



BSS 2022 Poster Presentation Guidance

Next Steps

Allocated poster boards listed at the bottom of this document.

In order to confirm your poster presentation(s) at BSS 2022, you must **confirm** by emailing abstracts@britscoliosis.org.uk by **midday on Monday 10th October 2022** with the following:

- Your Abstract Submission Number and full title of submitted abstract
- That you accept the offer for poster presentation your abstract(s)
- That the presenting author as part of the abstract(s) are listed correctly

You will also need to **Communicate** to your presenting author of the successful submission, their need to register to attend BSS 2022 and the below guidance/requirements for poster presentations.

If we **do not** hear from you by **midday on Monday 10th October 2022** we will assume you are no longer interested in presenting at this event and your abstract(s) and poster listing **will be withdrawn**.

More information and registration for BASS 2022 can be found at <https://britscoliosis.org.uk/BSS2022/> (Early Bird rates close on **Wednesday 21st September 2022** - pre-register today to avoid higher fees!)

Poster Specification and Guidance:

- Each poster must be **A0 size** (not exceeding 841mm (33") wide x 1189mm (46.8") high).
- Each poster must be produced in **portrait** format (landscape posters may be removed).
- Each poster must easily attach to the poster board with Velcro (which you must provide).
- Lamination of posters is recommended, but this is optional.
- Each poster **must include** the title, the name of the presenter and author(s), as well as institutions. Posters not matching the accepted abstract title and/or detail may be removed.
- Font size **at least** 16pt must be used. Anything below this can make it hard to read from a distance. Please do not use a dark background (Posters deemed unreadable by organisers may be removed)
- There is no requirement for you to remain with your poster during the whole event, but you should be available during intervals and the Welcome Reception (Wednesday after the last session) in order to answer any questions from delegates.
- Posters **must be displayed for the duration of the conference** on the board number allocated to it (*see table below*). Posters not displayed at all will not have their submitted abstract published after the event, and posters not displayed for the full event may not be considered for publication.

We expect the posters to be presented on your designated numbered board located in Exhibition Area before the first break on the first day (Thursday 3rd November – before 10:45am), and be removed after the lunch break on the last day (Friday 4th November – after 1:30pm). If your poster is not taken down at the end of the meeting, it will be removed by organisers, disposed and will NOT be returned to you.

Certificates will be produced after the event for presenting authors. It is important to ensure you have the correct presenting author listed.

Prizes will be awarded on the last session at the event, and judging of the posters will take place between the times we request posters being visible.

Judging will be undertaken by selected members of the BSS Faculty, Organising Committee and society representatives.

We would ask that you reply to abstracts@britscoliosis.org.uk with confirmation of acceptance and that the presenting author will register to present at BSS 2022 by midday on Monday 10th October 2022.

We look forward to seeing you and the presenting author(s) at BSS 2022.



BSS 2022 Allocated Poster Board Numbers

(subject to change – any changes will be communicated to abstract submitters)

<u>Submission ID #</u>	<u>Title</u>	<u>Allocated Poster Board #</u>	<u>Presenting Author</u>
20	Preoperative respiratory optimisation for patients with neuromuscular scoliosis and its effect on length of intensive care and hospital admission	1	Pranav Shah
11	Pulmonary function after thoracoplasty for adolescent idiopathic scoliosis – a review and metanalysis	2	Arvind Vatkar
43	Life expectancy in paediatric patients with Duchenne muscular dystrophy (DMD) who underwent spinal deformity correction	3	AYESHA ARSHAD
16	Pin Fracture in Magnetically Controlled Growing Rods: Influence of the Year of Manufacture	4	Martina Tognini
63	Value of EOS in serial radiographic assessments for AIS during the pandemic recovery.	5	Chiara Molteni
39	A Healthcare Resource Grouping education programme is an effective means to optimise funding rebates for elective paediatric spinal surgery	6	Adam Lloyd
51	Clinical outcomes and long-term functional status in paediatric patients with Duchenne Muscular Dystrophy (DMD) who underwent spinal deformity surgery	7	AYESHA ARSHAD
69	Audit of perioperative blood transfusion in adolescent ideopathic scoliosis patients 2019 to 2021	8	Lucy Corbett
62	Surgical Site Infections (SSIs) in Growing Rod Systems for management of Early Onset Scoliosis in 53 patients undergoing 135 procedures: An 8 year prospective audit.	9	Adil Ahmad
50	Anterior Release & Posterior Spinal Fusion Vs. Posterior-Only Fusion in AIS Patients with Large Magnitude Thoracic Curves	10	Anabelle Permutt
45	A TRUE POSITIVE LOSS OF NEUROMONITORING (IOM) SIGNALS WITHOUT INTRAOPERATIVE IDENTIFIABLE CAUSE OCCURRING DURING SCOLIOSIS SURGERY	11	ATHANASIOS TSIRIKOS
80	Rocket Incision: A Modified Surgical Approach for Posterior Correction of Neuromuscular Scoliosis. A Case Series with Technical Notes.	12	Elie Najjar
46	All pedicle screw versus hybrid hook-screw instrumentation in the treatment of Adolescent Idiopathic Thoracic Scoliosis (AIS): A prospective comparative cohort study	13	TRISTAN McMILLAN
86	The Haleem-Marks-Botchu Classification: A novel CT based classification for Intracanal Rib Head Penetration	14	SHAHNAWAZ HALEEM
65	A Case Report: C½ rotatory dislocation with C1 arch defect managed with modified Harms-Goel Technique	15	Ziad Mohamed



68	Outcome of surgical treatment of scoliosis with Navigation and Neuro-monitoring description of surgical technique	16	Antony Louis Rex Michael
90	Adolescent Idiopathic Scoliosis Has High Prevalence of Negative Sagittal Balance: Anteversion of Pelvis Used to Decrease Lumbar Lordosis to Compensate for Loss of Thoracic Kyphosis	17	SHAHNAWAZ HALEEM
64	Epidemiology of scoliosis in United Arab Emirates (UAE) are they present late? – single center experience	18	Ziad Mohamed
71	Adolescent Idiopathic Scoliosis - Time to Jazz it up?	19	Christopher McKee
23	Adolescent Idiopathic Hyperkyphosis: How the change of instrument in surgery, from circular rod to rail-shaped rod, has affected outcomes – A service evaluation	20	Evan Davies
76	Bracing and Physiotherapy in the Conservative management of Adolescent Idiopathic Scoliosis during growth: A survey of current practices across the UK and Ireland	21	Louise Neale
75	Systematic Review of the Optimal Dosing Regimens for Tranexamic Acid for Preventing Blood Loss in Paediatric and Adolescent Scoliosis Surgery	22	Diane Bramley
41	Prevalence of painful and non-painful scoliosis with or without degenerative spondylosis in a consecutive cohort of oncology patients utilising SPECT/CT.	23	Atharv Patankar
42	Radiation reduction in paediatric scoliosis surgery	24	Mark McMullan
19	Impact of Covid-19 On Neuromuscular Scoliosis Monitoring	25	Pranav Shah
10	New patient information leaflets	26	Carolyn Cunningham
74	Intra-Operative Navigation in Paediatric & Young Adult Scoliosis Surgery	27	Roosbeh Shafafy
57	Gait and Movement Analysis in AIS: Approaches to novel data analysis in clinical decision making.	28	Robert Needham
67	Post-operative diabetes insipidus after spinal fusion surgery for scoliosis	29	Ziad Mohamed
21	A Qualitative Study Of The Information Relevant To The Patients And Family Regarding Spinal Surgery For Adolescent Idiopathic Scoliosis	30	Pranav Shah
88	Discontinuation of brace treatment in Adolescent Idiopathic Scoliosis (AIS) – A Scoping Review	31	Lizzie Swaby
87	The impact of blood conservation techniques on transfusion requirements for posterior scoliosis corrections: Do we need a routine cross-match for the operation?	32	SHAHNAWAZ HALEEM



15	Algorithm of managing Adolescent Idiopathic Scoliosis (AIS) with rigid large curve magnitude more than 80 degrees	33	Adham Elsayed Mousa Mousa
58	Do Physiotherapy Scoliosis Specific Exercises Have a Role in the Treatment of Paediatric Scoliosis? Results of our Pilot Service	34	Timothy Shearman
35	Cervical Spine Pedicle Screw Accuracy in Fluoroscopic, Navigated and Template Guided Systems- A Systematic Review	35	Arin Mahmoud
73	Reducing Blood Transfusion In Paediatric Scoliosis Surgery: reporting twenty years of a multidisciplinary, evidence-based, quality improvement project	36	Zacharia Silk
44	Single staged posterior all pedicle instrumented fusion correction of major curve >80° in adolescent idiopathic scoliosis (AIS) using NOVEL titanium transitional beam rod (BR)	37	Thompson Opara
33	Does short segment reduction and fusion (TLIF) of spondylolytic spondylolisthesis reduce lumbar hyper-lordosis and improve spino-pelvic alignment?	38	Thomas Robinson
34	Surgical Management of Hangman Fracture- A Systematic Review	39	Arin Mahmoud
81	Physiotherapy Scoliosis Specific Exercise Improves Pelvic Obliquity in Adults with Idiopathic Scoliosis	40	Charles Impey
40	Benefits Of Pre And Intra-Operative Halo-Gravity And Transitional Rail Differentially-Contoured Rods In Managing High-Magnitude Cobb Angle Adolescent Idiopathic Scoliosis Resulted From COVID-19 Pandemic Service Disruption.	41	Adham Mousa
25	Meta-analysis on the efficacy and safety of anterior vertebral body tethering in adolescent idiopathic scoliosis	42	Gonzalo Mariscal