

## **BAOS CONFERENCE: 25-27 SEPTEMBER 2019**

**VENUE: Mercure Bristol Grand Hotel, Bristol**

## **2019 Open Paper Abstract Submission**

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

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Abstracts of all papers invited to present at this year's annual conference in Bristol will have the chance to be published in the journal Oral Surgery. \* Oral Surgery Journal Publications are at the discretion of the Editor.

The abstracts must therefore be submitted in a standard format for publication.

This work should not have been previously published or presented elsewhere.

This work should only be entered once; either for the Open Paper competition or for the Poster competition.

Only entrants who can attend the conference will be considered. Each abstract will then be reviewed and presentations will be selected for the programme on the basis of the scientific quality of the work as judged from the abstract.

### **Submission of Abstract**

The abstract must be typed and fit within the box on the abstract form using a maximum of 300 words. Abstract forms are available on the BAOS website.

**Abstracts must be received no later than 31<sup>st</sup> May 2019**

Electronic submissions only. Please submit with your abstract saved as a Word file attachment to [baos@rcsed.ac.uk](mailto:baos@rcsed.ac.uk).

**Receipt of abstracts** will be acknowledged by email. Please ensure your email address is included on the abstract submission form.

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## **Guidance Information**

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**\*\* Please read this information before submitting your abstract \*\***

### **Content of the Abstract**

The abstract must contain

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

The abstract must also contain a brief statement of:

- d. The objectives of the investigation,
- e. Experimental methods used,
- f. Essential results, including data and, where appropriate, statistics,
- g. Conclusion

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.

### **DOs and DON'Ts**

- DON'T include illustrations or photos, although tables, charts and columns may be used.
- DON'T submit abstracts reporting studies with unidentified drugs or materials. They will not be accepted.
- DO mention the name of a commercial product if used in the research but only once.
- DO disclose external funding (required) by listing the name of supporting agency and grant number in the body of the text.
- DO make sure the abstract is typed within the abstract box otherwise it will not be accepted
- DO limit the number of words in the abstract to 300 or less. Larger abstracts will not be accepted. Titles are limited to 10 words or less.

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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.

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**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.