

Oral Surgery Club of Great Britain

Halifax meeting

17-18 May 2018

The Spring Meeting of the OSCGB, held under the presidency of Stuart Hislop, was kindly hosted by Mr Archie Morrison at Dalhousie University Hospitals in Halifax, Nova Scotia.

Members gathered at the Waverley Hotel, once graced by the presence of Oscar Wilde, adjacent to the University campus and enjoyed a pre-meeting meal at McKelvies Restaurant.

Thursday 17 May 2018

The meeting began with a lecture programme delivered by both Club Members and staff from the Department of Oral and Maxillofacial Surgery in Halifax.

Peter Ramsay-Baggs gave the opening talk on the 'Dalhousie Scottish link', describing the role of members of Clan Ramsay in the development of Nova Scotia. Apparently, Simon de Ramsay, a knight of Norman descent, accompanied King David 1st to Scotland and built a castle in Dalhousie, near Edinburgh. He became the first Earl of Dalhousie and the family participated in the battles between the Scots and English over the years. When such matters had settled down, one of his descendants, the 9th Earl of Dalhousie, was appointed Lt-Governor of Nova Scotia in 1816 and worked to improve agriculture, roads, employment and education. He founded the Dalhousie College in Halifax, later to become Dalhousie University.

The second presentation was on 'the principles of sentinel node biopsy' in oral cancer by Stuart Hislop. The technique of isotope injection on the day before surgery, blue dye injection pre-op and use of a gamma probe intra-operatively was outlined. Up to 4 hot nodes would be individually removed with greater numbers leading to super selective or completion neck dissections. There was 93% sensitivity and 10% of patients had completion neck dissections. This may evolve to be a useful diagnostic tool in the hands of appropriately trained surgeons.

After coffee, Jon Hayter outlined 'The history of Botox'. The discovery phase included the early accurate and lyrical description of botulism by Justinus Kerner in 1822 and the link to gram-negative anaerobic bacilli made much later by Prof. Emile van Ermengem in 1897. The subsequent harmful phase covered the efforts of many military scientists from Porton Down to Camp Dettrick in Maryland to Unit 731 in Japanese held Manchuria to purify and weaponise botulinum toxin. Once the US eventually started the process of ratifying the 1925 Geneva Protocol on chemical and biological weapons, in the 1960's, the useful phase of medical applications, split between therapeutic and aesthetic use, could begin.

Tim Mellor discussed 'Aesthetic Facial Surgery, tips for the unwary' commencing with the causes of facial aging including bony and soft tissue changes compounded by gravity. Aspects of fat removal and transfer, platysmaplasty, and facelifts were discussed. The usual requirement for all of these elements for a successful outcome was highlighted. Various complications, including over-enthusiastic fat removal and haematoma, were

addressed. It was acknowledged that outcomes were difficult to measure and the increasing likelihood of regulation following publication of the Keogh Report outlined.

The challenges of 'Midface Reconstruction' were discussed by Mick Gilhooly. The need usually follows the treatment of midface cancers, which are uncommon; represented by only 3% of head and neck malignancies. Reconstruction is important for restoring appearance and social functioning with the objectives of separating the mouth from the midface, maintaining an orbital floor, restoring facial contours and facilitating important functions such as speech and mastication. Browns' classification of midface defects indicates the appropriate free flap reconstruction and this was beautifully illustrated with clinical examples.

The presentations from the Halifax clinicians commenced with 'TMJ joint replacement' by Dr Davis. The challenges posed by this complex joint and the limitations of traditional costo-chondral grafts and condylar heads attached to reconstruction plates were outlined. Indications for total joint replacement included ankylosis, failed autograft, failed alloplastic condylar head and advanced condylar degeneration. Stock TMJs are appropriate for normal anatomy, stable occlusion and first operations with the more expensive custom made joints being used for more complex cases. Future research would address materials, the fate of the contra-lateral joint and paediatric cases.

Next, Jean Charles Doucet discussed 'Advances in cleft surgery'. He emphasised that the altered position of normal structures with muscle breaches allowed the deformity to develop. Therefore, the aim was for a functional repair of the lip, nose and palate at primary surgery to facilitate further normal growth and limit the deformity. A range of clinical cases was used to illustrate these principles.

The final presentation was on the 'management of obstructive sleep apnoea' (OSA) by Dr Goodday. This tour de force covered the presentation, investigation and treatment options, highlighting the 25-year experience with maxillo-mandibular advancement in Halifax. The importance of sleep studies for diagnosis and future comparison was noted. Weight loss was difficult to achieve, did not always improve OSA and 30% of patients were not obese. CPAP has to be used for over 4 hours per night to help and there was up to 80% non-compliance. Oral appliances may have a role but as they were readily provided by GDPs without investigation and often for snoring rather than OSA, the jury is out. ENT surgeons have been keen on palatoplasties for 35 years but they only provide limited help in up to 50% of patients, only address the palatal component, compensatory soft tissue changes may worsen the palatal airway and an indifferent result puts patients off further surgical approaches. Maxillo-mandibular advancement elevates and advances the base of tongue and soft palate. This has resulted in an 80% 'cure' in their series with 90% happy with the improvement. As there is often retro-positioning of the jaws, increasing the tendency to OSA, then bimaxillary advancement often improves the facial balance and has been most acceptable to patients.

Following the presentations, members and partners gathered at Henry's Bar for refreshments before proceeding to The Bicycle Thief, one of many excellent restaurants along the Waterfront for a meal.

Friday 19th May 2018

The following morning, members met at the Department of Oral and Maxillofacial Surgery for a tour of the department and the Dalhousie University campus.

Lunch was taken on the Waterfront with the afternoon free for sightseeing.

The Club Dinner, attended by members, partners and our hosts was held in Saltys, another first class restaurant on the Waterfront, specialising in Lobster.

Several members took the opportunity to combine attendance at the meeting with a longer tour of Nova Scotia enjoying the beautiful landscape, historical sights, seafood chowders, Celtic music and bald headed eagles.

Jon Hayter

Honorary Secretary