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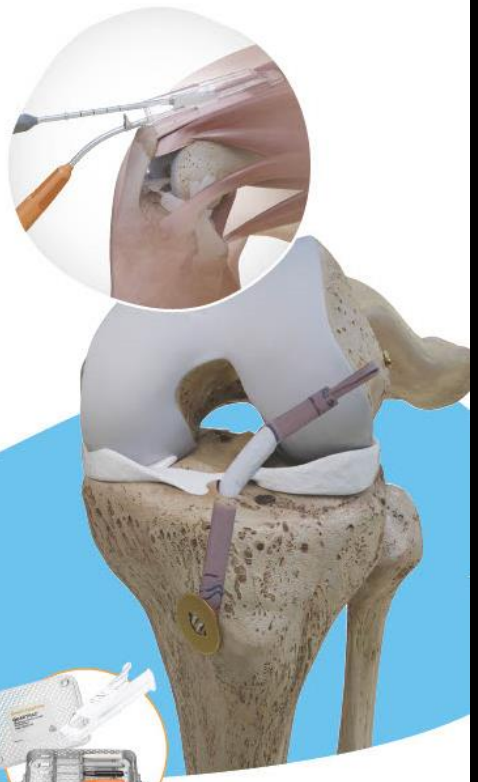

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Programme Contents

EMSORD Agenda

08:15-08:50	Registration and coffee	
08:50-09:00	Welcome address: Mr Randeep Aujla / Mr Nick Eastley	
Morning Session 1		
09.00 - 10.30	Awf Al-Shahwani	Outcome of surgical fixation of inter prosthetic fractures: A case series in district general hospital
	Sharan Sambhwani	Reducing Pre Operative Delay In Neck Of Femur Fracture (NOFF) Patients: Lessons Learned from Teamwork
	Zuhaib Malik	Service Evaluation of Flexor Sheath Infection: A diagnostic and treatment challenge in 2024
	Ananth Srinivasan	Radiological and functional outcomes following radial head replacement
	Alex Boucher	A Review of Practice - Do We Know How To Correctly Segregate Waste In Theatres?
	Mate Zabaglo	Shifting Botox Injections for CP Children from Theatre to Clinic
	Thomas Ward	Lateral Column Midfoot Injury: Do They All Need Fixation?
	Parmjeet Chattha (Medical Student presentation)	What are the beliefs of healthcare professionals regarding the early mobilisation of patients following ankle, hind and mid foot fusion and reconstructive surgery
	Akhilesh Pradhan	The Instagram generation: Orthopaedics on social media and its impact upon medical student perspectives
10.30-11.00	Morning Refreshments and Trade exhibition	
Morning Session 2		
11.00-11.40	Colin McDonald	Blocking the pain to boost the gain: Steroid shot or not before Lumbar surgery?
	Matthew Baguley	Spinal navigation: can we cut surgical times without cutting corners?
	Eslam Abourisha	When Backs Push Trauma Back - Spinal Hold-Up
	Mel Hau	Advancements in De-Quervain Tenosynovitis Management: A Comprehensive Network Meta-Analysis
11.40 - 12.30	**Jeya Palan** **“Periprosthetic joint infections… my journey into the unknown”**	
12.30 - 13.45	Lunch and Trade Exhibition	
Afternoon Session 3		
13.45 - 13.50	Platinum Sponsor Presentation: Stryker	
13.50 - 14.50	Gautam Chadalavada	Total knee replacement DAIR outcomes: UHL case series
	Stanley Masunda	Timing of mobilisation post hip and knee arthroplasty
	Mohammed Abdelhadi	Do weather conditions affect patient reported outcome measures in knee osteoarthritis
	Darren Puttock	Medial pivot designs result in improved patient reported outcome measures and range of motion when compared to cruciate retaining total knee replacements: a systematic review and meta-analysis

EMSORD Agenda

Afternoon Session 3		
13.50 - 14.50	Khalis Boksh	Transtibial centralization better restores meniscal extrusion and contact mechanics compared to knotless anchor centralization for medial meniscus posterior root tears: An in-vitro biomechanical study using porcine models
	Hamish Lowdon	Comparison of revision rates of the Original ME Muller Straight Stem and CCA Muller Straight Stem with the Exeter V40 stem
14.50 - 15.40	**Hiro Tanaka** **“Transcending the rules”**	
15.40 - 16.10	Afternoon Refreshments and Trade exhibition	
Afternoon Session 4		
16.10 - 17.10	Helen Parker (AHP presentation)	Starting a Virtual Multi–Disciplinary Follow Up Clinic for all Shoulder Arthroplasty Patients at University Hospitals Of Leicester
	Balraj Jagdev	Epidemiology of lateral and medial elbow tendinopathy: Experience of management practices in a large teaching hospital
	Ahmed Barakat	Systematic review of surgical techniques for medial epicondylitis: evaluating the impact of preoperative injections and concomitant ulnar neuritis on postoperative outcomes
	Jenna Shepherd	Patient voices shaping research in shoulder replacement surgery: An example of the impact of patient and public involvement (PPI)
	Faheem Bhatti (Resident doctor presentation)	Long term survival outcomes following total shoulder arthroplasty: an implant level systematic review and meta-analysis of case series and registry reports with more than 13 years follow-up.
	Mohammed Elbashir	Cancellations in the Eleventh Hour: Causes of On-the-Day Cancellations in Orthopaedic Surgery
17.10 - 17.20	Special Thanks and Closing Remarks	

EMSORD Welcome Address

Mr Randeep Aujla & Mr Nick Eastley

Welcome to EMSORD 2025! As another year passes, we should all look back with pride at the sustained level of quality research being produced in our region. We are sure that the presentations today will reflect this and look forward to hearing your work.

Over the last 12 months several of the region's trainees have achieved great success in their research. Our congratulations go to Khalis Boksh for being awarded an MSc from the University of Birmingham, and to Jenna Shepherd and Thomas Ward for receiving large National Joint Registry/ORUK /RCS fellowships to pursue their higher degrees. These prestigious achievements are hugely exciting and should be viewed in part as a reflection of the ideal environment our region (and its trainers) provide for young investigators with an interest in academia. Highlighting this further, our congratulations also go to Jitendra Mangwani and Maneesh Bhatia, who have both been awarded the position of Professor at the University of Bath and De Montfort Universities, respectively.

Again, all credit for today's event should go to Bal, Hamish, Ananth, Tom, Akhilesh, Sharan, Jenna and Mo (Abdelhadi and Elbashir) who have done a fantastic job in arranging EMSORD 2025. Co-ordinating a successful event takes a large amount of time and organisation – congratulations.

As ever our thanks also go to our guest speakers. We are honoured to welcome Hiro Tanaka. Mr Tanaka is a Consultant Foot and Ankle surgeon at Aneurin Bevan University Health Board in Wales. He is the current president elect of BOFAS, honorary secretary of the BOA, and co-directs the BOA future leader's programme. We look forward to hearing his talk on 'Transcending The Rules'.

Mr Jeya Palan needs little introduction. Mr Palan is a Consultant Hip and Knee surgeon at Leeds Teaching Hospitals NHS Trust with a specialist interest in the management of periprosthetic joint infections and fractures. He is a previous president of BOTA and has served on both RCS and BOA councils. He has acted as an associate editor for the Bone and Joint Journal and is a past National Joint Registry/ RCS fellow. He remains a prolific publisher of high-quality research, and we thank him hugely for returning.

There is no doubt that we have lost several supporters of EMSORD to retirement this year. Mr Taylor and Mr Spaine have both attended the event consistently and have also offered many of us support and guidance throughout our careers. We wish them both well.

Finally, we thank all of you who have cancelled your clinical commitments to join us today, particularly those from outside Leicester and further afield. We look forward to seeing as many of you as possible tonight at the Ball and hope you all enjoy the day.

Training Program Director's Address

Mr Alwyn Abraham

"Celebrating Excellence: East Midlands T&O Training 2024"
The East Midlands T&O Training Programme continues to deliver outstanding results. With high scores for clinical (94.18%) and educational supervision (92.19%), trainees benefit from strong support and structured learning. Most meet or exceed indicative operative numbers, and 96% report feeling well-supported with timely workplace-based assessments.

We extend heartfelt congratulations to **Balraj Jagdev**, who passed the **FRCS in November** and now serves as **LOTA President**. This will be his final EMSORD as a trainee—he is due to **accredit within the next 12 months** before moving on to a fellowship in his chosen field of Shoulder and Elbow Surgery.

Hamish and **Eslam** also successfully passed the FRCS in May—well done!

We're delighted to welcome new ST3s **Ibrahim Haq**, **Muhammad Yusuf**, **Holly Clarke** and **Baijaeek Sain** to the programme. And congratulations to **Mel, Vidhi, Emma, and Jess** on the birth of their babies—wonderful additions to our T&O family.

Research achievements continue to flourish. **Jenna** and **Tom** have secured **ORUK grants**, with **OOPR** starting August 2025, while **Khalis** completed his OOPR with an impressive volume of publications. **Pritish** made headlines during his OOP as **Head of Medical at Nottingham Forest FC**, and **Matt Baguley** was appointed as the **first Fellow to the National Online Teaching Programme**.

Though workload and rota design remain challenges, the programme's leadership and flexibility at ARCP continue to ensure trainee-focused progression. The future of T&O is bright, and we are proud to support and celebrate every step of your journey.

Academic Update 2024

Miss Alison Armstrong, Research Lead for MSS CMG

Welcome to our research day. Your opportunity to showcase the very best of our research in the East Midlands South Deanery. Once again we really look forward to seeing what you have been working on in the last year. Congratulations for sticking with your research project to the finish line. Not an easy task.

We continue to foster a research culture in East midlands south. In University Hospitals of Leicester NHS Trust research remains one of the pillars of the trust – but we are a long way from achieving the goal of having every patient in UHL offered a research project if one exists they could go into. We continue to strive to that aim.

We wish to build research in our department. This happens at several levels.

1. This research day and EMORM in the winter. This allows all of you to showcase your research work and get some feedback which should help it be ready for publication.
2. We continue to strive for closer working with the university and we hope to build an academic base within the university. Mr Mangwani has been working on this project.
3. We have statistical support available for all of you to help you at the beginning of your projects to make sure they are set up that they can yield statistically useful results, much better than trying to salvage something at the end. Contact Mr Singh if you have such a project.
4. We continue to recruit into the large NIHR trials(currently we have 15 studies open recruiting or in follow up) and are host to one DIDACT. If you have helped identify a patient – thank you.

Recently I went to the Orthopaedic Trauma trials day in Sheffield with our research staff. An opportunity to hear the results of studies we have taken part in. We are not allowed to put in a written form yet but After, Hush and Sofft will change practice when they are fully released- so look out for the written study reports. There are some new studies coming which we can take part in too which is exciting. All these studies underline the importance of research to change practice and ensure we are giving the best treatment to our patients

Academic Update 2024

Miss Alison Armstrong, Research Lead for MSS CMG

So how does this relate to you?

1. Consider becoming an associate PI to one of the big NIHR studies. This is the best way to understand what goes on behind each study and how they get their results. It is very good experience for the future if you think at some point you might want to be a PI for a study.
2. Know about out NIHR projects so you make sure we do not miss a patient.
3. Do some research yourself – either your idea or a consultant's idea. There are staff who are able to help you set it up including statistical help – so go on challenge yourself. You might find you enjoy it too.
4. You might consider taking time out of programme to study for a MD or PhD. We have staff who can help you. You just need to ask.

Most of all continue to read, question and puzzle over things. Many things we take as certainty……maybe common practice but the veracity of them may be far from certain. You might like to investigate one of them and change orthopaedic wisdom.

LOTA President's Message

Balraj Singh Jagdev, LOTA President

On behalf of the LOTA Committee, it gives me great pleasure to welcome you all to the 10th Annual EMSORD (East Midlands South Orthopaedic Registrars Day). This milestone reflects a decade of dedication to advancing orthopaedic education, research, and clinical excellence. EMSORD remains a cornerstone of our calendar—providing a unique platform to showcase the innovative work of our peers and to foster collaboration across the region.

We are privileged to train in the East Midlands South deanery, a region that consistently offers a supportive and enriching environment for our professional growth. A heartfelt welcome to our new ST3 colleagues who joined the training programme this year , Darren Puttock and Shanil Hansjee, and congratulations to those who recently secured national training numbers and will be joining us in August, **Ibrahim Haq**, **Muhammad Yusuf**, **Holly Clarke** and **Baijaeek Sain**. We look forward to seeing your careers flourish within our deanery.

A special congratulations to Hamish Lowdon, Eslam Abourisha (and myself) on successfully passing the FRCS exam. We extend our sincere thanks to Mr. Alwyn Abraham, our Training Programme Director, whose guidance and leadership continue to shape the future of our training. We are equally grateful to our consultants and trainers throughout the East Midlands South hospitals—your mentorship and dedication are instrumental in developing the next generation of orthopaedic surgeons.

We are honoured to welcome this year's keynote speakers— Mr Jeya Palan and Mr Hiro Tanaka. Thank you for generously sharing your expertise and time with us; your contributions enrich today's programme greatly.

This event would not be possible without the relentless efforts of the LOTA Committee, who continue to work hard to represent our collective voice and ensure that training standards remain high across the region. Thank you all for your enthusiasm, teamwork, and vision.

Finally, we are grateful for the generous support of our industry partners. Your sponsorship elevates EMSORD year after year, and we encourage all attendees to take time to visit their stands and engage with the innovations they bring to our field.

We hope you find today inspiring, educational, and enjoyable—and we look forward to seeing many of you at this evening's social event.

Your LOTA Committee

Balraj Singh Jagdev
President

Mohammed Elbashir
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Hamish Lowdown
Vice-President

Akhilesh Pradhan
Treasurer

Thomas Ward
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Mo Abdelhadi
IT rep

Sharan Sambhwani
Social and Wellbeing rep
Registrar Cricket Captain

Keynote Speaker: Mr Jeya Palan

“Periprosthetic joint infections… my journey into the unknown”

Jeya Palan is a consultant revision hip and knee arthroplasty surgeon at Leeds Teaching Hospitals NHS trust. He is the clinical lead for T&O in the West Yorkshire Association of Acute Trusts (WYAAT) covering 6 NHS trusts including Leeds Teaching Hospitals NHS Trust. He has completed revision arthroplasty fellowships in Coventry and Nottingham as well as a sarcoma and bone infection fellowship at the Nuffield Orthopaedic Centre, Oxford. He was a T&O registrar in the East Midlands Leicester Deanery and in 2016, was awarded the Professor Joe Harper Plate: East Midlands (South) Deanery T&O, awarded to the outstanding trainee in the programme who has gone above and beyond.

He has been an Associate Editor for the BJJ (2012-2016) and was the National Joint Registry/RCS fellow in 2013/14. He was awarded the BMA Doris-Hillier research grant in 2014/15. He was awarded his PhD from the University of Leicester, looking into outcomes after hip and knee replacements. He has a specialist interest in the management of periprosthetic joint infections and fractures. He has published and presented extensively on hip and knee arthroplasty surgery.

He was awarded an NIHR Senior Clinical and Practitioner Research Award (SCPRA) in 2024 to undertake further academic research. He was President of the British Orthopaedic Trainees Association (BOTA) in 2013/14. He is a member of the European Knee Society, European Hip Society, ODEP and T&O ST3 National Selection Design Group and Member at Large in Bone and Joint Infection Society committee.

Keynote Speaker: Mr Jeya Palan

“Transcending the rules”

Hiro is a Foot and Ankle surgeon from South Wales who’s passion is promoting clinical leadership and supporting training so that the next generation of surgeons are able to lead both successful and fulfilling lives.

In this session, we’ll explore the concepts of mastery in our field, whether it be leadership, public speaking or delivering the best clinical service. Is following the rules of life necessary? Is it holding us back from discovering our true talents?

Come on a journey which questions the very fabric of what we believe to be true.

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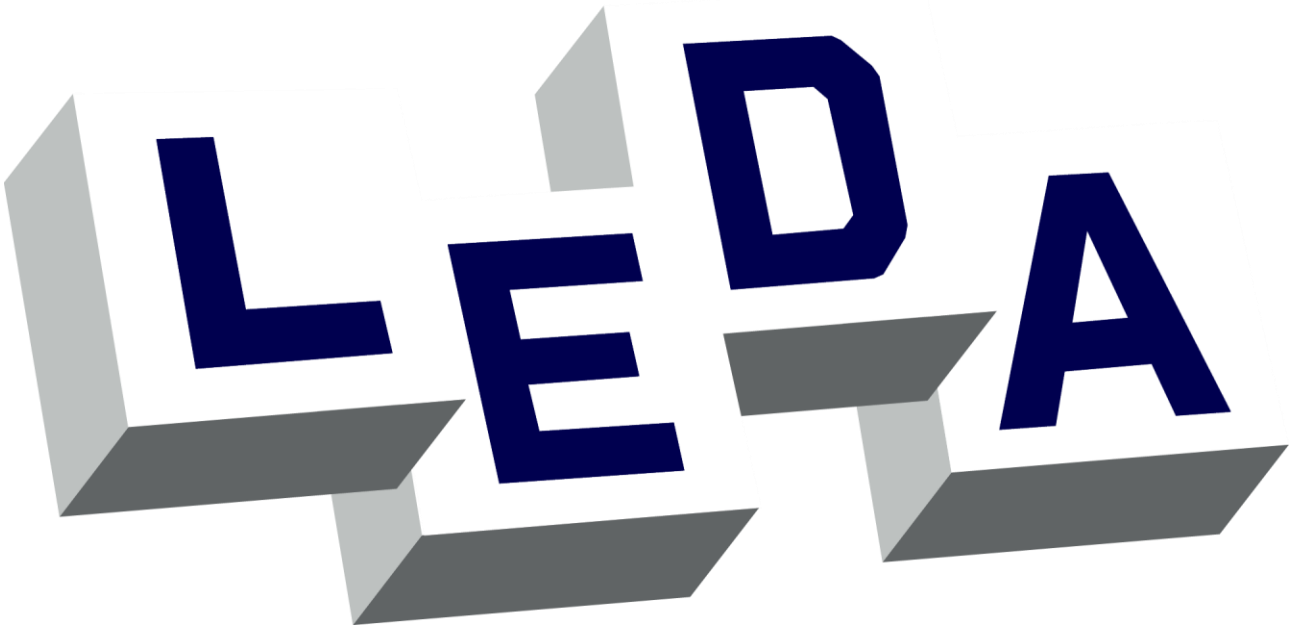

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Abstracts

Mr Darren Puttock (ST3)

Adopted Leicester local having moved here for University in 2013 and not yet managed to leave. I was delighted to secure a training number in the region last year. I've spent my first year in Boston and am looking forward to my return to the LRI to continue on from my excellent experiences as a core trainee there.

Current orthopaedic interests include trauma and knee surgery; however my current upper limb placement is starting to turn my head...
Outside of work I enjoy the occasional trip to the gym (no cardio), cooking and anything football related.

Medial Pivot designs result in improved patient reported outcome measures and range of motion when compared to cruciate retaining Total Knee Replacements: A Systematic review and Meta-analysis

Darren Puttock, Akhilesh Pradhan, Pip Divall, Amit Bishnoi, Arijit Ghosh, Seth O'Neill, Randeep Singh Aujla

Background. Total knee replacement (TKR) is the mainstay of treatment for end-stage knee osteoarthritis, however ~20% of patients remain dissatisfied with their outcomes. Perceived implant instability and altered range of motion may contribute to this. Medial pivot (MP) TKRs are postulated to provide increased stability due to greater implant conformity and improved replication of anatomical function. This systematic review and meta-analysis evaluates the impact of MP TKR on the forgotten joint score (FJS-12), other patient reported outcome measures (PROMs), range of motion (ROM), pain scores and functional assessments, in comparison to cruciate retaining designs.

Methods. An extensive literature search of multiple databases was conducted to identify eligible high-quality studies which compared PROMs data for MP and CR TKR, with a minimum of 12-months follow-up

Results. 675 (359 MP, 316 CR) TKRs from 7 studies were included. Patients were aged 59-86 years. Four studies assessed FJS-12, with mean difference of 7.46 (-2.44 – 17.37) in favour of MP TKRs. Overall, 1415 PROM scores from 675 patients were included, giving a statistically significant difference of 0.34 (0.16-0.52), with an overall effect size of 3.69 (p=0.0002) favouring MP TKRs. ROM data demonstrated a statistically significant overall mean difference of 4.63° (1.00-8.27) in favour of MP TKRs. Further outcomes favoured MP TKRs but were ineligible for inclusion in pooled analyses.

Conclusion. Analysed PROMs, ROM data and functional outcomes trended towards favouring MP TKRs, with pooled PROMs results and ROM reaching significance. Functional outcome data remains limited. Further high-powered multicentre studies, from wider geographical locations are required.

Mr Awf Al-Shahwani (ST4)

I am Awf, currently embarking on my orthopaedic training following the completion of my fellowship exam — a journey that initially felt unconventional. I lead a quiet life with my wife and three children, finding joy in travel, swimming, and to less extent gardening. My goal is to cherish and make the most of the remaining year/s of my training.

Outcome of surgical fixation of inter-prosthetic fractures: A case series in district general hospital

Awf Alshahwani , Gaurav Jha , Ahmed Swealem, Hussien Ali , Christos Plakogiannis

Background. Interprosthetic femur fractures (IPFFs), occurring between total hip (THR) and knee replacements (TKR), present significant surgical and biomechanical challenges, particularly in the elderly with multiple joint arthroplasties. Despite surgical advances, IPFFs remain associated with high complication, reoperation, and mortality rates.

Methods. This retrospective case series reviewed 15 patients with IPFFs treated surgically at a District General Hospital between August 2020 and August 2023. Inclusion criteria were confirmed IPFFs between THR and TKR, a minimum 12-month follow-up, and complete clinical records. Exclusion criteria included pathological fractures, non-union, or non-operative management. Data included demographics, surgical details, outcomes, complications, and mortality.

Results. Fifteen patients were included, mean age 84.6 years; 85.4% were female. Mean time to surgery was 2 days; median length of stay was 14 days. The reoperation rate was 26%, due to washout, implant failure, and hardware prominence. Non-union assessment was limited due to incomplete follow-up, though a general decline in mobility was noted. Mortality at 90 days and 12 months was 21.4% and 28.6%, respectively.

Discussion. IPFF management is complex, with advanced age, osteoporosis, and dual implants contributing to poor outcomes. While timely surgery may reduce early mortality, complication and reoperation rates remain high.

Conclusion. Standardized surgical protocols, improved fixation techniques, and tailored perioperative care are essential. A multidisciplinary approach is vital for recovery. Further multicenter studies and innovation in fixation and rehabilitation are needed to improve outcomes in this high-risk group.

Miss Jenna Shepherd (ST4)

Scottish 'lass' relocated to Leicester in 2021 for trauma & orthopaedic surgery training. Having developed a love of research throughout undergraduate and postgraduate training, I am now coming to the end of my academic clinical fellowship and am excited to begin a PhD from August. My specific interests are in the use of 'big data' to understand and improve patient outcomes. Outside of work I am a wife, foodie and dog-parent to a one-year-old cocker spaniel x labrador.

Patient voices shaping research in shoulder replacement surgery: An example of the impact of Patient and Public Involvement (PPI)

Shepherd J., Evley R., Patel N., Singh H.P.

Background. National Institute of Health and Care Research INVOLVE guidelines define Patient and Public Involvement (PPI) as research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them. Integration of PPI throughout the research cycle ensures research is patient-centred, relevant and of good quality. The National Joint Registry records shoulder replacement procedures and their post-operative outcomes, including revision surgery and patient-reported outcome measures (PROMs) – the Oxford Shoulder Score (OSS) - representing an internationally renowned source of data for research. We aimed to integrate PPI into the initial phase of research focusing on this data in order to understand which research questions are important to patients and inform our methodology accordingly.

Methods. Consultations were undertaken with a total of six public contributors - five with lived experience of shoulder replacement surgery and one with experience as the spouse of a patient following shoulder replacement. These consultations explored public contributors' views and opinions on outcome measures used following their shoulder replacement procedure and proposed research questions to evaluate and optimise these.

Results. Public contributors felt that what is important to patients differed from that of the surgical team following shoulder replacement surgery, highlighting the importance of evaluation of patient priorities and how these can be reflected through outcome measures. For example, they felt healthcare professionals were focused on what could go wrong rather than expected recovery. They described experiencing pain and function in different and opposing ways following their procedure and therefore questioned the relevance of the OSS which combines pain and function into an overall score.

Conclusions. PPI is integral within the research cycle and has directly impacted our study methodology. As a result, analysis of OSS on a more detailed level using advanced psychometrics will be incorporated and use of qualitative methods will be integrated to explore what is important to patients after their shoulder replacement and whether current outcome measures reflect this.

Mr Alexander Boucher (ST4)

I grew up near Nottingham and so have always considered the East Midlands as my home. After medical school, I completed foundation training CST in the East Midlands North deanery. I am excited to now be based in Leicester for my registrar training years.

I am a keen sportsman particularly with regards to skiing and playing tennis. Recently this season I skied the 'Valle Blanche' which is a 20km off-piste glacier route. I really enjoy watching rugby and therefore am pleased to be so close to the home of Leicester Tigers (and am hoping for a premiership victory this year).

Both my parents are American and therefore I have USA and UK passports. I try to go back to see family and spend as much time in North Carolina when I can, however the UK and particularly the East Midlands is definitely my home.

A Review of Practice - Do We Know How To Correctly Segregate Waste In Theatres?

Alexander Boucher, NurYasmeen Majeed, Rohit Rambani

Background. Theatres account for the largest environmental impact within healthcare with estimates of 3-6x more energy intensive usage compared to wards and 50-70% of hospital waste. It is shown that 80% of theatre waste occurs before patients' arrival in theatre. We aim to assess theatre staff's understanding and performance of waste segregation and specifically prior to patients arriving in theatre.

Methods. A questionnaire was designed and given to orthopaedic theatre staff across two operating hubs. Usage of incinerator/alterative, domestic and recycling bags prior to patient's arrival into lower limb arthroplasty operating theatres was recorded. Incinerator bags were then weighed using scales (kg).

Results. We had (n=28) questionnaire respondents. With regards to 'knowledge of each waste bag', 60% (n=17) knew which waste types required specific bags, whilst 36% (n=10) partially knew and 4% (n=1) did not. We found that 86% (n=20) thought that waste was often 'wrongly separated' and that only 32% (n=9) believed that we 'ensured correct recycling'. With regards for the contents of each bag; only n=4 respondents got fully correct answers for black bags, n=2 for yellow, n=1 for red and n=0 for orange or yellow/black stripes.
We recorded (N=24) cases of waste bags prior to patients arriving in theatre. In 100% of cases hazardous bags were used instead of general waste bags. Average weight of incorrectly segregated hazardous waste of 'total knee arthroplasties' was 0.695kg (0.262 – 1.871kg) vs 'total hip arthroplasties' 1.794kg (1.017 – 2.57kg). Minimum estimated unnecessary hazardous waste of 1.7 tonnes from hip and knee arthroplasty was calculated for 12 months across this unit.

Conclusions. Staff do not feel confident with our waste segregation and management. We recognise that we often incorrectly segregate our waste into the wrong bins. We do not utilise domestic/non-hazardous bins before the patient arrives in theatre as per RCS guidelines.

Mr Gautam Chadalavalada (ST4)

In the progress to ST4 you'll be glad to hear I have still found time to spoil my little dog. I've been having a fantastic time in the deanery and have been very fortunate to have great (and patient!) trainers. Starting at the Leicester Royal has been particularly good though as my average step count has gone through the roof. Looking forward to continuing this journey with all my excellent registrar cohort.

Total knee replacement DAIR outcomes: UHL case series

G Chadalavada, M Eltayab, A Kurunakaran, T Talavia

Prosthetic Joint Infection following TKR remains a challenging complication associated with significant morbidity and healthcare costs. The success of Debridement, Antibiotics and Implant Retention (DAIR) can be variable and dependent on several factors including patient selection, infecting organism, and timing of intervention. This retrospective case series reviews the outcomes and characteristics of UHL patients who underwent DAIR for acute knee PJI. We aim to present data on its efficacy and identify factors associated with successful outcomes.

Prosthetic Joint Infection following TKR remains a challenging complication associated with significant morbidity and healthcare costs. The success of Debridement, Antibiotics and Implant Retention (DAIR) can be variable and dependent on several factors including patient selection, infecting organism, and timing of intervention. This retrospective case series reviews the outcomes and characteristics of UHL patients who underwent DAIR for acute knee PJI. We aim to present data on its efficacy and identify factors associated with successful outcomes.

Mr Zuhaib Shahid (ST4)

What a year! Approaching ST5, time's gone past quick.

Very lucky to have been a part of some amazing colleagues and trainers. Thank you all for your support.

Service Evaluation of Flexor Sheath Infection- A diagnostic and treatment challenge in 2024

Zuhaib Shahid, Anas bara, Alexander Boucher, Kunal Kulkarni

Background. Flexor sheath infections are considered orthopaedic emergencies due to their potential for significant functional impairment. Prompt diagnosis and treatment are crucial, yet outcomes remain suboptimal despite Kanavel's early work over a century ago. Several studies have shown that delayed or inadequate treatment can lead to poor long-term outcomes.

Objectives. This retrospective study aimed to evaluate the assessment and management of flexor sheath infections at our hospital, from initial presentation in the emergency department to inpatient care, and to identify areas for improvement. The British Society for Surgery of the Hand (BSSH) guidelines were used as a benchmark.

Methods. Using complex hospital coding systems, over 3000 cases were initially screened. Only 100 patients had confirmed superficial digital or flexor sheath infections. Data were collected retrospectively from February to October 2024 via electronic patient records, including consent and operative notes. The review was supervised by a consultant hand surgeon.

Results. Of the patients assessed, only a minority were evaluated using Kanavel's cardinal signs, though most of those later reviewed by orthopaedics were assessed appropriately. Despite literature supporting early surgical intervention, the majority were treated with empirical antibiotics, even in cases with photographic evidence of aggressive disease. Shared decision-making was supported by electronic consent forms. Surgical decisions, typically made at 24 hours by consultants, aligned with modern guidance. However, none of the patients received splinting in the position of safe immobilisation—most were given standard slings. Early and consistent physiotherapy was provided to only a few, despite its established role in recovery.

Conclusion. This study reveals key areas needing improvement in managing flexor sheath infections, including early diagnosis, surgical intervention, appropriate splinting, and post-treatment physiotherapy. Greater awareness among primary and emergency care providers and early hand surgeon involvement are essential for optimal outcomes.

Mr Stanley Masunda (ST4)

I'm an ST4 orthopaedic registrar currently doing foot and ankle rotation at Kettering General hospital. Originally from Zimbabwe, I relocated to the United Kingdom for pastures green after a few years of working as a junior doctors post medical training. With the help of great trainers and mentors I've managed to work my way up and develop my craft as a budding surgeon.

I completed an MSc in Trauma and orthopaedics science at Queen Mary's University of London and I continue give back in medical education by teaching both junior doctors and medical students in the UK and in Africa. I am enthusiastic about teaching and I am also an ATLS trainer.

Outside medicine I find myself drawn to nature particularly enjoying hiking and cycling in the countryside. At heart I'm also an animal conservationist particularly drawn to the conservation of the African elephant an animal that is a family totem. I'm also a passionate about sports, having strong vested interests in football, rugby, tennis and cricket.

Timing of Mobilisation in hip and knee arthroplasty

Stanley Masunda, Emese Szanto, Josh Kitchen, Jason Auld

Background. Early mobilisation is a critical part of post operative care in hip and knee arthroplasty. It is a key feature, with reported reduced length of stay (LOS), reduced post-operative morbidity and mortality, improved patient satisfaction, and reduced VTE and its sequelae (1). As arthroplasty surgery increases this will also result in an increase in health expenditure. In recent years the THR and TKR process has been focused as a short or ultra-short stay process and has adhered to the principles of Enhanced Recovery After Surgery (ERAS) to help reduce costs and hospital stay (2). This study aimed to review the current enhanced recovery pathway at Northampton General Hospital and identify potential aspects of the pathway that could be rectified to allow for achieving same day surgery in hip and knee arthroplasty.

Methods. Data was prospectively collected from June to July 2024. The primary outcome measure was time to mobilisation after hip and knee arthroplasty. The procedures included were only elective primary hip and knee arthroplasty cases.

Results. A total of 75 primary lower limb arthroplasty procedures were performed during the study period. Eighteen had general anaesthetic (GA) and 57 were under spinal anaesthetic. The average time to mobilisation after GA was 3 hours 46 minutes and spinal anaesthetic was 7 hours 47 minutes. On the whole patients who had general anaesthetic were discharged earlier.

Conclusion. This study demonstrated that in our centre the use of generic spinal anaesthetic mixture can lead to delay in patient mobilisation and as such for patients earmarked for same day surgery the recommendation would be to consider general anaesthesia and/or consider short acting spinal options.

Mr Mohamed Abdalla (ST4)

I began my career in my home country Sudan, where I first discovered my passion for Orthopaedics. I've built on that foundation with experience across multiple specialties including Cardiothoracic and General Surgery in the Republic of Ireland then continued my journey in Orthopaedics in the UK as both SHO & Registrar for a few years. This has strengthened my skills as well as perspective as a Surgeon.
Now training in the East Midlands, I continue to pursue Orthopaedics with energy and commitment. Outside work, I'm a car enthusiast and a musician. Though, 2 months ago, life has shifted gears as we welcomed our first baby girl. She redefined what balance means and I'm enjoying every part of it.

Do weather conditions affect patient reported outcome measures in knee osteoarthritis?

Faheem Bhatti, Mohamed Abdalla, Colin Esler, Daniel Howard

Background: Patients with osteoarthritis often report their symptoms change under different weather conditions. Weak evidence exists for osteoarthritis related pain being positively correlated with barometric pressure and relative humidity, whilst negatively correlated with temperature (1). We aimed to investigate if an association exists between Oxford Knee Scores (OKS) and locally reported weather conditions.

Methods: Pre-operative OKS assessments collected by a single surgeon, in a single region, between January 2013 and December 2023 were reviewed. Historical, daily, local values for humidity, maximum temperature, mean temperature, minimum temperature, precipitation, and barometric pressure were sourced from an online weather database (visualcrossing.com) and mapped to the OKS data. Multiple linear regression analysis was performed to investigate the relationship between the weather parameters and 1) OKS total, as well as 2) the first question of the OKS score which relates to knee pain.

Results: A total of 1881 pre-operative OKS assessments collected from 1182 patients were included. The mean age at assessment was 63.5 years (standard deviation [S.D.] 11.2) and 1021 (54.3%) of assessments were in females. Mean OKS total score was 20.5 (S.D. 9.1) (out of a maximum of 48). Mean OKS question 1 score was 0.75 (S.D. 0.75) (out of a maximum of 4). Multiple linear regression showed no significant associations between any of the weather parameters and either OKS total or OKS question 1 scores ($p>0.05$ for all).

Conclusion: Although a commonly reported subjective patient experience, our exploratory analysis of pre-operative OKS suggests there is no significant association between weather conditions and PROMS amongst patients with knee osteoarthritis.

Implications: This work would suggest no benefit in adjusting OKS accordingly, in this population. Further work using larger PROM databases, and a diverse range of conditions, may be beneficial in further investigating the commonly patient-reported subjective association between weather parameters and pain.

Mr Akhilesh Pradhan (ST5)

I am one of the ST5 trainees in the EMS Rotation. I have thoroughly enjoyed my registrar training to date and have felt the improvements in my surgical abilities throughout my placements. I enjoy spending time with my family, friends as well as being LOTA treasurer for the rotation. This is my third year in organising EMSORD and I am glad to have an amazing team of registrars who have made this responsibility incredibly enjoyable.

Besides work, I got married this year to my amazing and supportive wife Neha and look forward to buying a house with her in the coming months. Thankfully both being Leicester trainees makes location hunting slightly easier!

I hope ST6 year brings more opportunities, friendships and a continued sense of development...especially with the upcoming exam.

The Instagram generation: Orthopaedics on social media and its *impact upon medical student perspectives*

Akhilesh Pradhan, Parmjeet Singh Chattha, Jay Ghelani, Randeep Singh Aujla

Background: The advent of social media has increased exposure to orthopaedic surgery and heralded a new platform for the discussion of ideas, education and career insight that was not previously possible. This study seeks to explore the platforms most frequently used by medical students, their engagement with content, and how social media shapes their perceptions of different medical specialties.

Methods: A prospective national questionnaire was electronically sent to medical students across the United Kingdom. Questionnaires were collecting using the Google Forms platform and consisted of 21 questions with both qualitative and quantitative question styles.

Results: 155 responses were received from 13 different medical schools. 43.8% of responses were final year students with 81.8% between 18-25 years. On average, each student had 2.6 social media platforms with 94.8% of students using Instagram and only 22.7% using X/Twitter. 57.8% actively follow orthopaedic accounts; 73.2% follow educational accounts. 46.1% felt social media had changed their perception regarding orthopaedics with 66.2% rating this to be in a negative manner. 70.8% felt that orthopaedic social media accounts did not adequately showcase diversity; only 4.5% strongly agreed that women in surgery are fairly represented on orthopaedic social media. However, 75.3% felt that social media can improve networking and professional development within the orthopaedic community. 65.6% believe that future orthopaedic social media accounts can help positively influence the perception of orthopaedics to medical students.

Conclusion: Social media is an important tool in enhancing the transfer of knowledge, networking and opportunity within the orthopaedic community. Medical students use social media for education/increasing their exposure to the speciality. While social media offers significant opportunities for medical students to explore orthopaedics, intentional efforts to promote diversity and inclusivity will be key to positively influencing perceptions and encouraging a broader range of students to consider this dynamic and rewarding speciality.

Mr Ananth Srinivasan (ST5)

It has been a challenging ST5 year. I would like to thank Mr Craxford (QMC), the Leicester Spine Consultant Body and Mr Rowsell (Lincoln) for their incredible mentorship. This was a year of marathon operations and has further highlighted the importance of operative planning, mental toughness, physical fitness and a solid breakfast! Thankfully, it has been a full year without a vasovagal episode.

I am grateful to have been appointed a fellow of the Bone and Joint Infection Registry (BAJIR) alongside Hamish. Additionally, I am proud of our ST3 Interview Prep faculty who delivered over 20 revision sessions with an excellent hit rate in attendees getting ST3 jobs!

Outside of work, Sarah and I have bought a house and I continue to cycle, swim and play cricket with my dad.

I am looking forward to the new challenges of ST6. I'm sure Akhilesh will have some grand revision plans for the FRCS.

Radiological and Functional outcomes following radial head replacements

A Srinivasan, A Pradhan, K Boksh, M Baguley, HP Singh

Background. Mason III and IV injuries compromise elbow range of movement and valgus stability. Medium to long term functional outcomes following radial head replacement (RHR) are hindered by low patient numbers, heterogeneity of injury and loss-to-follow-up. We report implant survival and functional outcomes following RHR.

Methods. All RHRs between 01/01/2010-31/12/2020 were identified from NJR, PACS and electronic notes at a large University Hospital . Demographic, operative data, complications and radiological outcomes were collected. Injuries were categorised into Isolated Fractures (IFs), associated proximal ulnar fractures (+/- dislocations) (PUFs) and 'Terrible Triads' (TT). Patients completed a validated Elbow Range of Movement questionnaire, Mayo Elbow Performance Index (MEPI) and Oxford Elbow Scores (OES) along with global satisfaction and VAS pain scores.

Results. 63 patients. Mean age 51.4 (25-76) years. 33 women: 30 men. 15/63 IF, 17/63 PUFs, 31/63 TT injuries. Stem loosening was noted in 10 cases, 17 developed heterotopic ossification. Nine required radial head excision (9/10) [deep SSI (1/9), symptomatic loosening/ toggling (2/9), ongoing pain with stiffness and limited range of motion (6/9)]. 52/63 responded to questionnaires at a mean follow-up of 78 (37-152) months. Mean maximum extension and flexion were 21.8° (± 16.9°) and 132° (± 13.7°), respectively. Average MEPI and OES were 81.2 (± 17.8) and 38.9 (± 10.3), respectively. Mean global satisfaction was 8.1 (± 1.8). TT patients reported poorer global satisfaction (IF 9 versus PUF 8.6 versus TT 7.5, p = 0.024). IFs demonstrated greater maximum range of movement (Extension: 9.20° versus 25.4° and 25.4°, p = 0.01), (Flexion: 141° versus 126° and 129°, p = 0.008). There were no differences between groups in MEPI or OES (p >0.05). Patient satisfaction was significantly poorer in the context of heterotopic ossification (7.13 versus 8.44, p = 0.020).

Discussion and Conclusion. Global satisfaction was unsurprisingly greatest in IFs however, even patients with PUFs were satisfied. The poorer reported range of movement in PUF and TT groups reflect the severity of injury pattern, extensive surgery and post-operative immobilisation. Despite the limitations of this review, the results further aid clinicians in managing patient expectations pre-operatively.

Mr Thomas Ward (ST5)

Also known as 'Matron' I am one of the ST5 trainees in the region and this year have been fortunate to be on the LOTA committee. One of the great things about being a trainee in the East Mids South is that I have been able to meet so many great people that I can not only call my colleagues but also my friends. One highlight of training so far was travelling to Gondar Ethiopia with some fellow colleagues and experiencing orthopaedics in another part of the world (although this did mean I missed my wife's 30th birthday of which she still hasn't let me live it down). Outside of work I love spending time with family and friends, I was previously a keen martial artist and have a black belt 1st Dan in Shotokan Karate, but I am far too old for that now and my current hobbies include skiing and knitting. I love dogs and if anyone needs a dog sitter you know where I am!

Lateral Column Midfoot Injury: Do They All Need Fixation?

Thomas R W Ward, Khalis Boksh, Grace Airey, Darren Myatt, Junaid Aamir, James Chapman, Htin Kyaw, Lucky Jeyaseelan, Lauren Greasley, Isabella Drummond, Mamdouh Elbannan, Hiro Tanaka, Jitendra Mangwani, Lyndon Mason

Background: Research on midfoot injuries have primarily concentrated on the central column and the Lisfranc ligament without amassing evidence on lateral column injuries. Lateral column injuries have historically been treated with Kirschner wire fixation when encountered. Our aim in this study was to analyse lateral column injuries to the midfoot and their treatment.

Methods: Multicentre observational study. Data was retrospectively collected from three centres on surgically treated midfoot fracture dislocations between 2011 and 2021. Radiographs were analysed using departmental PACS. All statistics was performed using SPSS 26.

Results: A total of 409 surgically treated midfoot injuries were identified for further investigation. Following analysis, a total of 235 cases were diagnosed as having a lateral column injury, and 222 had data available for further analysis. All but 1 case (234, 99.6%) of lateral column injury was associated with central column injury and 166 cases (70.6%) were associated with medial column injuries.

There were 44 cases where the lateral column underwent Kirschner wire fixation, 23 lateral column plate fixations and 3 lateral column screw fixations. Most patients (147, 63%) had no fixation for their lateral column injury with only 2.84% losing alignment at subsequent follow up. The patients undergoing K wire fixation had a greater loss of alignment rate (5.88%). The use of a bridge plate to fix the central column appears protective and purely ligamentous injury was a higher risk than an injury that included the bone.

Conclusion: Lateral column injury occur in over half of midfoot fractures in this study. It rarely occurs alone and is most commonly related to three column injuries. Nevertheless, following stabilisation of the central column, additional fixation of injuries to the lateral unlikely to be required in the majority of cases. In cases where lateral column stabilisation is required, plates and screws may be preferable to K wires.

Mr Matthew Baguley (ST5)

NHS Trauma & Orthopaedics trainee with a special interest in spinal surgery.
Engaged as the National Online Training Fellow for T&O.
Versatile and driven, with experience across a broad range of trauma.
Enthusiastic about surgical education, innovation, and skill development.
Reliable team player, balancing clinical training with family life.
Gets outdoors often — enjoys fishing, mountain biking, and hiking.
Observant to challenges faced by this demanding and rewarding career.
Naturally curious and committed to lifelong learning.
Nurtures a patient-centred approach.
Aspiring spinal surgeon with plans for future fellowship and research.
Grounded in evidence-based practice.
Invested in mentoring and supporting peers through digital platforms.
Values communication, leadership, and continuous improvement.
Efficient and adaptable under pressure.
Young father, motivated by a strong sense of purpose and balance.
Open to innovation and new approaches in T&O training.
United in fostering collaboration across multidisciplinary teams.
United in the goal of delivering excellent patient outcomes.
Proud to be part of the next generation of orthopaedic surgeons.

Spinal Navigation: can we cut surgical times without cutting corners?

Matthew Baguley, Gagandeep Mahi, Kristy Logan, Leicester Spine Group, Sheweidin Aziz

Background. Spinal navigation technologies have been associated with reduced operative times and improved precision in instrumented procedures. This study aims to evaluate the real-world operative times for emergency spinal instrumentation surgeries and compare them with published data on two navigation systems: one from the International Journal of Spine Surgery (IJSS) and another from a Globus Medical white paper on the Excelsius GPS® system.

Methods. A retrospective review was conducted of all emergency spinal instrumentation surgeries performed at University Hospitals Leicester (UHL) from 2021 to 2024. Of 141, cases identified, six were excluded due to concurrent procedures that prevented accurate operative time isolation. The remaining 135 cases were grouped based on the number of pedicles instrumented: 1–3, 4–5, 6–7, 8–13, and 14+. Average operative times for each group were calculated and compared with values reported by IJSS and Globus.

Results. 1–3 pedicles: 2:08 (vs. IJSS 1:03, Globus 0:59); 4–5 pedicles: 3:03 (vs. IJSS 1:15, Globus 1:04); 6–7 pedicles: 3:15 (vs. IJSS 1:31, Globus 1:10); 8–13 pedicles: 4:09 (vs. IJSS 1:53, Globus 1:17); 14+ pedicles: 4:34 (vs. IJSS 2:32, Globus 1:31. The IJSS study suggested navigation-assisted operative times could average 38.5% of conventional MIS times, while the Globus white paper projected an average of 28.7%.

Conclusion. Operative times for emergency spinal instrumentation at UHL significantly exceeded those reported with navigation-assisted techniques. The findings highlight the potential for substantial time savings and improved efficiency through the implementation of navigation systems, particularly in complex or high-volume cases. Prospective evaluation is recommended to further assess clinical and economic benefits in the emergency setting.

Mr Sharan Sambhwani (ST6)

Having been always been close to Leicester, the East Midlands South Deanery has always been a familiar place. I enjoy playing a plethora of sports and playing several musical instruments including the Indian classical flute. When I am not at work I enjoy escaping to tropical holidays.

Reducing Pre Operative Delay In Neck Of Femur Fracture (NOFF) Patients: Lessons Learned from Teamwork

S Sambhwani, P Kartik, F Rayan, S Kirmani

Introduction. Neck of Femur Fractures sustain in an increase in mortality of 1.8% for every hour delayed beyond 36 hours. We aimed to quantify and improve operative delays in these patients defined as an operation beyond 36 hours as per the National Hip Fracture Database Best Practice Guidance.

Methods. 2694 NOFF patients from years 2018-2024 were identified from a prospectively maintained database and those delayed were stratified into 3 main groups. Comparative analysis seasonal variation and winter pressures were accounted for.

Results. Patients delayed were stratified into; anticoagulation delay, medical delay and logistical delay. Patients delayed between the years were within one standard deviation of each other. There was an improvement in patients delayed due to anticoagulation reasons and medical reasons with linear improvement throughout the years. Logistical causes of delay were not improved between years 2018 and 2024 with sinusoidal variation throughout the years.

Conclusion. Our 6 years data analysis have identified key reasons for operative delay with a significant improvement in pre-operative delay over the years due to improvement in coagulopathy correction and medical optimization. This stemmed from increase in robust protocols in pre-operative optimization and increased collaboration with orthogeriatric and anaesthetic teams. Logistical causes for delay did not improve and our analysis has demonstrated a potential causal correlation with increased trauma burden and peri implant fractures requiring prompt input.

Mr Mate Zabaglo (ST6)

This year hasn't brought any major life changes or new additions to the family—but that in itself has been a welcome kind of calm. In a recent conversation with someone I rarely see, they surprised me by asking what I'm growing in the garden this year. They remembered my vegetable adventures from last year's column, It made me realise the importance of this booklet. This season, it's bursting with life—chilli peppers in fiery reds, beans climbing skyward, juicy tomatoes, and a variety of berries. We even have an "orchard" now, modest but proud, with three young trees finding their place.

Much of my free time continues to revolve around the family, and most often, that means being outdoors. Our current favourites are running, mountain biking, and stand-up paddleboarding (SUP). With the right gear, including child carriers, the kids get to join in the adventure. It's been a joyful way to stay active while sharing moments together, and I'm immensely grateful for their support—especially as I continue navigating the demanding path of surgical training.

Lately, I've found myself reconnecting with my heritage through food. I've taken up cooking over an open fire, using a traditional Hungarian cauldron. I prepare real goulash—the authentic version, which is a soup, not a stew.

On the professional front: I finally invested in a pair of surgical loupes. That decision has helped cement my direction. There's no turning back now—I've set my sights firmly on becoming a hand surgeon.

In all, no dramatic announcements—just steady growth, small joys, and a clearer vision for the future.

Shifting Botox Injections for CP Children from Theatre to Clinic

Mate Zabaglo, Hussain Ghyas, Suresh Annamalai

Background. Botulinum toxin (Botox) injections are a well-established intervention for managing spasticity in children with cerebral palsy (CP). Traditionally, these injections at University Hospitals Leicester (UHL) are administered under general anaesthesia in theatre settings, incurring significant financial and logistical burdens on hospital resources and families. This project aimed to evaluate the feasibility, cost-effectiveness, and patient experience of transitioning Botox administration from theatre to an outpatient clinic setting using ultrasound guidance.

Methods. A retrospective analysis was conducted on 16 paediatric patients who received Botox injections in theatre between August 2021 and May 2023. Parameters assessed included theatre time, hospital stay duration, and associated costs. These data were then compared to estimated costs and logistical considerations for delivering the same service in an outpatient clinic environment.

Results. Results revealed that the average cost per patient in theatre was £1,735, including general anaesthesia and an 8-hour hospital stay. In contrast, the estimated cost for clinic-based injections was approximately £140 per patient, representing a significant theatre capacity, cost saving to the trust. In addition to financial benefits, the outpatient approach offered improvements in patient experience, such as eliminating the need for general anaesthesia, reducing hospital time, and lowering the burden on families. However, challenges such as the initial investment in ultrasound equipment, staff training, and procedural tolerability for some patients must be addressed.

Conclusions. This study supports the feasibility and efficacy of transitioning Botox injections for CP from theatre to clinic settings. The proposed shift promises substantial cost savings, improved resource utilisation, and enhanced patient-centred care. Future steps include presenting a business case to senior management, piloting outpatient clinics, and formalising ultrasound training protocols for staff. Further evaluation is recommended to assess long-term outcomes and system-wide scalability.

Mr Ahmed Barakat (ST6)

"There is not for man except that for which he strives"

I strive to learn, to grow, and, when the time comes, to lead with purpose, patience, and sincerity.

Systematic review of surgical techniques for medial epicondylitis: evaluating the impact of preoperative injections and concomitant ulnar *neuritis on postoperative outcomes*

A Barakat , G Jha, P Raval, E Abourisha, P Divall, HP Singh, R Pandey

Introduction. Surgical intervention for medial epicondylitis (ME) is indicated when conservative management fails. This review evaluates different surgical techniques for management of ME in terms of patient-reported outcomes (PROs) and complication rates with a focus on the prognostic implications of preoperative injections and concomitant ulnar neuritis on postoperative outcomes.

Methods. Major medical databases were searched for relevant ME studies published between 2000 and September 2023. Case reports, reviews, abstract-only studies and pre-2000 studies were excluded. Two independent reviewers assessed the databases. A best evidence synthesis using Methodological Index for Non-Randomised Studies (MINORS) criteria summarised findings because of study heterogeneity.

Findings. Seventeen surgical studies (442 patients) met the inclusion criteria; most were retrospective (14 studies). MINORS scores ranged from 3 to 14, indicating variable methodological quality. Weighted means showed significant postoperative PRO improvements ($p > 0.05$). The overall complication rate was 3.1%, with percutaneous techniques showing 0% complications vs 6.4% for arthroscopic release and 11.1% for ulnar nerve transposition. Median time to surgery was 6 months of failed nonoperative treatment. Two studies found minimal impact of preoperative ulnar neuritis on outcomes. One of four studies assessing preoperative injections found a significant negative correlation with outcomes.

Conclusions. This review highlights a scarcity of high-quality research on surgical ME management. Nevertheless, surgical treatment for recalcitrant cases shows promising outcomes with low complication rates, particularly for percutaneous techniques. The evidence suggests that neither preoperative injections nor pre-existing ulnar neuritis significantly affects postoperative outcomes in patients undergoing surgery for ME.

Mr Colin McDonald (ST6)

I am originally from Dunfermline in Fife, Scotland. I completed my first degree in English Literature at the University of Glasgow, which included a year on exchange at the University of Queensland in Brisbane, Australia. I then spent five years working in Banking and Investment Management in the City of London. I went on to undertake the Graduate Entry Medicine Programme at St George's Hospital Medical School in Tooting. I completed my Foundation and Core Surgical jobs in London but am now happily settled in the East Midlands with my young family.

Blocking the pain to boost the gain: Steroid shot or not before Lumbar surgery?

Colin McDonald, George Heartfield, Partha Basu, Leicester Spine Group, Sheweidin Aziz

Introduction. Lumbar nerve root block (NRB) is used to treat neuropathic leg pain before surgery, though historically linked to claims of higher complications and poorer outcome. Our aim was to investigate whether preoperative NRB affects complication rates and/or patient reported outcome measures (PROMs).

Methods. Retrospective review of lumbar discectomy/decompression cases from 01/01/2021 to 31/12/2024. Prospectively collected PROMs (VAS back/leg, EQ5D5L Index and VAS) and complications were analyzed. Median changes and complication rates were compared using the Kruskal-Wallis test.

Results. Of 380 patients with complete PROMs, 235 (62%) had surgery without NRB, and 145 (38%) had NRB. A total of 103 (71%) with steroid, 42 (29%) with local anaesthetic. No significant difference was found for VAS Back (p=0.436), VAS Leg (p=0.663), or EQ5D VAS (p=0.073). EQ5D Index was significantly higher in NRB patients (p=0.034), highest with local anaesthetic (median = 0.728) and lowest without NRB (median = 0.617). There were 52 complications: 33 (14%) without NRB, 19 with steroid, and 6 with local anaesthetic (p=0.585).

Conclusion. Decompressive surgery yielded similar VAS and EQ5D VAS improvements, regardless of prior NRB. EQ5D Index was higher with NRB (p = 0.034), highest in those without steroid (median = 0.728).

Mr Khalis Boksh (ST6)

Since F1, I have spent my clinical career in the East Midlands South. At all levels, the deanery has provided exceptional guidance and training for one to grow into an able clinician. There are many consultants, that I look up to as role models, who have helped to support my passion in academia and sports knee surgery. Over the last couple of years, I have managed to fulfil some of my goals. This includes performing laboratory-based research with internationally recognized funding, publishing, presenting and winning prizes at national conferences, regularly reviewing scientific papers for three of the top eight journals in Orthopaedic surgery, and finally meeting the godfather of soft tissue surgery himself, Dr. Robert LaPrade. More importantly, none of this would have been possible without the support of my wife and two daughters, who push me to continue to better myself. And lastly, shout out to 'T&O Ruben's Strain Theory' what's app gang. If you know, you know.

Transtibial centralization better restores meniscal extrusion and contact mechanics compared to knotless anchor centralization for medial meniscus posterior root tears: An in-vitro biomechanical study using porcine models

Khalis Boksh, Daniel M. Espino, Arijit Ghosh, Randeep Aujla, Tarek Boutefnouchet, Duncan E.T. Shepherd

Purpose: To investigate the tibiofemoral contact mechanics and extent of medial meniscal extrusion (MME) between an isolated anatomical transtibial root repair (ATPR), and an ATPR combined with either a transtibial or a knotless anchor centralization in a porcine medial meniscus posterior root tear (MMPRT) model.

Methods: Porcine knee joints (n = 12) were used to perform one of the following procedures: (1) intact; (2) MMPRT; (3) ATPR; (4) ATPR and transtibial centralization (TTC); and (5) ATPR and two-knotless anchor centralization (2AC). Contact area (CA) and peak contact pressure (PCP) on the medial meniscus and extrusion were evaluated at 30°, 45°, 60° and 90° knee flexion under a 200 N compressive force.

Results: MME (mm) was significantly less after ATPR + TTC than after ATPR or ATPR + 2AC at 60° (2.68 vs. 4.39 vs. 4.09, $p < 0.001$), and 90° (2.99 vs. 4.75 vs. 4.36, $p < 0.001$). The CA (mm2) was significantly greater with ATPR + TTC than with ATPR + 2AC at 60° (693.31 vs. 603.13, p=0.011), and with ATPR at 60° (693.31 vs. 601.01, p=0.008) and 90° (619.68 vs 563.97, p=0.037). ATPR + TTC significantly reduced PCP (MPa) compared to ATPR at 45° (4.97 vs. 5.60, p=0.015), and 60° (5.20 vs. 5.99, p=0.026), with similar values to that of ATPR + 2AC across all angles.

Conclusion: In a cadaveric porcine model at time-zero biomechanics, an anatomic transtibial pull-through repair with transtibial centralization using two suture tapes reduced extrusion and improved contact mechanics when compared to an isolated repair or a repair combined with centralization using two knotless anchors.

Clinical relevance: When there are concerns of MME after a MMPRT repair, the addition of a transtibial centralization suture may provide better biomechanical properties than an isolated repair or a repair combined with centralization using two knotless anchors.

Mr Eslam Abourisha (ST7)

Hi, I'm Eslam, an orthopaedic registrar in the East Midlands. I'm delighted to be part of EMSORD and look forward to a day of shared learning, research, and great discussions.
A heartfelt thank you to the consultants who generously gave their time to support me during FRCS viva practice—your guidance made all the difference. Special thanks to Hamish for being the best study partner.

When Backs Push Trauma Back – Spinal Hold-Up

Eslam Abourisha, Gagandeep Mahi, Matthew Baguley, George Heartfield, Kristy Logan, Leicester Spine Group, Sheweidin Aziz

Background: Emergency spinal pathologies such as cauda equina syndrome, spinal tumours, trauma, and infections require urgent surgical intervention. In hospitals without dedicated spinal theatres, spinal emergencies displace scheduled trauma operations. This study explores how emergency spinal operations disrupt trauma theatre activity.

Methods: A retrospective review conducted at University Hospitals of Leicester between January 2023 and December 2024. All emergency spinal operations were identified using Operating Room Management Information System (ORMIS). A review of all cancelled trauma operations was performed. We only included those that were cancelled directly due to emergency spinal operations.

Results: Over the two-year period, 254 emergency spinal operations were performed and led to the cancellation of 207 trauma operations, with 7 patients cancelled twice and 14 ultimately managed non-operatively due to surgical delays. Subspecialty care was required in over 60% of affected patients, often adding another layer of complexity when rebooking. Nearly 40% of cancelled patients remained in hospital awaiting surgery, with a median wait of 1 day (IQR 1–4). For 'to come in' patients, the delay extended to a median of 3 days (IQR 1–5).

Conclusion: Spinal emergencies create a significant ripple effect across trauma services—delaying operations, prolonging admissions, and pushing some patients out of operative management altogether. In the absence of a dedicated spinal theatre, trauma lists bear the brunt. Potential solutions include real-time theatre escalation protocols, flexible scheduling buffers, or smarter use of CEPOD capacity to reduce this hidden backlog.

Mr Hamish Lowdon (ST7)

I came to medicine late, and did the Warwick Post-Graduate entry course, having previously dabbled in engineering. I then came to the East Midlands at the height of COVID as an ST3, and I am now coming towards the end of my ST7 year. This year, the main thing that I have learnt is don't do your exam a week after your wife's due date... Both went well, and I now have two little girls, and somehow managed to get through the exam as well. Going forwards, I am aiming to sub-specialize in revision hip. The third part of my baby/exam trilogy was flying back from the exam in Dublin to attend a fellowship interview the following day, which somehow I was also successful in – so (assuming I CCT on time), I will be starting at Coventry doing the revision arthroplasty fellowship in August 2026.

Comparison of revision rates of the Original Muller Straight Stem Prosthesis and CCA Muller Straight Stem with the Exeter V40 stem

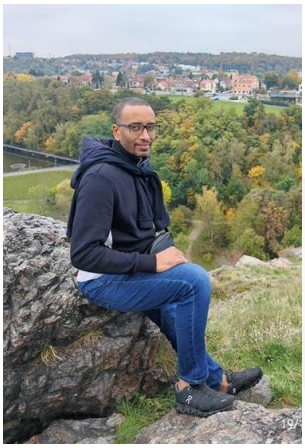
Introduction. The Original M.E. Müller cemented straight stem was first introduced in 1977. In 1996 Mathys introduced the CCA Muller Straight stem which follows the same design principles as the original stem. The aim of this project was to review the revision rates of total hip arthroplasties (THAs) utilising these two prostheses compared to the Exeter V40.

Material and methods. This was a retrospective cohort analysis of prospectively collected data on patients undergoing THAs with the Original Muller Straight Stem, CCA Muller Straight stem, and the Exeter V40 at a single centre. The primary outcome was revision for any reason. Secondary outcomes were Oxford Hip Score (OHS) and radiographic analysis at 1,5, and 10 years, and radiographic analysis prior to revision. Inclusion criteria were patients aged 18 or over, undergoing THA between 2003 and 2018 for OA, Inflammatory arthropathy, or AVN, and living in the county of the primary centre.

Results. 7,340 patients were included in the analysis, with 658 Original Muller Straight Stem, 563 CCA Muller Straight Stem and 6119 Exeter V40. Hazard ratio using cox regression accounting for age, sex, and year of primary was1.58 (95%CI 0.91 to 2.74) for the Original Muller Straight Stem and 3.29 (95%CI 2.15 to 5.05) for CCA Muller Straight Stem, when compared to the Exeter V40. We did not show any difference in Oxford hip score, or radiographs at 1,5, or 10 years. Pre-revision radiographs indicated that THAs with the CCA Muller Straight Stem had greater loosening and osteolysis around the stem compared to the other implants, but similar levels of cup loosening.

Conclusion. In our single unit there is a significant difference in the survival of THAs with the CCA Muller Straight Stem when compared to the Exeter V40. This difference is not evident with the Original Muller Straight Stem. We did not identify the reason for the difference in survival. Further analysis is required with registry data and implant analysis to confirm the difference in survival and identify the underlying cause.

Mr Mohamed Elbashir (ST8)



My journey in medicine has taken me across countries and disciplines, beginning with a solid educational foundation in Saudi Arabia and culminating in a medical degree from the College of Medicine at the University of Khartoum in Sudan (my home country). I later moved to the UK to pursue surgical training, starting with core training in the East of England and progressing to higher specialty training as a registrar in Leicester.

Throughout my career, I've developed a particular interest in knee surgery, sports-related injuries, and joint arthroplasty—fields that combine precision, innovation, and a direct impact on patients' quality of life.

Beyond the hospital, I'm a devoted family man, lucky to share life with my incredible wife and our two sets of twins—yes, double the fun and energy! I'm also a passionate football fan and a tennis enthusiast—both on the field / court and in the stands.

Cancellations in the Eleventh Hour: Causes of On-the-Day Cancellations in *Orthopaedic Surgery*

Mohamed Elbashir, Rayan De, T. Korim

Introduction: Same-day surgical cancellations disrupt operating theatre efficiency, waste valuable resources, and negatively impact patient experience. Understanding the underlying causes is essential for implementing effective interventions. This study aimed to investigate and categorize the reasons for on-the-day cancellations of orthopaedic procedures in our department over a two-year period.

Method: A retrospective review was conducted of all on-the-day surgical cancellations in the orthopaedics department between 1 April 2023 and 31 March 2025. Data were collected from the theatre ORMIS coding system and electronic patient records. Each cancellation was reviewed and classified into predefined categories based on the documented reason.

Results: A total of 718 surgical procedures were cancelled on the day of surgery. The leading cause was pre-assessment issues, accounting for 269 cancellations (37.5%), including patients deemed unfit (132), denial of surgery (58), procedure not needed (38), failure to stop medication (23), and need for further investigations (18). Patient-related issues accounted for 191 cancellations (26.6%), including patients being unwell (149), did not attend (31), transport issues (4), and not starved (7). Lack of theatre time led to 129 cancellations (18%), while operation kits and theatre-related issues contributed to 51 cases (7.1%). There were 32 cancellations (4.5%) due to unpredictable events, such as urgent case replacement (18) and surgeon unavailability (14). Hospital bed shortages resulted in 16 cancellations (2.2%), and 7 cases (1%) were attributed to unknown or miscellaneous reasons.

Conclusion: Pre-assessment and patient-related factors were the most common causes of same-day orthopaedic surgical cancellations. Many of these may be preventable with improved preoperative evaluation, communication, and patient engagement. Addressing these areas could enhance surgical efficiency, reduce cancellations, and improve patient care pathways

Mr Balraj Singh Jagdev (ST8)

I completed an undergraduate degree in Medical Biochemistry from the University of Leicester and then went on to study graduate medicine at Warwick Medical School, graduating in 2015. I am in my ST8 year now and look forward to a career in Shoulder and Elbow surgery.

I grew up in Leicester and am proud that I now have the opportunity to contribute to and give back to my local community as a surgeon. As your LOTA president, I have tried my best to negotiate and improve training needs of my registrar colleagues across this region (whether they wanted it or not...)

I enjoy playing football and am a keen supporter of Leicester City FC (Since 1996, not 2016). My intention until GCSEs was to become a cartoonist at Disney... After 15 years of higher education that may have been the more sensible option.

Epidemiology of lateral and medial elbow tendinopathy: Experience of management practices in a large teaching hospital

B Jagdev, J Shepherd, P Narayan, C Wheeler, HP Singh

Background. Lateral (LET) and medial (MET) elbow tendinopathies are overuse injuries secondary to eccentric overload of the common extensor and flexor origins. First line management consists of observation, physical therapy and bracing. Surgical management is usually reserved for recalcitrant cases. This study aims to assess the management practices of LET and MET in a large teaching hospital.

Methods. We performed a retrospective review, assessing management practices of all patients attending a large teaching hospital with a diagnosis of either LET or MET over a 6 year period between October 2016 and March 2022. Patients were identified by diagnostic coding from a prospective sports medicine database.
Patient electronic and paper records were reviewed to assess clinical outcomes relating to investigation, intervention, and discharge from the service.

Results. 200 consecutive patients were included in the study. 84% (168/200) were diagnosed with LET and 16% (32/200) with MET. Patient attended on average 4 clinic follow ups over an average of 13 months, per episode. Assessing management outcomes; 94% (188/200) of patient were treated with physical therapy. 21% (44/200) of patients received an autologous blood injection, 11% (22/200) underwent shockwave therapy and 6% (12/200) underwent a steroid injection. 50% (100/200) of patients demonstrated improvement in symptoms, sufficient to discharge, with physical therapy alone. 18% (36/200) of patients underwent open surgical release of the common extensor or flexor origins. 80% (28/36) of these patients failed an initial trial of physical therapy. 45% (5/12) of patient who underwent a steroid injection proceeded to surgery. Following surgical release 90% (32/36) of patients demonstrated improvement in symptoms at the time of discharge.

Conclusions. Most patients with LET or MET can be managed conservatively. 82% of patients were discharged without the need for surgical intervention however in refractory cases operative management is an effective option to improve symptoms.

Miss Melinda Hau (ST8)

I've been in EMS for a while now, since medical school, so it's hard to give you all something new that is interesting about myself. I have learnt many new skills since being a mother which I am sure can translate to being a better surgeon. Here are some examples. I can change a dirty nappy of a mobile screaming child which shows that I can work under pressure, keep calm and act quickly in unpredictable environments. I have played with the same toys and read the same books on repeat (some only have 5 words) so I have the skill of maintaining enthusiasm and focus in routine tasks. Finally, I am forevermore trying to build more patience and emotional control which is much needed in a highly-stressful job!

Advancements in de Quervain Tenosynovitis Management: A Comprehensive Network Meta-Analysis

Hau, MYT, Chong HH, Pradhan A, Dhingra M, Liong W, Shah R

Purpose. This study presents a network meta-analysis aimed at evaluating non-surgical treatment modalities for de Quervain tenosynovitis. The primary objective was to assess the comparative effectiveness of non-surgical treatment options.

Methods. The systematic review was conducted following Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Searches were performed in multiple databases and studies meeting predefined criteria were included. Data extraction, risk of bias assessment, and statistical analysis were carried out to compare treatment modalities. The analysis was categorized into short-term (within six weeks), medium-term (six weeks up to six months), and long-term (one year) follow-up.

Results. The analysis included 14 randomized controlled trials encompassing various treatment modalities for de Quervain tenosynovitis. In the short-term, extracorporeal shockwave therapy demonstrated statistically significant improvement in visual analogue scale pain scores compared with placebo. Extracorporeal shockwave therapy also ranked highest in the treatment options based on its treatment effects. Corticosteroid injections (CSIs) combined with casting and laser therapy with orthosis showed favourable outcomes. Corticosteroid injection alone, platelet-rich plasma injections alone, acupuncture, and orthosis alone did not significantly differ from placebo in visual analogue scale pain score. In the medium-term, extracorporeal shockwave therapy remained the top-ranking option for visual analogue scale pain score, followed by CSI with casting. In the long-term (one year), CSI alone and platelet-rich plasma injections demonstrated sustained pain relief. Combining CSI with orthosis also appeared promising when compared with CSI alone.

Conclusions. Corticosteroid injection with a short duration of immobilization remains the primary and effective treatment for de Quervain tenosynovitis. Extracorporeal shockwave therapy can be considered a secondary option. Alternative treatment modalities, such as isolated therapeutic injection, should be approached with caution because they did not show substantial benefits over placebo.

Trainees In Absentia

Mr Shanil Hansjee (ST3)

Coming to the end of an ST3 in the agricultural heartlands of Boston, I am excited to return to Leicester to continue my training. Outside of work I have spent much of my spare time traveling (and not just to and from Boston) and playing sports. In addition to ameliorating the deficit in my orthopaedics knowledge over the coming year, I hope to return to competitive tennis.

Some of you may remember me as the CT2 (that wasn't Darren) being heckled by Ananth in the hip list. Others may remember me as the herald of a very long on call shift. I hope to at least make amends for the latter... though I make no promises...

Mr Ethan Caruana (ST4)

I am a Mediterranean, born and raised in Malta, currently undergoing ST training in this region as part of my (unplanned) southward journey exploring different NHS hospitals from Glasgow, Dundee, Manchester and the surroundings. Alongside Trauma & Orthopaedics, I have a keen interest in Leadership and Management, which I am strengthening through a Master's degree part-time. As a leader I believe that I am best suited to be logical and accountable and use my unique skills and talents to deliver equitable solutions. Outside work I like cooking Italian food and traveling, but otherwise I'm most likely found watching anime with a few top favourites being One Piece, Jujutsu Kaisen and Solo Levelling.

Mr Momin Eltayeb (ST4)

Not quite the original deanery Mo E (Elbashir), but a keen St3 just getting his feet wet, Mo(min) Eltayeb. the eager orthopaedic trainee with dreadlocks who dreads arthroplasty! Armed with more jokes than orthopaedic skills, as recently seen in the Vivas. When it comes to replacing joints, Mo's enthusiasm takes a nosedive, but throw in a good fracture and all falls into place. His colleagues say he's got a bone to pick with routine replacements, but in the chaos of trauma surgery, he's in his element. Momin is distraught he couldn't make today's meeting as it's the highlight of his work year he unfortunately absolutely had to be in the south of France Dj'ing on a beach this week!

Trainees In Absentia

Mr Gagandeep Mahi (ST4)

I am Mahi, currently an ST4 in LRI. I feel very fortunate to work with a group of excellent trainers and co-trainees in EM(S). I'm a keen observer and confident in my ability to learn among range of very supportive trainers, help patients, and perform all the duties of an orthopedic resident well during my training.

Other than being a curious orthopod- I am a part-time movie enthusiast, a full-time foodie and seriously consider travelling for gastronomic experiences as sacrosanct.

Mr Mohit Dhingra (ST5)

Nothing has changed… Please read last year's booklet.

I have acquired a little human that means I am constantly tired. I am probably at home sleeping at the moment or being kept up by a screaming mini-me…Sorry for the absence.

Ortho Folks, this is Nizar Hamshary (ST5)

In a world full of conflict, I choose not to be part of the problem.
I believe in kindness—people never forget how you made them feel.
Kindness isn't just a choice; it's the key to healthy hearts and a better world.
Never underestimate the power of laughter—it's stronger than it seems.

Trainees Out Of Programme

Miss Emma Soroya (ST4)

I am 30 with a husband and a cocker spaniel called Obi. I am passionate about increasing access to both medical school and orthopaedics and improving the diversity of our work force. I have enjoyed running a work experience programme and I am conducting research in to perceived barriers to becoming an orthopaedic surgeon. Outside of work I enjoy a variety of sports and working on interior and garden design for our house.

Miss Jessica Harvey (ST6)

I am now ST6 with an interest in trauma, sports injuries and rehabilitation. I recently published my SEM masters dissertation on HTO for knee OA after presenting this in Boston, USA. I have an interest in leadership and the reciprocal translation of skills between the NHS and on field. I initiated & organised the competitive departmental cricket match. I love reading & listening to music (live where possible) and keeping fit. More recently I have dabbled in garden design for a communal courtyard I ran the renovation of. I love to travel for work and pleasure and aspire to speak a lot better French than I do currently.

Mr Pritish Narayan (ST6)

The man, the myth, the legend

Miss Vidhi Adukia (ST8)

I am an ST8 who is currently navigating the joys and chaos of parenthood. My newborn son Ishaan is on a mission to train us in the fine art of sleep deprivation. When I am not being bossed around by someone under 6kg, I enjoy learning about the foot and ankle, swimming and catching up on the latest Kdramas.

Core Trainee Research Winner: Faheem Bhatti

Long term survival outcomes following total shoulder arthroplasty: an implant level systematic review and meta-analysis of case series and registry reports with more than 13 years follow-up.

Faheem Bhatti, Saima Waseem, Hemant Singh, Chloe Chan, Jenna Shepherd, Pip Dival, Niel Kang, Harvinder Singh.

Background. It is known that 90% of primary total shoulder arthroplasties (TSA) last up to 10 years without need for revision. Relatively little data exists on the survival of TSA implants beyond this. Our meta-analysis assesses the long-term survival of anatomic (aTSA) and reverse (rTSA) implants, at and beyond 13 years follow-up, using implant level case-series and joint registry data.

Methods. Embase, MEDLINE, and CENTRAL databases were searched for studies reporting TSA implant survival data at a minimum of 13 years of follow-up. National joint registries were similarly searched. Patient demographics, indication for surgery, implant, and survival data were extracted. Pooled estimates of aTSA and rTSA survival at 13, 15, and 20 years were calculated using a random effects model, considering case-series and joint registry data separately. PROSPERO registration: CRD42024594803.

Results. Seven studies reporting eight aTSA series, and four national joint registries contributing 45 aTSA series and 21 rTSA series were included in the analysis. Pooled analysis of case-series data showed aTSA survival of 88.69% (95% CI 76.97–100.42) at 13 years, 90.23% (85.87–94.58) at 15 years, and 82.08% (70.30-93.88) at 20 years. Pooled analysis of aTSA registry data showed a cumulative revision rate of 8.87% (95% CI 6.73–11.01) at 13 years and 9.31% (6.76–11.85) at 15 years. Pooled analysis of rTSA registry data showed a cumulative revision rate of 6.81% (95% CI 5.40–8.22) at 13 years and 9.26% (4.26-14.27) at 15 years.

Conclusion. Our results suggest approximately 90% of shoulder replacements last up to 15 years without need for revision. Although little difference exists between the pooled aTSA and rTSA survival estimates, large variation exists within the different aTSA and rTSA implants. Further registry data anticipated to be available over the coming years will help better understand these differences and inform patient and clinician decision making.

Medical Student Research Winner: Parmjeet Chattha

What are the beliefs of healthcare professionals regarding the early mobilisation of patients following ankle, hind and midfoot fusion and reconstructive surgery

Matt Harrison, Parmjeet Chattha, Linzy Houchen-Wolloff,, Seth O'Neill PhD, Jitendra Mangwani, Alice Almond

Introduction. Ankle, hind and midfoot surgeries are common surgical procedures for the treatment of both chronic and traumatic conditions. Typically, following these procedures, patients are asked not to weight bear however there is a considerable variation in the duration of time and weight-bearing levels utilised. This study aimed to explore healthcare professionals' beliefs and views regarding early mobilisation following these types of surgeries.

Methods. Semi structured interviews were conducted with seven healthcare professionals: one foot and ankle surgeon, four physiotherapists, one nurse and one podiatrist. The interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to develop codes and identify key themes.

Results. Four key themes were identified: potential benefits and risks, patient education and a multidisciplinary team (MDT) approach. The benefits of early mobilisation included improved post-operative outcomes and reduced risk of developing deep vein thrombosis. The risks of early mobilisation included challenges related to wound and bone healing, increased swelling, surgical complications (such as non-union, metalwork failure and infection) and patient adherence to weight-bearing. Pre-operative patient education, including clear weight-bearing expectations, information about the procedure, swelling management and wound hygiene, was considered important for patient preparation for surgery. Decisions regarding weight-bearing should follow a shared decision-making process, engaging the patient and the entire MDT, particularly the surgeon, physiotherapist and occupational therapist. Emphasis was placed on ensuring the MDT empowers patients to take ownership of their weight-bearing status. However, variation in existing weight-bearing protocols across different consultants and hospitals was frequently identified as a barrier to effective MDT collaboration and patient education.

Conclusion. The results indicate a strong potential benefit of early weight bearing when applied to patients undergoing ankle and mid or hind foot surgery. However, there is also a potential for harm if effective MDT working and thorough comprehensive patient education are not achieved.

AHP Research Winner: Helen Parker

Starting a Virtual Multi – Disciplinary Follow Up Clinic for all Shoulder Arthroplasty Patients at University Hospitals Of

Parker H, Singh H, Robinson K, Singh HP

Purpose. The focus of the study is on reviewing the effectiveness of a new remote follow-up clinic for ShA patients, with a particular emphasis on using PROMS data collected via ACCURX and radiology proformas completed at various intervals. The follow-up process is managed by an MDT team (Physiotherapist, Doctor, Clinical Research Assistant), with additional consultations (telephone or face-to-face) arranged as needed.

Methods. The study analysed data from the new remote follow-up clinic for all ShA patients, starting in October 2024. Data collected included:
• PROMS data: Completed electronically via ACCURX.
• Radiology data: Recorded on a proforma by 2 clinicians
• Follow-up Pathway: A combination of standard pathway (routine review), telephone consultations, and face-to-face consultations.

Results. Patients reviewed: 38 total, with 8 requiring additional telephone contact.
• Radiology findings: radiological findings recorded for 9 patients with varying significance. (tilt, subsidence, migration, radiolucency, notching, implant wear) including 7 with anatomical implants and 2 with reverse implants.
• Follow-up outcomes: 60% of patients followed up on the standard pathway. 8% had telephone consultations. 5% required face-to-face consultations. 5% of patients were still awaiting outcomes at the next clinic.

Conclusion. The remote follow-up process was sensitive enough to detect and record changes in patient presentation, allowing for long-term monitoring of patient progress and complications.
• Detailed radiology data is being collected and could be valuable for future research when more data is compiled.
• The clinic is achieving its objectives of providing a remote follow-up option, with patients having one point of contact for their care.
• The majority of patients were successfully followed up through the standard pathway, with minimal need for additional contact, leading to savings in clinic slots and cost efficiency.

LOTA

Leicester Orthopaedic Trainee's Association

FRCS Passers

Balraj Singh Jagdev
Hamish Lowdon
Eslam Abourisha

Incoming ST3s

Miss Holly Clarke

"Hi, my name is Holly. I'm originally from Yorkshire but excited to join you here in East Mids! I've been lucky to do a junior reg year at my last trust and particularly enjoyed my hip & knee arthroplasty job. On a personal note, I like swimming, gardening and walking my naughty chocolate labrador!"

Mr Ibrahim Inzanul Haq

"Hi, I'm Ibrahim Haq, and I'm looking forward to joining as a registrar in the East Midlands. I studied medicine at the University of Leicester, so I'm really pleased to be coming back to work in an area I know well.
I've worked in both major trauma centres and district general hospitals, with experience managing a wide range of trauma cases and a particular interest in young adult hip pathology. I'm currently undertaking an MPhil in Surgery at the University of Cambridge, focusing on research into hip preservation and priority setting in this area.
Outside of work, I enjoy playing football, hiking, and spending time outdoors. I'm looking forward to meeting the team and getting started."

Mr Baijaeek Sain

Having earned his medical degree from the renowned Calcutta National Medical College, a historic institution in India's former British capital city of Kolkata, Baijaeek is an International Medical Graduate who previously trained in London and Reading, UK. He is deeply passionate about sports, particularly cricket and tennis, and is keen to develop expertise in the management of sports-related injuries of the shoulder and knee. Beyond his clinical pursuits, Baijaeek is an enthusiastic researcher and an accomplished public speaker. He is dedicated to mentoring others, leading an International Debating Circle that connects participants across India, the UK, and the US, helping to foster strong communication skills in aspiring debaters. When he steps away from academics and the operating room, Baijaeek enjoys playing the bass guitar for his music band, blending his love for medicine with a creative outlet.

Mr Abuzar Yusuf

Looking forward to starting higher training in the region. I'm passionate about orthopaedics and developing interests in health tech and research around orthopaedic oncology. Outside of work I'm a Liverpool supporter. I've got two awesome little ones who keep me and my wife busy. See you all soon.

EMSORD: Best Presentation

2024: Jenna Shepherd
Novel technologies for detecting relapse in clubfoot: The old, the new, the future

2023: Ahmed Barakat
Feasibility of Triaxial Accelerometers in Quantifying Adherence to Shoulder Sling Wear

2021: Parag Raval
Distal third clavicle fractures : a nationwide trainee-led collaborative review of current practice Raval P, See A, Singh HP, Distal Third Clavicle Collaborative Bone Jt Open. 2022 Dec;3(12):953-959.

2021: Naomi Gibbs
Pharmacological interventions to reduce bleeding in hip and knee arthroplasty.

2019: Dan McCormack
The role of deep deltoid ligament in ankle fracture stability: a biomechanical cadaveric study. McCormack D. Kimani SJ, Aziz S, Faroug R, Mangwani J. World J Orthop. 2022 Nov 18;13(11):969-977.

2018: Sheweidin Aziz
Metastatic Spinal Cord Compression: Effects of tumour type on survival Aziz S, Dhiran S, Braybrooke J, Gabbar O, Sell P, Yoon W DOI: https://doi.org/10.1016/j.spinee.2016.12.057

2017: Nicholas Eastley
Characterisation of circulating tumour derived DNA (cDNA) in soft tissue sarcoma patients with no radiological detectable disease Eastley NC, Ottolini B, Neumann R, LUO JL, Hastings RK, Khan I, Moore DA, Ester CP, Shaw JA, Royle NJ, Ashford RU. Circulating tumour-derived DNA in metastatic soft tissue sarcoma. Oncotarget. 2018 Jan 19;9(12):10549-10560

2017: Laurence Wicks
The impact of newborn and infant physical examination (NIPE) 2015 Guidance on Referrals and Treatment for Developmental Dysplasia of the Hip

2016: David Gibbs
Bone induction at physiological doses of BMP through localization by clay nanoparticle gels Gibbs DM, Black CR, Hulsart-Billstrom G, ShiP, Scarpa E, Orefto RO, Dawson Biomaterials. 2016 Aug;99:16-23.

2016: Nicholas Eastley
Circulating tumour-derived DNA in metastatic soft fissue sarcoma. Eastley NC, Ottolini B, Neumann R, LUO JL, Hastings RK, Khan I, Moore DAI Ester CP, Shaw JA, Royle NJ, Ashford RU Oncotarget. 2018 Jan 19;9(12):10549-10560.

EMSORD: Best Presentation

2016: Nicholas Eastley
Circulating tumour-derived DNA in metastatic soft fissue sarcoma. Eastley NC, Ottolini B, Neumann R, LUO JL, Hastings RK, Khan I, Moore DAI Ester CP, Shaw JA, Royle NJ, Ashford RU Oncotarget. 2018 Jan 19;9(12):10549-10560.

2015: Veronica Roberts
Is regional ankle block needed in conjunction with general anaesthesia for first ray surgery? A randomised controlled trial of ultrasound guided ankle block versus "blind" local infiltration Roberts VI, Aujla RS, Fombon FN, Singh H, Bhatia M Foot Ankle Surg. 2020 Jan;26(1):66-70

2014: Laurence Wicks
The Immediate Management of Ankle Fracture Dislocations: Are We Getting It Right First Time? [Rejected by 5 journals!]

2013: Robert Smith
Serum lactate as a marker of mortality in patients with hip fracture: A prospective study M. Venkatesan, R.R Smith, S. Balasubramanian, A. Khan, C.E. I.JZOl gwe, T.J. Coats, S. Godsiff Injury . 2015 Nov;46(11):2201-5.

2012: Harvinder Singh
Dynamic assessment of wrist after proximal row carpectomy and 4-corner fusion. HP Singh, ME Brinkhorst, JJ Dias., T Moojen, S Hovius, B Bhowal. J Hand Surg Am. 2014 Dec;39(12):2424-33.

2011: Jennifer Nichols
Outcome of primary hemiarthroplasty for proximal humerus fractures: does age affect outcome. NA Ferran, J Nichols], RA Pandey, A Modi, G] Taylor, AL Armstrong. ShoulderAnd Elbow [2012).

2010: Assad Qureshi
Dynamic Ultrasound Assessment of the Effects of Knee and Ankle Position on Achilles Tendon Apposition Following Acute Rupture. A Qureshi, T Ibrahim, WJ Rennie, AJ Furlong. J Bone Joint Sur Am. 2011 Dec 21;93(24):2265-70.

2009: Laden Hajiur
Effect of laceration and trimming of a tendon on the coefficient of friction along the A2 pulley: An In-Vitro Study on Turkey Tendons L Halipour. A Gulihar, J Dias. J J Bone Joint Surg Br. 2010 Aug;92(8):1171-5.

Memorial Lectures

2024 Bill Knopp, Deborah Eastwood
2023 Deepa Bose, Sujit Konan
2021 James Calder, Louise Quinn
2019 Derek McMinn, Daniel Perry
2018 Philip Sell, Uttam Shiralkar
2017 Jo Appleby, Deborah Eastwood
2016 Tim Green, Bill Ribbans
2015 Noel Fitzpatrick, Rob Ashford
2014 Ricky Villar, Mark Goodwin
2013 Peter Howard, Chris Moran
2012 David Stanley, Joe Dias
2011 James Scott, Andrew Carr
2010 James Richardson, Mike Bell
2009 Tim Briggs, Clare Marx, Paul Greg

Chief Inspector Bill Knopp
2024 Keynote Speaker

Prof Deborah Eastwood
2024 Keynote Speaker

Joe Harper Plate Prize

2024 Ananth Srinivasan
2023 Han Hong Chong
2021 Nicholas Eastley & Sheweidin Aziz
2019 Randeep Aujla
2018 Laurence Wicks
2017 Jeya Palan
2016 Nick Johnson
2015 Veronic Roberts
2014 Nick Ferran

Mr Ananth Srinivasan
2024 Winner

EMS Trainer of The Year

2024 Randeep Aujla (Leicester) & Vishal Palial (Kettering)

2023 Randeep Aujla (Leicester) & Christos Plakogiannis (Kettering)

2021 Kim Lammin (Leicester) & Christos Plakogiannis (Kettering)

2019 Clare Wildin (Leicester) & Jon Campion (Northampton)

2018 Clare Wildin (Leicester) & Rajan Natarajan (Northampton)

2017 Radhakant Pandey (Leicester)

2016 Lucy Cutler (Leicester) & Srinivasan Shyamsundar (Kettering)

2015 Alwyn Abraham (Leicester)

2014 Steve Williams (Leicester)

2013 Chris Kershaw (Leicester)

2012 Tim Green (Leicester)

2011 Richard Barrington (Kettering)

2010 Chris Kershaw (Leicester)

Mr Randeep Aujla
2024 TOTY

Mr Vishal Palial
2024 TOTY

Academic Portfolio

Darren Puttock

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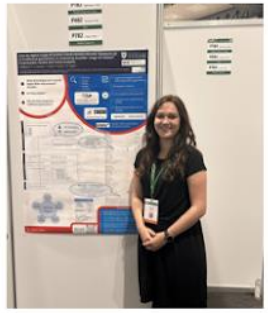
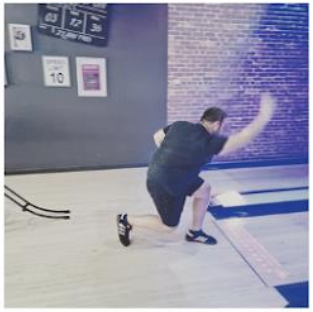
Case 1





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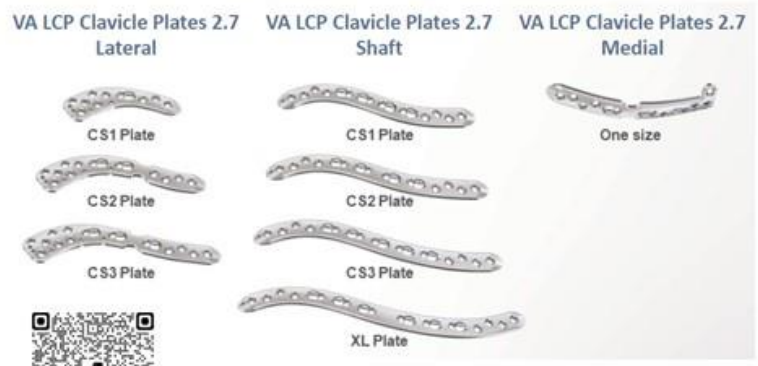

V A Clavicle

Radial head
Replacement System

Radial Head

V A Hand

VA HAND

V A PPFX

V A Patella

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