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SURGERY

VIRTUAL 2020

SEPTEMBER 28, 2020

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SURGERY VIRTUAL 2020

September 28, 2020

Theme:

Discover the New Possibilities and Recent Innovations in Surgery & Anaesthesia

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Thank You All...

Keynote Speakers

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ZNA Middelheim,
Belgium

Agnese Ozolina
Rigas Stradins University,
Latvia

Sagar Aravind Jawale
Jawale Institute of Pediatric Surgery,
India

Birgitta Dresp Langley
Centre National de la Recherche
Scientifique (CNRS), France

About MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About Surgery Virtual 2020

Surgery Virtual 2020 during September 28,2020 has been wrapped with multipurpose tasks where sharing the knowledge is just not our aim, it also focuses on bringing everyone together with a familial atmosphere, where you can meet up the committed professional, professors, scientists and young scholars who shares the same area of importance, make the study allocation simple and suitable where each minute is entrenched with inspirational and joyful process.

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KEYNOTE FORUM- I

SURGERY VIRTUAL 2020

SEPTEMBER 28 2020

Ricky Rasschaert

Neurosurgeon, ZNA Middelheim, Antwerp, Belgium

Past, Present and Future of Cervical Spine Disc Surgery

Cervical spine surgery has been performed for more than a century. As the indications for surgery changed over the years, so did the surgical technique and technology that is being used.

I will present the original indications and surgical solutions from around 1911, heading degenerative disease of the spine to address contemporary cervical disc surgery and end with a glimpse of what is coming towards us. The total cost of these operations is increasing year after year: more patients are being treated, patient age is no longer an exclusion; the price of implants is rising because of the evolution towards cervical disc prosthesis instead of fusion with cages and plates.

The exponential rise in cost might create a shift back to non-instrumented minimally invasive surgeries.As more levels are being treated, either as a planned single surgery or as a second or third surgery on the cervical spine over time, to address further degeneration and adjacent segment disease, it might be wise to study the sagittal alignment of the cervical spine, in comparison to the lumbar spine.

The presentation will end with an overview of the armamentarium the spine surgeon has at his disposal and summarizing the different treatment options.

Biography

Dr. Ricky Rasschaert is a neurosurgeon and spine surgeon at the ZNA Middelheim Hospital, the largest non-academic teaching hospital in Antwerp. The use of minimally invasive techniques and spinal reconstructive surgery is his main interest. He is member of several Neurosurgical and Spine societies and elected as an IM board representative for the EANS. He also has teaching positions and does research involving the treatment of Tarlov cysts and on neuromonitoring in spine surgery cases. There also is an active participation in the Spine Tango project, an international registry for spine surgery with the intention of improving quality of given care. Other interests are department and hospital management as well as medico-legal expertise. Dr. Rasschaert is co-founder of the SpineCare@CURE project, trying to improve Neurosurgical care in sub Saharan Africa.

Agnese Ozolina

Department of Anaesthesiology and Intensive Care,
Riga East University Hospital, Riga, Latvia

Fibrinolytic bleeding

During the last few years, increasing attention has been paid to reports demonstrating the influence of the fibrinolytic system on increased peri -and postoperative bleeding in terms of anti-fibrinolytic prophylaxis and treatment of bleeding. Particularly, increased attention is focused on trauma patients and fibrinolytic system activation through to Protein C activation in early haemorrhagic shock stages. It is well established that hyper-fibrinolysis occurs in 30–50% of patients undergoing surgery (cardiac, liver, orthopaedics, obstetrics) and in 80% of trauma patients. However, inter-individual variations are relatively large due to different inhibitory potential of fibrinolysis determinate by mechanism of injury and genetic predisposition to higher fibrinolytic activity. Moreover, it is often difficult to sort out whether a bleeding results from changes in haemostasis alone, or from concomitantly occurring hyper-fibrinolysis. Therefore, it is essential to refresh the knowledge of fibrinolysis, both with regard to its pathophysiology, ways of activation, diagnostic tools and individual markers that can lead to a goal-directed treatment.

Take Away Notes:

- To evaluate the benefits and disadvantages of anti-fibrinolytic prophylaxis: is it always indicated?
- To recognise fibrinolytic bleeding – clinical picture and diagnostic options: individual fibrinolysis markers (PAI-1, t-PA, t-PA/PAI-1 complex), role of genetical screening with viscoelastic tests
- How to treat hyper-fibrinolysis in major bleeding

Biography

Dr. med, PhD Agnese Ozolina studied in Rīgas Stradiņš University Medical faculty and graduated as MD in 2004. Then she continued training in Anaesthesia and Intensive Care medicine becoming a specialist in 2010. My greatest interest has always been directed toward to the management of bleeding and thrombosis. A growing interest in research and lecturing, led me to a prospective observational study on genetically determinated fibrinolytic bleeding after cardiac surgery, which founded the basis of my dissertation and PhD degree in 2013. Consequently, several publications were reported. Parallel, I have an experience as invited lecturer in local and international meetings. As assistant professor of Rīgas Stradiņš University I am involved in teaching of physiological and pathophysiological aspects of haemostasis in local and international students. Presently, I am mostly involved in the management of haemostasis in orthopaedic and microvascular free flap surgery patients, including such essentials as individual goal-directed treatment based on ROTEM analysis for bleeding as well as for anticoagulation management.

Sagar Aravind Jawale

Jawale Institute of Pediatric Surgery, India

My evolution as a hypospadiologist

Introduction: Last 20 years, I operated more than 1000 cases of hypospadias in my centre. When I started 20 years ago, I did the operations exactly as described by stalwarts in hypospadiology as Dr Henry Duckett, Dr Warren Snodgrass, but failed to give me any significant results. Hypospadias was considered as a mystery. Majority of surgeons thought that no matter what we do, there is a failure in hypospadias surgery. I did my research and did a lot of modifications in the technique of hypospadias surgery which improved my success rate from 60% to 99%.

Materials and methods: I performed about 1000 cases of hypospadias in my centre in last 20 years. I developed following techniques for hypospadias surgery which are reported for the first time in the medical literature. I did 10 modifications in the Tabularised incised plate urethroplasty (Snodgrass technique) and improved success rate to 99.9%. I call it as Ten Commandments of hypospadias surgery. I performed 512 operations with this technique. I developed a new operation called Urethral Pull Up Operation for distal and mid-penile hypospadias and performed 75 cases with it. I further modified it and labelled it as modified urethral pull up operation with "Glans tunnel" and performed 25 cases with it. I developed "Appendicular mucosal tube implant with Dartos wrap operation for Proximal hypospadias and performed 22 cases with the technique. For proximal hypospadias I developed a new technique where the urethral plate is dissected off the penis, chordee corrected and the urethral plate repositioned. I performed 25 cases with this technique. I developed a technique of Laser Tissue welding in hypospadias surgery.

Results: My success rate which was barely 60 % went up-to 99 % with the above techniques.

Conclusions: Research and development in hypospadias surgery had a dramatic effect on the success rate of hypospadias surgery. By the understanding of basic principles of surgery and wound healing, I was able to solve the mystery of hypospadias surgery. We must try and evolve and develop new techniques for the welfare of hypospadias patients.

Biography

Dr. Sagar Jawale is a pediatric surgeon turned into a scientist. He has about 75 inventions in medical sciences till date,.25 of his inventions are reported for the first time in the history of medical sciences. He has developed 17 new operations and 12 new therapies in medicine which are under trial. He has been awarded with 2 international awards such as Antia Finseth innovation award 2017 and Siemens GAPIO innovation award in medicine 2018. He has invitations from all over the world for the demonstration of his inventions and as a keynote speaker on various topics.

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SPEAKERS-I

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Gamal Al-Saied*[1] and Alsayed M. Othman[2]
Professor of Pediatric Surgery, Al-Azhar University, Cairo, Egypt[1]
Lecturer of Pediatric Surgery, Al-Azhar University, Cairo, Egypt [2]

Congenial cervical teratoma in neonates: Two cases report and review of literature

Congenial cervical teratomas are rare tumors in neonates. These tumors are germ cell tumors commonly composed of multiple cell types derived from one or more of the three germ layers. They carry a potentially lethal prognosis because of the immediate effects of airway obstruction and their possible future malignancy. Teratomas are amenable to curable resection but the site of their origin, cystic nature and their rarity make the treatment is challenging. Herein; we present two neonates born with huge cystic neck swelling compressing airway. After stabilization; they are successfully excised and proved to be immature cystic teratoma originating from the thyroid gland. There was no recurrence during the follow up period.

Take Away Notes:

- Cervical teratomas, though rare, carry a potentially lethal prognosis not only because of their possible future malignancy but also because of the immediate effects of airway obstruction
- Prenatal diagnosis and planned postnatal management can significantly alter the outcome of such a lesion

Biography:

Professor Gamal Al-Saied graduated in 1986 from Al-Azhar University with Bachelor's Degree in medicine and surgery with general grade very good with honor (9th of top ten graduates). Internship in 1987. Pediatric surgery Resident from 1989 till 1992. Master's Degree (MSc) pediatric surgery in 1991. Demonstrator of pediatric surgery in 1992, Assistant lecturer in 1993. Medical Doctorate degree (MD) in 1998. Lecturer of pediatric surgery in 1998. Assistant professor of pediatric surgery in 2004. Fellowship of European Board In 2008, Glasgow, Scotland. Full professor of pediatric surgery in 2009. 30 international publications. Chapter in text book. Chairman of sessions in many international conferences. Editor in chief of two international journals and Editor in thirteen international journals

Agnese Ozolina*[1,2], Leonids Solovjovs[1,2], Aleksejs Miscuks[4], Inara Logina[2,3]

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Lecturer of Pediatric Surgery, Al-Azhar University, Cairo, Egypt [2]

Fascia plane block for spine surgery complementary to general anesthesia

Regional anaesthesia and pain management have experienced advances in recent years, especially with the advent of fascial plane blocks. The erector spinae plane block (ERSB) is one of the newest techniques to be described. In the past two years, publications referring to ESP block have increased significantly. The objective is to give a review about ERSP application that have been published. The ERSP block is performed by depositing the local anaesthetic in the fascial plane, deeper than the erector spinae muscle at the tip of the transverse process of the vertebra. For spine surgery Th10-12 level is preferable. Many cases of its use have been described with satisfactory results regarding to the treatment of pain. The applicability of the technique covers many surgery field: thoracic, breast, abdominal and spinal. The single-shot is the most frequently used technique. The lack of evidence of catheter insertion limits catheter usage in spine surgery. As described in the articles published to date, the technique is easy to perform and has a low rate of complications. Most likely, the ESP block can contribute significantly to a perioperative multimodal opioid-sparing analgesic regimen and enhance recovery after lumbosacral spine surgery.

Take Away Notes:

- To learn anatomy and technic of erector spinae plane block
- Erector spinae plane block as a part of multimodal analgesia
- To evaluate erector spine plane block effectivity after major spine surgery

Biography:

Dr. med, PhD Agnese Ozolina studied in Rīgas Stradiņš University Medical faculty and graduated as MD in 2004. Then she continued training in Anaesthesia and Intensive Care medicine becoming a specialist in 2010. My greatest interest has always been directed toward to the management of bleeding and thrombosis. A growing interest in research and lecturing, led me to a prospective observational study on genetically determinated fibrinolytic bleeding after cardiac surgery, which founded the basis of my dissertation and PhD degree in 2013. Consequently, several publications were reported. Parallel, I have an experience as invited lecturer in local and international meetings. As assistant professor of Rīgas Stradiņš University I am involved in teaching of physiological and pathophysiological aspects of haemostasis in local and international students. Presently, I am mostly involved in the management of haemostasis in orthopaedic and microvascular free flap surgery patients, including such essentials as individual goal-directed treatment based on ROTEM analysis for bleeding as well as for anticoagulation management.

Abdus Samee Wasim*[1], Salman Sadiq[2], Peter Logan Clark[3]

[1]Birmingham Orthopaedic Training Programme, Queen Elizabeth Hospital, Birmingham, West Midlands, United Kingdom
[2]Department of Trauma & Orthopaedics, Dudley NHS Foundation Trust, Birmingham
[3]Department of Trauma & Orthopaedics, Walsall Healthcare NHS Trust, Birmingham

Impact of COVID-19: Current guidance on management of neck of femur fractures. What have we learned?

Introduction: The COVID-19 pandemic has had a profound effect on healthcare systems worldwide, and in all departments. With reference to trauma and orthopaedics, COVID-19 has effected change in many facets of our work. We have been forced to revisit and reshape management pathways in the face of significant risk and resource limitation. Given the reduced operative capacity, trialled conservative management has become more prevalent. By extension, this debate has included the management of fragility fractures, of which there has remained a significant burden. Patients presenting with neck of femur fractures (NOFF) represent a frail and vulnerable cohort, and some have argued for a non-operative management plan in select cases.

Aims: This review aims to present current clinical guidance on the management of NOFF patients during the COVID-19 pandemic. A literature review notes research from various countries on outcomes for NOFF patients with concurrent COVID-19 infection. An extensive PubMed search was carried out for [COVID19] and variants and [neck of femur] to cover the largest number of studies available which yielded 12 relevant studies. This work provides insight into future considerations in the management of NOFF fractures in challenging circumstances given the proven mortality benefit.

Results: Current guidance has been evolving during the pandemic from the British Orthopaedic Association (BOA), however most studies acknowledge a cessation of elective operating, and only where necessary in the emergency setting. Few studies have been performed assessing the outcomes of NOFF in COVID-19 patients; however, overall results suggest a statistically significant increased mortality rate in COVID-19 patients with NOFF. The body of research advocates for operative management of NOFF patients despite the increased surgical risk.

During the pandemic, there have been multiple attempts to produce evidence-based guidance on the management of various traumatic injuries. Given the unprecedented nature of the times in which we find ourselves, there is a limited data set, and our practice has had to reshape and adapt. The prevalence of patients presenting with NOFF has remained constant despite the pandemic and resultant lockdown measures across Europe. Of those NOFF patients who test positive for COVID-19, either at the point of admission or in the days following the procedure, outcomes are worse with a higher mortality rate. However, the body of evidence does not advocate for a non-operative management approach. Moreover, in some centres, operative interventions have adjusted to consider hip hemiarthroplasty in COVID-19 patients who may previously have been suitable for a total hip replacement. Interestingly there is some evidence to suggest operative intervention has led to improved respiratory function in patients with COVID-19. This is likely due to the fact that it can facilitate upright posture and better lung expansion, improved mobility, better pain control.

Conclusion: Non operative management remains an option in individual cases, however generally speaking this should only be considered in cases where patients are critically unwell. This should be discussed as part of a multidisciplinary decision and should include anaesthetic input.

Take Away Notes:

- What is the current evidence base for neck of femur fracture management
- To explore the updates to neck of femur fracture management due to the current challenges presented by the COVID-19 pandemic
- What can are the outcomes for COVID-19 patients sustaining neck of femur fracture and what can be done to improve these outcomes

Biography:

Mr Wasim studied sciences at the Queen Elizabeth's School London, United Kingdom developing an appetite for surgery at an early stage. He continued at Bart's & the London School of Medicine, the oldest medical school in the world, graduating in 2014 with an MBBS (distinction) and BSc (Hons) in experimental pathology carrying out research at the Blizard Institute, London. He completed junior surgical training in Birmingham, achieving MRCS (England) and secured a trauma & orthopaedic specialty job on the prestigious Birmingham orthopaedic training programme. He has a keen interest in research and surgical education delivering multiple UK national training courses

Abdus Samee Wasim*[1], Sherif Elerian[2], Ali Ridha[3]

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Does time of day attending the emergency department with an ankle fracture dislocation affect patient outcomes? An assessment of efficacy and timing of first reduction and impact on short and long term patient outcomes

Introduction: Globally ankle fractures dislocations (AFD) are increasingly common injuries that necessitates urgently expedited management to avoid complex and lengthy hospital admission. British Orthopaedic Association (BOA) and British Orthopaedic Foot and Ankle Society (BOFAS) guidance indicates reduction and splinting should be performed urgently for clinically deformed ankles to avoid catastrophic soft tissue insult and allow early surgical intervention improving outcomes. Radiographs should be obtained before reduction unless this will cause an unacceptable delay. Adequate reduction must be confirmed by review of repeat radiographs and documented before transfer from the emergency department (ED). It has been noted in the UK system due to a combination of finite resources and an ageing population that services have become stretched. This is especially true in ED and can mean

Aim: All patients attending ED with an AFD that required surgery were retrospectively studied over a year long period assessing time of attendance in the day as well as time taken and the efficacy of reduction in a busy UK trauma unit. Compliance was assessed to BOA AFD guidelines outlined above. Additionally, the study aimed to answer the question if the time of day patients are attending had an impact on timing of first reduction and if this had a clinically significant impact on their management pathway, length of stay as well as functional outcome and health care finances. In this regard AFD were also assessed for: Initial injury position, time of day patient triaged and timing of 1st reduction attempt, final x-ray position on leaving ED and post-surgery 1 year functional outcome (EuroQol / EQ-5D and Olerud Molander Ankle Scores).

Results: 39 patients were shortlisted meeting the entry and exclusion criteria for the study. 20/39 presented with fracture subluxation and 19/39 with fracture dislocation. 1st attempted reduction mean time was 102.91 mins. First reduction significantly increased through the day: morning (06:00 - 1:59) 28.2 mins for 7 patients; afternoon (2pm – 19:59) 96.7 mins for 18 patients and evening session (20:00 – 05:59) mean time 156.86 mins for 14 pts. On leaving ED , 26 patients were congruently reduced, 10 subluxed and 3 remained dislocated. Mean length of hospital stay was 6.5 days (range: 19 – 1). 5of the 6 patients requiring admission >4 days attended theatre twice (initial EX fix followed by definitive fixation). Mean number of fracture clinic attendances post discharge was 4.53. 1 year post-surgical functional outcome 9/39 patients were contactable and consented to the questionnaire assessment and mean Euro-Qol / EQ-5D Score (each category scores 0-5, maximum score of 25) was 7.3 with range from 5 to 13.

Conclusion: Our study outlines a negative correlation between the time of day an individual with an AFD presents to ED and efficacy and timing of first reduction. The project has now been implemented across 13 hospitals in the west midlands region of the UK where similar outcomes have been noted in early pilot data. The study has led to education and practical sessions being organised within orthopaedics and ED departments to better understanding of importance of prompt and competent reduction as well as ability in doing so to improve outcomes in this regard and avoid unfortunate delay to definitive surgery and discharge.

Take Away Notes:

- What is the current evidence base for acute ankle fracture management
- To explore the implications of attending emergency services for assessment of ankle fracture dislocations at different times of day especially outside normal hours upon patient outcomes
- What can be done to improve timing and efficacy of healthcare professionals reducing ankle fracture dislocations

Biography:

Mr Wasim studied sciences at the Queen Elizabeth's School London, United Kingdom developing an appetite for surgery at an early stage. He continued at Bart's & the London School of Medicine, the oldest medical school in the world, graduating in 2014 with an MBBS (distinction) and BSc (Hons) in experimental pathology carrying out research at the Blizard Institute, London. He completed junior surgical training in Birmingham, achieving MRCS (England) and secured a trauma & orthopaedic specialty job on the prestigious Birmingham orthopaedic training programme. He has a keen interest in research and surgical education delivering multiple UK national training courses.

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Reconstruction of Zygomatic-Orbital Fracture In Pediatric Patients Victim of Physical Aggression by a Large-Caliber Firearm Projectile

Abstract: Facial trauma can be considered one of the most devastating aggressions found in trauma centers due to the emotional consequences and the possibility of deformity. This eventuality acquires a much greater danger when produced in children, because regardless of the possible facial scars, they can also affect the centers of growth and development of the facial skeleton, with future repercussions in functional defects that translate as adults with hypoplasias, atrophies and facial disharmonies. For this reason, one must act with great professional security in the face of such emergencies, which require special care regarding diagnosis, classification and treatment, mainly because the face is one of the noblest regions of the body. This study aims to report a case of a pediatric patient victim of a domestic accident by firearm projectiles in which hit the right zygomatic-orbital causing permanent loss of vision. Female patient, 7 years old, accompanied by her mother, went to

the emergency hospital in Recife-Pernambuco-Brazil reporting a domestic accident, where the hunting gun accidentally went off between two children. On extraoral clinical examination, the patient presented a perforated-blunt wound in the infected right zygomatic region and characteristic signs of bilateral amaurosis, with ecchymosis and bilateral periorbital edema. On imaging examination, it showed several fragments of firearm projectiles in the posterior region of the left orbital cavity, and with a right zygomatic-orbital fracture affecting the lateral wall and orbit floor, characterized destruction of the midface. The patient underwent, under general anesthesia, procedures for excision of foreign bodies, removal of devitalized tissues and local cleaning, minimizing risks of infection and tissue necrosis. The postoperative period continued in the normal patterns and the patient was rehabilitated with bilateral ocular prosthesis, returning aesthetic and facial symmetry. Understanding the cause, severity and temporal distribution are important factors in the effectiveness of treatment since, facial trauma is a public health concern because of its impact on quality of life.

Take Away Notes:

- Definition and characteristics of facial trauma in pediatric patients
- Trauma statistics in a pediatric patient
- Description of a case report
- The importance of the management of pediatric patients and the complete treatment of the initial care until the rehabilitation of the traumatized patient

Biography:

Academic in Dentistry in Federal University of Pernambuco, Brazil; Currently is an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service in the Clinical Hospital of Federal University of Pernambuco, being a member of the project to care for patients with oral diseases and facial traumas and the project entitled prevention and treatment of cancer in face and mouth regions in Venturosa-Pernambuco-Brazil. Won awarded for presentation of scientific works at national and international events and in 2019, was invited by Universidad Nacional Federico Villareal to give a conference at the XIII Congresso Internacional de Odontología and for I Jornada Internacional Multidisciplinaria de Estomatología Peruano Brasileira by Peruvian army.

Frederico Marcio Varela Ayres de Melo Junior*[1]; Lohana Maylane Aquino Correia de Lima[2]; Victor Leonardo Mello Varela Ayres de Melo[2]; Maria Luísa Alves Lins[2]; Bruna Heloísa Costa Varela Ayres de Melo[3]; Julia de Souza Beck[1]; Camilla Siqueira de Aguiar[4]; Rodrigo Henrique Mello Varela Ayres de Melo[5]; Deise Louise Bohn Rhoden[6]; Milena Mello Varela Ayres de Melo Pinheiro[7]; Jussara Diana Varela Ayres de Melo[8]; Nely Dulce Varela de Melo Costa Freitas[9]; Neme Portal Bustamante[10]; Juan Carlos Barrenechea Montesinos[11]; Elvia Christina Barros de Almeida[12]; Zélia de Albuquerque Seixas[12]; José Leonardo de Paiva e Souza[13]; Jorge Pontual Waked[14]; Hudson Augusto Carneiro Fonseca[15]; Irani de Farias da Cunha Júnior[16]; Esdras Marques da Cunha Filho[17]; Ricardo Eugenio Varela Ayres de Melo[18]

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Face injuries caused by dog bite

Introduction: The bites that are of most interest to the dental surgeon are caused by domestic animals, especially dogs and cats. These injuries are of great importance, as they have a high rate of contamination and can cause, in addition to serious local infections, some systemic diseases caused by bacteria, viruses, protozoa and parasites.

Purpose: To clarify and explain possible differences regarding the treatment of these injuries.

Case Report: Male patient, 3 years old, victim of physical aggression by a dog of his own family, was taken to the ER of the reference Hospital in Recife, Pernambuco, Brazil, under regular general condition, walking, conscious, oriented, afebrile and eupneic. On clinical examination, an extensive scalp wound was found, and a laceration as well as a contusion in the right pinna with profuse hemorrhage. Under general anaesthesia, the treatment was based on strict rinse with 0.9% saline and

polyvinylpyrrolidone, the team performed the removal of foreign bodies, debridement of devitalized tissues and hemostasia of the blood vessels. Family members were instructed to observe the offending animal for 10 days. Tetanus prophylaxis was not indicated because the child was vaccinated. There were no postoperative complications and the wound healing achieved good results.

Conclusion: Bite wounds are treated a little differently than the others, since they have saliva rich in microbiota, being highly susceptible to infection. As for the need for prophylaxis of human rabies, the patient should be referred to a specialized service, and the offending animal should be kept isolated from other individuals and animals.

Take Away Notes:

- Review of the literature on canine bites
- Treatment of dog bites in the face region
- Description of a case report of dog bite in the face

Biography:

Academic at Maurício de Nassau University, Brazil; Currently, he is an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service in the Clinical Hospital at the Federal University of Pernambuco, being a member of the project to care for patients with oral diseases and facial traumas and the project entitled prevention and treatment of cancer in face and mouth regions in Venturosa-Pernambuco-Brazil.

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KEYNOTE FORUM- II

SURGERY VIRTUAL 2020

SEPTEMBER 28 2020

Birgitta Dresp-Langley

ICube Lab, UMR 7357 Centre National de la Recherche Scientifique, Faculté de Médecine Université de Strasbourg, France

Individual grip force profiling for assessing surgical task skill evolution

Benchmark methods permitting to establish objective criteria for surgical skill and task expertise need to be worked out to effectively train surgeons on computer controlled surgery system. Grip force monitoring during task execution allows establishing individual grip force profiles of young surgeons at different stages of training for comparison with expert grip force profiles. This was brought to the forefront in several proof-of-concept studies from our most recent research. Small force sensors sewn into a wearable device that ergonomically fits potentially any computer controlled surgical task system were employed for monitoring the forces applied by experts and trainees, including novice surgeons, during all the steps of surgical task execution in surgical simulator tasks. Analyses of grip-force profiles were performed sensor by sensor to bring to the fore specific differences in handgrip force profiles in specific sensor locations on anatomically relevant parts of the fingers and hand controlling the task. The functional implications of links between individual grip force profile evolution and task time evolution will be discussed in the light of results from other research groups. Our conclusions relative to spatio-temporal characteristics of expert and novice grip-force profiles in surgical simulator tasks highlight why individual grip-force profiling proves a better alternative to the monitoring and analysis of surgical skill evolution in training programs compared with time-to-task completion criteria.

Biography

Born in Berlin, Germany Birgitta Dresp-Langley has a doctorate in Philosophy (PhD) in Cognitive Psychology and Experimental Sciences from Paris V University. Specialist in visual perception of shapes, colors and space, she has for many years been conducting research collaborations with the United States (Boston University and Northeastern University), Germany (Universities of Freiburg and Mainz, Max Planck Institute Tübingen) and the United Kingdom (City University London). His current research projects focus on perception for action in relation to technological development for image-guided surgery (in collaboration with Michel de Mathelin) Research Director National Center for Scientific Research (CNRS) France - Born in Berlin, Germany. Studies in Philosophy and Political Science. PhD in Psychology, Paris Descartes University. Fellow of the Human Frontiers Science Program Organization HFSPO. HDR in Behavioral Neuroscience University of Strasbourg.

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SPEAKERS-II

SURGERY VIRTUAL 2020

SEPTEMBER 28 2020

Sachi Shah[1]*, A Patel[2], A Ardakani[1], P Gikas[1]
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Patient outcomes after direct anterior approach total hip arthroplasty

Background: Direct anterior approach (DAA) total hip arthroplasty has become increasingly popular over the last decade. This approach aims to minimise tissue damage and improve post-operative recovery. Several studies have reported outcomes and comparisons to other total hip arthroplasty approaches. DAA has been shown to significantly decrease inpatient stay, has a faster time to discontinuation of walking aids and decreased immediate post-operative pain. On the other hand, some studies have mentioned an increased operative time and estimated blood loss.

Method: Our study reviews 134 cases of DAA total hip arthroplasty between 2017-2019 performed by a single surgeon. A database was collated with patient demographics, operative time, estimated blood loss, length of stay, length of physiotherapy, walking aids, post-operative pain relief, discharge destination and post-operative complications. Statistical analysis was performed.

Results: Overall length of surgery and blood loss was comparable to other THA approaches. There was a reduced length of stay, decreased pain and analgesia usage and faster discontinuation of walking aids compared to the literature on other approaches. Given our promising results we propose a same day discharge protocol following DAA total hip arthroplasty for pre-selected patients with careful perioperative management.

Conclusion: There is a growing popularity with DAA according to the current literature and our study has shown that it leads to earlier recovery and improved functional benefit. Rapid recovery protocols and less invasive surgery are becoming more widespread and hospital associated cost is also becoming a larger factor in THA. It will be interesting to review outcomes of cases with same day discharge as we maintain patient safety as a priority, improve patient satisfaction as well as cost-efficacy. With further education, we can optimise success for outpatient DAA total hip arthroplasty.

Biography:

She is CT1 surgical trainee in the London rotation for core surgical training currently working at the Royal National Orthopaedic Hospital. she graduated from the University of Leeds in 2017 with a MBCHB and first class honours BSc in Clinical Anatomy. Since then she have completed the foundation training programme at Guy's and St Thomas' NHS trust where she had both anaesthetics and surgery rotations. she have a passion for education and have completed a PG Cert in medical education and she is a lecturer for the King's College London BSc in Anatomy: Surgical Sciences module.

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Craniofacial Fracture Produced By Melee Weapon: Surgical Reconstruction

Introduction: Facial trauma can be considered one of the most devastating aggressions found in trauma centers due to emotional and its possibility of permanent aesthetic deformity. It affects the male population more in the proportion of 3:1 and the age group with the highest prevalence is the third decade of life. Regarding the etiology of facial trauma, we observed that it happens more due to car accidents. Other causes include gunshot wounds, assaults, domestic accidents, and sports trauma. As sequel of facial trauma, anti-aesthetic scars and facial paralysis are seen as the most frequent.

Objective: This study aims to report the surgical case of facial reconstruction of a patient who was physically assaulted by a melee weapon.

Case Report: Male patient, 20 years old, victim of physical aggression by melee weapon, was referred to the trauma reference service in the city of Recife – Pernambuco, Brazil, whom was seen according to the Advanced Trauma Life Support - ATLS. In the anamnesis, it was observed that the patient was unconscious, drunk, eupneic and had some fractures in the left fronto-zygomatic regions, left zygomatic body, left parietal, left temporal, left and right jaw, nasal, vomer, ethmoid, and sphenoid, also bone fragments within the orbital cavity. After the clinical examination and the imaging analysis of the axial cut tomography,

the treatment plan was based on the cleaning and cauterization of the bleeding vessels of the wound and reconstruction of the tissues by planes, under general anesthesia, where he was operated first by neurosurgery and later by Maxillofacial Surgery and Traumatology Team. During facial reconstruction, hemostasis of the wounds was performed, debridement of devitalized tissues, removal of foreign bodies and bone spicules, reduction of fractured bones through the wounds themselves, promoting stabilization through steel wires and rigid internal consolidation, with plates and screws, trying to return the contour of the orbit and the zygomatic region, leaving them as close to normal as possible, despite the loss of substance. The bone fragments contained within the orbital cavity caused injury to the left eyeball, with destruction and loss of vitreous humor, causing amaurosis and loss of the left eyeball. Subsequently, the flaps were positioned and the suture in layers was performed with the coaptation of the edges of the wounds in a satisfactory manner. In the immediate postoperative period, it was necessary to perform an anterior nasal packing due to the presence of rhinorrhagia and after 90 days of follow-up, there was a satisfactory facial symmetry, but requiring the placement of an ocular prosthesis to improve the patient's low self-esteem, due to damage psychological and emotional problems suffered from the trauma, in an attempt to get him back to normal social life.

Conclusion: The success of the treatment depends on the correct handling of the lesions right after the trauma. In the case cited, a satisfactory bone consolidation was achieved, reestablishing the patient's function and aesthetics, including rehabilitation through an ocular prosthesis, with no postoperative complications. It was found that the rapid and multidisciplinary intervention, combined with a correct surgical technique, guarantees the patient's good prognosis.

- **Take Away Notes:**
- Definition, etiology and epidemiology of trauma
- Sequelae of trauma
- Description of the surgical case
- Treatment depends on the correct handling of the lesions, aiming at the esthetic and functional reestablishment of the patient
- Need for a rapid and multidisciplinary approach

Biography:

Master's student in Dentistry / Integrated Clinics at the Federal University of - UFPE. Intern at the Maxillofacial Surgery and Traumatology Clinic of the Dentistry Course at the Federal University of Pernambuco - UFPE. Post-graduate student in Acupuncture and Integrative Therapies at the Institute of Acupuncture and Integrated Practices - TAOS. Post-graduate student in Patients with Special Needs - ESPEO. She has a refresher course in Oral Surgery Minor - UFPE, a training course in acupuncture and integrative therapies by UNATE / ABAN and a training course in DRY NEEDLING by CETOP. She won several awards for presentations of scientific works and was invited in 2018 and 2019 by the Peruvian army to give a conference.

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Surgical excision of polymorphous adenocarcinoma in the maxila with mucous flap reconstruction

Low-grade polymorphous adenocarcinoma is a malignant neoplasm of salivary glands with uncommon occurrence in the head and neck region, almost exclusively affecting minor salivary glands. While this condition has typical clinical pathological signs, it commonly presents low biological damage potential. The lesions occur more frequently among elderly females between the sixth and eighth decades of life, with a higher prevalence for the hard palate, soft palate and, most regularly, the upper lip and jugal mucosa. The clinical and histological differential diagnosis of this condition is between pleomorphic adenoma and adenoid cystic carcinoma. The most indicated surgical treatment is extensive surgical excision, eventually including resection of the underlying bone. Although infrequent, there may be metastasis for regional lymph nodes. Radical dissection of the neck is not indicated unless there is clinical evidence of cervical metastasis. This study reports a

case of a surgical excision of polymorphous adenocarcinoma in the maxilla with mucous flap reconstruction. A 63-year-old white male patient sought the Maxillofacial Surgery and Traumatology Service at the Federal University of Pernambuco in the Clinical Hospital, complaining of a tumor-like lesion in his left maxilla, which gradually increased in volume. At the extra-oral clinical examination, the patient presented a slight increase in volume. The intra-oral clinical examination showed the presence of upper and lower total dentures, an increase in volume in the left maxillary tuberosity region and a lesion of nodular features with fibrous and smooth consistency, fixed, sessile, normochromic, with oval shape, defined edges, and painless symptomatology. Radiographic imaging by panoramic radiography revealed a lesion with mixed radiographic density projected in the left maxillary tuberosity region and the in computed tomography (CT) scans were obtained and used for 3D image reconstruction. An axial tomographic view indicated the presence of a heterogeneous lesion with osteolysis: alteration in the cortical / trabecular bone and reabsorption of the left palatine bone, with regular contour and defined edges. Given the extent and complexity of the lesion, the surgical treatment in this case consisted of hemimaxillectomy and the surgery proceeded with mucosal flap reconstruction. The postoperative period followed was the service protocol, with no complications and no sign of recurrence. The pathological specimen was sent to the Anatomopathological Service, where the free margins and diagnosis were confirmed. The final considerations are that low-grade polymorphic adenocarcinoma is a rare malignant neoplasm that affects the salivary glands whose potential for malignancy, recurrence and metastasis are relatively low.

Take Away Notes:

Definition of polymorphous adenocarcinoma

Clinical and histopathological characteristics of polymorphous adenocarcinoma

Forms of treatment

Description of a case report

The dental surgeon must know how to identify neoplasms and their forms of treatment, avoiding worse stages of pathologies.

Biography:

Academic in Dentistry in Federal University of Pernambuco, Brazil; Currently, she is an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service in the Clinical Hospital at the Federal University of Pernambuco, being a member of the project to care for patients with oral diseases and facial traumas and the project entitled prevention and treatment of cancer in face and mouth regions in Venturosa-Pernambuco-Brazil. In 2019, she won several awards for presentations of scientific works and was invited by the Peruvian army to give a conference at the 30th National Congress of Military Police Dentistry "Ejército del Perú".

Otamas A*, Bedwani NH, Ogedegbe AJ, Patten DK
NHS, UK

Pansurgical Electronic Operative Records within a National Healthcare System: A single centre experience and national review of practice

Background: Clear, legible and accurate documentation remains an important medico-legal challenge, being fundamental to good medical practice as endorsed by the General Medical Council. Operative records are no exception with the Royal College of Surgeons of England (RCSEng) providing contemporaneous guidance on information they should include, preferably being typed.

Aims: Compare the clarity of electronic notes recorded on Bluespier with handwrittten operation notes to ascertain whether recording operations through Bluespier is as effective at complying with the RCSEng guidelines as handwriting, and describe the use of electronic operative records within a national healthcare system.

Methods: A single-centre, pansurgical, prospective review of 100 randomly selected operative records was carried out. Fisher's exact test was used to compare compliance of handwritten versus electronic notes with the RCSEng guidelines. All NHS England trusts with surgical services were contacted with a questionnaire to collect data on use of electronic operative records.

Results: 78 records were handwritten of which illegibility necessitated a second independent review in 37.2%. None of the records met all guidelines with zero compliance noted in recording DVT prophylaxis, anticipated blood loss and elective/emergency procedure. Only documentation of antibiotic prophylaxis was statistically higher in electronic versus handwritten records (46.4% vs 16.7%; p=0.03). 31 NHS England trusts responded of which 18 use electronic, six use handwritten and seven accept both handwritten and electronic records. 25 different electronic systems were identified with Cerner Milennium being used most often.

Conclusion: Compliance with the RCSEng guidelines remains poor warranting further education. Collaboration between software developers and surgeons may improve functionality and uptake of electronic systems. Practice across NHS England is variable with in-house and more widely available electronic systems in use questioning whether an era of homogenising programmes across trusts is the future.

Chandio A*, Rai A, Ahmed B, Villani C, Qureshi M, Chandio M, Brown K

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Prevalence of anaemia in patients diagnosed with colorectal cancer

Background: Colorectal cancer is the fourth most common cancer and the second leading cause of cancer mortality in the UK. Colorectal cancer is rare before age 40; the incidence rises gradually to 3.7/1000 per year by age of 80 years. 94% new cases are diagnosed over age of 50 and 59% aged 70 or over. Anaemia is frequently seen at presentation in colorectal cancer patients, with a reported incidences of > 30%. The incidence depends on the site of the cancer.

Aim: To assess the prevalence of anaemia in patients diagnosed with tumors located in different segments of the colon and rectum.

Method: All patients diagnosed with colorectal cancer at the Luton and Dunstable University Hospital UK from January 2015 through December 2019 were retrospectively identified from the referral database created by colorectal specialist nurses in the colorectal service. Data were retrieved by detailed review of the hospital case notes, ICE/Evolve (Computer database for investigations and correspondence) including endoscopy; radiographic imaging; operative course and cancer follow up.

Results: In the study period 976 patients were diagnosed with colorectal cancer percentages of studied participant were Male 52.6% (513) and Female 47.4% (463). The Male to Female ratio was 1:1.10. The mean age of 74.14 years (range, 25 to 101). Ninety four (94) (9.63%) patients were excluded from the study. Anaemia was evident in 46.93% of all cancers, Iron deficiency present in 28.3% and 18.59% patients had Normocytic anaemia. Right Colon 37.07% of patient diagnosed with tumour, 204 had anaemia at presentation with 40.06% of being iron deficiency, In 555 patients with Left Colon cancer, 37.83% were anaemic, 16.39% normocytic and 21.44% of these had an Iron deficiency. Of 261 Rectal cancer patients 31.03% were anaemic at presentation with 17.62% of these having iron deficiency. 53.06% Patients with no anaemia were more likely to have a diagnosis of Colorectal cancer than those who were anaemic 46.93%.

Conclusion: In Patients presenting with anaemia, colonoscopy or investigation of the whole colon is mandatory because there is a greater likelihood of a cancer in the proximal colon. Timely diagnosis and complete resection remains the keystones for the management of colon cancer.

Biography:

Mr. Ashfaq Chandio is a surgeon specializing in general surgery, employed by the NHS Trust, graduated from Chandka Medical College Larkana Pakistan. Obtained training in various specialities of general surgery (General Surgery, Urology, Emergency medicine, Vascular, Breast & Endocrine, and Colorectal) in Ireland and UK. Mr. Chandio obtained the degree of FRCSI from Royal College of Surgeons in Ireland . He was awarded Diploma of Laparoscopy from France . He was awarded FEBS/General Surgery by European Surgical Board. He was awarded FEBS/Coloproctology by European Surgical (Coloproctology) Board. Mr. Chandio obtained comprehensive training in general surgery. He has extensive experience in various surgical specialities as a surgeon. He also actively participate teaching of medical students and juniors doctors. He is Faculty member of Royal College of Surgeons England, for teaching Basic surgical skills and START course. Mr. Chandio have peer – reviewed publications and national and international presentations, mentor International conference on Gastroenterology. Mr. Chandio is awarded with Certificate of Appreciation in recognition of excellence service, dedication and commitment to the Western Health Board, Certificate of honour by Overseas Medics of Ireland and Shield of pride 40th Alumni Chandka Medical College & Shaheed Benazir Bhutto Medical University, Larkana Sindh, Pakistan.

Chandio A*, Chandio M, Shaikh Z, Chandio K, Naqvi SA
Department of Surgery, Antrim Area Hospital, UK

Can "no shows" to Hospital appointment be avoided?

Introduction: Non-attendance is a common source of inefficiency in a health service, wasting time, resources, potentially lengthening waiting lists, increases patient suffering, morbidity and has received little attention. Patient failure to attend hospital outpatient appointments has a significant impact on the ability of hospitals to provide efficient and effective services.

Aim: Of study to analysis risk factor of non-attendance in a group of patients who are unlikely to attend again.

Method & Material: Prospective study of patients referred to surgical clinics Antrim area Hospital Northern Ireland from April 2017 to August 2017. Survey was a structured on a telephonic interview. Including new referrals from General Practitioners, accident & emergency department, and medical department & review surgical patient's.

Results: Fifty patients contributed to the survey 27 were Female & 23 Male ratio 1.17:1. Age range from 17-89 years, mean age 56. There were total 42 clinics sessions and total numbers of the patients to be seen were 504, only 454 were seen in the out-patient clinics but 50 patients were DNA including 22 new patients, 25 review &3 referrals from other teams.

Conclusion: System of telephonic calling by clinic receptionist of all the patients should be made prior to clinic to overcome the issue of DNA. Patient who were given longer appointments than 2-3 weeks should get an additional reminder either by post, electronic mail, mobile (SMS) text messaging where appropriate which may turn up a suitable means of improving patient attendance

Biography:

Mr. Ashfaq Chandio is a surgeon specializing in general surgery, employed by the NHS Trust, graduated from Chandka Medical College Larkana Pakistan. Obtained training in various specialities of general surgery (General Surgery, Urology, Emergency medicine, Vascular, Breast & Endocrine, and Colorectal) in Ireland and UK. Mr. Chandio obtained the degree of FRCSI from Royal College of Surgeons in Ireland . He was awarded Diploma of Laparoscopy from France . He was awarded FEBS/General Surgery by European Surgical Board. He was awarded FEBS/Coloproctology by European Surgical (Coloproctology) Board. Mr. Chandio obtained comprehensive training in general surgery. He has extensive experience in various surgical specialities as a surgeon. He also actively participate teaching of medical students and juniors doctors. He is Faculty member of Royal College of Surgeons England, for teaching Basic surgical skills and START course. Mr. Chandio have peer – reviewed publications and national and international presentations, mentor International conference on Gastroenterology. Mr. Chandio is awarded with Certificate of Appreciation in recognition of excellence service, dedication and commitment to the Western Health Board, Certificate of honour by Overseas Medics of Ireland and Shield of pride 40th Alumni Chandka Medical College & Shaheed Benazir Bhutto Medical University, Larkana Sindh, Pakistan.

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Darent Valley Hospital, Dartford and Gravesham Trust, Dartford, Kent, UK
Trauma & Orthopaedic Department

Improving uptake of fascia iliaca block in neck of femur fracture patients – a local centre service improvement project

Background: 75,000 neck of femur (NOF) fractures occur each year in England and Wales. Prompt adequate analgesia is a major priority in hip fracture management as per blue book. This not only improves patients' wellbeing but also reduces the risk of delirium and facilitates earlier return to mobility and independence. Commonly, paracetamol, non-steroidal anti-inflammatory agents and opioids are routinely used over regional nerve blocks for analgesia management in hip fracture patients. However, there are numerous significant side effects such as constipation, respiratory depression, upper gastrointestinal bleeding and delirium. These side effects can delay surgery and increase morbidity. NICE guidelines for hip fracture management recommends consideration of fascia iliaca blocks (FIB). Few studies have investigated the use of FIB for NOF fracture patients however it is still a relatively new component of analgesia management for NOF fracture patients in the pre-operative period.

Objectives: Our study aimed to review our pre-operative analgesia management of NOF patients in our centre. Our primary endpoint was to improve uptake of regional blocks in NOF patients.

Design and Methods: We performed a prospective review of all patients with NOF fractures admitted via the emergency department at our local district general hospital. This was conducted over a 1 month period September – October 2018. We recorded patient demographics, time and date of admission, grade of physician performing block, VAS scores pre and post block. We excluded patients with significant cognitive impairment. Following review, we developed a multidisciplinary led short interventional training program of FIB administration. This was delivered to all relevant staff, pain management and pain scores were recorded in a second prospective cycle.

Results: All fracture NOF patients (n=25) were managed according to the NICE guidelines for analgesia in hip fracture. 44% (n=11) of total patients received FIB and 56% (n=14) did not receive FIB pre-operatively. Patients that did not receive FIB had a mean initial pain score of 9.3. After oral analgesia mean pain score reduced to 7.3. Of the patients that received FIB, initial pain score was 9.7 and pain score after FIB was 4.5. There was a 53.2% reduction in pain score in the group that received FIB compared to 26.7% in patients who received oral analgesia only. This was a statistically significant percentage reduction (p value = 0.0046). An educational training day improved number of FIB given and pre-operative pain score.

Conclusion: Poorly managed pain causes significant mortality in NOF patients. FIB is a safe, cheap and effective form of pain relief for patients with NOF fractures. A single shot in the emergency department can significantly decrease pain from 30 minutes to 8 hours post-block compared to opioids. Our study confirms that FIB is significantly better than oral based analgesia alone. Currently there is not a 100% rate of FIB administration for fracture NOF patients; reasons include poor pain assessment due to cognitive impairment, lack of confidence and training in FIB administration, patient refusal and increased staff workload. Our intervention improved the uptake of block in our cohort and this has been maintained in further cycles. We show that FIB can be safely administered by junior doctors, emergency department doctors, emergency nurse practitioners.

A Patel*, A Georgiou, R Faderani, M Kanapathy, P Singh
Royal Free Hospital , London

Analysis of the accuracy and operative relevance of Hand Trauma referrals in Plastic Surgery

Introduction: This audit aims is to critically access the accuracy and appropriateness of referrals to the Hand Trauma Clinic. Inappropriate trauma clinic referrals can lead to overloading of the clinic and reduction in specialist service availability and delay in service provision for patients requiring plastic surgery operative intervention. Correctness of initial assessment, implementation of clear trauma referral guidelines as well as supporting peripheral referral units in conservative management are ways of increasing efficiency and reducing the burden on the Hand trauma Service.

Method: An initial audit of Plastic Surgery Hand Trauma referrals over a three month period (October 2018 to January 2019), which suggested that referrals were mostly diagnostically accurate, however, only 51.7% required specialist intervention. Consultant-lead hand trauma clinic guidelines were established in October 2019. This was circulated within the department and communicated within the Hospital Trust. 12 months later we closed the audit loop. We aimed to review both appropriateness and referral accuracy by comparing the referring practitioner's assessment to final diagnosis and the subsequent need for further plastic surgery operative intervention.

Results: Results Following introduction of guidelines the results demonstrated a significant improvement i the appropriateness of referrals requiring specialist operative intervention; ascertaining that more is done by referral units to manage patient not requiring plastic surgery intervention. Furthermore, there was no significant change in diagnostic accuracy of referrals.

Conclusion: It is evident that although primary assessment by referring units are mostly diagnostically sound, new guidelines can help decrease the burden on the Hand Trauma clinic by not only facilitating diagnostic accuracy but guiding appropriateness of referrals as measured by the proportion of patients requiring operative intervention.

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