

Oral Surgery Club of Great Britain

Manchester meeting

8th November 2019

The Autumn Meeting of the OSCGB was held at Worsley Park near Manchester under the presidency of Andrew Baldwin. An interesting programme of talks was presented by members of the local medical establishment.

The first talk on **progress in breast cancer treatment** was delivered by Mr Mohammed Absar, Consultant Breast Surgeon. He gave the historical perspective of how Halstead style radical surgery had evolved to lumpectomy and radiotherapy in most cases as the outcomes were demonstrated to be similar. Therefore, there are now two surgical choices; conservation surgery for most cases or mastectomy for extensive disease. Similarly, treatment of the axilla is guided by sentinel node biopsy, which provides 95% accuracy, with axillary clearance being indicated by a positive SLNB. Pre-operative placement of a magnetic seed adjacent to the tumour allows the surgeon to locate the lesion with a hand scanner rather than waiting for a radiologist to don their scrubs. Conservation surgery has allowed refined disguise of the resulting defect with tissue displacement by mammoplasty often possible instead of more radical reconstruction.

Professor Matthew Makin, Consultant in Palliative Care and Medical Director, discussed **Ill enough to die** in an overview of end of life care. Sudden death is the cause of demise for 3% of the population but everyone else has a more gradual deterioration from cancer, organ failure or dementia and decline. Care at this difficult time is complicated by the unrealistic hopes and expectations of relatives and the difficulty many doctors have in discussing the prognosis. 'Ill enough to die' should be a key phrase used by doctors in an honest discussion of preparing for death which includes not starting unhelpful treatment, such as TPN, and seeking a DNAR agreement. When this works well it should narrow the gap between expectation and reality.

Is everything all right at your end? was principally a discussion of the challenges and advances in head and neck anaesthesia by Dr Paul Kirk, Consultant Anaesthetist. Maxillofacial surgery can pose particular problems for intubation due to altered anatomy and complications of radiotherapy. The role of video fluoroscopy in greatly improving the angle of view of the laryngeal inlet, which can also be used in the awake patient, can help if the degree of trismus is not too great. High flow oxygen jet ventilation allows the use of narrow endolaryngeal tubes where the airway is pathologically narrowed and can be used via nasal tubes to allow IV anaesthesia for short procedures where the airway is impassable. 3D printing of the abnormal upper airway has started to be used to assist pre-operative assessment of the airway. The highlight was a re-subtitled video clip of Hitler, as the long-suffering anaesthetist, critically appraising his North Manchester maxillofacial colleagues at a theatre user meeting in the guise of his Berlin Bunker during the final 12 days of his downfall...

Following the recent Novichock chemical attack in Salisbury, Mr James Pendleton, Deputy Clinical Services Manager and former special forces paramedic, outlined **chemical, biological, radiological and nuclear warfare**. He outlined the history of CBRN warfare, with the first recorded case being the use of Hellebore to poison the water supply of Kirrha during the First Sacred War in 590BC by an ancestor of Hippocrates, whose subsequent guilt is thought to be responsible for the inception of the Hippocratic Oath. This was just the first in a long line of incidents spanning 2nd century BC Romans, World War 1, Tokyo underground and Litvinenko. The pragmatics of the role of various agents and their effect on the human body of the common chemical and biological agents, assorted radioactive isotopes used in dirty bombs and various nuclear elements was outlined with general agreement that immediate death from thermal radiation in a nuclear explosion would be preferable to the alternative modes of gradual death on offer.

After a break for lunch, we returned suitably refreshed for an account of **the functional cure of HIV and hepatitis** by Dr Javier Vilar, Consultant in Infectious Diseases. When HIV appeared in the UK in the 1980s, the lack of knowledge and therapeutic experience resulted in an average survival of 5 years. Increasing experience with combination anti-viral drugs has increased life expectancy to 65 years for disease presenting in a 20-year-old. Treatment which results in no detectable virus results in no transmission with NICE recommending routine HIV testing of patients having any blood test in areas of high HIV prevalence such as Manchester, Birmingham, London and Brighton. Hepatitis C, due to an RNA virus, can be essentially cured by drugs. Hepatitis B, due to a DNA virus, can have treatment resulting in undetectable virus loads leading to a functional cure only. HIV, involving both RNA and DNA, can anticipate therapeutic control with a functional cure with drug therapy.

Bone Setters to Body Engineers – Orthopaedics and Pelvic Trauma from NW England to Ethiopia was the detailed title of a presentation by Mr Anthony Clayson, who had the detailed job title of Consultant Orthopaedic and Pelvic Reconstructive Surgeon. He described the evolution of his job and specialty from being the only pelvic trauma surgeon in the North West in 1994, a 2nd surgeon in 2006, a hospital move, a 3rd surgeon and classification as a trauma centre in 2010 and another two surgical colleagues joining in 2014 with another 4 in the NW Region. He outlined treatment principles which promoted external fixation, with pelvic packing if required, to control bleeding and admission to ITU which stabilised 80% of patients with principally venous bleeding. Occasionally, vascular intervention would be required. In the case of compound crush fractures, an early diverting colostomy markedly reduces ischio-rectal fossa infection and sepsis and reduces mortality from 80% to 50%.

In recent years, his team had become involved in developing trauma care in Ethiopia. As humanitarian aid to Ethiopia increased there was rapid expansion of roads and vehicle numbers, accompanied by a marked increase in trauma deaths, in a country with few orthopaedic surgeons. A programme of mentoring, training and support for their surgeons had been established and recently augmented by physiotherapists also visiting to train nurses in effective rehabilitation following trauma.

Following a coffee break, Mr Manmohan Madan, Consultant Vascular Surgeon, outlined **advancements in the management of plumbing problems**. He described the evolution of vascular surgery from general surgeons with an interest performing endarterectomies, bypasses and amputations to super-specialised surgeons, working alongside radiologists, microbiologists and podiatrists, often with a minimally invasive approach involving endovascular repairs. Endovascular aortic aneurysm repair has been particularly effective in reducing mortality, but continued monitoring is required to pick up potential complications. Endovascular expansion and stenting of aorto-femoral strictures minimises the mortality risk, but flow restriction is more likely to recur. Endovascular expansion and stenting of carotid strictures avoids a complex operation and reduces mortality but has a higher stroke risk.

The day was brought to a close by Mr Panos Kyzas, Consultant Maxillofacial Surgeon, who is achieving a healthy work-life balance as depicted by his presentation **the pigs, the farm and the others**. His presentation started with an account of home brewing his favourite drink; cider. This illustrated the steps to producing enough to satisfy the thirsty surgeon. From dealing with apples and cider it is an easy step to keeping pigs. Panos preferred a rare breed as they were friendly and also tasty. He recommended keeping at least two of these social animals and outlined the paperwork and practical considerations, including an electric fence and surplus food from the local market, required to bring them happily to the desired weight of 75 Kg. Following dispatch, he recommended home butchery - using the whole animal out of respect for the beast - assisted by fluid replacement with cider and a special sausage spice mix. He let us down gently with an account of his vegetable allotment and a reminder to plant your potatoes on Good Friday.

Following this stimulating day, members and partners gathered in the bar prior to transfer to Nutters Restaurant for a convivial meal to round off a successful meeting.

Jon Hayter
Honorary Secretary OSCGB