



BAPRAS 75 years

3 December 2021

Royal College of Surgeons of England

WINTER SCIENTIFIC CONFERENCE



WELCOME FROM THE PRESIDENT

It is with great pleasure that I welcome you to this unique meeting commemorating the 75th anniversary of BAPRAS. It is a celebration of our Association and our specialty and is an opportunity to reflect on where we have come from and the achievements we have made. We are delighted to be able to hold the meeting in the restored building of the Royal College of Surgeons of England (RCS) which reflects our journey from past to present, and all the attainments of those years.



The meeting begins with the presentation of the McGregor medal. Among his many outstanding achievements, Ian McGregor was a distinguished plastic surgeon, director of the Canniesburn Plastic Surgery Unit, author of 'Fundamental Techniques in Plastic Surgery' and a Hunterian Professor. The medal is presented for outstanding performance at the FRCS(Past) examination and is awarded by the Intercollegiate Board.

As we remember the origins of our Association, it is fitting that we next have a Gillies Lecture. In 1961, the Council of the British Association of Plastic surgeons instituted the Gillies lectureship in honour of the first president of our Association. It is awarded by our Council to plastic surgeons who are eminent in their field of work. Therefore, there could be no more appropriate person to deliver the lecture at this meeting than Professor Zoran Arnez who will reflect on the evolution of the treatment lower limb trauma from amputation to orthoplastic surgery. His own considerable contribution to this field has earned him an international reputation and the gratitude of the many plastic surgeons who have been fortunate to have been taught by him. We will then have a reflection of how our specialty developed and are very grateful for the hard work of our Honorary Curator, Martin Coady who has worked with The Rooksdowm Club, Stephen Evans and Andrew Bamji to deliver this. We will use this moment to unveil a bust of Sir Harold Gillies which will then remain on permanent display in the RCS.

We have two Hunterian Lectures. This lectureship is awarded by the RCS to

an established surgeon either presenting a review of their lifetime practice or describing an area of clinically relevant research they have worked on. In the first lecture we will hear Hugh Wright describing his research on mechanisms of how cooling the skin can reduce the severity of a burn and how this may be used to reduce scarring and morbidity. Henk Giele will then review his research on immune modulation by using vascularised skin flaps with intestinal transplantation.

Our meeting also includes the best of an enormously impressive series of free papers that were delivered in a recent series of webinars. I would like to congratulate everyone who submitted and delivered their work for this series. The standard was very high, as you will see by those chosen for this meeting.

Our Association came in to being in times of war, and much of the knowledge and expertise that we now have for the treatment of not only trauma but also cancer, congenital and developmental defects, comes from the experience gained in those times of conflict. This continues to be the case today and we are therefore very grateful to our military colleagues who will present their thoughts and reflections at the meeting.

The work of our Association has always drawn on the knowledge and experience of the best around the world. We are therefore enormously proud of BFIRST as they continue to reach out globally to share knowledge and expertise in plastic surgery in less developed countries and I look forward to hearing an update of their progress.

Under-pinning everything we do in BAPRAS is a sense of community, and in the past two years our support of each other as we face unprecedented challenges has been crucial. We will therefore describe how we hope to enhance this further with the development of mentoring programmes and training.

Finally, it is clear that the research being done now, is the work of our specialty in the future and therefore it is fitting that we conclude our meeting with a look forward to a vision of where the next 75 years may take us. I hope you all have a wonderful day and leave full of inspiration and energy.

Ruth Waters,
BAPRAS President

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PROGRAMME OVERVIEW

9:55 - 10:00	BAPRAS 75 Welcome & McGregor medal presentation
10:00 - 10:40	Gillies Lecture: Lower Limb Trauma From Amputation to Orthoplastic Surgery
10:40 - 11:10	BAPRAS: Where we came from
11:10 - 11:40	Morning refreshment break and Trade Exhibition
11:40 - 12:20	Hunterian Lecture: Immune modulation by simultaneous transplant of vascularised sentinel skin flaps with intestinal transplantation
12:20 - 13:00	Free Papers
13:00 - 14:20	Lunch and Trade Exhibition
14:20 - 15:00	Hunterian Lecture: Putting out the fire in the burn-how cooling reduces the severity of human burns
15:00 - 15:30	Military: Plastic Surgery and War
15:30 - 16:00	Afternoon refreshment break and Trade exhibition
16:00 - 16:30	BFIRST: Reaching overseas
16:30 - 17:00	Mentoring: How we're supporting you
17:00 - 17:30	Research: the next 75...
19:00 - 22:30	BAPRAS Association Dinner

GILLIES LECUTRE: LOWER LIMB TRAUMA FROM AMPUTATION TO ORTHOPLASTIC SURGERY

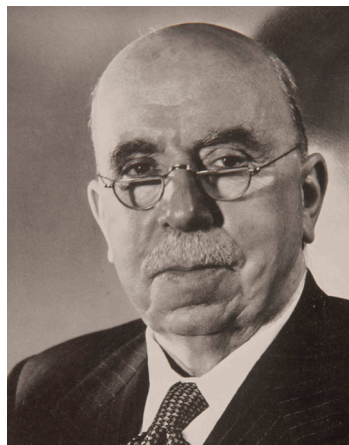
Chair: Ms Ruth Waters

Speaker: Professor Zoran Arnez

After dedicating a few words to Sir Harold Gillies and his impact on Slovenian Plastic surgery, I will offer a brief overview of the treatment of lower limb trauma.

During this session, I will concentrate on the introduction of the microsurgical techniques of replantation and free tissue transfer which made limb salvage possible. In particular, I will show the importance of the organisation of a continuous multidisciplinary service, particularly the collaborative workings between the orthopedic and the plastic surgeons.

Currently, the UK is the only country where an acute orthoplastic service really functions well.



Harold Gillies, 1946

BAPRAS: WHERE WE CAME FROM

Chair: Mr Martin Coady

Speakers: Mr Martin Coady - BAPRAS, the last 75 years

Dr Andrew Bamji - Gillies at Rooksdown

Mr Stephen Evans - The Gillies Bust

Ms Ruth Waters - Unveiling of Gillies Bust

This session will offer a summary of the history of the Association from its formation in 1946 to the present.

We will be joined first by Dr Andrew Bamji, our Honorary Gillies Archivist, who will speak about the work of Sir Harold at Rooksdown House.

We've then gathered the recollections of past presidents in a short video to highlight the Association's progress over the past 75 years.

This session will culminate with the unveiling of a bust of Sir Harold Gillies created by Julia Beer. It has been donated to the Association by the Rooksdown club, whose last Secretary, Mr Stephen Evans will tell us how the gift was inspired.



BAPRAS' first council meeting, 1946

HUNTERIAN LECTURE: IMMUNE MODULATION BY SIMULTANEOUS TRANSPLANT OF VASCULARISED SENTINEL SKIN FLAPS WITH INTESTINAL TRANSPLANTATION (2021)

Chair: Professor Vivien Lees

Speaker: Professor Henk Giele

Organ transplantation is the ultimate solution for organ failure. The main threat to transplanted organ survival is the recipient's immunological response causing rejection and loss of function.

Contrary to expectations, a simultaneous skin flap transplant and solid organ transplant seems to deliver a method of continuous immune monitoring as well as favourably, modulate the immune response, via peripheral tolerance mechanisms.

*John Hunter FRS
(13 February 1728 – 16
October 1793) was an
early advocate of careful
observation and scientific
method in medicine.
The Hunterian Lecutre
was founded in 1810 in
accordance with Hunter's
will.*



John Hunter, by John Jackson, after Sir Joshua Reynolds oil on canvas, 1813, based on a work of 1786.

HUNTERIAN LECTURE: PUTTING OUT THE FIRE IN THE BURN- HOW COOLING REDUCES THE SEVERITY OF HUMAN BURNS (2020)

Chair: Mr Tim Goodacre

Speaker: Mr Hugh Wright

Cooling is an established part of burns first aid, but the mechanism in humans remains unclear. Elucidating this mechanism could transform burn management.

Our model demonstrated that cooling caused significant reduction in the extent of microvascular occlusion in burns. This work has also demonstrated the acceptability of the model with 100% recruitment rate, and its potential for further study of burn pathophysiology in future.

The Hunterian Professorship is considered to be one of the proudest traditional honours of the college bestowed to surgeons of eminence who have richly contributed to the field of surgery by original research or innovations.

The lecture is meant to include a reasonable proportion of original, previously unpublished work. By tradition the Hunterian Lectures have a strong flavour of clinical investigation, backed up with good science and evidence.

Since the 1810s, some of the most famous names in British surgery have given a Hunterian Lecture including Abernethy, Brodie, Treves, Spencer Wells, Bland Sutton, Trotter and Moynihan.

FREE PAPERS

Chair: Mr Aidan Fitzgerald

During this session, a selection of the 5 best papers from the BAPRAS 75 Free Papers Webinars will be presented.

Abstracts presented:

Head and Neck

Update on Noma: Systematic review on classification, outcomes and follow-up of patients undergoing reconstructive surgery after Noma disease

Ms Sophie Speiser (University College London)

Introduction

Noma is a significant yet neglected disease which affects some of the least de-veloped countries in the world. The long-term benefit and safety of NOMA surgical recon-structive missions have recently been under scrutiny due to a perceived lack of measurable outcomes and appropriate follow-up. This study analyses and reports on classifications, out-come measurement tools, and follow-up for reconstructive surgery after Noma disease.

Methods

This systematic review was undertaken following PRISMA guidelines. The three medical databases Medline, EMBASE, and Web of Sciences were searched, articles pub-lished between 1st of January 1983-15th of April 2020 were included. All primary evidence on reconstructive surgery following Noma disease, reporting data on outcome after surgery, follow-up time and complications were included. Extracted data were aggregated to generate overall and population corrected mean outcomes and complication rates.

Results

Out of 1,393 identified records, 31 studies including 1,110 Noma

patients were analysed. NOITULP and Montandon/WHO were the most commonly used classification systems. Mouth opening and complication rates were the two most often reported outcomes. Overall mean complication rate was 44%, reported by 24 studies. Postoperative mouth opening ("MO") was reported by 8 publications, of which, five reported long-term outcomes (→ 12 months). Mean mouth opening improved by 20 mm when compared to mean population weighted preoperative MO (7 mm). At long-term follow-up MO decreased to 20 mm.

Conclusions

Studies reporting on neglected diseases in developing countries often lack methodological rigor. Surgeons should be mindful during patient examination by using a classification system that allows to compare pre- versus postoperative state of disease. Short-term mission surgery is a vital part of healthcare delivery to underdeveloped and poor regions. Future missions should aim at sustainable partnerships with local healthcare providers to ensure postoperative care and long-term patient-oriented follow-up. A shift towards a diagonal treatment delivery approach, whereby local surgeons and healthcare staff are educated and empowered, should be actively promoted

Skin

The outcome of skin cancer surgery in very frail people: a cohort study

Miss Kim Borsky (PAN THAMES DEANERY)

Aims

Skin cancer is the most common cancer in the UK, with an assumption that aggressive treatment is in the interests of the patient, the NHS and society. However, with an increasingly frail group of people being referred with non-melanoma skin cancer, surgical treatment may not always deliver value for the person or the NHS. Value is defined as the outcome gained per unit of cost. We conducted a registered service evaluation cohort study to analyse aspects of the outcome of skin cancer surgery in frail patients.

Methods

Due to covid-related protocols in the pandemic, frail people undergoing surgery all went through one specific clinical pathway in our Trust, with low-risk surgery conducted at other sites. We retrospectively reviewed electronic patient records of all patients between June 2020 and March 2021 that were operated on in this pathway for presumed skin cancer of any type. We sub-grouped these into frail and non-frail people. We classified people living in a care home, having formal daily carers, or with a WHO performance status of 2 or above, as frail.

Results

We performed local anaesthetic operations on 88 patients with a combined 128 lesions in this specific pathway. The median age was 82, and the median WHO performance status was 1. Of these, 43 (48.8%) were frail, and 45 (51.2%) were fit. In both groups, basal cell carcinomas (BCCs) were the most common lesion (total $n=43$, 33.6%). In the frail group, significantly more people died within 6 months of their procedure (9 patients, 20.9%). No deaths occurred in the fit group ($p<0.001$, Fisher's Exact test). Complication rates (mainly infection and partial graft failure) were similar in both groups, with 8 (18.6%) in the frail and 9 (20%) in the fit group respectively. However, complications had more severe consequences in the frail group, with 2 needing to attend A&E and 3 being admitted compared to only 1 admission in the fit group.

Conclusions

Mortality and severe complications were common after simple excisions of suspicious skin lesions in frail people. Further mixed methods and health economics work may explore whether these procedures add value to the people concerned or to the NHS. These data do not support aggressive treatment of all skin tumours in frail people. Such strategies may cause more harm than benefit.

Breast- BASILICA – a translational biobanking study of capsular contracture (CC) and breast implant associated anaplastic large cell lymphoma (BIA-ALCL) tissue

Mr Joseph Ward (The Royal Marsden Nhs Foundation Trust)

Background

The immune responses to silicone implant insertion are poorly understood and, in particular, how these responses contribute to the development of capsular pathologies such as BIA-ALCL and CC.

Aims

1) Profile BIA-ALCL tumours and non-cancerous capsules to identify molecular drivers of lymphomagenesis 2) Characterise cellular and transcriptomic differences between pathological irradiated and unirradiated capsules 3) Profile differences in circulating immune cells in implant-naïve patients undergoing silicone prosthesis insertion.

Methods

BASILICA is a NIHR Biomedical Research Centre (BRC) funded biobanking study currently recruiting patients at The Royal Marsden NHS Foundation Trust. The study aims to obtain blood and tissue samples from 20 BIA-ALCL patients (BASILICA-A), 50 CC patients (BASILICA-C) and 30 implant naïve patients (BASILICA-N) receiving care at the Royal Marsden over the next 3 years. Integrative, multi-OMIC (RNA, proteome, T-cell Receptor) and deep immune profiling methodologies will be used to investigate molecular and immune drivers of BIA-ALCL and CC and define the systemic immune response to silicone insertion.

Conclusion

We intend to develop BASILICA into a collaborative platform for translational research into capsule-related pathologies particularly for extremely rare pathologies such as BIA-ALCL.

Management of Spinal Accessory Nerve Palsy

Mr Rupra Roshan (Queen Elizabeth Hospital Birmingham)

Aims

To discuss our strategies employed in our peripheral nerve injury unit for spinal accessory nerve (SAN) injury and a potential algorithm for future use.

Method

A retrospective analysis was undertaken on 9 patients with SAN injury undergoing surgical intervention. Neurophysiological results were obtained. MRC grades were compared at presentation and post-operatively. DASH (Disability of the arm, shoulder and hand) scores were also collected post-operatively.

Results

7 patients presented to us following an iatrogenic injury to the SAN.

6 patients underwent neurolysis only, 3 underwent nerve transfer, 2 underwent nerve grafting (1 autologous, 1 processed nerve allograft).

The mean time frame from presentation to operation was 13 months. MRC grading of shoulder function increased from a mean MRC 2 to 4 at a mean of 8 months post-operatively. DASH scores of the 7 participating patients was 30.8 at a mean of 47 months post-operatively. 2 patients had experienced a sensory deficit.

Conclusion

Nerve grafting allows bridging of a gap when the injury is well defined with a suitable window for re-innervation. Allograft has a role in small gaps where there may be concerns with autograft. Nerve transfer may allow earlier re-innervation and be a more reliable option where the proximal extent of nerve injury is poorly defined. We found nerve wraps to be a useful addition when an injured nerve may be adherent to a heavily scarred bed. We will present some worked examples along with a potential algorithm for a surgical strategy.

Cosmetic tourism during the COVID-19 pandemic: dealing with the aftermath

Miss Parvathi Varma (Sheffield Teaching Hospitals)

Aims

Despite government restrictions during the coronavirus (COVID-19) pandemic, cosmetic tourism continued to occur. The authors present the impact of cosmetic tourism on their plastic surgery unit.

Methods

Retrospective case note review of two cohorts was performed: COVID-19 (March 2020 – April 2021) and a pre COVID-19 comparator (January 2019 – February 2020). Patients presenting with complications from cosmetic tourism were included and their hospital notes were reviewed.

Results

Seven patients were identified in the COVID-19 cohort compared with four patients in the comparator. In the COVID-19 patient group, six underwent their procedure overseas. The final patient was operated on in the UK by a visiting surgeon. Cases consisted of three abdominoplasties, two breast augmentations, one gluteal augmentation, and the final patient had a hernia repair. The most common presenting complaint in the COVID-19 cohort was a post-operative wound infection (n=5), of which three had deeper associated collections, with two further wound dehiscences. In the pre-pandemic group, four patients underwent their procedure overseas. Cases consisted of an abdominoplasty, a blepharoplasty, a breast augmentation and a gluteal augmentation. Two patients presented with a wound infection, and two with simple wound dehiscence.

Conclusion

Cosmetic surgery tourism is a growing industry with an increasing number of patients presenting with complications to NHS services. These patients are a potentially vulnerable group who exhibit risk-taking behaviours, such as going abroad amidst a pandemic and acceptance of not having appropriate follow up care.

MILITARY: PLASTIC SURGERY AND WAR

Chair: Lieutenant Colonel Tania Cubison

Speakers: Lieutenant Colonel Tania Cubison
Lieutenant Colonel Graham Lawton

Plastic surgery techniques have been in use for over 2,000 years, however it was not until the First World War (1914–1918) that these practices were brought together as a distinct specialty.

Mechanised conflict on a global scale resulted in traumatic facial injuries never before encountered by surgeons. Peering over the trenches with only tin helmets for protection, maxillofacial injuries were rife amongst soldiers on all sides.

It has been estimated that 60,500 British soldiers suffered head and eye injuries and over 460,000 French soldiers received facial injuries.

The speakers will give an overview of the role of military in plastic surgery.



BFIRST: REACHING OVERSEAS

Chair: Ms Sarah Tucker

Speakers: Ms Barbara Jemec

Mr Wee Leon Lam

Mrs Sarah Tucker

There is a need for reconstructive surgical techniques to be made available globally.

BFIRST trains surgeons from the poorest regions in the world to enable them to undertake reconstructive surgery.

This session looks at BFIRST's development from BAPRAS subcommittee to the thriving charity it is today and looks forward to its visions for the future.



MENTORING: HOW WE'RE SUPPORTING YOU

Chair: Ms Ruth Waters

Speaker: Dr Yumiko Kadota

Following our Association review in 2018 our members identified a need for mentoring and pastoral support.

"It's quite tough being a surgeon. You have a great deal to learn, very difficult skills to acquire and you don't always get things right. Having mentors around you is crucial.

Having learnt about mentorship over the last year, I can see that there's a great benefit for us to have that support system in place and I would love for that to be one of the legacies of my presidency."

Ms Ruth Waters

"As plastic surgery trainees we are in a privileged position to learn from those who have gone before us. However, it can sometimes be difficult to know who to turn to for advice and unfortunately bullying and harassment remain pervasive across all surgical specialties.

That is why I made it my priority as PLASTA President to introduce an Equality and Diversity representative in our committee and develop a new mentorship programme for trainees.

I am proud that we have delivered the first pilot trainee mentorship scheme this year with 12 junior trainees matched with 12 more senior trainee and positive feedback of their experiences to date.

If anyone has any ideas or issues we can help with please contact me or equality.plasta@gmail.com."

Mr Dimitris Reissis

RESEARCH: THE NEXT 75...

Chair: Professor Rowan Pritchard Jones

Speakers: Professor Rowan Pritchard Jones

Mr Iain Whitaker

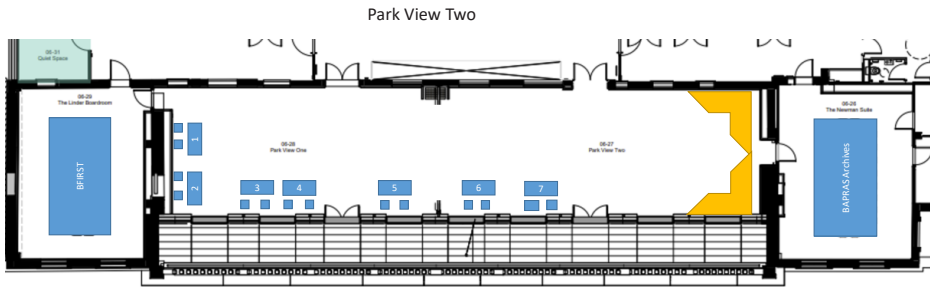
The future of Plastic Surgery research session will reflect on the rapid development of academia in the specialty over the last 75 years and mark those who have contributed so much to our innovative and thriving specialty.

We will look to the future to consider where cutting edge technology will shape the direction of both the specialty and the essential research that underpins our progress.

The next 75 years promise so much for our patients.



EXHIBITION FLOORPLAN



EXHIBITOR INFORMATION

Motiva (Silver Sponsor)

With more than 30 years of advanced breast implant manufacturing experience, building quality breast implants has always been a natural outcome for Establishment Labs' founders and top executives. As a result, Motiva Implants® has established a level of product innovation that always results in safety.

Vision: To transform our industry by focusing on women's health and create value for all stakeholders.

Mission: Create safe solutions based on science & user-centric design through collaboration, integrity and respect.

Contact: Doug Black, UK Commercial Manager

Email: dblack@establishmentlabs.com

Telephone: 07498 988411

Website: www.motiva.health

Sebbin (Silver Sponsor)

Sebbin, a French company founded more than 30 years ago, designs, develops, manufactures, and markets implants, expanders, and other solutions for cosmetic and reconstructive surgery. Our products are entirely manufactured in house, in our Val-d'Oise factory near Paris, France. Our added value is that every single implant is handcrafted. Moreover, internalization of our manufacturing process allows us to introduce rigorous testing and quality control on 100% of our implants. To ensure the safety of our implants and compliance with the 94/42 European Directive we only use long-term implantable medical grade silicones registered with the FDA (Food & Drugs Administration) and we adhere to ISO 9001 and 13485 standards in all our processes.

Contact: Joanna Kopec/Amy Thomas

Email: Joanna.kopec@sebbin.uk amy.ann-thomas@sebbin.uk

Telephone: 07471034933 Joanna, 07767572221 Amy

PolyNovo UK Limited (Silver Sponsor)

NovoSorb BTM (Biodegradable Temporising Matrix) is a unique synthetic dermal scaffold that provides an effective reconstructive option for a range of complex wounds.

BTM is indicated for use in the management of wounds including partial and full thickness wounds, pressure ulcers, venous and diabetic ulcers, surgical wounds, trauma wounds, burns, and scar reconstruction.

This unique matrix is composed of a wound-facing biodegradable open cell foam, bonded to a non-biodegradable transparent sealing membrane.

BTM enables the generation of a vascularised neodermis which provides a more robust foundation for wound reconstruction than grafting alone, limiting wound scarring and contracture.

Contact: Andy Eakins

Email: Nick.h@polynovo.com

Telephone: +44 (0) 7961 243404

Website: www.polynovo.com

SIGH (Silver Sponsor)

‘SIGH’ Surgical Instruments Group Holdings have been an established name as a medical device supply and repair company for over 35 years’.

Based in our UK facility in Croydon (moving to Milton Keynes in December 2021) and with national coverage from our experienced sales team we offer an unrivalled customer experience.

At SIGH we supply our customers with only high-quality surgical products. With a product portfolio of over 75,000 products, we have a diverse range of devices to cover all needs within a surgical environment. This includes our UK exclusive distribution partnership with Medicon eG. A world-renowned surgical instrument manufacturer whose products cover all specialities of surgery whilst ensuring to maintain high quality standards across every product provided.

Contact: Richard Lester

Email: sales@sighltd.com

Telephone: 07411952327

Website: www.sighltd.com

Clinisept+ (Silver Sponsor)

Since its launch in 2017 Clinisept+ has risen to become the skin prep and aftercare of choice for many of the UK's leading aesthetic and plastic surgeons.

Being rapidly bactericidal, fungicidal, virucidal and sporicidal it provides superior skin hygiene than traditional skin preps, but remarkably also has a skin neutral pH, is non-irritant, non-sensitising and non-cytotoxic. Clinisept+'s effective but gentle oxidising action delivers superior protection against complications but also provides the optimum conditions for natural healing.

"Clinisept has been a game changer in the aesthetics industry and has certainly improved the care of my patients"

Paul Banwell FRCS (Plast)

Contact: Ross Walker

Email: ross@cht-ltd.com

Telephone: 01455 247 797

Website: www.cliniseptplus.com

LEDA Orthopaedics

Established in 2013, LEDA are an independent, innovative distributor of medical devices and technology. We pride ourselves on high levels of customer service, and have built a portfolio of exciting products, influenced by direct feedback from the surgeons we are fortunate to work with.

With that in mind, we are delighted to make our debut exhibition at BAPRAS 75, as we launch our Checkpoint Surgical™ nerve stimulator. With a controlled, biphasic waveform, the Checkpoint™ device provides visual confirmation of nerve function and location in the surgical field, even in obscured anatomy.

Protect, assess and repair motor nerves confidently, knowing sustained or repeated nerve stimulation will not cause fatigue.

Contact: Dawn Bloy

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Website: www.ledaortho.com

Open Medical

Open Medical is the company behind the market-leading Pathpoint™ platform developed by NHS clinicians to synchronise, prioritise and visualise clinical workflows across regions, hospitals and departments. The platform is used in 75+ NHS sites and allows you to track, triage and review patient care with real-time overview of your KPIs. It enhances patient outcomes with effective pathways and optimises your productivity through digital transformation whilst keeping your workflow integrity with the seamlessly integrated system.

Contact: Daria Markova

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Telephone: 020 3475 2955

Website: <https://www.openmedical.co.uk/>

USEFUL INFORMATION

Taping of sessions

Any videoing, photography and sound recording of the conference sessions is strictly forbidden, without prior written permission from the organising committee.

Photography

We will be taking photos of the conference for use on social media. If you would like to opt out of this, please visit the registration desk.

Social Media

The twitter hashtag for the meeting is **#BAPRAS75**

You are asked to kindly consider the confidentiality of content that you may be posting to social media.

Certificate of attendance

Your certificate of attendance, including CPD points will be emailed to you after the conference.

5.5 CPD points have been awarded for this event.

Connecting to the Wi-fi network

Choose the RCSE-Public network and input your details on the registration page to get connected to the internet.

The Association Dinner

The dinner will be held on the 6th floor of the Royal College of Surgeons, and is scheduled to start at 19:00 with the drinks reception, followed by dinner at 19:30. Carriages at 22:30.

Dress code: Lounge Suits

75 IN 75

1946

- 20th November 1946, the newly formed British Association of Plastic Surgeons are invited by the Council of Royal College of Surgeons (RCS) to hold their inaugural meeting at their premises. RCS president, Sir Alfred Webb-Johnson is chairman. In attendance are 38 surgeons. By 1947 it is agreed to request an entrance fee of 3 guineas for membership, with an annual subscription of 2 guineas per year.

“ WALLY... I THINK YOU ARE THE ONLY PERSON IN OUR ASSOCIATION TO START A JOURNAL. YOU ARE INDEPENDENT AND FAR REMOVED FROM THE INFLUENCES OF LONDON AND YOU DON'T BELONG TO ANY CAMP”

Gillies to Wallace, Edinburgh 1946/47



1947

- The first scientific session is held in November 1947. There is an afternoon of lectures and discussion at RCS. The meeting continues the next day at Hill End Plastic Surgery Unit, St Albans, moving to Rooksdown House in the afternoon. 56 Full Members and 18 Associates attended.

1948

- In March 1948 the British Journal of Plastic Surgery is first published. Its primary objective is to advance plastic surgery through enabling the publishing of research, clinical trials and experimental work. The Journal also aims to encourage friendly relations with plastic surgeons from across the world. The Journal has become integral in supporting surgical training and communicating ideas.

1950

- September 1950, Burns Sub-Committee of BAPS is established. The Committee has five members Battle, Clarkson, Mowlem, Osborne, Wallace and Colebrook. Colebrook had advocated its formation.

1952

- November 7th 1952, at a dinner attended by Furlong, James, McIndoe, Moore, Mowlem, Pulvertaft and Whillis the suggestion is made to form a 'Hand Club' to better encourage the study of surgery of the hand. Seddon (BOA president) and BAPS president (Battle in 1952) are invited to join. Over 12 years, membership increases to 12 members. The restricted membership led to the forming of 'the Second Hand Club' in 1956. Rivalry between the two clubs did not exist and on October 8th 1964 they are formally merged to form 'The British Club for Surgery of the Hand'. To enable a more formal standing for the specialty in the UK, Barron suggests the Club become an Association (BASH!). In November 1968, a name and constitution change sees The British Society for Surgery of the Hand formed.

1955

- Desire for a crest had been expressed in 1947 with the development of the BJPS, upon which a crest would sit. It was not until 1955 that a formal Grant of Arms is awarded. The Grant of Arms was originally sought in 1952. Presidents Battle, Barron, Matthews and Kilner all contributed. This award suggested the BAPS has reached maturity. Its significance is great in that it makes permanent the ideals for which the Association stands.

1957

- Gillies writes 'The Principles and Art of Plastic Surgery'.



1959

- It is agreed that BAPS will be responsible for organisation, membership and finance for The International Congress in 1959. As part of discussions and collaboration relating to this event the International Confederacy of Plastic and Reconstructive Surgeons is born. The cost of registration for full members is £15 and social membership just £10. The Congress is attended by 865 members, 538 being full members, hailing from 51 countries.

1961

- After Gillies' death in September 1960, a memorial lecture is established in his honour. Lecturers are invited to speak by the Association Council. T Pomfret Kilner is the first to lecture in 1961, his topic is 'The Birth of a Specialty'.

1962

- Owing to the decline in Senior Registrars in Dental Surgery, a Committee is formed to represent a dental section of the BAPS, membership is restricted to Associate members. Application for this to become a sub-section is declined by RCS who state that the BAPS is too small an organisation to be fragmented. By 1960 oral surgery had developed to such a level that an association should be formed. The inaugural meeting of the British Association of Oral Surgeons is held on April 14th 1962.
- In 1962 the RAF make a donation to RCS to cover the McIndoe Lecture. McIndoe died in April 1960. It is agreed by the BAPS and RCS that this lecture should relate to plastic surgery or an allied topic and must be based on the lecturers own experience. The lectureship is awarded on recommendation of the RCS president and the President and Honorary secretary of BAPRAS. GH Morely was the first to be awarded the McIndoe lecture, it was entitled 'Plastic Surgery in War and Peace'.
- 1962, T. Pomfret Kilner endowed a prize for the best published essay on a title set by the Association. Kilner dies in 1964, but the prize continued to be awarded up to 2004.

1963

- Championed by AB Wallace, who recognised the vital role nurses played in plastic surgery and burn care, the inaugural meeting of the British Association of Plastic Surgery Nurses takes place in 1963.

1964

- November 1964, HRH Prince Philip, Duke of Edinburgh becomes the first Patron of BAPS.
- Studies conducted in Burn Units in the UK highlight a lack of available treatment centres. This leads to the setting up of the first purpose-built centre in Wakefield in 1964, another is set up in East Grinstead in 1965. The Blond-McIndoe laboratories opened in March 1961.



1965

- Under presidency of Benjamin Rank, BAPS' first Summer meeting is held away from UK in Leiden, Netherlands.

1966

- Mr Barron takes on new role of Historian.

1968

- In April 1968 Mr JR Cobbett performs the first successful free toe to hand transfer. The operation is performed on a woodworker and takes place at the Queen Victoria Hospital, East Grinstead. In 1966 Cobbett published a paper on microsurgical techniques, which was then in its infancy.
- In 1968, the British Burn Association is formed.



1969

- In 1969, the BAPS hosts the First European Congress of Plastic Surgery. Held in Brighton, the event takes place from 16th-19th June. 309 Members attend, from 19 European and 4 non-European countries. Over the course of the event, 57 papers are read, 37 films shown, 19 scientific exhibits viewed and 14 trade exhibits set up. The cost of the event was £12 for full membership.

1970


- The Senior Registrars Travelling Club (SRTC) is formed in 1970 to promote collaboration and share research. The first meeting was held in March 1972 at Canniesburn. A perfect balance of Social and Scientific;

What happens at the SRTC, stays at the SRTC!



1979

- A rise in the demand for private cosmetic clinics leads to discussion around the levels of training and experience in cosmetic clinics. The British Association of Aesthetic Surgeons is formed in November 1979.



British Association of Aesthetic Plastic Surgeons

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1981

- Anthony Wallace is appointed Honorary Archivist.
- September 1981, at a meeting at Mount Vernon Hospital, the British Microsurgical Society is formed. It became a more formal incarnation of the Microsurgery Travelling Club, which began in 1977.

1982

- Owing to a feeling that BAPS should be more active in training, an Educational Sub-Committee is established. It holds its first meeting in December 1982.
- A member specialising in burn treatment serves on hospital ship Uganda during Falkland conflict.



1986

- The first FRCS(Plast) examination is held in Glasgow, at its inception the examination is voluntary. It gained wide acceptance from the SRTC and was made mandatory in 1993. Plastic Surgery becomes the second surgical specialty to do so after orthopaedic surgery.

1987

- BAPS "The First Forty Years" is published. The book is edited by Mr Anthony Wallace and provides an insight into the early development of the Association.
- The Overseas Doctors Certification Scheme is started in July 1987. The Scheme offers international surgeons the opportunity to work in the UK as an SHO, then Registrar. They would return home with a BAPS Certificate of Training. This scheme is continued until 1998.

1987

- Miss Anne B Sutherland becomes president.

Miss Sutherland achieved diplomas in Household and Institutional Management, she registered as a dietician on the national register of medical auxiliary services. In 1945 she went to Glasgow University to study Botany and Zoology, but left after one year to attend Edinburgh University to study Medicine, graduating 1951. Her 1958 MD thesis was on thermal injury and its effects on nutrition. She achieved FRCSEd in 1963, became a BAPS council member in 1981 and BAPS' first female president in 1987. She was an internationally recognised leader in burn patient care.



- 18 November 1987, Kings Cross Fire. BAPS member, Michael Brough is praised for his treatment of burn victims. In the aftermath of this event, there is a recognition of the need for psychological support for those with lifelong scarring. This ultimately led to the creation of the Scar Free Foundation.

1988

- October 1988, BAPS trainee membership category is introduced. 1993 Ian Taggart became the first senior registrar to have an official seat on BAPS Council.

1989

- 'Working for Patients' White Paper establishes NHS trusts. The Trusts have more freedom in their activity, which enables them to appoint new consultants. As a result, consultant numbers grow from 100 in 1980, to 430 by 2015.

1990

- The joint secretariat with BOA, BAPS and BSSH is disbanded. BAPS and BSSH remain in joint secretariat until January 2021.
- Through the 1990s up to 2002, plastic surgeons are deployed to the Balkans during post-Tito conflicts. Plastic surgeons are deployed to general surgical posts.
- August 1990, plastic surgeons are deployed with armed forces to Kuwait and Iraq. A field hospital is established in Saudi Arabia, thankfully burn casualties are lower than expected.

1992

- Combined BAPS meeting with The Royal Belgian Society of Plastic Surgery, is held in Glasgow, July 1992

1993

- In 1993, the first suggestion of name change from BAPS to BAPRAS is made at the AGM. The suggestions is rejected.

1994

- In 1994, as part of a Government drive to reduce the size of the military, military hospitals are closed and begin to work more closely with the NHS. Derriford is the only plastic surgery military unit to remain.

1996

- 50th Anniversary Dinner is held at Merchant Taylor's Hall, on 5th December 1996. The guest speaker is Sir Rodney Sweetnam.



1996

- In December 1996, BAPS Overseas Aid Group meet in London to document work done by members abroad. At a meeting in January 1997 the name is changed to BAPS Overseas Interest Group (OIG). Discussions take place on how to provide assistance to surgeons and how a rapid response to disasters might be organised.

1998

- December 1998, Winter Meeting is held in association with The Plastic Surgery Educational Foundation of the USA. The meeting is held at RCS.

1999

- Forming in the aftermath of the Kings Cross Fire, The Healing foundation is established. In July 2016 they had a comprehensive rebrand, to become The Scar Free Foundation. BAPRAS continues to be one of its principle members.

2000

- In July 2000, BAPS holds the 3rd European Appointed Meeting for the European Section of the International Confederation of Plastic, Reconstructive and Aesthetic Surgery.

2002

- BAPRAS Patron HRH Prince Phillip, Duke of Edinburgh visits a scientific meeting at RCS.



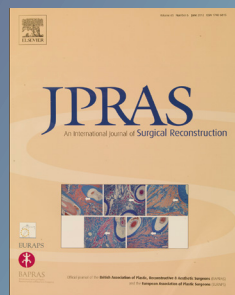
2003

- 'BAPS, The Way Forward' is published. Working with the NHS Modernisation Agency, BAPS provides an update on the manpower and resources required for the delivery of a plastic surgery service.

- In December 2003, PLASTA is formed. The new association has a wide scope which will represent trainees at all levels. At the time of its introduction it has 150 members. It was necessary to transition from SRTC to PLASTA due to the changing nature of plastic surgery training and the loss of the Senior Registrar training grade.
- Operation TELIC is active in Iraq. With potential for burn injuries anticipated, plastic surgeons are included in the medical support.

2006

- Aiming to modernise its agenda and lose the potential restraints of 'British' in the title, BJPS became JPRAS. The first edition, volume 59 of the Journal, is published in January 2006.



- 11th July 2006, BAPS becomes BAPRAS. Although there are some objections to the inclusion of 'Aesthetic', it is felt that the specialty can no longer ignore the fact that many surgeons are practising aesthetic surgery, and so the Association should become teachers of it. The Salamander is incorporated into the Association logo owing to its ability to regenerate its tail and limbs.

2007

- April 2006, conflicts in Iraq and Afghanistan generate high casualty rates. In 2007, an army plastic surgeon is deployed. It becomes understood that the ballistic injuries have a comparable systemic effect to a large burn and require similar expertise. Initial surgical debridement at Camp Bastion was challenging for those not used to dealing with large scale tissue destruction.

2007

- 2007 saw the formation of the Combined Services Plastic Surgery Society. Military plastic surgeons had been meeting regularly, these meetings became formal through the CSPSS and annual conferences are held.
- October 2007, BAPRAS host the 4th International Congress on Auricular Reconstruction, held at RCSEd.

2008

- To avoid plastic surgery disappearing from the curriculum, a series of undergraduate courses are established to increase the exposure of medical students to the speciality. A new series of advanced educational courses are introduced. These are held twice a year at Manchester Conference Centre for senior trainees and consultants.

2009

- The Association website undergoes a comprehensive redevelopment, integrating new BAPRAS branding and adopting a language style which is accessible to the public.
- Initial changes to the Constitution had been proposed in 2007. By the AGM of December 2009, it has been rewritten and agreed. The changes include an invitation to medical students to join, locally elected Council members and the introduction of a two year presidency. The new presidential format was implemented in 2013 with Mr A Graeme B Perks being the first to take up the mantle.
- Simon Heppell is deployed to Camp Bastion as first official plastic surgeon, followed others. They demonstrate the skills and abilities of the specialty in reconstruction and wound management. From October 2009, Consultants did 8 week tours of duty. 40% of casualties require a plastic surgeons to scrub in.



2011

- The PIP implant failure crisis reaches its full extent. The implants were first developed in 1999, but began using industrial grade, as opposed to medical grade, silicone filler in 2001. A report begun by Sir Bruce Keogh (NHS Medical Director), and supported by BAPRAS members, raises questions about cosmetic standards leading to recommendations being made to standardise cosmetic practice.
- In order to enable trainee access to online learning, eLPRAS is developed in 2011. It is now the largest online learning resource in plastic surgery in the world.

2012

- A new Code of Practice is introduced in 2012-2013, establishing a well-defined framework for practice, balancing the best interests of the public and members. The new code is introduced in response to growing tension among members regarding the advertising of procedures and commercial cosmetic organisations.
- The final year curriculum goes live in August 2012, followed by the intermediate years curriculum which goes live in August 2013. The curriculum effectively supports the FRCS(Plast) syllabus.
- BFIRST is founded in 2012 as an official overseas charity for BAPRAS. Working on an invitation basis, the curriculum is discerned from local need and training is consultant-led. BFIRST members have been included in emergency response teams for international disasters, such as earthquakes, conflict and major accidents.
- Winter Scientific Meeting is held in combination with The American Society of Plastic Surgeons. The meeting is held at RCS in December 2012.

2013

- Winter Scientific Meeting hosted by BAPRAS and the Irish Association of Plastic Surgeons. The meeting is held in Dublin, in November.

2014

- In 2014, BAPRAS wins the bid to host the 12th quadrennial ESPRAS Congress, held at RCSEd. With energy and organisation from so many involved, it becomes the biggest meeting ever hosted by BAPRAS. The event is attended by 865 delegates from 62 countries.
- Some of The BAPRAS Collection is displayed at Boston Convention and Exhibition Centre, in conjunction with the American Society of Plastic Surgery. The display is entitled 'a Strange New Art' and focusses on the development of the specialty as brought about by World War 1 and coincided with the centenary of the Great War.

2015

- BAPRAS holds a joint meeting with Belgian RSBPS in Bruges.
- A report by RCS in 2015 on major trauma workforce sustainability sees plastic surgeons as well placed to take on consultant roles in a major trauma. Since 2014 plastic surgeons have been deployed to Sierra Leone in response to Ebola, and to Pakistan.

2016

- In 2016 ICOPLAST is born enabling further international collaboration. BAPRAS' past president A Graeme B Perks is invited to be one of 2 European representatives on the inaugural ICOPLAST Board of Directors.
- November 2016, BAPRAS unveils their second publication, BAPS to BAPRAS. The book picks up where the previous history book left off and is edited by Honorary Archivist, Mr A Roger Green.
- The Plastic Surgery Trainee Study Day (in conjunction with BAPRAS) is first held in May 2016. The event provides a forum for trainees to receive help and advice on aspects of training.

2017

- Joint scientific meeting with Finnish Association of Plastic Surgeons is held in Helsinki, June.

2020

- Despite the Coronavirus pandemic, BAPRAS Meetings prevail. Events are held completely online, without loss of scientific content.



LOOKING FORWARD TO THE NEXT 75!



BAPRAS, 2021