RCSI

MILLIN MEETING 2024

Friday 8 November

CPD ACCREDITATION
6 CPD POINTS

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MILLIN MEETING 2024

RCSI MILLIN MEETING PROGRAMME AT AGLANCE

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FRIDAY 8 NOVEMBER 2024

07.30	**REGISTRATION**	Front Hall, York Street
07.45 – 08.45	**FELLOWS AND MEMBERS NETWORKING BREAKFAST** Hosted by the RCSI President and Council College Hall *kindly sponsored by Fáilte Ireland* Fáilte Ireland	
09.00	**MILLIN MEETING 2024 WELCOME ADDRESS** Professor Deborah McNamara, President, RCSI	
09.05	**KEYNOTE LECTURE** **ACHIEVING EXCELLENCE IN SURGICAL AND ACADEMIC RESEARCH & TRAINING** Dr Ayesha Noorani MB BChir, MA(Cantab), PhD, FRCS. CRUK Clinician Scientist and Honorary Consultant Upper Gastrointestinal Surgeon, Wellcome Sanger Institute and Addenbrooke's Hospital, Cambridge University Hospital NHS Trust, Cambridge, UK	
09.35	**SYMPOSIUM I** **RCSI NATIONAL SURGICAL RESEARCH SUPPORT CENTRE (NSRSC) SURGICAL RESEARCH SYMPOSIUM**	
09.35	**SESSION I** NSRSC Surgical Trial Updates RCSI National Surgical Research Competition Presentations	
11.00	**REFRESHMENTS & EXHIBITION** including poster viewing | Exam Hall	
11.30	**SESSION II** How Patient Involvement Improves Surgical Research	
12.30	**LAUNCH OF THE RCSI EARLY CAREER SURGICAL NETWORK**	
12.45	**LUNCH & EXHIBITION** including poster viewing | Exam Hall	
13.45	**KEYNOTE LECTURE** **PATIENT AND COMMUNITY ENGAGEMENT - SHOULD WE USE IN ALL RESEARCH TYPES?** Dr Ori D. Rotstein, MD, FRCSC, FACS Vice President, Research and Innovation, Unity Health Toronto Professor and Associate Chair of Surgery, University of Toronto	
14.15	**ORAL AND POSTER AWARD PRESENTATION**	
14.25	**LAUNCH OF AN ELEARNING MODULE FOR THE MANAGEMENT OF A NECK HAEMATOMA FOLLOWING THYROID SURGERY ON THE WARD SETTING**	
14.30	**SYMPOSIUM II** **FACULTY OF SURGICAL TRAINERS SYMPOSIUM**	
14.30	**SUPPORTING EXCELLENCE IN SURGICAL TRAINING**	
15.30	**KEYNOTE LECTURE** **SUPPORTING HIGH PERFORMANCE TEAMS AND INDIVIDUALS** Mr Enda McNulty Former All Star Gaelic Games Athlete and Founder & CEO of McNulty Performance	
17.00	**47th MILLIN LECTURE** College Hall followed by a reception Atrium	

RCSI MILLIN MEETING PRESIDENT'S WELCOME

Dear colleagues and guests,

The Millin Meeting is a special event on the RCSI calendar, held in the memory of Irish urologist Terence J. Millin (1903 – 1980). As well as being a Past-President of RCSI, Millin was a pioneer in prostate surgery publishing an original description of the Millin prostatectomy in The Lancet. In his honour, our annual RCSI Millin Meeting celebrates the role of surgical research and innovation in improving patient care and outcomes, with a special focus on supporting the development of the next generation of surgeons.

The 2024 Millin Meeting opens with a keynote address from distinguished surgeon scientist, Dr Ayesha Noorani. This is followed by a superb programme from the RCSI National Surgical Research Support Centre. From its foundation in 2021 under the leadership of Prof Stewart Walsh and Dr Anne-Marie Byrne, the NSRSC has developed a surgical research ecosystem to support clinical trials in surgery. As well as an update on new NSRSC-supported clinical trials, we will hear from five young researchers competing for the **RCSI National Surgical Research Medal**.

Later in the morning, we will focus on how engaging patients and the wider public can improve the quality and impact of surgical research, with a focus on practical guidance and best practice. Our research programme finishes with a keynote lecture from accomplished Toronto-based academic surgeon Dr Ori Rotstein filled with insights from his long career.

A highlight of the meeting is the launch of our **RCSI Early Career Surgical Network**. The training and support of surgeons is central to our mission at RCSI, a responsibility that doesn't end upon completion of higher surgical training. Starting a consultant career can be a daunting. The RCSI Early Career Surgical Network will create a peer network of early career surgeons to share successes and challenges, and to help us target additional supports at this vital career stage.

Our afternoon session, led by the Chair of the **Faculty of Surgical Trainers** Professor Carmel Malone, will explore the challenges for trainers in modern practice and we are delighted to welcome Professor Anthony O'Regan, the Director of NDTP, to RCSI for the first time in his new role. The session will also include an important contribution by Professor Kilian Walsh, RCSI Council Member on the second victim in clinical incidents and how this impacts training, and we will have a contribution from Dr Czara Kennedy to hear the trainee perspective. Following updates for surgical trainers, the afternoon will end with insights on achieving excellence, from Armagh All-Star Enda McNulty.

As ever, the Millin Meeting finishes with a celebration of excellence in Irish surgical research- the annual **Millin Lecture**. This prestigious lectureship, now in its 47th year, is entitled 'Future-Proofing Surgical Training - A Template for New Technologies' and will be delivered by Ms Christina Fleming, Consultant General and Colorectal Surgeon in University of Limerick Hospital Group.

May I take this opportunity to thank you for joining us for the 2024 Millin Meeting. It is a privilege to welcome you to RCSI. I would also like to express my gratitude to our RCSI Council and staff for their enthusiastic support and to the Millin organising committee who work throughout the year to develop and deliver today's events.

I hope you will enjoy the programme and especially this opportunity to reconnect with colleagues. I look forward to meeting you.

Deborah McNamara

Professor Deborah McNamara
President, RCSI

RCSI MILLIN MEETING PROGRAMME

FRIDAY 8 NOVEMBER 2024

07.30 – 09.00 **REGISTRATION**
Front Hall, 123 St Stephen's Green (York Street entrance)

07.45 – 08.45 **FELLOWS AND MEMBERS NETWORKING BREAKFAST**
Hosted by the RCSI President and Council
College Hall

kindly sponsored by Fáilte Ireland

09.00 – 09.05 **WELCOME ADDRESS**
Professor Deborah McNamara
President, RCSI
O'Flanagan LT

09.05 – 09.35 **KEYNOTE SPEAKER**

ACHIEVING EXCELLENCE IN SURGICAL AND ACADEMIC RESEARCH & TRAINING
Dr Ayesha Noorani
MB BChir, MA(Cantab), PhD, FRCS.
CRUK Clinician Scientist and Honorary Consultant Upper Gastrointestinal Surgeon, Wellcome Sanger Institute and Addenbrooke's Hospital, Cambridge University Hospital NHS Trust, Cambridge, UK

INTRODUCED BY:
Professor Stewart Walsh
Clinical Lead National Surgical Research Support Centre and Professor of Vascular Surgery at Galway University

SYMPOSIUM I

RCSI NATIONAL SURGICAL RESEARCH SUPPORT CENTRE (NSRSC)

SESSION ORGANISERS:
Dr Anne-Marie Byrne
Operations Director, National Surgical Research Support Centre

Professor Stewart Walsh
Clinical Lead National Surgical Research Support Centre and Professor of Vascular Surgery at Galway University

09.35 – 11.00 **SESSION I: NSRSC SURGICAL TRIAL UPDATES AND RCSI NATIONAL SURGICAL RESEARCH COMPETITION**

CO-CHAIR:
Professor Ronan Cahill
RCSI Council Member; General/Colorectal Surgeon, Mater Misericordiae University Hospital, Dublin; Professor of Surgery at University College Dublin

CO-CHAIR:
Professor Michael Kerin
RCSI Vice President; Consultant General and Breast Surgeon, Galway University Hospital

09.35 – 10.00 **PART I: NSRSC SURGICAL TRIAL UPDATES**
The NSRSC will provide an update on the studies they are supporting and highlight challenges and potential solutions for conducting surgical trials in Ireland.

Dr Anne-Marie Byrne
Operations Director, National Surgical Research Support Centre

RCSI MILLIN MEETING PROGRAMME

10.00 – 11.00	**PART II: RCSI NATIONAL SURGICAL RESEARCH COMPETITION PRESENTATIONS** The winner of the best overall presentation in this session will receive the RCSI NATIONAL SURGICAL RESEARCH MEDAL JUDGE: **Dr Ayesha Noorani**, MB BChir, MA(Cantab), PhD, FRCS. CRUK Clinician Scientist and Honorary Consultant Upper Gastrointestinal Surgeon, Wellcome Sanger Institute and Addenbrooke's Hospital, Cambridge University Hospital NHS Trust, Cambridge, UK. JUDGE: **Dr Ori D. Rotstein**, MD, FRCSC, FACS Vice President, Research and Innovation, Unity Health Toronto Professor and Associate Chair of Surgery, University of Toronto
10.00 – 10.10	**THE MISHAP TRIAL: MANAGING INJURIES - A STUDY OF HAND APPEARANCE AND PSYCHOSOCIAL DYSFUNCTION** **Marinescu I [1], Phoenix E [2,3], Geary E [2,3], McLaughlin D [4], Morrison C [2], Dolan R [2,3]** School of Medicine, University College Dublin, Dublin, Ireland [1] Department of Plastic and Reconstructive Surgery, St. Vincent's University Hospital, Dublin, Ireland [2] Royal College of Surgeons in Ireland, Dublin, Ireland [3] School of Psychology, University College Dublin, Dublin, Ireland [4]
10.10 – 10.20	**EARLY URETEROSCOPY AND LASER LITHOTRIPSY IN THE MANAGEMENT OF OBSTRUCTING UROLITHIASIS WITH ASSOCIATED UROSEPSIS – A PROSPECTIVE MULTI-INSTITUTIONAL STUDY** **James Connor [1], John O'Kelly [2], Steven Anderson [1], Ailish Naughton [2], David Galvin [2], Kieran Breen [2], Diarmaid Moran [2], Mark Quinlan [1], Barry McGuire 2, Niall Davis[1,3]** Department of Transplant, Urology and Nephrology, Beaumont Hospital, Dublin, Ireland [1] Department of Urology, St Vincent's University Hospital, Dublin, Ireland [2] Department of Surgery, Royal College of Surgeons in Ireland, Dublin, Ireland [3]
10.20 – 10.30	**INTRATUMOURAL VARIABILITY OF FLUORESCENT SIGNALS MAY ACCURATELY CLASSIFY RECTAL NEOPLASIA** **Patrick A. Boland[*1], Ashokkumar Singaravelu [1], Philip D. McEntee[1], Alice Moynihan[1], Ronan A. Cahill[1,2]** UCD Centre for Precision Surgery, Dublin, Ireland [1] Mater Misericordiae University Hospital, Dublin, Ireland [2]
10.30 – 10.40	**PERI-OPERATIVE THROMBOPROPHYLAXIS IN PATIENTS UNDERGOING BARIATRIC SURGERY: A PROSPECTIVE PILOT STUDY TO EVALUATE ANTI-XA LEVELS USING OUR CURRENT DOSING REGIMEN OF ENOXAPARIN** **Czara Kennedy [1,2], Therese McCarthy [1], Odhrán Ryan [1], Donal O'Shea [2], Karen Murphy [3], Waqas Butt [1], Naomi Fearon [1], Helen Heneghan [1,2]** National Bariatric Centre, St Vincent's University Hospital, Dublin [1] National Surgical Research Support Centre, Royal College of Surgeons, Dublin [2] Department of Endocrinology, St Vincent's University Hospital, Dublin [3] Department of Haematology, St Vincent's University Hospital, Dublin [4]

RCSI MILLIN MEETING PROGRAMME

10.40 – 10.50	**INTERPRETATION OF INDOCYANINE GREEN FLUORESCENCE ANGIOGRAPHY FOR PARATHYROID GLAND EVALUATION: A SIMPLE MACHINE LEARNING METHOD** **Philip D McEntee [1,2*], Joseph E Greevy [1], Frédéric Triponez [3], Marco S Demarchi [3], Ronan A Cahill [1,2]** UCD Centre for Precision Surgery, UCD, Ireland [1] Department of Surgery, Mater Misericordiae University Hospital, Dublin, Ireland [2] Department of Thoracic and Endocrine Surgery and Faculty of Medicine, University Hospitals of Geneva, Geneva, Switzerland [3]
10.50 – 11.00	Close of session
11.00 – 11.30	**REFRESHMENTS & EXHIBITION** including poster viewing POSTER JUDGE: Professor David Healy RCSI Council Member; Consultant Cardiothoracic and Transplant Surgeon, St Vincent's University Hospital and Mater Misericordiae University Hospital, Dublin POSTER JUDGE: Professor Micheal O'Riordain RCSI Council Member; Consultant General and Colorectal Surgeon, Chair of Division of Surgery Mercy University Hospital, Cork
11.30 – 12.30	**SESSION II: HOW PATIENT INVOLVEMENT IMPROVES SURGICAL RESEARCH** CO-CHAIR Dr Anne-Marie Byrne Operations Director, National Surgical Research Support Centre CO-CHAIR Professor Paul Ridgway RCSI Council Member; Consultant General Surgeon, Tallaght University Hospital and St Vincent's University Hospital
11.30 – 11.45	HOW CAN PPI BE EMBEDDED IN SURGICAL RESEARCH Professor Michelle Flood Associate Professor, School of Pharmacy, RCSI University of Medicine and Health Sciences and RCSI PPI Ignite Network Lead
11.45 – 12.00	ESTABLISHING PPI IN A CLINICAL TRIAL NETWORK Emer Mulvaney Cancer Trials Ireland PPI Co-ordinator
12.00 – 12.15	PATIENT INVOLVEMENT IN SPINAL CORD SURGICAL RESEARCH EXPERIENCES FROM BOTH SIDES Professor John Quinlan RCSI Council Member, Consultant Trauma and Orthopaedic Surgeon, Tallaght University Hospital, Dublin Mr Ciarán McCarthy PPI Contributor
12.15 – 12.30	Discussion

RCSI MILLIN MEETING PROGRAMME

12.30 – 12.45 **LAUNCH OF THE RCSI EARLY CAREER SURGICAL NETWORK**

The RCSI Early Career Surgical Network is a newly established pan-specialty peer support network for surgeons completing training, on fellowship and who have recently started practice as a consultant surgeon. The transition to independent practice is a significant milestone in a surgeon's career. While completion of surgical training is a time of celebration, the practical, and often non-clinical, changes that come with independent consultant practice require navigation. Many of the challenges experienced are similar for all at this stage, across all specialities.

Our aim for this network is to offer relevant support, advice and networking opportunities to this specific group.

INTRODUCTION AND OFFICIAL LAUNCH OF THE RCSI EARLY CAREER SURGICAL NETWORK (RCSI-ECSN)
Professor Deborah McNamara
President RCSI

OVERVIEW, VISION AND HOW TO GET INVOLVED IN THE RCSI-ECSN
Ms Christina Fleming
Chair, RCSI Early Career Surgical Network

12.45 – 13.45 **LUNCH & EXHIBITION**
including poster viewing

13.45 – 14.15 **KEYNOTE LECTURE**

PATIENT AND COMMUNITY ENGAGEMENT - SHOULD WE USE IN ALL RESEARCH TYPES?
Dr Ori D. Rotstein, MD, FRCSC, FACS
Vice President, Research and Innovation, Unity Health Toronto
Professor and Associate Chair of Surgery, University of Toronto

INTRODUCED BY:
Professor Kevin Conlon
RCSI Council Member; Consultant General Surgeon, St Vincent's University Hospital and Tallaght University Hospital, Dublin

14.15 – 14.25 **PRESENTATION OF AWARDS**

AWARD FOR OUTSTANDING ACHIEVEMENT IN CLINICAL TRIAL ACTIVITY
The NSRSC Award for Outstanding Achievement in Clinical Trial Activity will be presented to the investigator/clinical research team in recognition of their contribution to a clinical trials' success

SURGICAL RESEARCH POSTER PRESENTATION AWARDS
Certificates will be awarded to 1st, 2nd and 3rd place.

AWARD OF RCSI NATIONAL SURGICAL RESEARCH MEDAL
The RCSI National Surgical Research Medal will be awarded to the best overall oral research presentation.

14.25 - 14.30 LAUNCH OF AN ELEARNING MODULE FOR THE MANAGEMENT OF A NECK HAEMATOMA FOLLOWING THYROID SURGERY ON THE WARD SETTING
This e-module which is available on HSE Land, aims to provide education on recognition, escalation, and the management of a neck haematoma in a ward setting. It is recommended for all doctors and nurses involved in the post-operative care of all patients who have undergone thyroid surgery.

The e-module will be launched by
Professor Michael Walsh,
National Clinical Advisor for ORL-HNS (NCPS).

RCSI MILLIN MEETING PROGRAMME

SYMPOSIUM II

RCSI FACULTY OF SURGICAL TRAINERS SYMPOSIUM

SUPPORTING EXCELLENCE IN SURGICAL TRAINING

CO-CHAIR:
Professor Carmel Malone
RCSI Council Member, Chair of the Faculty of Surgical Trainers and Consultant General and Breast Surgeon, Galway University Hospital

CO-CHAIR:
Mr James Geraghty
RCSI Council Member; Consultant General Surgeon,
St Vincent's University Hospital, Dublin

14.30 – 14.45 **THE HEALTH SERVICE ROLE IN SUPPORTING TRAINER EXCELLENCE**
Professor Anthony O'Regan
Director, National Doctors Training & Planning (NDTP)

14.45 – 15.00 **SECOND VICTIMS: THE HARSH REALITY OF WORKING AS A TRAINER**
Professor Kilian Walsh
RCSI Council Member; Consultant Urological Surgeon, University Hospital Galway and Bon Secours Hospital Galway

15.00 – 15.15 **THE TRAINEE'S PERSPECTIVE ON HOW TRAINERS NEED TO BE BETTER SUPPORTED**
Dr Czara Kennedy
Irish Surgical Training Group (ISTG) Representative

15.15 - 15.30 **UPDATE FOR SURGICAL TRAINERS**
Professor Kevin Barry
Director, National Surgical Training Programme

An update will be provided on how the HSE/NDTP funded improvements have been key to supporting RCSI to continue to train highly skilled surgeons who are prepared to meet the evolving demands of healthcare, benefiting both the trainees and the broader healthcare system.

15.30 – 16.15 **KEYNOTE LECTURE**

SUPPORTING HIGH PERFORMANCE TEAMS AND INDIVIDUALS
Mr Enda McNulty
Former All Star Gaelic Games Athlete and Founder & CEO of McNulty Performance

16.15 - 16.30 Questions and Answers

17.00 – 17.45 **47th MILLIN LECTURE**
College Hall

FUTURE-PROOFING SURGICAL TRAINING - A TEMPLATE FOR NEW TECHNOLOGIES
Ms Christina Fleming, MB BCh BAO PGDipCL HDipHFPS MCh PhD FRCSI
Consultant General and Colorectal Surgeon, University of Limerick Hospital Group

17.45 – 18.30 **RECEPTION**
Atrium

RCSI MILLIN MEETING
TERENCE JOHN MILLIN 1903-1980

Born in Helen's Bay, Co. Down, he was the only son of Samuel Shannon Millin (barrister) and Ella Catherine Millin. He was initially schooled in Tipperary but finished his secondary schooling in St. Andrew's College in Dublin. There he demonstrated not only his intelligence, but also his sporting prowess, playing on the side that won the prestigious Leinster Schools Senior Cup in rugby union in 1921 and in later years was selected to play for Ireland in an international match against Wales. He achieved numerous academic achievements and was awarded a scholarship to Trinity College. Here his remarkable career continued and after a period in Arts and Mathematics, he enrolled as a medical student.

After a stellar undergraduate career, he undertook a house surgeon post at Sir Patrick Dun's Hospital in Dublin, and from there travelled to London to continue his surgical career. After various posts undertaken to increase his experience, he undertook the examination for the Fellowship of the Royal College of Surgeons of England and passed it on the first attempt. He then took up a position in London's All Saint's Hospital becoming assistant to Canny Ryall, a Trinity graduate who had set up this 11-bed, purely urological hospital. Here Millin developed his interests in matters of the genito-urinary tract.

In 1945, Millin published his landmark paper 'Retro-pubic prostatectomy: a new extra vesical technique', in the Lancet. The new operation for removal of the prostate gland was a huge advance on existing methods and reduced death from open prostatectomy from perhaps 15 per cent to 3 per cent. Millin became world famous almost overnight.

His contribution to male health was recognized in 1955 with the receipt of the prestigious Francis Armory Prize, awarded by the American Academy of Arts and Sciences. Further honours included the Saint Peter's Medal, the British Association of Urological Surgeon's highest award in 1951, becoming that society's first Irish President in 1954. He was also made an Honorary Fellow of the Australasian College of Surgeons in 1968 and was appointed as Honorary Fellow of the American College of Surgeons.

Upon his retirement, he returned to Ireland and was elected President of the Royal College of Surgeons in Ireland for an unprecedented two terms 1963-1966. He was instrumental in rejuvenating the undergraduate part of the college.

Sadly, Millin developed a rare tumour of the vocal cords and passed away in 1980. However, he lives on in RCSI through Millin House, a student residence for which he had obtained the funds, and the annual Millin Lecture.

MILLIN LECTURE

2024 MILLIN LECTURER

Ms Christina Fleming,
MB BCh BAO PGDipCL HDipHFPS MCh PhD FRCS

Christina Fleming is a 2011 medical graduate of University College Cork with first class honours. She undertook basic and higher surgical training in general and colorectal surgery in Ireland and was awarded FRCSI in 2020 and CCST in 2021. During this time, she completed a Masters in Surgery, MCh (RCSI), basic science PhD (UCC) and qualifications in human factors and clinical leadership.

Following this, she completed a European Society of Coloproctology (ESCP) robotic colorectal surgery and advanced pelvic malignancy fellowship at the University of Bordeaux, France. To support completion of this advanced training, she was competitively awarded the 2022 RCSI PROGRESS Fellowship. Currently she works as a General and Colorectal Surgeon at the University of Limerick Hospital Group.

Academically, Christina has a strong research portfolio with >100 peer reviewed publications and 25 prizes, bursaries and research grants for her work. Her research has mostly focused on colorectal cancer, robotic surgery and surgical training. She is Chair of the recently founded RCSI Early Career Surgical Network and General Surgery Lead on the RCSI National Robotic Surgery Leads Group..

Throughout surgical training and early consultant practice, Christina has held many leadership positions in the area of training and education including Vice President and National Representative of the Association of Surgeons in Training (ASiT), Chair of the Irish Surgical Research Collaborative (ISRC), European Surgical Association (ESA) Next Generation Working Group and ESCP Robotic Colorectal Surgery Guideline Development Group. This experience and contribution to the literature has facilitated a broad understanding and contribution to standardized pan-specialty training structures that can be applied to new technologies using the evolving journey through robotic surgery training as a template and this is the focus of this year's Millin Lecture.

RCSI MILLIN MEETING
MILLIN LECTURES 1978 - 2024

	YEAR	DELIVERED BY
47th	2024	Christina Fleming
46th	2023	Michael Eamon Kelly
45th	2023	Shirley Potter
44th	2022	Joseph Butler
43rd	2021	Colin Pierce
42nd	2019	Orla McCormack
41st	2018	Padhraig F. O'Loughlin
40th	2017	Helen Heneghan
39th	2016	Niall Davis
38th	2015	Aoife Lowery
37th	2014	James Paul O'Neill
36th	2013	John P. Burke
35th	2012	J. Calvin Coffey
34th	2011	Fraser M. Smith
33rd	2010	David G. Healy
32nd	2009	Ronan Cahill
31st	2008	Conor Sheilds
30th	2007	Malcolm Kell
29th	2006	Kevin J. Mulhall
28th	2005	Deborah McNamara
27th	2004	Fergal Fleming
26th	2003	Desmond Winter
25th	2002	Deirdre M. O'Hanlon
24th	2001	Conor P. Delaney
23rd	2000	Rowan W. Parks
22nd	1999	Mary Claire Barry
21st	1998	Arnold D. K. Hill
20th	1997	Cathal J. Kelly
19th	1996	Michael J. Kerin
18th	1995	H. Paul Redmond
17th	1994	Kenneth Mealy
16th	1993	Peter Gillen
15th	1992	James G. Geraghty
14th	1991	Austin L. Leahy
13th	1990	John R. T. Monson
12th	1989	Thomas N. Walsh
11th	1988	Ralphael Keane
10th	1987	M. Kevin O'Malley
9th	1986	Oscar Traynor
8th	1985	Patrick J. Broe
7th	1984	Thomas F. Gorey
6th	1983	James M. Fitzpatrick
5th	1982	Gerald C. O'Sullivan
4th	1981	Gregor Shanik
3rd	1980	William O. Kirwan
2nd	1979	David Bouchier Hayes
1st	1978	James M. Smith

RCSI MILLIN MEETING KEYNOTE LECTURE

Dr Ayesha Noorani

MB BChir, MA(Cantab), PhD, FRCS.

CRUK Clinician Scientist and Honorary Consultant Upper Gastrointestinal Surgeon, Wellcome Sanger Institute and Addenbrooke's Hospital, Cambridge University Hospital NHS Trust,Cambridge, UK

Dr Ayesha Noorani has recently been awarded a CRUK Clinician Scientist Fellowship at the Wellcome Sanger Institute and appointed an Honorary Consultant Oesophago-gastric Surgeon at Addenbrooke's Hospital, Cambridge.

She graduated from Trinity College, University of Cambridge in 2006 for her medical undergraduate degree. She undertook her PhD funded by a MRC Clinical Research Fellowship award in Prof Rebecca Fitzgerald's laboratory in the University of Cambridge. During this time she set up and led the first rapid autopsy programme (the Phoenix study) in the country, a multidisciplinary collaborative effort, to delineate the evolution of oesophageal cancer and to challenge the current clinical staging algorithms (Noorani et al, Nature Genetics 2020). After her PhD she completed her oesophago-gastric cancer specialist training as the first NIHR Academic Clinical Lecturer in the Upper Gastrointestinal Surgery Department in Addenbrooke's Hospital, Cambridge before pursuing the clinician scientist route longer term.

For her CRUK Clinician Scientist Fellowship, as an early careers researcher setting up her own independent group, she is focused on delineating clonal dynamics in the upper gastrointestinal tract during the context of disease, regeneration and cancer. The overarching aim of this work is to identify molecular changes prior to any histological change, and to help promote organ preservation strategies. She is undertaking this work using cutting edge low input spatially preserving and single molecule technologies in the Cancer Ageing Somatic Mutation and the Cellular Genetics departments in the Wellcome Sanger Institute and her work has a strong global, collaborative focus. Her overall wider themes of interest include cancer risk prediction and cancer prevention strategies.

Ayesha's consultant clinical practice is predominantly focused on oesophago-gastric cancer surgery (oesophagectomies and gastrectomies) alongside emergency general surgery on calls. It is this group of patients with oesophago-gastric cancer that continue to inspire her, and motivate her to pursue a strong cancer based research focus in the laboratory within a discovery and translational setting.

Ayesha is the first academic consultant surgeon to be appointed in Upper GI Surgery in Cambridge, and is the only female academic consultant surgeon across the entire department of surgery in Cambridge. She is passionate about ensuring that surgery, and academic surgery in particular is a diverse and inclusive landscape.

RCSI MILLIN MEETING KEYNOTE LECTURE

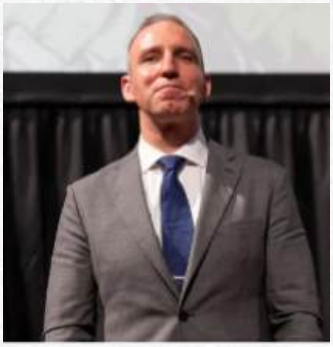
Dr Ori D. Rotstein
MD, FRCSC, FAC
Vice President, Research and Innovation, Unity Health Toronto
Professor and Associate Chair of Surgery, University of Toronto

Dr. Ori D. Rotstein is the Vice President of Research and Innovation at Unity Health Toronto and a Professor and Associate Chair of the Department of Surgery at the University of Toronto. Alongside his administrative roles, Dr. Rotstein is a practicing General Surgeon and the former Surgeon-in-Chief at St. Michael's Hospital. He is an acknowledged expert in the management of intra-abdominal infection and inflammation with research interests in understanding how traumatic injury leads to alterations in the immune response of patients.

He is the former Director of the Institute of Medical Science, the postgraduate arm of the Faculty of Medicine at the University of Toronto, from 2001-2011 that was responsible for graduate training programs for more than 500 MSc and PhD students. In 2012, the Institute of Medical Science honoured him with an annual lecture 'The Ori D. Rotstein Lectureship in Translational Research'. His professional affiliations include membership in prestigious medical societies such as the Canadian Academy of Health Sciences, the American Surgical Association, and the American Society for Clinical Investigation.

Dr. Rotstein received his MD and MSc from the University of Toronto. He completed postgraduate specialty training in General Surgery at U of T, followed by a research fellowship at the University of Minnesota. He is the recipient of many honours and awards, including the inaugural Keenan Chair in Research Leadership.

RCSI MILLIN MEETING KEYNOTE LECTURE



Mr Enda McNulty

Former All Star Gaelic Games Athlete and
Founder & CEO of McNulty Performance

Enda McNulty, a leader in performance, resilience, and well-being, has harnessed insights from sports, psychology, and business to create a unique approach.

With 25 years of experience coaching elite performance in sports, business, and more, he's the CEO of McNulty, a thriving training organisation. As a former Gaelic Games athlete, he learned valuable lessons about leadership and teamwork.

Enda has mentored elite athletes and contributed to successful teams like Joe Schmidt's Leinster and Ireland. He's also coached high-level executives at companies like Microsoft, Facebook, Intel, and Amazon, gaining diverse industry knowledge.

Specialising in Leadership, Mindset, High-Performance Teams, Creative Environments, Resilience, and Well-being, he's a bestselling author ("Commit!") and a board member of the John & Pat Hume Foundation, championing peaceful change through leadership.

RCSI MILLIN MEETING ABSTRACTS

SESSION I: NSRSC SURGICAL TRIAL UPDATES AND RCSI NATIONAL SURGICAL RESEARCH COMPETITION

ORAL RESEARCH PRESENTATIONS

ORAL PRESENTATION I – 10.00AM

The mishap trial: managing injuries - a study of hand appearance and psychosocial dysfunction

Marinescu I [1], Phoenix E[2,3], Geary E[2, 3], Mclaughlin D [4], Morrison C[2], Dolan R[2,3]
School of Medicine, University College Dublin, Dublin [1]
Department of Plastic and Reconstructive Surgery, St. Vincent's University Hospital, Dublin [2]
Royal College of Surgeons in Ireland, Dublin [3]
School of Psychology, University College Dublin, Dublin [4]

Background
Over 24 million hand injuries occur globally every year and are responsible for chronic pain, functional impairment and psychological distress. This study aimed to investigate the functional and psychosocial impact of hand injuries and their association with injury severity.

Methods
A prospective, observational study was conducted in a tertiary hand trauma centre. Patient reported outcome measures were collected at two and six-weeks postoperatively using the Disabilities of the Arm, Shoulder and Hand (DASH) scale, Derriford Appearance Scale-24 (DAS-24), Conor-Davidson Resilience Scale-25 (CD-RISC-25), Post Traumatic Growth Inventory-Short Form (PTGISF), Hospital Anxiety and Depression Scale (HADS) and Short Form-36 (SF-36). The hand injury severity score (HISS) and demographic data were obtained from medical records.

Results
There were 62 participants at baseline and 44 (71%) at follow-up. The mean age was 44(range 20-72) with a male preponderance (89%). The mean HISS was 38 (range 2-204), with 21% scoring severe injuries. HADS and DASH scores were less favourable than the general population means. HADS, DASH and SF-36 scores significantly improved at follow-up. Scores were not significantly correlated with HISS.

Conclusion
Our results demonstrate notable psychological distress and functional disability, irrespective of injury severity, highlighting the need for psychological input in hand trauma management.

ORAL PRESENTATION II – 10.10AM

Early ureteroscopy and laser lithotripsy in the management of obstructing urolithiasis with associated urosepsis – a prospective multi-institutional study

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Introduction:
There is a lack of strong evidence to recommend the timing of stone removal in cases of obstructing urolithiasis with urinary tract infection (UTI). The aim of this study is to assess the outcomes of patients managed with early ureteroscopy in this setting.

Methods:
A prospective multi-institution study of patients presenting with obstructing urolithiasis and urosepsis that were treated with early ureteroscopy and lithotripsy was performed. All patients were started on empiric intravenous antimicrobials and were treated with retrograde intrarenal surgery and laser lithotripsy. Primary outcomes of interest included stone-free rate, and post-operative complications.

Results:
Forty patients were treated with early ureteroscopy and laser lithotripsy. Twenty-nine (72%) patients had positive urine cultures. Seven (18%) had positive blood cultures. Thirty (91%) of patients were pyrexic at presentation. Mean white cell count and c-reactive protein at presentation was 15.85 (±3.8) 109/L and 153.3(±134.1) mg/L respectively. Mean stone size was 8.8(±4.6)mm. Ureteric stone location was distal in 9 (22.5%), mid in 2 (5%) and proximal in 29 (72.5%) of cases. Ten(25%) patients had upper tract drainage prior to definitive surgery. Complete stone clearance was achieved in 31 (77.5%) of patients. Five (12.5%) patients developed a post-operative complication including 2 cases of urosepsis which resolved with intravenous antimicrobials and fluids at ward level.

Conclusion:
Early ureteroscopy and laser lithotripsy produces similar rates of success and post-operative complications when compared to a non-septic cohort. It therefore appears to be a safe option in selected cases of obstructing urolithiasis with associated urinary tract infection.

ORAL PRESENTATION III – 10.20AM

Intratumoural variability of fluorescent signals may accurately classify rectal neoplasia

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Aim
Carcinogenesis is hallmarked by disordered vascularity. Fluorescence microperfusion

heterogeneity signalling may discriminate malignant transformation within benign rectal adenomata potentially providing in situ classification via computer vision-machine learning methods.

Methods

Patients with rectal neoplasia at the Mater, Waterford and University Medical Center Amsterdam were included. Indocyanine green was administered intravenously intraoperatively, and videos recorded with commercial near-infrared-imaging systems. Videos underwent tracking and fluorescence quantification processing, generating fluorescence time-series curves. Curve features were extracted from "cancerous", "benign" or "normal" annotated regions. Two multivariate models, one with equal variances and another with different variances, were developed. A likelihood ratio test compared the models and assessed differences in variance. A feedforward neural network (FNN) with 20% holdout and 1000x bootstrapping was developed and utilised to classify lesions in patients without prior treatment.

Results

Eighty-seven patients were initially studied (55 with cancer). Compared to normal, there was a statistically significant increase in the variance of all features in cancerous tumours (□2=175.84, p<0.0001, cohen's □=0.21). Again, benign variance was significantly increased compared to normal (□2=214.03, p<0.0001, cohen's □=0.30). Comparing cancer to benign, variance was increased for peak intensity and time to peak in malignant tissue while variance was increased for ICG inflow and outflow in benign (□2=16.6, p<0.0001, cohen's □=0.06). Eighty videos (49 with cancer) were assessed by the FNN. Validation accuracy was 86.9% with 100% sensitivity and 66.7% specificity. Median accuracy following bootstrapping was 82.5%, suggesting a robust classification method.

Conclusion

Heterogenous intratumoural perfusion becomes distinctive with malignant transformation, potentially facilitating rectal lesion clas

ORAL PRESENTATION IV – 10.30AM

Peri-operative thromboprophylaxis in patients undergoing bariatric surgery: a prospective pilot study to evaluate anti-xa levels using our current dosing regimen of enoxaparin

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Aim

Obesity significantly increases the risk of venous thromboembolism (VTE) following bariatric surgery, with over 80% of VTEs occurring post-discharge. The efficacy of low molecular weight heparin (LMWH) for VTE prophylaxis in patients with obesity remains unclear and understudied. This pilot study hypothesises that enoxaparin may result in sub-prophylactic anti-Xa levels in these patients. The primary objective of this pilot study is to determine the proportion of patients undergoing bariatric surgery, receiving enoxaparin, that achieve anti-Xa levels within the prophylactic range of 0.2-0.4 IU/mL.

Methods

Twenty patients undergoing laparoscopic bariatric surgery from June 2023 to May 2024 were recruited from our institution. Participants were adults with obesity undergoing laparoscopic bariatric surgery. Participants received Enoxaparin as per the protocol at our University Hospital. Anti-factor Xa levels were measured 4 hours after the 3rd dose on post-operative day 2.

Results

In our pilot study of 20 patients, 65% were female with a median age of 48 years and BMI of 46 kg/m², 45% had anti-Xa levels within range. Enoxaparin 40 mg BD achieved prophylaxis in 50%, while 60 mg BD in 33%. BMI showed a weak, non-significant negative correlation with anti-Xa levels (r=-0.14, p=0.6).

Conclusion

Our study showed that 55% of our patients had subprophylactic anti-Xa levels. No randomised controlled trials have determined the ideal LMWH dosage, or if a weight-based versus fixed dose strategy is more efficacious. This pilot study will guide our future randomised controlled trial examining the efficacy of weight-based versus fixed dosing regimens of LMWH.

ORAL PRESENTATION V – 10.40AM

Interpretation of indocyanine green fluorescence angiography for parathyroid gland evaluation: a simple machine learning method

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*Presenting Author

Aim

Indocyanine green fluorescence angiography (ICGFA) permits experienced surgeons to evaluate vascularity, and therefore inferred

functionality of parathyroid glands (PGs) during thyroid and parathyroid surgery. To overcome the subjective nature of ICGFA interpretation, we developed a simple machine learning computational model to discriminate PG perfusion grounded in expert interpretation.

Methods

Intra-operative ICGFA recordings (Fluobeam®LX, Fluoptics, Grenoble – part of Getinge) from patients in a high-volume endocrine unit were used for model development. Segmentation (identification of PG via autofluorescence), image stabilisation (by linear translation) and adjusted time-fluorescence intensity profile (TFIP) generation were carried out on each recording (Matlab, Mathworks, Ireland). Relative maximum intensity and upslope ratios were used to train a simple logistic regression model based on expert interpretation of ICGFA imagery, with subsequent unseen recordings used for testing.

Results

Thirty-seven patient videos (45 glands, 29 judged well perfused) were used for development, achieving 100% training accuracy, with 22 unseen videos (27 gland, 15 judged well perfused) used for testing. All PGs were identified by segmentation during unseen testing, with three false positives (90% positive predictive value). TFIP generation was feasible within 5 minutes in all cases, with 96.3% model accuracy on unseen cases when compared to expert interpretation (sensitivity/specificity = 93/100% respectively). Subsequent real-time in-theatre testing of the method, deployed as an automated app, has shown 100% accuracy.

Conclusion

Simple machine learning methods can discriminate PG perfusion in concordance with expert interpretation, providing a means for documentary support of ICGFA interpretation. Prospective, real-time validation of this working model is now underway.

POSTER PRESENTATIONS ABSTRACT

POSTER 1

Open elbow dislocation with concurrent brachial artery rupture

Farrel.M.R, A. Shaju, U. Bahador, H. Mohammed, S. Cremen [affiliation]

Aim

Open elbow dislocations with concomitant brachial artery rupture are rare but potentially limb-threatening injuries. We present a case of a 24-year-old man who suffered a posterior elbow dislocation with a transected and thrombosed brachial artery following a fall.

Method

The patient presented with a pulseless limb and underwent urgent closed reduction under image intensifier guidance. Exploration revealed a completely transected and proximally thrombosed brachial artery with an intact median nerve. The patient was immediately transferred to a vascular surgery centre where he underwent successful interposition saphenous vein grafting and full-thickness skin grafting.

Results

At a 2-week follow-up, the patient demonstrated satisfactory healing, strong brachial and radial pulses, and improved neurological function.

Conclusion

This case highlights the importance of prompt recognition and management of vascular injuries associated with elbow dislocations. Careful examination of neurovascular status following reduction is crucial, and urgent surgical intervention is necessary to prevent limb loss. The incidence of vascular injury in elbow dislocations is approximately 13%, with open dislocations and absence of radial pulse being significant risk factors. The brachial artery is the most frequently injured artery in the upper extremity, and its close proximity to the elbow joint makes it vulnerable during posterior dislocations. Early reduction and timely vascular repair are essential for optimal outcomes in these complex injuries.

POSTER 2

A one year retrospective audit on the success rate and visual acuity changes following a macular hole repair surgery in galway university hospital

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Aim

A macular hole is an anatomical opening in the neurosensory retina which develops at the fovea and causes loss of central vision which is debilitating to patients' quality of life. Macular holes are generally repaired surgically by performing a combination of different techniques such as pars plana vitrectomy, internal limiting membrane (ILM) peel or flap and a type of gas tamponade. This Audit allows the evaluation of surgical outcomes with regards to macular hole closure rates, visual acuity outcomes, patient waiting time and complications.

Methods

This audit reviewed all macular hole repair surgeries performed by the vitreo-retinal consultant Mr. Paul-Eduard Stanciu in the ophthalmology department of Galway University Hospital (GUH) over the past year (July 2023 to July 2024). Variables analyzed include surgical method, visual acuity, closure rates and complications.

Results

This audit included 32 patients that had undergone an ILM peel (N=21) or ILM peel with ILM patch graft or a flap (N=11). Visual acuity in logMAR was analyzed at 2 and 6 weeks postoperatively and an overall improvement was noted at 6 weeks (change at 2 weeks: 0.03 [SD, 0.54], P=.09 and change at 6 weeks: -0.29 [SD,0.29], P=.22). Surgical success and macular hole closure rate was calculated using post-operative OCT scans and was 96.55%.

Conclusion

MH repair surgery done at GUH had a success rate of 96.55% and a notable visual acuity improvement at 6 weeks. There was no statistically significant difference between the surgical methods used (ILM peel vs ILM peel + graft or flap).

POSTER 3

Split posterior tibialis tendon transfer and the recurrence rate of equinovarus deformity in cerebral palsy patients: a systematic review and meta-analysis

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Abstract

Aim - Cerebral palsy (CP) is the most common motor disability in childhood and the most common type is spastic. Spastic CP often leads to joint contractures like equinovarus (clubfoot), causing pain, instability, and gait issues. While various surgical techniques have been studied for correcting equinovarus, the procedure with the lowest recurrence remains unclear. This study aims to examine the recurrence rate of equinovarus in children with spastic CP following split posterior tibial tendon transfer (SPOTT).

Methods

The MEDLINE, Embase, and Emcare databases were searched for observational studies on recurrence rates of equinovarus deformity after SPOTT in CP patients (≤18 years). Studies with concomitant bony procedures or follow-ups under 12 months were excluded.

Results

Nine studies (325 patients, 366 feet) met inclusion criteria. The mean age at surgery was 10.35 years, and the mean follow-up was 76.18 months. The pooled proportion of SPOTT procedure failures was 11.4% (95% CI: 5.0, 17.8), with a variation of 71.9%. Quadriplegic patients had the highest failure rate at 47.6% (CI: 0.0, 97.7), while hemiplegic patients had the lowest at 6.6% (CI: 0.0, 13.1) with a variation of 43.6%.

Conclusion

The SPOTT procedure showed variable effectiveness and failure rates depending on CP type and ambulatory status. High recurrence in quadriplegic patients suggests a need for tailored approaches and limited utility in non-ambulatory patients. In contrast, low recurrence in ambulatory hemiplegic and diplegic patients and lower failure rates indicate that SPOTT is an effective option for correcting equinovarus deformity in ambulatory, low GMFCS patients

POSTER 4

Outcome and costs associated with poor-grade subarachnoid haemorrhage

Lena Dablouk, Mohamed O Dablouk, Michael GJ O'Sullivan
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Introduction/Aim

Patients with poor neurological grade following aneurysmal subarachnoid haemorrhage (SAH) have significant morbidity and mortality with a favourable outcome rate of 20-40%. The management costs are significant, with many patients requiring prolonged inpatient treatment and complex interventions. The aim of this study was to audit the outcome and associated costs in the management of patients of poor-grade SAH patients within the context of the Irish healthcare system.

Methods

Retrospective review of the management and outcome of patients with poor neurological grade following SAH between 2018 and 2022. Eligible patients were identified from the hospital coding database - patients with a diagnosis of aneurysmal SAH who presented with poor neurological grade were included. Chart and radiological reviews were performed to collect relevant data. Aneurysm treatment, neurocritical care and length-of-stay costs were calculated.

Results

Seventy-two patients were included, 75% were female. The median age was 61.5 years (range 17-90, SD 13.28). 62.5% were WFNS grade 5. 59.7% of patients underwent aneurysm treatment. 82.9% were treated within 48 hours of ictus. Median length of stay was 14 days (range 1-308, SD 43). The mean cost was €22,328.61 per patient (range 0-€154,690, SD €24,660.99). 34.5% of patients were independent at 6 months follow-up (GOS 4 or 5).

Conclusion

The outcome of patients in poor-grade SAH remains poor despite earlier aneurysm treatment and advances in endovascular techniques. Management of these patients is associated with a significant cost. This data is of benefit with respect to guiding adequate allocation of healthcare resources in the future.

POSTER 5

Infiltrative follicular variant papillary thyroid carcinoma recurrence 13-months post radical total thyroidectomy – issues for consideration. A case report

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Discipline of Surgery, University of Galway [2]

Background

Follicular variant papillary thyroid carcinoma (FV-PTC) represents

a common histological subtype of papillary thyroid carcinoma characterised by predominantly follicular growth with papillary-like nuclear features. The infiltrative subtype accounts for a minority of FV-PTC cases.

Aims

Controversy surrounding the prognosis of FV-PTC is present in the literature with currently no dedicated treatment pathways. To the best of our knowledge only a handful of cases describing radioactive iodine-avid FV-PTC recurrence have been reported in the literature.

Case description

52-year-old male presented with a discrete 3cm right-sided neck lump suspicious for lymphoma. Results from a fine needle aspirate biopsy was suspicious for papillary thyroid carcinoma. A total thyroidectomy and extensive neck dissection followed by radioiodine ablation therapy was carried out with histopathological analysis reporting an infiltrative follicular variant of papillary carcinoma. 13-months postoperatively he represented with a palpable mass in the fibrotic scar. Recurrence of thyroid malignancy was confirmed necessitating a right radical neck dissection with wide local excision including overlying cutaneous tissue and an immediate pectoral pedicle flap.

Conclusions

Infiltrative FV-PTC accounts for a minority of papillary thyroid carcinomas demonstrating a high risk for nodal metastasis. Current management guidelines do not differentiate between classical papillary thyroid carcinoma and FV-PTC subtypes with respect to treatment or follow-up. The role of systemic treatments, targeted therapies and mutation testing should be considered in the setting of aggressive variants and or radioactive iodine-avid cases.

POSTER 6

sentinel lymph node biopsy in melanoma – analysis of a four-year trend and validation of risk prediction tools

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Aim

Over 1100 people are diagnosed with melanoma in Ireland annually, accounting for 1:20 invasive cancer diagnoses in this country. The incidence is on the rise and Ireland has one of the highest mortality rates from melanoma in Europe. Management of melanoma is based on staging with sentinel lymph node biopsy (SLNB) a core element. This study aimed to evaluate patients who underwent SLNB in the West of Ireland and validate two SLNB positivity risk calculators.

Methods

Review of all patients who underwent SLNB in University Hospital Galway from 2021-2024. Validation of Melanoma Institute Australia (MIA) and Memorial Sloan Kettering Cancer Centre (MSKCC) SLNB nomograms via receiver operating characteristics curves and area under the curve (AUC). Negative predictive values (NPV) were calculated at a risk threshold of 5% and 10%.

Results

Of the 247 patients that underwent SLNB, 16.2% were positive for metastatic melanoma. Mean age was 61.6 years (range 22-87), 53% female. From 2021- 2024 there was an increase in positive SLNB from 14.6% to 28.6% and the median SLNB deposit size decreased from 10mm to 1mm. Breslow thickness, Clarke level and ulceration were associated with SLNB positivity ($P<0.001$) as were lymphovascular invasion ($p=0.037$), mitotic index ($p=0.003$), microsatellite invasion ($p<0.001$) and perineural invasion ($p=0.02$). Age, sex and presence of regression were not related to SLNB positivity. The AUC for the MIA and MSKCC nomograms were 0.922 and 0.848 respectively, with a negative predictive value of 100% and 97.87% respectively.

Conclusion

The positivity rate of SLNB is rising in the West of Ireland. Both nomograms are valid and accurate in our series.

POSTER 7

a retrospective cohort study comparing dual-isotope subtraction spect/ct with dual phase spect/ct for preoperative localization in primary hyperparathyroidism patients - novel parathyroid imaging technique in ireland

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Aim

Surgical excision of pathological parathyroid glands remains the definitive cure for primary hyperparathyroidism (PHPT). Preoperative radiological localization of parathyroid adenomas facilitates a minimally invasive approach. We aim to directly compare the diagnostic accuracy of dual-isotope subtraction single-photon emission computed tomography/computed tomography (SPECT/CT) with dual-phase SPECT/CT for localization in patients with PHPT.

Methods

A single-centre retrospective cohort study was conducted, including 150 patients who underwent either dual-isotope or dual-phase SPECT/CT, followed by parathyroidectomy for PHPT in an Irish tertiary specialist centre from January 2022 to August 2024. Concordance was assessed between final radiological and histopathological reports.

Results

Our preliminary study (n=72) favoured dual-isotope subtraction SPECT/CT as superior to dual-phase SPECT/CT, with a sensitivity of 75.7% versus 52.9%, and accuracy of 77.8% versus 55.6%, respectively. 78 patients were further included, bringing the total to 150 patients. Both arms were equally weighted. The revised data continues to favour dual-isotope

subtraction SPECT/CT, with an increased sensitivity of 85.7% compared to 65.3% for dual-phase SPECT/CT, and an accuracy of 86.7% and 65.3% respectively. 73.3% of cases lateralized correctly on dual-isotope subtraction scanning, with 44% of cases localized. In contrast, only 57.3% and 29.3% of cases were lateralized and localized correctly with dual-phase SPECT/CT. A chi-square test revealed a statistically significant difference between the two imaging modalities (χ^2=10.29, p=0.016) at the p<0.05 level.

Conclusion

The overall results were able to strengthen the initial conclusion, therefore reinforcing the superiority of dual-isotope subtraction SPECT/CT over dual-phase SPECT/CT for preoperative localization of parathyroid adenomas in patients with PHPT.

POSTER 8

Primary extradural spinal tumours in ireland- who, what, where and again? A 30 year review of the national spinal injuries unit

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Aim

The aim of this project is to review the demographics of all patients treated for primary extradural spinal tumour is the National Spinal Injuries Unit (NSIU) over a 30-year period. Despite staging of these tumours first being described by Enneking in 1986, surrounding literature remains scant, given their rarity and is mainly in the form of case reports. (1) Representing only 4% of spinal tumours, we aim to contribute to the existing body of literature on these tumours and their recurrence rate, from an Irish perspective. (2)

Method

A retrospective case series of all patients treated surgically for primary extradural spinal tumours including chondrosarcomas, chordomas and giant cell tumours in Ireland over a 30 year period. Tissue diagnosis, gender, age and mortality were all reviewed along with recurrence rates.

Results

31 patients with primary extradural spinal tumours were treated between 1992 and 2021 in NSIU. Two-thirds of these patients were male, one-third were female and average age of diagnosis was 44.4 years. Intra-operative adverse events were recorded at 32%, and post-operative complication rate was 74%. Almost half (48.39%) of patients experienced a recurrence of their tumour and these patients had a 20% mortality rate at 10 years.

Conclusion

Primary extradural spinal tumours are rare but invasive tumours. Our review demonstrates the morbidity and mortality associated with this disease type. These tumours affect young males and further research is required to establish best treatment practice from a Multi-Disciplinary Team perspective for these patients in order to reduce recurrence rates and associated mortality.

References:

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2. Lam FC, Arle JE, Glazer PA, Kasper EM. Primary Extradural Tumors of the Spine – Case Review with Evidence-guided Management. Surg Neurol Int. 2014 Aug 28;5(Suppl 7):S373–5.

POSTER 9

Pre-operative templating in total hip arthroplasty (tha). Are we really measuring up?

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[affiliations]

Aim

To assess the accuracy of pre-operative templating for THA compared to implant used in order to support environmental and cost reduction efforts in the national orthopaedic hospital.

Background

Recommendation from the British Orthopaedic Association and British Hip Society highlight the necessity or pre-operative templating in arthroplasty patients. Studies in similar institution demonstrate high rates of accuracy in templating sizes. Benefits of pre-operative templating include; predicting femoral and acetabular implant sizes, to assess leg length, offset, and implant positioning. Through accurately predicting implant size we can reduce the number of sets prepared for each case and thus reduce the cost and environmental costs associated with opening unnecessary sets.

Methods

Retrospective review of all templating completed over a 3-month period for uncemented hip arthroplasty cases. Comparing templates with component log on the national joint registry. Data assessed Using this data to assess our rate of pre-operative templating, accuracy in templating and estimation of unnecessary costs and carbon emission due to inaccurate templating.

Results

Over 250 cases were included in the audit. We found <10% of cases had identical sizes templated compared to implants used. Approximately 50% of all cases were within 2 sizes of the templated. There was no difference in the accuracy of templating between trainees and consultants.

Conclusions
Despite almost 100% compliance to pre-operative templating for uncemented hip replacements improved accuracy in templating is required at our institution. Going forward we aim to improve education on templating for all surgeons and to highlight the discrepancies between the pre-operative planning and the implant used.

POSTER 10
A rare case of intra-articular giant cell tumour of the knee: a case report
O'Farrell Emma Healy Vourneen, O'Farrell Dermot
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Aim
We describe a case of an intra-articular giant cell tumour of the knee. We discuss this case as a learning point to emphasize the possibilities of unusual pathology when pain does not respond to usual conservative management.

Methods
A 47-year-old male presented by GP referral complaining of right sided knee pain following a minor twisting injury. Clinical examination confirmed mild swelling in the lateral suprapatellar pouch, without evidence of ligamentous instability. An MRI knee confirmed a horizontal tear of the medial meniscus, chondral fissuring of the patella, a mild effusion and a solid, intra-articular, soft tissue mass in the lateral patellofemoral compartment. There was no evidence of acute bony injury or any aggressive bone lesion.

Results
Knee arthroscopy confirmed large tumour-like growth in the lateral parapatellar gutter. The mass was attached to the synovial lining of the knee by a thin pedicle. It was excised arthroscopically with debridement of the meniscal tear and patellar chondral flap. The tumour consisted of firm, pale yellow, nodular tissue. Histological analysis confirmed a non-encapsulated, spindle cell proliferation with osteoclast-like giant cells.

Conclusions
Giant cell tumours are relatively common in the hands and fingers. However, in large joints they are often difficult to diagnose as they present with non-specific symptoms. They are always benign but can be locally aggressive. Careful surgical excision is advised despite risk of recurrence.

POSTER 11
The correlation of premorbid status and acute postoperative outcomes with 10-year survival in hip fracture patients - a follow-up study
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O'Farrell Dermot
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Background
The impact of hip fractures carries significant morbidity and mortality. National standards promote improved patient outcomes. However, the relationship between hospital care and longer-term outcomes is poorly documented. A study completed in our centre in 2014, illustrated the predictive value of pre-fracture frailty and care received on acute post-operative complications and length of stay. This is a 10-year follow-up study to assess how these factors may impact mortality.

Methods
We conducted a retrospective, cohort study on patients treated at University Hospital Limerick in 2014/2015. We verified the date of death for these patients using hospital systems. All details were entered into an excel spreadsheet.

Results
60 patients were included in the 2014 and 2024 studies. The 1-year survival rate was 87.7%, 5-year survival rate was 50.1% and 10 year survival rate was 22.1%. Those who survived for <12 months had a 47% longer hospital stay than those who survived > 5 years (19 and 9 days respectively). Those who survived >10 years had an average hospital stay of 8 days. The average number of complications experienced by the patients who died in the 1st post-operative year was 2.6, compared with 0.58 in those who survived > 5 years. 62% of patients who survived >10 years had no post-operative complications.

Conclusion
This is a 10-year study indicating the predictive value of premorbid status on long-term outcome following hip fracture. Early recognition and pro-active management of patients identified as high risk can improve patient survival in this vulnerable cohort.

POSTER 12
Evaluation of post-discharge follow-up practices for acute urinary retention in the emergency department: a retrospective review
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Our Lady of Lourdes Hospital Emergency Department

Background
Acute urinary retention is a prevalent issue in emergency departments (ED) that requires effective follow-up care to prevent recurrence, health complications, and identify underlying causes. This study evaluates the post-discharge follow-up process for adult patients with urinary retention in our ED, aiming to identify areas for improvement.

Objectives
To assess current follow-up practices for adult patients diagnosed with urinary retention in the ED and identify care gaps that may impact patient outcomes.

Methodology
A retrospective chart review was conducted on adult patients diagnosed with urinary retention in the ED from October to November 2023. Patients were identified using

a search term in the IPMS software, and a random sample was selected for analysis. Data were extracted from patient medical charts and analyzed using the RCEM management of urinary retention audit tool.

Results

The audit revealed a demographic skew towards male patients (95%). Causes of urinary retention were identified in only 16% of cases. Follow-up care was inconsistent, with GP referrals documented for 52% of patients, but only 53% had booked outpatient department (OPD) appointments. Critical documentation, including residual volume and catheter size, was absent in all cases.

Conclusion

The study highlights significant inconsistencies in referral documentation and follow-up care, potentially harming patient outcomes. Missing documentation, such as residual urine volume and catheter size, disrupts care continuity, increasing the risk of recurrence and patient dissatisfaction. Addressing these documentation gaps is crucial for improving patient safety and outcomes.

Implications

Standardized referral pathways and improved documentation practices are needed. These steps would ensure consistent, high-quality follow-up care, reduce recurrence, and enhance communication among healthcare providers. Future research should explore the impact of these interventions on patient outcomes to guide further clinical practice refinements.

POSTER 13

Therapeutic endoluminal vacuum therapy (evt): a gold standard management for oesophageal and selected gastric and duodenal perforations

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Aim

Oesophageal perforations/ leaks affect roughly 2,800 patients annually in the UK. Mortality rates reach 50% if diagnosis and treatment is delayed. Traditionally, management involved invasive surgery with poor outcomes. Our unit has adopted EVT as first-line management for all oesophageal perforations/leaks and select gastric and duodenal perforations, using an ad-hoc Endoluminal Vacuum Device (EVD). Primary aims were to assess the perforation/leak healing rate, patient mortality and complication rate of EVT.

Method

Retrospective analysis of a prospectively collated database of patients who received EVT between May 2011 to September 2024 for oesophageal, gastric and duodenal perforations was performed. The ad-hoc EVD was constructed using an open-pore sponge sutured to the end of a nasogastric tube, which was inserted endoscopically into the perforation site with continuous negative-pressure applied.

Results

107 patients received EVT, median age was 65 years (range 23-92 years), M:F=59:48, median ASA was 3 (range 1-5). 86 cases were oesophageal, 17 gastric and 4 duodenal. Postoperative leaks accounted for 45 cases, 26 were iatrogenic, 30 spontaneous and 6 traumatic. Leak resolution was achieved in 97 patients (90.7%). 12 (11.2%) patients died, 7 (6.5%) were due to treatment failure. 4 (3.7%) significant bleeding events occurred directly related to the leak due to undrained sepsis.

Conclusion

EVT is safe and effective in managing upper-gastrointestinal (UGI) leaks irrespective of aetiology, achieving a significant reduction in mortality compared to traditional treatments, especially when presentation is delayed. It should be considered first-line management in all patients with UGI anastomotic leaks, oesophageal perforations and select gastric and duodenal perforations.

POSTER 14

enabling access to safe surgery in rural africa through technology-enhanced training and supervision. Lessons from malawi, zambia and tanzania

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Aim

Five billion people lack access to safe surgery, particularly in rural areas of developing countries. In sub-Saharan Africa, district-level hospitals (DLHs) are expected to provide surgical care for rural populations, but they often lack capacity. The SURG-Africa project aimed to strengthen the surgical capacity of DLHs in Malawi, Tanzania, and Zambia.

Methods

The intervention involved 2-3 monthly visits to 32 DLHs by specialists from referral hospitals and the establishment of a mobile phone-based network for real-time consultations. A mixed-methods controlled design was used to monitor changes in surgical skill levels, surgical volume, types of procedures performed, and referrals.

Results

The intervention improved surgical output and enhanced the functionality of surgical teams. Clinicians in most participating facilities reported the ability to perform new essential and

life-saving procedures, such as hernia repairs, bowel anastomosis, emergency laparotomy, and appendectomy. As a result, a 30% reduction in surgical referrals was observed at intervention sites. Improvements in procedural skills were also reported, including better adherence to the WHO surgical safety checklist.

Conclusions

Surgeons are generally unavailable to rural populations in Africa, as most practice in urban areas. Periodic visits to DLHs, supplemented with regular contact via a mobile phone consultation network, can provide rural populations with access to specialists and make safe surgical services more accessible in the target countries. There is currently no agreed-upon method for scaling up surgical services in low-resource settings; however, SURG-Africa has demonstrated a potential solution that has positively impacted millions of lives in Malawi, Zambia, and Tanzania.

POSTER 15

Implementation of enhanced recovery after surgery (eras) after colorectal surgery in a model 3 hospital

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Aim

Enhanced Recovery After Surgery (ERAS) Society guidelines implementation have demonstrated a reduction in post-operative morbidity and median hospital stay. This not only contributes to the well-being of the patient but also leads to reduced health care costs. This audit aimed to check compliance with ERAS colorectal guidelines at a model 3 hospital.

Methods

First cycle of the audit involved a retrospective review of the prospectively maintained database of major colonic resections to evaluate compliance with ERAS society guidelines. This was followed by an intervention which included education of the NCHDs and the nursing staff. Second cycle included prospective data collection to determine the compliance with guidelines.

Results

A total of 10 patients undergoing major colonic resections were included in the first cycle. The compliance with early mobilization, diet progression, incentive spirometry and minimized pre-operative fasting was 80%, 90%, 100% and 100%, respectively. Median day to discharge was 7.6. 13 patients were included in the second cycle. The compliance with early mobilization, diet progression, incentive spirometry and minimized pre-operative fasting was 92%, 84%, 100% and 100%, respectively. Median day to discharge was 7.

Conclusion

Educational activities for NCHDs and nurses did not bring about a major change in compliance with the guidelines. A multi-disciplinary combined approach with repeated re-audits is required to ensure good compliance.

POSTER 16

Conservative management of acute acalculous cholecystitis after percutaneous cholecystostomy

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Aim

Acute acalculous cholecystitis (AAC) typically affects 0.2 -0.4% of critically ill patients. Mortality rates in these patients are often over 30%. Percutaneous cholecystostomy (PC) has been used as a bridging treatment to delayed laparoscopic cholecystectomy in high-risk patients. This study aims to examine the available treatment options for recurrent AAC after PC, with an emphasis on PC as a management option for recurrent ACC.

Methods

A scoping review of the literature from 1993 to 2022 was performed. PC complications, recurrence rates of AAC after PC, risk factors for recurrent cholecystitis post PC, mortality rates after PC, treatment of recurrent cholecystitis after PC, and outcomes following re-intervention were extracted from 18 studies form databases of Medline, PubMed, Cochrane, and Web of Science.

Results

The data suggested mostly minor complications (12.7%) and lower recurrence rates (6.9%) with underlying co-morbidities as contributing factors for recurrence of AAC. PC, interval cholecystectomy (IC), and antibiotics were the treatment modalities for recurrences. These interventions left most of the patients asymptomatic while few died due to underlying diseases or morbidity associated with surgery. Mortality rates of PC were similar to the literature but not related to PC.

Conclusions

PC should be considered as the definitive treatment for AAC given the minimal associated complication rates, recurrence and morbidity rates. Evidence suggests that most patients with PC remained asymptomatic. Mortality occurred due to surgical complications or underlying co-morbidities. Given the underlying illnesses of the patients, interval cholecystectomy is not a necessity and recurrences can be managed by PC.

RCSI MILLIN MEETING ABSTRACTS

POSTER 17

Outcomes of ureteroscopy and laser lithotripsy with and without ureteral access sheaths for the treatment of renal calculi: a systematic review and meta-analysis

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Introduction

The use of ureteral access sheaths (UASs) is an issue of contention among urologists, with their efficacy unclear in retrograde intrarenal surgery (RIRS). Therefore, we performed a systematic review and meta-analysis to assess RIRS with laser lithotripsy for the treatment of urolithiasis with and without the use of UAS.

Methods

A systematic literature search was conducted in July 2023 using MEDLINE, EMBASE and the Cochrane library. The quality of the included studies was assessed using the Newcastle-Ottawa scale1 and Cochrane collaboration risk of bias tool2. Primary outcomes assess were stone-free rate (SFR), and post-operative complications. Secondary outcomes were operation duration, length of stay in hospital (LOS) and ureteral injuries. Effect sizes were calculated by pooled risk ratios (RRs) and standardised mean differences (SMDs) with confidence intervals (CIs).

Results

In total 16 studies met the inclusion criteria. There were 3123 participants who had RIRS with a UAS and 1478 without. Pooled analysis reveal no significant difference between groups in SFR (RR=1.02 95%CI 1, 1.05), complication rate (RR=1.1 95%CI 0.84, 1.35), ureteral injuries (RR=0.97 95%CI 0.73, 1.21) or LOS (SMD= -0.01 95%CI -0.08, 0.11). Operation duration was significantly longer in the UAS group (SMD=0.35 95%CI 0.01, 0.7).

Conclusion

For carefully selected patients with urolithiasis, UASs have no benefit in terms of operative success or preventing post-operative complications, but may result in a longer operation duration. Evidence from this meta-analysis indicates that RIRS and laser lithotripsy for urolithiasis can be performed effectively and safely without the use of a UAS.

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POSTER 18

Does the administration of topical tranexamic acid reduce haematoma rates in breast reductions? A systematic review

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Introduction

The risk of post op haematoma following breast reduction surgery ranges between 1 and 10%. Tranexamic is now used across surgical disciplines following excellent evidence supporting its efficacy at reducing bleeding. A survey of members of the British Association of Aesthetic Plastic Surgeons reports 83% of responders using tranexamic acid in breast reductions. However, there is unclear evidence relating to the efficacy of topical tranexamic acid use. Hence this systematic review aims to address this.

Methods

A priori protocol was registered with PROSPERO. Registration CRD42024577863. Methodology was in keeping with the PRISMA Guidelines for Systematic Reviews. Bias was assessed via Newcastle Ottawa Scores and the Cochrane tool for assessing risk of bias in randomised trials. All eligible articles evaluating the impact of topical tranexamic acid on haematoma rates in patients undergoing breast reduction surgery were included. Analysis was conducted via a qualitative synthesis.

Results

Overall, 4 studies including 789 breast reduction cases were included with 415 in the control groups and 374 receiving the intervention. There were 18 haematomas in the control group and 5 in the intervention group. Only 1 study reported statistically significant results supporting topical tranexamic acid administration. There was significant interstudy and intrastudy heterogeneity negating a meta-analysis.

Conclusions

Intravenous tranexamic acid use in breast reduction surgery is widespread. However, there is limited evidence supporting the use of topical tranexamic acid. Outcomes between studies vary and further well-designed studies are required to provide clarity on the research question.

POSTER 19

Short term outcomes of laparoscopic modified sugar baker repair: challenges faced and insights from resource limited settings

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Aim

There is a lot of literature originating from resource rich countries on the management and outcomes of parastomal hernias and this has paved path to

guidelines regarding management of parastomal hernias. Very limited literature is available from low-middle income countries, where on account of resource constraints, the available surgical options are very limited. We aim to highlight the challenges faced in achieving good outcomes with laparoscopic modified Sugarbaker repair in a low-middle income country.

Methods

A single center retrospective cross-sectional study. Patients undergoing laparoscopic modified sugar baker repair from Jan 2022 to Nov 2023 were included. Laparoscopic converted to open or open parastomal hernia repairs were included.

Results

15 patients (12 males and 3 females) with a mean age of 56.73 ± 10.14 were included. Mean BMI was 25.45 ± 2.86. The mean hernial defect size was 7.55 x 5.02 (SD 2.87 x 1.48) (Craniocaudal x Transverse). Composite mesh was used in 10 repairs and Ultra-Pro in 5 cases. A total of 3 recurrences were noted with a recurrence rate of 20%. All 3 recurrences were in Ultra-Pro group. 2 of the recurrences were within 30 days and required a re-do surgery. The mean duration of follow up was 16.23 ± 6.16 months.

Conclusions

Laparoscopic modified Sugarbaker repair is an effective technique for the management of parastomal hernias. Adequate overlap with the mesh is of paramount importance. Limited availability of optimal sizes and types of mesh in resource limited countries are a major hurdle in achieving good outcomes.

POSTER 20

Single institution experience of reducing surgical waste

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Aim

Healthcare waste is a major issue for Irish hospitals. Currently one patient generates up to 7.7kg of waste per day in acute hospitals. For surgical patients the waste increases furthermore, with healthcare risk waste incineration costing 1849€ per tonne. The aim is to evaluate two aspects of operating in plastic surgery, at one end with minor operations and at the other, microsurgical breast reconstruction, both with different needs.

Method

Audit current practice and use of consumables and disposable sets. Perform a cost analysis with the finance and procurement department for disposable and reusable minor and major plastic surgical sets. Analysis of environmental cost of disposable sets and reusable sets within central sterile supply department. Staff education on financial and environmental impact of waste.

Results

We use 6500 disposable minor surgical sets per year across three units within the saolta group at a cost of €143'000 pa. Environmental cost of disposal is estimated at 2116kg CO2e for transport and disposal. We have reduced the items in the microsurgical breast reconstruction sets by 88%. At an estimated 70g CO2e per instrument for sterilisation this amounts to a reduction in 5,880g CO2e per case, and 235kg CO2e pa. Our intervention consisted of educating theatre staff members to allow them to make choices to reduce consumption of consumables and single use sets. This we hope will lead to a significant environmental and economic impact.

Conclusion

We have improved our environmental and economic impact on the hospital with no deficits to patients care and have made important progress in improving sustainability in our hospital.

POSTER 21

Unique characteristics and prognostic factors in acral melanoma

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Aim

The aim of this study was to undertake a bi-institutional assessment of the incidence of acral melanoma (AM) in an Irish cohort and to identify disease and treatment factors distinct to AM to address delayed diagnoses and treatment in this rare entity.

Methods

We performed a retrospective review of 41 patients to 2 Irish major cancer centres for the management of melanoma between 2017 and 2023. Patient medical records, pathology and radiology were reviewed for data extraction. Descriptive and frequency statistics were computed. Chi-squared tests were performed to assess for association between examined variables.

Results

A total of 41 patients met the inclusion criteria. The majority of AM patients were acral lentiginous sub-type (82.93%). The average Breslow's thickness was 5.05mm. T stage ≥3 was noted in 75.60% and a positive lymph node biopsy in 41.46%. Presence of mutation was significantly associated with greater predisposition to nodal disease ($p = 0.005$) and presence of distal metastases ($p = 0.004$). For patients whose exact referral process was documented, 82.35% (n=14/17) of patients noticed a lesion for ≥ 6 months before self-referring.

Conclusion

Diagnosis of AM is rare and its atypical features of location, infrequent pigmentation, thick Breslow's thickness and lengthy periods before accurate diagnosis led to diagnoses at more advanced stages. AM is more likely to require aggressive surgical management resulting in digital amputation and adjuvant immunotherapy with significant morbidity.

POSTER 22

The perioperative patient on immunotherapy: what the surgeon needs to know

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Abstract [hasn't followed the correct guidelines – no headings]

Immune checkpoint inhibitors (ICI) have become the standard of care for many advanced and metastatic tumours. Neoadjuvant immunotherapy has the potential to reduce tumour volume preoperatively and potentially limit postoperative relapse. ICIs bring their own set of unique inflammatory side effects, now termed immune-related adverse events (irAEs). Due to the inhibition of cytotoxic T-lymphocyte antigen 4 (CTLA-4) or programmed cell death 1 (PD-1), ICIs hyperactivate the immune system causing off-target toxicities, which in turn can affect all organ pathways, and potentially lead to severe or fatal toxicities.

The surgeon remains the primary caregiver to patients during the perioperative period. This manuscript provides a review of irAEs with special interest pertaining to the operating surgeon, focusing on epidemiology, risk factors, presentation, diagnosis, and management for the most common irAEs which may present in the perioperative period. As immunotherapies combined with surgery emerge as a forefront treatment, surgeons must develop new skills to recognize immune-related adverse events (irAEs) and adopt a multidisciplinary approach to guide patient management.

POSTER 23

Navigating the landscape of post-weight loss body contouring surgery: a comparative analysis of online information quality and readability vs. ChatGPT

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Introduction

As obesity rates rise globally, demand for bariatric surgery increases. Following bariatric surgery, many patients experience physical and psychological challenges from redundant skin, prompting some to pursue body contouring surgery (BCS). Due to issues with accessibility and affordability of cosmetic procedures, coupled with widespread advertising, patients are now travelling abroad to access these services. Accurate, patient education is paramount to ensure informed consent and patient safety. With more patients seeking health information online, this study examines the accuracy and reliability of online information versus that generated by artificial intelligence on BCS

Methods

This study analysed the quality and readability of Google search results for "plastic surgery after bariatric surgery". Websites were classified and assessed for quality using the JAMA and DISCERN scores, and for readability via FRES and CLI. CHAT-GPT responses to patient questions about body contouring surgeries were similarly evaluated and compared with website data.

Results

Of 200 search results, 161 were eligible, with 94.6% from commercial providers. Most websites (90.1%) had JAMA scores ≤2, indicating low-quality information. Scientific journals, governmental, and professional bodies had significantly higher DISCERN and JAMA scores than commercial and news sources ($p<0.001$). AI-generated information had lower readability than all website sources ($p<0.001$).

Conclusion

Websites from professional bodies remain the best source of information for patients considering BCS. Although AI and ChatGPT are evolving in plastic surgery, they are currently insufficient as standalone information sources. There is an urgent need for a concise, accurate online resource authored by plastic surgeons to educate prospective patients.

POSTER 24

B3 lesions and risk of breast cancer development in an irish tertiary centre

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[affiliations]

Aim

To Investigate the upgrade rate of final histopathologic specimens as well as Future risk of breast cancer in over 1000 B3 core biopsies in Cork University Hospital (CUH) and to determine the factors that predict outcome.

Methods

Retrospective review of 1096 patients with B3 lesions from 2010-2024. Of these, 960 patients fit inclusion criteria of B3 biopsies subsequently excised. The results were individually corroborated to corresponding excision histology results post work up. Statistical analysis was carried out using STATA. Future diagnosis of Breast cancer was also assessed.

Results

Among the 960 patients who met the inclusion criteria, 18.6% (n=179) were upgraded to malignancy following the surgical excision. Of these, 79 were DCIS, 43 were invasive malignancy, and 58 were phyllodes. The lowest upgrade

rate was for radial scars 4.3%, the highest upgrade was for Atypical Ductal Hyperplasia 41%. 78 women went on to have recurrence of breast cancer.

Discussion

Our study shows that the overall upgrade rate was 18.6% for B3 lesions in CUH. This is within the range of upgrade rates reported in international literature. A Chi-squared analysis was performed looking at the statistical correlation between patients age and B3 lesion upgrade rate. B3 lesions in CUH had a recurrence rate of 8%. Mean time to recurrence was 5.3 years with a range of (1 - 12 years) Further research needs to be performed with detailed examination of individual types of B3 lesions.

POSTER 25

Unraveling the mysteries of parsonage turner syndrome: a journey towards optimal management. A systematic review

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Aims

Parsonage Turner Syndrome (PTS) is a peripheral neuropathy manifesting as sudden onset pain, muscle weakness, and atrophy. This review aims to analyse longterm outcomes reported in adult patients with PTS, and establish an optimised management approach.

Methods

A comprehensive literature search was performed using MEDLINE, PubMed, and the Cochrane Library. Articles that met the eligibility criteria were included. Analysis on time to presentation, presentation, interventions and long-term functional outcomes was conducted. All relevant information was collected by two independent reviewers.

Results

Twenty-five studies, comprising 950 PTS patients, were identified. Patients averaged 43.8 years in age, with a F:M ratio of 0.6:1, and presented symptoms spanning 1 to 24 months prior to seeking medical attention. Management details were elucidated for 402 patients (42%), with 87% managed conservatively. Among conservatively managed patients, over 50% exhibited no improvement. 62/402(15%) necessitated surgical interventions, including neurolysis, decompression, nerve transfers, and diaphragmatic plication. 25/31(80.6%) neurolysis cases demonstrated full functional recovery, including pain resolution and full muscle strength, between 1day-13 months (average 2.9 months). 2 nerve transfer cases achieved full forward flexion at 2.5 months. Overall, long-term outcomes of PTS, reported at 5 to 25 months, revealed residual neuropathic pain in 60% and incomplete motor function return in 70% of patients.

Conclusions

PTS recognition and referral challenges persist, impeding timely management. While surgical interventions are advocated after three months for incomplete recovery, long-term surgical outcomes are inadequately reported. An optimal surgical strategy for stagnant nerve recovery needs to be devised for this challenging cohort of patients.

POSTER 26

Mini c arm fluoroscopy: minimising radiation exposure for surgeons treating hand Trauma patients

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Aim

The adoption of Mini C-arm fluoroscopy in hand surgery represents a significant advancement, particularly for managing traumatic hand fractures. Traditional C-arms pose challenges due to limited manoeuvrability, often resulting in mispositioning and increased radiation exposure. Global acceptance of Mini C-arms underscores their versatility and cost affectiveness across medical settings. However, the absence of established Diagnostic Reference Levels (DRLs) for Mini C-arm fluoroscopy presents safety challenges. This study aimed to assess the safety and efficacy of Mini C-arm fluoroscopy in hand trauma procedures.

Methods

Fifteen patients requiring surgical intervention for upper limb injuries were included. Radiation exposure was measured using dosimeters and Dose Area Product (DAP), while image quality was evaluated against national standards using the Xogragh Orthoscan TAU2020 Mini C-Arm.

Results

The average DAP was 0.373cGy. cm2, with patient doses averaging 0.007cGy. Surgeon exposure was minimal, with whole-body doses of 0.076uSv and eye doses of 0.187uSv per procedure. Compared to standard C-arms, Mini C-arms demonstrated

significantly lower radiation exposure with preserved image quality, supporting safety and efficacy

Conclusion

This study advocates for the routine use of Mini C-arm fluoroscopy in hand trauma surgery, highlighting safety and imaging benefits. Findings contribute to evidence-based guidelines, promoting safer surgical environments and enhancing patient care. Continued research and regulatory efforts are needed to establish DRLs for Mini C-arm fluoroscopy, ensuring consistent safety standards.

POSTER 27

The prevalence of work-related musculoskeletal disorders and current ergonomic practices among orthopaedic trainees

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Aim

Work-related musculoskeletal disorders (WRMD) represent a significant concern in orthopaedic surgery, particularly among trainees in the early stages of their careers. WRMD can lead to pain and diminished job satisfaction and can negatively impact surgical practice. This study aims to establish the prevalence of WRMD among orthopaedic trainees in Ireland and explore current ergonomic practices.

Methods

A cross-sectional survey was developed using Survey Monkey and distributed among orthopaedic trainees. The collected data encompassed demographic information, details of musculoskeletal injuries, and current theatre ergonomic factors. The data was analysed using descriptive statistics.

Results

This survey had a 53% response rate and showed that 56% of trainees have experienced WRMD. Pain was experienced by 59% of trainees more than once per month, and 19% of trainees had suffered an acute musculoskeletal injury in theatre. While 81% of participants had received manual handling training, only 3% had undergone formal ergonomic training. Furthermore, holding limbs intraoperatively, positioning patients, and transferring patients were the top ergonomic factors that trainees felt contributed to these WRMD. This survey revealed that 88% of trainees perceive the limitations on table height adjustments to have an adverse impact on surgical practice.

Conclusion

This study is the first to explore the prevalence of WRMD among orthopaedic trainees in Ireland, and its findings align with existing international literature. Trainees perceive multiple ergonomic factors in the operation theatre to contribute to injury.

POSTER 28

In the neck of time: assessment of the effects of maladaptive neck posturing in reconstructive microsurgeons using real-time ergonomic monitoring

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Aim

This study aims to explore the prevalence of neck pain amongst reconstructive microsurgeons, quantify the time spent in a maladaptive posture (neck flexed >30°) during microsurgical free flap raise and inset and lastly, to identify factors associated with symptomatic neck pain.

Methods

Reconstructive microsurgeons were prospectively recruited prior to microsurgical cases at the Department of Plastic & Reconstructive Surgery, Beaumont Hospital, Dublin. The lead surgeon wore the Upright Go 2 device to measure time spent >30° in neck flexion during (a) free flap raise and (b) micro-anastomosis. Surgeon characteristics and procedural factors were collated and the impact on surgeon function assessed using the Neck Disability Index (NDI) questionnaire.

Results

Seven surgeons performed 16 free flap procedures during the study period. Time spent in >30° neck flexion was 77.4%(SD=11.7) of total procedural time during flap raise (mean time =1.63 hours) compared to 8.86% (SD=11.7) during micro-anastomosis (mean time =1.32 hours) (P= 0.00012, Mann-Whitney U test). Older age correlated with a greater prevalence of neck pain (p=0.01) and more surgeries per week were correlated with neck pain in the preceding 7 days (p=0.021). Older surgeons were more likely to reduce work ($p < 0.001$) and leisure ($p < 0.001$) activities due to neck pain and were less likely to support (p=0.005) or use (p=0.005) biofeedback postural training.

Conclusion

Ergonomic maladaptive posturing was significant during free flap raise and raises significant concerns as an occupational hazard. Exploration of interventions is urgently required to mitigate long term musculoskeletal dysfunction in microsurgeons.

POSTER 29

Ovarian cancer mortality trends in ireland (1992–2021): an age–period–cohort analysis with forecasts to 2046 from the global burden of disease study

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Aim
This study examines trends in ovarian cancer mortality in Ireland from 1992 to 2021, exploring associations with age, period, and birth cohort. Additionally, it offers projections of mortality numbers and rates for ovarian cancer in 2046.

Methods
Data were extracted from the Global Burden of Disease 2021, and an age-period-cohort (APC) model was employed to estimate the annual percentage change in mortality rates and analyze the independent effects of age, period, and birth cohort. Future trends were predicted using the Nordpred model.

Results
From 1992 to 2021, the number of deaths increased by 13.4%, from 246 to 279, while the age-standardized mortality rate (ASMR) decreased by 39.7%, from 11.15 to 6.72 per 100,000 individuals. The overall annual percentage change in ovarian cancer mortality was -1.92% per year (95% CI: -3.17 to -0.65) in Ireland, which was higher than the average in the European region. Longitudinal analysis using the APC model demonstrated that ovarian cancer mortality risk increased with age from 15–19 to 80–84 and sharply declined in individuals aged ≥ 95 years after a small fluctuation. Period effects indicated a decreasing mortality risk over the study period, while cohort effects showed a significant reduction in mortality risk for those born after 1902. The number of ovarian cancer deaths may considerably increase in the next 25 years, despite a decreased ASMR.

Conclusion
This study highlights the critical need for continued investment in prevention, early detection, and advanced treatment strategies to better manage ovarian cancer-related deaths in Ireland.

POSTER 30

Enhanced healing in refractory chronic venous ulcers: a randomized controlled trial comparing compression therapy alone to combined bridge negative pressure wound therapy and compression

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Aim
Negative pressure wound therapy (NPWT) proposes an option in the management of Refractory non-healing venous leg ulcers (VLU). Primary endpoint is the time taken for full healing. Secondary endpoints were proportion of ulcers healed at 12-weeks, reduction in ulcer size at 12 weeks and recurrence rates.

Methods
A randomised controlled trial where fifty patients with chronic VLU were randomised to either NPWT in conjunction with compression therapy (CT), or to CTCT alone, on a 1:1 ratio, for 12 weeks. Sample size was calculated to detect a minimum of 19 days with a standard deviation of 12 days and a power of 95% (⍰=5%). Patients were followed-up for one-year. Patients with mixed aetiology were excluded.

Results
Demographics and risk factors were similar in both groups. Ulcer size, anatomical location and the duration the patient had the ulcer were equivalent in both groups. All ulcers were CEAP C6. Mean time to full healing was 64.3 days ± 4.2 days in NPWT + CT patients and 83.2 days ± 8.4 days in compression patients (P<.001). At 12 weeks, 80% of NPWT + CT managed ulcers (n=20/25) were completely healed, compared to 36% of CCD ulcers (n=9/25) (P<.001). The mean reduction in ulcer surface area at 12 weeks was 79% in NPWT + CT patients, compared to 58% in the compression group (P<.001). At 12 months follow-up, one recurrence occurred in the NPWT group, compared to two of the compression healed ulcers (p=.375). No local or systemic complications were encountered in either treatment group.

Conclusions
NPWT in conjunction with compression is more effective in managing refractory non-healing VLUs, with reduction in the time required for healing and less recurrence rates, thus enhancing the quality of life.

POSTER 31

Hand fractures and frailty in an older adult population: a comparative analysis

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[affiliation]

Aims
1. To characterise hand fractures in older adults and their association with frailty and comorbidity indicators
2. To review the outcomes of further fractures, admissions, and death following a hand-fracture in an older-adult

Methods
Patients with hand fractures who attended a single-hospital in a 12month period were included in the study. Clinical data was extracted from medical records and radiological data. Outcomes were assessed on using the following variables: readmission,further fractures, discharge destination and death since fracture. Frailty was scored using Charlson Comorbidity

Index(CCI)and Rockwood Clinical Frailty Scale(CFS).

Results

N=39 patients (M:F 1.29:1)were included in the final sample. Mean Rockwood score for males at time of fracture was 2.71(± 1.404)whilst for females was 3.67(± 1.557). Mean difference between sexes was not significant(p = 0.094).Mean Charlson score was 4.52(±3.003)in males and 6.35(±2.81) in females, with mean difference being significant (p= 0.0356).2/22(13.3%) males were discharged to locations other than home, whilst 4/12(33.3%)females were discharged to other care facilities. Rockwood scores were found to have significant value is predicting emergency presentation(p= 0.004)and assessing risk of further fracture(p=0.004).

Conclusions

Assessment of patients using clinical frailty tools may help in triaging patients who may be at higher risk of further fractures, emergency presentations and complications. This study found a higher utility for the Rockwood score compared to the Charlson score in predicting emergency presentation and risk of future fracture within the studied cohort. The findings may serve to advocate for greater use of frailty scoring tools in predicting future clinical course and sequelae within a fracture population and highlights the impact of sex on the outcome of patients in similar presentations.

POSTER 32

The role of interns in surgical handover and implications for patient care

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Introduction

Surgical handover is frequently identified as a source of adverse events in patient care. The impact of intern involvement in this process is not well understood; however, there is a potential for errors occurring due to communication inefficiencies, including omission of information.

Aim

To assess intern involvement in emergency general surgery handover, its impact on daily tasks, and patient safety.

Methods

Post-take surgical interns were observed from 08/04/2024 to 06/05/2024. Details of their involvement in morning post-call handover and clinical queries received during their shift were recorded on a pre-piloted proforma. Interns were also surveyed to detect patient safety events related to the handover.

Results

A total of n=10 observation periods were carried out, with n=100 clinical queries recorded. Only 30% of morning handovers observed had full intern involvement. While all interns appeared to be actively listening, only 60% asked clarifying questions, and only 40% provided a readback to the handover leader. Clinical queries directed at interns who were fully involved in handover (n=30,30%) were more likely to be answered immediately (96.6% vs 78.6%,p=0.0495) and from memory (90% vs. 47.1%,p<0.0001). The most common resource used by those who were not fully involved in handover was prior clinical knowledge (32.8%). One incidence of negligible harm occurred, which was reported to be due to omission of patient allergy information during handover.

Conclusion

Reduced intern involvement in the post-call handover process has the potential to delay, and therefore negatively impact, patient care. Their active participation should be encouraged.

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POSTER 33

Assessment of referral practices and management of foot stress fractures: towards the development of community-based protocols

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Aim

This audit assesses the appropriateness of foot stress fracture referrals to Galway University Hospital, with the goal of proposing evidence-based, community-level management protocols to reduce unnecessary hospital referrals and optimize patient care.

Methods

A retrospective review was conducted on 40 patients referred for foot stress fractures between 2018 and 2023. Data from medical records were analyzed, focusing on referral patterns, fracture location (high vs. low risk), symptom duration, imaging usage, and management outcomes. Appropriateness of referrals was determined using orthopedic literature, which suggests conservative treatment for low-

risk fractures (e.g., metatarsals) and urgent referral for high-risk fractures (e.g., navicular). Resource utilization, including clinic visits and repeat imaging, was reviewed to quantify inefficiencies in the current system.

Results

65% of referrals were inappropriate, with low-risk fractures referred before conservative management was completed. These inappropriate referrals resulted in 44 unnecessary clinic visits and 24 redundant imaging studies, contributing to avoidable strain on services. In contrast, appropriate referrals (35%) were seen within 1-2 weeks, and 14 patients successfully completed conservative management, allowing discharge to primary care within 8 weeks. Importantly, none of the inappropriate referrals required surgical intervention.

Conclusion

This audit highlights a significant over-referral of low-risk fractures, demonstrating the need for clear, standardized community-based protocols. Optimizing primary care management for low-risk patients and implementing refined referral criteria can reduce the burden on orthopedic services while ensuring timely intervention for high-risk cases.

POSTER 34

Clinical audit: assessment of the conduct of scrotal exploration for suspected testicular torsion in chi at temple street 2022-2023

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Introduction

Testicular torsion is a critical urological emergency, with an incidence of 1 in 4,000 among males under 25, predominantly affecting adolescents. The condition involves the twisting of the spermatic cord, leading to ischemia and potential loss of the testicle if not addressed through emergency scrotal exploration, ideally within 4 to 6 hours. Despite its severity, there has been limited guidance on best practices for surgical management. In response, the recently published BURST-BAUS consensus document, known as the Finding Consensus for Orchidopexy in Torsion (FIX-IT) study, offers a comprehensive framework for intra-operative decision-making.

Aim

This audit aims to evaluate the adherence to BURST-BAUS guidelines in our local unit.

Methods

A retrospective review of scrotal explorations performed between January 2022 and December 2023 was conducted, assessing documented findings, including torsion presence, bell clapper deformity, and fixation techniques.

Results

64 procedures identified, with 50% having a median raphae incision, and 45% with a hemi-scrotal incision. 36 patients had torsion and out of these 33 had contra-lateral exploration. 3 patients of the non-torsion group ended up having the contra-lateral side explored. 16% of fixation were done as fixation in a pouch, and 26% of patients underwent fixation without contra-lateral exploration which is not in keeping with the recommendation. Suture material used was 100% absorbable, which is not keeping with guidelines.

Conclusion

Our practice showed adherence to the guidelines in certain aspects. Findings the recommendations were discussed with our department. Another cycle of the audit is underway to measure adherence and success of intervention.

POSTER 35

Orthopaedic trauma informed written consent: a closed-loop standards audit in a tertiary referral hospital

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Aim

Surgical consent is a critical patient safety process. Documented surgical consent is considered best practice by the Royal College of Surgeons in Ireland and the Health Service Executive. The purpose of this study was to conduct a single-centre surgical consent standards audit. We evaluated consent forms in patients admitted to a tertiary referral centre with orthopaedic trauma and compared them to American Academy of Orthopaedic Surgeons (AAOS) consent standards.

Method

During the first cycle of the audit, consent forms of patients admitted for orthopaedic trauma surgery over a two-month period (11/07/22 - 04/09/22) were evaluated. Forms were assessed for inclusion of patient name, medical record number (MRN), date of birth (DOB), patient address, date and time of consent, name of procedure, side, and site/level. Inclusion of abbreviations, acronyms, or multiple procedures was also recorded. The second cycle of the audit was conducted after a teaching memo was circulated to non-consultant hospital doctors within the department (26/06/24 - 01/09/24).

Results

During the first cycle, 151 consent forms were evaluated. 100% of forms included patient name, MRN, and DOB. Two forms (1.3%) omitted the procedure name. Eight forms (5.3%) did not specify either site or side of the procedure. 36 forms (23.8%) included an abbreviation or acronym. 57 forms (37.8%) included multiple procedures. 64 forms were collected in the second cycle.

Eight forms (12.5%) contained an abbreviation or acronym, while eleven forms (17.2%) documented multiple procedures.

Conclusion

This audit highlights the importance of accurate surgical consent documentation for perioperative patient safety.

POSTER 36

Comparison of mechanical properties of non-ridged versus ridged back slab in lower limb fractures

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Aims

This study aims to ascertain that by altering the design of the backslab by adding a single ridge that acts as a beam, less number of POP layers can be used to give a light yet strong construct. This can also be cost effective. If a single ridge is added it can strengthen the construct. Only by using this simple technique of making a single ridge in the back slab, weight, discomfort, and cost of the back slab can be decreased significantly. This study aimed to evaluate the strength of ridged back slab with the flat back slab when applying external force.

Methods

This study was carried out in the department of trauma and orthopaedics, Our Lady of Lourdes Hospital Drogheda, Ireland in October 2022.We made three groups of back slabs with 8,10 and 12 layers. Each group had four ridged back slabs and 4 non ridged back slabs. These were made from six-inch plaster of Paris rolls. The length of the back slab was 190cm. Both specimen groups were subjected to a 3-point bending using a Hounsfield H100KS Universal Testing Machine with a crosshead speed of 5 mm/min and a span distance between supports of 190 mm.

Results

There was a significant difference in mean maximum force endured between the 10-layered and 12-layered flat and ridged back slab (p-value: 0.003; 0.004). Additionally, 10 layered ridged back slabs sustained 56N, and 12 layered ridged back slabs sustained 73.9N more force than the flat back slab which proved that the ridged lower limb back slab is stronger.

Conclusion

When applying stress, ridged back slabs were stronger in terms of strength than the non-ridged back slab. In the current investigation, ridged knee back slab with 10 and 12 layers outperformed the non-ridged back slab in terms of load-to-failure sustainability.

POSTER 37

Empathy levels in medical students: a single center study

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Objectives

To determine the level of empathy in medical students and to determine the difference in empathy levels between the two genders in a single center.

Materials & Methods

This qualitative study was conducted at a medical college in Peshawar from March 2021 to July 2021. Institutional ethical committee approval was taken (RMI/RMI-REC/Approval/83) before commencing the study. All students admitted into the medical college in the current academic year 2020 to 2021 were included in the study. Any students that did not fill out the questionnaire completely were excluded. The Toronto Empathy Questionnaire (TEQ) was used in this study. The questionnaire was uploaded on google forms for data collection. All the resulting scores were entered into IBM SPSS version 23.0. The mean TEQ score was calculated. Box and whisker plots were made for respective years. An Independent sample t-test was used to determine the association between mean TEQ scores and gender.

Results

Of 367 students, 347 (94.6%) participated in this study, with a slight female predominance (53%). The mean age of the students was 21.44 (SD = 1.751) years. The participation rate was ≥70% from each class. Most participants across the years have an above-average empathy score (49.9%). Among the participants, the year I (67.6%) showed most participants with high empathy. Year IV (40.6%) has the highest proportion of below-average empathy scores. The mean empathy score of female students was 49.08 (S.D = 7.588), while the empathy score for male students was 44.59 (S.D = 7.58).

Conclusion

Empathy levels decline as medical education is progressed through the years. Females show a greater sense of empathy than their male counterparts. A slight increase in empathy levels is seen in the final year of medical school after a decline over the initial years.

POSTER 38

Robotic prostatectomy learning curve over the initial 200 cases of a single surgeon

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RCSI MILLIN MEETING ABSTRACTS

Introduction
Operative time, blood loss and surgical margin status are the key factors reported in the learning curve of robotic prostatectomy. There is a wide variation in reported number of cases in the learning curve.

Aim
The aim of this study was to assess the initial learning curve of a single surgeon's experience of robotic prostatectomy.

Methods
A review of a prospective prostate cancer database was performed. All procedures were performed using a da Vinci Xi surgical system.

Results
Between July 2021 and March 2024, 200 RARP were performed by a single surgeon. The median operative time was 140mins (Range 80-240), with the median operative time reducing from 150mins in the first 50 cases to 100mins in the last 50 cases. The median blood loss was 150mls (Range 50-600), with the median blood loss reducing from 150mls in the first 50 cases to 100mls in the last 50 cases. The overall positive surgical margin rate was 16% (8.9% for T2 and 26% for >/=T3), margin rates were similar throughout the series. The median positive margin length was 2mm (Range 0.1-16). Most (83%) of the positive margins were focal (<3mm).

Conclusions
This study shows there are longitudinal improvements in primary surgical outcomes over the learning curve.

POSTER 39

Early outcomes from a robotic radical cystectomy program

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Introduction
Radical cystectomy is standard of care for patients with muscle invasive bladder cancer and an option for patients with high and very high risk non-muscle invasive bladder cancer. The iROC study demonstrated with level 1 evidence that robot assisted radical cystectomy (RARC) in high volumes centres is associated with a lower complication rate.

Aim
This study aims to report the initial two-year experience of RARC in a single centre.

Methods
The first RARC was performed in our unit in February 2022. All cystectomies since have been performed robotically. A review of the prospective bladder cancer database was performed.

Results
To date, 54 RARCs have been performed. The median age was 69 years (range 52-80). 44 (81%) patients were male. The median BMI was 28 (range 14-36). The median operative time (skin to skin) was 400mins (280-600mins). The median blood loss was 200mls (range 50-1500mls). The median length of stay was 7 days (range 4-28). All bar one patient (n=53) underwent an intracorporeal reconstruction. No patient required an intraoperative transfusion. One (1.9%) patient developed a Clavien-Dindo >3 complication within 30 days accounting for one (1.9%) death within 30 days. Eight (14.8%) patients developed late complications - 5 (9.3%) ureteric strictures, 1 (1.9%) incisional hernia, 1 (1.9%) parastomal hernia and 1 (1.9%) stoma stenosis.

Conclusions
Herein, we report the successful introduction of a robotic cystectomy program.

POSTER 40

Surgical trial publications: a lost decade?

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Background
Access to funding, especially government funding for research and development, is a crucial part of clinical trials in surgery. The publication of randomized clinical trials in surgery is an important indication of new developments in this field and the availability of funding for these studies. This study aims to explore and update the trend in surgical randomized clinical trial publications worldwide and relate this trend to direct government spending on research and development(R&D) between 2022 and 2024.

Methods
A search in the top 10 impact factor-ranked surgical journal publications was carried out to screen randomized clinical trials published between 2022 and 2024 in surgery. The analysis identified the country of origin for the study and distribution of RCTs based on population and government R&D spending.

Results
336 RCTs were published from 2022 to 2024 on surgical topics, essentially unchanged from the 2013-2015 period (337 RCTs). The leading area of investigation was cancer, followed by gastrointestinal surgery. Almost half of these RCTs were from the United States (79 [23.5%]) and China (78 [23.2%]). China had the highest government spending on R&D ($458.5 billion). Direct government spending positively correlated with the number of RCTs published, indicating a need for efficient utilization of these funds to support new RCTs to improve surgical practice.

Conclusion
There has been little change in surgical trial publication rates in the

last 10 years. Difficulty accessing funding may account for this in many jurisdictions.

POSTER 41

Atypical femur fractures in post-menopausal patients taking bisphosphonates and their indication to start after holiday period of 5 years and its effects

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Systematic Review, conducted May 2024

Introduction

Bisphosphonates are pharmaceutical agents used to prevent osteoporotic fractures and inhibit bone resorption. This research aims to examine the occurrence of atypical fractures of the femur in postmenopausal women using these treatments. Prolonged use of bisphosphonates is associated with infrequent but severe femur fractures, despite their efficacy in reducing fracture rates. The objective of this study is to determine the ideal balance between the therapeutic advantages and possible hazards of resuming bisphosphonate medication after a five-year break/ holiday period.

Objectives

» To systematically examine the literature on atypical femur fracture risk in postmenopausal individuals using bisphosphonates during 5 years on holiday.
» To determine the best time to start bisphosphonate medication after the holidays to reduce the risk of atypical fractures.
» To evaluate bisphosphonate discontinuation length post-holidays to preserve bone health and reduce fracture risk.

Methods

A comprehensive search strategy used, to find relevant studies for this systematic review. The databases PubMed, Embase, and Cochrane Library examined. The search strategy include atypical femur fractures, bisphosphonates, osteoporosis, treatment duration, and fracture risk. The search strategy initially yielded 1,200 articles from the selected databases. Duplicate articles were removed, leaving 800 entries for inquiry. All 800 articles were then evaluated for inclusion and exclusion. A total of 50 articles passed full-text screening for the systematic review, these articles were assessed for methodological rigor using the Cochrane Risk of Bias Tool and the Newcastle Ottawa Scale for observational studies. 09 articles met inclusion requirements.

Results

Atypical femur fractures were infrequent in postmenopausal patients using bisphosphonates, supporting safety. The study emphasises the need for thorough monitoring and adverse effect awareness, especially in long-term bisphosphonate users. The study discovered that extended postmenopausal osteoporosis treatments must be tailored to each patient's needs (Brown et al). It also underlines the significance of frequently monitoring the medicine and contemplating cessation after a break to reduce the risk of adverse events such as atypical femur fractures. After stopping chronic oral bisphosphonate therapy, the Study investigated mineral density and bone turnover post hoc (Saag et al). These findings suggest that bisphosphonate discontinuation needs switching medicines or monitoring for side effects. Whilst it would be more acceptable to adopt a more precise definition of "high risk "in light of these considerations, it remains feasible to administer continuous treatment to patients who are deemed to be at an adequate risk without interruption. For low-risk patients, if bone mineral density is stable or increasing, consider a drug holiday of one to two years after five years of treatment, and restart the drugs if bone mineral density declines or a fracture occurs.

Conclusion

Despite bisphosphonates lowering fracture risk, atypical femur fractures may occur, therefore prioritise patient monitoring, especially when using them long-term. Doctors should consider age, comorbidities, and fracture history when assessing the risks and benefits of bisphosphonate therapy for fracture prevention. After medication discontinuation, bisphosphonate therapy must be restarted immediately. The review found that early medication restart increases the risk of atypical fractures due to the drug's long-term bone remodelling effects. Therefore, tailored treatment regimens should include risk profiles and bone health status to determine drug interruptions and bisphosphonate resumption timing. Detecting AFFs early before they are fully formed allows for intervention, which might potentially decrease the negative health effects linked to these fractures. Single-energy X-ray absorptiometry (SE) is a recently developed imaging technique that has been proven to identify incomplete atypical femoral fractures (iAFF) before they fully occur (McKenna et al).

POSTER 42

Adjunct in diagnosing acute achilles tendon traumatic injury in emergency patients

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Introduction

Acute Achilles tendon injuries nowadays are diagnosed more or less on history, clinical examination along with Ultrasound confirmation. But whether they need surgical intervention or not, depends on factors like age, activity level and injury severity. Either way whether, conservative or surgical, diagnosis needs confirmation both clinically and

radiologically. Achilles' tendon injuries affect approximately 1 million athletes per year, and the incidence is 40 patients per 100000, patient population annually. The true incidence of Achilles tendon injuries is unknown, but more than 20 % ruptures are misdiagnosed. Alan G et al (2023) These challenging situations become frustrating for the patient, when they have to wait for definitive diagnosis due to unavailability of ultrasound in hospitals after hours. So, in this study we have highlighted the importance of Kager's triangle fat pad disruption on the lateral ankle x-rays done in the emergency department as reliable marker for the Acute Achilles tendon rupture. The confirmation of Kager's fat pad disruption on lateral ankle radiograph will not only aid in the diagnosis of Acute Achilles tendon injuries, but will also minimize the delay in the diagnosis and also in the final treatment.

Methods

Research methodology is described as a detailed and systematic process consisting of the research's objective, way of obtaining the data, and various qualitative and quantitative statistical techniques (Scribbr, 2019) A retrospective observational search was carried out from May 2021 till May 2024 in single tertiary care hospital , which include 264 patients with confirmed diagnosis of acute TendoAchilles ruptures, who had surgical intervention, once diagnosis confirmed either with the help of MRI or an Ultrasound scan .Out of these 264 , 109 had ankle x-rays done in the emergency department as primary investigation and were saved on NIMIS and SYNGO software. These patients were included in the study. Rest of the excluded patients had Ultrasound scan done as their primary investigation after clinical suspicion for confirming the diagnosis.

. Data was compiled and analysed using SPSS statistical software to allow the statistical tests and calculations to be carried out so as to find the diagnostic accuracy of X-rays, and, by default, it has facilitated the reliability and validity of the study results.

Results

The selected analysis showed that majority of patients who had x-rays done as their primary intervention in the emergency department had disruption of Kager,s triangle on the lateral ankle x-rays. These findings were later conformed by the radiologist as well in the same hospital. X-rays of these selected 109 patients were all reviewed and checked by the two radiology consultants in the same hospital They confirmed the disruption of fat pad in Kager's triangle in 81 patients out of 109 ,which is 75%.In the remaining 28 patient's x-rays ,the triangle was not visualized due to back slab and cast in 08 (08%) , triangle not fully imaged in 5 (5.4 %) , associated findings of calcaneal and trimalleolar fracture in 4 (4.3%) and disruption not confirmed in 8 (08%) of patients

Conclusion

Delays in diagnosis and treatment may complicate the clinical outcome of Acute Achilles tendon ruptures. Because findings may be subtle on history and physical examination, the use of readily available adjunctive studies is important for practitioners. (Christopher et al 2020) Under the light of above-mentioned analysis we can safely conclude that the disruption of Kager's triangle on the lateral ankle x-rays in the emergency department is an adjunct in the diagnosis of Acute Tendo Achilles rupture. It is time effective in the sense we don't have to wait for getting an Ultrasound and MRI, and relying on the x-ray and clinical findings we can proceed with the definitive treatment and intervention.

POSTER 43

Optimizing post-operative imaging in hemiarthroplasty

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Introduction

Hip hemiarthroplasty is a common procedure for neck of femur fractures in the geriatric population. Immediate implant related complications such as dislocation, periprosthetic fracture, and leg length discrepancy are uncommon, but should be ruled out with the use of post-operative X-rays. There is some debate as to the timing of the post-operative X-rays. Some orthopaedic units prefer immediate postoperative in theatre X-rays, whilst other units opt for departmental X-ray the following day. The aim of this study was to compare in theatre postoperative X-rays versus departmental next day X-rays, to see if there was any significant difference in diagnosing immediate implant related complications.

Methods

This is a single centre retrospective observational study including radiologic review of AP Pelvis X-rays for patients who had a cemented or uncemented bipolar hemiarthroplasty for neck of femur fracture from September 2015 until August 2023. X-rays were reviewed by 2 independent orthopaedic surgeons, to exclude any periprosthetic fractures, dislocations or other immediate implant related complications. A total of 1115 patients who underwent uncemented or cemented bipolar hemiarthroplasty data was collected from 2015 to 2023.Patients were operated using Anterolateral or Posterior approach as per preference of the operating consultant.

Results

Minimal or no complications were observed in 1095 patients x-rays, neither in theatre immediately after hip hemiarthroplasty nor

after 24 hours post-operatively. At the same time, 20 patients had complications, which were picked up on the x-rays two weeks or later after the procedure. It explains that postoperative in-theatre X-rays have negligible clinical influence. It emphasises the lack of early postoperative problems detected by intraoperative theatre x-rays after hip hemiarthroplasty. This gives an indication that such early postoperative imaging might not be critical in recognising early complications.

Conclusion

Day one post-operative, inter departmental, post mobilization hip x-rays are reliable, cost effective, less time consuming, require less manual handling, better quality and are sufficient enough to out rule implant related complications, in patients post Bipolar Hip Hemiarthroplasty.

POSTER 44

Evaluating intraoperative ultrasound (IOUS) in focal cortical dysplasia (FCD) resection surgery: A systematic review

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Aim

Surgery is the best approach to treating focal cortical dysplasia (FCD)-related epilepsy; yet, it has suboptimal outcomes because boundary demarcation between the FCD region and normal brain tissue intraoperatively poses a challenge. In this review, the use of IOUS for the resection of FCD was evaluated.

Methods

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The Medline, Embase, Cochrane Library, Scopus Library, and Dynamed Library databases were searched, and two independent reviewers examined the articles. The search terms related to "drug-resistant epilepsy" and "intraoperative ultrasound." The results between January 2008 and April 2022 were abridged for FCD type, ultrasound resolution, extent of lesion resection, correction of brain shift, postoperative neurological deficits, and postoperative seizure freedom (Engel classification).

Results

Ten articles were included in the study. The parameters used to assess the efficacy of IOUS in FCD surgery were ultrasound resolution, demarcation of lesion boundaries, correction of brain shift, postoperative neurological deficits, and seizure freedom. Most studies have shown that IOUS produces high-resolution images. Surgery for Type 2 FCD patients had better outcomes than surgery for Type 1 FCD patients due to better visualization by IOUS. Patients were classified as Engel class 1 or class 2 postoperatively. Eight studies found that IOUS was superior to magnetic resonance imaging in brain shift correction.

Conclusion

The preliminary results look promising, especially for class 2 FCD. However, there is a need for more high-quality research evaluating the use of IOUS in FCD and comparing it to other intraoperative imaging modalities.

POSTER 45

Improving performance of cementless total knee arthroplasty (tka) in international registries: a 10-year comparison

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Background

Historically, cementless fixation was associated with higher peri-prosthetic fracture and revision rates. However, due to advancements in design this is no longer the case. Advantages of cementless fixation include reduced cement-related complications, shorter operating times and improved osseointegration. We aimed to assess the improvement in revision rates for cementless TKA over the last 10 years based on international registry reports.

Methods

A comprehensive retrospective review was conducted of the major English-speaking knee arthroplasty registries across the world including the British, Canadian, Swedish, American, Australian and New Zealand National Joint Registry. Data was collected from the year 2014 along with the most recent annual report published; 2022 or 2023. Data points collected included usage rates of cemented and cementless prostheses for primary TKA, their respective revisions rates and indications for revision.

Results

Across four databases, there was an average 8.3% increase in the utilization of cementless fixation for primary TKA over the past decade. Only the Australian registry recorded a decrease (1.7%) in the adoption of cementless fixation. Five registries reported a reduction in revision rates for cementless fixation. Lower revision rates for cementless compared to cemented TKA are observed in the most recent American (3.2% cemented vs. 2.8% cementless) and New Zealand annual reports (11.8% cemented vs. 4.5% cementless). In 2022, the UK registry reported higher rates of revision for infection with cemented fixation (0.89 vs. 0.56).

Conclusion

International registries demonstrate increased utilisation of cementless TKA. Cementless TKA was reported to have lower revision rates in the most recent US and New Zealand annual reports when compared to cemented TKA.

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POSTER 46

1430 Cementless femoral stems for hip hemiarthroplasty: perioperative outcomes for displaced femoral neck fractures

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Aim

Uncemented hemiarthroplasty (UHA) for displaced femoral neck fracture (FNF) is favoured by some surgeons due to reduced perioperative mortality and shorter operative times. However, recent evidence from the WHITE5 trial has suggested an increased mortality and intra-operative fracture rates in UHA. This study aimed to compare day-0,2,30 and one-year mortality, as well as intraoperative and postoperative periprosthetic fracture (PPF) between UHA and CHA for displaced FNF.

Methods

We conducted a single centre retrospective observational study analysing 1430 UHAs and 313 CHAs in patients with displaced FNF. Radiographic analyses assessed femoral geometry, stem alignment, fit and subsidence. Secondary outcomes were to assess whether geometry, alignment, fit and subsidence were associated with PPF in UHA.

Results

Among 1430 UHAs and 313 CHAs, Day 2 mortality was statistically significantly higher in the CHA group(p=0.002); no other significant mortality differences were observed. No differences in intraoperative or postoperative PPFs between groups were found(p=0.396, p=0.807). Intraoperative fractures were not associated with increased mortality(p=0.34), postoperative PPF (p=0.67), or all-cause revision in UHA(p=0.73).Higher all revision rates were seen in the CHA group(p=0.03). Subsidence was associated with early fractures in the UHA cohort(p=0.007), with poorer stem fit linked to early fractures(p<0.05).

Conclusion

This is the largest series of UHA for FNF reported in the literature to date. UHA demonstrated advantages over CHA including lower early perioperative mortality, similar intraoperative fracture rates, and reduced reoperation rate, making it a potentially preferable option for patients with multiple comorbidities. Subsidence and poor stem fit were key predictors of early fractures, underscoring the importance of initial implant stability.

POSTER 47

Effectiveness of various sternal closure devices post adult cardiac surgery

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Conflict of interest: the authors have no conflict of interest to declare.

Aim

The aim of this study was to explore the optimal sternal-closure technique post adult-cardiac-surgery.

Methods

A retrospective study of all patients undergoing cardiac-surgery via sternotomy during 2021 was conducted at a quaternary-hospital. Results were analysed following sternal re-approximation using wires, cables or plating in the short-term (<30 days) and at one-year follow-up.The primary outcome measure was one year free from surgical reintervention with secondary outcome measures including rates of superficial infection, wound dehiscence, deep sternal infection and mediastinitis as well as the need for further active management or surgical re-intervention.

Results

There was a trend towards superior outcomes regarding sternal union, reduction in long-term complications and decrease in need for surgical reintervention, IV-antibiotics or readmission following wire-closure versus cable-closure. The results were similar amongst patients who had wires versus plating. While there was a higher rate of short-term complications in the wire group, this did not result in a higher need for further active management. It was also observed that risk-factors including diabetes, obesity, emergency-surgery & reoperation increased the patient's risk for short-term post-operative sternal complications including superficial and deep infections, wound dehiscence and sternal non-union.

Conclusion

This study supports the use of wires as the superior sternal repair technique, considering the lower cost-profile of wires versus sternal-plating with similar sternal outcomes. There were higher rates of long-term complications, sternal non-union and increased need for

reintervention, readmission and IV-antibiotics following cable-closure.

POSTER 48

Adherence to cohesive framework in reporting of NPWT RCTS

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Aim

Negative Pressure Wound Therapy (NPWT) is widely used in managing complex wounds, yet the quality and consistency of randomized controlled trials (RCTs) assessing its effectiveness remain unclear. This study systematically evaluates the adherence of NPWT RCTs to the COHESIVE framework designed to ensure methodological rigor and transparency.

Methods

A comprehensive literature search identified 107 RCTs published between 2014 and 2024. A number was assigned to each and a random number generator was used to choose 50 RCTs. Each trial was assessed against the framework's 8 criteria.

Results

The results indicate that while most studies adequately described their procedure completion success (100%), intended benefits (100%), expected and unexpected disadvantages (96%), and overall achievement of desired effect (100%), only a minority adhered to recommended reporting of problems with the device working (26%), modifications (56%), or patient's experience (32%). Surgeon's experience was only evaluated in 8% of RCTs assessed.

Conclusion

These findings highlight significant gaps in adherence to the COS laid out in the COHESIVE framework, which may affect the reliability of NPWT efficacy claims. To enhance the validity of future NPWT RCTs, researchers should prioritize adherence to the COHESIVE framework, particularly in areas of patient and surgeon experience reporting. This study underscores the need for more standardized research practices to ensure the generation of high-quality evidence in wound care management.

POSTER 49

The impact of preoperative nutritional support on postoperative outcomes in oesophageal cancer resection: a systematic review and meta-analysis

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Background

Preoperative nutritional status has been posited as a modifiable risk factor that could significantly affect postoperative outcomes in oesophageal cancer surgery. This systematic review evaluates the efficacy of various preoperative nutritional interventions in improving post-surgical outcomes.

Methods

Four randomized controlled trials (RCTs) examining different nutritional interventions (immune-modulating diets, protein-enriched formulas, and antioxidant-rich diets) were included. Outcomes assessed were postoperative inflammatory markers, complication rates, and hospital stay lengths.

Results

Interventions utilizing immune-modulating and protein-enriched diets demonstrated a notable reduction in inflammatory markers such as TNF-? and IL-6. Specifically, diets enriched with arginine, omega-3 fatty acids, and other nutrients were effective in reducing postoperative complications and shortening hospital stays. The antioxidant-rich diet was associated with improved wound healing and pain management, although it did not significantly impact infection rates or systemic inflammation.

Conclusion

Preoperative nutritional supplementation, particularly those enriched with specific nutrients like arginine and omega-3 fatty acids, significantly mitigates inflammatory responses and enhances recovery post-esophagectomy. These findings underscore the importance of integrating targeted nutritional strategies into preoperative care protocols to improve surgical outcomes in oesophageal cancer patients. Future studies should focus on larger, multicentric trials to further refine and standardize these nutritional interventions.

POSTER 50

Vacstent closure of oesphageal defects by covered stent and endoscopic vacuum therapy: initial use and clinical outcomes

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Background

Endoscopic management of transmural oesophageal defects following oeosphagectomy or spontaneous perforations (Boerhaave's syndrome) with covered stents or endoscopic vacuum therapy (EVT) is limited by complications of stent migration and luminal occlusion. The novel design of Vacuum-Assisted Closure (VAC) stent combines a fully covered intestinal stent within a polyurethane sponge cylinder with EVT to provide functional drainage of the defect and promote wound healing. In this case series, we report our initial experience with VACstent therapy.

Methods

From February 2023 to April 2024, four patients with oesophageal defects were treated using the VACStent technology (Two patients with staple line defects post oesophagectomy and two patients with Boerhaave's syndrome). Treatment involved initial endoscopic stent placement under general anaesthetic followed

by endoscopic evaluations and scheduled stent exchanges every six days.

Results
All patients achieved successful closure of their oesophageal defects. Three patients required only one application of the stent over a six-day treatment cycle, while one patient required two applications to achieve defect closure. The procedure demonstrated a high safety profile with no procedural complication of bleeding, mucosal erosions, stent migration or luminal stenosis post therapy been noted. Oral intake of liquid or food was commenced following gastrografin contrast study confirming defect closure.

Conclusion
VACStent therapy appears to be a safe and effective treatment in the endoscopic management of transmural oesophageal defects. Its application is associated with impressive clinical and endoscopic outcomes compared to previous endoscopic therapies and may represent a new standard of care in the management of transmural oesophageal defects.

POSTER 51
Abstract for comparison of postoperative pain management in laparoscopic inguinal hernia repair (tep and tapp)

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Aim
To evaluate and compare pain management practices and patient-reported outcomes following Totally Extraperitoneal Hernioplasty (TEP) and Transabdominal Preperitoneal (TAPP) procedures using the Visual Assessment Pain Scale and adherence to the WHO analgesia ladder.

Methods
A retrospective survey was conducted on patients who underwent TEP or TAPP procedures at Naas General Hospital from January 2022 to August 2023. Participants were contacted via phone and asked to complete a questionnaire assessing acute pain within 72 hours post-procedure and chronic pain at 6 weeks. Additional postoperative complications were also recorded.

Results
Out of 83 patients surveyed, 51 underwent TAPP and 32 underwent TEP. Acute pain scores within 24 hours post-procedure averaged 4.317 (SD 2.360) for TAPP and 3.833 (SD 3.485) for TEP. Chronic pain scores at 6 weeks were 0.829 (SD 1.702) for TAPP and 0.167 (SD 0.565) for TEP. No significant differences in pain outcomes were found between the groups. TAPP had a higher incidence of seroma formation (3.9%) compared to TEP (0%). Both groups showed no hernia recurrence. Other complications included retention (5.9% TAPP), twinge at the site (5.9% TAPP, 3.1% TEP), and proceeding to open surgery (2.0% TAPP, 3.1% TEP).

Conclusions
The TEP and TAPP techniques for laparoscopic hernia repair show comparable effectiveness in managing postoperative pain, with no significant differences in acute or chronic pain scores. Both procedures have low complication rates, though TAPP has a slightly higher incidence of seroma formation. The findings support the implementation of a standardized analgesic protocol based on the WHO pain scale to improve postoperative pain management.

POSTER 52
Safe use of intraoperative tourniquets: an audit of documentation against boast guidelines

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[affiliations]

Aims/Objectives
All tourniquet users should be aware of strategies for preventing, diagnosing and managing tourniquet related injuries. The British Orthopaedic Association has published guidelines on their safe use, including standards of record keeping in the operative note. We aimed to assess our departmental compliance to these guidelines.

Patients and Methods
Operation notes for all Trauma & Orthopaedic operations taking place during February 2024 and April/May 2024 in a district general hospital were assessed for compliance to guidelines. Tourniquet use was identified in 60 unique operations on 59 different patients in cycle 1 and in 50 unique operations on 49 patients in cycle 2. Our intervention came in the form of departmental teaching and provision of instructional posters placed by surgical theatre computers.

Results
Cases were evenly split between upper and lower limb, as well as elective and trauma. No operative notes showed full compliance to guidelines. In the first cycle, tourniquet time was documented in 85% of cases (51/60), tourniquet pressure was documented in 53% of cases (32/60), tourniquet type was documented in 45% (27/30) of cases. In the second cycle tourniquet time was documented in 96% of cases (48/50), tourniquet pressure was documented in 86% of cases (43/50) and tourniquet type was documented in 36% of cases (18/50). No cases in either cycle 1 or cycle 2 had documentation of the condition of the tourniquet site pre/ post operatively, or method of exsanguination. Tourniquet time went over the recommended 120 minutes in 4 cases across both cycles.

Discussion/Conclusion
Our results show generally poor compliance to BOAST documentation guidelines in our district general hospital. Our intervention appeared to improve compliance to documenting tourniquet pressure and time, however a further intervention will be needed to increase our performance over the full breadth

of tourniquet usage guidelines. We suspect that other units will have similar compliance and encourage stakeholders to audit their own data to assess for compliance and hence safety of intra-operative tourniquet use.

POSTER 53

Plate versus intramedullary nail fixation for distal fibula fractures: a systematic review and meta-analysis of randomised controlled trials

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Background

Equipoise exists regarding implant choice for treating unstable distal fibula fractures. This study aimed to compare intramedullary nail (IMN) fixation and plate fixation (PF) considering solely level 1 evidence.

Methods

A systematic review and meta-analysis of all published randomised controlled trials (RCTs) was conducted. The study protocol was registered with PROSPERO. The MEDLINE, Embase, and Cochrane databases were searched. Outcomes were patient-reported functional measures, union rates, complications, revision rates, and cost-effectiveness. The Cochrane risk-of-bias v2.0 tool was used for bias assessment.

Results

Five RCTs involving 455 patients (222 with IMN and 233 with PF) were included. Patient ages ranged from 18 to 93 years, with a mean age of 56.4 years. Functional outcomes, measured by the American Orthopaedic Foot and Ankle Society (AOFAS) score and Olerud and Molander Ankle Score (OMS) showed no significant differences between IMN and PF at 24 months. Meta-analysis demonstrated no significant difference in OMS at 1 year between studies (mean difference -2.33, 95% CI -10.03 to 5.37, P=0.55). Complication and union rates were similar between the groups. One study suggested cost savings with IMN despite the higher initial implant cost. Some concerns were raised on risk of bias assessment for all the included studies.

Conclusions

IMN and PF provide comparable functional recovery for distal fibula fractures with similar complication profiles. Patient-specific factors should guide the choice of fixation method. IMN may offer cost benefits for certain populations, though further research is needed. Larger longitudinal studies including outcomes such as return to work and sports are recommended to refine clinical guidelines for selecting the appropriate fixation method.

POSTER 54

Preoperative sleep patterns and their impact on outcomes in total hip and knee replacement: an observational study

Yousif Mohamed, Conor O'Driscoll, Madalena Malgorzata, Muhammad Bilal, Fiachra Rowan, May Cleary [affiliation]

Background

With the increasing prevalence of total knee and hip replacements (TKR and THR), there is a greater emphasis on determining the impact of different preoperative factors on surgery outcomes. Of all these factors, sleep hygiene is essential, but it is sometimes overlooked due to the greater focus on studying physiological and surgical variables. This study mainly investigates the influence of preoperative sleep hygiene on postoperative outcomes, establishing a patient care factor that, despite its importance, has received relatively little attention in orthopaedic research. This research aims to understand better how pre-surgical lifestyle factors significantly impact patient recovery and satisfaction after surgery by focusing on sleep hygiene.

Methods

This prospective observational study was conducted at Kilcreene Regional Hospital and involved 100 patients scheduled for THR and TKR. The study evaluated preoperative sleep patterns using the Pittsburgh Sleep Quality Index (PSQI). It examined the relationship between sleep quality and different postoperative outcomes, such as pain levels, morphine requirements, day of crutch mobility, time to get in and out of bed independently, and length of hospital stay.

Results

The analysis found no statistically significant link between preoperative sleep quality, as assessed by the PSQI, and primary outcomes such as length of hospital stay, mobility while using crutches, day of achieving independence in and out of bed, or the requirement for postoperative morphine. This indicates that although sleep hygiene plays a crucial role in preoperative preparation, its direct impact on these surgical outcomes is minimal during the early postoperative period.

Conclusion

While no conclusive evidence links sleep quality to surgical outcomes in the immediate postoperative period, the importance of preoperative sleep hygiene should not be underestimated. These findings indicate the need for a thorough analysis of preoperative treatment and highlight the importance of further research to gain a deeper understanding of the complex relationship between Sleep and the rehabilitation process. This work contributes to the ongoing discussion on enhancing patient care by implementing tailored preoperative treatments.

RCSI MILLIN MEETING ABSTRACTS

POSTER 55

An insight into the implications of the nccp 2024 guideline on the staging & surveillance of melanoma

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Aims

In 2024, the NCCP introduced a new clinical guideline for the staging and surveillance of cutaneous melanoma, with an increased number and frequency of surveillance imaging for Stage IIB and above. This study aims to evaluate the financial and resource implications of the changes.

Methods

Patients diagnosed with melanoma treated between 2017 and 2023 at Beaumont Hospital were identified from a prospectively maintained database. Data were analysed for their journey on an idealized pathway modeled over a 5-year follow-up period when adhering to new guidelines. The number of surveillance scans required according to new guidelines were applied to relevant cases in the database and compared with current practice. The financial implication of providing this service was also considered.

Results

According to new guidelines, based on our patient population, upwards of an additional 110 surveillance whole body CT and brain CT scans would be required annually for stage IIb and IIc melanoma. Regarding PET-CT scans, this would lead to an additional expense of €176,000 per annum. According to new guidelines, upwards of an additional 200 surveillance MRI-Brain scans would be required annually for stage III and IV melanoma patients in our patient population.

Conclusions

These changes are of low evidence in terms of clinical utility. However, this study identifies significant cost and service access implications with the implementation of these guidelines. We provide a financial broadcast for the implications of these guidelines. This provides key information for those planning future service delivery in the context of an aging population and increased prevalence of melanoma.

POSTER 56

A rare cause of an acute abdomen. Abdominal inflammatory myofibroblastic tumour: a case report

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Aim / Introduction

An abdominal inflammatory myofibroblastic tumour (AIMT), is a rare benign tumour composed of inflammatory and other mesenchymal cells. The diagnosis is challenging and can be mistaken for a malignant tumour. Clinical presentation varies from non-specific abdominal pain, an acute abdomen, intestinal obstruction or a palpable abdominal mass.

Methods / Case Presentation

We report a case of a 30-year-old male, who presented with a history of severe left sided abdominal pain. He had a decreased appetite and a palpable abdominal mass. Abdominal CT demonstrated a 7.6cm fat-containing mass arising from a segment of duodenum. The lesion was nodular with a concerning irregularly thick-walled central margin. CT angiogram showed branches of the superior mesenteric artery and superior mesenteric vein were splayed by the mass. A decision was taken to surgically resect the mass with a high index of suspicion for malignant pathology.

Results / Discussion

AIMT represents a real diagnostic challenge as it is rare and can mimic other causes of an acute abdomen or malignant tumours. Laboratory and radiological findings are nonspecific. While the aetiology is unknown, several causes are suspected. Surgical management remains the best therapeutic option, giving a definitive histological diagnosis. AIMT often has a favourable prognosis. However, there is a high risk of aggressive local recurrence.

Conclusion

We report a rare case of AIMT treated surgically. This case highlights the diagnostic challenges of AIMT. Long-term monitoring is required given the risk of recurrence.

POSTER 57

The role of the general surgeon in patients diagnosed with multiple endocrine neoplasia type 2b (men2b) and megacolon

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Aim

The aim of this study was to review the literature and demonstrate the clinical features of patients with MEN 2B, particularly megacolon, and discuss the role of the general surgeon in the care of these patients and display our recent management of such a patient.

Methods

A literature review was carried out on studies reporting patients with MEN 2B and their management, particularly those with megacolon. We also present a rare case of a patient with known MEN2B in an acute setting, presenting with significant abdominal distension and CT confirmed megacolon requiring urgent surgical intervention.

Results
Patients identified with MEN 2B, had various clinical presentations and complaints requiring surgical intervention. A multidisciplinary team effort is required for the optimal management of these rare and complex patients.

Conclusion
A significant number of patients with MEN 2B suffer with megacolon. The general surgeon has a key role in the management of these patients and their role should be anticipated early. Any un-expected presentation of megacolon should trigger a search for MEN 2B in order to identify the potentially fatal endocrine tumours.

POSTER 58

Toxin for treating raynaud's conditions in hands (the torch study): a systematic review

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Introduction
Raynaud's disease unresponsive to medical therapy is a significant problem for patients which can have a debilitating impact on a patient's quality of life but a potential breakthrough in treatment could be found in botulinum toxin type-A (BXT-A).

Aims
The aims of this systematic is as a qualitative synthesize of the available literature to assess if BTX-A can prove an effective management strategy for primary and secondary Raynaud's disease.

Methods
Search strategy and study selection.
Two independent reviewers (performed a literature search. A comprehensive search was performed for eligible articles using the Medline/PubMed database and Cochrane Collaboration to include studies up to, and including September 22nd 2021.

Data extraction and outcomes analysed
Outcomes analysed were primary outcomes of each respective study; including visual analogue scale (VAS) score, healing of digital ulcers, number of exacerbated episodes, disabilities of the arm, shoulder and hand (DASH) scores, temperature of digits and arterial flow velocity.

Results
The initial literature search produced 287 studies. 39 articles remained for full-text review. A further 21 articles were excluded with reason. Thus, 18 studies were included for systematic review. With regards to primary outcomes assessed eight studies were concerned with improvement in VAS scores (75.7% of patients reported improvement). Nine healing of digital ulcers (74.2% of patients reported improvement). Five studies distinctively outline improvement in episodes (77.5% of patients reported improvement). Four studies reported improvement in temperature readings (78.3% of patients reported improvement).

Conclusion
This study illustrated that BTX-A can appears to be an effective management strategy for primary and secondary Raynaud's disease.

POSTER 59

The impact of robotic surgery on colorectal cancer resection – a match series

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Background
Increasingly, robotic platforms are being utilized for the management of colorectal cancer(CRC). It has been postulated that they may be associated with improved outcomes, albeit with limited data. The aim of this study was to assess robotic versus non-robotic outcomes for CRC surgery.

Methods
Between October 2023 and May 2024 (launch of robotic CRC program), 20 patients underwent robotic surgery for CRC. Propensity score matching (PSM) analysis was used to reduce selection bias and compare robotic surgery group with non-robotic group in a 1:1 ratio (Anterior resection/ Right Hemicolectomy). Assessed outcomes included: median length of hospital stay(LOS), time to first bowel motion, patient-controlled analgesia(PCA) requirement, and histopathological outcomes.

Results
Ten patients had right hemicolectomy and anterior resection respectively. PSM matched prior treatment, age, and body mass index. Analysis observed on significant differences in margin status, nodal yield, or surgical complications. Robotic right hemicolectomy and robotic anterior resection had a shorter median length of stay (Median 5 versus 7 days, p=0.14) and (Median 6.5 vs. 8.5 days, p=0.02*) respectively. Similarly, robotic right and anterior resection were associated with lower PCA requirements (18mg/24hr vs 30mg/24hr) and (27mg/24hr vs 35mg/24hrs, p=0.03*) respectively.

Conclusion
Expectantly, early results observe no differences in oncological outcomes. Interestingly, robotic resection does show differences in median LOS and PCA requirements. A larger series is needed to assess other functional outcome measures further

Acknowledgments
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POSTER 60

Laparoscopic-assisted transversus abdominis plane block versus port-site infiltration in appendectomy: a multicentre, single-blinded randomised controlled trial

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Introduction

Transversus abdominis plane (TAP) block has been shown to be an effective technique in providing post-operative analgesia across a range of intra-abdominal surgeries. Laparoscopic-assisted TAP (LTAP) block is a recent advancement of this technique. This study aimed to evaluate the effectiveness of LTAP block compared to port site infiltration (PSI) in patients undergoing laparoscopic appendicectomy.

Methods

A single-blinded randomised controlled trial was performed to compare LTAP to standard PSI after completing laparoscopic appendicectomy. Patients diagnosed with acute appendicitis, clinically or radiologically, were randomised to either group in a 1:1 fashion. Patients in both groups received the same perioperative analgesic regimen. The primary outcome measure was to compare post-operative pain using a visual-analogue scale (VAS). Secondary outcomes included length of hospital stay (LOS), post-operative opioid requirement and a follow up quality of life (QOL) questionnaire at 1 week and 1 month post discharge.

Results

A total of 174 patients were enrolled and randomly allocated to the study arms; 85 in LTAP and 82 in control (PSI) group were eligible for analysis. The LTAP group had significantly lower VAS pain scores at 6 hours ($p<0.001$), 12 hours ($p<0.001$) and 24 hours ($p=0.002$) post-operatively. There was no significant difference in VAS scores at 3 hours post-operatively ($p=0.1527$), in LOS ($p=0.45$) or in opioid requirements on the ward ($p=0.42$). QOL scores were better in LTAP group at 1 week follow up ($p=0.043$).

Conclusion

LTAP block significantly improved post-operative analgesia outcomes in patients undergoing laparoscopic appendicectomy and holds promise as part of an effective post-operative analgesic regimen.

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