INSTRUCTIONAL COURSE PROGRAMME

Programme BESS-2021

INFORMATION

On demand viewing?
View all content by logging in to our bespoke website from the comfort of your home or workplace.

Technical tips?
We recommend you use your tablet, laptop, or desktop (rather than your phone) and Google Chrome, Safari or Microsoft Edge as your browser. Internet Explorer was replaced by Edge in 2015 and may not be compatible with our site features.

Visit industry exhibitors?
Visit virtual exhibition rooms by clicking the logos and buttons on the homepage. Learn about latest innovations and view pre-recorded presentations.

CPD attendance certificate?
An online CPD evaluation form will be sent by email to you towards the end of October. Subject to this being completed, a CPD certificate (accredited by the Royal College of Surgeons of England) with the appropriate number of points, will be issued to you electronically.

1 to 1 messaging?
Click the 'Attendees' button to view all registered delegates and you may choose to send a message using the contact button provided.

Podium and poster presenter?
We don't issue certificates to podium and poster presenters. Instead, you will be sent a letter after the Best of BESS webinar on 28 July confirming your presentation.

BRITISH ELBOW & SHOULDER SOCIETY
BESS 2021
VIRTUAL CONFERENCE

BESS Instructional Course Committee 2021


Shantanu Shahane, Chairman


Vijay Bhalaik


Jaime Candal-Couto


David Clark


Anju Jaggi


Joideep Phadnis


Adam Watts

Registration: www.bess.ac.uk/bess-2021

Already registered?

Login: www.bess.talkingslideshd.com

INSTRUCTIONAL COURSE 2-1

Programme BESS-2021

SHOULDER SESSION

01 Peter Millett, USA

A 48 year old man presents with primary glenohumeral osteoarthritis. The symptoms are intrusive and non-operative options have failed. He is on regular analgesia. He is in good health except for a BMI of 45. X rays show Walsh type 2b glenoid with static posterior subluxation of the humeral head.

What classification systems do you use to finalise your management plan?

What further investigations would you perform and what are you looking for?

Does high BMI affect your decision making process?

What surgical options are available?
- Resurfacing/Stemless hemi-arthroplasty
- Anatomic total shoulder replacement (aTSR)
    - Humeral component:
        -Stemmed, short stem or stemless, Why?

-Glenoid component:
    -Bone graft glenoid; Augmented glenoid; Metal backed glenoid
    - Reverse Total shoulder replacement (rTSR)
- What is the role of navigation?

02 Mat Smith, UK

A 58 year old female patient presents with right shoulder pain. She suffers from rheumatoid arthritis and has been on oral steroids (prednisolone 5mg) and methotrexate for the last 10 years. She has had multiple steroid injections to her shoulder by her GP. X rays reveal concentric reduction of joint space with poor bone stock in the glenoid with medialisation of the joint line.

How do you assess rotator cuff status, how does a partial cuff tear affect your decision making process?
- Does bone quality affect your decision making process?
- How do you classify and manage glenoid bone loss?
- What is your shoulder replacement of choice and why?
    - Resurfacing/stemmed hemi-arthroplasty
    - Anatomic TSR
    - Reverse TSR

03 Mark Frankle, USA

A 68 year old male patient presents with a pseudo paralysed shoulder. In the past, he has undergone two failed cuff repair surgeries. He has active forward elevation of 30 degrees which is mostly scapulothoracic. He is in intrusive pain and non-operative options have failed. X-rays reveal some superior migration of the humeral head but no arthritis affecting the glenohumeral joint. MRI scan shows irreparable tear of supraspinatus and infraspinatus with no viable tissue and cuff retraction to edge of glenoid. Fatty atrophy of Goutalier grade 4 is also noted. Subscapularis and teres minor are intact. There is no evidence of infection.

- What are your treatment options?
    - Would you consider superior capsular reconstruction?
- What other investigations, if any, would you use?
- Do you use "in space balloon" as a treatment option?
- Please explain biomechanics of rTSR
- Do you lateralise the COR?
- How would you prevent notching of the glenoid?
- How do you prevent over tensioning of deltoid?
- Are your results of rTSR after previous cuff repair surgeries different to a primary rTSR for cuff tear arthropathy?

04 Thomas Edwards, USA

A 78 year old male patient presents with severe shoulder pain. Non operative options have not been successful. He suffers from type 2 diabetes but is otherwise in excellent health and plays golf regularly. X rays reveal concentric osteoarthritis of the glenohumeral joint and intact cuff on preop ultrasound imaging of Goutalier grade 4 is also noted. Subscapularis and teres minor are intact. There is no evidence of infection.

- Do you prefer ultrasound or MRI to assess rotator cuff status, why?
- What is the prognosis of an intact cuff in a 78 year old with an anatomical arthroplasty? Is the cuff doomed to fail in due course? Does that affect your decision making process?
- Does diabetic status of the patient affect how you council the patient prior to surgery
- What is your shoulder replacement of choice?
    - Resurfacing/stemmed hemi-arthroplasty; Anatomic TSR; Reverse TSR
- What is the role of platform systems?
- Does glenoid morphology affect the implant choice?
- Do you allow your patient to play golf after shoulder replacements?

05 John Geoghegan, UK

How do you manage complications after total shoulder replacements?

- How do you manage a dislocated rTSR, how do you prevent this complication
- How do you manage post-operative acromion fracture, how do you avoid this complication
- How do you classify and manage peri-prosthetic fractures around TSR
- A 78 year old patient suffers a cuff tear, 4 years after anatomic TSR. He is now pseudo paralysed and in pain. What are your management options

06 Steve Bale, UK

How do you manage infection after TSR?

- How do you diagnose an infected shoulder replacement?
- Do you prefer open or arthroscopic biopsy?
- When do you perform DAIR (debridement, antibiotics and implant retention)?
- What are your criteria to decide one or two stage revision?
- What are your outcomes?

INSTRUCTIONAL COURSE 2-1

Programme BESS-2021

ELBOW SESSION

01 Robert Hotchkiss, USA

Elbow arthroplasty in young patients
Indications, alternatives, special considerations and outcomes

02 Joaquin Sanchez-Sotelo, USA

Prosthetic joint infection of the elbow
Risk factors, when to suspect, how to investigate and treat

03 Adam Watts, UK

Elbow arthroplasty in the National Joint Registry
- What does the NJR tell us?
- How does it compare to other registry data?
- How does elbow arthroplasty compare to other joints?

04 Val Jones, UK

Pre-habilitation for elbow arthroplasty (patient journey)

05 Mark Falworth, UK

Case based discussion on Revision elbow arthroplasty
Case 1 - Key points to prevent risk of needing revision during primary arthroplasty
Case 2 - Illustrate work up and assessment of a patient needing revision
Case 3 - Management of infection
Case 4 - Management of bone loss

AHP SESSION

01 June Kennedy, USA

Post-operative Anatomic/Reverse Shoulder Arthroplasty Guidelines
ASSET Development and Recommendations

02 Rachael Daw, UK

Long Term Monitoring of shoulder and elbow arthroplasty
- who, when, where?

03 James Blacknall, UK

A 47 year old male lorry driver presents with primary osteoarthritis of the shoulder with intrusive symptoms. He was told he has frozen shoulder and was given a steroid injection. He suffers from Psoriasis and has patches on the shoulder joint. Examination shows reduced ROM with an intact cuff. X- rays reveal non-concentric GHJ OA.

Discuss treatment options and challenges faced by the primary/secondary AHP practitioner in management of osteoarthritis of the shoulder in primary care.

04 June Kennedy, USA

A 58 year old female presents with intrusive pain and weakness affecting her shoulder (no pseudo paralysis). X rays reveal osteoarthritis of the glenohumeral joint. MRI reveals partial thickness tear (<50% thickness of tendon tissue) of the infraspinatus but no fatty atrophy. The patient undergoes anatomic total shoulder replacement but fails to progress in spite of 6 months of supervised physiotherapy. At follow up, she is mostly pain free after the replacement but has limited mobility with total forward arm elevation less than 60 degrees. Ultrasound scan reveals progression of tear to a full thickness supraspinatus and infraspinatus.

- Would you have recommended anatomic total shoulder replacement as the original surgery in a patient with partial thickness posterosuperior cuff tear?
- Do you think that rehabilitation will now work with FT tears of supraspinatus and infraspinatus?
- Would you recommend that the best option for her now, to regain mobility (in the absence of pain) would be conversion of anatomic to a reverse total shoulder replacement?
- Are your rehabilitation goals and outcomes different in revision rTSR compared to those performed in primary rTSR?
- This patient was a keen collegiate swimmer and at one time and was a contender for Olympics.
Could she continue to swim if she elects to have revision to rTSR?