



# Major Trauma in Older People 2026

**19 May**

IET Auston Court, Birmingham & Online  
(Hybrid meeting)

## Five top tips for getting the most out of your meeting:

### 1. Record your attendance

**In person:** Attendance should be recorded by scanning in at the registration desk using the QR code on your joining email or providing your name. Each day you attend you will need to scan in.

**Online:** You will receive a CPD certificate for the days you have watch online. **Viewing the content post-event will be certified, and certificates are issued 3 days after your last viewing.**

### 2. Give feedback

Please take the time to fill out the feedback form after each day. It is mandatory for us to generate and issue a CPD certificate but also helps us improve our conference and provides invaluable information to our speakers about their presentation.

### 3. Visit our sponsors

Please review the symposia in this programme and consider watching. Challenge yourself to spend 5 minutes during the conference to speak to a sponsor.

### 4. Join the discussion

All delegates are encouraged to ask questions for the speakers and panel discussions. If you are thinking it, someone else is too, so please use the 'Ask' function on the online platform or the microphone in the room. Tag us at on **Facebook @1947** and **LinkedIn @British Geriatrics Society**

### 5. Get social

Chat with attendees, join a socialising event or interact in a group discussion.

#### With grateful thanks to our sponsors

**Octapharma**

Our sponsors have provided a sponsorship grant towards this independent programme. They have had no editorial input into or control over the agenda, content development or choice of speakers, nor opportunity to influence.

They have not had any input or influence as to the content of the programme.

The 2026 Major Trauma in Older People conference invites you to submit your research for presentation as platforms or poster presentations. This unmissable event expects to attract a broad multidisciplinary audience of participants providing a fantastic platform to showcase your work in a rapidly-evolving field.

The programme will address key issues in such as Chronic subdural haematoma, spinal trauma, and the future of major trauma in older people.

## 1. Prepare your submission

Abstracts will be accepted as platforms, for oral presentation, or posters for presentation on the BGS website and during breaks in the sessions during the day,

The submission must be made online

## 2. Submit online

The submitter should ideally be the lead author and presenter of the work.

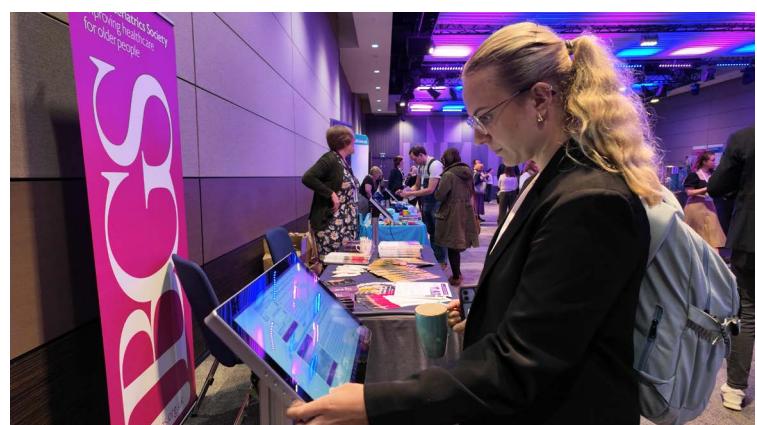
Submit by the deadline which closes 5pm GMT 16 February. Visit <https://www.bgs.org.uk/abstracts> to submit

The word count for abstracts is 370 words and abstracts need to be laid out under specific headings. These headings differ, depending on whether your study is categorised as scientific research or clinical quality

[Please also do review our language guide here.](#)

## 3. Results will be communicated in early March 2026

All accepted abstract presenters will need to register and pay the fees for the conference to present.



[Click here for more information or to submit](#)

# PROGRAMME

## overview and information

Programme	
8.30	<b>Registration and poster viewing</b> Meet the authors of the presented posters and ask them about their work
9.15	<b>Welcome</b>
9.30 - 11.00	<b>Head Trauma</b> Chronic subdural haematoma (cSDH)
11.00	<b>Free time</b>
11.30 - 13.00	<b>Trauma</b> Coagulation, regional anaesthesia and exercise
13.00	<b>Lunch and posters</b> Join colleagues over lunch to catch up Look out for the signs indicating where to meetup
13.30	<b>Sponsored symposium</b>
14.00 - 15.30	<b>The Future of Major Trauma in Older People and Spinal Trauma</b> Spinal fractures and peg fractures
15.30	<b>Free time</b>
15.45 - 16.45	<b>Escalation, prognostication, and palliative care in older trauma patients</b> ITU, major brain injury and end of life

## Registration and Poster viewing

08.30	Registration and poster viewing
08.30	Poster viewing - Presenters of posters will be available to discuss their work

## Head Trauma

### Chronic subdural haematoma (cSDH)

Moderators: David Shipway and Clare Hughes

9.30 - 11.00	09.30 <b>Surgical management of acute and chronic SDH</b> Speaker tbc
	10.00 <b>Middle meningeal artery embolisation for cSDH - which patients should I pick?</b> Dr Frances Rickard, Consultant Geriatrician, Southmead Hospital, North Bristol NHS Trust
	10.30 <b>Future directions in cSDH- will the neurosurgeons really be out of a job?</b> Anthony Cox, Consultant Interventional Radiology, North Bristol NHS Trust
11.00	<b>Poster viewing time and coffee break</b> Visit the sponsored stands and view our submitted posters:

## Trauma

### Coagulation, regional anaesthesia and exercise

Moderators: Dhanupriya Sivapathasuntharam and Mark Baxter

11.30 - 13.00	11.30 <b>Coagulation in Trauma patients</b> Mr Paul Vulliamy, Clinical Senior Lecturer and Wellcome Trust Early Career Fellow and Honorary Consultant Surgeon Barts Health and Queen Mary University of London
	12.00 <b>Regional anaesthesia for rib fractures- what should we block and when?</b> Dr Ruth Greer, Anaesthetist, Southmead Hospital Bristol
	12.30 <b>Chest physio in thoracic trauma- evidence for breathing exercises?</b> Professor Ceri Battle, Consultant Respiratory Physiotherapist, Swansea Bay University Health Board

## **The Future of Major Trauma in Older People and Spinal Trauma**

### Spinal fractures and peg fractures

#### KEYNOTE

##### **14.00 The future of Major Trauma in Older People**

Consultant in Emergency Medicine & Pre-Hospital Care, Barts Health NHS Trust. Clinical Director for Trauma, Royal London Hospital, Medical Director - London's Air Ambulance Joint Clinical Director - London Major Trauma System (NHS London) National Specialty Advisor for Major Trauma and Burns (NHSE)

14.00 -  
15.30

##### **14.45 What makes a spinal fracture unstable and when do I need spinal restrictions?**

Mr Andraay Leung, Consultant Spinal Surgeon, Honorary Associate Clinical Professor, University of Birmingham, Deputy Lead, West Midlands Regional Spinal Network

##### **15.10 Spine and Sensibility: Managing Odontoid Fractures in the Older Patient**

Mr Elie Najjar, Consultant spine surgeon, Nottingham University Hospitals NHS Trust

15.30

**Poster viewing time and coffee break**

## **Escalation, prognostication, and palliative care in older trauma patients**

ITU, major brain injury and end of life

##### **15.45 ITU in older trauma patients – what can we offer and who will benefit?**

##### **16.05 Prognostication in traumatic brain injury**

Dr Harri Sivasathian, Consultant Neurologist, Rapid Access Acute Rehabilitation (RAAR) Unit Royal London Hospital

##### **16.25 Palliative Care in Trauma**

Professor Elaine Cole, Director of Research and Innovation, Queen Mary University of London/London Trauma System

17.15

##### **Meeting Close**

Closing Remarks

# About the speakers

# Information

## Professor Ceri Battle

Consultant Respiratory Physiotherapist  
Swansea Bay University Health Board

- Chest physio in thoracic trauma - Evidence for breathing exercises?

Ceri is a Consultant Respiratory Physiotherapist in Morriston Hospital and an Honorary Professor in Trauma and Emergency Care at Swansea University Medical School. She is the Research Lead for the South Wales Trauma Network and the Associate Director (Clinical) of Swansea Trials Unit at Swansea University. Her main research interest is the management of chest trauma.

Chest physio is included on most care pathways in the UK for patients with thoracic trauma, however the evidence supporting this is variable. This presentation will consider current evidence for breathing exercises and other related interventions for this patient cohort.

- Middle meningeal artery embolisation for cSDH - which patients should I pick?

**Dr Frances Rickard**  
Consultant Geriatrician  
Southmead Hospital

Dr Frances Rickard is a Consultant Geriatrician at Southmead Hospital in Bristol, specialising in Geriatric Trauma and Perioperative Care.

Her special interest within Geriatric Trauma is management of cSDH. She has been part of UK and European working groups looking at the role of MMA embolisation in the management of cSDH, and has worked collaboratively with Bristol Neurosurgeons and INRs to develop a regional service for cSDH advice and management across Severn Major Trauma Network. She is also interested in the management of odontoid peg fractures in older people, and is in the early stages of producing a UK and Ireland multi-professional

This talk will give an introduction to cSDH as well as explore MMAE for cSDH. It will cover the procedure and evidence base for treatment and look at patient selection criteria for MMAE.

- Spine and Sensibility: Managing Odontoid Fractures in the Older Patient

## Mr Elie Najjar

Consultant spine surgeon, Nottingham University Hospitals NHS Trust

Mr Elie Najjar, MD, FRCS, is a fellowship-trained spinal surgeon with a specialist focus on trauma and age-related spinal conditions. His practice centres on delivering safe, thoughtful, and evidence-driven care for older adults with fractures, instability, and complex degenerative disease. He leads a multinational research collaborative working on spinal trauma outcomes, machine-learning prognostic tools, and frailty-informed surgical pathways, with publications across leading spine journals. Known for his calm, analytical style, he aims to translate advanced research into pragmatic, patient-centred decisions for a growing elderly population.

Alongside his surgical and research practice, Mr Najjar is also a published medical writer, exploring the human and clinical dimensions of contemporary spine care.

Odontoid fractures are now one of the most common cervical spine injuries in older adults, yet their management remains one of the most debated areas in spinal trauma. Low-energy falls, frailty, and poor bone quality create a pattern of injury in which traditional goals—such as radiological union—do not reliably predict functional recovery. Recent prospective evidence challenges long-held assumptions, showing that outcomes may depend more on physiology, tolerance of immobilisation, and pre-injury independence than on achieving bony fusion. This session will review contemporary data on conservative versus surgical pathways, the clinical relevance of pseudoarthrosis, and emerging tools such as Hounsfield Unit-based bone assessment to guide personalised decision-making. The aim is to move beyond a binary “fix or collar” paradigm and toward a model that prioritises mobility, safety, and quality of life in an ageing population.

# Upcoming BGS events

See more at  
[bgs.org.uk/events](https://bgs.org.uk/events)



## BritMODIS Movement Disorders in Older People

27 March 2026

Wellcome Collection,  
London & Online

HYBRID - ATTEND IN PERSON OR ONLINE

[www.bgs.org.uk/26MD](https://www.bgs.org.uk/26MD)

With thanks to our sponsors

Merz Pharma, Everpharma, GE Healthcare, Parkinsons' UK, Zambon UK Ltd



## Dementia, Delirium and Brain Health

20 May 2026

IET Austin Court,  
Birmingham & Online

HYBRID - ATTEND IN PERSON OR ONLINE

[www.bgs.org.uk/26DDB](https://www.bgs.org.uk/26DDB)

With thanks to our sponsors

Nutrinovo and NIHR