

BAOS Annual Competition

2021 Open Paper Abstract Submission

Open Paper Categories: 1. Research, 2. Audit / Service Improvement

**Prizes: Winner (£300), Second Place (£150),
People's Prize for Open Paper (£150)**

Abstracts of all Open Papers invited to present online *via Zoom on Thursday 18 March 2021*, will be published in our BAOS Oral Surgery Journal. * 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 abstracts from entrants who apply to attend the Competition Award Ceremony on 18 March 2021 will be considered. Each abstract will then be reviewed and the best will be selected for a further shortlisting round involving a short online presentation. The best 6 presentations will go forward to be presented in the Open Paper programme on 18 March 2021. The presentations will be judged and prizes awarded as described above.

Submission of Abstract

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

Closing date:

Abstracts must be received no later than *Thursday 18 February 2021*.

Electronic submissions only. **Receipt of abstracts** will be acknowledged by automatic email.

Please ensure your email address is included on the abstract submission form.

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Guidance Information

**** 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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Sample Abstract

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.