GAUVAIN SOCIETY

Queen Alexandra Hospital

Portsmouth

19th June 2026

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- Closed Loop Audit of the Adherence to BOAST Guidelines for the Management of Paediatric Supracondylar Fractures of the Humerus in HHFT.
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- The Southampton Hip Fracture Paradox
- Rotator Cuff Assessment Following Traumatic Anterior Shoulder Dislocation: A Closed Loop Audit
- The Introduction of Day 0 Post-Operative Proformas in Elective Trauma and Orthopaedic Surgical Patients at University Hospital Dorset
- Trauma theatre efficiency

Guest speakers

Major General (ret'd) Timothy Hodgetts
CB CBE KHS DL

Head of the Army Medical Services (2018-21)

Surgeon General of the UK Armed Forces (2021-24)

Chairman of the Committee of Chiefs of Military Medical Services in NATO (2021-24)

Presentation: UK Healthcare Resilience; Are We Ready for War?

Professor Alex Aarvold
BSc(Hons), MBChB, FRCSEd (Tr&Orth), MFSTEd, DM

Consultant Paediatric Orthopaedic Surgeon
University Hospital Southampton

Honorary Chair
University of Southampton

Wessex Orthopaedic Trainer of the Year 2017-18

Presentation: ABC Travelling Fellowship

Mr John Finnemore

Award winning comedy writer and comedian

Credits include Radio 4's Cabin Pressure, Souvenir Programme and Double Acts.

Currently writing The Traitors on Stage

After dinner speaker on HMS Warrior


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Program

Registration

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Introduction

09:00

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Salisbury

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09:32 **Factors Associated with Early Discharge Post-Arthroplasty in an Elective Hub**
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09:41 **University Hospitals Dorset GIRFT Outpatient Development Project**
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09:50 **Medial femoral head Guided growth Assessment in the UK (MEGA UK) for Paediatric Neuromuscular Hip displacement**
Laura Martou, Katie Hughes, Munzir Gaboura, Rohit Gangadharan, Simon Bennet, Darius Rad, Alex Aarvold and MEGA UK Collaborators
Southampton

09:59 **Delays to Operative Fixation in Orthopaedic Trauma: A Retrospective Audit of Time-to-Surgery and Compliance with BOAST Standards**
Melina Akhbari, Sarah Dalby, Bethan Hughes, Zeid Morcos, Daniel Marsland
Basingstoke

10:08 **Trochanteric Buttress Plate Augmentation of the Proximal Femoral Nail for Unstable Intertrochanteric Fractures: A Randomized Controlled Trial**
Mohamed Abdelaty Shalaby, Doaa Khafagy, Mohamed Hosny, Ahmed Eltantawy, Ali Omran
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Coffee and Trade Stands

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Basingstoke

10:59 **Radiographic Head - Trunnion Malalignment as a Marker of Gross Trunnion Failure in Total Hip Arthroplasty**
Gregory Neal-Smith, Ruaridh Collins, Edward Gardner, Professor Douglas Dunlop
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11:08 **Outcomes of Atypical Femoral Fractures: An Extended Retrospective Cohort Study from a UK Tertiary Centre (2012–2025)**
Simon Williams, Christopher Mitchell, Mark Baxter and Simon Tilley
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11:17 **Developing an ambulatory arthroplasty pathway at St Marys Hospital: Are outcomes comparable to longer admissions?**
Oliver Dean, A. Ismail, Jason Millington
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11:35 **Use of Cerament® V in Fracture-Related Infection and Bone Void Management: A Case Series of 88 Patients**
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11:44 **Arthroplasty training in Wessex – a quantitative analysis**
Oliver Townsend
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Guest speaker Alex Aarvold

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13:15 Post-operative Weightbearing Protocols Following Achilles Tendon Repair Using the PARS Technique: A Retrospective Review
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Chloe Paylor, Ahmed Mabrouk, Mike Risebury, Aadil Mumith, Sam Yasen
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13:25 Improving Consistency in Fracture Clinic Correspondence: An Audit of Documentation Quality at Dorset County Hospital
Hamed Gabr, Alexandra Smith, Rebecca Mills
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13:30 Comparable Patient-Reported Recovery, Laxity and Revision Outcomes After Mult Ligament Versus Isolated ACL Reconstruction
Andrew Coppola, Liam Kilbane, Matthew Randell, Chloe Paylor, Thomas Evans, Michael Risebury, Sam Yasen
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Dan Blyth, N Jaarah, Henry Colaco
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13:50 Restriction in practice for hallux valgus and hallux rigidus surgery: a national survey of members of the British Foot & Ankle Society.
Zeid Morcos, Cat Malik, Richard Dimock, Robin Elliot, Daniel Marsland
Basingstoke

13:55 The Southampton Hip Fracture Paradox
Lalasa Bommireddy, Emeka Nwadinigwe, Rory Ormiston, Charlotte Toogood, Mark Baxter, Simon Tilley
Southampton

14:00 Rotator Cuff Assessment Following Traumatic Anterior Shoulder Dislocation: A Closed Loop Audit
Hector Sinzinkayo, Derrick Ng, HS Iradukunda, RYT Tse, Sukh Gill
Portsmouth

14:05 The Introduction of Day 0 Post-Operative Proformas in Elective Trauma and Orthopaedic Surgical Patients at University Hospital Dorset
Esha Mohan, Marisa Hadjichristofis, Suraj Kohli, Mazin Elhendi, Henry Goodier, Paul Pavlou
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14:10 Trauma theatre efficiency
Louise McMenemy, Rhian Bevan, Charlotte Lewis
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Coffee and Trade Stands

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Session 4 Free Papers: Bell Session – Sam Hook and Rob Boyd

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15:00 **Comparative Outcomes of Anterolateral Ligament Reconstruction and Lemaire Tenodesis in Primary Isolated Anterior Cruciate Ligament Reconstruction**
Liam Kilbane, Andrew Coppola, Michael Risebury, Sam Yasen
Basingstoke

15:05 **Time to functional recovery following thumb base arthroplasty in under 70s**
Matt Flintoft-Burt, Darren Roberts
Portsmouth

15:10 **An Audit of Radiation Dosimetry amongst Orthopaedic Surgeons**
Neil Marshall, John Scadden
Isle of Wight

15:15 **Theatre Utilisation & Efficiency Analysis: Impact of a Dedicated Regional Anaesthesia Block Room**
Ahmed Khalaf, Omar Ashour, Julian Aquilina, Sarah Stapley
Portsmouth

15:20 **TightRope Fixation – Retrospective Review of SDH (Salisbury District Hospital) Outcomes**
S. Dasgupta, M. Prabhakar, S. Chakraborty
Salisbury

15:35 **Primary Closure of Open Fractures – A Single Centre Audit**
Lalasa Bommireddy, Shintaro Nischijo, Jo Round, Jessica Steele, Karizma Daswani
Southampton

15:40 **Using SPECT CT as a diagnostic tool for Basivertebral Nerve Ablation with Outcomes**
Sophie White, John O'Dowd, Richard Harker
Basingstoke

15:45 **Ankle Fracture Reduction Quality Improvement Project**
Tom Evans, L Avery, A Dix, V Kirupakaran, R Pollitt, R Dimock
Basingstoke

15:50 **BISCUIT-FC (Budgeting for Increased Surgeon Consumption to Ultimately Improve Timing in Fracture Clinic) Study**
Tom Moore, Jonathan Quayle
Salisbury

15:55 **Improved Outcomes After Revision Hip Surgery with the Introduction of a Multidisciplinary Team Meeting**
Tom Ranaboldo, Ben Barkham, Nelson Bua, Toby Briant-Evans, Geoff Stranks, Jamie Griffiths
Basingstoke

Guest speaker General Timothy Hodgetts CB CBE KHS DL

16:10-16:40 UK healthcare resilience; are we ready for war?

Trainer of the year

16:40-16:45

TPD Address and Prizes

16:45-17:00

Drinks reception: Top Deck on The Warrior, Historic Dockyards

19:00

Dinner: Gun Deck on The Warrior, Historic Dockyards

19:45

Session 1 Free papers:
Mr Conrad Lee and Miss Toni Ardolino

Know thy enemy; The microbiology of chronic osteomyelitis presenting to the Salisbury Orthoplastic limb reconstruction unit.

Authors: A Osborne, O Nasim, B Zakaria, R Boyd, A Crick, N Jacobs

Objectives: This study investigates the microbiology of chronic osteomyelitis presenting to our orthoplastic limb reconstruction unit in order to inform our clinical management strategies.

Methods: Retrospective study of chronic osteomyelitis cases treated by a single Orthoplastic Service in Salisbury, UK, over 10 years. Standard surgical sampling (deep samples only) was used in order to minimise cross contamination.

Results: 53 cases of chronic osteomyelitis treated in our unit were identified. *Staphylococcus aureus* was the most commonly identified organism (44%) amongst a wide array of organisms including: gram-negative bacilli, anaerobes, and coagulase-negative staphylococcus. Overall, 38% of cases were polymicrobial, with 21% being culture negative. Of all organisms, 24% were identified on enrichment cultures only. A total of 19 different antibiotics had been tested for sensitivities and resistances. Clindamycin (30) was the most frequently sensitive antibiotic, closely followed by Flucloxacillin (28) and Erythromycin (25). Amoxicillin (9) and Co-Amoxiclav (8) were the most frequently occurring resistances.

Conclusion:
This study demonstrates the wide range of causative organisms involved in chronic osteomyelitis in our unit, the role of deep sampling and routine enrichment cultures. In defining the microbiology for our patient population, we are in a stronger position for determining clinical pathways.

Mind the Gap: Biomechanical Predictors of Plate Failure in Periprosthetic Fracture Management

Author: Alex Thomas (ST7), J.Bacarese (Hip Fellow), B.Mullins (Hip Fellow), A.Ragab (Hip Fellow) K.Gallagher (Consultant)

Aims: Evaluate the relationship between construct configuration and patient factors with postoperative hardware failure in periprosthetic fractures (Unified Classification System types B-D) treated with proximal Non-Contact Bridging (NCB) plates.

Methods: Retrospective analysis of 250 patients with proximal NCB plate fixation, stratified by hardware failure (n=7) or intact hardware (n=243). Primary variables were working length and hardware configuration (plate length, screw number, cables). The working length was determined from full-length femur X-rays after calibration using the known plate length. Secondary variables included Age, NHFS, and ASA grade. Non-parametric tests were used due to cohort size disparity.

Results: Hardware failure occurred in 2.8% (7/250). Increased construct rigidity was significantly associated with plate fracture. The failure group had a significantly shorter mean working length (140.15 mm vs. 201.12 mm; p = 0.039) and a higher mean number of distal screws (4.33 vs. 3.43; p = 0.037).The analysis revealed no statistically significant differences across several variables: Age (p = 0.184), NHFS (p = 0.369), ASA grade (p = 0.780), plate length (p = 0.347), proximal screw number (p = 0.359), and cable number (p = 0.223). UCS Type, Sex, Side, pre-op mobility and fracture pattern also showed no statistically significant differences.

Conclusion: Construct rigidity is the primary predictor of hardware failure in proximal NCB periprosthetic plating. Reduced working length correlates with a higher plate fracture risk. Maximizing working span and optimizing distal screw density may reduce fatigue failure risk.

Can Machine Learning Predict Meaningful Patient-Reported Recovery After ACL Reconstruction?

Authors: Andrew Coppola, Michael Risebury, Sam Yasen, Liam Kilbane, Matthew Randell, Chloe Paylor, Thomas Evans
Hampshire Hospitals NHS Foundation Trust / Wessex

Background

Recovery after anterior cruciate ligament (ACL) reconstruction is variable, and not all patients achieve meaningful improvement in outcome measures. Preoperative prediction could support counselling, expectation-setting, risk stratification and follow-up planning.

Methods

A retrospective analysis of a prospectively maintained Hampshire Hospitals NHS Foundation Trust (HHFT) single-centre ACL reconstruction database was performed. The primary outcome was achievement of the minimal important change in total Knee Injury and Osteoarthritis Outcome Score (KOOS) at one and two years. Two modelling settings were evaluated: a preoperative model using information available before surgery, and a perioperative model incorporating operative details. Logistic regression, random forest, support vector machine, gradient boosting/XGBoost and neural-network models were compared. Performance was assessed on held-out test data using ROC-AUC, precision-recall AUC and calibration.

Results

Prediction was strongest for clinically meaningful one-year KOOS improvement. The best preoperative model achieved ROC-AUC 0.879 and precision-recall AUC 0.950. Adding operative information produced similar one-year performance (ROC-AUC 0.879; precision-recall AUC 0.953), suggesting that much of the predictive signal was already available preoperatively. Two-year prediction was more modest, with best ROC-AUC values of 0.750 for perioperative modelling and 0.741 for preoperative modelling. Models for graft failure and complications performed less well. We have also undertaken a UK National Ligament Registry machine-learning study, supporting the wider applicability of this approach.

Conclusion

Machine-learning models predicted clinically important one-year KOOS improvement after ACL reconstruction with good internal performance using HHFT data. These findings may support personalised counselling and rehabilitation planning, although external validation is required before clinical use.

Factors Associated with Early Discharge Post-Arthroplasty in an Elective Hub

Authors: Dr A. Alexandre, Dr J. Finnigan, Mr T. Ranaboldo, Mr S. Shetty

Introduction

Same-day (Day-0) discharge following hip and knee arthroplasty is increasingly encouraged to improve patient flow and reduce hospital bed utilisation. However, concerns remain regarding patient preferences and potential impact on outcomes. This study aims to identify factors associated with accelerated discharge and explore patient preferences.

Methods

A retrospective cohort study was conducted at the Hampshire Orthopaedic Centre, from September 2025. Variables included demographics, operative details, and patient-reported outcome measures via telephone. Operations were limited to hip and knee arthroplasties. Statistical analysis performed with Mann-Whitney U and Fisher's exact tests.

Results

Of the 50 patients who responded, 23 (46%) were discharged Day-0. Although 56% of patients preferred Day-0 discharge, only 54% received their preferred discharge date. Afternoon surgical start times was significantly associated with delayed discharge (p = 0.016). Patient-reported readiness at time of discharge strongly correlated with preference for Day-0 discharge ($p < 0.001$). Higher satisfaction (p = 0.016) and better pain control (p = 0.033) were also linked to Day-0 preference. Knee arthroplasty patients showed a trend towards preferring same-day discharge. However, notably 24% received no physiotherapy follow up. Patients cited worries about transport, potential complications, and pain control as primary reasons for delaying discharge.

Conclusion

There is a gap in patient preference versus actual discharge date. Surgical timing is the primary determinant of discharge timing, whilst patient preference is significantly influenced by pain control, satisfaction, and perceived readiness. Addressing gaps in list management, pre-operative assessment, and post-operative pain control may improve outcomes and uptake of same-day discharge.

University Hospitals Dorset GIRFT Outpatient Development Project

Authors: Henry Goodier, Kate Nicholls, Lauren Thornley, Robert Moverley

Introduction

This project contributes to a national initiative to improve outpatient efficiency and reduce waiting times, based on 2024 guidelines derived from the Blue Book (1998–2018). At University Hospitals Dorset (UHD), the current median waiting time is 18.8 weeks, with 8% of patients waiting over 48 weeks. The guidelines outline recommended numbers of appointments for decision-making and follow-up in uncomplicated cases across orthopaedic subspecialties. The project aims to increase the proportion of patients seen within 18 weeks from 50% to 72% for first outpatient appointments, and to 65% for treatment.

Methods

A retrospective review was conducted of procedures performed over a three-month period, at least one year prior. The number of appointments required for decision to treat, pre-operative management, and post-operative follow-up was recorded. Data were compared across subspecialties and by clinician grade responsible for treatment decisions or discharge.

Results

Compliance with GIRFT outpatient guidelines was variable. While awareness of the updated GIRFT guidance was limited, most teams were familiar with the earlier Blue Book standards. Overall, 70% of patients were suitable for guideline-based management. Adherence ranged from 20–100% for decision to treat, 36–74% pre-operatively, and 52–72% post-operatively. All subspecialties demonstrated areas of suboptimal compliance. Hospital coding was found to be unreliable, necessitating manual data validation.

Conclusion

Although much practice aligns with GIRFT guidance, significant variation remains. Greater use of these guidelines, alongside cost and waiting list data, could support service planning and improve outpatient efficiency. Despite a digital-first approach, UHD currently lacks automated systems to reliably analyse referral pathways.

Medial femoral head Guided growth Assessment in the UK (MEGA UK) for Paediatric Neuromuscular Hip displacement

Authors: Laura Martou, Katie Hughes, Munzir Gaboura, Rohit Gangadharan, Simon Bennet, Darius Rad, Alex Aarvold and MEGA UK Collaborators

Introduction
Medial femoral head guided growth is increasingly used to manage hip displacement in neuromuscular patients, as a minor procedure alternative to major hip reconstruction. Yet evidence remains limited and practice heterogeneous. The MEGA UK study aims to characterise current UK practice and explore treatment effect.

Methods
This national observational study collected patient demographics and radiographic outcomes. The primary outcome was change in Reimer's migration percentage (RMP), classified as improved (≥5% reduction), stable (±5%), or worsened (≥5% increase). Secondary outcomes included length of stay (LoS) and complications.

Results
There were 147 hips in 92 patients included from ten children's hospitals in the UK, between 2018-2024. Mean age at surgery was 6 years (range 2-11), with 84% GMFCS IV-V. At final follow-up, 73.5% of hips demonstrated improvement (n=53) or stability (n=55), while 26.5% (n=39) showed worsened hip migration. The technique was more likely to work with lower baseline RMP, but effectiveness was demonstrated across all severity. Median LoS was 1 day (range 0–7). The proximal femoral physis grew off the screw in 53 hips (32.5%) at a mean of 16 months (range 2–29).

Conclusion
This is the largest study to date on hip guided growth in neuromuscular patients. The technique appears to stabilise or reduce hip migration in most cases, including high-risk hips with severe migration - possibly mitigating the need for major high risk reconstructive surgery. Prospective randomised controlled trials are imperative to fully assess this emerging technique.

Delays to Operative Fixation in Orthopaedic Trauma: A Retrospective Audit of Time-to-Surgery and Compliance with BOAST Standards

Authors: Melina Akhbari, Sarah Dalby, Bethan Hughes, Zeid Morcos, Daniel Marsland

Introduction:
Timely fixation of orthopaedic injuries is essential to reduce morbidity and minimise complications. Delays are associated with prolonged hospital stay, increased cost and poorer recovery. The aim is to evaluate delays to operative fixation in orthopaedic trauma patients by analysing time intervals from injury and orthopaedic presentation to surgery, and assessing compliance with internal standards aligned to national guidance.

Methods:
A retrospective audit was conducted of patients listed for operative fixation on trauma theatre lists. Time intervals were analysed from date of injury to date of surgery (DOI) and from date of initial orthopaedic presentation to date of surgery (DOP). Benchmarks were derived from internal standards based on British Orthopaedic Association Standards for Trauma (BOAST) criteria. Compliance was assessed using a traffic-light classification system.

Results:
For neck of femur fracture (NOFs) (n=73), 79% were beyond fix-time when measured from DOI, reducing to 60% when measured from DOP. 32% were beyond fix-time by DOI, improving to 25% by DOP for upper limb injuries (n=85). 39% were beyond fix-time by DOI, compared to 35% by DOP for lower limb injuries (n=46).

Elapsed time decreased when considering DOP rather than DOI, suggesting modest improvement once under orthopaedic care. However, pre-hospital delays are not captured when using DOP alone, suggesting that clinical decision-making and theatre prioritisation should consider total delay from injury.

Conclusion:
Delays to fixation persist despite alignment with BOAST criteria. While introducing a CEPOD list represents a targeted service improvement, further evaluation is required. A re-audit will determine whether a shared CEPOD model provides sufficient improvement or whether implementation of a dedicated trauma orthopaedic theatre list would be more effective in achieving guideline compliance and reducing time to surgery.

Trochanteric Buttress Plate Augmentation of the Proximal Femoral Nail for Unstable Intertrochanteric Fractures: A Randomized Controlled Trial

Authors: Mohamed H. Abdelaty Shalaby • Doaa G. Khafagy • Mohamed M. Hosny • Ahmed E. Eltantawy • Ali M. Omran

Abstract:

Background: Unstable intertrochanteric (IT) fractures pose a significant challenge in orthopaedic surgery.

Objective: To investigate the effectiveness of combining a trochanteric buttress plate (TBP) with a proximal femoral nail (PFN) for managing unstable IT fractures.

Methods:

This randomized controlled open-label study was performed on 90 patients with recent unstable IT fractures (Evans types 1c, 1d, 1e, or 2). Patients were randomly divided into two groups: Group A was treated with standard PFN fixation. Group B was treated with PFN integrated with TBP augmentation. Assessments were conducted at two weeks and monthly for six months. Functional outcomes were assessed using the modified Harris Hip Score (mHHS).

Results:

Operative time and blood loss were significantly higher in Group B (PFN+TBP) than in Group A (standard PFN) ($P = 0.005$ and 0.006, respectively). Postoperative mHHS was significantly higher in Group B at all follow-up intervals from two weeks to six months ($P < 0.05$).

Conclusions:

The integration of the TBP with PFN for unstable IT fractures significantly improves functional outcomes without increasing major complications, despite a modest increase in operative time and blood loss.

Session 2 Free Papers:
Miss Sukh Gill and Mr Chris Mitchell

Scaphoid Non-union Surgical Outcomes

Authors: Mr Davoudi, Mr Nicholls

Introduction
Scaphoid non-union is a debilitating condition often leading to predictable patterns of carpal collapse and arthritis. Reported union rates following surgical intervention vary significantly, with some series suggesting rates as low as 67%. This study evaluates the surgical outcomes, union rates, and complication profiles of scaphoid non-union management within a single high-volume unit over a five-year period.

Methods
A retrospective review was conducted of all patients surgically treated for scaphoid non-union between September 2020 and August 2025. Exclusion criteria included age <16 years, perilunate dislocations, and synthetic bone graft use. Data points included demographics, fracture location, time to surgery, graft type, and complications. Union was defined by clinical assessment and radiographic evidence (plain film or CT).

Results
Thirty-three patients were included for analysis (30 male; median age 27). Fractures involved the waist (n=27) and proximal pole (n=6). Non-vascularised iliac crest bone graft was the primary technique used. Following index surgery, the union rate was 85% (28/33). Two of the five persistent non-unions achieved union after revision, resulting in an overall union rate of 91%. Complications included four cases requiring metalwork removal and one deep infection requiring surgical debridement.

Conclusion
Our results demonstrate that a standardised surgical approach to scaphoid non-union yields high union rates (85–91%) that exceed many historical benchmarks. These findings suggest that conventional bone grafting remains a highly effective "gold standard," providing predictable outcomes even in complex cases.

Radiographic Head - Trunnion Malalignment as a Marker of Gross Trunnion Failure in Total Hip Arthroplasty

Authors: Mr Gregory Neal-Smith, Mr Ruaridh Collins, Mr Edward Gardner, Professor Douglas Dunlop

Background:
Gross trunnion failure is a rare but significant complication following total hip arthroplasty. Severe asymmetric material loss of the trunnion has been described intra-operatively as a “bird-beak” appearance. We present a small case series where radiographs demonstrated loss of head–trunnion alignment, correlating with gross trunnion failure at revision.

Methods:
A retrospective review was performed of patients undergoing revision total hip arthroplasty for suspected trunnion-related failure at Southampton General Hospital. Pre-operative radiographs were reviewed for eccentricity or malalignment between the femoral head centre and the expected femoral neck - trunnion axis. Implant details, cross-sectional imaging, operative findings and revision strategy were recorded where available.

Results:
[X] patients were identified. In each case, radiographs demonstrated abnormal head–trunnion alignment. At revision this correlated with gross trunnion damage and asymmetric material loss, producing the characteristic intra-operative “bird-beak” appearance. Revision procedures included [Y].

Conclusion:
Loss of radiographic head–trunnion alignment may be a useful plain-film marker of advanced trunnion wear or impending gross trunnion failure. Recognition of this finding should prompt further investigation and careful revision planning. Further study is required to assess its diagnostic accuracy and reproducibility.

Outcomes of Atypical Femoral Fractures: An Extended Retrospective Cohort Study from a UK Tertiary Centre (2012–2025)

Authors: Mr Simon Williams, Mr Christopher Mitchell, Dr Mark Baxter and Mr Simon Tilley

Background:
Atypical femoral fractures (AFFs) are rare insufficiency fractures associated with prolonged bisphosphonate use and are characterised by delayed healing and high re-operation rates. Previous single-centre work suggested that cold (slow) drilling across the fracture site during cephalomedullary nailing may accelerate radiographic union. This study presents an expanded re-assessment using a substantially larger cohort to validate earlier findings and explore additional predictors of outcome.

Methods:
A retrospective cohort study was conducted at a UK tertiary centre, identifying 75 patients with AFFs managed between 2012 and 2025, defined according to American Society for Bone and Mineral Research criteria. Data collected included patient demographics, fracture characteristics, treatment factors (including cold drilling and teriparatide use), and outcomes. The primary outcome was time to radiographic union. Secondary outcomes included non-union, re-operation, and functional status where available. Interim descriptive and comparative analyses were undertaken, with multivariable and survival analyses planned.

Results:
The cohort consisted predominantly of older female patients with long-term bisphosphonate exposure. Cephalomedullary nailing remained the principal fixation method. Preliminary analysis demonstrates union times comparable to or shorter than those reported in the literature. Patients treated with cold drilling showed consistently shorter median times to radiographic union compared with those without, replicating the pattern observed in the original series. Re-operation rates were low, and no increase in complications related to cold drilling was observed. Final adjusted analyses are ongoing.

Conclusions:
In this expanded cohort, interim findings support the reproducibility of earlier results and suggest a potential biological benefit of cold drilling in AFF management. Completion of adjusted analyses and incorporation of functional outcomes will further clarify its role within a standardised treatment strategy.

Developing an ambulatory arthroplasty pathway at St Marys Hospital: Are outcomes comparable to longer admissions?

Authors: Mr. O. Dean, Dr. A. Ismail, Mr. J. Millington

Introduction:
There has been a drive for ambulatory arthroplasty (0-night or 1-night stay) nationally[1]. At St Mary's Hospital, two consultants have been performing a pilot study of ambulatory arthroplasty. This audit compares the outcomes for ambulatory and non-ambulatory cases along with looking at the effects on other non-ambulatory lists.

Methods:
All primary lower limb arthroplasty cases between 2nd February 2025 – 3rd October 2025 were analysed for length of stay, re-admission to hospital and post-operative complications.

Results:
380 cases were included (185 total hip replacements, 175 total knee replacements and 20 uni-compartmental knee replacements). 184 followed ambulatory principles (48.42%), 7 day-cases and 177 1-night stays. Median length of stay was 2 days (Mean 2.38 days for THR, 2.38 days for TKR and 1.95 days for UKR). 12 ambulatory patients (6.22%) were re-admitted compared to 11 non-ambulatory patients (5.61%) (P 0.71, CI -0.0389, 0.0571). 44 ambulatory patients (23.91%) attended ED post operatively with complications compared to 42 non-ambulatory patients (21.43%) (P 0.59, CI -0.059, 0.109). In both groups, the most frequent complications were wound problems and limb swelling.

Conclusion:
There were similar outcomes, in terms of re-admission and complications, between ambulatory and non-ambulatory patients, supporting that ambulatory should be the default. Despite few patients being pre-labelled ambulatory or on pilot lists, the existence of this pathway appeared to positively affect all consultants' practice and reduced average length of stay. The next steps are to identify barriers to ambulatory arthroplasty to increase the proportion of patients going home day-0 or day-1.

References:
1. Orthopaedic Elective Surgery Guide to delivering perioperative ambulatory care for patients with hip and knee pain requiring joint replacement surgery [Internet]. 2023. Available from: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/07/Ambulatory-Hip-and-Knee-Replacement-Guide-March-2023-FINAL-V1-1.pdf

Compliance with the Getting it Right First Time (GIRFT) guidance for emergency referrals in suspected Cauda Equina Syndrome: A retrospective cohort study

Authors: Myat San, Sanah Singh, Max Sullivan, Alex Thomas, Senthil Muthian

Introduction

Cauda Equina Syndrome (CES) is a rare spinal emergency that, if not treated promptly, can cause severe neurological, bowel, bladder, and sexual dysfunction. Getting It Right First Time (GIRFT) provides national guidance to improve early recognition and streamline referrals, reducing delays in care. Awareness and adherence to this guidance vary across NHS trusts. This study evaluates compliance with GIRFT recommendations, focusing on documentation standards and MRI utilisation in emergency referrals for suspected CES.

Method

A retrospective audit reviewed emergency inpatient referrals for suspected CES from 1st September to 1st December 2025 at a district general hospital. Two independent assessors analysed electronic records for compliance with GIRFT documentation standards. Findings are due to be presented at a Trauma and Orthopaedic clinical governance meeting, with implementation of a GIRFT checklist proforma underway. A re-audit is scheduled for post-intervention, with statistical analysis to be performed using Excel and R software.

Results

153 patients were included; 69% were female, median age 53. Documentation of date, time, location, and symptom duration exceeded 97%. However, documentation of full neurological examination and red flag symptoms (urinary, bowel, sexual dysfunction) varied (4–80%). Only 12% of cases were confirmed as CES on MRI. Median time from request to MRI was 80 minutes, meeting the GIRFT 4-hour target.

Conclusion

This study demonstrated inadequate documentation of CES red flag symptoms. A standardised pathway incorporating mandatory proformas, alongside targeted clinician education, is expected to improve compliance and documentation quality. A re-audit will be undertaken following this intervention to assess its effectiveness.

Use of Cerament® V in Fracture-Related Infection and Bone Void Management: A Case Series of 88 Patients

Authors: Nasim, Omer, Miss J Round, Mr. E Gardner

Introduction
Fracture-related infection (FRI) and bone defects remain significant challenges in orthopaedic surgery, often requiring combined surgical and antimicrobial strategies. Local antibiotic delivery systems such as Cerament® V (vancomycin-loaded calcium sulphate/hydroxyapatite) offer the dual advantage of infection control and bone void filling. This study evaluates the outcomes of using Cerament® V exclusively for infection management and defect reconstruction in a single-centre cohort.

Methods
A retrospective review was conducted of 88 consecutive patients treated with Cerament® V for fracture-related infection and/or bone void filling. All patients underwent surgical debridement with application of Cerament® V as a local antibiotic carrier and void filler. Data collected included patient demographics, infection characteristics, need for further surgery, recurrence of infection, and clinical outcomes. Follow-up duration and complication rates were analysed.

Results
A total of 88 cases were included, encompassing a range of fracture-related infections and post-debridement bone defects. The majority of patients demonstrated satisfactory infection control with no requirement for prolonged systemic antibiotic therapy or repeat surgical intervention. A subset of patients required additional procedures due to persistent infection or complications. Overall, the use of Cerament® V was associated with favourable outcomes in infection eradication and defect management, with acceptable complication rates.

Conclusion
Cerament® V appears to be an effective adjunct in the management of fracture-related infection and bone voids, providing local antibiotic delivery and structural support. Its use may reduce the need for repeated interventions and prolonged systemic therapy. Further prospective studies are required to validate these findings and establish standardised treatment protocols.

Arthroplasty training in Wessex – a quantitative analysis

Author: Oliver Townsend

Introduction

Trainees nationally struggle to achieve indicative arthroplasty numbers, causing trainee anxiety and non-standard ARCP outcomes. National work has looked at independent sector access to address low opportunities, but data has not been scrutinised locally to evaluate the opportunities already available but not taken.

Methods

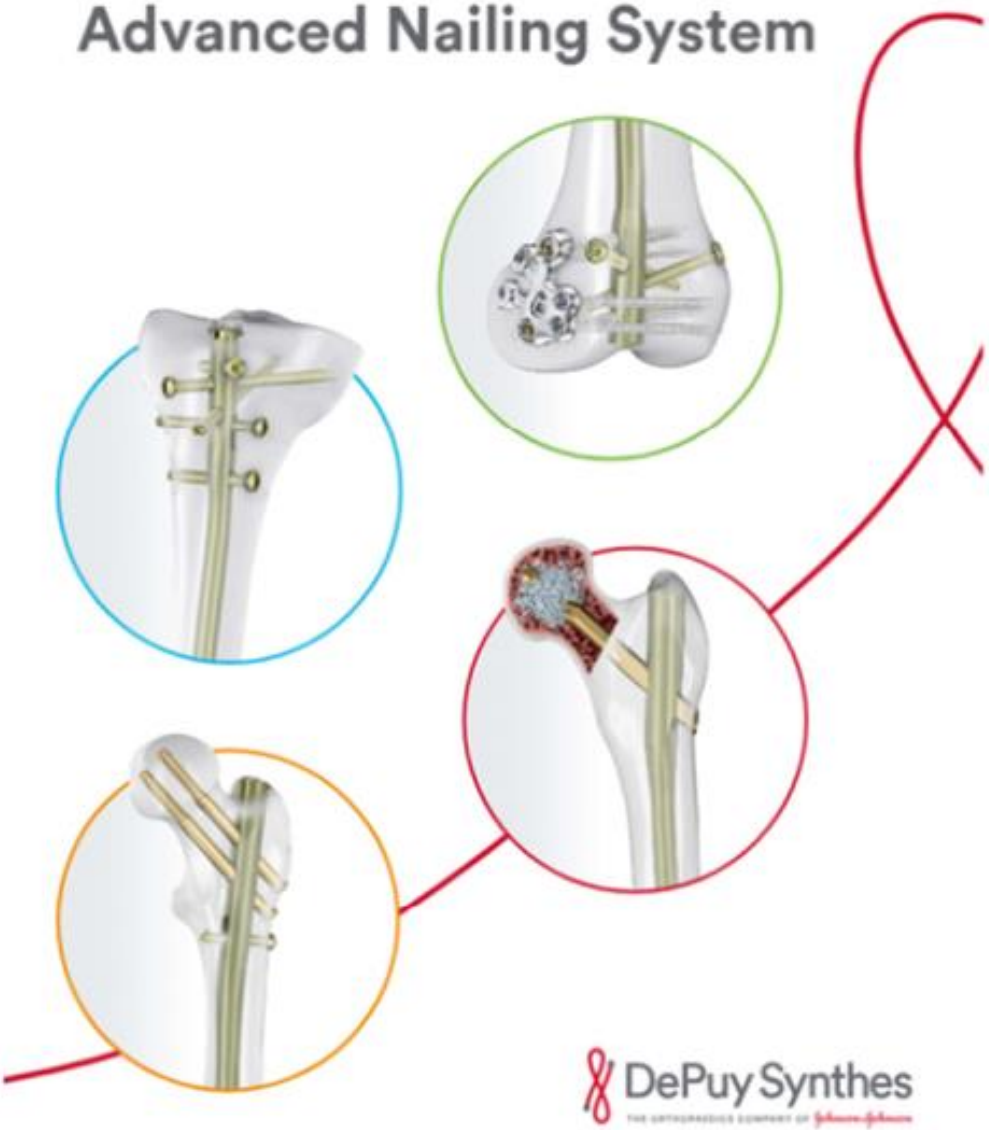
A 6-question Google Form survey was circulated via WhatsApp to trainees in the region. Data gathered was anonymised, with grade, interest in arthroplasty, number of months arthroplasty placement, total arthroplasty number, 1st surgeon and assisting numbers collected. ST3s were assumed to have 0.5 years of training undertaken, ST4s 1.5 years etc. Data were analysed for simple statistics in Excel.

Results

17 trainees responded, representing all grades. 10 trainees were interested in a career in arthroplasty, 6 not interested and one not sure. Trainees were accessing a mean of 12.85 opportunities per month of arthroplasty rotation, and performing 4.18 of these cases as first surgeon (mean weekly 1st surgeon joints of 0.96 (2 d.p.); average of 32.5% of available arthroplasty cases being performed by the trainee). This would require 18.4 months of arthroplasty placements per trainee on average over their training to achieve 80 joints by CCT (25% of all placements).

Discussion

Early results suggest there is potentially room for improving training by increasing the trainee 1st surgeon proportion of cases performed to reduce the time needed in arthroplasty rotations to achieve indicative numbers. Whilst this analysis does not account for the nature of the cases, there should be scope to maximise the opportunities available before looking elsewhere.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Session 3 Free Papers - Bell Session 1:
Cdr Tim Coltman and Miss Charline Roslee

Post-operative Weightbearing Protocols Following Achilles Tendon Repair Using the PARS Technique: A Retrospective Review

Authors: Mr A Ahmed, Mr R Dimock, Mr D Marsland, Mr B Elliot

Introduction:
Post operative weightbearing protocols after surgically managed Achilles tendon ruptures vary across centres. Traditionally, a period of non-weightbearing (NWB) is advised to reduce the risk of re-rupture; however, recent evidence suggests early functional rehabilitation may be safe and beneficial (Suchak et al., 2008).

Methods:
We conducted a retrospective review of patients who underwent Achilles tendon repair using the PARS (Percutaneous Achilles Repair System) technique for acute ruptures between 01/06/2018 and 01/01/2025 at a single centre. All procedures were performed by one of two Foot and Ankle trained consultants. Two distinct post-operative protocols were used during the study period. The earlier protocol advised two weeks of NWB in a backslab. The updated protocol advised full weightbearing (FWB) in a functional walking boot locked in 30° equinus from the immediate post-operative period. Patient demographics, surgical outcomes, and complications were reviewed.

Results:
A total of 51 patients were included. Of these, 29 followed the FWB protocol and 22 followed the NWB protocol. No Achilles tendon re-ruptures were observed in either group during the follow-up period. Fisher's Exact Test was used to compare re-rupture rates between groups and showed no statistically significant difference ($p > 0.99$). There were no statistically significant differences in other post-operative complications between the two groups.

Conclusion:
This retrospective review suggests that immediate post-operative full weightbearing in a Vacoped boot locked in equinus is a safe alternative to a period of non-weightbearing following PARS repair of acute Achilles tendon ruptures.

Implications:
These findings support the trend towards early mobilisation and functional rehabilitation, potentially improving patient outcomes and reducing healthcare burdens.

Medial opening wedge high tibial osteotomy yields comparable outcome across all Kellgren–Lawrence osteoarthritis grades

Authors: Ahmed Mabrouk, Chloe Paylor, Mike Risebury, Aadil Mumith, Sam Yasen

Background
Medial opening wedge high tibial osteotomy (MOWHTO) is an effective procedure for managing isolated medial compartment osteo- arthritis (OA) with varus malalignment. This study investigates the effect of radiographic OA severity on the clinical outcomes and survivorship of MOWHTO.

Methods
A retrospective analysis of a prospectively maintained single- centre database of knee osteotomies, between 2002 and 2022, was conducted. Patients were stratified into four groups according to the radiographic OA severity of the medial com- partment based on the Kellgren Lawrence (KL) grading system. The delta values between preoperative and 2 and 5-year postoperative PROMs scores were calculated and compared with their reported minimal clinically important difference (MCID) scores. Deformity analysis was undertaken preoperatively and postoperatively. The rate of conversion to arthroplasty, and 5- and 10-year survivorship were recorded, as well as the hazard ratio (HR) of OA KL grade on survivorship.

Results
A total of 605 cases were included and grouped according to their KL grade. A more varus TFA was noted in patients with more advanced OA grades. Similarly, there was a lower Mikulicz percentage in higher KL grades. Clinically, there were significant improvements across all PROMs and achievement of MCID in all groups. No significant difference in survival outcomes was observed between the four OA KL grade groups ($p = 0.8$).

Conclusion
MOWHTO was associated with durable survivorship and excellent patient-reported outcomes across the spectrum of radiographic OA severity. Symptomatic patients with early-stage OA (Kellgren–Lawrence Grade 1) should be counselled on the potential for more limited functional gains following the procedure.

Improving Consistency in Fracture Clinic Correspondence: An Audit of Documentation Quality at Dorset County Hospital

Authors: Alexandra Smith, Hamed Gabr, Rebecca Mills

Background

Fracture clinic letters are a key component of clinical communication, carrying medico-legal significance, informing ongoing care across primary and secondary interfaces and despite their importance, there is no nationally mandated standard exists for their content. At Dorset County Hospital (DCH), fracture clinic letters are generated across a multidisciplinary team including consultants, registrars, and advanced clinical practitioners. This variability in authorship raises the potential for inconsistency in the documentation of key clinical information. This audit aimed to evaluate inter-clinician variability in fracture clinic letter documentation with the focus on inclusion and structure of essential data items.

Methods

A retrospective audit of fracture clinic letters generated at DCH over a one-week period was performed (n = 100). Letters were assessed against a standardised set of 10 data items across two key domains.

Firstly, we evaluated whether core clinical information — including diagnosis, date of injury, mechanism of injury, date of surgery, and management plan — was presented within a clearly defined header or bullet-pointed summary at the beginning of the letter.

Secondly, we assessed the inclusion of additional clinical details within the main body of the letter. These included documentation of clinical examination findings, weight-bearing status (where applicable), VTE prophylaxis, and commentary on imaging. We also assessed for any discrepancies between information presented in the header and the main body of the letter.

Inclusion rates for each data item were calculated and compared across the cohort to assess overall completeness and interpersonal consistency.

Results

A total of 100 fracture clinic letters were analysed, comprising 25 new and 75 follow-up consultations.

Inclusion of core clinical information within a structured header was variable. Diagnosis was documented in 96% of letters, and a management plan in 78%. However, documentation of injury-specific details was less consistent, with date of injury recorded in 49.4% (40/81) and mechanism of injury in only 16.7% (13/78) of applicable cases. Date of surgery was included in 75.0% (24/32) of relevant letters.

Within the main body of the letter, where applicable, clinical examination findings were documented in 76.6% (72/94) of cases, and imaging was commented on in 74.1% (63/85). Weight-bearing status was not applicable in 55 patients (upper limb, spine, vague pain…). It was documented describing the patient's current status during visit in 12 patients. Instructions on weight bearing were given to 10 patients but not in standard BOA format. Around 23 patients didn't have a documentation of weight bearing status. VTE prophylaxis was poorly documented, recorded in only 5.9% (2/34) of applicable cases.

No discrepancies were identified between header and body content across the cohort.

Overall, there was marked variability in the inclusion of key data items, particularly for injury mechanism, weight-bearing status, and VTE prophylaxis, highlighting inconsistency in documentation practices between clinicians.

Conclusion

This audit demonstrates significant inter-clinician variability in the documentation of fracture clinic letters at DCH, particularly in relation to injury mechanism, weight-bearing status, and VTE prophylaxis. While key elements such as diagnosis and management plan were frequently included, other clinically important details were inconsistently documented, and standardised formats (e.g. BOA terminology for weight-bearing status) were not reliably used. The absence of a standardised structure likely contributes to this variability. Introducing a unified template with a defined header and agreed core data items may improve completeness, consistency, and clarity of communication. This has the potential to enhance patient safety, support continuity of care, and strengthen medico-legal robustness.

Greater Early Patient-Reported Outcome Improvement but Higher Revision Risk After Paediatric ACL Reconstruction Compared With Adults

Authors: Andrew Coppola, Liam Kilbane, Matthew Randell, Chloe Paylor, Thomas Evans, Michael Risebury, Sam Yasen

Background:
Paediatric anterior cruciate ligament (ACL) reconstruction is clinically challenging because young patients often have high activity demands and may be at greater risk of subsequent surgery.
Methods:
A retrospective analysis of a prospectively maintained single-centre ACL database was performed. ACL reconstructions were grouped by age at surgery: <18 years or ≥18 years. Revision ACL reconstruction and ACL repair were excluded. Outcomes included change in KOOS, Lysholm and Tegner scores, KT1000 side-to-side difference, complications, failure/re-rupture and later revision. Propensity-score weighting was selected as the primary method to account for measured baseline differences between age groups.

Results:
The cohort included 1321 ACL reconstructions: 183 paediatric and 1138 adult cases. Paediatric patients had higher unadjusted failure/re-rupture (7.7% vs 4.3%) and later revision rates (8.2% vs 4.3%). After propensity weighting, adults had significantly lower later revision risk than paediatric patients (-5.5 percentage points, 95% CI -10.6 to -0.4; p=0.042), while failure/re-rupture showed a similar but non-significant trend (-4.8 percentage points, 95% CI -9.7 to +0.2; p=0.068). Adults had lower 1-year KOOS improvement (-6.23 points; p=0.017), Lysholm improvement (-7.50; p=0.009) and Tegner improvement (-1.98; p<0.001).

Conclusion:
Paediatric ACL reconstruction patients demonstrated greater early patient-reported improvement but a higher later revision burden than adults. Failure/re-rupture showed a similar direction of effect but did not reach statistical significance.

Closed Loop Audit of the Adherence to BOAST Guidelines for the Management of Paediatric Supracondylar Fractures of the Humerus in HHFT.

Authors: Blyth, D, Jaarah, N, Colaco, H

Introduction
Supracondylar fractures account for 60% of elbow fractures in paediatrics with an incidence of 180 per 100,000. These are common injuries with potential complications which can be significant if not managed optimally. The BOA BOASt guidelines were updated in October 2020 and these provide a well-recognised benchmark for injury management.

Method
We utilised hospital electronic trauma lists, EPR systems and the PACS to identify all patients, with an operatively managed supracondylar fracture within HHFT. One year of retrospective data was analysed. The initial audit captured data from December 2021 to December 2022. The second cycle gathered patients from December 2023 to December 2024. Details of their management was reviewed and adherence to the BOASt guideline was measured.

Results
Each of the 12 guidelines put forward by BOASt were investigated. Documentation at initial presentation on nerve function improved from 50% to 70% with radial pulse documentation dropping to 64% (100%). Documentation of the neurovascular status pre-operatively in the operation note had improved to 21%. Average time to operative fixation from assessment had improved by 37 minutes. 94% were managed utilising crossed K wires compared to 96% previously. Documentation noting how the ulna nerve was avoided had improved to 100% (81%). Documentation of intraoperative stability had decreased to 27% (63%).

Conclusion
Most concerning was poor documentation of neurovascular status at initial management and within the operation note. Documented post-operative reviews only occurred for less than half these patients revealing a clear area for improvement. Overall, adherence was satisfactory but it is a theme of documentation which must be addressed to ensure optimal care of this population and to avoid missed complications.

Restriction in practice for hallux valgus and hallux rigidus surgery: a national survey of members of the British Foot & Ankle Society.

Authors: Cat Malik, Zeid Morcos, Richard Dimock, Robin Elliot, Daniel Marsland

Introduction
Historically, hallux valgus (HV) surgery has been classified as a Procedure of Limited Clinical Value (PLCV) by the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB), with funding granted when patients met predefined criteria. Since September 2025, funding policy has changed from “prior approval” to “not normally funded,” with hallux rigidus (HR) surgery newly included. Approval for HV and HR surgery now requires patients to be deemed “exceptional,” necessitating submission of an individual funding request (IFR) reviewed by a panel. This study aimed to evaluate the extent of restriction to HV and HR surgery across the United Kingdom and assess the wider implications.

Methods
An online survey of foot and ankle surgeons was conducted through the British Orthopaedic Foot and Ankle Society (BOFAS). The survey was distributed via email and WhatsApp, with responses collected using Microsoft Teams Forms.

Results
Sixty surgeons from 13 regions responded. Overall, 35% (21/60) required some form of authorisation prior to HV surgery; of these, 41% (9/21) required an IFR, representing 15% (9/60) of all respondents. For HR surgery, 26% (16/60) required authorisation and 10% (6/60) required an IFR. IFR restrictions were predominantly reported by HIOW surgeons. Reports from London and the South West were not supported by publicly available ICB policies, which continued to allow criteria-based access. Notably, 89% of surgeons were unaware of how to challenge PLCV policies.

Conclusion
These findings highlight concerns regarding healthcare rationing, transparency, and regional inequity in access to surgery. The HIOW ICB policy differs from other UK regions and appears inconsistent with NHS constitutional principles and NICE guidance. Further national-level review may be required to support equitable, evidence-based patient care.

The Southampton Hip Fracture Paradox

Authors: Miss Lalasa Bommireddy, Dr Emeka Nwakinigwe, Mr Roy Ormiston, Mrs Charlotte Toogood, Dr Mark Baxter, Mr Simon Tilley

Background
Hip fractures carry significant morbidity and mortality. The Best Practice Tariff (BPT) and National Hip Fracture Database (NHFD) contain benchmarks to assess compliance with patient care standards. Despite falling short of BPT in several domains, our major trauma centre consistently reports 30-day mortality rates well below the national average (2.8% vs 6%). This suggests adherence to BPT may not directly correlate with improved survival outcomes. Our study aims to evaluate accuracy of our locally submitted data in the lead up to an artificial intelligence (AI) driven study on factors influencing mortality.

Methods
We retrospectively analysed data from Southampton General Hospital. Using our local NHFD data collection spreadsheet, we randomly identified 30 patients from 2635 between 2023-2025. We compared the data to patient records and checked for accuracy across fields included in NHFD and BPT.

Results
Of 30 patients sampled, average age was 85 years. We accurately recorded no deaths within 30 days and that preoperative medical assessment occurred in 93% of cases. Mobilization the day after surgery occurred in 57% compared to the 61% recorded. There were 13.3% cases (n=4) with additional pressure areas and 1 patient had further reoperation within 30 days(3.3%).

Conclusion
Overall, our local NHFD data has been accurate. Where there is discrepancy, it suggests that our compliance is lower than recorded. Despite this, our mortality rates are one of the lowest nationally. The next phase of our study is to use AI to extract and analyze large volume data to identify significant factors influencing mortality rate

Rotator Cuff Assessment Following Traumatic Anterior Shoulder Dislocation: A Closed Loop Audit

Authors: DZH Ng, HS Iradukunda, RYT Tse, SK Gill

Introduction

Traumatic anterior shoulder dislocation is a common presentation, with approximately 40% of patients aged 40-60 sustaining clinically relevant rotator cuff tears. BESS/BOA and NICE guidelines emphasise early imaging (ultrasound or MRI) for patients over 40 to assess cuff integrity, as early surgical repair improves outcomes. This closed-loop audit evaluates clinical compliance with these standards following the implementation of a new trauma coordination platform (Pathpoint eTrauma) and targeted awareness initiatives.

Methods

Retrospective data collection was performed over two six-month periods: a baseline cycle (01/04/23–30/09/23) and a post-intervention re-audit cycle (01/09/25–28/02/26). Consecutive patients aged ≥40 with a first-time traumatic anterior shoulder dislocation were included. Patients with associated fractures, posterior dislocations, or recurrent dislocations were excluded.

Results

The re-audit identified 18 patients (mean age 68), compared to 29 at baseline. Referral rates to face-to-face fracture clinics improved from 79% to 88%. Among patients attending clinic, documented cuff examination increased from 74% to 83%. Rotator cuff weakness was identified in 60% of those examined during the re-audit. While overall ultrasound imaging rates remained stable (33% vs 31% of total cohort), the median time to imaging improved from 39 to 31 days. Confirmed tears were found in 60% of imaged patients, and median time to surgery decreased from 128 to 112 days.

Conclusion

Compliance with BESS/BOA and NICE guidelines has improved through better trauma coordination and increased clinician awareness. Routine face-to-face follow-up and cuff examination remain vital for the early detection and timely surgical repair of cuff tears in patients over 40.

The Introduction of Day 0 Post-Operative Proformas in Elective Trauma and Orthopaedic Surgical Patients at University Hospital Dorset

Authors: Esha Mohan, Marisa Hadjichristofis, Suraj Kohli, Mazin Elhendi, Henry Goodier, Paul Pavlou

Introduction

Variability in Day 0 Post-Operative reviews of elective Trauma and Orthopaedic surgical patients at University Hospital Dorset previously led to documentation and prescription errors and missed investigations.

This Quality Improvement Project aimed to implement a standardised Day 0 Post-Operative proforma to ensure consistently safe and high-quality patient care.

Methods

Baseline Day 0 Post-Operative review data for 40 elective orthopaedic patients was collected between September and October 2025. The following parameters were assessed: clinical examination, neurovascular and wound assessment, venous thromboembolism prophylaxis (VTE), antibiotics, imaging, and National Early Warning Sign (NEWS) score.

A single A4 sized Day 0 Post-Operative proforma with prompts, including a checklist with the specific parameters, was implemented. Retrospective analysis of Day 0 Post-Operative documentation for 38 patients between February and March 2026 was conducted to evaluate the impact of the proforma.

Results

Proforma use compliance reached 74%. Significant improvements in documentation were observed across several key parameters: clinical examination (56% to 100%), wound assessment (73% to 100%), medication review (59% to 100%), antibiotics prescribed (44% to 100%), and neurovascular assessment (83% to 100%).

The average time for post-operative low molecular weight heparin in both cycles was 6 hours. While documentation of NEWS scores and imaging did not improve, both remained above 80% compliant.

Conclusion

Implementing a standardised proforma effectively eliminated variability in Day 0 Post-Operative reviews. To increase compliance with proforma use, departmental teaching to increase awareness and conversion into an electronic form to increase accessibility could be considered in future cycles.

Trauma theatre efficiency

Authors: L McMenemy, R Bevan, C Lewis

The burden of orthopaedic trauma requiring surgery is increasing in the UK. The capacity for trauma operating does not meet the requirement and consequentially elective surgery must be cancelled to accommodate trauma operating.

The aim of this study is to assess the trauma operating burden at Queen Alexandra Hospital against trauma theatre capacity.

Data from the theatre management system (Opera) was analysed from 1st January 2025 – 31st December 2025 looking at trauma operations completed, theatre send time, anaesthetic time, and operating time. This was compared against the trauma burden derived from the oncall management system (E-Trauma).

In 2025, 2,748 trauma operations were required. On average trauma one undertook 4.1 operations per day and trauma two, 3.4 operations per day, giving a capacity of 2,240 cases. The average send time was 08:38 and median knife to skin time 10:03. There was very little variability by day of the week. The median amount of time it took to get a patient to the theatre complex after send was 39 minutes.

Delays in trauma theatres are multifactorial and therefore can be difficult to improve. There is a gap between the current capacity and burden which needs to be closed to prevent elective cancellations. Reducing unused time at the start of the day could allow for an extra case per trauma theatre per day, increasing capacity by 625 cases. Additionally, knowledge of the length of time to get patients into the theatre complex will allow surgeons to plan appropriately for when to send.

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Session 4 Free Papers – Bell Session 2:
Miss Sam Hook and Mr Rob Boyd

Comparative Outcomes of Anterolateral Ligament Reconstruction and Lemaire Tenodesis in Primary Isolated Anterior Cruciate Ligament Reconstruction

Authors: Liam Kilbane, Andrew Coppola, Michael Risebury, Sam Yasen

Background
Lateral extra-articular procedures are used alongside anterior cruciate ligament (ACL) reconstruction in patients considered at higher risk of residual rotational instability or graft failure, but comparative outcome data for anterolateral ligament (ALL) reconstruction and Lemaire tenodesis remain limited.

Methods
A retrospective analysis of a prospectively maintained single-centre ACL database was performed. Primary isolated ACL reconstructions treated with lateral extra-articular augmentation were included and grouped by technique: ALL reconstruction or Lemaire tenodesis. Revision ACL reconstruction, ACL repair and multiligament reconstruction were excluded. Primary outcomes were change in Knee injury and Osteoarthritis Outcome Score (KOOS) total score from baseline to 1 and 2 years. Secondary outcomes included Lysholm, Tegner, KT1000 side-to-side difference, complications, failure/re-rupture and later revision. Adjusted regression controlled for age, sex, graft size and meniscus procedure load; event models also included follow-up duration.

Results
The cohort included 126 operations: 82 ALL reconstructions and 44 Lemaire tenodeses. Median follow-up was 10 years 8 months. Lemaire tenodesis was associated with significantly greater adjusted KOOS improvement at 1 year (+8.67 points, 95% CI +0.81 to +16.53; p=0.031) and 2 years (+9.82 points, 95% CI +0.59 to +19.05; p=0.037). Complications were numerically more frequent after ALL reconstruction (14.6% vs 6.8%), but this was not statistically significant. There were no significant adjusted differences in Lysholm, Tegner, KT1000 side-to-side laxity, failure/re-rupture or later revision.

Conclusion
In primary isolated ACL reconstruction requiring lateral augmentation, Lemaire tenodesis was associated with greater KOOS improvement than ALL reconstruction at 1 and 2 years, without increased complications, failure/re-rupture or revision.

Time to functional recovery following thumb base arthroplasty in under 70s

Authors: Matt Flintoft-Burt, Darren Roberts

Background
Thumb base osteoarthritis is a common cause of pain and functional impairment. First carpometacarpal joint (CMCJ) arthroplasty aims to reduce pain, increase motion and improve function. This study evaluates postoperative outcomes and time to functional recovery using grip strength and Quick-DASH scores.

Methods
All patients undergoing isolated first CMCJ replacement by the senior surgeon between June 2023 and April 2026 were prospectively identified. Pre-operative power grip, thumb pinch grip, and Quick-DASH scores were recorded bilaterally. Outcomes were reassessed at 3 and 12 months post-operatively. Complications were recorded. Paired t-tests were used for statistical analysis.

Results
Seventy-one joints were replaced. Mean age was 57 years (range 38–69), with 58% left-sided procedures; 9 patients underwent bilateral surgery. Power grip improved by 64% at 3 months ($p<0.001$), with a further 5% improvement at 12 months ($p=0.152$). Pinch grip improved by 70% at 3 months ($p<0.001$), with a further 2% gain at 12 months ($p=0.22$). Quick-DASH scores improved from 63 pre-operatively to 19 at 3 months ($p<0.001$), further improving to 10 at 12 months ($p=0.30$). Operative-side thumb pinch deficit reduced from 36% pre-operatively to 0.7% at 3 months ($p<0.001$). Complications were low (2.8%); one patient developed a neuroma and one required exploration for symptomatic soft tissue impingement following a fall.

Conclusions
Thumb base joint replacement results in significant early improvements in grip strength and function, effectively restoring strength symmetry by 3 months. Functional outcomes continue to improve up to 1 year to the level of the normal age-matched population.

An Audit of Radiation Dosimetry amongst Orthopaedic Surgeons

Authors: N Marshall, J Scadden

Introduction

Radiation exposure amongst Orthopaedic surgeons remains a controversial topic, with both understanding and adherence to national guidance varying significantly[1]. Radiation use in theatre should adhere to the ALARA principles of: As Low As Reasonably Achievable[2]. The annual exposure limits are set by the International Commission on Radiological Protection(ICRP), who have set annual limits at 20mSv[3].

Methods

We reviewed 2 years of Dosimetry badge data covering January 2023 to December 2024. The data covered Consultants, Staff Grades, Anaesthetics, and Physiotherapists carrying out injection lists. Data was grouped by quarter, and subdivided into deep dose equivalent(DDE), shallow dose equivalent(SDE) which related to skin exposure, and lens dose equivalent(LDE) relating to eye exposure. Collected data was processed and cleaned to account for poor compliance with dosimetry badges. Average exposure was then calculated by quarter for the respective participants.

Results

Radiation exposure varied between the respective groups, with Staff Grades receiving the highest exposure rates however this was not statistically significant.

A significant proportion of data points were absent due to poor compliance with radiation dosimetry badges.

Conclusion

Our data aligns with nationally expected findings of higher radiation doses amongst non - consultant surgeons, however all exposure doses were significantly below the exposure limits set by the ICRP.

The significant gaps in data further support the ongoing need for frequent re-education of surgeons at all levels to ensure compliance with IRMER regulations.

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Theatre Utilisation & Efficiency Analysis

Impact of a Dedicated Regional Anaesthesia Block Room

T&O Hand Surgery · Queen Alexandra Hospital

Authors: Omar Ashour, Julian Aquilina, Ahmed Khalaf, Miss Sarah Stapley

Background:
Dedicated regional anaesthesia block rooms allow parallel induction alongside ongoing surgery, reducing inter-case downtime. We introduced a dedicated block room for hand surgery at Queen Alexandra Hospital and evaluated its impact on theatre efficiency.

Methods:
A retrospective analysis of Centricity Opera theatre records was conducted over four months (December 2025 - April 2026). D Level (D05, n=163 cases, 27 lists, with anaesthetic room) was compared against E Level theatres (n=224 cases, 55 lists, without). Outcomes included cases per list, inter-case turnover time, anaesthetic time, theatre utilisation, and anaesthesia type distribution. Lists were classified as full-day (≥5 hrs) or half-day (<5 hrs). Analysis used independent t-tests, Mann-Whitney U tests, one-way ANOVA, and chi-square tests.

Results:
D Level achieved significantly higher throughput (6.04 ± 1.76 vs 4.07 ± 1.73 cases/list, $p < 0.001$). On full-day lists alone, D Level achieved 6.29 vs 4.69 cases/list (ANOVA $F=17.91$, $p < 0.001$, Cohen's $d=1.05$). Median inter-case turnover was 13 minutes shorter on D Level (24 vs 37 min, $p < 0.001$), equating to 65-78 minutes saved per list. Anaesthetic time was comparable between theatres ($p = 0.43$), confirming the benefit operates through parallelisation. On E Level, Regional Block cases incurred a mean turnover of 45.0 min vs 27.1 min for LA ($p < 0.001$); on D Level, no such difference existed ($p = 0.225$).

Conclusions:
The dedicated block room was associated with a 34-48% increase in cases per list and a 13-minute reduction in inter-case turnover, with the block room equalising turnover across all anaesthesia types. These findings support expansion of block room infrastructure to all theatres.

TightRope Fixation – Retrospective Review of SDH (Salisbury District Hospital) Outcomes

Authors: S Dasgupta, M Prabhakar, S Chakraborty,

Topic:
Foot and Ankle - Trauma

Introduction:
This study evaluates clinical and radiological outcomes, including weight-bearing status, following tightrope fixation for ankle syndesmotic injuries.

Methods:
A retrospective observational study was conducted between January 2018 and October 2021 including 35 patients who underwent tightrope fixation for distal tibiofibular syndesmotic injury. Outcomes assessed included injury type, pre- and post-operative medial clear space and tibiofibular clear space, number and position of tightropes used, time to weight-bearing, complications, and need for revision surgery.

Results:
One patient had an isolated syndesmotic injury, while 34 had associated ankle fractures; three were open fractures. Medial clear space improved from 7 mm pre-operatively to 3 mm post-fixation. Tibiofibular clear space improved from 7 mm to 5 mm. Twenty-six patients had a single tightrope, and nine required two devices, typically in isolated syndesmotic, Weber C, or Maisonneuve injuries. The mean placement height was 21.9 mm from the joint line.
Mean time to full weight-bearing was 5 weeks (range 2–8 weeks). Mean follow-up was 11.6 weeks (range 6–46 weeks). Complications included infection, saphenous nerve entrapment, and syndesmotic diastasis (n=5). One patient required revision surgery.

Conclusions:
Accurate reduction and appropriate tightrope positioning are essential for satisfactory outcomes. Weight-bearing should be individualised. Overall complication and failure rates were low.

Primary Closure of Open Fractures – A Single Centre Audit

Authors: Lalasa Bommireddy, Shintaro Nischijo, Miss Jo Round, Jessica Steele, Krizma Daswani

Introduction
Open fractures are complex injuries requiring careful surgical management. The BOAST/BAPRAS guidelines recommend standards for documentation, timing of debridement, and joint orthoplastic consultant presence at initial debridement. Primary closure at the time of initial debridement has been proposed as a safe strategy, though evidence remains limited. This audit evaluates the safety and outcomes of primary closure in open fractures at a single centre.

Methods
A retrospective audit was conducted of all open fractures managed at SGH between April 2021 and December 2024. Cases where initial debridement occurred outside SGH were excluded. All 167 patients included underwent primary closure. Data collected included patient demographics, fracture pattern, mechanism of injury, number of debridements, use of incisional VAC, and complications.

Results
167 patients were included (94 male, 73 female; median age 56). The most common fracture patterns were tibio-fibular (62) and foot & ankle (50). Mechanisms of injury included falls under 2 metres (41.3%), RTAs (38.3%), and other (12.6%). Orthoplastic consultant presence was achieved in 38% of cases. Incisional VAC was used in 108 patients. Major complications were low: deep infection 3.7%, malunion and nonunion each 1.85%, amputation 0.62%. The Kaplan-Meier survival curve demonstrated an overall survival probability of approximately 88% at 1750 days.

Conclusion
Primary closure of open fractures appears safe with low complication rates. Future work will define the complete cohort to compare outcomes between primary closure and alternative wound management strategies, and functional outcomes will be assessed through direct patient follow-up.

Using SPECT CT as a diagnostic tool for Basivertebral Nerve Ablation with Outcomes

Authors: Sophie White, JK O'Dowd, RJ Harker

Introduction:
Chronic low back pain is a global problem, with vertebrogenic back pain being one of the causes. Vertebral end plate nociception is generated by the basivertebral nerve, which becomes painful during inflammatory or degenerative changes to the end plate.
SPECT CT scans can be used to demonstrate high uptake at end plates and therefore a target for basivertebral nerve ablation.

Method:
All patients who were thought to have vertebrogenic back who were being worked up for a basivertebral nerve ablation in Hampshire Hospital Foundation Trust (HHFT) also underwent a diagnostic SPECT CT as well as an MRI scan pre-operatively.

Results:
In total there were 24 patients who had vertebrogenic pain who were identified in HHFT who had high uptake on a SPECT CT and had other causes of back pain ruled out. All patients had Modic type 1 or Modic type 2 changes on MRI scan and subsequently underwent a basivertebral nerve ablation. The average VAS score for patients who underwent the procedure has decreased.

Conclusion:
SPECT CT is another form of imaging modality which can be used to diagnose vertebrogenic back pain prior to basivertebral nerve ablation.

Ankle Fracture Reduction Quality Improvement Project

Authors: T Evans, L Avery, A Dix, V Kirupakaran, R Pollitt, R Dimock

Background & Objectives

Ankle fractures are among the most common orthopaedic injuries and carry significant morbidity if not appropriately managed. The aim of treatment is to restore and maintain stability and alignment of the ankle mortise, optimising functional recovery and reducing the risk of post-traumatic arthritis. This quality improvement project (QIP) assessed the standard of ankle fracture reductions within the trust, evaluated compliance with BOAST guidelines and sought to identify patterns of injury, surgical approach and complications.

Methods

All operatively managed ankle fractures between April and October 2025 were reviewed (n=78). Of these, 46 required reduction in the Emergency Department (ED). Data was collected on reduction success rates, number of attempts, operator grade, time to reduction, ED length of stay and patient destination on discharge from ED.

Results

Of the 46 patients requiring reduction, 29 (63%) were successfully reduced prior to leaving the ED, while 17 (37%) left without adequate reduction. First-attempt success rate was 51% overall (ED: 52%, T&O: 41%). Second-attempt success rate was 55% overall, with a striking disparity between ED (0%) and T&O (86%). Successful first-attempt reduction was associated with significantly shorter ED stays (mean 5h 42m vs 7h 47m) and reduced time to confirmed radiological reduction (164 vs 284 minutes from first X-ray).

Conclusions

A third of patients are leaving the ED without adequate ankle reduction and T&O involvement substantially improves second-attempt success rates. These findings highlight the need for educational interventions to improve reduction technique, earlier senior T&O involvement where appropriate and clearer reduction protocols to improve patient outcomes and ED efficiency.

BISCUIT-FC (Budgeting for Increased Surgeon Consumption to Ultimately Improve Timing in Fracture Clinic) Study

Authors: Tom Moore, Jonathan Quayle

Introduction

Biscuits are frequently consumed by orthopaedic surgeons during fracture clinics, however little data exists on the impact of this consumption on clinic productivity. We conducted a single centre, case controlled pilot study to assess whether the provision of biscuits in clinic has a significant impact on the speed of seeing patients.

Methods

Over a period of two weeks at Salisbury District Hospital, fracture clinics were either run with no access to biscuits or free access to packets of standardised biscuits (McVitie's Digestives). Data were collected during each week, and for each clinic, on number of biscuits consumed along with the time taken to assess each patient (measured as the total time taken from the surgeon entering the clinic room to when they communicate the plan to the healthcare assistant running the clinic). This was used to create a 'biscuit index' (number of biscuits eaten divided by number of patients seen).

Results

Overall, provision of biscuits had a slight negative effect on the average time taken to assess each patient, but this was not statistically significant. However, sub-group analysis revealed that some surgeons are more biscuit sensitive than others, with significant inter-surgeon variation in whether biscuit consumption increased or decreased productivity. A biscuit index of 0.3 seemed to be the 'sweet spot', with increased or decreased consumption per patient around this figure resulting in decreased productivity.

Conclusion

Within this pilot study, biscuit consumption had a neutral effect on productivity within the fracture clinic. However, further studies are required to assess whether different biscuits have more significant effects and to determine the 'sweet spot' for the biscuit index.

Improved Outcomes After Revision Hip Surgery with the Introduction of a Multidisciplinary Team Meeting

Authors: Tom Ranaboldo, Ben Barkham, Nelson Bua, Toby Briant-Evans, Geoff Stranks, Jamie Griffiths

Background:
Revision total hip arthroplasty (rTHA) is associated with higher complication and re-revision rates than with primary procedures. In the UK regional revision network and multi-disciplinary teams (MDT) have been introduced to improve outcomes through the concentration of skill and expertise.

Aim:
Our aim was to evaluate the outcomes of rTHA following the introduction of the MDT within multi surgeon single centre model

Methods:
A retrospective review was conducted of all rTHA's at Hampshire Hospitals Foundation Trust (HHFT) from 2016 onwards, following the implementation of the MDT. Data was collected from the electronic patient records and imaging. Indications, complications, infection, outcomes and re-revision rates were verified. Further data on patient demographics, morbidity and mortality was also. Planned second stage procedures and non-revision procedures (Aspirations, wound washouts and DAIR's) were excluded.

Results:
A total of 562 rTHA were performed in 500 patients over a nine year period. Most 332 (59%) were female with a mean age of 75 and median ASA of 3. 22 (4%) patients had re-revision procedures, this is significantly lower volume than the reported NJR rates of 5.74% at one year and 15.36% at ten years. The most common indication of re-revision was infection, with clearance rates of 93%. Mortality across the whole data set was 18%, this did not change in the re-revision group.

Conclusion:
The introduction of the MDT at HHFT was associated with lowered re-revision rates and better outcomes including clearance of infection. These findings compare favourably with national data.

Evening schedule on HMS Warrior, Historic Dockyards

Dress Code: Black Tie

Photo ID required to gain access

1900 Arrival of Guests for drinks on Top Deck

Royal Navy Collingwood Band

1930 Corps of Drums with call for dinner.

Salute taken by Surg Cdr Tim Coltman, Royal Navy

1945 Dinner on Gun Deck

2100 Toast and Sea Shanties

2105 Mr John Finnemore - after dinner speaker

2130 DJ and Disco Entertainment

2300 Bar Close

2315 End of Evening

2330 Carriages

KLS martin GROUP

LINOS
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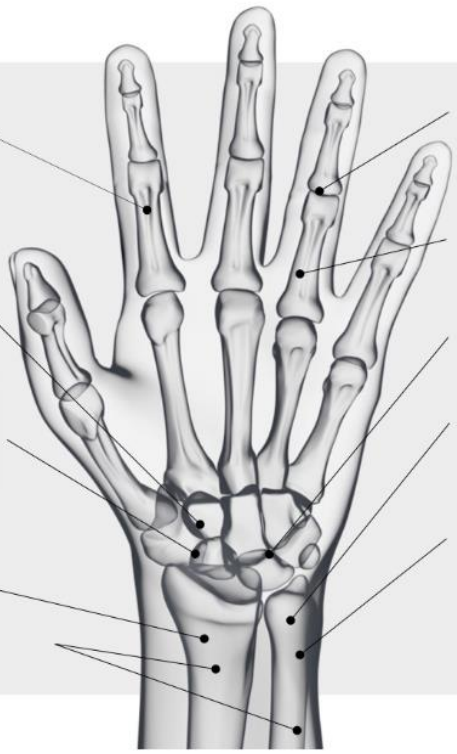
HBS2
For the treatment of fractures and non-unions in small bones

IXOS
For the treatment of distal radius fractures

IPS®
Radius Reconstruction

Forearm Reconstruction



CapFlex PIP
Surface replacement for the reconstruction of the PIP joint

GENOS
For internal distraction of metacarpal bones

Flower Plate
For partial mediocarpal arthrodesis

UHP
For treating disorders of the radioulnar joint

RECOS
For ulna shortening and radius correction osteotomies