

The Seventh Annual Meeting of The Royal London Hospital Orthopaedic & Trauma Society has been generously sponsored by Arthrex, Aquilant, Biomet, Depuy-Synthes, Medacta, Orthosolutions and Zimmer. Please take the time to visit the exhibition stands throughout the day.



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The Royal London Hospital Orthopaedic and Trauma Society

Dear Colleagues,

Welcome to the Seventh meeting of the Royal London Hospital Orthopaedic and Trauma Society. As always the organising committee are to be applauded for arranging an interesting programme which is broader than on some previous occasions which nevertheless encompasses important contemporary subjects. It is particularly impressive that in the face of ever increasing monetary constraints the committee have succeeded defraying the meeting costs through sponsorship from industry.

We should extend our thanks to all our speakers who have donated their time to extend our knowledge and also to Mr Ramachandran for his persuasive powers in arranging the internationally renowned author Bill Bryson to share some thoughts with us.

I would also like you to reflect how fragile life really is. This is our first meeting without a former Chairman, Mark Paterson who died prematurely last autumn. Many of us here shared different aspects of our lives with him. Mark was a great example of the qualities required to be a good doctor. Compassion was high on that list. Mark was a true gentleman and we have all lost a great friend.

Prof Gareth Scott
Chairman
Royal London Orthopaedic and Trauma Society

Committee Members:

Sam Heaton *Membership Secretary*
Charlie Jowett *Academic Secretary*
Jagwant Singh *Academic Secretary*
Simond Jagernauth *Treasurer*
John Stammers *IT Secretary*
Ramsey Chammaa *Social Secretary*
Sulaiman Allazawi *Membership Secretary*
Senthooran Raja *Junior Committee Member*

Founding Committee Members:

Nima Heidari, Ali Noorani, Nic Wardle, Wai Yoon

RLHOTS 2014

Programme Directors Report

As always, the RLHOTS organising committee have put together an excellent academic programme with many notable speakers, all of whom will contribute to make a superb day.

Since the last RLHOTS meeting, we have had some additions to the programme and some trainees have come off the top. Welcome to those who started in October 2013 – Ishi Grewal, Ogo Oghofori and Sen Raja. In 2013, 5 trainees obtained their CCT and came off the top – Ed Britton, Claire Middleton, Wisam Al-Hakim, Alasdair Thomas and Mabs Alam. Good luck, enjoy your fellowships and I hope to see you at future RLHOTS meetings.

As in 2013, there was a national interview for T&O in 2014. Again, the interviews were held at Elland Road in Leeds. There were about 500 candidates for about 180 training places. There was an increase in the number of NTN's as compared to last year and this will be reflected in the October allocation. The Royal London programme is scheduled to get 6 new starters. That will not increase the overall number of trainees on our programme but will mean that the current LATS on the rotation will be replaced by NTN's. All the LATS on the programme went up to Leeds for an interview and I am sorry that not all of you were successful in getting an NTN. With an expansion in NTN's this year, in 6 years time there will be more trainees looking for consultant posts. Fear not – a good trainee will get appointed. It is possible with our ageing population, T&O consultant numbers may also be increased but don't assume that! Assume that any consultant post advertised will be highly competitive.

There have been some very good abstracts submitted this year, on a wide range of research topics. As in the past, the best presentation today will be submitted to the trainee presentation session at this year's BOA meeting in Brighton. Because of EFORT this year, the September BOA meeting will be a low key affair but there will still be the "best of the best" session.

Matthew Barry

RLHOTS Travelling Fellowship

Ortho Solutions* 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 2015, and the closing date has been set as May 1st 2015.

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We pride ourselves in responding quickly to the changing needs of our customers. The primary goal of the products and services, which OS develops, is to offer our customers the best possible value without compromising clinical standards. We do not strive to be first to market with an innovative technology. We strive to offer the best value for money in largely established 'technology stable' orthopaedic markets. The products and systems that we offer are designed to meet established clinical needs and are price positioned to help in the most efficient use of available resources.

We believe in always looking for new ways of doing things. For OS developing new ways of serving our customers is as important as designing new products.

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- We have price positioned our orthopaedic consumable product range – saw blades, drills and K-wires – to offer excellent value for money.

However, where we believe that where there is a clear unmet clinical need we will also invest our time and resources to develop product solutions that address the needs of our specialist extremity customers. For example, in collaboration with a group of leading Foot and Ankle surgeons OS is developing a new total ankle replacement implant and instrumentation platform. From the outset the goal of the project has been to try to improve the clinical outcomes for the patients who undergo this procedure. A three-piece ankle replacement system is currently in development and will soon be undergoing clinical evaluation.

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"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."

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

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.

2009 - Mr N. Heidari

Thromboprophylaxis policy and mortality following hip fractures.

2010 - Mr S. Masterson

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

2011 - Mr P.K. Jaiswal

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

2012 - Mr J. Stammers

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

2013 - Mr J. Singh

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

Best Poster Prize Past Winner

2011 - Mr S Matthews 2012 - Mr A Parker 2013 - Mr S El-Tawil

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"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*



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Teaching and Training

It has been an exciting year for teaching and training across the region. Recognition for outstanding trainers and the best training hospitals was typically confined to post teaching beers just before asking the programme director "where am I working next?" Across the rotation we have some outstanding trainers and supportive training hospitals.

Since 2011 RLHOTS have nominated a Trainer of the Year. The consultants nominated for the 2014 trainer of the year are:

Rajiv Bajekal (Barnet)
Matthew Barry (The Royal London)
Livio Di Mascio (The Royal London)
John Hambidge (Queens)
Mark Loeffler (Colchester General)
Krishna Vemulapalli (Queens)

The winner will be announced in the meeting and nominated for the Royal London Rotation nomination for BOTA 2015.

Previous winners include:

Peter Bates 2013, Gareth Scott 2012, Thomas Bucknill 2011

BOTA Trainer of the Year 2014

Last years RLHOTS winner Pete Bates along with the other 22 regional trainers was put up for the national trainer of the year. We are pleased to announce that Pete was the overall winner.

Highlights of his nomination include:

"He has an overwhelming ability to teach the most tedious topics of basic science so even the most academically ungifted trainees understand them!"

"He fights the trainees' corner against the pressure of management for service delivery and the cancel the last case, time to go home anaesthetist!"

"If I'm struggling, he does not take over from me. Instead, he stops me and explains why I am struggling, and then lets me correct it and overcome the struggle."

"The drapes only do what you tell them to do."

"He ensures even the 4th assistant is inspired and involved in his operating theatres."

Training Hospital of the Year 2014

This year we have started "Training Hospital of the Year" with objective methodology used to compare which hospitals are providing "what trainees want." Following this year's pilot we plan to make it a regular feature of the annual meeting.

Invited Speakers



Mr Nima Heidari

Consultant Orthopaedic Surgeon at Barts Health NHS Trust

Nima Heidari qualified in 1998 from St George's Hospital. He undertook his orthopaedic and trauma training on the Royal London Rotation and became a Fellow of the Royal College of Surgeons in 2009.

In 2010 he undertook fellowships in adult and paediatric trauma at the Medical University of Graz, Austria. The following year after completing his registrar training he went on to work for a year at the Bristol Limb Reconstruction Unit where he trained in adult and paediatric limb reconstruction under Prof Roger Atkins, Mark Jackson and Fergal Monsell.

He became a Winston Churchill fellow after completing a travelling fellowship across the US and Canada in 2012. In 2004 he was awarded a distinction in his Masters degree in Surgical Science at University College London for his research in stem cells and tissue engineering. He has over 40 peer reviewed publications in the Orthopaedic literature as well as book chapters.

In July 2012 he was appointed at the Royal London Hospital where he has set up the Royal London Osteomyelitis Service.



Mr Martyn Porter

NJR Medical Director, Consultant Orthopaedic Surgeon
Wrightington Hospital

Martyn Porter was appointed as NJR's Medical Director and Vice Chairman in 2014. He has been involved in the NJR since its inception in 2003, sitting on the Steering Committee and for the last five years as Chairman of the Editorial Board.

Martyn is immediate Past President of the British Orthopaedic Association, Past President of the British Hip Society and President Elect of the International Society of Arthroplasty Registers. He works as a Consultant Orthopaedic Surgeon at the Centre for Hip Surgery, Wrightington Hospital in Lancashire specialising in complex reconstruction of the hip and knee. He has recently published on the adverse outcomes of metal-on-metal hip replacements in the Lancet and also on the risks of cancer in the British Medical Journal. He is particularly interested in evaluating orthopaedic outcomes and improving quality through national audit.



Mr Peter Brownson

Consultant Orthopaedic Surgeon at Royal Liverpool and Broadgreen University Hospital NHS Trust

Peter Brownson is a consultant Orthopaedic surgeon specialising in shoulder and elbow surgery and is currently Managing Partner of The Liverpool Shoulder Clinic and The Bone and Joint Centre in Liverpool, a partnership of Senior Orthopaedic surgeons, based in Liverpool, who have combined their private practice to provide a comprehensive quality orthopaedic healthcare service to all their patients.

Peter studied medicine at Liverpool University and qualified as a doctor in 1986 after which he was elected a 'Fellow of the Royal College of Surgeons of Edinburgh' in 1991. This research involved impact biomechanics as applied to aircraft passenger safety. It culminated in the submission of his doctoral thesis and the award of an MD. The research also resulted in him being awarded an Honorarium in the Syme Professorship at the Royal College of Surgeons of Edinburgh and the crash brace position proposed, was subsequently, adopted by the Civil Aviation Authority, for use on all passenger aircraft.

Mr Brownson continued his orthopaedic training in Nottingham, during which time he acquired extensive experience in trauma surgery working at the Queens Medical Centre (one of the busiest trauma hospitals in Europe with a worldwide reputation as a Centre of Excellence for trauma). At the end of his training, he developed a particular interest in shoulder and elbow surgery and in order to develop his skills in this area, he obtained an appointment as the Shoulder Fellow in the Nottingham Shoulder and Elbow Unit.

Peter's initial appointment was at the University Hospital Aintree but subsequently his practice moved to the Royal Liverpool Hospital where he has, with his colleagues, worked to develop the Liverpool Upper Limb Unit. The unit has achieved an international reputation as a Centre for Excellence in the field of shoulder and elbow surgery and particularly with regards to arthroscopic surgery. His technical skills are highly regarded and as a consequence of this he is regularly asked to carry out live surgical demonstrations of advanced arthroscopic shoulder surgery techniques throughout Europe.

Peter continues to be actively involved in upper limb research and he has published a number of articles on upper limb related topics. He is the Course Director of the Liverpool Advanced Shoulder Arthroscopy Course which is one of the largest arthroscopic shoulder surgery courses outside of the United States. He is the upper limb surgeon for Liverpool Football Club and in addition treats players from 3 other Premiership football teams.



Mr. Vikas Khanduja

MB BS, MA (Cantab), MRCS (G), MSc (Orth Eng), FRCS, FRCS (Tr & Orth)

Consultant Orthopaedic Surgeon

Addenbrooke's - Cambridge University Hospital NHS Trust

Associate Lecturer - University of Cambridge

The London Hip Arthroscopy Centre, Wellington Hospital,

London. Associate Editor - BJJ formerly JBJS (Br)

Vikas Khanduja is a Consultant Orthopaedic Surgeon specialising in both the arthroplasty and sports surgery aspects of Hip and Knee surgery and has a particular interest in Arthroscopic surgery of the Hip and the Knee. He holds a full time Consultant position in Trauma and Orthopaedic Surgery based at Addenbrooke's - Cambridge University Hospitals NHS Trust. He is also the Co-founder of The London Hip Arthroscopy Centre based at the Wellington Hospital in London.

He studied medicine at Christian Medical College, Vellore and qualified as a Doctor in 1997. He then obtained his Basic Surgical Training in London. Following this he received his Higher Surgical Training in Trauma and Orthopaedics on the North Thames circuit (Royal London Hospital Rotation) in London, gaining the FRCS (Orth) in 2005. Subsequently, he undertook his sub-specialty training fellowships in Knee Surgery with Mr. George Dowd in London and in Hip surgery with Mr. Richard Villar in London and Cambridge. Finally, he went to train with Prof. Ganz in Zurich and Prof. Salvati at Hospital for Special Surgery in New York to refine his surgical skills.

Complementing his clinical practice, his research interests centre around early arthritis and sports injury in the knee and the hip in the young adult and the effect of surgical intervention on the outcome of these conditions. He has set up the tertiary referral service for hip arthroscopy in Cambridge and London and is also the Clinical Research Lead for Trauma & Orthopaedics in Cambridge.

He writes and lectures extensively, has published over 40 peer-reviewed articles, 2 books and is on the faculty for many National and International courses and meetings teaching arthroplasty and arthroscopic techniques in knee and hip surgery. He is the recipient of the prestigious American and British Hip Society Fellowship in 2011 and the Arnott Medal in 2012. He convenes the Basic Science Course in Cambridge, the Advances in Knee Arthroplasty Symposium in London and the International Masters cadaver course in Hip arthroscopy.

He is the Associate Editor to the Bone and Joint Journal formerly the Journal of Bone and Joint Surgery (Br) and the Open Access Journal of Sports Surgery and reviews for many scientific Orthopaedic journals.



Mr Mark Jackson

Vice President AO UK
Consultant Orthopaedic Surgeon
University Hospitals Bristol NHS Foundation Trust

Mark Jackson is a lower limb trauma and limb reconstruction surgeon working at University Hospitals Bristol. He trained in Orthopaedic Surgery in Nottingham, Edinburgh and Bristol before taking up his current post as Consultant Orthopaedic surgeon in 1996.

His special interests include the management of lower limb peri-articular fractures, foot fractures and the treatment of fracture complications. He has extensive experience in the use of the Taylor Spatial frame and Ilizarov techniques, helping to pioneer the combination of these with internal fixation.

He continues to be heavily involved in medical education, initiating a number of postgraduate courses over the last 15 years and is currently the chairman of the AO Advanced Surgeons course and the President of AO UK.



Mr Bill Bryson

Bill Bryson's bestselling travel books include *The Lost Continent*, *A Walk in the Woods* and *Notes from a Small Island*, which in a national poll was voted the book that best represents Britain. His acclaimed book on the history of science, *A Short History of Nearly Everything*, won the Royal Society's Aventis Prize as well as the Descartes Prize, the European Union's highest literary award.

He has written books on language, on Shakespeare, and on his own childhood in the hilarious memoir *The Life and Times of the Thunderbolt Kid*. His last critically lauded bestseller was *At Home: a Short History of Private Life* and his most recent critically lauded book, *One Summer: America 1927* chronicles a forgotten summer when America came of age and changed the world for ever.

He was born in the American Midwest, and lives in the UK. Bill is pictured here in front of Herbert Hoover's birthplace - a tiny white cottage in the hamlet of West Branch, Iowa. The former US president was born in 1874 and features prominently in *One Summer*.

Taken from Mr Bill Bryson's website
<http://www.billbryson.co.uk/index.php/about/>

Arthroplasty in Barts Health: Past Present Future

Arthroplasty at The London dates back to the early 1960s with Alexander 'Scotty' Law undertaking many Vitallium Mould Arthroplasties through a Watson-Jones approach. Many senior registrars in early 1970s went to Wrightington to learn the technique for Charnley's Low Friction Arthroplasty and then undertake the procedure on behalf of the likes of Sir Henry Osmond-Clarke. Nobby Clarke never quite mastered this modern procedure. Joining The London in 1968, Professor Michael Freeman overlapped with these two early orthopaedic giants and was inspired to advance joint replacement surgery.

Michael Freeman initially held a dual appointment as Co-Director of Biomechanics at Imperial College working with Professor Alfred Swanson. Together they designed the Imperial College London Hospital (ICLH) hip resurfacing and the earliest iteration of the total condylar knee replacement. The Orthopaedic section of the Bone and Joint Research Unit (BJRU) in the ARC Building in Ashfield Street was established in the 1980s at which stage Professor Freeman relinquished his appointment at Imperial.

Throughout his career and retirement Professor Freeman has remained a passionate innovator developing a series of hip and knee replacement systems. He appreciated that an essential part of implant development is serial follow-up using radiographic assessment of prosthetic component migration as an indicator of early failure. The collation of a large amount of data over a cycle of 34 years has provided a source of material for scientific study. Over 200 publications and in excess of 35 book chapters are attributed to the BJRU.

Professor Freeman is known for being an enthusiastic public speaker and keen to have a forum to discuss orthopaedic developments. He was instrumental in the development of EFORT and the British Hip Society. He was president of the aforementioned societies and the British Orthopaedic Association.

Built on strong foundations of innovation, the importance of follow-up and dissemination of orthopaedic ideas, the modern day department is continuing to evolve and adapt to the challenges and opportunities East London and the NHS provide.

The formation of Barts Health into the largest NHS Trust in the UK has resulted in an arthroplasty unit providing a service to a local population of 2.5 million and a wider area as a tertiary referral centre including young adult hip pathology, revision arthroplasty and acetabular trauma.

The fortnightly arthroplasty meeting, akin to a trauma meeting, discusses exciting and challenging pre-op cases and reviews all post op radiographs, conferring a high standard of peer review accountability to trainees. An arthroplasty database is undergoing development and hopefully will be in used for audit and research in the near future.

Paul Culpan and Josh Lee, fellowship trained by Thierry Judet, in Paris and Paul Beaulé in Ottawa respectively are instructing registrars in the anterior approach to the hip. The motivation of the east London population (!) will no doubt test the suggested evidence that anterior hip approach reduces length of stay and allows earlier normal gait.

An increasing number of hip arthroplasties at the Royal London are for complex acetabular trauma. Often in combination with open reduction internal fixation of the acetabular fracture, primary arthroplasty allows earlier weight bearing and improved function in the elderly acetabular fractures. Since development of the pelvic and acetabular unit in 2010, year-on-year there has been an increase in the volume of cases undergoing acetabular fixation and primary arthroplasty. Techniques used in acetabular trauma surgery are also applied to fixation of acetabular revisions in the presence of massive bone loss or acetabular discontinuity.

The recent appointment of Rej Bhumbra, Sebastian Dawson-Bowling and Steve Millington to Newham and Kes Sri-Ram to Whipps Cross serves to provide an exciting future for arthroplasty at Barts Health in terms of registrar training, academic output and the development of a regional elective unit.



New Arthroplasty Unit Appointments



**Sebastian Dawson-Bowling MA, MSc, LL.M, FRCS(T&O)
Consultant Orthopaedic Surgeon
Barts Health NHS Trust, London**

Sebastian took up his substantive consultant post with Barts Health in January 2014, with clinical duties at both the Royal London Hospital and in Newham, where he is Orthopaedic lead for the development of new arthroplasty centre at the Gateway. He previously held a fixed term consultant post for 15 months at St. George's Hospital and the South West London Elective Orthopaedic Centre. His areas of subspecialist interest include all aspects of hip and knee surgery, focussing particularly on complex primary and revision arthroplasty.

After three years' preclinical training at Magdalene College, Cambridge he completed his undergraduate studies at Guy's and St. Thomas' Medical School in London. Basic surgical training was also undertaken at Guy's and St. Thomas', following which he was appointed to the South East Thames orthopaedic rotation in 2005. In 2010 Sebastian spent a period of time training at the Hospital for Special Surgery in New York. This was followed in 2011-12 by a fellowship training in joint reconstruction surgery at the Royal National Orthopaedic Hospital, Stanmore, and Buckinghamshire Hospitals.

In 2008 he graduated from Cardiff University Law School having undertaken a part-time Masters degree in medical law (LL.M), completing a thesis on Medical Negligence and Informed Consent to treatment. Subsequent to this he has published both a book chapter and journal articles in this area.

He also completed an MSc degree based on his laboratory research into uncemented hip resurfacing implants, and continues to maintain a strong academic interest in clinical research and publishing. Current research interests include the development of accelerated recovery pathways for patients undergoing joint replacement surgery. He has contributed book chapters on orthopaedics, trauma and medical law to various volumes published by Oxford University Press and PasTest. In addition, he has himself published 3 orthopaedic textbooks as a lead author or editor.

Outside work, Sebastian is married to Emma, a psychiatrist, with two children Elspeth (6) and Daniel (2). A former Cambridge University and GB oarsman, he continues to maintain an active interest in exercise and training. In addition to this he has a keen classical music enthusiast; in 2001 he founded his own baroque orchestra in London, and he enjoys singing, playing the harpsichord and conducting.



Mr Steven Millington

Mr Millington graduated from Nottingham University in 1998 and completed his house officer year and basic surgical training in Nottingham. After gaining the MRCS he moved to the USA and worked at the University of Virginia in a full time research post with interests in impact biomechanics, articular cartilage injury and MRI of cartilage. He continued these projects at the Technical University of Graz and the Medical University of Vienna and graduated from his PhD in 2008.

He spent a year working in trauma surgery at the Medical University of Vienna, Austria before returning to the UK in 2007 to complete SpR training on the Royal London Rotation. He gained the FRCS (Tr & Orth) in 2010 and subsequently undertook post CCT fellowships at the Austin Health Centre, Melbourne (joint reconstruction), Royal Prince Alfred Hospital, Sydney, (oncology & joint reconstruction), Medical University of Vienna (oncology & joint reconstruction) and The Royal London Hospital (joint reconstruction).

He has recently been appointed at Barts Health and taken on the clinical lead role at the Newham site, leading the development of the Gateway Centre as a trust wide arthroplasty centre. His specialist interests are primary and revision lower limb arthroplasty, orthopaedic oncology, cartilage repair and imaging and research.

He is married to Christina and has 2 young daughters Zoe and Ella.



Mr Rej Bhumbra

Rej took up a substantive consultant post in East London in February 2014. Prior to this he had been working as a consultant in the London Sarcoma Service, at the Royal National Orthopaedic Hospital (RNOH). He trained at St. Mary's Hospital Medical School and inter-calated an Orthopaedics BSc with a First Class. He went on to complete a PhD in Orthopaedic Surgery at the Department of Biomedical Engineering, Institute of Orthopaedics, UCL. Basic Surgical Training was in East London and he completed higher surgical training on the North West Thames Rotation in 2011.

He has completed fellowships in complex Joint Reconstruction and Orthopaedic Oncology in Toronto, London, Birmingham and Mumbai. He has also worked as an Editor for the BMJ and is an alumni of NHS London's Prepare to Lead programme. Outside work, Rej is married with two feisty children and a relapsing and remitting ability to play golf, squash, the saxophone and drums. He cycles to work in an attempt to stay fit and be outdoors.



Mr Sri-Ram

Mr Sri-Ram is an Orthopaedic and Trauma Surgeon with special interests in lower limb surgery, treating conditions involving the hips, knees and feet and offering a high quality, patient-centred approach.

He completed his medical degree at University College London, completed his basic surgical training in North London and underwent his specialist orthopaedic training on the Royal National Orthopaedic Hospital training programme. He then undertook further sub-specialist training on several prestigious fellowships including Sports Trauma and Knee Surgery (North Sydney, Australia), Hip and Knee Replacement Surgery (Wycombe and Royal National Orthopaedic Hospital, UK) and Trauma (St Mary's Hospital, Major Trauma Centre, UK).

Mr Sri-Ram regularly teaches on courses and presents at national and international meetings. He has several publications in specialist peer reviewed journals, and also reviews articles. He has also authored chapters in books and is the editor of the highly successful text book 'Postgraduate Orthopaedics - MCQs and EMQs for the FRCS (Tr&Orth)' published by Cambridge University Press.

He also has an interest in service development and clinical leadership and is completing a masters level postgraduate certificate in Innovation and Improving Performance and a level 7 qualification in Strategic Management and Leadership with the Chartered Management Institute.



Mr Adrian J Carlos

Adrian has been a substantive Consultant Upper Limb Surgeon with a specialist interest in Shoulder Surgery for three years.

In 2011, he was appointed to the Pennine Acute Hospitals NHS Trust in Manchester. He led a transformation that saw the Trust become a leading regional centre for Shoulder & Elbow Arthroscopic Surgery and Arthroplasty.

He took up his current substantive post at Barts Health NHS Trust in May 2014, and is the latest addition to the new Consultant body working at The Royal London Hospital and The Gateway Surgical Centre (Newham University Hospital).

Adrian studied as an undergraduate at the University of Manchester. Following his house jobs in Manchester, he completed Basic Surgical Training at Lister Hospital. He went on to complete a MSc in Surgical Sciences at the University of London (UCL) and was granted a Research Fellowship at the Institute of Orthopaedics, Royal National Orthopaedic Hospital working with Professor Rolfe Birch. He then spent two years on the North East Thames (Stanmore) rotation before he completed Higher Surgical Training on the South East Thames (Guy's & St Thomas') rotation in 2010 obtaining the FRCS (Tr&Orth), a PgD (Orth) from the University of Brighton and the CCT in Trauma & Orthopaedic Surgery.

He has completed Fellowships in Shoulder and Upper Limb Surgery at University Hospital Southampton and University Hospitals Coventry & Warwickshire. He was awarded the BESS approved Shoulder Arthroscopic Travelling Fellowship by the Watanabe Club working with Julie McBirnie (Edinburgh), Len Funk (Wrightington) and Andrew Wallace (London).

His research interests are the Shoulder and the AC joint. He is a faculty member of courses in Shoulder & Upper Limb Surgery as well as the FRCS (Tr&Orth) course in Wrightington.

Adrian is married to Natalie and has three children. Away from work, he spends most of his time on gallivanting adventures with the whole family.

Former Royal London Trainee Appointments



Mr Mahbub Alam

Mabs (Mahbub) Alam became a Consultant in Trauma & Orthopaedic Surgery at Barking, Redbridge, Havering Hospitals NHS Trust in April 2014. He grew up in Bethnal Green and read Medicine at University College London, receiving a Goldsmith's Guild Scholarship. He also captained the ULU Hockey team. He then went on to complete a MS degree in Biomechanics and Bioengineering at the Mechanical Engineering department of Imperial College London, receiving awards including from the Arthritis Research Campaign and the Royal College of Surgeons.

Mabs completed the NE Thames RLH Trauma & Orthopaedic rotation. He completed the Knee and Lower Limb Trauma fellowship at University Hospitals Southampton. He has also completed visiting fellowships in Pittsburgh, United Arab Emirates and Florence. He is a reviewer for the Bone & Joint Journal and the American Journal of Sports Medicine. Mabs is involved in education outside of Medicine, teaching and mentoring students for GCSE's and career guidance in Tower Hamlets. He is a keen chess player and continues to play hockey, but has steadily seen his role in his club decline from the 1st team down to the 3rd.



Mr Nic Wardle

After graduating from St Georges Hospital Medical School, London, in 1998 Nic completed his Basic Surgical Training and gained Membership of the Royal College of Surgeons of Edinburgh. He undertook a 2 year period of research into Advanced Bearings in hip replacements at University College London under the mentorship of Professor Haddad.

Nic gained his Specialist Training in Trauma & Orthopaedics and gained his Fellowship of the Royal College of Surgeons (Trauma & Orthopaedics) on the Royal London Specialist Registrar Training Rotation in 2011. He then completed a fellowship in Complex Primary and Revision Hip Arthroplasty at the Royal Bournemouth Hospital. He was awarded the British Hip Society Travelling Fellowship in February 2012 and used this opportunity to further his understanding and experience in Primary and Revision Hip Arthroplasty Surgery at the Charite Hospital in Berlin under the mentorship of Professor Perka.

His areas of sub-specialist interests are in Primary Hip and Knee arthroplasty, Complex Primary and Revision Hip Arthroplasty, Periprosthetic hip fractures and Hip Arthroscopy. Outside work Nic is married with two children (Emily 11, James 7). He enjoys Sportive Cycling, RC Helicopters and DIY (Drink It Yourself!).

Appointments Around the Rotation



Mr Philip Mathew MBBS MRCS FRCS(Orth)

Philip was appointed to a substantive Consultant post at The Barking Havering and Redbridge NHS Trust as a Hand and Wrist Surgeon in March 2014. Prior to this he had worked as a Locum Consultant at Chesterfield Royal Hospital. Inspired by Paul Brand an eminent hand surgeon, Philip obtained a scholarship whilst at school in Kuwait to complete his Medical education in India. He completed his Basic Surgical Training at Princess Alexandra Hospital in Harlow and his Orthopaedic training on the Percival Pott Rotation.

During his orthopaedic training he completed the AO Hand Trauma fellowship in Indiana, USA and the BSSH Bruce Bailey Microsurgery fellowship at the Ganga hospital in India. On completion of his specialist orthopaedic training he did travelling fellowships at The Institut Kaplan in Barcelona and Institut de la Main in Paris, which allowed an insight into two contrasting modalities of treatment of wrist pathology one open one arthroscopic. In addition he was awarded the IOSUK and BOTTA travelling fellowship, allowing him to work at The Paul Brand Institute at CMC Vellore in India, back to the where it all began so to speak. He completed his training in Hand surgery with a one-year fellowship at the Pulvertaft Hand Center in Derby. Outside of work his interests include pencil sketching, badminton and Medicines sans Frontiers. He has a passion for extreme sports and has been a member of the British Parachute association, having accumulated a few embarrassing jump videos! Recently engaged, (he now has to ask for permission before embarking on such activities). His fiancé is a Plastic surgery trainee on the Yorkshire rotation and his free time now revolves around mostly long drives on motorways and dodging yet however reluctantly planning “her” perfect wedding.



Mr James Wong

James Wong was appointed as a substantive consultant at Queen’s Hospital, Barking, Havering and Redbridge NHS Trust in April 2014, with a specialist interest in hip and knee arthroplasty. James grew up in Texas and South London.

He went to King’s College School of Medicine and Dentistry, graduating in 2000 after completing an intercalated BSc. After his Basic Surgical Training at King’s and the Mayday he spent two and a half years at the Royal London as an SHO and Trauma Fellow. Higher Surgical Training on the Royal National Orthopaedic Hospital rotation was completed in 2012.

James went on to a joint reconstruction and pelvic trauma fellowship with Professor Andrew Bucknill at the Royal Melbourne Hospital, followed by an arthroplasty fellowship on the Joint Reconstruction Unit at the Royal National Orthopaedic Hospital. In his spare time, James is married with two children (which basically is his spare time). Neglected hobbies include SCUBA diving and photography.

Registrar Podium Presentations

Does dehydration increase the risk of venous thromboembolism in lower limb arthroplasty?

Parkar A A H, Nandra P, Ramkumar U, Kuty S & Mahaluxmivala J
Princess Alexandra Hospital, Harlow

The Laterjet procedure – a new modified approach with good results.

N. Picardo, A. Karmegam, C. Lee, A. Phoolchund, Z. Sivardeen
Homerton University Hospital NHS Foundation Trust

Linked Shoulder Elbow Reconstruction (LSER): An Alternative Salvage Technique for Inter and Peri- prosthetic fractures of Humerus.

J Singh, A Noorani, S Lambert
Royal National Orthopaedic Hospital, Stanmore

What is the outcome of PVNS in the ankle joint?

CRJ Jowett, L Parker, D Singh.
Royal National Orthopaedic Hospital, Stanmore

The incidence of venous thromboembolism events following pelvic fractures.

S Alazzawi, C Zaho, G Panagopoulos, D Low, N Bunker, P Culpan, P Bates
Royal London Hospital

True lateral wrist radiograph and management of distal radius fracture.

I Igah, S Newmann, M Curtis

Management of acromio clavicular joint dislocation with ‘dog bone’ tightrope system; single surgeon case series outcome evaluation.

S Ismael, B Hickey, J Lewis, A Robertson
The Royal National Orthopaedic Hospital, London
University Hospital of Wales, Cardiff

Pre-Operative Waterlow Scores: Predicts Risk Of Post-Operative Morbidity In Patients With Neck Of Femur Fractures.

Ibraheim El-Daly¹, Charllotte Heuvlings¹, Hajir Ibraheim², Dhanupriya Sivapathasuntharam¹, Peter Bates¹

¹*Royal London Hospital, London, United Kingdom*

²*Basildon and Thurrock Hospital, Basildon.*

Abstracts

Does dehydration increase the risk of venous thromboembolism in lower limb arthroplasty?

Parkar A A H, Nandra P, Ramkumar U, Kutty S & Mahaluxmivala J

Princess Alexandra Hospital, Harlow

Introduction

Venous thromboembolism (VTE) remains a relatively common and potentially fatal complication following lower limb arthroplasty. There are several predictors for VTE, dehydration being one of them. A recent review of VTE's in our unit suggested the possibility of dehydration being a potential cause. A review of the starvation policy is also being undertaken. We present our results with regards to starvation periods in patients with VTE following lower limb arthroplasty.

Methods

Patients who had confirmed VTE following lower limb arthroplasty in one calendar year were identified. Clinical notes of these patients were discussed by local multidisciplinary team. After ruling out identifiable risk factors, starvation time was calculated from Operating Room Information System (ORMIS).

Results

Between 1st January 2013 and 31st December 2013 a total of 741 patients underwent lower limb arthroplasty, consisting of 320 total hip replacements (THR) and 421 total knee replacements (TKR). Of these 741 patients, 18 (2.43%) had a confirmed VTE. The incidence was slightly higher in the THR group 9/320 (2.81%) compared to TKR group 9/421 (2.14%). The average start of procedure time in theatre for this group was 11.06 am(08.47 to 16.27) and average starvation time was 14.35 hours(9.35 to 18.27).

Conclusion

To our knowledge, there is no published evidence suggesting increased risk of VTE in post arthroplasty patients due to starvation. Our results did not show any correlation between pre operative starvation period and post operative VTE. Hence, we do not recommend routine administration of intravenous fluids for patients awaiting joint replacement.

The Laterjet procedure - a new modified approach with good results

N. Picardo, A. Karmegam, C. Lee, A. Phoolchund, Z. Sivardeen

Homerton University Hospital NHS Foundation Trust

We present the results of a case series of 38 patients who had a modified Bristow-Laterjet procedure aimed at decreasing some of the problems associated with the procedure.

We prospectively collected data on 33 cases. All patients had had multiple dislocations to the shoulder. They were investigated by a CT arthrogram, and / or an air arthrogram to assess stability during surgery.

All patients had a deltopectoral approach, the coracoid was identified and harvested taking care to preserve the coracoacromial ligament but detaching the pectoralis minor. The Axillary nerve was protected. The subscapularis was split longitudinally, and the capsule was opened by creating an inverted "U" or "V" flap. The glenohumeral joint was entered and joint surfaces were protected. The glenoid and the coracoids graft (CG) were prepared using a hand-held burr. The CG was fashioned to be congruent with the virgin glenoid and was rotated to fit in a "congruent arc" and fixed with 2 screws. The capsule was then reattached between the virgin glenoid and the CG, so the CG was extracapsular, to try and minimise the risk of later arthritis. The subscapularis was approximated. The pectoralis minor was then reattached to the coracoid stump.

All patients had standard rehabilitation.

Patients were assessed by means of the oxford scores, clinical and radiological assessment.

The results at a mean follow-up of 32.1 months (minimum 12 months), revealed that no patients had any further dislocations. Mean Oxford Instability score was 49.8 (83.9%). 94.4% had good or excellent results. There was no radiological evidence of oosteoarthritis at this early stage. 1 patient had a transitory axillary nerve palsy, 1 patient had an arthroscopic release for stiffness.

This modified procedure can give good / excellent results, with minimal complications. It has the advantage of preserving the subscapularis, pectoralis minor, and potentially decreasing the risk of osteoarthritis by positioning the graft extracapsularly.

Linked Shoulder Elbow Reconstruction (LSER): An Alternative Salvage Technique for Inter and Peri- prosthetic fractures of Humerus

J Singh, A Noorani, S Lambert

Royal National Orthopaedic Hospital, UK

Managing Inter and periprosthetic fractures of humerus is challenging. The linked shoulder elbow reconstruction (LSER) is a novel salvage option and it involves a CAD/CAM (computer aided design/ manufacture) solution to linking the elbow and shoulder humeral stems or revision of one of the stems and linkage to existing one. The aim of our study was to look into the clinical and functional outcome of patients treated with this linked prosthesis.

Eight patients who underwent linked shoulder and elbow reconstruction were followed up prospectively. All were females and average age was 69 years (range 61-76) yrs . Six patients had underlying rheumatoid arthritis. Four patients had a CAD/CAM tube linkage prosthesis to link existing humeral elbow and shoulder stems. The other four patients had an existing elbow or shoulder arthroplasty but the fracture involved the virgin joint requiring a CAD/CAM solution to replace this joint and link it the existing shoulder or elbow prosthesis. Average follow was 52 months (range 26-69 months).

Preoperatively all patients complained of severe pain (mean NRS 8, RANGE 7-9) with severe restriction of movement. Post operatively, three patients had no pain, four patients had mild pain and one patient had moderate pain (mean NRS 3, range 0-6). Shoulder functional range of movement improved significantly. All patients were able to reach behind their back and feed themselves.

LSER is a novel salvage option and it involves a CAD/CAM solution to linking the elbow and shoulder humeral stems to provide a stable platform for range of movements in challenging inter and peri-prosthetic fractures.

What is the outcome of PVNS in the ankle joint?

CRJ Jowett, L Parker, D Singh

Royal National Orthopaedic Hospital Stanmore

Introduction

Pigmented villonodular synovitis (PVNS) is a joint disease characterized by inflammation and overgrowth of the joint lining. It usually affects the hip or knee but can occasionally affect other joints. We reviewed the outcome of the excision of PVNS in the ankle joint at our institution over a 10 year period.

Methods

We reviewed the MRI scans and histology of all cases of PVNS in the ankle joint in patients that underwent excision referred to our institution between 2003-2013.

Results

There were 37 cases of PVNS in the ankle joint that underwent excision during this period. Of these according to the MRI scan 20 were of the diffuse type and 17 were nodular. Of the diffuse type 12 cases recurred. 2 of these recurrences were treated conservatively, 2 with radiotherapy and 8 had further surgery. Of the nodular type there were no recurrences.

Conclusion

PVNS is a common condition in the knee, but there is very little in the literature regarding PVNS in the ankle joint. The results from our institution show there is a high rate of recurrence of the diffuse type and we had no recurrences after excision of the nodular type. There is very little in the literature regarding PVNS in the ankle joint. These results show the type of PVNS has a significant impact on the likelihood of recurrence of the disease.

The incidence of venous thromboembolism events following pelvic fractures

S Alazzawi, C Zaho, G Panagopoulos, D Low, N Bunker, P Culpan, P Bates

Trauma and Orthopaedic Department, Royal London Hospital

Introduction

We have previously published our protocol of venous thromboembolism (VTE) prophylaxis for patients with pelvic fractures. It entitles patients either to receive a daily prophylaxis dose of low molecular weight heparin from the day of injury or, for those who miss two consecutive doses, an insertion of Inferior Vena Cava (IVC) filter prior to any surgical intervention. Here by we are reporting the incidence of VTE events following pelvic fractures for patients who received the protocol above.

Methods and Materials

Using our trauma admission database we identified a cohort of 64 consecutive patients admitted to our Major Trauma Centre with pelvic fracture during 2013. All patients' medical electronic and hard notes were reviewed.

Results

Sixty-four patients were identified of whom there were 44 men and 20 women with an average age of 47.8 years (17 - 94) and an average body mass index of 24. Five patients developed symptomatic VTE events, which were confirmed by CT scan images. All VTE events were within the first 4 weeks post injury.

Conclusions

There is only limited data in the literature concerning the incidence of VTE events following pelvic fractures. The data, presented in this study tests the effectiveness of following a novel VTE prophylaxis protocol. We acknowledge the limited sample size, which is a common problem in studies reviewing VTE events.

True lateral wrist radiograph and management of distal radius fracture

Ibidumo Igah, Simon Newmann, Mark Curtis

Introduction

Distal radius fractures account for one sixth of fractures managed in the emergency department. Fractures and dislocation of the wrist can result in long-term pain and dysfunction. A true lateral radiograph is important for assessing severity of the wrist injury and it is best determined by the scaphopisocapitate (SPC) criterion, a reproducible standard.

Methods

Study was carried out in a busy district general hospital setting.

Clinical practice was assessed via retrospective review of lateral wrist radiographs and awareness was assessed via a survey of junior doctors' assessment of true lateral wrist radiographs.

122 lateral wrist radiographs of distal radius fractures of patients who attended fracture clinic within a four month period were assessed with the SPC criterion.

Survey of 39 randomly selected doctors from a study population of 47 junior doctors involved in the management of distal radius fractures was done via questionnaires, using paper-and-pencil questionnaire administration method.

Results

Using the SPC alignment criteria, amongst 122 lateral wrist radiographs, 41% of these x-rays were deemed unacceptable.

The survey results showed; use of SPC criterion amongst junior doctors to determine a true lateral wrist radiograph was poor (9%). Majority of junior doctors determine a true lateral by alignment of the distal radius, lunate, capitate.

Conclusion

Determination of true lateral wrist radiograph is best done with a reproducible standard.

Though a poor-quality radiograph is an error by the radiographer, accepting a poor-quality radiograph is error by the doctor.

Management of acromio clavicular joint dislocation with 'dog bone' tigtrope system; single surgeon case series outcome evaluation

S Ismael, B Hickey, J Lewis, A Robertson

The Royal National Orthopaedic Hospital, London

University Hospital of Wales, Cardiff

The aim of this study is to evaluate functional and radiological outcomes of acute acromioclavicular joint (ACJ) stabilisation following dislocation using the "Dogbone Tigtrope" system.

This is a single surgeon case series review of seven patients who suffered acute ACJ dislocation (grade III +) and were treated using the "Dog Bone" tigtrope system between January 2012 and January 2013. The primary outcomes assessed included post-operative complications, functional outcomes using validated tools (Quick DASH and ASES) and patient satisfaction. Reduction and maintenance of reduction was determined using the coracoclavicular (CC) distance.

The mechanism of injury was either due to a rugby tackle or fall from a bicycle. The mean age of patients was 38.28 at the time of surgery. The majority of our cohort was male 86%. The follow-up of our patients range between 3 to 6 months with mean of 17 weeks. All patients received scheduled physiotherapy sessions. The mean CC distance on the operated shoulder did not show significant difference from the CC distance on the normal contralateral side (12.2 vs 11.9 mm) ($P < 0.5$). The median quick DASH score was 15.9 (range 4.5-43.2). The median ASES score was 79.99 (range 71.6-90). All the patients were satisfied with the procedure and minimal scarring. There was no evidence of heterotopic ossification, osteolysis of the distal clavicle, coracoid fracture or infection.

Arthroscopic dog bone tight rope fixation of the ACJ is showing significant promise with minimal scarring and promising functional outcomes, good radiological outcomes with short post-operative.

Pre-Operative Waterlow Scores: Predicts Risk Of Post-Operative Morbidity In Patients With Neck Of Femur Fractures

Ibraheim El-Daly¹, Charllotte Heuvlings¹, Hajir Ibraheim²
Dhanupriya Sivapathasuntharam¹, Peter Bates¹

¹Royal London Hospital, London, United Kingdom

²Basildon and Thurrock Hospital, Basildon, United Kingdom

Introduction

Since 1985 nurses across NHS hospitals have prospectively collected the Waterlow score to identify patients at risk of pressure ulcers. Through the assessment of several areas a score is calculated from a maximum of 64 points. A score = 10 identifies those at risk, =15 high risk and =20 very high risk of pressure ulcers. Recently its use as a predictor of 30-day morbidity was demonstrated in acute general surgical patients. However, it has never been applied in predicting negative outcomes in patients with neck of femur (NOF) fracture. Objectives: To investigate a relationship between Waterlow score and 30-day post-operative morbidity in patients with NOF fracture.

Methods

Pre-operative Waterlow score and clinical outcome data was collected on 97 operatively treated NOF fracture patients from a single institution trauma database. 30- day morbidity was defined as any medical or surgical illness requiring intervention. The relationship between Waterlow score and 30-day morbidity was assessed using logistic regression. As a sensitivity analysis, we investigated the effect potential confounders had on the association between Waterlow score and 30-day morbidity when adjusted for separately: patient demographics, medical co-morbidities, ASA grade, type of anaesthetic, time to surgery, surgical procedure.

Results

The 30-day morbidity rate was 35%. Of those, 65% had hospital acquired pneumonia and 32% had a urinary tract infection. We found that for every one unit increase in Waterlow score, the odds of having an infection increased by 1.68 times (95% CI 1.37 to 2.08). This was significant at the 5% level ($p < 0.001$). The optimal cut-off Waterlow score which predicts infection at 30 days post operation with the highest sensitivity and specificity is 17. This has a sensitivity of 84.9% (95% CI 68.1% to 94.9%) and a specificity of 84.1% (95% CI 74.7% to 92.1%). The area under was 0.89 (95% CI 0.82 to 0.96). The relationship between Waterlow score and 30-day morbidity did not change after taking into account the above mentioned confounders separately.

Conclusions

Our study suggests the Waterlow score is strongly related to 30-day morbidity in NOF fracture patients. In the majority of institutions, it is prospectively recorded by nursing staff for every patient at the time of admission. From our patient cohort, 93% (14/15) of the patients with 1 year mortality had an infection. This manifested as hospital acquired pneumonia and urinary tract infections, all of whom received subsequent antibiotic therapy and none developed antibiotic associated diarrhoea (AAD). A larger study should be carried out to develop and validate a risk prediction model using Waterlow score and other important factors to identify patients who are at highest risk of post-operative infection. This raises the intriguing and highly controversial question of prospectively evaluating the role of prophylactic antibiotics for those that score highly, paying close attention to AAD rates.

Poster Presentations

Return to theatre within 90 days of primary total knee replacement:

An evolving quality indicator in Orthopaedic surgery

Parkar A. A. H, Balarajah V. & Loeffler M. D.

Colchester Hospital University Foundation Trust

Brodie's abscess of the distal radius following a pin tract infection

Natasha E Picardo, Karthig Rajakulendran, Ibrahim El-Daly, Rami Hussein.

Department of Trauma and Orthopaedics,

Basildon and Thurrock University Hospital

True lateral wrist radiograph and management of distal radius fracture

Ibidumo Igah, Simon Newmann, Mark Curtis

Tibial eminence fractures in the paediatric population: a systematic review

Jagernauth S, Coyle C, Ramachandran M

Royal London Hospital

Graphene; will it be the future material in orthopaedic and trauma surgery?

S Ismael, J Lewis

The Royal National Orthopaedic Hospital, London

University Hospital of Wales, Cardiff

Patient Reported Outcome Measures In Orthopaedics: An Easy Read?

Ibraheim El-Daly¹, Karthig Rajakulendran¹, Hajir Ibraheim¹

Sean Symons¹, Peter Bates²

¹*Basildon and Thurrock Hospital, Basildon, United Kingdom*

²*Royal London Hospital, London, United Kingdom*

The relationship between the number of modularity in different resurfacing MoM hip arthroplasties and Serum ion levels

Samer Ss Mahmoud¹, Salam Ismael², Rhodri Gwyn³, Alun John³, Stephen Jones³

¹*St George's Hospital, London, United Kingdom*

²*Royal National Orthopaedic Hospital, London, United Kingdom*

³*University Hospital Wales, Cardiff, United Kingdom*

Humelock – A jail free card for failed management of Proximal Humeral fractures

J Singh, S Jagernauth, A Ikram, J Hambidge

Queens Hospital, Romford

News from the region

Fellowships

Ed Britton in Brisbane performing arthroplasty and pelvic trauma at the Royal Melbourne

Shafic Al- Nammari in Windsor and Sheffield performing foot and ankle surgery

Wisam Al-Hakim in Brisbane performing upper limb surgery

Congratulations to Charlie Jowett who has been awarded this years Orthosolutions travelling fellowship.

Personal updates & Congratulations

Charlie Jowett on passing the FRCS, and the birth of your daughter Matilda

Sam Heaton passing the FRCS and getting married to Joanna

Natasha Picardo marrying Richard Green

Jag Singh married to Indu Kour

John Stammers engaged to Amanda Truman

Simond Jagernauth on birth of your son Joshua

Current Trainees

Charlie Jowett, Sam Heaton, Chetan Jayadev, Sarah McMahon, Joanna Thomas, Sherif El-Tawil, Steve Key, Asif Parkar, Emeka Oragui, Anna Berridge, Simond Jagernauth, Mohamed Sukeik, John Stammers, Jagwant Singh, Ramsey Chammaa, Rishi Dhir, Natasha Picardo, Alazzawi Sulaiman, Ishi Grewal, Ogo Oghofori, Senthooan Raja

Delegate List

Adrian Carlos	Kes Sri-Ram	Shohab Hyder Shaikh
Ahmad Ali	Kishan Gokaraju	Simon Fleming
Alex Watson	Livio Di Mascio	Simon Mellor
Alexios Dimitrios Iliadis	Mandeep Lamba	Simon Wimsey
Ali Noorani	Manish Desai	Simond Jagernauth
Ameerudhin Ahamed	Manoj Ramachandran	Steve Key
Ashraf Ali	Moataz El-Husseiny	Steven Millington
Asif Parkar	Mohamed Sukeik	Sulaiman Alazzawi
Bo Li	Mr S Sarsam	Surjit Lidder
Charlie Jowett	Mr Sunil Kumar	Swee Ang
Chima Mbubaegbu	Mustafa Rashid	Thomas Bucknill
Chinyelu Menakaya	Natasha Hossain	Tony Greer
Chloe Fawsitt	Natasha Picardo	Unnikrishnan Ramkumar
Christy Coyle	Nic Wardle	Shiv Shanker
Claudia Maizen	Nima Heidari	Vira Gohil
Colin Natali	Odeh Odeh	William Nabulyato
Ed Massa	Oghor Obakponovwe	Zacharia Silk
Emeka Oragui	Patrick Lusty	
Gareth Scott	Paul Harnett	
Graham Robbins	Peter Bates	
Hatem Salama	Peter Brownson	
Ian Garnham	Philip Sloper	
Ibraheim El-Daly	Pramod Achan	
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Jagwant Singh	Rajiv Bajekal	
Jeh Mahaluxmivala	Ramsey Chammaa	
Jenny Lane	Rashid Khan	
Jeremy Stanton	Sam Heaton	
Jeremy Tuite	Satish Kutty	
John Hambidge	Sean Curry	
John Stammers	Sebastian Dawson-Bowling	
Joshua Lee	Senthooran Raja	
Julian Livingstone	Sherif El-Tawil	
K H Sunil Kumar	Sheweidin Aziz	



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