

# *Curriculum Vitae*

Dr Ravi Ayer BM BSc MRCS FRCR

## PERSONAL DETAILS

---

Name:	Ravi Vijay Ayer
Date of birth:	2 <sup>nd</sup> August 1977
	Address: Department of Radiology Poole Hospital NHS Foundation Trust Longfleet Road Poole Dorset BH15 2JB
Telephone (mobile):	07919366411
Email:	raviayer@gmail.com
Website:	www.msgrad.co.uk
Nationality:	British
GMC Number	6027436 (Full registration)

## EDUCATION AND QUALIFICATIONS

2009	<b>Fellowship of the Royal College Of Radiologists</b>
2005	<b>Membership of the Royal College of Surgeons (London)</b>
2001	<b>BM Medicine (Soton)</b>
2000	<b>BSc (Hons) Biomedical Science (First Class) University of Southampton</b>

## AWARDS AND PRIZES

---

- Sept 1999                      **Medical Research Council Scholarship**  
*(Awarded to fund the intercalated BSc project)*
- June 1996                      **Professor David Bulmer Memorial Prize in Anatomy**  
*(Awarded to the student with the best overall performance in anatomy)*

## CURRENT EMPLOYMENT

- February 2012 to present                      **Consultant Musculoskeletal Radiologist**  
Poole Hospital NHS Trust
- Also consults at*  
BMI Healthcare, Harbour Hospital, Poole  
Nuffield Health, Bournemouth

## EMPLOYMENT

---

- August 2011 to February 2012                      **Musculoskeletal Radiology Fellow**  
North Bristol NHS Trust
- August 2006 to August 2011                      **SpR Radiology**  
Severn and Wessex Deanery
- August 2005 to February 2006                      **SHO Neurosurgery**  
Southampton General Hospital
- February 2005 to August 2005                      **SHO Otolaryngology**  
Southampton General Hospital
- August 2004 to February 2005                      **SHO Surgical Critical Care**  
Southampton General Hospital
- February 2004 to August 2004                      **SHO General Surgery**

Southampton General Hospital

**August 2003 to February 2004**

**SHO Trauma and Orthopaedics**  
Southampton General Hospital

**February 2003 to August 2003**

**SHO Accident and Emergency**  
Southampton General Hospital

**August 2002 to February 2003**

**SHO Haematology**  
Royal Bournemouth Hospital

## MUSCULOSKELETAL RADIOLOGY SKILL SET

### Musculoskeletal plain film, CT, MRI and ultrasound, MR Arthrography

#### Fluoroscopic intervention

##### *Joint injection*

*Various including hip, shoulder, small joints of hand and foot*

##### *Spinal intervention*

*Lumbar and sacral nerve root blocks*

*Discography/ Disc biopsy*

*Cervical nerve root block (CT guided)*

*Facet joint injection*

*Pars blocks*

*Lumbar puncture*

#### US guided intervention

##### *Joint injection*

*Various including shoulder, hip, ankle, small joints - hand and foot etc*

##### *Tendon therapy*

*Calcific tendonitis barbotage e.g supraspinatus barbotage*

*Dry needling e.g. tennis elbow, hamstring origin tendinopathy*

*Autologous blood therapy e.g. patella tendinosis*

*Tenosynovitis – tendon sheath steroid injection*

##### *Bursal injection*

*Subacromial bursa*

*Trochanteric bursa*

*Foreign body extraction - Splinters, glass, metal etc..*

#### CT Guided intervention

*Bone biopsy*

*Drainage and biopsy*

## PUBLICATIONS

---

### Books

J. Jacoby, R Ayer. Eds . Hodder Publishing 2009

#### ***Frameworks for Radiology Reporting,***

This book introduces a system for reporting on any commonly encountered radiological image so that the reader learns the key points they should be looking for, and the main pitfalls they may encounter as they interpret the image and make a diagnosis. Opening with a chapter on the fundamentals of radiology reporting, the remainder of the book is divided up by body system, each of which covers the commonly encountered radiological examinations, starting with the basics and moving on to more complex ones. There is also a chapter on paediatrics, highlighting the main differences between paediatric and adult radiology, and the major pitfalls to look out for. I was responsible for co-authoring the book with contributions from specialist consultants.

### Articles

A.Aarvold, A. Pope, V.K. Sakthivel & R.V. Ayer

#### ***MRI performed on dedicated knee coils is inaccurate for the measurement of tibial tubercle trochlear groove distance.***

Skeletal Radiology 2014 Mar;43(3):345-9

H. Sharma, R.V. Ayer, G.R. Taylor.

#### ***A short series of four uncommon cases on complex paediatric elbow trauma.***

BMC Musculoskeletal Disorders Journal 2005, 6:13

## RESEARCH

---

#### ***Tumour antigens recognised by antiCD40 antibody mediated therapy of lymphoma.***

BSc Biomedical Sciences. (Professor M Glennie) This involved molecular biological techniques including cell transfection and protein expression, FACS and cell culture.

A.Aarvold, A. Pope, V.K. Sakthivel & R.V. Ayer

#### ***MRI performed on dedicated knee coils is inaccurate for the measurement of tibial tubercle trochlear groove distance.***

## PRESENTATIONS

---

### *NATIONAL PRESENTATIONS*

1. H Sharma, R Ayer, GR Taylor.

*A short series of four uncommon cases on complex paediatric elbow trauma.*

British Trauma Society Annual Congress 1-3 October 2003, London.

2. A Myers, R Ayer, NE Beck.

*The relative value of small bowel contrast studies in the management of anaemia and gastrointestinal bleeding.*

The Association of Coloproctologists of Great Britain and Ireland. July 2006)

3. A Myers, R Ayer, NE Beck.

*Time to abandon the small bowel contrast study?*

The Association of Coloproctologists of Great Britain and Ireland. July 2007)

4. R Ayer, TW Jones, SP Harden

*Audit of complications using Dobutamine and Adenosine in cardiac stress MR.*

UK Radiological Congress 2008. Birmingham. June 2008.

5. *The potential for mis-interpretation of tibial-tubercle-trochlear-groove distance from modern MRI scans*

BSCOS, Aberdeen, 13/3/14

6. *MRI performed on dedicated knee coils is inaccurate for the measurement of tibial tubercle trochlear groove distance*

BOA, Birmingham, 2/10/13. Invited submission, Arthritis Research UK poster prize

### *REGIONAL PRESENTATIONS*

1. R Ayer

*Arterial disease in young patients and arteritis induced by Cannabis*

Presentation at the Wessex Annual Vascular Surgery and Interventional Radiology Conference at Salisbury District Hospital. June 2002

2. *Time to abandon the small bowel contrast study?*

Wessex Gut Club. Rose Bowl. Southampton. November 2006

3. *A Darwinian view of turf wars in radiology*

Wessex BIR meeting. Spring 2009

4. *3T Musculoskeletal MRI*

MRI and beyond. Wessex BIR meeting. Summer 2013

5. *Imaging of soft tissue masses in the hand*

Wessex Hand Club. March 2014.

## **DEPARTMENTAL PRESENTATIONS**

1. R Ayer, D Bulters

***The role of early decompressive craniectomy in the management of acute middle cerebral artery infarcts.***

The proposal to include the Wessex Neurological centre in an international trial aimed at investigating this intervention. The Joint Neurology and Neurosurgery Academic teaching programme. September 2005.

## **POSTER PRESENTATIONS**

1. McParland P, Ayer R, Brown I, Harden S, Peebles C.

***Pictorial review of endobronchial lesions.***

Euro Rad 2008;18(1):p379

2. TW Jones, R Ayer

***A review of electrophysiological devices and plain film appearances***

UK Radiological Congress 2008. p301.

3. RD Proctor, R Ayer, TJC Bryant, A Bateman, CN Hacking and B Stedman

***Autoimmune pancreatitis: An illustrated guide to diagnosis***

Radiological Society of North America. 2008

4. R. Ayer, Nagadi AN

***Posterior reversible encephalopathy syndrome. Clinical and Imaging features.***

UK Radiological Congress 2009.

5. S V Faulkes, R Ayer, L Foulkes, J Millar.

***Audit of outcomes after endovascular coiling of ruptured intracranial aneurysms:***

***How are we doing?*** RCR annual clinical audit poster presentation 2009. Commended

5. AN Nagadi, R Ayer

***Diffusion weighted imaging of the brain: Clinical applications and a review of imaging findings.*** Radiological Society of North America 2009.

## AUDIT

---

### **1. *Consequences of delayed cholecystectomy on patient morbidity and interim hospital admissions. Royal Bournemouth Hospital Dept. of Surgery 2005***

This audit identified that 9% of patients waiting more than the accepted standard of six weeks for a cholecystectomy would be readmitted to hospital in the interim period with a complication of biliary disease. The effect on patient morbidity (as well as the economic effect) was deemed unacceptable and this resulted in a change in practice.

### **2. *R Ayer, S V Faulkes, L Foulkes, J Millar.***

***Audit of outcomes after endovascular coiling of ruptured intracranial aneurysms: How are we doing? RCR Annual clinical audit poster presentation 2009.***

***Commended***

In this audit we evaluated our management of ruptured intracranial aneurysms and found that 80% of patients were functionally independent 2 months post endovascular coiling versus an accepted 73% standard set by the International Small Aneurysms Trial (ISAT2002).

### **3. *Audit assessing referrals for MRI in the investigation of non traumatic knee pain in patients over 55 with degenerative disease on plain film.***

Background: Large numbers of MRI knee for patients over 55 with non traumatic knee pain was felt to be an insensitive test and an inappropriate use of scarce resources (based on ACR appropriateness criteria).

Outcome: After issuing a departmental directive, a modest reduction in referrals was demonstrated

## SUPPORTING PROFESSIONAL / MANAGEMENT ACTIVITY

---

### **Wessex Registrar Teaching**

Musculoskeletal Radiology, FRCR 2B viva teaching

### **Shoulders/Knee Task and Finish Group**

Established a multidisciplinary team to restructure the access and judicious use of imaging resources for investigation of shoulder and knee pathology.

CV Ravi Ayer

### **MRI Lead radiologist Poole Hospital NHS Trust**

Overseeing protocol and sequence development for the Philips 3T scanner

Obtaining dedicated scanner time for sequence research and development

Instrumental in establishing links with UCLH for conducting research into whole body imaging of cancer patients at 3T

### **Rheumatology/MSK Multidisciplinary Meeting**

Established monthly rheumatology meeting, attend weekly orthopaedic meeting.

## **MEDICOLEGAL**

---

Medicolegal reports on all aspects of musculoskeletal imaging including:

Fractures and soft tissue injury

Spinal Trauma

Sports injury

Occupational injury

Bone and soft tissue cancer

Musculoskeletal infection

Degenerative and rheumatological disease

The chasing of reports by solicitors is not helpful to any party and Dr Ayer provides an efficient but thorough service with prompt turnaround times. To that end, at the outset, a timetable for report completion and the likely costs can be discussed.

## **MEDICOLEGAL PUBLICATIONS**

---

R.V. Ayer

***The Nature of Reporting Discrepancies and Potential Biases in Radiology Expert Witness Testimony.***

The Expert Witness Journal. July 2014.

## **MEDICOLEGAL COURSES**

---

2014

Excellence in Report Writing  
Bond Solon

## **COURSES**

---

2005	Expedition Medicine Course, Chamonix, France
2006	Swindon Barium Course
2006	Wessex Chest and Abdominal Xray study days
2006	Time Management Course
2007	Contrast Study Day
2007	Society of Radiologists in Training
2007	Chest Imaging for the DGH Radiologist
2007	Cardiac Radiology
2007	Toshiba Ultrasound course
2008	Leeds Gastroenterology Course
2009	FRCR Courses
2010	Lead or be Led – Professional development
2010	Oxford MSK Ultrasound course RSNA
2011	Bracco Microbubble Ultrasound course
	Oxford MSK MRI course
2012	MR Arthrography Course - Liverpool
	International Skeletal Society 2012
	Brussels 3T Ingenia Users Group
2013	Spinal Symposium, Poole
2014	Wessex Hand Club
2014	European Society of Skeletal Radiology, Riga, Latvia.

## **HOBBIES AND INTERESTS**

---

Sport – Tennis, Badminton, Kayaking, Cycling  
Photography  
Gardening

CV Ravi Ayer

