

15th BIDA International Conference **Zanzibar, Tanzania**



SCIENTIFIC PROGRAMME

Wednesday 6th & Thursday 7th November 2024



15th BIDA International Scientific Congress TUI Blue Bahari Zanzibar, Tanzania

Message from the Chairman, BIDA Scientific Committee

Dr Suresh Chandran FRCP (London); RCPATHME

*Consultant in Acute Internal Medicine; Revalidation Lead and Lead Medical Examiner
Oldham Care Organisation. ARM Chair, BIDA*



Dear Delegates,

It gives me great pleasure and privilege to welcome you all to the 15th BIDA International Scientific Conference 2024 being held at the TUI BLUE Bahari Zanzibar, Tanzania.

BIDA International Congress continues to be a feather in BIDA's cap. The enthusiasm and eagerness exhibited by our delegates to attend the Conference is overwhelming.

Hope you are as excited as me to hear from various speakers who are experts in their field about topics that would be relevant to our daily clinical practice. The conference is curated with great planning and is spread across 2 days with 5 sessions. There is ample of time for discussions and I am confident that it will allow for a productive discourse leaving you feeling contented and satisfied. I would like to express my heartfelt gratitude to all the Speakers and Chairpersons.

Organising this scientific Congress would not have been possible without my wonderful team. I would begin with thanking the stalwarts of BIDA including Prof Amit Sinha,

National President, Dr Ashish Dhawan, National Chairman and Convener and Dr Vinod Gadiyar, National Treasurer. In addition, the team had Dr Leena Saxena, Co-Convenor and Prof Sanjoy Bhattacharya and I would like to sincerely thank them both for all their hard work. Of course, Alison Sherratt from BIDA Central Office deserves a special mention for her role in making it a smooth affair. Our friends at Bolton Travels including Yogesh, Sebi and Prince also deserve a special mention for being extremely patient and sympathetic with us. Last but not least, I would like to thank my wife Usha who is the rock in our relationship and has done my share of the household chores whilst I was preparing for the Conference!

And finally, I thank all the delegates for enriching this conference with your presence. I am confident that you will thoroughly enjoy this conference.

Dr. Suresh Chandran

Chairman, 15th BIDA International Scientific Congress Organising Committee



15th BIDA International Scientific Congress TUI Blue Bahari Zanzibar, Tanzania

Message from the BIDA National President

Prof. Amit Sinha

*National President, BIDA. Consultant Orthopaedic Surgeon.
Honorary Clinical Professor, Chester University*



Dear Colleagues / Delegates,

It is a great pleasure to welcome you all to our BIDA 2024 International Conference at this beautiful venue of TUI Blue Bahari at Zanzibar. Thank you to each one of you for joining in as we are one big family of the organisation supporting each other and participating in educational activities but also social activities, which all together contribute to our health and wellbeing. We will be far away from home but still will feel comfortable in the midst of our very close friends.

BIDA has come a long way in promoting the value of the "International Conferences". I feel that this holds a very special place in our calendar for the year.

Organising such a scientific congress is a huge affair and indeed a responsibility, which our scientific committee takes seriously to deliver a high quality programme packed with thought provoking lectures. These will cover all the major healthcare topics in both Primary and Secondary care.

I wish to thank our scientific committee led by an extremely diligent Chairperson, Dr Suresh Chandran. My sincere gratitude also goes to all the distinguished speakers, who are all experts in their own fields. This congress would not succeed without the help of Yogesh and Sebi and their team at Bolton Travel Services. Their dedication to look into every detail is quite exemplary.

Thank you to all the attending delegates. I am sure you will enjoy this 2-day conference. We would love to have your feedback to constantly look at improving our standards.

My acknowledgements to Ashish Dhawan and Leena Saxena, Organising Chairpersons of the International Conference, BIDA for making this happen.

Best wishes

Prof. Amit Sinha

National President, BIDA





15th **BIDA** International Scientific Congress **TUI Blue Bahari Zanzibar, Tanzania**

Message from the Co-Convenor, 15th **BIDA** International Scientific Congress



Dr Ashish Dhawan

National Chairman, BIDA

*Consultant Cardiologist, Wrightington, Wigan & Leigh Teaching Hospital
Co-Convenor, 15th BIDA International Scientific Congress*

Dear Friends,

It gives me immense pleasure to welcome all the delegates to the 15th International congress of BIDA.

The BIDA International Conference is a platform where colleagues from different areas of medical fields, ethnicities and geography come together, not only to learn and relish a sumptuous cocktail of academia but also to experience a tour of the hosting nation. The interaction of delegates during these days with each other and with local people is spectacular. It is truly amazing to see colleagues learning and enjoying together as one big family. The ethos of BIDA's International Congress is the reason that it has become one of the most popular events in BIDA's calendar.

This would not have been possible without the constant and unconditional support from our Executive Committee. The

Scientific Committee under Dr Suresh Chandran have done a splendid job in putting together a mix of speakers covering a vast spectrum of the medical field. We are grateful to all the speakers who have volunteered to make this academic programme so interesting and diverse.

Last but not the least, a huge thank you to all our delegates for prompt registration and enthusiastic involvement in the build-up to this conference. We are hopeful that our delegates and their families will find this conference as educationally stimulating and socially relaxing as in previous years.

Best wishes,

Dr. Ashish Dhawan

National Chairman, BIDA. International Conference Co-convenor



15th **BIDA** International Scientific Congress **TUI Blue Bahari Zanzibar, Tanzania**

Message from the Co-Convenor, 15th **BIDA** International Scientific Congress



Dr Leena Saxena

Chairperson, Wigan Division, BIDA

Co-Convenor, 15th BIDA International Scientific Congress

Dear Friends,

Thank you to each and everyone of you for being part to our 15th BIDA international Scientific conference which is being held at TUI BLUE Bahari Hotel Zanzibar on 6th and 7th November 2024.

I am pleased to be able to welcome those of you that have been with us for years, as well as those of you who are new to the Association.

I feel extremely privileged to have been given this opportunity to arrange this conference alongside Dr Ashish Dhawan, after our two previous successful International Conferences.

We are fortunate to have BOLTON TRAVELS so enthusiastic, hard-working team of Sebi, Yogesh and Prince for their support, co-operation and trust.

Looking forward to meeting you all after months of planning, co-ordinating and strategizing for a successful event.

Dr. Leena Saxena

Chairperson, Wigan Division BIDA

Co-Convenor, BIDA International Scientific Congress





2024 Scientific Congress Programme

Wednesday 6 November

09:30 – 10:00	Registration	
10:00 – 10:10	Welcome	
	Dr Suresh Chandran	Chairman, Scientific Committee, 15th BIDA International Scientific Congress Consultant in Acute Internal Medicine and Revalidation Lead; Oldham Care Organisation
10:10 – 10:20	Chairman's Address	
	Dr Ashish Dhawan	National Chairman, BIDA. Consultant Cardiologist, Wrightington, Wigan & Leigh Teaching Hospitals
10:20 – 10:30	President's Address	
	Prof. Amit Sinha	National President, BIDA. Consultant Orthopaedic Surgeon; Honorary Clinical Professor, Chester University

SESSION 1: Chairpersons: Dr Leena Saxena and Prof Sanjoy Bhattacharyya

10:30 – 10:50	Navigating Cardiology: causes and treatments for cardiac arrhythmias	
	Dr Ashish Dhawan	Consultant Cardiologist, Wrightington, Wigan & Leigh Teaching Hospitals
10:50 – 11:10	Hernia procedures under local anaesthesia	
	Mr Ram Prasad	Consultant Breast and Body Aesthetic Surgeon, Pall Mall Medical Consultant Breast Surgeon, Wrightington, Wigan & Leigh Teaching Hospitals
11:10 – 11:30	Management of common Paediatric respiratory symptoms in Primary Care	
	Dr Shaila Sukthankar	Consultant Paediatrician, Royal Manchester Children's Hospital
11:30 – 11:45	Panel Discussion	

SESSION 2: Chairpersons: Prof Amit Sinha and Dr Usha Chandran

11:45 – 12:05	Management of Professional voice users/singers	
	Dr Anita Sonsale	Consultant ENT Surgeon, Queen Elizabeth University Hospital, Birmingham
12:05 – 12:25	Current Controversies in Sexual Health	
	Dr Ashish Sukthankar	Consultant in GU Medicine; Manchester University Hospitals NHS Foundation Trust
12:25 – 12:45	Overview of Vitamin D in adults	
	Dr Sangeeta Naraen	Consultant Orthogeriatric and Metabolic Disease Consultant; Liverpool University Hospital
12:45 – 13:00	Panel Discussion	

13:00 – 13:45 Lunch

SESSION 3: Chairpersons: Dr Ashish Dhawan and Dr Shaila Sukthankar

13:45 – 14:05	What has sleep got to do with pain?	
	Dr Vinod Gadiyar	Consultant in Anaesthesia and Pain Medicine Northern Care Alliance NHS Foundation Trust, Manchester
14:05 – 14:25	Hyperlipidemia	
	Dr Suvarana Bharamgoudar	General Practitioner, Watling Medical Practice, Milton Keynes
14:25 – 14:45	WALANT: Wide Awake Local Anaesthesia No Tourniquet: Hand Surgery	
	Mr Paresch Sonsale	Consultant Orthopaedic Surgeon; University of Birmingham
14:45 – 15:00	Panel Discussion	

15:00 – 15:15 Tea Break





2024 Scientific Congress Programme

Wednesday 6 November

SESSION 4:

Chairpersons: Dr Sanjeev Saxena and Dr Shalini Gadiyar

15:15 – 15:35	Men's Health Mr Arun Jain Consultant Urologist; Northern Care Alliance NHS Foundation Trust
15:35 – 15:55	Management of Headache above 12 years in Primary Care Dr Sanjiv Sinha GP Trainer and Appraiser; Clinical Tutor; Ex-Training Programme Director
15:55 – 16:15	Do you know who a Medical Examiner is?? Dr Suresh Chandran Consultant in Acute Internal Medicine and Revalidation Lead; Oldham Care Organisation
16:15 – 16:30	Panel Discussion
16:30	Closing Remarks Dr Suresh Chandran Chairman, Scientific Committee, 15th BIDA International Scientific Congress Dr Ashish Dhawan Co-Convenor, 15th BIDA International Scientific Congress Dr Leena Saxena Co-Convenor, 15th BIDA International Scientific Congress



2024 Scientific Congress Programme

Thursday 7 November

09:30 – 10:00	Registration
10:00 – 10:10	Welcome Dr Suresh Chandran Chairman, Scientific Committee, 15th BIDA International Scientific Congress Consultant in Acute Internal Medicine and Revalidation Lead; Oldham Care Organisation

SESSION 5:

Chairpersons: Dr Sanjiv Sinha and Dr Veena Jha

10:10 – 10:40	Sustainability initiatives in the NHS Prof Amit Sinha Consultant Orthopaedic Surgeon; Honorary Clinical Professor, Chester University Prof Romesh Gupta Hon. Professor of Medicine, University of Central Lancashire
10:40 – 11:00	Update in Assessment in Medical Education Prof Sanjoy Bhattacharyya Consultant in Emergency Medicine
11:00 – 11:20	Pre-operative management Dr Mallikarjun Bharamgoudar Consultant Anaesthetist/Intensivist, Honorary Senior Clinical Lecturer, Milton Keynes University Hospital
11:20 – 11:40	Basics of Bladder Control and Incontinence Management Mr Suranjan Ghosal Consultant OBG, Urogynaecology Lead NCA (BRO Sector)
11:40 – 12:10	Panel Discussion / Any Previous Topics
12:10 – 12:30	Closing Remarks Dr Suresh Chandran Chairman, Scientific Committee, 15th BIDA International Scientific Congress Dr Ashish Dhawan Co-Convenor, 15th BIDA International Scientific Congress Dr Leena Saxena Co-Convenor, 15th BIDA International Scientific Congress



Meet Our Speakers:

Day 1, Session 1



Navigating Cardiology: causes and treatments for cardiac arrhythmias

Dr Ashish Dhawan *Consultant Cardiologist; Wrightington, Wigan & Leigh Teaching Hospital*

The human heart is a vital organ and forms an integral part of circulatory system. The pumping function of the heart is controlled by these very complex fibres that start from SA node in the right atrium passing through AV junction via AN node and then spreading to Left and Right ventricles via HIS Purkinje fibres. Latrogenic and multiple cardiac pathologies can cause this cardiac function to malfunction leading to Tachy or Bradyarrhythmia. Cardiac arrhythmias can be fatal

and henceforth the need for prompt identification and treatment.

The mainstay of treatment for bradyarrhythmia's around treating the underlying cause, avoiding rate slowing drugs or implanting a Permanent Pacemakers. On the other hand tachyarrhythmia require rate slowing medications/anti-arrhythmics or consideration for cardiac ablations.



Hernia procedures under local anaesthesia

Mr Ram Prasad *Consultant Breast and Body Aesthetic Surgeon, Pall Mall Medica; Wrightington, Wigan & Leigh Teaching Hospitals*

Over 100,000 hernias performed in UK every year. The incidence is 1 in 10. Over 80% of them are inguinal. Open repair of groin hernias performed under local anaesthetic will offer safety, reduce costs, improves patient experience and is particularly helpful in patients with co-morbidities. Patient selection, improvement of operative techniques has made this type of open repair ideal in majority of our patients. Relative contraindications include:

1. Patients not keen on local
2. High BMI
3. Bilateral hernias
4. Recurrent Hernias
5. Large Inguino-Scrotal hernias.

We have gained experience by performing over 500 procedures of groin hernias under local over 10 years. Carefully administered Inguinal Block and infiltration gives very predictable anaesthetic field and sedation is rarely necessary. We usually use Lidocaine with adrenaline around 60 ml (dose not exceeding 6-7 mg /Kg with equal quantity of saline). Sedation required in less than 10% patients. Majority of them performed with oral sedation. Self-adhesive pro-grip mesh makes procedure simpler, faster and less painful. The short- and long-term outcome are comparable to results performed under G.A. This is superior to laparoscopic technique due to ease of approach, excellent short and long-term results and cost effectiveness. However, there is a learning curve to climb.



Management of common Paediatric respiratory symptoms in Primary Care

Dr Shaila Sukthakar *Consultant Paediatrician, Royal Manchester Children's Hospital*

Common respiratory symptoms bringing young children to the attention of colleagues in primary care include cough, recurrent chest infections, noisy breathing, breathlessness, and wheezing. In this session, we will discuss an approach to these symptoms through few clinical cases, recognition of pitfalls in diagnosis, and key features that help with decision making (red flag signs) for urgent/ elective referral to community or hospital based secondary paediatric services.

Differential diagnoses for these symptoms, threshold for investigations, and treatment options that can / should be

availed in primary care will be visited during the course of this presentation. References will be made to NICE, BTS, Allergy UK, and ESPGHAN guidelines to help us with the management, shared care models, and referral pathways for some of the common conditions - including chronic cough, asthma, croup etc, and other non-respiratory conditions leading to respiratory symptoms - eg allergy, gastro-oesophageal reflux, immunoglobulin deficiency etc. to name a few.

Audience participation will be essential for active mutual learning.

Meet Our Speakers:

Day 1, Session 2



Management of Professional voice users /singers

Dr Anita Sonsale Consultant ENT Surgeon, Queen Elizabeth University Hospital, Birmingham

Professional Voice Users Clinic is a specialist clinic at a select few centres in the UK. We run this NHS clinical service at Queen Elizabeth University Hospital, Birmingham once a month. The objective of this presentation is to give an overview of this service.

The clinic is aimed to see people with high vocal demand, i.e. singers, teachers. The multidisciplinary clinic is composed of Laryngologist, Speech and Language Therapist and Singing Coach. The work up for the patient is comprehensive with better understanding of the problem, examination with specialist equipment and whilst performing the vocal /phonatory tasks. Each patient works

with a singing coach for a warm up routine prior to singing and then examination, whilst singing a typical piece of their singing style. There may be complex issues affecting the singing which requires better understanding and being sensitive to their specific demands. Getting them back to a level of singing is extremely satisfying.

As specialists, we relate to the association of professional performance artists (BAPAM), who can provide funding for their treatment. Increasing the awareness of this service through the association is crucial to help the professionals, whose livelihood is dependent on voice.



Current Controversies in Sexual Health

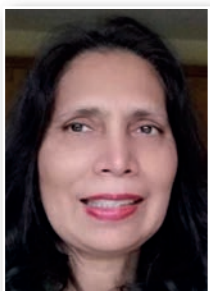
Dr Ashish Sukthankar Consultant in GU Medicine; Manchester University Hospitals NHS Foundation Trust

Sexual Health has long been a Cinderella service in the NHS and this was demonstrated again in the Health and Social Care Act of 2012 where the commissioning of these services was transferred out of the usual NHS commissioning framework to Local Authorities and thereby were the first to be opened up to the private sector. This has led to the fragmentation of HIV and Sexual Health services and a significant reduction in funding. The recent outbreaks of Mpox have highlighted the perils of such policy changes where private providers were unable to stand up diagnostic and vaccination services for the NHS at short notice. Lord

Darzi's NHS review highlighted some of these issues.

Another controversial subject is the introduction of Pre-exposure prophylaxis against HIV and other sexually transmitted infections which may result in unintended consequences such as increase in some STIs and development of drug resistance.

Development and roll out of vaccination against Gonorrhoea as well as the current state of the National Chlamydia Screening programme will be discussed.



Overview of Vitamin D in adults

Dr Sangeeta Naraen Consultant Orthogeriatric and Metabolic Diseases; Liverpool University Hospital

Background: Vitamin D insufficiency is very common, and prevalence tends to be greater in UK. There is seasonal variation also.

Diagnosis & Testing: All patients do not require routine testing. Patients who require testing are patients with bone diseases, where correcting vitamin D deficiency prior to specific treatment would be appropriate and high risk of vitamin D insufficiency.

And, patients with musculoskeletal symptoms that could be attributed to vitamin D deficiency.

Prevention of vitamin D deficiency: A daily supplement containing 10 µg of vitamin is recommended for all pregnant and breastfeeding women, people aged 65 years and over. A dose of 7-8 µg for all infants and young children aged 6 months to 5 years.

High risk of vitamin D deficiency patients may require higher doses and monitoring. They are, Institutionalised individuals, dark skinned, obese individuals, patients being evaluated for osteoporosis, patients who use certain concomitant medications, and patients with malabsorption.

Treatment: Oral vitamin D3 is the treatment of choice in vitamin D deficiency

Monitoring and Toxicity: Vitamin D below 10,000 IU/day is not usually associated with toxicity, whereas doses equal to or above 50,000 IU/day for several weeks or months associated with toxicity.

Meet Our Speakers:

Day 1, Session 3



What has sleep got to do with pain?

Dr Vinod Gadiyar Consultant in Anaesthesia and Pain Medicine, Northern Care Alliance NHS Foundation Trust, Manchester

Sleep is important for us and without sleep human beings will not be able to perform well. We need about 7-8 hours of sleep every day. Every night we have about 5 cycles of sleep and each sleep cycle is divided into Non REM (NREM) and REM sleep. NREM is in 3 stages N1, N2, N3. REM sleep is very important since it is connected with memory consolidation, emotional processing, brain development, mental concentration and for optimal physical and mental health. Basal forebrain, reticular activating system and thalamus and suprachiasmatic nucleus (SCN) are involved in sleep regulation. Melatonin is released by pineal gland acts on the SCN producing sleep. Serotonin, Noradrenaline,

dopamine, histamine, hypocretin and acetyl choline are involved in wakefulness and GABA, adenosine and melatonin are involved in sleep production.

Many drugs and pathological conditions affecting these neurotransmitters will affect sleep. Prevalence of sleep disorders in chronic pain patients is about 44%. Chronic pain can lead to sleep disturbance and depression. Treating sleep disturbance is important in chronic pain patients. Sleep hygiene and some of the pharmacological agents used for pain can help with sleep. Unfortunately majority of these can suppress REM sleep.



Hyperlipidemia

Dr Suvarana Bharamgoudar General Practitioner, Watling Vale Medical Practice, Milton Keynes

Hyperlipidaemia is abnormal high levels of fats (lipids) in the blood, which include cholesterol and triglycerides. You can inherit it or develop it from lifestyle factors, including diet and too little physical activity. The most common type of hyperlipidaemia is high cholesterol. Other forms of hyperlipidaemia include hypertriglyceridemia and mixed hyperlipidaemia, in which both cholesterol and triglyceride levels are high.

Primary hyperlipidaemia: often genetic; familial hypercholesterolaemia (FH) common, caused by LDLR gene mutations.

Secondary hyperlipidaemia: hypercholesterolaemia (hypothyroidism, pregnancy, nephrotic syndrome, drugs); hypertriglyceridemia (type 2 diabetes, CKD, obesity, alcohol, drugs).

Symptoms: usually asymptomatic; can present with acute pancreatitis if TG levels are very high.

Signs: tendon xanthomata, xanthelasma, premature corneal arcus; indicative of underlying hyperlipidaemia or FH.

Investigations: lipid profile (TC, non-HDL, LDL-C, HDL-C, TG), TC/HDL ratio for cardiovascular risk; rule out secondary causes with specific tests.

Diagnosis: based on clinical findings, lipid profile, and family history; FH diagnosed using Simon Broome or Dutch Lipid Clinical Network criteria.

Management: lifestyle modifications (diet, exercise, reduce alcohol, stop smoking); lipid-lowering drugs (statins, ezetimibe, fibrates, PCSK9 inhibitors); LDL apheresis for severe cases.

Complications: atherosclerotic complications (IHD, ACS, PVD, stroke, erectile dysfunction, mesenteric ischaemia); ADRs from lipid-lowering drugs (rhabdomyolysis).



WALANT: Wide Awake Local Anaesthesia No Tourniquet: Hand Surgery

Mr Paresh Sonsale Consultant Orthopaedic Surgeon; University of Birmingham

As the NHS is in a critical condition (Lord Darzi Report 2024), clinicians need to be innovative in order to achieve higher patient satisfaction.

Wide-awake Local Anaesthesia No Tourniquet (WALANT) is a surgical technique that relies on local anaesthetic and haemostatic agents to provide conditions suitable for hand surgery without sedation and tourniquet. Also known as WALANT, it can be performed in the operating room or in an ambulatory setting, such as the office, to treat conditions commonly affecting the upper extremity, especially the hand.

At our trust we have been using this technique to treat

common conditions like carpal tunnel syndrome, trigger finger/thumb, Dequervain's tenosynovitis, ganglion excisions and certain cases of Dupuytren's contracture.

This technique can be used in primary care to achieve maximum benefits to patients. We also recommend doing investigations like EMG/NC in Primary Care which has a huge potential to make cost savings.

To date we have used this technique for over 150 cases in UHB with very good patient outcomes. Setting up of this service and its usefulness will be discussed in the talk. How it can be done in even a Primary Care set up, with enormous potential for cost savings, will be highlighted.

Meet Our Speakers:

Day 1, Session 4



Men's Health in over 50: The PSA conundrum, LUTS and ED

Mr Arun Jain *Consultant Urologist; Northern Care Alliance NHS Foundation Trust*

On average, men live 4 years less than women in UK. Differences in health seeking behaviour is one of the factors contributing to poorer health outcomes in men. This presentation will discuss three common health problems affecting men over age of 50 with a view to improve health awareness in this group.

In UK every year approximately 50,000 men are diagnosed with prostate cancer and 12,000 die from it. PSA is widely used to detect early prostate cancer, however it has low specificity. Prostate cancer survival has tripled in the last 50 years in UK, and PSA testing is likely to be a contributor to it. Hence when used judiciously, PSA test can save or prolong life.

Benign prostate enlargement (BPE) is the commonest cause of lower urinary tract symptoms (LUTS) in men over 50. BPE affects up to 50% men by the age of 50 and almost all men

over 70 years. It is not a precursor of prostate cancer and post micturition dribble is not due to BPE. Other systemic illnesses can mimic symptoms of BPE and must be excluded. Life-style changes and medication can help to manage the BPE symptoms, and there is a plethora of minimally invasive surgical options available for treatment when these measures fail.

As per the Massachusetts Male Aging Study (MMAS) in the USA, self-reported overall prevalence of erectile dysfunction (ED) in men aged 40-70 years was 52%. 90% men with ED have at least one underlying physical cause. Life-style modification and optimisation of modifiable risk factors is important first line of management. Men presenting with ED may also need referral to a cardiologist, endocrinologist, psychosexual counsellor or mental health services. Cardiac risk stratification and NHS prescription criteria for PDE-5 Inhibitors will be summarised.



Management of Headache above 12 years in primary care

Dr Sanjiv Sinha *GP Trainer and Appraiser; Clinical Tutor; Ex-Training Programme Director*

Headache is a common condition presenting in general practice.

Headache disorders affect two-thirds of people in their lifetime; however many potential treatments exist.

Four per cent of adults have a primary care consultation for headache per year but some GPs lack confidence in the diagnosis and management of primary headache disorders and can be anxious about missing serious secondary causes. Improved recognition of the common headache disorders and better targeting of available treatments should reduce the burden of headache without requiring substantial additional resources.

Headaches are classified by the International Headache Society as primary or secondary headaches.

The majority of headache is primary (such as migraine).

Secondary headaches are precipitated by another condition or disorder, local or systemic.

Serious causes of secondary headache are uncommon.

People suffering from headache can be anxious about the possibility of a brain tumour.

Brain scan has limited diagnostic value as outside of an emergency setting, current data indicates that the risk of finding serious secondary pathology in patients with isolated headache and a normal neurological examination is similar to general population. Moreover, there is a significant potential for uncovering incidental findings in 6-15% patients, which may not necessarily require further management but can themselves increase anxiety and even potentially affect insurance coverage/premiums for that individual

NICE has developed guidelines on management of primary headache disorders in young people and adults. The guideline is intended for non-specialist use, particularly for use in primary care where most headaches can be safely diagnosed and managed.



Do you know who a Medical Examiner is??

Dr Suresh Chandran *Consultant in Acute Internal Medicine; Lead Medical Examiner and Revalidation Lead; Oldham Care Organisation*

A new statutory Medical Examiner system was rolled out from 9th Sept 2024.

All deaths in any health setting that are not investigated by a coroner will be reviewed by NHS medical examiners.

My talk will focus on:

- (a) What is the role of a Medical Examiner?
- (b) Why are they needed?
- (c) How are they appointed?
- (d) Changes to MCCD



Meet Our Speakers:

Day 2, Session 5

Sustainability initiatives in the NHS

Prof Amit Sinha *Consultant Orthopaedic Surgeon; Honorary Clinical Professor, Chester University*

Prof Romesh Gupta OBE *Chair, National Forum for Health & Wellbeing; Hon. Professor of Medicine, University of Central Lancashire*

There is no denying that sustainability matters and the evidence is robust. The NHS contributes to 4% of England's carbon footprint. Therefore, healthcare is part of the problem so we must find the solution too. How do we do that?

The National Forum for Health and Wellbeing has taken a lead in spreading the messages across at their Health Melas

to make our healthcare teams aware of the policies and guidelines.

In spite of their overburdened responsibilities, a few Trusts have taken up fantastic initiatives. I wish to tell you some good stories. Let's share these stories and work together to make sustainable healthcare a reality.



Update in Assessment in Medical Education

Prof Sanjoy Bhattacharyya *Consultant in Emergency Medicine*

Medical Education, the art and science behind medical learning and teaching, has progressed remarkably. Teaching and learning have become more scientific and rigorous; curricula are based on sound pedagogical principles.

During the last 3 decades amongst the many challenges medical schools and Trusts delivering post graduate education have faced one is introduction of new methods of assessment.

Assessment is a crucial step in the Educational process.

Assessment systems ought to be comprehensive, sound and robust to assess the knowledge, skills, competencies and attributes.

Assessment is as much for learning (formative) as it is of learning (summative)

There are hosts of Assessment methods They need to be valid, reliable and feasible

The presentation will give you an update on the different aspects of Assessment in Medical education.



Pre-operative management

Dr Mallikarjun Bharamgoudar *Consultant Anaesthetist/Intensivist, Honorary Senior Clinical Lecturer, Milton Keynes University Hospital*

All cases scheduled to have Surgical procedure under Anaesthetic and Sedation needs to be assessed and we clinicians have a duty of care to see that cases are optimised for better outcome and management. The pre-operative assessment is an opportunity to identify co-morbidities that may lead to patient complications during the anaesthetic, surgical, or post-operative period. Patients scheduled for elective procedures will generally attend a pre-operative assessment 2-4 weeks before the date of their surgery.

Shared Decision Making (SDM) should be embedded throughout perioperative pathways. beginning at the earliest point where surgery is contemplated, and involving discussion between patient, surgeon, and the broader multidisciplinary team

At the earliest possible point in the surgical pathway (e.g. at the point of referral from primary care, or at the first review in surgical clinic) patients should complete a screening self-assessment health questionnaire, to help shared decision making, risk prediction and optimisation Every patient requiring surgery and/or anaesthesia/anaesthesia-led sedation should undergo formal preoperative assessment before the day of admission.

Details of Anaesthetic History and medical conditions, Functional capacity, ASA grading, Medications, Allergies, Airway problems, Investigations, Bloods and cross match, Fasting guidelines, pain management post op care Recovery Rehabilitation and follow up.



Basics of Bladder Control and Incontinence Management

Mr Suranjan Ghosal *Consultant OBG, Urogynaecology Lead NCA (BRO Sector)*

In his 20 odd slides and over the next 20 minutes, Dr Ghoshal will try to take a look at the basic anatomy and physiology of micturition and understand the pathology of bladder control, leading to incontinence and outline principles of management.

His intended audience is non-specialists in Urogynaecology who might like to have a refresher into this very common problem, affecting a huge number of our patients, friends, families etc.



Organising Committee



Dr Suresh Chandran
Chairman,
Scientific Committee



Dr Ashish Dhawan
National Chairman,
BIDA
Co-Convenor, 15th BIDA
International Congress



Prof Amit Sinha
National President,
BIDA



Dr Vinod Gadiyar
National Treasurer,
BIDA



Dr Leena Saxena
Co-Convenor, 15th BIDA
International Congress



Prof Sanjoy Bhattacharyya
Chair,
Academic Forum,
BIDA

Meet Our Chairpersons

The following Chairpersons are either speakers or members of the Organising Committee:



Dr Leena Saxena



Prof Sanjoy Bhattacharyya



Prof Amit Sinha



Dr Ashish Dhawan



Dr Shaila Sukthankar



Dr Sanjiv Sinha

Other Chairpersons



Dr Usha Chandran

Dr Usha Chandran is a Consultant Histopathologist at Salford Royal Care Organisation, Northern Care Alliance. Dr Chandran's area of special interest is Breast Pathology.

Dr Chandran is passionate about teaching and is an Honorary Senior Lecturer at Manchester University. She is an FRCPath Examiner of the Royal College of Pathologists and has examined both nationally and internationally. She is also a CESR assessor.

Dr Chandran has a vast experience of chairing meetings such as the Lead Pathologist of the South Lancashire Breast Screening Unit meetings and other regional meetings.

Dr Shalini Gadiyar is a GP Partner who has practiced in Rochdale since 2002.

She is also a GPwSI in Gynaecology.

She has other interests including word games and crochet.



Dr Shalini Gadiyar



Dr Veena Jha

Dr Veena Jha is a GP Principal (Partner).

She is also the Clinical Director of Primary Care Network.

Dr Jha is a GP Appraiser.



Dr Sanjeev Saxena

Dr Sanjeev Saxena is a Principal GP looking after 3 Practices in Wigan and West Lancashire area.

His area of special interest is Musculoskeletal conditions and he provides various joint injections around Three Practices.





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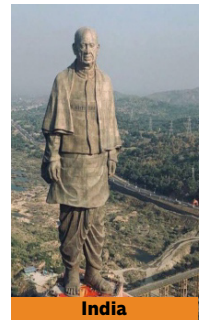
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Tanzania, November 2024