

# Drew Fleming

**ROLE**

Trauma and Orthopedic  
Surgeon

**LOCATION**

London, UK

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Internal Use Only



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I am a 41 year old Trauma and Orthopedic Surgeon who specialises in total joint reconstruction. Following my residency, I moved straight into an employed role and primarily undertake total hip and knee replacements.

I enjoy the combination of intellectual challenge and physical dexterity required to carry out these procedures, and seeing the almost immediate improvement in a patient's life that follows.

I'm always looking for new ways to improve my procedures and learn from others.

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Trauma and Orthopaedic surgery is one of the largest surgical specialties and addresses the cause and correction of musculoskeletal disorders, including those of the bones, joints, tendons, ligaments and muscles.

In the UK there are over 85,000 knee replacements each year with 6% requiring revision. 96% of cases use antibiotic loaded cement. The indications for revision include 35% aseptic loosening, 23% infection, 16% pain, 14% instability, 10% wear to poly component. 77% of revisions are single stage.

The UK also performs over 80,000 hip replacements each year with 11% requiring revision surgery. Only 36% of cases use cement. The indications for revisions include; 42% aseptic loosening, 24% pain, 13% lysis, 13% dislocation, 12% infection, 12% wear of acetabular component and 11% adverse soft tissue reaction. 89% of revisions are single stage.

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The patient is my ultimate responsibility and any treatment I prescribe and execute needs to deliver a successful outcome.

I typically work 50 to 55 hours per week and spend up to 40% of my time in the theatre working on pre booked elective procedures. This allows me to control my schedule, although I do get involved in some emergency and trauma cases from time to time.

The rest of my time is spent on outpatient clinics, ward rounds, admin and occasional teaching.

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- ① To help my patients lead better lives. To give them their health and mobility back.
- ② To be seen as a leader in my field amongst my peers.
- ③ To be intellectually challenged and continually develop my knowledge.
- ④ To make money and achieve a top percentile standard of living.

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Performing a successful procedure →

Managing infection during revision surgery →

Managing dead space →

Trauma infection →

Staying informed →

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## Performing a successful procedure

My patients are placing their complete trust in me and I will always work hard to deliver a successful outcome. Each patient has different demographics, lifestyle and needs and I will tailor my procedure accordingly. Typically my patients are in their late 60's with a BMI close to 30. Only 13% of them are fit and healthy, with around 16% at the other end of the scale and incapacitated with a systemic disease.

Complications can arise such as aseptic loosening, infection and pain, which are unpleasant for the patient and impact my success rate. This is important as patient satisfaction and my success rate are increasingly being measured, published and shared with patients, hospital management and insurers.

## How I overcome it today

I'm rigorous in my planning and preparation and take every precaution to match my procedure to the patients' health and minimise the possibility of a surgical site infection (SSI). This includes a regimen of systemic perioperative antibiotics and for B and C host (P1 & P2) patients I've started to experiment with local delivery as a prophylaxis.

## How can Biocomposites help?

Stimulan is the perfect partner for your infection management strategy as it has been designed specifically to be used in the presence of infection and dead space in bone and soft tissue. Its unique crystal structure provides a truly absorbable, totally synthetic calcium sulfate that - if mixed with antibiotics - safely releases them, locally at supra MIC levels to protect the device from colonisation by bacteria.

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## Managing infection during revision surgery

For the 12% of patients that require revision surgery this is a devastating complication. The most common indication is aseptic loosening quickly followed by periprosthetic joint infection (PJI) - particularly in knees. The extent of the PJI is related to many factors including the health of the host patient, the condition of the local soft tissues and the length of time the infection has been present within the joint. The infection requires high levels of antimicrobials which are difficult to achieve systemically and moves from acute to chronic once a biofilm is present. The biofilm prevents the eradication of bacteria and requires radical debridement of bone and soft tissue. If unsuccessful a patient can ultimately end up losing a limb.

## How I overcome it today

Increasingly I consult with my infection / microbiologist colleagues to accurately identify the precise bacteria and prescribe the most effective course of antimicrobials.

For a periprosthetic joint infection current practice includes;

- Wash out infection and insert antibiotic loaded bone cement, PMMA beads or antibiotic impregnated collagen sponges.
- 2 stage revision with antibiotic spacer.
- DAIR (Debridement Antibiotic and Implant Retention).
- Transfer case to a specialist centre.

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## Managing dead space

Depending on the condition of the patient, particularly after multiple revisions and / or chronic infection, aggressive irrigation and debridement can be necessary. In these situations it is important that I leave no remaining dead space so as to retain the integrity of the skeletal part and stop a haematoma developing, becoming a nidus for infection and forming a biofilm.

## How I overcome it today

Dead space can occur in bone and soft tissue. In bone there are a myriad of bone graft options; autograft, allograft, xenograft and synthetic. In soft tissue the options include:

- Local tissue flaps (skin and muscle).
- Distant flaps.
- Cancellous bone graft.
- PMMA beads (requires a 2nd stage to remove them after 3 – 4 weeks).
- Calcium sulfate.

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## Trauma infection

In my trauma cases there is a risk that the fractured bone will become infected (osteomyelitis) through being exposed to bacteria from an open wound or surgical site. This infection also increases the chances of a non union, particularly in the ankle, shin and hip where there is poorer blood flow.

## How I overcome it today

I tailor my treatment to the type of injury and health of my patient, but in most cases I will stabilize the bone and soft tissues with an internal or external fixation to help healing. For treatment of the infection I will consider;

- Debridement and IV antibiotics.
- PMMA coated intramedullary rod.
- Debridement and locally delivered antibiotics; beads, gels, ointments and patches.
- 2 stage process with antibiotic spacer.

## How can Biocomposites help?

Stimulan is a pharmaceutical grade calcium sulfate with a unique crystal structure. Manufactured through a patented recrystallisation process, its properties and purity allow you to easily mix liquid, powder and heat sensitive antibiotics, without impacting their molecular structure and clinical performance. It delivers a predictable elution profile over extended periods of time and completely absorbs at an optimal rate - to avoid becoming a nidus for infection. Together with a low incidence of drainage it will revitalise your infection management strategy.

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## Staying informed

I am always on the lookout for new information, insights and evidence from my colleagues that will enhance my knowledge and help improve the way I treat my patients. As my experience and knowledge grows I am more motivated to share my insights in return.

## How I overcome it today

I'm an avid reader and subscribe to several specialist orthopedic journals. I regularly attend meetings and events and never miss an opportunity to share knowledge with professional colleagues.

For specific cases and procedures my rep is a valuable resource who is readily available when I need him/her. And of course, I'm always googling when I need a specific piece of information or want to find out about a medical device.

## How can Biocomposites help?

- Meet with surgeons regularly and attend events/meetings.

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- 1 Clinical data supporting your claims.
- 2 Innovations that will improve my patient outcome and satisfaction.
- 3 The distributor rep.

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- 1 Attending conferences; AAOS, MSIS, EBJIS, CORS, BOA.
- 2 Peer to peer conversations.
- 3 Reading journals; JBJS (Am & Br), JOR, specialist journals.
- 4 Distributor reps.
- 5 Corporate sponsored training and accreditation programs.

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- ① What is Stimulan indicated for?
- ② Who is using Stimulan and in which hospitals?
- ③ Can I mix Stimulan with antibiotics?
- ④ Can I mix 'X' antibiotic with Stimulan?
- ⑤ Is there any evidence of systemic toxicity?
- ⑥ Does Stimulan damage articulating surfaces?
- ⑦ Can wound drainage occur with Stimulan?

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