BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons

BAPRAS 17th Undergraduate Day

Saturday 30 March 2019

ETC Venues
Bishopsgate Court
4 - 12 Norton Folgate
London E1 6DQ

PROGRAMME

Saturday 30 March

09:00	Registration and refreshments		Parallel session
Session 1			
09:45	Welcome and Introuction to Plastic Surgery	Mr Dean Boyce	Surgical Skills Session 1
10:00	The place of Plastic Surgery in Surgical History	Mr Roger Green	(10:00 - 11:20)
10:20	Reconstructive Surgery Trials Network (RSTN)	Mr Luke Geoghehan	
10:40	Trauma Surgery	Mr Shehan Hettiaratchy	
11:00	Skin Cancer	Mr Barry Powell	
11:20	Refreshments		
Session 2			
11:40	Life in Plastic Surgery - myths and reality	Mr Mark Henley	Surgical Skills Session 2
12:00	Burns Surgery	Mr Ivo Gwanmesia	(11:40 - 13:10)
12:20	Breast Surgery	Mr Ivo Gwanmesia	
12:40	Aesthetic Surgery	Mr Mark Henley	
13:00	The role of e-learning in Plastic Surgery	Mr Stephen Gibbons	
13:00	Lunch and poster presentations		

Session 3			Surgical Skills Session 3
14:00	Hand Surgery	Mr Dean Boyce	(14:00 - 15:10)
14:20	Lower Limb Surgery	Mr Ed Fitzgerald O'Connor	
14:40	Elective Presentation	Mr Akhilesh Pradhan	
14:50	Elective Presentation	Mr Max Prokopenko	
14:55	Elective Presentation	Ms Somy Charuvila	
15:00	Elective Panel Discussion	All elective presenters	
15:00	Refreshments		
Session 4			Surgical Skills Session 4
15:30	Cleft Surgery	Miss Norma Timoney	(15:30 - 16:50)
15:50	Research in Plastic Surgery - A Pracitcal Guide	Mr James Paget	
16:10	Plastic Surgery Overseas	Ms Barbara Jemec	
16:30	PLASTA	Mr Dimitris Reissis	
16:50	Prizes Awarded - Surgical Skills Prize & Best Poster Prize		
17:00	Close		

CME Points: 5.5

FACULTY

Mr Dean Boyce

Dean Boyce is Consultant and Clinical Lead of the Welsh Centre for Plastic Surgery and Burns. He was appointed in 2003 after training in South Wales, the West Midlands, Manchester, Wrightington, and Sydney, Australia. He has a strong academic background, having been awarded a Hunterian Professorship for research into human and scar less wound healing.

His current research areas mirror his clinical interests in peripheral nerve surgery, congenital hand surgery, upper limb cerebral palsy and Dupuytren's disease. He is heavily involved in postgraduate training and is currently selection lead for the national ATP fellowships in hand surgery. He is a Council Member of the British Society for Surgery of the Hand and Vice Chair of Education for the British Society of Plastic, Reconstructive and Aesthetic Surgeons.

Ms Somy Charuvila

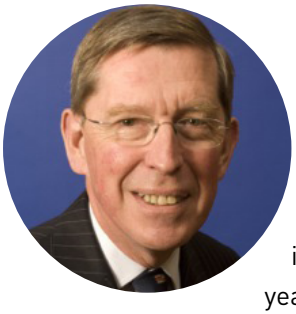
Somy is an Academic Foundation Trainee at Stoke Mandeville Hospital. She completed her medical degree at Barts and The London in 2018 and did an intercalated BSc in Surgery and Anaesthesia at Imperial College London.

She was introduced to plastic surgery as a speciality through her BSc research project in burns and undertook a student selected module in plastic surgery at the Royal London Hospital and was secretary of Barts and The London Student association's Plastic Surgery Society .

She was awarded a BAPRAS student bursary towards an elective in plastic surgery at Viet Duc Hospital in Hanoi. She will be sharing her elective experience.

Mr Luke Geoghean

Luke Geoghegan is the Undergraduate Lead for the Reconstructive Surgery Trials Network (RSTN) and is currently a 5th year medical student based at Imperial College London. Luke's role as Undergraduate Representative is to increase undergraduate interest in reconstructive surgery and facilitate medical student involvement in collaborative multi-center randomised controlled trials. Luke's research interests are based around optimising outcomes after extensive extremity trauma and the immunobiology of Vascularised Composite Allotransplantation.



Mr Roger Green

Roger Green was educated at Wycliffe College in Gloucestershire and the Royal College of Surgeons in Ireland, graduating in 1974. After spending four years in Norway as houseman and surgical SHO, he returned to South Wales to complete his general surgery registrar training, obtaining FRCS in 1982.

His training in Plastic Surgery was gained in Chepstow, UCH London, Mount Vernon Hospital and Liverpool before his appointment as Consultant Plastic Surgeon to the Mersey Regional Unit in 1987. He was an Honorary Lecturer in Plastic Surgery at Liverpool University, and has held several national educational posts including RCS Regional Specialty Advisor and SAC membership. He was a member of the Court of Examiners at Royal College of Surgeons, and Examiner, and subsequently Assessor, for the Intercollegiate FRCS (Plast) Examination.

He has served BAPRAS in many roles including Hon. Secretary, culminating as President of the Association in 2008. He is now retired from clinical practice and is BAPRAS Honorary Archivist. He enjoys cross-country skiing watercolour painting and fly-fishing, but above all escaping to his family cabin in the Norwegian mountains.

Mr Stephen Gibbons

Stephen is an education and e-learning specialist who has worked with clients including the Department of Education, BBC, Ordnance Survey, e-Learning for Healthcare and Health Education England.

Over recent years, he has supported BAPRAS in the design and development of e-LPRAS (e-Learning for Plastic, Reconstructive and Aesthetic Surgery), a pioneering e-learning resource specifically designed for UK plastic surgeons and plastic surgery trainees.

Mr Ivo Gwanmesia

Mr Mark Henley

Mark Henley is senior Consultant Plastic Reconstructive and Cleft Surgeon to the Nottingham University Hospitals and the Trent Regional Cleft Surgery Service. Committed to training and raising educational standards in all aspects of Plastic Surgery and achieving unprecedented collaboration between mainstream surgical specialties he has established national fellowships in Reconstructive Cosmetic Surgery.

In collaboration with others he has also established an innovative specialty specific surgical professional indemnity scheme (PRASIS) and is currently piloting 'Hands On' training in Cosmetic Surgery in the United Kingdom.

Mark is currently serving as BAPRAS President for 2019 and 2020.

Mr Shehan Hettiaratchy

Shehan Hettiaratchy is the Major Trauma Director and Trust Lead Surgeon at Imperial College Healthcare NHS Trust in London and an Honorary Clinical Senior Lecturer at Imperial College. He qualified from Oxford and trained in London, Birmingham, Australia and the USA. His specialist interest is complex extremity reconstruction and hand surgery. His research interest is hand transplantation and trauma reconstruction. Shehan is a member of the British Army reserve, serving with airborne forces and has been deployed to Afghanistan twice.

Ms Barbara Jemec

Miss Barbara Jemec has been a consultant in the NHS since 2004, specialising in skin cancer, Hidradenitis Suppurativa, hand surgery and reconstructive surgery after ano-genital cancers.

She has been a member of the councils of the BAPRAS, the British Society for Surgery of the Hand and the Plastic Surgery section of the Royal Society of Medicine, as well as been the section president of the RSM. Barbara is a member of the editorial boards of the Journal of Plastic and Reconstructive Journal and the Journal of Hand Surgery (European edition).

Her main outside interest is the charity BFIRST, which trains doctors, nurses and therapists in resource poor countries in reconstructive surgery to an independent level

Mr Edmund Fitzgerald O'Connor

Mr Fitzgerald O'Connor is a Consultant Plastic & Reconstructive Surgeon. He is a specialist microsurgeon who deals with complex major trauma reconstruction at Kings College Hospital, London. He also works at Guys & St Thomas' and undertakes a range of plastic surgery procedures including skin cancer management , hand surgery and complex wound care. He trained on the Pan Thames plastic surgery rotation after which he completed his surgical training and undertook specialist international fellowships in microsurgery, trauma , breast reconstruction and aesthetic surgery in Perth, Australia.

Mr James Paget

James Paget is a microvascular research fellow at the Royal Marsden Hospital and the Institute of Cancer Research, where he is undertaking a PhD investigating protecting free-flaps from radiation damage sustained during radiotherapy. His research is supported by a Wellcome Trust Clinical Research Fellowship, a BAPRAS research fellowship and the Mason's Medical Research foundation. He is on an Out of Program Research placement from his training number in Scotland.

Mr Barry Powel

Barry Powell is a Consultant Plastic and Reconstructive Surgeon at St George's Hospital, South West London who specialises almost entirely in the treatment of skin cancer.

He has developed an expertise in the management of melanoma & non melanoma skin cancer over the last 25 years. His department at St George's is the busiest in the UK seeing approximately 400 new melanoma cases per year. Success of this clinic comes from working closely with colleagues in Dermatology, Radiotherapy, Radiology, Nuclear Medicine, Pathology and Oncology to treat patients. The Department is recognised as one of the major Melanoma Centres within Europe and has close ties with major units in USA and Australia.

Mr Akilesh Pradhan

Dr Akhilesh Pradhan is a foundation year one doctor at Buckinghamshire NHS Trust. He completed his MBBS degree with clinical distinction at King's College London – School of Medicine and has completed a BSc (Hons) degree in Anatomy, Developmental and Human Biology with First class Honours.

Akhilesh has been a past president of King's College London Surgical Society during which he organised the annual national undergraduate surgical conference. He has a keen interest in teaching and has conducted teaching sessions with medical students at different stages in their degree. Akhilesh has posters, presentations and publications in various surgical specialities and is keen on developing his research skills.

Akhilesh completed his medical school elective at Johns Hopkins, Baltimore in the department of Plastic Surgery, as well as the Princess Margaret Hospital, Bahamas in T&O. In his spare time, Akhilesh likes to play cricket, reads books and enjoys travelling.

Mr Max Prokopenko

Max Prokopenko is currently a first year Foundation Doctor in General Internal medicine at Queen Elizabeth the Queen Mother Hospital, Margate. He completed his undergraduate studies at University College London, with intercalation in Neuroscience.

At present, he aspires to continue on to core surgical training and subsequently, to pursue a career in Plastic & Reconstructive surgery.
His research interests lie within the field of breast surgery, as well as stem cell applications from fat grafting and wound healing.
When he isn't glued to his computer screen, he enjoys spending time drinking coffee, travelling to new places and occasionally diving.
For any questions, he can be reached at max.prokopenko@nhs.net.

Mr Dimitris Reissis

Dimitris is a Plastic Surgery Registrar, working in the Pan Thames London deanery.

Having graduated from Imperial College School of Medicine with a Distinction in Medical Sciences and a First Class Honours BSc degree in Surgery and Anaesthesia, he completed his Foundation and Core Surgical Training in London, before being selected for the Pan Thames London Plastic Surgery training programme at the first attempt.

Dimitris has completed an MSc in Medical Education, published and presented multiple papers in Plastic Surgery and serves as the London Regional Representative for the Plastic Surgery Trainee Association (PLASTA).

Alongside his work Dimitris enjoys travelling, exercise, skiing and exploring London's markets and restaurants.

Miss Norma Timoney

Norma Timoney is a Consultant Plastic and Reconstructive Surgeon. Norma qualified from the University of Bristol Medical School MB ChB 1992 and previously had obtained a BA, BDent Sc in Dentistry from the University of Dublin, Trinity College. After medical school she went on to train in surgery in the South West of England and subsequently undertook specialist training in plastic reconstructive and aesthetic surgery in the Midlands.

She spent a year of additional specialist training in Canada at the Hospital for Sick Children in Toronto, working in the fields of cleft lip and palate, facial palsy, ear reconstruction, brachial plexus injury and children's burn injury.

A member of the British association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS); she has also been on the UK General Medical Council specialist register since 2003. In 2005 Norma Timoney joined the South Thames Cleft Lip and Palate Service based at Evelina London Children's Hospital Guy's and St Thomas' .

She is head of service of the Paediatric Plastic Surgery department at Evelina London and is involved in surgical training.
https://www.evelinalondon.nhs.uk/our-services/hospital/plastic-surgery/team.aspx.
She is a member of the Royal College of Surgeons Specialist Advisory Committee in plastic surgery and is currently chair of the National Cleft Lip and Palate Interface Training Committee.
JCST: Homehttps://www.jcst.org/
Norma has been involved in charitable overseas projects for many years and is the current Chairman and a trustee of the medical charity Facing the World. facingtheworld.net

POSTER ABSTRACTS

- Posters will be judged by the faculty and a prize awarded to the best poster at the end of the day.
-
- Poster presenters should make themselves available for questions during the lunch break

Luke Allen - P2X7 Receptors as a Putative Pharmacological Target to Improve Peripheral Nerve Regeneration

Background

Peripheral nerve injuries are common, and may have a devastating and life-changing impact. Development of pharmacological interventions that enhance regeneration may improve outcomes. One potential target is the P2X7 receptor expressed in Schwann cells which is acutely upregulated following injury, and is associated with Schwann cell proliferation and myelination.

Aims, Methods and Results

To determine the effect P2X7 has on peripheral nerve regeneration, we characterised differences between P2X7 knockout and wild-type mice sciatic nerves following surgical transection and repair. Immunohistostaining of neurofilament 200 two weeks post-injury showed the same distance of regeneration in wild-type and knockout nerves. Transmission electron microscopy analysis at eight weeks post-injury showed that compared

to wild-type nerves knockout nerves have significantly less unmylinated axons, less myelinated axons, and lower G-ratio (ratio between inner axonal diameter and total outer diameter of fibers), however significantly greater myelin thickness. Number of Remak bundles is unchanged.

Conclusion

Loss of P2X7 receptors in peripheral nerves is associated with morphological changes following injury, but does not alter speed of regeneration. These findings point to P2X7 receptors positively regulating redifferentiation of Schwann cells into the myelinating phenotype following injury, which may be exploited pharmacologically to enhance remyelination.

Catherine Chinnery - Autologous fat grafting in breast reconstruction - What is the best donor site?

Background

Autologous fat transfer in breast reconstruction has existed for over 100 years. In current times, new techniques of fat transfer are evolving, and the preferred choice of fat donor site is debated. In this literature review, studies exploring different fat donor sites are evaluated, aiming to provide an overview of up-to-date evidence for choosing one site over another.

Methods

The studies evaluated can be separated into 3 groups:

1. Those that analyse stromal vascular fraction
2. Those that analyse adipocyte viability
3. Those that analyse fat volume retention (and other histological features). This article evaluates each source, comparing study size, number of participants, outcomes, and limitations of each, collating them into a bigger picture.

Results/conclusion

Overall evaluation of the studies concludes there is little difference in adipocyte viability, stromal vascular fraction or volume retention between sites. However, whilst BMI has little effect on adipocyte viability, age could be a determining factor as to which site to choose.

Discussion

There is little evidence supporting one specific fat donor site over others. Most studies focus on the viability of fat transfer in general, rather than whether one site is more beneficial. The studies suggest that the best donor site would be down to the surgeon's skill and preference.
More research is required exploring how confounding factors (smoking, age, BMI etc.) may change the viability of autologous fat transfer for different sites.

D Limnatitou - Acute management of thermal hand burns in adults: a review of the literature in the last ten years

Advances in the field of acute hand burn management over the last ten years should be reflected in current management. This literature review of acute management of thermal burns to the hand in adults aims to help modernise management protocols for these common injuries in regional burns centres and emergency departments. The PRISMA-P methodology was used as a guide.

Medline, EMBASE, CINAHL, Pubmed and Google Scholar were searched for English language articles published between 2009 - 2018 related to hand burns. The Cochrane Library was reviewed separately. The results were de-duplicated and reviewed for relevance. An initial search retrieved n=6495 results. A total of 390 articles were identified, plus 9 Cochrane reviews. These were further narrowed subject to exclusion and inclusion criteria.

It was evident from the literature that the type and depth of burn would determine the management approach and various options were discussed and compared. Prevention of complications and optimal rehabilitation were amongst the main aims.

Over the last ten years, various advances in acute management of thermal hand burns in adults have been made. Incorporating the evidence base into local protocols may facilitate optimisation of triage referral pathways, management, and rehabilitation for these patients.

Julian Man - Vascularised free fibula flap reconstruction after resection of osteosarcoma of the wrist in a 14 year-old: a multidisciplinary team approach

Osteosarcoma is a rare bone tumour, accounting for less than 5% of childhood cancers per year in the UK. In this case report, we present a 14 year-old boy who was referred to our plastic surgery unit after noticing a lump in the right wrist which was diagnosed as an osteosarcoma.

After the MAP chemotherapy protocol did not shrink the tumour, surgical resection of the tumour and reconstruction with a vascularised free fibula flap was performed. 16cm of the left fibula was harvested with a skin paddle. Side to side tenodesis of extensor pollicis longus to abductor pollicis brevis and extensor indicis to extensor digitorum communis to the index was performed. Microsurgical anastomosis of the peroneal artery of the leg to the posterior interosseous artery of the arm was performed.

The peroneal vein of the leg was anastomosed to the cephalic vein of the arm. A wrist fusion followed to stabilise the bone flap. We subsequently appraise the related literature and discuss alternative treatment options and their challenges.

Angus McMillan - An Anatomical Study of the Cutaneous Perforators of the Lateral Lower Leg

Background

Plastic surgery developments throughout the last century have highlighted the importance of a detailed anatomical knowledge of perforators. Despite this, there is still discrepancy and lack of clarity in the literature regarding the cutaneous perforators of the lateral leg. This study aims to provide a clear and clinically useful tool for planning perforator flaps from the lateral leg.

Methods

51 legs from 26 participants were scanned with acoustic doppler ultrasound and colour doppler imaging to identify and record perforators in the skin overlying later leg landmarks. Four cadaveric leg dissections were also performed to explore the routes and branching of perforators in detail.
Results: 4 consistent perforators were identified with doppler ultrasound:

- In the area of skin over the anterior peroneal septum:
- 25% of the way up the leg (WUTL) ±6 cm
- 75% of the WUTL ±4 cm
- In the area skin overlying the posterior peroneal septum:
- 25% of the WUTL ±5 cm
- In the area of skin overlying the posterior peroneal septum and peroneal muscles:
- 75% of the WUTL ±3 cm

Conclusion

These results provide a clinically useful tool for identifying lateral leg perforators when preoperatively planning flaps and provides useful details for perioperative perforator dissection.

Sakiinah Mungroo - Psychological factors for burn injuries in Mauritius

Background

Burns cause more than 7.1 million injuries annually with the highest incidence in Africa and South-East Asia. Burn survivors suffer from significant morbidity, disfigurement and disability, which frequently leads to stigmatisation and rejection in society (1). In developed countries, extensive psychological support is provided to burn survivors in terms of counselling, cognitive behavioural therapy, hypnosis and peer support (2). However, in most African countries, no psychological support is provided due to a lack of resources (3). To this date, there is no existing research on the quality of life of burn survivors in Mauritius. The aim of this study was to explore the psychosocial challenges faced by burn survivors in Mauritius and their beliefs about psychological support.

Method

For this study, 8 burn survivors who were treated in a hospital in Curepipe in Mauritius, were randomly selected. They were interviewed and they had to fill the Burn Specific Health Scale-Brief (BSHS-B) questionnaire (4).

Results

There is a high correlation coefficient of 0.905821 between the burnt surface area and the statement "I think that I have an emotional problem". 70% wished that they had received psychological support in the form of group intervention.

Khine Oo - Orbital Reconstruction Involving Titanium Implants and Fasciocutaneous Flap following Extensive Resection of a Lacrimal Gland Adenocarcinoma in a Young Caucasian Patient

Background

Primary lacrimal gland adenocarcinoma is a rare neoplasm with high metastatic potential and poor prognosis. Management involves extensive local clearance, including orbital extenteration, appropriate reconstruction and adjuvant treatment.

Case Report

A healthy 47yo lady presents to the GP with a 6-month history of a firm rapidly growing mass in her right eyelid associated with dysopia, blepharoptosis and inferomedial orbital deviation. A palpable parotid mass was also present. Contrast CT of the orbit and neck revealed a heterogeneous enhancing mass measuring 2.8x2.1x2.2cm within the lacrimal gland and superolateral orbit. Staging MRI revealed partial infiltration of the rectus muscles and focal pressure remodelling of the orbital roof. Metastatic parotid gland involvement was identified via a whole body PET scan. Incisional biopsy of the lacrimal gland was diagnostic of an adenocarcinoma. FNA of the parotid gland confirmed metastatic disease. Surgical management involved extensive local clearance including extenteration, total nerve-sparing parotidectomy and selective neck dissection. Reconstruction involved a Radial forearm free flap and titanium implants. The patient awaits radiotherapy.

Discussion

Adenocarcinoma accounts for ~5% of lacrimal gland malignancies.1 The average age at diagnosis is 60-65y and is more common in females.2 This case report outlines management of lacrimal adenocarcinoma in a young patient.

Jvalant Parekh - Using Videos to Improve Patient Understanding of the Breast Reconstruction Journey

Introduction

Breast reconstruction poses a long journey for patients during which they receive countless information leaflets. The movement to multimedia use in order to inform patients about their care is essential in this evolving healthcare environment. On discussion with women at a local support group, over 20% felt there needed to be more information available for patients who wanted breast reconstruction.

Aim

Creating a series of videos covering aspects such as pre-assessment, nipple tattooing and others with the aim to help patients receive the relevant information as well as visualise the steps they are going to face.

Method

Liaison with support group 'Keeping Abreast' has helped ensured relevant tailored videos for the patients targeted at what they wanted to know. Videos focus on personal experiences by patients and staff to allow prospective patients the opportunity to gain first hand information about the procedures they may face.

Results and Discussion

Videos have been created by interviewing members of staff as well as directly with patients to help dispel worries and improve understanding for patients due to undergo reconstruction. Feedback is being collected from patients on finalised videos with the plan to continue to improve the videos and complete filming in 2019.

Cameron Pye - Breast Implant Associated-Anaplastic Large Cell Lymphoma. What is our current knowledge of the pathogenesis, best practice and next steps to tackling this disease?

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) is a rare type of Non-Hodgkin's lymphoma, mainly associated with textured breast implants. An indolent disease usually presenting with a late onset seroma formation with a new breast mass. BIA-ALCL is a potentially life-threatening disease as it can invade through the capsule and into the chest wall, spreading to local lymph nodes. It is a poorly understood disease but has an excellent prognosis if caught and treated early. This review analyses the inflammatory, microbiome and genetic theories proposed in the literature regarding its pathogenesis and discusses its reclassification to more accurately diagnose and treat BIA-ALCL.

The current method for diagnosing BIA-ALCL is reviewed as there is evidence that the immunophenotypes used to make a formal diagnosis may not be reliable. The best current practice for treatment, involving a total capsulectomy and removal of the implant, and chemotherapy for non-resectable cases is also reviewed. In addition, it explores the most appropriate approach to reconstruct the breast post treatment.

The review also discusses the potential to avoid initial BIA-ALCL development using nanostructured polytetrafluoroethylene which reduces the macrophage response decreasing inflammatory response, and the use of silver polymeric nanocomposites with its antimicrobial properties.

Vikram Sinha - The quality of online information regarding non-surgical aesthetic procedures available to the public

Objective

To assess, quantitatively, the quality of online information available to the public regarding non-surgical aesthetic procedures using common search engine terms to inform best practice.

Methods

Advanced search functions on Google and Bing, search engines that represent 95.27% of global searches, (1) were queried with the following expanded search terms:"facial filler" and "botox". Information contained in the top 25 results was then assessed using validated DISCERN instrument (2) and JAMA benchmark criteria (3) to quantify the overall reliability and quality. In total 77 unique websites were assessed.

Results

Average DISCERN score was 39.2 for the 77 unique websites assessed. For Jama benchmark criteria, 33.8% of websites displayed appropriate authorship. Attribution of references and sources was seen in 24.7%. Disclosure was only stated in 16.9% of websites. Currency, referring to dating of content and updates was seen in 46.8% of results.

Conclusions

Overall, we discovered online information surrounding botox and facial fillers to be of low to moderate quality. Our search and assessment highlights the dearth of high quality, reliable information available to patients and the potential effects this may have on patients' expectations, perception of treatment outcomes and, the natural ageing process.

Jaclyn Tan - Use of gluteus maximus as a dynamic sling to reconstruct the pelvic outlet after abdominal-perineal resection

Reconstruction of the pelvic outlet after abdomino-perineal resection requires the obturation of the pelvic opening, recreation of functionality in the now-absent pelvic diaphragm, and the ability to withstand radiation and chemotherapy. However, conventional techniques such as pedicled vertical rectus abdominis muscle flap (VRAM) with allosteric material often result in issues such as limited availability and length of flap, weakened anterior abdominal wall, and secondary infection.

We aim to describe an alternative method for pelvic outlet reconstruction based on a single pedicled gluteus maximus muscle. This is a retrospective case series on 4 patients who underwent gluteal muscle flap reconstruction between 2013 – 2018. All patients had an AP-resection for rectal malignancy combined with radiotherapy and chemotherapy prior to reconstruction. All four patients had symptomatic herniation through the pelvic outlet pre-procedure. Following the surgery, all four had full resolution of their symptoms and no signs of herniation, with an average recovery time of 4 months.

The pedicled gluteus muscle flap is a simple and suitable option for local reconstruction of large posterior perineal defects. It obturates the pelvic opening, reliably covers alloplastic material to prevent secondary infections, and serves as a dynamic sling to replace some functions of the now-absent pelvic diaphram.

SPEAKER ABSTRACTS

Stephen Gibbons

e-LPRAS (e-Learning for Plastic, Reconstructive and Aesthetic Surgery) is a comprehensive e-learning resource for UK plastic surgeons and plastic surgery trainees which is supported and endorsed by BAPRAS.

In this session, Stephen will explore the role of e-learning in supplementing traditional face-to-face methods of surgical training and provide a brief overview of the e-LPRAS materials.

Akhilesh Pradhan

I undertook a sub-internship with the plastic surgery department at Johns Hopkins Hospital. This was a clinical placement where I rotated through breast reconstructive, general reconstructive, craniofacial, hand and burns surgery.

Initially, I spent two weeks with the general reconstructive team where I was able to attend ward rounds, participate in clinics and assist in skin grafting, free flap and local tissue rearrangement operations. The surgeons were keen for me to scrub in for operations and I was able to develop basic surgical skills and techniques including knot-tying and instrument handling. Furthermore, I was able to participate in ward duties e.g. removing drains and changing dressings.

This was followed by a week in craniofacial surgery where I was privileged to be able to observe novel surgeries e.g. cranial on-lay cranioplasty, an operation pioneered at Hopkins, and occipital nerve decompression amongst others. I also assisted in paediatric plastic surgery cases which involved removal of facial lesions as well as cleft cases. Furthermore, I was taught how to effectively plot patient vitals, monitor/remove drains and change dressings during ward rounds.

Finally, I assisted the burns team and the hand surgery team where I attended outpatient clinics and assisted in operations. I was able to clerk a range of patients in hand clinic which developed my history-taking abilities.

Besides developing my clinical skills, I was able to present at a journal club meeting, make a Youtube teaching video and attend various teaching meetings held by the department.

I enjoyed the team spirit demonstrated by the doctors. All members of the plastic surgery team were inclusive and were happy to provide teaching during/after the operations. This enabled me to appreciate the theoretical basis of the procedures conducted. Even after work, junior residents were happy to show me around Baltimore and discuss surgical concepts over dinner.

Johns Hopkins Hospital is situated in Baltimore; during my walk to the hospital, I did feel unsafe at times due to its location, close to rough neighbourhoods, however, I overcame this by keeping to main roads and avoiding small/lonely lanes. I shared an airBnB accommodation with three other medical students who were also placed at Hopkins.

Overall, I felt that I received excellent clinical exposure in a range of plastic surgery sub-specialities. Furthermore, the team were welcoming and eager to teach which enabled me to make the most out of my placement. Opportunities to participate in small projects e.g. making a teaching

demonstration Youtube video and presenting at journal club meetings are available despite a rigorous clinical schedule.

The variety of the case-load which I observed at Johns Hopkins has highlighted the diversity and ever-evolving nature of plastic surgery. The ability to operate from head-to-toe is a rare priviledge which plastic surgeons receieve and I firmly believe that my elective experience has strengthened my desire to pursue Plastic Surgery.

Dimitris Reissis

Dimitris is the PLASTA London Regional Representative.

PLASTA is the UK's Plastic Surgery Trainee Association. The mission of PLASTA is to ensure that trainees across the country have fair and equal opportunities to maximise their training in order to become well rounded and successful Consultant Plastic Surgeons.

In this presentation, Dimitris will outline the benefits for you that come from being involved with PLASTA from an early stage in your career and working hard to collaborate and maximize your opportunity to become a Plastic Surgeon in a competitive environment.

If you have any questions or comments, please contact Dimitris at dreissis@nhs.net. He is also available through social media @dimireissis.

Somy Samuel

I will be talking about my elective experience at Viet Duc Hospital which is the largest surgical centre in Vietnam. Vietnam has a high incidence of road traffic accidents, owing to poor infrastructure and inadequate law enforcement. It also has a high rate of children being born with congenital deformities which are thought to be due to the continued effects of chemicals such as agent orange used during the Vietnam War. The maxillofacial and plastic surgery department at Viet Duc is a very busy unit and sees many patients with traumatic injuries and complex pathology. I will be talking about some of the interesting cases and educational opportunities I had during my elective there.

TRADE EXHIBITION

ORASCOPTIC™
SUPERIOR VISUALIZATION

Q-close™
Quality. Commitment. Innovation.