Oral Surgery Club of Great Britain

Nottingham meeting

11th November 2016

The Autumn Meeting of the OSCGB was held at the East Midlands Conference Centre in Nottingham under the presidency of Iain McVicar. A packed programme of talks was presented by the local medical establishment.

From mechanic to scientist and everything in between was the opening talk by Jason Watson. He has worked in Nottingham for much of his career and he outlined the evolution of both his range of work and title from maxillofacial technologist through maxillofacial prosthetist to clinical scientist in maxillofacial technology. Developments in data capture and manipulation and additive layer manufacture (3D printing to the uninitiated) were outlined. Current practice with 3D models, surgical guides and pre-bent plates used in trauma, oncology and secondary reconstruction were illustrated.

The source of voice was the title of a fascinating and comprehensive presentation by Julian McGlashan, a consultant ENT surgeon. This covered the elements of voice production, voice pathology and extreme variations in voice quality with demonstrations drawn from the pantheon of popular music archives. One sobering insight was that 10% of conflict arises from difference in opinion whereas the other 90% are related to tone of voice.

Having savored a coffee, we were given an update on **Aids and the Mouth** by Prith Venkatesan, consultant in infectious diseases. The scene was set with a description of HIV peaks in 1985 and 2005 and an AIDS peak in the 90's that has tailed off with effective anti-viral treatment, which is now producing life expectancy stretching into decades. Amongst current risk groups, the risk for gay men is increasing, heterosexuals falling and drug users risk is now negligible due to needle exchange initiatives. Warning signs are STD's, PUA's and opportunistic infections. A variety of oral indicators were illustrated with the most noteworthy being Kaposi's sarcoma, oral hairy leukoplakia and salivary gland swellings.

Consultant anaesthetist, Iain Moppett, next reflected upon **a patient's view of safety**. The importance of the pre-operative briefing was emphasized with the use of first names recommended in an attempt to flatten the hierarchy within the team. Speaking up as the patients advocate was encouraged with examples to demonstrate the difficulty in challenging behaviours.

Having chewed the cud over lunch, Andrew Sidebottom, consultant maxillofacial surgeon, discussed the **outcomes of TMJ surgery**. For patients with TMJ symptoms, 80% improve with conservative management. Of those that don't improve, 80% improve with EUA, MUA and arthrocentesis. Of those that don't improve, 40% improve with arthroscopy – less likely if there is joint pathology such as a disc tear. This leaves about 5% who have open surgery for failure of the above where 60% success has been found. End stage TMJ replacement can decrease pain and increase opening. A salutary lesson for those of us who only really operate on the TMJ for recurrent dislocation.

Emergency Department consultant, Frank Coffey, outlined the vision for unscheduled care in the East Midlands with the succinctly titled **Working in the ED and simulated patients – Is it a DREEAM?** He described the evolution from casualty departments through emergency departments to major trauma centres. This was accompanied by the development of skills and improved training including interspecialty training, simulations and didactic ALS and ATLS courses. This occurred alongside role development, such as advanced nurse practitioners and interventions, such as thrombolysis. These practical advances had led to the DREEAM, the reasonably concise acronym for the Department of Research and Education in Emergency Medicine, Acute Medicine and Major Trauma.

Our appetite for tea was wetted by IOTCraVaD or **interventional options for the treatment of craniofacial vascular disease** presented by Rob Lenthall, consultant radiologist. The evolution of endovascular means of occluding troublesome feeding vessels from using horse hair to balloons and coils was outlined. The challenges of managing carotid blowout, following cross flow assessment, by either thrombosis with vessel sacrifice or stenting with vessel preservation but more complications were illustrated. The jury remains out on the management of epistaxis and trauma. An impressive number of angiograms were employed in this presentation.

After-tea Charles Maxwell-Armstrong, consultant colo-rectal surgeon, discussed **advances in laparo-scopic surgery**. The 1990's saw the start of colorectal laparoscopic surgery but complications inhibited development until a national training programme from 2008-13 resulted in an increase in laparoscopic resections from 5% to 36%. A serendipitous finding during this time was that Harrier aircrew selection was a good predictor for surgical ability.

Bob Winter, consultant anaesthetist, medical director of the East Midlands ambulance service and medical director of the Donnington Bike Racing medical services, gave an account of **prehospital care** with special reference to bike racing. Much of the fascinating content was devoted to a well illustrated account of bike crash types including the startline collision, lowside crash, highside crash, losing front end, mechanical failure and track collisions. After these, the riders were scooped up and taken to hospital.

With the conclusion of this packed programme, suitably reviving refreshment was sought prior to attending the Club Dinner at Harts Restaurant, Nottingham. A good time was had by all.

Jonathan Hayter

Honorary Secretary OSCGB