



Welcome BSOA Members,

Whilst I am penning this, the Beast from the East is beginning to battle it out with Hurricane Emma from the South and no doubt will help the seasonal uplift in trauma work. Never mind, it's the first day of Spring and doesn't the landscapes covered in snow look glorious!

We are all preparing for our Spring Meeting on 26th April in London and hoping to see you all soon. Just a reminder that the BSOA AGM will be held at the meeting and all our members are cordially invited.

Please welcome Dr Rachel Baumber who is introducing the Orthopaedic PQIP and do get in touch if your hospital would like to participate in the great venture.

See you all in London this April!

Sincerely,

The BSOA President
Bernadette Ratnayake



The British Society of Orthopaedic Anaesthetists (B.S.O.A) is a British national society gathering specialists in the field of orthopaedic anaesthesia.

The aim is to ensure development in the field of orthopaedic anaesthesia in the United Kingdom and promote further education, professional links between orthopaedic anaesthetists, and excellence in orthopaedic anaesthetics. The B.S.O.A. annually organizes a Spring Scientific Meeting and an Annual Conference.



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The Perioperative Quality Improvement Programme (PQIP) in Orthopaedic Surgery

Dr Rachel Baumber



You may already be aware of the Perioperative Quality Improvement Programme (PQIP) ...what you may not be aware of is that orthopaedic surgical procedures are now included.

Around 10 million operations are performed in the NHS each year. What happens to these patients? What are the complication rates? What is the patient recovery like? Are we providing a good service?

These are some of the questions that PQIP wants to answer. The aim is to look at the perioperative care of patients undergoing major non-cardiac surgery and measure complication rates and patient reported outcomes. We hope to improve patient outcomes across the UK by reducing variation in processes of care and supporting implementation of best practice.

PQIP was established in 2016 by the Health Services Research Centre based at the NIAA at the Royal College of Anaesthetists; it is a collaborative endeavour with the Royal College of Surgeons (England), the Royal College of Physicians, the Royal College of Nursing, the Faculty of Intensive Care Medicine and the Faculty of Pain Medicine plus several other

professional specialist societies. It is funded by the Health Foundation and the Royal College of Anaesthetists.

The PQIP team is hoping for wide clinical engagement from trainees to senior consultants through things like free access to relevant research papers which can be used in local journal clubs (<https://pqip.org.uk/pages/library>), online QI training modules (www.prism-ed.com), access to QI tools such as run chart templates (<https://pqip.org.uk/pages/improvementtools>). There is also a host of podcasts and videos about surgical outcomes and QI. Hospitals are offered help in interpreting, distributing and using their results to drive improvement at a local level. PQIP is much more than a normal research study or national audit.

Last year, according to NJR data, nearly 8000 hip revision and 6000 knee revision procedures were performed in the UK. Therefore, it stands to reason that we should be collecting data on quality of life outcomes, not just post-operative mortality. How do we objectively and quantifiably measure the effects of any one of the many perioperative choices we employ on behalf of our patients' 'best interests'? How do we

reflect and learn from past events in orthopaedic surgery? The truth is we haven't done this very well until now, thankfully this is all changing.

Once a patient starts their PQIP journey, they will be followed up for a year post operatively to assess their general health and wellbeing. In doing so we hope to better identify which interventions benefit patients in the short and long term.

Patients under the age of 18 will be ineligible for inclusion as well as some orthopaedic procedures. A full list of the surgical procedure codes to be included will be available on the website soon. This list will be expanded in due course.

I hope that this has encouraged you into finding out more and participating in the PQIP programme. The website (www.pqip.org) has lots more useful information for you to read. Should you wish to get involved please email pqip@rcoa.ac.uk to find out about getting your hospital set up as an investigating site. If your hospital is already collecting PQIP data, then you can start recruiting patients having orthopaedic operations as well.



B.S.O.A

British Society of Orthopaedic Anaesthetists

British Society of Orthopaedic Anaesthetists Spring Scientific Meeting – 26th April 2018
Mary Ward House, London, WC1H 9SN
Join us in London for the 2018 Spring Scientific Meeting



Programme Includes

Keynote Lecture - Frailty, Fitness and Outcome after Orthopaedic Surgery
Prof Anthony Absalom

Acute Kidney Injury after Elective Surgery
Dr Barbara Phillips

Haematological Management of Traumatic Bleeding
Prof Beverley Hunt

Trauma Decision Making - from Road to Resus
Wg Cdr Daniel Roberts

Recent Advances in Regional Anaesthesia
Dr Teresa Parras

Enhanced Recovery - Are We There Yet?
Dr Adam Carney

Pain in Trauma – From Point of Injury through Rehabilitation
Dr Durrain Anjilwall

Rates are as follow:

Consultant Member - £150.00, Consultant Non-member - £190.00

Trainee Member - £95.00, Trainee Non-member - £130.00

SAS Member - £150.00, SAS Non-member - £190.00

5 CPD Points Awarded

Online registration available at:

www.bsoa.org.uk

For more information contact: Lucy Parkinson Telephone: 0114 2995922

Email: lucyparkinson@eventmanagementdirect.co.uk

SPRING SCIENTIFIC MEETING



Scientific Programme

Trauma Decision Making – From Road to Resus

Wg Cdr Daniel Roberts, St. George's Hospital

Trauma Management

Lt Col Hugo Guthrie, St. George's Hospital

Pain in Trauma – From Point of Injury through Rehabilitation

Dr Dominic Aldington, Hampshire Hospitals NHS Trust

New Approaches/Future Directions in Hip and Knee Arthroplasty

Mr Philip Mitchell, St. George's Hospital

Acute Kidney Injury after Elective Surgery

Dr Barbara Philips, St. George's Hospital

Enhanced Recovery – Are We There Yet?

Dr Adam Carney, Nottingham University Hospitals

Keynote Lecture – Frailty, Fitness and Outcome after Orthopaedic Surgery

Prof Anthony Absalom, Universitair Medisch Centrum Groningen

Haemoglobinopathies and Orthopaedic Surgery

Dr Farrukh Shah, Whittington Hospital

Haematological Management of Traumatic Bleeding

Prof Beverley Hunt, King's College Hospital and Guy's and St. Thomas' NHS Foundation Trust

Recent Advances in Regional Anaesthetics

Dr Teresa Parras, St. George's Hospital



B.S.O.A

British Society of Orthopaedic Anaesthetists



London Meeting Registration open NOW

You can register your attendance to the meeting via www.bsoa.org.uk/conference/2018-spring-scientific-meeting.

The full scientific programme is now available on the website.
To view, please follow: www.bsoa.org.uk/conference/2018-spring-scientific-meeting/scientific-programme/

Mini Article Review

A fresh perspective on established practice....

Anaesthesia and Analgesia for Knee Joint Arthroplasty



R. O'Donnell, J Dolan

Department of Anaesthesia,
Glasgow Royal Infirmary.

The traditional combination of femoral and sciatic nerve blocks for these procedures have adverse effects that can limit their use in enhanced recovery program's (ERPs)

As a result, there is renewed interest in the adductor canal block (ACB) as a viable alternative to FNBs within ERPs for knee arthroplasty. Studies comparing USG-ACB and FNB have reported similar effects of the two

blocks on postoperative analgesic consumption and pain scores after knee surgery. However, the ability to ambulate and maintain quadriceps strength after TKA favours USG-ACB, while FNB is associated with postoperative quadriceps paresis, delayed mobilization, and increased LOS.

They highlight that ACBs are best employed as part a multimodal analgesic regime. Other analgesic modalities include better-targeted disposition of local anaesthetic infiltration (LIA) and novel regional anaesthesia techniques such as the IPACK block which has been

introduced as an alternative to SNB's and infiltration of the nerve to Vastus Lateralis, a branch of the femoral nerve that helps in reducing sensation from the anterolateral aspect of the knee while also preserving motor function after TKA.

Of interest to us all – read on!!

The full article can be found
@BJA Education

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1, Pages 8–15

MEMBER BENEFITS

Reduced registration fees for B.S.O.A meetings

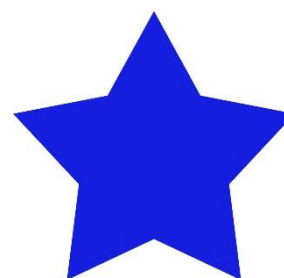
BSOA e-newsletters and the opportunity to publish articles in future issues

Participation and voting rights at upcoming Executive Committee elections as well as eligibility to nominate and be nominated to the Executive Committee

Participation and voting rights at the Annual General Assembly

Access to the members-only area on our website

- Documents Library to search documents and other inquiries from past meetings
- Member Forum to join discussions and/or search topics



SOCIAL MEDIA

Follow us to get the updated news, reminders, events, personal messages from the BSOA Secretary, and much more. A great way to stay connected to your BSOA colleagues throughout the year.



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WAYS TO GET INVOLVED

We are looking for more writers/articles for the quarterly newsletter and social media to share within BSOA. Please [email us](#) if you are interested to share your content.

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Questions? Comments? Suggestions?

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