



BAOS CONFERENCE: 26-28 SEPTEMBER 2018
VENUE: EICC, Edinburgh

2018 Open Abstract Submission **(for research or audit)**

Guidance Information

Open Paper: winner (£600), second place (£300) and third place (£150)

Abstracts must be received no later than 18th May 2018

Please read this information before submitting your abstract

Content of the Abstract

The abstract must contain

- The title of the presentation; maximum 10 words or less
- The name of the presenter and co-author(s)
- The institution of the authors.

The abstract must also contain a brief statement of:

- The **objectives** of the investigation,
- Experimental **methods** used,
- Essential **results**, including data and, where appropriate, statistics,
- **Conclusion(s)**

To achieve a more consistent style, the words: "**Objectives:**", "**Methods:**", "**Results:**", and "**Conclusion:**" each immediately followed by a colon as shown, **must** appear in the body of your abstract.

Please see an example of an acceptable submission below;

Open Paper Entry Example from 2014

Presenter's Name(s): Vinod Patel, Neil Patel, David Sarkar, Tim Nokes, Pippa Blacklock

Email address: joebloggs@nhs.net

Hospital: Guys and St Thomas NHS Foundation Trust, Oral Surgery Dept.

Abstract Title: Management of Oral Surgery patients on dual anti-platelet therapy.

Objective: The management of patients on dual anti-platelet therapy (DAPT) undergoing dento-alveolar surgery (DAS) is not a well-defined topic. The lack of guidelines has meant clinicians have been left to manage these cases from specialist advice or past experience. In view of this the BAOS membership was surveyed to assess the state of current practice as well as variation in management and their justifications.

Methods: An electronic survey consisting of 9 closed multiple choice questions was circulated to all 435 registered BAOS members. A section for open comments was available for all questions. The survey was carried out between June 2013 – October 2013. A reminder email was sent after 4 weeks to those who had not completed the initial survey. The data transcribed, organised, reduced to themes by hand and finally analysed.

Results: One hundred and eighty members completed the questionnaire giving a response rate of 41%. Ninety two percent of clinicians had direct involvement in managing patients on DAPT and of these 80% had not encountered a bleeding complication. DAPT was continued for simple dental extraction under local anaesthetic by 83% of respondents and 73% for surgical extractions. Between 17-27% of respondents stopped one or both anti-platelets prior to treatment. Two-thirds of the respondents did not follow any guidelines but for those that did the most common was the UKMI (North West) protocols. Only 10% of respondents reported a significant post-operative bleeding complication following DAS in patients on DAPT.

Conclusion: This survey confirmed the continued variable management of patients on DAPT undergoing DAS. Reported bleeding rates were low with over 75% of patients not having their DAPT treatment interrupted. The combination of aspirin and clopidogrel appears relatively safe. Interaction with stakeholders to produce formal guidelines could help to determine best practice and reduce variation.