MEA Conference 2012 Chatsworth – Report

Chatsworth House provided a grand venue for our 2012 Autumn Conference and AGM. The conference facility is set in part of the old stables. These formed a huge quadrangular complex that also accommodated a café and other functions. During breaks we were able to enjoy some Derbyshire air in a congenial atmosphere amongst sightseers, shoppers and a brass band. Nick Crombie must be congratulated for suggesting and arranging this venue. Once again, Sarah Dale put an enormous effort into sorting out all the detail for the weekend's programme.

Council met the evening before at The Devonshire Arms, Beeley. It is hard to think of more pleasant surroundings for a meeting than this lovely old pub but needs must and we found ourselves in a side room with a perfectly sized table. Nick Crombie announced he was standing down as Honorary Secretary due to other commitments, which is sad in view of his youth, talent and excellent note taking. He hopes to continue to contribute in an informal role. John Gibson succeeds him, bringing experience and talent; fingers crossed for the note keeping.
It was agreed that the next conference should be held in Newmarket. We all thought this was such an excellent idea that there's been a scramble to claim it ever since.

Sarah Dale had booked excellent accommodation. Some of us found ourselves in the cosiness of Fold Farm B&B, just over the road. After two nights and two very substantial breakfasts listening to the joys of fly-fishing I was all set to sell the horses, buy a rod and start tying my own. No need, said our new Chairman, why not keep the horses, buy a rod and a gun too? I enjoyed a moment's flight of fancy before an intuition of Mrs B's response seared through this vision.

On the morning of the conference I enjoyed a lovely walk with John Lloyd-Parry along the bank of the River Derwent from Beeley to Chatsworth House.
We enjoyed a break in the deluge that weekend and Chatsworth is a beautiful scene to enjoy at a leisurely pace but, as we neared the house, we realised that lingering over the Full English had handicapped us with less time and more weight. The final straight up to the stables involved a bit of a climb.

The first session followed the practise of previous meetings: a veterinary lecture preceding a medical lecture on a similar subject. 'The Insides of Horse and Man' had endoscopy as the common thread. Mark Hillyer was the trailblazer amongst our speakers with an overview of gastric ulceration in horses. Fascinating in it's own right this provided the many horse owners in the audience with some highly practical information. David Westaby discussed upper gastrointestinal bleeding in humans and suggested some geographical hiatuses in emergency endoscopy provision.

Next, we heard a sobering overview of the management of military casualties from Ian Sargeant. It was a timely reminder of the consequences of conflict

before Remembrance Sunday the next day. I reflected on how advances in military trauma surgery have, at a price, brought benefits to the management of trauma in general through both innovation and experience. There has been a far higher ratio of wounded to fatal casualties in recent conflicts compared to the wars of the twentieth century This reflects medical care and the nature of conflict, with improvised explosive devices, has led to many multiple amputees. Help for Heroes and the Olympic torch relay have helped raise awareness of this.

Jane Jones and then John Lloyd-Parry were presented with the Certificate of Merit. JLP – I hope he doesn't mind initials and will regard it as an indication that he's made it in this organisation – had until then received just about every other medico-equestrian gong going except our own. We managed to keep the award a surprise until the conference. The morning session ended with the AGM at which Edwin Swarbrick commenced his two-year term as Chairman of the MEA.

The afternoon started with three case report presentations with the theme of 'What I Learnt From This.' Stephen Chadwick has been consistent in trying to set up a Research Prize with the idea that case reports, audit projects or research be presented at Conference. This session will hopefully be a regular part of the programme.

Stephen Chadwick reflected on a serious fall he attended as a Field of Play doctor on the Olympic cross-country course. The experience will influence not only his preparation for M.O. work but also, henceforth, his approach to briefing within the multidisciplinary team in the operating theatre. Other professors of surgery might note that such openness and humility can be a disarming weapon when it falls into the wrong hands.

Claire Rooney summarised the findings of her project on the medical systems at several BE competitions which she attended. Her report points the way to how observation and audit might be used to improve our practice. In this respect her presentation was very relevant to the discussion about evidence for revalidation later on. It was quite an achievement for a young medical student to stand up and address the conference, (average age: 'advancing'). Ms Rooney was awarded the prize for the best report.

Anna-Louise McKinnon described a series of cervical spine fractures suffered by jockeys which really made us sit up and re-evaluate what we thought we knew about presentation and definitive diagnosis of these injuries. The disconcerting message was that we should not regard the dispatch of a suspected cervical spine injury to hospital, in itself, as 'job done'. Her series comprised of six cases of cervical spine injury in jockeys. Two involved delayed presentation. Worryingly, five out of six were not diagnosed at initial presentation to hospital. In some of these, further advocacy was needed from ALM on behalf of the injured jockey. My thanks to Dr McKinnon for allowing me to place her PowerPoint presentation on the website.

Ted Adams demonstrated some bravery in stepping up to talk about Riding in Pregnancy. His medical indemnity costs probably shot up as soon as his name appeared on the programme. Some caution in his conclusions was to be expected but as he pointed out there is not much evidence on the subject. I'm hoping to entice him into producing a more detailed article for the website.

The final talk on the card fell to Peter Whitehead. He might have been forgiven for feeling typecast as the anchorman. Throughout the meeting, the excitement and euphoria that accompanied equestrian success at the Olympics was relived in a number of conversations with those who had been there. We gained insight into the world of large-scale organisation and the reality of coordinating a small army of helpers. It was possible to discern just how busy he has been. Four days previously Dr Whitehead was appointed as Chairman of the FEI Medical Committee,

Our new chairman started off an open discussion about revalidation. This subject is covered elsewhere in the newsletter.

That evening the conference dinner succeeded in its purpose of providing social glue for The Association through fun, acquaintance and re-acquaintance. Ian Sargeant provided some of the fun with his address. Suzannah Hoult arrived just in time for dinner having driven up from Bristol after a long operating list. It was a great effort and we were delighted to see her take a metaphorical bow at the end of her term as Chair. Finally, and admittedly this was back in the Devonshire Arms, Mark Hillyer mentioned that he would be very happy to see the MEA again should it venture within the parish of Newbury.

A sizeable gaggle of members regrouped at Chatsworth the next morning. After the two-minute silence in remembrance, we took a tour of the main house whose baroque magnificence was further adorned by Christmas decorations.

I have summarised the lectures given by our guest speakers in the morning, below. The powerpoint presentations for all the afternoon Case Reports are on the website along with further notes for all the other lectures and the Conference Programme.[keep as italics please]

Mr Mark Hillyer BVSc PhD DipECVS DipECEIM MRCVS
Newmarket Equine Hospital.
Mark has published many scientific papers and is the editor of Diagnostic Techniques in Equine Medicine. He is an editorial consultant to the Equine Veterinary Journal, as well as co-chairman of the Clinical Evidence Board, a member of the Royal College of Veterinary Surgeons Equine Board and an examiner. Former member of the Fourburrow Hunt Pony Club (current members include E. and H. Boyden)

An overview of gastric ulceration in horses
The equine stomach is lined by squamous epithelium in its proximal part. This is vulnerable to ulceration from 'splash back' of acidic fluid from distal parts of the stomach. Research demonstrates that it is a common problem and it has been possible to identify a number of conditions that predispose to ulceration. Most of these are environmental, including feeding patterns, foodstuffs and exercise patterns. Unfortunately for involved with race and sport horses, exercise is a major factor. Gastric ulceration causes a fall in performance in addition to being a potential welfare matter. MH went on to describe investigation, treatments and

food supplements. He showed some pictures of ridiculously long endoscopes. (Slides on website in pdf)

Dr David Westaby MA FRCP
Consultant Gastroenterologist and Hepatologist, currently member of British Society of Gastroenterology, Training Lead, Joint colleges Advisory Group in endoscopies (JAG), NICE Technical Advisor. Breeder and racehorse owner

Emergency Endoscopy for upper GI bleeding – "NICE if you can get it"
British Society of Gastroenterology guidance published in 2002 recommended 24 hour emergency endoscopy availability, a rota of appropriately skilled consultant led endoscopists in dedicated facilities and appropriately trained nurses. Five years later a high proportion of acute hospitals, 92%, had facilities for out-of-hours endoscopy, but just over half had an OOH rota and not all participating consultants were regarded as competent in basic haemostasis. The challenge is to identify low risk patients, who may be discharged early, whilst not missing high-risk patients in need of early endoscopy. NICE Guidance recommends endoscopy immediately following resuscitation for unstable patients and within 24 hours for all cases of upper gastro-intestinal bleeding. Treatment has evolved using Adrenaline injections, cautery, clips and desiccation; bands and stents for varices. Bleeds from oesophageal varices have doubled in past 15 years reflecting the increase in alcoholic liver disease.

Gp Capt Ian Sargeant OBE
Consultant Trauma and Orthopaedic Surgeon, Queen Elisabeth Hospital Birmingham

We were given a graphic overview of the medical management of those wounded in conflict based on experience from Iraq and Afghanistan. The whole pathway of care was described starting with management in the field, damage control surgery at a field hospital, transfer to UK, definitive care and rehabilitation. The definitive surgery is often very challenging both for surgeons and the patient's physiology and therefore is commonly staged. Aspects of treatment strategy were outlined including 'life before limb', injuries managed in harmony, early priority to injuries affecting sight and CNS and meticulous attention to the management of infection. The welfare and involvement of family was stressed. He touched upon concerns about the ethics of treating those very seriously injured (including multiple amputees).

James Boyden