

Nigel Brewster Medico-legal CV

EMPLOYMENT: Consultant Orthopaedic and Trauma Surgeon
Newcastle Upon Tyne

QUALIFICATIONS: MBChB Edinburgh 1986
FRCS Edinburgh 1992
FRCS (Orth) 1996

Training

I completed basic surgical training in Edinburgh, before being appointed as a Career Registrar in Orthopaedics on the Aberdeen rotation in 1992. I returned to Edinburgh as a Senior Registrar in 1994, I spent a year in Adelaide South Australia doing an arthroplasty fellowship before completing my Orthopaedic training in Edinburgh in 1998. I was appointed as a Senior Lecturer and Honorary Consultant Orthopaedic Surgeon in Edinburgh in 1998 and later in the same year moved to Newcastle Upon Tyne as a Consultant Orthopaedic Surgeon. In 2016 I moved to an Orthopaedic Consultant post in Teeside.

Clinical Experience

I have worked in trauma and lower limb arthroplasty, I was Head of Service for trauma from 2000 to 2004. I work as a lower limb arthroplasty surgeon with interests in both hip and knee revision surgery. I was Head of Service for elective orthopaedics from 2010 to 2015 and was Clinical Director for musculo-skeletal services in Newcastle from 2012 to 2015.

I have extensive experience in hip and knee arthroplasty including complex reconstructions and revision surgery for fracture, loosening and infection. The National Joint Registry shows a below average revision rate for a high volume surgeon and our local registry shows a very high patient satisfaction rate and functional outcome for both hip and knee replacement patients.

I have examined in MRCS for the Edinburgh Royal College of Surgeons in the UK and abroad from 2009 until 2014. I am a reviewer for papers submitted to Bone and Joint Journal and ACTA Orthopaedica. I was the North East Regional Clinical Coordinator for the National Joint Registry from 2010 until 2015. I represented the North East on NHS England's Clinical Referencing Group for Specialist Orthopaedics from 2013 until 2016

Medico-legal Experience

I have extensive experience in personal injury and medical negligence reports. I have compiled approximately 300 reports per annum since 1999. I have experience of compiling joint reports, conferences with barristers and court appearances.

Since the Woolf reforms most of my personal injury reports are now joint instructions.

I have also compiled medical negligence reports in hip and knee replacement cases, including extensive experience in metal on metal hip prostheses reports. I have compiled 120 clinical negligence reports since 2013.

I have attended training courses with Irwin Mitchell solicitors, clinical negligence courses with Premex and have a Bond Solon Certificate in medico-legal reporting. I completed MedCo training.

Research

I have been actively involved in clinical research throughout my career

I have been Chief Investigator in a randomised controlled trial of Accolade uncemented hip implants which highlighted the risk of adverse reaction to metal debris with that implant

We have just completed a cohort trial of Exeter hip replacements including DXA scans survivorship and subsidence in different age categories

My most cited research is on the mechanical properties of impaction bone grafting

I have published 5 year results using an innovative technique of acetabular revision restoring bone loss with TMT combined with impaction bone grafting, 10 year results were presented at American Academy of Orthopedic Surgeons 2017

I am currently correlating the patient reported outcomes in knee replacement with metal sensitivity

My publications have been cited over 500 times by other authors

Publications

An uncommon cause of hiccups. Hospital Update 1991; 17: 265-7

Passive tube and suction drainage after cholecystectomy - a comparison using ultrasound. J Royal Coll Surg Edin 1992; 37: 325-7

Sedation induced hypoxemia in lower gastrointestinal endoscopy. Endoscopy. 1993; 25: 307-8

That sinking feeling. BMJ 1992; 305: 1579-80

- republished in Le Journal Internationale de Medecine 1993

CRP as a measure of surgical trauma. J Royal Coll Surg Edin. 1994; 39: 86-88

Double contrast barium enema and flexible sigmoidoscopy for routine colonic investigation. BJS 1994; 81: 445-7

Radiation scatter during fluoroscopy of extremity fractures. J Royal Coll Surg Edin. 1994; 39: 261-7

Excision of germinal matrix - a modification. J Royal Coll Surg Edin. 1995; 40: 59

Quasi-synchronous patellar tendon rupture. Bull Hosp Jt Dis 1995; 54: 46-7

Extraction of broken intramedullary nails- an improvement in technique. Injury 1995; 26: 286

Ipsi-lateral fractures of the proximal ulna and distal radius. Bull Hosp Jt Dis 1997; 56: 117-9

Reimplantation of the totally extruded talus. J Orth Trauma 1997; 11: 42-5

A experimental analysis of differing cement anchoring holes in the acetabulum. J Royal Coll Surg Edin 1997; 42: 115-6

The pathogenesis of bone loss following total knee arthroplasty. Orthopaedic Clinics of North America. 1998; 29: 187-97

Joint replacement for arthritis. Aust Fam Pract 1998; 27: 21-7

Mechanical considerations in impaction bone grafting. J Bone Joint Surg 1999; 81: 118-24

Techniques to improve the shear strength of impaction bone graft. J Bone Joint Surg 2003; 85: 639-46

Retrieval study of tibial baseplate fracture after total knee arthroplasty. J Arthroplasty 2005; 20: 101-7

Recovery from postoperative anaemia. Transfusion Medicine 2005; 15: 413-8

Hand washing rituals in trauma theatre. Ann R Coll Surg Engl. 2006; 88: 13-15

What do patients think about minimally invasive total hip arthroplasty? Ann R Coll Surg Engl. 2007 Oct;89(7):685-8

Quantifying the association between computerised measures of attention and confusion assessment method defined delirium: a prospective study of older orthopaedic surgical patients, free of dementia. Int J Geriatric Psychiatry 2008; 23:1253-60

Operating Theatre Management. Health Service Journal 2009

Subtle deficits of attention after surgery: quantifying indicators of sub-syndrome delirium. Int J Geriatric Psychiatry 2010; 25; 945-52

The use of porous trabecular metal augments with impaction bone grafting in managing acetabular bone loss. ACTA Orthopaedica 2012; 83: 347-52

The design of the acetabular component and size of the femoral head influence the risk of revision following 34 721 single-brand cemented hip replacements: a retrospective cohort study of medium-term data from a National Joint Registry. J Bone Joint Surg Br. 2012; 94: 1611-7

Functional outcome following aseptic single stage revision knee arthroplasty. Knee Surg Sports Traumatol Arth 2012; 20: 1994-2001

Fibrosis is a common outcome following total knee arthroplasty. Scientific Reports Nature 2015; 5: 16469

A potential mode of action for anakinra in patients with arthrofibrosis. Scientific Reports Nature 2015; 5: 16466

Progressive radiolucent lines following the implantation of the cemented rimfit acetabular component in total hip arthroplasty using the rimcutter technique. Bone and Joint Journal 2016; 98B: 313-9