

Oral Surgery Club of Great Britain

Troon meeting

3rd November 2017

The Autumn Meeting of the OSCGB was held at the Piersland House Hotel in Troon under the presidency of Stuart Hislop. An interesting programme of talks was presented by members of the local medical establishment.

The development of shared airway techniques over the last 20 years was an account of the journey that our President and Dr Jane Chestnut, his consultant anaesthetic colleague, had travelled whilst treating head and neck cancer patients. Learning through experience, adopting airway management evolution and enhanced recovery and incorporating patient feedback had led to sustained team learning. Good communication had allowed a team of experts to evolve into an expert team.

Mr Craig McIlhenny, Consultant Urologist and Director of the Faculty of Surgical trainers at RCSEd, outlined **surgical training in the future**. He discussed the evolving appreciation of importance of non-technical skills accompanying the technical skills of a surgeon to improve patient safety. His presentation was liberally illustrated with amusing and revelatory illustrations and videos to underline vital points regarding situational awareness, decision-making, communication and leadership. He stressed the importance of a team having a shared mental model as they engage with their tasks.

An inspiring story was recounted by Dr Christine Goodall, Director of Medics Against Violence (MAV) and Senior Lecturer in Oral Surgery at Glasgow Dental School. Her presentation, **the impact of MAV in dealing with knife crime in the West of Scotland** described the role of the charity working with the Violence Reduction Unit to reduce violence and deaths in Glasgow gangs. 15 years ago young deprived men were attacking other young deprived men with knives, the violence being fuelled by affordable alcohol available to both perpetrators and victims. On the basis that prevention is better than cure, a prolonged education programme in schools by medics with different agencies addressing the background factors of abuse, neglect and chaotic households was now starting to have an effect in reducing knife crime, injuries and convictions. A hard core of persistent offenders was being picked up in A&E departments where they were reachable and teachable. Navigators liaised with appropriate agencies to connect, support and stabilize these offenders.

Dr Mark McColl, Consultant Haemato-oncologist, gave a beautifully illustrated talk on **photography** of arctic and sub-arctic landscapes. He highlighted the role of decent equipment and a good eye for composition and showed examples of day and night landscapes, often incorporating the aurora borealis. The importance of being in the right place at the right time was stressed, even if this meant getting up at 4.00am and venturing out in -20 degrees Celsius to get the shot.

Face transplant: What we have learned and where we go now was the subject of a presentation by Colin MacIvor, Consultant Maxillofacial/Head & Neck surgeon. He outlined the main issues in allotransplantation including emotion, small numbers, perceived need and donors. Transplant of large composite tissues was the aim including face, limbs, abdominal wall, trachea and tongue. The limitations of conventional

reconstruction for the total orbicularis oculi, total orbicularis oculi and face were described. Persisting problems of maintaining anonymity, new tumour formation due to immunosuppressants and rejection remain to be solved. Current work is focused on the British Cycling Teams model of marginal gains in many areas including surgical technique, perioperative care and psychology. Future potential includes the use of tissue engineering, to avoid the need for donors, and ECMO to keep donor material viable for up to 30 days.

Gerry Magerry, consultant ENT surgeon, spoke about '**a voyage with my endoscope**' as he traced the evolution of ENT management of midface and skull base problems. Key to this was an increased understanding of the patho-physiology of the para-nasal sinuses. Improvements in imaging, with CT scanning and navigation, and improvements in equipment with endoscopes and instrumentation were other vital elements in the story.

Surgery for head & neck cancer, is it necessary? was the question posed by Dr Allan James, Consultant Clinical Oncologist. He pointed out that as surgery was becoming less invasive, would it reach the point that it wasn't needed at all? He outlined the ways in which radiotherapy had become much more refined in delivering a therapeutic dose to tumours with increased sparing of the surrounding tissues. From fractionated doses and multiple beams and masks to shape the target, Intensity modulated radiotherapy, employing a linear accelerator with a multi-leaf collimator, and Volumetric Modulated Arc Therapy, where the linear accelerator rotates around the patient, have been evolving means of delivering more accurately shaped radiation with shorter treatment times and lower doses. Proton beam therapy, as it becomes available, may provide improved dose delivery and tissue sparing but requires work on costs, planning protocols and technical issues. Despite all of the various advances in surgery and radiotherapy the 5-year survival of head & neck cancers is still 50%. Perhaps immunotherapy may provide an alternative way forward, boosting the patients' ability to fight their own cancer and almost turning it into a chronic disease.

Having enjoyed a stimulating day of presentations and discussion, members met with partners and friends to visit the newly refurbished Dumphries House. The party had a guided tour of the Palladian Mansion and its unique collection of original furniture, with many pieces by Thomas Chippendale. The house and its contents were kept as a whole due to the intervention of the Great Steward of Scotland, Prince Charles. The Club dinner, enjoyed in these fine surroundings, rounded off a splendid meeting.

Jon Hayter

Honorary Secretary OSCGB