

# **THE ORAL SURGERY CLUB OF GREAT BRITAIN BELFAST MEETING**

**9<sup>th</sup> November 2012**

A total of 33 members were present at the meeting, accompanied by 18 partners.

The meeting was held in the Fitzwilliam Hotel in the Business Centre under the Presidency of Peter Ramsay Baggs.

The first speaker was Dr Ian Rennie who is a Neuro Radiologist in Northern Ireland. He talked about the management particularly with interventional neuroradiology of head and neck vascular malformations. He emphasised the classification, which is not well understood by many clinicians. The diagnosis is mainly clinical and from a good history. He explained the difference between juvenile haemangioma and a vascular malformation, which is present at birth and will slowly grow throughout life. Juvenile haemangiomas are normally self-limiting and will involute some of them completely. He reported that pathologists still report vascular malformations as haemangiomas. He gave an account of the use of Propranolol for juvenile haemangiomas, which can lead to quite dramatic shrinkage of lesions particularly when they are life threatening or sight or hearing threatening. The side effect of Propranolol might be nightmares in children. He outlined the use of sclerotherapy and he uses Bleomycin in lymphangiomas and some venous malformations. He also explained the use of glue, onyx and coils in the management of arteriovenous malformations.

The next speaker was Mr Jim McGuigan. He is a Thoracic Surgeon in Belfast with a vast experience of gun shot wounds. His talk was entitled 'Bullsh\*t and Ballistics'. Jim McGuigan explained the history of chest injuries particularly in conflict through the ages. He then went on to discuss 'gelatine for brains'. He explained that gelatine had been used for decades to simulate the effects of a gun shot wounded tissue but he was of the opinion that gelatine couldn't be more different than human tissue. He explained there were few indications for opening a chest in the ER room nowadays. He explained that there were many lessons that had been learnt in Afghanistan and the Military Surgeons had learnt how to use haemostatic packs. The use of intervention whilst they transported patients from the scene of the injury to the field hospital, the use of tourniquets had been reintroduced and the use of permissible hypotension. He also explained the concept of multiple surgical teams operating simultaneously. The talk was very enlightening and often humorous.

Dr Phil Lamey then gave a talk on Overlap Syndrome. He gave a description of pain theories and then went on to talk about persistent idiopathic facial pain, which was formally known as atypical facial pain. He went through a number of other conditions, which produce head and neck pain such as giant cell arteritis. He explained that that was probably the only condition, which produced facial pain and the patient felt unwell. He discussed the history and examination of periodic migranous neuralgia. This is a condition that wakes people at night for about 30-90 minutes with a pain score of about 8 out of 10. Often they have

facial flushing due to the vascular pain. It also responds to Indomethacin readily. He then discussed trigeminal neuralgia and pointed out that about 20% of people have periods of up to 5 years of dull pain before the severe lancinating classical trigeminal neuralgia develops. He reported that patients with burning mouth often were B1 or B6 deficient in perhaps up to 30% of cases.

The last talk of the morning was from Richard Nicholas who worked at the Royal Victoria Hospital and the Belfast Knee Clinic. Richard's talk was entitled 'What I did with my BDS'. Richard had been a dental student at the same time as our President Peter Ramsay Baggs. As he explained he had moved from 'Jaws to Paws'. He gave a description of his background and particularly his orthopaedic training in Brisbane Australia and his interest in sports medicines. He showed some humorous video including the arrival of a medic, which showed a physio running onto a rugby pitch slipping over onto the wet grass and sliding into the injured player feet first. This produced quite a lot of laughter from the audience. He went on to discuss the reconstruction of the anterior cruciate ligament. He again showed some videos of the injuries sustained by Michael Owen and an Australian rules player who sustained severe knee ligament injuries and explained the mechanism of the injury. He went on to show a video about the endoscopic ACL repairs, which were undertaken currently using a hamstring ligament for the repair. He gave a short description of the problems of punishment shooting injuries to the knee, which were common in Northern Ireland.

The next speaker the Honorary Archivist Andrew Sadler who explained that he was involved in a project to run an archive of historical interest about dentistry. Money had been left by John McLean on his death to set up this archive which was being undertaken in conjunction with the BDA. To date Andrew has interviewed John Bradley, Lawrence Oldham, Gordon Fordyce, Tony Markus and Russell Hopkins with a view to publishing the interviews in print and on electronic media. Some of the interviews were now available on LuLu.com and also available through Amazon. Andrew made an appeal for members to contact him with artefacts, which were of historical interest to the speciality of Oral and Maxillofacial Surgery.

Following lunch a joint presentation was made by Davy Sims and his wife Mrs Dawn Sims. Davy Sims is a DJ and radio producer who has worked on local radio and BBC Radio One and BBC Radio Four. He was head of New Media at BBC Northern Ireland until 2008 before he set up his own company. He is heavily involved in a project called WIMPS, which is an acronym for 'Where Is My Public Servant'. His talk presented to the audience a history of social media and its interface with professional life. Essentially social media is people talking to each other electronically. However this is a private voice, which becomes a public voice when it is put into the public domain. The two cannot really be separated and therefore professionally there are many potential pitfalls. He pointed out there are at least 400 social media platforms and patients will quite often Google surgeons before they visit them to find out more information about them.

His wife Dawn then took over the presentation and talked about how one should be cautious with facebook and how friends might even use your photos if you publish them in the electronic media form. It is important that you don't allow

any compromising photographs to be available. Dawn went on to explain the difference between open and closed groups. She explained that she used closed groups for support following a total knee replacement and for her problems with ankylosing spondylitis. Finally David Sims pointed out the web site called Doctoralia, which is very much like trip advisor, but a feedback site for patients to comment on their experiences with their doctors. It might be interesting for members to look themselves up on this website!

The next speaker was Steve White who is an Ocular Plastic Surgeon in Northern Ireland who does a joint clinic with Peter Ramsay Baggs and Mike Perry at the Ulster Hospital. He gave a talk about the interface between ocular plastics and maxillofacial surgeon in particular talking about DCR and enophthalmos. He also talked about orbital floor fractures and the emergency of a white eye in a child. He finally finished his talk by discussing the management of thyroid eye disease.

The final presentation of the day was from Dr Craig Ranfrew who is a Consultant Anaesthetist who works with Peter Ramsay Baggs. He was an ex director of medical education and his talk was entitled 'Spotting the Trainee in Difficulty'. He pointed out there was a 7% increase of direct referrals annually to the general medical council and there was an increase in referrals by medical directors to NCAS. After reporting doctors to NCAS there would be an expectation of at least 75% would be back in clinical practice within three months.

He then went on to outline the types of problems that trainees would encounter and some of the early warning signs that might predict serious problems in the future. It was important to recognise some of these signs because of course early action may resolve patient safety issues in the future. He pointed out that looking for poor clinical performance such as poor note keeping, failing to follow protocols, inappropriate investigations, failure to respond to urgent problems, problems with practical procedures were some of the signs of poor clinical performance. Often with practical procedures the trainee would try and avoid being present to undertake the procedures. He talked about the disappearing act. The trainee may arrive late and depart early frequently on sick leave, always somewhere else when something was happening and not responding to his/her bleep. He also talked about low work rates assessing patients and not treating the patients and always preparing for cases and not managing the cases and making decisions was difficult for them. There might be difficulties for the trainee to prioritise and with a poor tolerance to ambiguity. You may notice the so called by pass syndrome with the nurses going straight over the trainees head to a more senior colleague or other trainees trying to avoid duty with the particular trainee in difficulty. There may be signs of temper shouting, offence taking, irritable behaviour and being burnt out. There may be exaggerated CV's, competence or previous experience and downright dishonesty. There may be an insight failure and unaware that their behaviour is a problem and denial of any shortcomings with rejection of criticism with a counter challenge immediately if apparently criticised.

Dr Renfrew reported how important it is to meet with the trainee in private with phones turned off and a chaperone present and with good record keeping of all such meetings. At those meetings it is important that you agree not to tell others of the outcome of the meeting and also not to be complicit and you are

there to support the trainee not to be his best friend. Certainly it is very important that these discussions are not undertaken in an open environment.

Following the scientific meeting the members joined their partners for a black tie dinner on the top of the new Titanic Museum adjacent to the harbour side in Belfast.

An excellent dinner was had with extremely good catering and the evening was enjoyed by all.

The entertainment at the dinner was a surprise with local Belfast comedian Tim McGarry gave an excellent 15 minute stand up performance which brought lots of laughter from the floor.

Overall an excellent meeting was enjoyed by all and the members present thanked Peter Ramsay Baggs for putting on such an excellent day.