

2019 10th Annual Parekh Indo-US Foot and Ankle Course

Call for ePoster Abstracts

Submission Deadline November 1, 2018

The Parekh Indo-US Foot and Ankle Course Program Committee would like to obtain disclosure of any potential conflicts of interest from faculty/presenters at the 2019 Annual Meeting. This disclosure information will be required to be part of the ePoster.

INFORMATION ABOUT THE FORMATS

Poster Presentation - In 2019, Poster presentations will be shown for the entire meeting (3 days). e-Posters offer many opportunities – for the viewer as well as the author. e-Posters presentations are limited to no more than 12 PowerPoint® slide, provide ongoing viewing, allow for an opportunity for in-depth information exchange, and serve as an excellent medium for unusual or multiple clinical case presentations.

ABSTRACT GRADING PROCESS

1. Abstracts will be read in a "blind" fashion. Your text should not reveal the authors, institutions of origin, company name or product. Abstracts not blind will be disqualified.
2. Graders are orthopaedic surgeons practicing in the specific area and are members of the Program Committee. Each abstract is reviewed and graded by two to three graders and the final grade is then averaged.
3. Grade is influenced by: significance of the study, content and clarity, specific number of cases or specimen studies, clinical or research data to support its conclusions, minimum follow-up of one year per patient for results describing reconstructive procedures, and new or modified techniques as they relate to diagnosis, surgery, complications or other phases of orthopaedic surgical problems.

POLICIES GOVERNING ACCEPTED APPLICATIONS

1. Applications must be submitted by November 1, 2018 to be eligible for review by the committee.
2. An abstract is not eligible for consideration if it has been published prior to submission date of November 1, 2018.
3. Submission of a corrected abstract is not allowed after November 1, 2018. However, you will have up to a month to make revisions after notification of acceptance.
4. If your abstract is accepted, additional authors cannot be added or removed after acceptance.
5. Notification of acceptance or rejection and all future correspondence will be emailed to the presenter by the beginning of December, 2018.
6. The Committee reserves the right to withdraw a presentation at any time.

INSTRUCTIONS TO COMPLETE ABSTRACT APPLICATION

1. Title:

Make the title brief, the limit is 100 characters. Please use upper and lower case letters in your title and make sure the title clearly indicates the nature of the study/procedure. Do not use all upper case.

2. Abstract:

- Length: Do not exceed 1000 words for the abstract.

- Language: Use English only.

3. Content:

The abstract must include four parts:

- Introduction should clearly state the problem and the purpose of the study;

- Methods should provide a description of what was actually done;

- Results should contain the findings of the study;

- Discussion and conclusion should be based upon the findings and relate to the stated purpose of the study and existing knowledge. Provide specific details about your research/study.

A 1-year minimum follow-up per patient is required for all results of reconstructive procedures.

4. Add 1 to 5 key words.

5. List all authors. Additional authors may not be added after acceptance.

TIPS for Submission

Do's: Check spelling, Include data and statistics, truthfully describe study design, Define acronyms, clearly state study purpose

Don'ts: Identify authors institution, Use brand or product names, Include extraneous statements, Include incomplete data, Misrepresent the truth

Example of a high quality abstract:

Title: Nasal Decolonization Reduces Surgical Site Infections (SSIs) in Total Hip Arthroplasty (THA)

Introduction: Preoperative nasal decolonization with mupirocin resulted in a significant decrease in SSI rate in patients undergoing THA compared to a control group in this prospective randomized controlled trial.

Methods: We randomized 1000 consecutive patients undergoing THA at one institution into two groups: Group I 502 and Group II. Group I, 500 patients, received a 5 day course of nasal mupirocin preoperatively and Group II, 500 patients, did not receive the nasal mupirocin. We calculated the SSI rate for each group at one year post surgery and for each SSI the organism was recorded. The reviewers were blinded as to treatment group.

Results: The demographics and comorbid conditions known to increase risk of infection were similar between the groups. There one year SSI rates were 0.80 % (4/500) and 1.4 % (7/500) for groups I and II respectively. ($p=0.001$). Group I organisms were sensitive staph aureus (MSSA) 1, methicillin resistive staph aureus (MRSA) 1 and 2 other. Group II organisms were MSSA 2, MRSA 1 and other 4. The MSSA and MRSA rates between the groups were not significant. ($p=0.5$) No patients were lost to follow up.

Conclusion: Nasal decolonization with mupirocin significantly reduced the SSI rate in this prospective randomized controlled trial.

Applications must be submitted by November 1, 2018 to be eligible for review by the committee.

Email all abstracts for consideration to fmer001@gmail.com