

Staff Publications Report

Published work involving staff of Shrewsbury and Telford Hospital NHS Trust during 2015.

List prepared by Shrewsbury and Telford Health Libraries in March 2016

The role of ultrasound scanning (USS) in right iliac fossa (RIF) pain: Is USS imaging delaying emergency appendicectomies? (2015)

Type of publication:

Conference abstract

Author(s):

*Sukha A., *Luke D.

Citation:

International Journal of Surgery, November 2015, vol./is. 23/(S114)

Abstract:

Aim: This project investigates USS results from patients who had undergone appendicectomies to assess the sensitivity and specificity in detecting a histology positive acute appendicitis. We also investigated whether the decision to USS delayed an emergency procedure. **Methods:** Retrospective data collection between January-June 2014. Data was collected from Theatre log books, Pathology/PACS systems.

Results: Between January-June 2014, 226 appendectomies were performed on the emergency-operating list. 15% (n = 34) had undergone pre-operative USS (74% Female, Mean age = 27 years). 76% (n = 26) of those who had a scan went onto have a diagnostic laparoscopy and appendicectomy, 24% (n = 8) had an open appendicectomy. 53% (n = 18) were found to have a histology proven positive appendicitis. USS as an investigation to detect acute appendicitis demonstrated a sensitivity of 22.2% and specificity of 68.8%, PPV of 44.4% and a NPV of 44.0%. A mean delay of 0.97 days was observed from admission to operation due to USS. **Conclusion:** USS result often does not change the definitive management in patients with ongoing RIF pain. Diagnostic laparoscopy can be therapeutic even in the absence of appendicitis. With USS delaying time to theatre and increasing hospital stay we conclude the USS has a limited role in investigating RIF pain in a patient presenting with the classic acute appendicitis.

Smoking cessation and best medical therapy (BMT) how well are vascular surgeons doing? (2015)

Type of publication:

Conference abstract

Author(s):

Slade R., *Sukha A., *Sykes T.

Citation:

International Journal of Surgery, November 2015, vol./is. 23/(S131)

Abstract:

Aim: BMT is a key component in the management of patients with vascular disease. The aim of this study is to determine how well BMT is documented in the correspondence to primary care with particular reference to the preoperative clinic letter and discharge summary following a surgical intervention. **Methods:** Patients between Jan-Jun 2014 were identified from a prospectively maintained vascular-database and the corresponding clinic letters and discharge summaries were retrieved. **Results:** 107 patients underwent vascular surgery between Jan-Jun 2014. The operations identified were: AAA

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

repair n=21, Carotid endarterectomy n=23, Femoral endarterectomy n= 12, Vascular bypass n=43 and Revision surgery n=8. Overall, antiplatelet therapy was documented in 79%(n=85) of pre-operative clinic letters and 96%(n=103) of discharge summaries. Similarly, lipid-lowering therapy was recorded in 79%(n=85) and 92%(n=98). Smoking status was recorded in 32 %(n=34) of pre-operative clinic letters; 21%(n=23) were smokers and all identified smokers were offered advice to stop smoking. Conclusion: Documentation of smoking status and advice is poorly recorded in the pre and post-operative correspondence to primary care and unrecorded in the discharge summary. Similarly, pre-operative anti platelet and lipid lowering therapy documentation is suboptimal. 'Best Medical Therapy,' has been implemented into a standardised clinic template and a 'smoking status/advice' section in the electronically generated discharge summary has been implemented.

Leadless pacemaker and cremation (2015)

Type of publication:

Journal article

Author(s):

*Bhargava R., Bhargava B.

Citation:

Heart Asia, 2015, vol./is. 8/1(no pagination)

Ultrasound guided musculoskeletal interventions: professional opportunities, challenges and the future of injection therapy (2015)

Type of publication:

Journal article

Author(s):

Sue Innes, Mark Maybury, Alison Hall, *Gordon Lumsden

Citation:

Sonography (2015) 2(4): 84-91

Abstract:

The demand for ultrasound guided injections for musculoskeletal presentations has increased in recent years as practitioners and patients seek verification of needle position. Musculoskeletal management pathways regularly include injection therapy for pain relief and are sometimes indicated as a single intervention but may need to be supported by rehabilitation. Workload in radiology departments has expanded in volume and complexity as radiologists perform new interventional procedures that require medical expertise. Innovative responses are required to meet the demand for ultrasound guided musculoskeletal injections; one option is offering appropriate education to musculoskeletal sonographers, enabling them to extend their current scope of practice. The role of the extended scope physiotherapist in the United Kingdom provides evidence that role diversification can produce excellent patient outcomes whilst preserving financial resources. The professional, legal and clinical requirements

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of extending service provision to include new clinical staff presents challenges that have to be met with strong leadership and the provision of high quality education in ultrasound guided interventions. There are many indicators that the patient experience is enhanced by guiding musculoskeletal injections, and access to this service has impact on patients' confidence in their treatment pathway.

Risk factors for treatment failure following cold coagulation cervical treatment for CIN pathology: a cohort-based study (2015)

Type of publication:

Journal article

Author(s):

*Papoutsis D., *Underwood M., *Parry-Smith W., *Panikkar J.

Citation:

Archives of Gynecology and Obstetrics, May 2015, vol./is. 292/6(1329-1337) < /p>

Abstract:

Purpose: To determine any risk factors for cytology recurrence in women after cold coagulation ablative treatment for cervical intraepithelial neoplasia (CIN). Methods: This was a retrospective observational study of a cohort of women having had cold coagulation between 2001 and 2011 in the colposcopy unit of an NHS hospital. We retrospectively collected data from our colposcopy unit database. Women with previous cervical treatment were excluded. Results: 559 eligible women were re-identified with a mean age of 28.7 +/- 6.2 years. Nulliparous women were 66.3 % with smokers involving 35.3 %. Referral cytology, pretreatment cervical punch biopsies and colposcopy were high grade in 51.9, 71.9 and 45.8 % of women. Endocervical crypt involvement (ECI) on pretreatment cervical punch biopsy involved 9.7 % of women. Mean follow-up was 3.1 +/- 2.4 years. Overall cytology recurrence (mild/moderate/severe dyskaryosis) at 6 and 12 months follow-up was 7.4 and 5 %. High-grade cytology recurrence (moderate/severe dyskaryosis) involved 2.7 % of women over the entire follow-up period. Multiple regression analysis showed that ECI on pretreatment cervical punch biopsy was a risk factor for high-grade cytology recurrence (HR 3.72; 95 %CI 1.18-11.71; p = 0.024). There were no risk factors identified for overall cytology recurrence. However, when cytology tests with borderline nuclear changes at follow-up were pooled with mild/moderate/severe dyskaryosis cytology tests, then parity >2 was a risk factor for abnormal cytology (HR 1.71; 95 %CI 1.08-2.69; p = 0.022). Conclusions: Endocervical crypt involvement on pretreatment cervical punch biopsy and multiparity >2 are risk factors that increase the likelihood of abnormal cytology following cold coagulation. These two risk factors should be taken in consideration when performing cold coagulation cervical treatment for CIN pathology.

Practical Otolaryngology for Junior Doctors (2015)

Type of publication:

Book

Author(s):

Thomas Frederick Charles Saunders, Editors: Alistair Mitchell-Innes and *Duncan Bowyer

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Citation:

Doctors Academy Publications; 1st edition
ISBN-13: 978-9380573076

Abstract:

This book is designed to guide the junior doctor through an Otolaryngology (ENT) rotation from the first referrals to the practical procedures carried out on a daily basis. ENT departments throughout the world will have different ways of managing particular conditions; however, this book will give the user a framework to deliver good quality clinical care and develop skills with confidence wherever one is working. All information is presented in an easy to digest format to give a handy reference guide on how to manage the hugely varied conditions that are dealt with by Otolaryngology. This makes the book an ideal companion to keep in an on-call bag or clinic room. The advice provided in this book is practical and very clear, with good explanations about simple procedures for settling difficult situations. Information is also provided about looking after patients on the ward following common ENT/Head and Neck operations. An ENT junior doctor should feel more confident quickly after checking through this book for advice, as well as knowing when to escalate a problem to a more knowledgeable senior doctor, if the patient is not improving.

Complications of Otitis Media (2015)

Type of publication:

Book chapter

Author(s):

*Duncan Bowyer

Citation:

In: Logan Turner's Diseases of the Nose, Throat and Ear. 11th Ed. Edited by S Musheer Hussain
CRC Press
ISBN: 978-0-340-98732-2

Osteomyelitis as a complication of a pilonidal sinus (2015)

Type of publication:

Case report

Author(s):

*KJ Gordon , *TM Hunt

Citation:

International Journal of Colorectal Disease, January 2016, Volume 31, Issue 1, pp 155-156
First online: 22 March 2015

Plasma rich in growth factors (PRGF) as a treatment for high ankle sprain in elite athletes: a randomized control trial (2015)

Type of publication:

Randomised controlled trial

Author(s):

Laver L, *Carmont MR, McConkey MO, Palmanovich E, Yaacobi E, Mann G, Nyska M, Kots E, Mei-Dan O.

Citation:

Knee Surgery, Sports Traumatology, Arthroscopy. 2015 Nov;23(11):3383-92

Abstract:

PURPOSE:

Syndesmotic sprains are uncommon injuries that require prolonged recovery. The influence of ultrasound-guided injections of platelet-rich plasma (PRP) into the injured antero-inferior tibio-fibular ligaments (AITFL) in athletes on return to play (RTP) and dynamic stability was studied.

METHODS:

Sixteen elite athletes with AITFL tears were randomized to a treatment group receiving injections of PRP or to a control group. All patients followed an identical rehabilitation protocol and RTP criteria. Patients were prospectively evaluated for clinical ability to return to full activity and residual pain. Dynamic ultrasound examinations were performed at initial examination and at 6 weeks post-injury to demonstrate re-stabilization of the syndesmosis joint and correlation with subjective outcome.

RESULTS:

All patients presented with a tear to the AITFL with dynamic syndesmosis instability in dorsiflexion-external rotation, and larger neutral tibia-fibula distance on ultrasound. Early diagnosis and treatment lead to shorter RTP, with 40.8 (+/-8.9) and 59.6 (+/-12.0) days for the PRP and control groups, respectively ($p = 0.006$). Significantly less residual pain upon return to activity was found in the PRP group; five patients (62.5 %) in the control group returned to play with minor discomfort versus one patient in the treatment group (12.5 %). One patient in the control group had continuous pain and disability and subsequently underwent syndesmosis reconstruction.

CONCLUSIONS:

Athletes suffering from high ankle sprains benefit from ultrasound-guided PRP injections with a shorter RTP, re-stabilization of the syndesmosis joint and less long-term residual pain.

LEVEL OF EVIDENCE: II.

Development of an accelerated functional rehabilitation protocol following minimal invasive Achilles tendon repair. (2015)

Type of publication:

Journal article

Author(s):

Braunstein M, Baumbach SF, Boecker W, *Carmont MR, Polzer H.

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Citation:

Knee Surgery, Sports Traumatology, Arthroscopy. 2015 Sep 26. [Epub ahead of print]

Abstract:

Surgical repair after acute Achilles tendon rupture leads to lower re-rupture rates than non-surgical treatment. After open repair, early functional rehabilitation improves outcome, but there are risks of infection and poor wound healing. Minimal invasive surgery reduces these risks; however, there are concerns about its stability. Consequently, physicians may have reservations about adopting functional rehabilitation. There is still no consensus about the post-operative treatment after minimal invasive repair. The aim of this study was to define the most effective and safe post-operative rehabilitation protocol following minimal invasive repair.

METHODS:

A systematic literature search in Embase, MEDLINE and Cochrane Library for prospective trials reporting on early functional rehabilitation after minimal invasive repair was performed. Seven studies were included.

RESULTS:

One randomized controlled trial, one prospective comparative and five prospective non-comparative studies were identified. Four studies performed full weight bearing, all demonstrating good functional results, an early return to work/sports and high satisfaction. One study allowed early mobilization leading to excellent subjective and objective results. The only randomized controlled trial performed the most accelerated protocol demonstrating a superior functional outcome and fewer complications after immediate full weight bearing combined with free ankle mobilization. The non-comparative study reported high satisfaction, good functional results and an early return to work/sports following combined treatment.

CONCLUSION:

Immediate weight bearing in a functional brace, together with early mobilization, is safe and has superior outcome following minimally invasive repair of Achilles tendon rupture. Our recommended treatment protocol provides quality assurance for the patient and reliability for the attending physician.

LEVEL OF EVIDENCE: II.

External beam radiotherapy in differentiated thyroid carcinoma: A systematic review. (2015)

Type of publication:

Systematic Review

Author(s):

*Fussey JM, Crunkhorn R, Tedla M, Weickert MO, Mehanna H.

Citation:

Head Neck. 2015 Sep 3. doi: 10.1002/hed.24218. [Epub ahead of print]

Abstract:

External beam radiotherapy (EBRT) is not a first line treatment in differentiated thyroid carcinoma (DTC), but is recommended as an adjuvant treatment in certain cases. The evidence for EBRT in DTC is limited. A comprehensive literature search was performed. Data on patient demographics, disease stage, treatment characteristics, and outcomes were collected from included articles after quality

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appraisal. Sixteen articles met the inclusion criteria, with a pooled population of 5114. Only 1 study was prospective and there were no randomized controlled trials. Most of the evidence suggests that EBRT improves locoregional control in patients at high risk of locoregional recurrence. This was corroborated by analysis of pooled patient data. Available evidence suggests an improvement in locoregional control when EBRT is used in patients over the age of 45 at high risk for locoregional recurrence. However, there is a need for long-term prospective multicenter research on the subject.

Retrospective study evaluating the Ankyloglossia release procedure within SATH (2015)

Type of publication:

Journal article

Author(s):

*G. Mihalache, *S. Bhatia, *M. El Muiz, *N. Meixner

Citation:

British Journal of Oral and Maxillofacial Surgery, December 2015 Volume 53, Issue 10, Pages e42-e43

Abstract:

Ankyloglossia also more commonly known as tongue tie is a congenital abnormality, which results in a shorter thick lingual fraenum which in turn restricts the movement of the tongue. The condition can interfere with breast feeding early on and speech or social functions when older. Ankyloglossia affects approximately 5% of the population. The benefits of breast feeding are well known and health care professionals are becoming more aware of tongue tie as a treatable cause of breast feeding difficulty.

The Successes of our Clinical Research Team Away Day (2015)

Type of publication:

Poster presentation

Author(s):

Sr Helen Moore Trust Lead Research Nurse

Citation:

Presented at the Celebrating Clinical Research Nursing Conference, London

Abstract:

The Clinical Research Team at Shrewsbury and Telford Hospital NHS Trust continues to expand. It was decided to have a whole Team Away Day to consolidate our experiences to date; to improve our communication; to develop a leaner and more efficient way of working.

After the success of the Away Day, four working groups were initiated to drive forward the successes over the coming year allowing the Away Day to have a legacy.

Link to more details or full-text: [via e-mail helen.moore@sath.nhs.uk](mailto:helen.moore@sath.nhs.uk)

A Model for care: 6 year experience of recruitment into breast cancer trials - a single centre perspective (2015)

Type of publication:

Poster presentation

Author(s):

Dr S Khanduri Consultant Clinical Oncologist and Sr H Moore Trust Lead Research Nurse

Citation:

Poster presented at the National Clinical Research Institute Cancer Conference, November 2015

Abstract:

The National Institute for Health research has been advised of the need to see sustained improvement in the performance of NHS providers in initiating and delivering clinical research. At Shrewsbury and Telford NHS Trust a dedicated trials team have supported the breast oncology service to improve trials recruitment.

Over a 6 year period 1373 patients were identified as potentially eligible for opportunity to enter clinical trials and 39.8% accepted, 25.8% declined, 5 % were subsequently ineligible. A comprehensive screening program with a dedicated clinical trials team to support patients with information can enhance clinical trial recruitment and improve patient care. We support this as a model for care.

Link to more details or full-text: [Available by e-mail from the author](#)

An audit of the Shrewsbury and Telford two week wait CNS malignancy pathway referrals over six months (2015)

Type of publication:

Poster presentation

Author(s):

*Metcalf R, *Bowen J

Citation:

West Midlands Regional Neuroscience Meeting, 13 Nov 2015

Abstract:

An audit of the Shrewsbury and Telford two week wait CNS malignancy pathway referrals over six months. By Metcalfe R*, Bowen J**

*Final year medical student, Keele University Medical School.

**Consultant Neurologist, Shrewsbury and Telford Hospital NHS trust (SaTH).

Word Count: 232 words.

Introduction:

- The overall incidence of brain tumours in the U.K. is around 7/100,00¹
- To promote early diagnosis a fast track "2 week wait" pathway exists for prompt diagnosis and initiation of management of brain/CNS tumours
- In SaTH standardised suspected CNS malignancy referral proformas² are faxed to meet 2 week targets appointments

Aim:

To undertake an audit to address the following:

- Did referrals adhere to proforma criteria?
- What proportion was seen within two weeks?
- Is the process fit for purpose?

Methodology:

- Case note review of all patients referred via the two week CNS Cancer pathway over a six month period from 1st July 2014 to 1st January 2015

Results:

- Over the 6 months >98 % (120/122) referred via the two week wait pathway fulfilled the criteria on the proforma
- Only 5.7% (7/122) were not seen within two weeks
- 2 patients were diagnosed with brain metastases
- No patients were diagnosed with a primary brain tumour

Conclusions:

- Despite adherence of over 98% no case of primary brain tumour was detected over the six month period and 2 (1.6%) of patients referred had brain metastases
- The current system is not effective at picking up brain tumours

Suggestions:

- These results will be shared with local primary care groups and the referral criteria refined
- A reaudit to assess impact of changes will be undertaken

References:

1. McKinney PA. J Neurol Neurosurg Psychiatry 2004;75:ii12-ii17
 2. Shrewsbury and Telford Hospital NHS trust. Brain and CNS Cancer Two Week Wait Referral Proforma. [internet] 2012 [Cited 6th October 2015] Available from: www.sath.nhs.uk/Library/Documents/gpconnect/gpinfo/Brain%20and%20CNS%20Cancer%20TWW%20Referral%20Proforma%20_V1_.pdf
-

Inadvertent returns to theatre within 30 days (IRT30) of surgery: an educational tool to monitor surgical complications and improve our performance as surgeons (2015)

Type of publication:

Journal article

Author(s):

*Sukha A., *Li, E. , *Sykes T., *Fox A., *Schofield A., *Houghton A.

Citation:

Clinical Governance, October 2015, vol./is. 20/4(208-214)

Abstract:

Purpose - When a patient unexpectedly has to go back to the operating theatre, there is often a perceived problem with the primary operation. An IRT30 is defined as any patient returning to the operating theatre within 30 days of the index procedure. IRT30 has been suggested to be a useful quality indicator of surgical standards and surgeon performance. The purpose of this paper is to evaluate the usefulness of this validated tool, by assessing all IRT30 over a 12-month period. Learning points for individual surgeons, surgical subspecialty units and the clinical governance leads were reviewed. Design/methodology/approach - Consecutive series of general and vascular surgical patients undergoing elective and emergency procedures between July 2012 and 2013. Prospective data collection of all IRT30s classified as Types 1-5 by a single-rater and in-depth discussion of Types 3-5 cases at the clinical governance meetings. The individual case learning points were recorded and the collective data monitored monthly. Findings - There were 134 IRT30s. In total 84 cases were discussed: Type 3 (n=80), Type 4 (n=4) and Type 5 (n=0). In total 50 cases were not discussed: Type 1 (n=27), Type 2 (n=23). Originality/value - It is crucial that surgeons continue to learn throughout their surgical career by reflecting on their own and their colleague's results, complications and surgical performance. Analysing Types 3 and 4 IRT30s within the governance meetings has identified learning points related to both surgical technique and surgical decision making. By embracing these learning points, surgical technique and individual as well as group surgeon performance can be modified and opportunities for training and focused supervision created.

Growth plate injuries and management (2015)

Type of publication:

Journal article

Author(s):

*Dover C., Kiely N.

Citation:

Orthopaedics and Trauma, August 2015, vol./is. 29/4(261-267)

Abstract:

The growth plate, or physis, is the name given to the area of cartilaginous tissue found between the epiphysis and metaphysis of skeletally immature bone. The developing growth plate is weaker than

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surrounding ossified bone and, therefore, at risk of injury before its closure. Previous studies have shown that fractures account for 10-25% of all paediatric injuries, with growth plate injuries accounting for 15-30% of all paediatric bony injury. The upper limb is most likely to be affected, with the distal radius found to be the most common site of fractures in children. The Salter-Harris classification describes growth plate injuries based upon location and likelihood of growth arrest. In addition to growth arrest, injury to the growth plate often stimulates bone repair, which can lead to limb length discrepancy, bone bridge formation between the metaphysis and epiphysis, and angulation of the bone. The treatment of growth plate fractures ranges from conservative management to operative fixation and bone grafting. Outcome is varied and dependent upon site and grade of the fracture as well as the age of the patient. Regardless of Salter-Harris classification, an important component of management is counselling the parents about the potential risk of future growth arrest and associated sequelae.

Metastatic adenocarcinoma to the clitoris from the cervix (2015)

Type of publication:

Journal article

Author(s):

*Papoutsis D., Haefner H.K.

Citation:

American Journal of Obstetrics and Gynecology, November 2015, vol./is. 213/5(738e1)

Hormone therapy for breast cancer in men (2015)

Type of publication:

Journal article

Author(s):

Khan M.H., *Allerton R., *Pettit L.

Citation:

Clinical Breast Cancer, 2015, vol./is. 15/4(245-250)

Abstract:

Breast cancer in men is rare, but its incidence is increasing, in keeping with the aging population. The majority of breast cancers in men are estrogen receptor positive. There is a paucity of clinical trials to inform practice, and much has been extrapolated from breast cancer in women. Hormone therapy represents the mainstay of adjuvant and palliative therapy but may have contraindications or poor tolerability. We review the evidence for choice of hormone therapy in both the adjuvant and palliative setting in breast cancer in men.

The Learning Curve in Endoscopic Dacryocystorhinostomy: Outcomes in Surgery Performed by Trainee Oculoplastic Surgeons (2015)

Type of publication:

Journal article

Author(s):

Malhotra R., Norris J.H., Sagili S., *Al-Abbadi Z., Avisar I.

Citation:

Orbit, November 2015, vol./is. 34/6(314-319)

Abstract:

To report outcomes of endoscopic DCR (En-DCR) performed by oculoplastic trainees and describe factors to improve success rates for trainees. Methods: Retrospective, single-centre audit of En-DCR procedures performed by three consecutive trainee oculoplastic surgeons, over a 3-year period. Trainees also completed a reflective-learning questionnaire highlighting challenging and technically difficult aspects of En-DCR surgery, with relevant tips. Results: Thirty-eight consecutive independently-performed en-DCR procedures on 38 patients (mean age 58.6 +/- 21.4 years) were studied. Mean time spent in the operating-theatre was 95.7 +/- 27.3 minutes. Success rate for each year was 15/17(88%), 8/8(100%) and 7/13(54%), respectively, at mean follow-up 12.5 +/- 12 months. The lowest success rate year coincided with use of silicone stents in 31% cases compared to 94% and 100% in the previous 2 years. In cases that failed, video-analysis highlighted inadequate superior bony rhinostomy (2 cases), incomplete retroplacement of posterior-nasal mucosal-flaps (3 cases), significant bleeding (1 case). Those who underwent revision surgery (n = 6), were found to have soft-tissue ostium and sac closure requiring flap revision. Two-cases required further bone removal supero-posterior to the lacrimal sac. Trainees-tips that helped improve their surgery related to patient positioning, instrument handling, bone removal and posture. Conclusion: Good surgical outcomes are achievable training in en-DCR surgery. Adequate operating time needs to be planned. Failure was primarily due to closure of the soft-tissue ostium, either secondary to inadequate osteotomy and sac-marsupialisation or postoperative scarring. Intra-operative mucosal trauma is higher amongst trainees and adjuvant silicone stenting during the training period may be of value where mucosal adhesions are anticipated.

A rare case of vulval myxoid chondrosarcoma (2015)

Type of publication:

Conference abstract

Author(s):

*Abdelsalam H., *Malcolm A.

Citation:

Journal of Pathology, September 2015, vol./is. 237/(S46)

Abstract:

Introduction: Primary Extraskeletal Myxoid Chondrosarcoma (EMC) of the vulva is a rare mesenchymal

neoplasm. The myxoid tumour differential diagnosis on a core biopsy can be quite challenging. To date, few cases have been reported in the literature. Case Report: A 42-year old woman noticed a swelling on the right side of the labia, thought to be a Bartholin's cyst in 2011. She was managed conservatively. She had drainage and marsupialization under general anaesthesia. This resulted in extreme bruising of the vulva. This was managed with antibiotics and non-steroidal anti-inflammatory medication, and it resolved after 3 weeks. Six months later, the patient presented again with a persistent vulval mass. A biopsy was obtained under general anaesthesia, and it showed a myxoid tumour with differential diagnosis of low grade chondroid tumour. An MRI was performed to assess the extent of the disease. The tumour was excised. At surgery, a 7 x 5 cm lobulated, extremely vascular vulval tumour was found. The tumour was inseparable from the inferior pubic ramus of the pelvic bone. A complete macroscopic resection was obtained. Histology confirmed low grade myxoid chondrosarcoma. Conclusion: Vulval lesions with unusual characteristics or insidious evolution in the labia majora or Bartholin's glands area should be carefully and promptly investigated. Differential diagnosis of myxoid tumours in the vulva should include myxoid chondrosarcoma amongst other diagnoses.

Anterior approach white-line advancement: a hybrid technique for ptosis correction (2015)

Type of publication:

Journal article

Author(s):

*Sagili S.

Citation:

Ophthalmic Plastic and Reconstructive Surgery , 2015, vol./is. 31/6(478-481)

Abstract:

Purpose: To describe the technique of anterior approach white-line advancement for correction of ptosis. Methods: Retrospective review of consecutive cases that underwent anterior approach white-line advancement for correction of aponeurotic ptosis. In this technique, the posterior surface of the levator aponeurosis (white line) is accessed through a skin crease incision (anterior approach) and advanced toward the tarsal plate. Surgery was considered successful if the following 3 criteria were simultaneously met: postoperative upper margin reflex distance of >2 and <4.5 mm, inter-eyelid height asymmetry of <1 mm, and satisfactory eyelid contour. Written informed consent was obtained from all the patients and the study was HIPPA compliant. Results: Twenty patients (29 eyelids) were included in this study. Mean postoperative follow up was 1.25 months (1 to 6 months). Mean preoperative margin reflex distance was 0.38 mm (.1 to 2 mm) and the mean postoperative margin reflex distance was 3.16 mm (2 to 4 mm). Eighteen patients (90%) fulfilled the criteria set for success. The patients rated the outcome of surgery as follows: 80% completely satisfied and 20% significantly improved. Conclusion: Anterior approach white-line advancement is a hybrid technique that incorporates the principles of both anterior and posterior approach ptosis correction techniques. The posterior surface of levator aponeurosis (white line) is exposed and advanced toward the superior border of tarsal plate with minimal disruption of eyelid anatomy including the orbital septum and preaponeurotic fat pad. Hence, this technique can achieve superior cosmetic results similar to a posterior approach procedure, without the need for a conjunctival incision.

Breast reconstruction changes: coping mechanisms in breast cancer survivors (2015)

Type of publication:

Oral presentation

Author(s):

*Blossom Lake, *Heidi Fuller, *Sarah Rastall, *Tamoor Usman

Citation:

San Antonio Breast Cancer Symposium, December 2015

Abstract:

Background: Breast cancer is the commonest malignancy in women. Survivorship care for breast cancer patients needs to be individualised. A key component is recognition that coping mechanisms can be changed by treatment. The aims of this study were to see how women who have had immediate breast reconstruction and mastectomy, compared to those who have mastectomy alone cope and if there were significant differences in coping styles.

Methods: A cohort study using a standardised questionnaire the Brief Cope Scale. Inclusion criteria: all women who had had immediate breast reconstruction and mastectomy in Shropshire from 2003 to 2014 for node negative ductal carcinoma in situ or invasive breast cancer. Each index patient was matched for year of diagnosis, adjuvant therapy and age to one woman who had mastectomy alone.

Results: Questionnaires were sent to 234 patients, with a 58% response rate. Significantly more patients from the reconstruction cohort coped by active coping (T value 1.66, P value 0.04). Significantly less patients coped by active venting in the reconstruction cohort (T value 1.71, P value 0.04).

Conclusion: Breast reconstruction changes coping styles of breast cancer patients, understanding this allows clinicians to individualise survivorship care.

Axillary overtreatment for minimal axillary disease in breast cancer, a 5 year audit of ipsilateral arm lymphoedema ; the real cost to patient and health service (2015)

Type of publication:

Poster presentation

Author(s):

*Blossom Lake, Jayne Gittins, *Tamoor Usman

Citation:

European Journal of Surgical Oncology Nov 2015 41(11):p s267

Abstract:

NICE guidelines state that axillary node clearance (ANC) is the treatment of choice for the positive axilla, with up to 30% morbidity of lymphoedema. In contrast ASCO guidelines state that patients with 1 / 2 sentinel lymph node positive who have breast conserving surgery with breast radiotherapy should not have ANC. The recent ABS Consensus highlighted the need to minimise overtreatment of minimally involved malignant axilla. The aim of this audit was assess the cost of overtreatment in terms of lymphoedema.

International genome-wide meta-analysis identifies new primary biliary cirrhosis risk loci and targetable pathogenic pathways (2015)

Type of publication:

Journal article

Author(s):

Cordell H.J., Han Y., Mells G.F., Li Y., Hirschfield G.M., Greene C.S., Xie G., Juran B.D., Zhu D., Qian D.C., Floyd J.A.B., Morley K.I., Prati D., Lleo A., Cusi D., Gershwin M.E., Anderson C.A., Lazaridis K.N., Invernizzi P., Seldin M.F., Sandford R.N., Amos C.I., Siminovitch K.A., Schlicht E.M., Lammert C., Atkinson E.J., Chan L.L., De Andrade M., Balschun T., Mason A.L., Myers R.P., Zhang J., Milkiewicz P., Qu J., Odin J.A., Luketic V.A., Bacon B.R., Bodenheimer H.C., Liakina V., Vincent C., Levy C., Gregersen P.K., Almasio P.L., Alvaro D., Andreone P., Andriulli A., Barlassina C., Battezzati P.M., Benedetti A., Bernuzzi F., Bianchi I., Bragazzi M.C., Brunetto M., Bruno S., Casella G., Coco B., Colli A., Colombo M., Colombo S., Cursaro C., Croce L.S., Crosignani A., Donato M.F., Elia G., Fabris L., Ferrari C., Floreani A., Foglieni B., Fontana R., Galli A., Lazzari R., Macaluso F., Malinverno F., Marra F., Marzioni M., Mattalia A., Montanari R., Morini L., Morisco F., Mousa Hani S., Muratori L., Muratori P., Niro G.A., Palmieri V.O., Picciotto A., Podda M., Portincasa P., Ronca V., Rosina F., Rossi S., Sogno I., Spinzi G., Spreafico M., Strazzabosco M., Tarallo S., Tarocchi M., Tiribelli C., Toniutto P., Vinci M., Zuin M., Ch'Ng C.L., Rahman M., Yapp T., Sturgess R., Healey C., Czajkowski M., Gunasekera A., Gyawali P., Premchand P., Kapur K., Marley R., Foster G., Watson A., Dias A., Subhani J., Harvey R., McCorry R., Ramanaden D., Gasem J., Evans R., Mathialahan T., Shorrocks C., Lipscomb G., Southern P., Tibble J., Gorard D., Palegwala A., Carbone M., Dawwas M., Alexander G., Dolwani S., Prince M., Foxtton M., Elphick D., Mitchison H., Gooding I., Karmo M., Saksena S., Mendall M., Patel M., Ede R., Austin A., Sayer J., Hankey L., Hovell C., Fisher N., Carter M., Koss K., Piotrowicz A., Grimley C., Neal D., Lim G., Levi S., Ala A., Broad A., Saeed A., Wood G., Brown J., Wilkinson M., Gordon H., Ramage J., Ridpath J., Ngatchu T., Grover B., Shaukat S., Shidrawi R., Abouda G., Ali F., Rees I., Salam I., Narain M., Brown A., Taylor-Robinson S., Williams S., Grellier L., Banim P., Das D., Chilton A., Heneghan M., Curtis H., Gess M., Drake I., Aldersley M., Davies M., Jones R., McNair A., Srirajaskanthan R., Pitcher M., Sen S., Bird G., Barnardo A., Kitchen P., Yoong K., Chirag O., Sivaramakrishnan N., MacFaul G., Jones D., Shah A., Evans C., Saha S., Pollock K., Bramley P., Mukhopadhyaya A., Fraser A., Mills P., Shallcross C., Campbell S., Bathgate A., Shepherd A., Dillon J., Rushbrook S., Przemioslo R., Macdonald C., Metcalf J., Shmueli U., Davis A., Naqvi A., Lee T., Stephen D., Collier J., Klass H., Ninkovic M., Cramp M., Sharer N., Aspinall R., Goggin P., Ghosh D., Douds A., Hoeroldt B., Booth J., Williams E., Hussaini H., Stableforth W., Ayres R., Thorburn D., Marshall E., Burroughs A., Mann S., Lombard M., Richardson P., Patanwala I., Maltby J., Brookes M., Mathew R., Vyas S., Singhal S., Gleeson D., Misra S., *Butterworth J., George K., Harding T., Douglass A., Panter S., Shearman J., Bray G., Butcher G., Forton D., McLindon J., Cowan M., Whatley G., Mandal A., Gupta H., Sanghi P., Jain S., Pereira S., Prasad G., Watts G., Wright M., Neuberger J., Gordon F., Unitt E., Grant A., Delahooke T., Higham A., Brind A., Cox M., Ramakrishnan S., King A., Collins C., Whalley S., Li A., Fraser J., Bell A., Wong

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V.S., Singhal A., Gee I., Ang Y., Ransford R., Gotto J., Millson C., Bowles J., Harrison M., Galaska R., Kendall J., Whiteman J., Lawlor C., Gray C., Elliott K., Mulvaney-Jones C., Hobson L., Van Duyvenvoorde G., Loftus A., Seward K., Penn R., Maiden J., Damant R., Hails J., Cloudsdale R., Silvestre V., Glenn S., Dungca E., Wheatley N., Doyle H., Kent M., Hamilton C., Braim D., Wooldridge H., Abrahams R., Paton A., Lancaster N., Gibbins A., Hogben K., Desousa P., Muscariu F., Musselwhite J., McKay A., Tan L., Foale C., Brighton J., Flahive K., Nambela E., Townshend P., Ford C., Holder S., Palmer C., Featherstone J., Nasser M., Sadeghian J., Williams B., Thomas C., Rolls S.-A., Hynes A., Duggan C., Jones S., Crossey M., Stansfield G., MacNicol C., Wilkins J., Wilhelmsen E., Raymode P., Lee H.-J., Durant E., Bishop R., Ncube N., Tripoli S., Casey R., Cowley C., Miller R., Houghton K., Ducker S., Wright F., Bird B., Baxter G., Keggans J., Hughes M., Grieve E., Young K., Williams D., Ocker K., Hines F., Innes C., Valliani T., Fairlamb H., Thornthwaite S., Eastick A., Tanqueray E., Morrison J., Holbrook B., Browning J., Walker K., Congreave S., Verheyden J., Slininger S., Stafford L., O'Donnell D., Ainsworth M., Lord S., Kent L., March L., Dickson C., Simpson D., Longhurst B., Hayes M., Shpuza E., White N., Besley S., Pearson S., Wright A., Jones L., Gunter E., Dewhurst H., Fouracres A., Farrington L., Graves L., Marriott S., Leoni M., Tyrer D., Martin K., Dali-Kemmerly L., Lambourne V., Green M., Sirdefield D., Amor K., Colley J., Shinder B., Jones J., Mills M., *Carnahan M., Taylor N., Boulton K., Tregonning J., Brown C., Clifford G., Archer E., Hamilton M., Curtis J., Shewan T., Walsh S., Warner K., Netherton K., Mupudzi M., Gunson B., Gitahi J., Gocher D., Batham S., Pateman H., Desmennu S., Conder J., Clement D., Gallagher S., Orpe J., Chan P., Currie L., O'Donohoe L., Oblak M., Morgan L., Quinn M., Amey I., Baird Y., Cotterill D., Cumlat L., Winter L., Greer S., Spurdle K., Allison J., Dyer S., Sweeting H., Kordula J.

Citation:

Nature Communications, September 2015, vol./is. 6/, 2041-1723

Abstract:

Primary biliary cirrhosis (PBC) is a classical autoimmune liver disease for which effective immunomodulatory therapy is lacking. Here we perform meta-analyses of discovery data sets from genome-wide association studies of European subjects (n=2,764 cases and 10,475 controls) followed by validation genotyping in an independent cohort (n=3,716 cases and 4,261 controls). We discover and validate six previously unknown risk loci for PBC ($P_{\text{combined}} 5 \times 10^{-8}$) and used pathway analysis to identify JAK-STAT/IL12/IL27 signalling and cytokine-cytokine pathways, for which relevant therapies exist.

Vein graft aneurysms following popliteal aneurysm repair are more common than we think (2015)

Type of publication:

Journal article

Author(s):

*Sharples A., *Kay M., *Sykes T., *Fox A., *Houghton A.

Citation:

Vascular, October 2015, vol./is. 23/5(494-497)

Abstract:

True infrainguinal vein graft aneurysms are reported infrequently in the literature. We sought to identify the true incidence of these graft aneurysms after popliteal aneurysm repair and identify factors which

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

may increase the risk of such aneurysms developing. Using a prospectively compiled database, we identified patients who underwent a popliteal aneurysm repair between January 1996 and January 2011 at a single district general hospital. Patients were routinely followed up in a graft surveillance programme. Out of 45 patients requiring repair of a popliteal aneurysm over a 15-year period, four (8.8%) patients developed aneurysmal graft disease. Of the patients who developed graft aneurysms, all had aneurysmal disease at other sites compared with 18 (45.0%) patients who did not develop graft aneurysms. Patients with graft aneurysms had a mean of 1.60 aneurysms elsewhere compared to 0.58 in patients with non-aneurysmal grafts ($P = 0.005$). True vein graft aneurysms occur in a significant number of patients following popliteal aneurysm repair. Our data would suggest this to be more likely in patients who have aneurysms elsewhere and therefore a predisposition to aneurysmal disease. It may be appropriate for patients with aneurysms at other sites to undergo more prolonged post-operative graft surveillance.

Creating gelatine models for vascular access surgical courses (2015)

Type of publication:

Journal article

Author(s):

*Lambert, J, *Fox, A

Citation:

Annals of the Royal College of Surgeons of England, Oct 2015, vol. 97, no. 7, p. 541

Endocervical Crypt Involvement by CIN2-3 as a Predictor of Cytology Recurrence After Excisional Cervical Treatment. (2015)

Type of publication:

Journal article

Author(s):

*Papoutsis, Dimitrios, *Panikkar, Jane, *Underwood, Martyn, Blundell, Sue, *Sahu, Banchita, *Blackmore, Jill, *Reed, Nicholas

Citation:

Journal of Lower Genital Tract Disease, Oct 2015, vol. 19, no. 4, p. 311-318

Abstract:

The primary objective was to determine whether endocervical crypt involvement (ECI) by cervical intraepithelial neoplasia (CIN) on the excised cervical tissue after large loop excision of the transformation zone (LLETZ) represents a predictor of cytology recurrence. Secondary objective was to identify the ability of a pretreatment cervical punch biopsy to predict cytology recurrence. This was a case series study conducted in an NHS hospital. Women with LLETZ treatment performed over a 2-year period (2010-2011) were identified through our colposcopy database. Women with previous cervical treatment, cervical cancer on cone histopathology, or missing follow-up data were excluded. A group of

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526 eligible women was identified over the study period. Crypt involvement was not a predictor of recurrence in the total sample. However, in the subgroup of women with CIN2-3 on pretreatment punch biopsy and with ECI on cone specimen in comparison to those without ECI, we identified an increased risk for overall cytology recurrence (HR, 3.1; 95% CI, 1.04-9.28; P = 0.043) and a trend for increased risk of high-grade cytology recurrence (HR, 4.62; 95% CI, 0.84-25.28; P = 0.07). A pretreatment punch biopsy showing crypt involvement by CIN2-3 was indicative of women at risk for abnormal cytology after excision. In women with CIN2-3 on pretreatment punch biopsy and ECI on excised tissue, the high-grade cytology recurrence was significantly reduced if more than 1.9 cm of cervix was removed. It seems that the presence of crypt involvement on the excised cervix in the subgroup of women with CIN2-3 on pretreatment punch biopsy is predictive of cytology recurrence.

Protein biomarkers in the rectal mucosa: a novel test for colorectal cancer? (2015)

Type of publication:

Conference abstract

Author(s):

*Lacy-Colson J., Norwood M., Murray C., Booth J.

Citation:

Gut, June 2015, vol./is. 64/(A529-A530)

Abstract:

Introduction: Earlier detection of colorectal cancer is a clinical priority. Currently very high numbers of patients are referred for colonoscopy under the 2 week rule system, with a pick up rate for cancer of 1:20 or less putting a major strain on endoscopy units investigating large numbers of the worried well. The aim of this study was to assess the correlation of protein biomarkers captured from the rectal mucosa with the presence or absence of colorectal cancer. **Method** We conducted a case control study of 20 patients with colorectal cancer, and 20 controls. All patients had been referred to colorectal outpatients with potentially worrying symptoms; presence or absence of cancer was determined by colonoscopy or CT virtual colonoscopy. A novel sampling device, OriCol™, was employed to collect samples of rectal mucosa for biomarker analysis. The device incorporates a nitrile membrane which, following insertion into the unprepared rectum via a standard proctoscope, is inflated to make contact with the rectal mucosa for a period of 10 s. Upon deflation and retraction of the membrane, a preservation buffer is added to preserve the sample prior to analysis. Sampling can be performed in an outpatient setting in under 2 min and has been shown to be well tolerated in >2500 patients. The levels of various antibodies, haemoglobin and carcinoembryonic antigen were analysed using conventional ELISA techniques. Statistical analysis of the trial results was performed using the Wilcoxon test for non-parametric comparisons with two sided p values. The area under the receiver operating characteristic (ROC) curve for distinguishing between the two diagnostic groups, together with its confidence interval, was calculated for each biomarker. Logistic regression analyses were used to investigate the performance of different combinations of biomarkers. This study was conducted with appropriate research ethics committee approval. **Results** Univariate analyses identified five candidate predictive biomarkers for colorectal cancer. All combinations of two and three predictors were investigated using logistic regression. The best performing combination of biomarkers was haemoglobin and IgA. The area under the ROC curve for this best linear combination was 0.86. **Conclusion** We suggest that ELISA

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analysis protein biomarkers collected with the OriCol™ device offers a potentially useful and cost-effective pre-colonoscopy screening tool in patients referred under the 2 week rule criteria. Data from this pilot study suggests that a sensitivity of >95% can be achieved while massively reducing the number of patients requiring urgent colonoscopy to exclude a diagnosis of cancer.

Link to full-text: http://gut.bmj.com/content/64/Suppl_1/A529.2.full.pdf+html

An unusual cause of fetomaternal distress at term: uterine vessel rupture in pregnancy (2015)

Type of publication:

Journal article

Author(s):

Calcott G.A., Gaber M., Freedman J., Patni S.

Citation:

BMJ Case Reports, August 2015, vol./is. 2015

Abstract:

This report describes a case of spontaneous bleeding from uterine vessels presenting as hyperstimulation and fetomaternal distress at term. A 40-week primigravid woman underwent an emergency caesarean section for fetal distress, which unexpectedly revealed a spontaneous haemoperitoneum. Clinical assessment and investigations postoperatively gave a diagnosis of a rightsided uterine artery aneurysm that, it was believed, had ruptured, causing the haemoperitoneum. This was successfully treated postnatally using interventional radiological techniques leading to expeditious maternal recovery and discharge home.

Link to full-text: <http://casereports.bmj.com/content/2015/bcr-2014-209004.full.pdf>

Validation of the English translation of the low anterior resection syndrome score (2015)

Type of publication:

Journal article

Author(s):

Juul T., Christensen P., Janjua A.Z., Laurberg S., Emmertsen K.J., Moran B., Khan R.B., Kurasz C., Waldron E., Battersby N.J., Janjau Z., Moran B.J., Shahir T., Chan K., Glynne-Jones R., Kelly S., Evans K., Hughes R., Smith F., Heath B., Leinhardt D., Norton A., Jayne D., Moriarty C., Laing E., Mawdsley S., Bourner L., Narula N., Ward J., *Lacy-Colson J., *Moore H., *Potts S., Branagan G., Bell L., Chave H., Carter V., Mirza N., Pereira G., Williams J.G., Last K., Todd J., Woodcock N.

Citation:

Colorectal Disease, October 2015, vol./is. 17/10(908-916)

Abstract:

Aim: Many patients having anterior resection for rectal cancer suffer from severe long-term bowel dysfunction, known as low anterior resection syndrome (LARS). The LARS score was developed in Denmark, and Swedish, Spanish and German versions have been validated. The aim of this study was to validate the English translation of the LARS score in British rectal cancer patients. Method: Rectal cancer patients who underwent an anterior resection in 12 UK centres received the LARS score questionnaire, the EORTC QLQ-C30 and a single ad hoc quality of life question. A subgroup of patients received the LARS score questionnaire twice. Results: The response rate was 80% and 451 patients were included in the analyses. A strong association between LARS score and quality of life (convergent validity) was found ($P < 0.01$), discriminative validity was good ($P < 0.02$) and the test-retest reliability was high (intraclass correlation coefficient 0.83). Conclusion: The English translation of the LARS score has shown good psychometric properties comparable with recently published results from an international multicentre study. Thus, the English translation of the LARS score can be considered a valid and reliable tool for measuring LARS.

Thrombolysis for stroke in pregnancy at 39 weeks gestation with a subsequent normal delivery (2015)

Type of publication:

Journal article

Author(s):

*Ritchie J., *Lokman M., *Panikkar J.

Citation:

BMJ Case Reports, August 2015, vol./is. 2015

Abstract:

Stroke during pregnancy is fortunately a rare event, however, it can have severe consequences, with 9.5% of all maternal deaths being related to stroke. The most common presentation is an ischaemic stroke. There has been much debate as to the correct treatment for such cases' and whether thrombolysis can be used safely in pregnancy. Our case describes a 28-year-old woman with a previous normal vaginal delivery presenting in her third trimester with a sudden onset of dense left hemiparesis. She was successfully treated with alteplase, an intravenous recombinant tissue-type plasminogen activator, and made a full recovery after normal delivery of a healthy infant. This case report highlights one of the first documented successful outcomes from thrombolysis for this condition in the UK and may help inform future management of these women.

Link to full-text: <http://casereports.bmj.com/content/2015/bcr-2015-209563.full.pdf>

Understanding the needs of people with dementia and family carers (2015)

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Type of publication:

Journal article

Author(s):

Bray, Jennifer, Evans, Simon, Thompson, Rachel, Bruce, Mary, Carter, Christine, Brooker, Dawn, Milosevic, Sarah, *Coleman, Helen, *McSherry, Wilf

Citation:

Nursing Older People, 01 September 2015, vol./is. 27/7 (18-23)

Abstract:

This is the first in a short series that presents case study examples of the positive work achieved by trusts who participated in the Royal College of Nursing's development programme to improve dementia care in acute hospitals. When a person with dementia is in hospital, poor understanding of individual needs and preferences can contribute to a lack of person-centred care. Similarly, the needs of family carers can often be overlooked and staff do not always appreciate these needs at such a stressful time. This article illustrates how three NHS trusts have addressed these issues. To help staff get to know patients with dementia, Salford Royal NHS Foundation Trust has implemented a patient passport. Similarly, The Shrewsbury and Telford Hospital NHS Trust has implemented a carer passport that overcomes the restrictions imposed by hospital visiting hours. Royal Devon and Exeter NHS Foundation Trust also focused on carers, holding a workshop to elicit feedback on what was important to them. This was a useful means of engaging with carers and helped staff to realise that even simple changes can have a significant effect.

Percutaneous endoscopic gastrostomy (PEG) in disabled children - a bench marking exercise (2015)

Type of publication:

Conference abstract

Author(s):

*Saran S.S., *Wasala D.W., *Ayub N.A.

Citation:

Archives of Disease in Childhood, April 2015, vol./is. 100/(A196)

Abstract:

Background: The Paediatric Gastroenterology Unit based at the Royal Shrewsbury Hospital provides a service for two hospitals. Its subsequent management is supported by the Community Paediatric Nurses. A benchmarking exercise of the PEG Service was undertaken and audited against the European Society for Parenteral and Enteral Nutrition (ESPEN) Guidelines. Methods All children with a PEG in-situ were identified from the Community Nurses PEG database. The electronic records of these patients were accessed for relevant data and input into a Microsoft Excel 2010 database by a single researcher. The ESPEN standards were used to audit the service in the relevant domains. Results 53 children with a PEG were identified. There was a clearly documented indication for a PEG in 96%, with neurologically disabled children at risk of aspiration comprising the largest group (47%). Feeding difficulties and Failure to thrive (FTT) made up 30% while other indications were Sensory Feeding Disorder in combination with other primary disorders (13%) dysmotility (4%) and metabolic causes (2%). The primary diagnosis was

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neurological in 55%, gastrointestinal 11%, renal 4% and cardiovascular, respiratory and endocrine 2% each. There were multiple diagnoses in 11% Nasogastric feeds were instituted and documented prior to the PEG in 94% and may have been used in a further 2% but not documented. More than half the children had their PEG sited at the age of 13-36 months (52%), a further 15% under 13 months while 20% were after the age of 36 months. Almost one third of the children (29%) had no complications from the PEG. Localised infection was the commonest complication (28%) with granulation tissue (13%), mechanical problems (dislodgement 8%, blockage 4%), skin ulceration (10%) and leakage (8%) as other complications. PEG feeds were successful in improving the weight centiles of these patients. Parental satisfaction with the service could not be evaluated retrospectively. Conclusions The PEG Service at the Shrewsbury and Telford Hospitals NHS Trust adheres to ESPEN standards in the majority of patients and is associated with a low complication rate. Parental Satisfaction with the service should be sought prospectively.

Link to full-text: http://adc.bmj.com/content/100/Suppl_3/A196.1.full.pdf+html

Treatment of the first episode of childhood idiopathic nephrotic syndrome: A systematic review and meta-analysis (2015)

Type of publication:

Conference abstract

Author(s):

Zolotas E., *Leontsinis I.

Citation:

Archives of Disease in Childhood, April 2015, vol./is. 100/(A208-A209)

Abstract:

Background and objective Corticosteroids induce remission in 80% of children with idiopathic nephrotic syndrome (INS). However 90% of steroid responders experience at least one relapse and 40% of them suffer from frequent relapses. The optimal treatment for the first episode of INS in terms of preventing subsequent relapses remains controversial. Methods We conducted a systematic review and meta-analysis of randomised controlled trials (RCT). We searched MEDLINE, EMBASE and Cochrane Central Register of Controlled Trials without language restriction. We also searched proceedings from international conferences and we contacted investigators. We only included RCT which compared different regimens for the treatment of the first episode of INS in children. Results 26 RCT were included. Nine studies compared the classic two-month steroid regimen with prolonged steroid courses ranging from three to seven months. Meta-analysis of those studies showed no difference in the number of children with frequent relapses [RR: 0.79, 95% CI (0.57, 1.08)] (Figure 1) and number of relapses per patient [WMD: -0.37, 95% CI (-0.85, 0.1)]. Cumulative steroid dose was significantly higher with prolonged courses [SMD: 0.48 95% CI (0.16, 0.81)] (Figure 2). Eight studies compared three months with six months of steroid treatment. Similarly there was no difference in frequent relapses [RR: 0.63, 95% CI (0.36, 1.10)] (Figure 3) and relapses per patient [WMD: -0.32, 95% CI (-0.65, 0.00)]. Three RCT explored the potential benefit of adding cyclosporine, azithromycin or sarei-to, a Chinese herb, to steroids. Only sarei-to was showed to improve frequent relapses and number of relapses per patient. Conclusion This meta-analysis showed no sufficient evidence that prolonged steroid courses for the first episode of INS can prevent future relapses. The cumulative steroid dose was significantly higher with

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prolonged courses suggesting a potential for increased toxicity, even though the incidence of side effects was similar. In conclusion, the current evidence cannot support that prolongation of steroid treatment for the first episode of INS for more than two to three months is beneficial. Abbreviations RR relative risk, CI confidence intervals, WMD weighted mean difference, SMD standardised mean difference (Figure Presented).

Link to full-text: http://adc.bmj.com/content/100/Suppl_3/A208.2.full.pdf+html

Incidence of malignancy in solitary thyroid nodules (2015)

Type of publication:

Journal article

Author(s):

Keh, S M, *El-Shunnar, S K, Palmer, T, *Ahsan, S F

Citation:

Journal of Laryngology and Otology, Jul 2015, vol. 129, no. 7, p. 677-681

Abstract:

This study aimed to investigate the prevalence and clinical significance of solitary thyroid nodules in patients who underwent thyroid surgery. A retrospective review was performed of the case notes of all adult patients who underwent thyroid surgery from January 2003 to December 2009. All patients with solitary thyroid nodules identified by ultrasonography were included. In total, 225 patients underwent thyroid surgery. The prevalence of solitary thyroid nodules was 27.1 per cent (61 out of 225 patients). Seventy-two per cent of patients were women and the mean age at presentation was 52 ? 16 years. In all, 75.4 per cent of solitary nodules had neoplastic pathology and the malignancy rate was 34.4 per cent. The sensitivity and specificity of fine needle aspiration cytology for neoplasm detection were 73.9 per cent and 80.0 per cent, respectively. There was no association between the various ultrasonography parameters and malignancy risk ($p > 0.05$). Solitary thyroid nodules should be investigated thoroughly with a high index of suspicion because there is a high probability (34.0 per cent) of malignancy.

Cytological follow-up after hysterectomy: is vaginal vault cytology sampling a clinical governance problem? The University Hospital of North Staffordshire approach (2015)

Type of publication:

Journal article

Author(s):

Parry-Smith W., Thorpe D., Ogboro-Okor L., *Underwood M., Ismaili E., Kodampur M., Todd R., Douce G., Redman C.W.E.

Citation:

Cytopathology, June 2015, vol./is. 26/3(188-193)

Abstract:

Objectives: Vaginal vault cytology sampling following hysterectomy is recommended for specific indications in national guidelines. However, clinical governance issues surround compliance with guidance. Our first study objective was to quantify how many patients undergoing hysterectomy at the University Hospital of North Staffordshire (UHNS) had vault cytology advice in their histology report and, if indicated, whether it was arranged. The second was to devise a vault cytology protocol based on local experience and national guidance. Methods: The local cancer registry was searched. Clinical, clerical and histological data for all patients undergoing hysterectomy were collected. Results: In total, 271 patients were identified from both the gynae-oncology and benign gynaecology teams. Of these, 24% (65/271) were gynae-oncology patients with a mean age of 69 years. The benign gynaecology team had 76% (206/271) of patients with a mean age of 55 years. Subsequently, 94% (256/271) had cytology follow-up advice in their histopathology report. Ultimately, from both cohorts, 39% (18/46) had follow-up cytology performed when indicated. Conclusion: A high proportion of cases complied with national guidance. However, a disappointingly high number did not have vault cytology sampling when this was indicated. This is probably a result of the complex guidance that is misunderstood in both primary and secondary care. Vault follow-up of patients after hysterectomy rests with the team performing the surgery. Vault cytology, if indicated, should be performed in secondary care and follow-up should be planned. The protocol set out in this article should be followed to avoid unnecessary clinical governance failings.

Does a preprinted Evacuation of Retained Products of Conception (ERPC) consent form improve information provided to patients who are undergoing an ERPC compared to a generic hospital consent form? (2015)

Type of publication:

Conference abstract

Author(s):

*Khattak H., *Bakhai K., *Zainab O.M., *Jones C., *Swain K., *Biswas N.

Citation:

BJOG: An International Journal of Obstetrics and Gynaecology, April 2015, vol./is. 122/(21)

Abstract:

Introduction The General Medical Council (GMC) highlights in Good Medical Practice that obtaining informed consent is one of the duties of a doctor. The GMC advocate in the consent guidelines that the process of consenting is a partnership between the doctor and patient to come to a mutually agreed decision. There may be important medico-legal implications for doctors who obtain uninformed consent. This audit investigated the documentation of this clinical interaction. In the light of this, an original audit on 'ERPC Consent' was carried out in 2013. The audit highlighted that 'serious risks' were not consistently recorded. We therefore encouraged the use of a preprinted ERPC consent form. A re-audit was carried out in 2014. Methods A total of 30 case notes and consent forms were obtained, which is 71% of total ERPCs performed over a 3-month period in 2013. These were analysed using a pro forma and results presented at a local clinical governance meeting. As a result of this meeting, the preprinted form was re-introduced. A re-audit was performed, using the same pro forma with 25 case notes (51% of all ERPCs) over a 3 month period in 2014. The results were analysed and also presented to

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clinical governance. Results The original audit found that in 2013 only 20% of the forms used to take consent were the ERPC specific forms. After re-auditing in 2014, the number rose to 80%. This showed significant results for improvement in documentation for serious risks, in particular infertility (from 37% to 80%), significant cervical trauma (from 10% to 52%), damage to blood vessels (from 47% to 84%) and thrombosis (from 80% to 88%). Conclusion In conclusion, the complete audit cycle showed that there is a significant improvement in documentation of serious risk factors associated with surgical management of miscarriage and provision of information leaflets to the patients about ERPC. However, we recognise that small sample size may have limited our results and therefore propose a re-audit of all ERPCs performed in 2014.

Link to full-text:

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201504001-00048&LSLINK=80&D=ovft>

High-grade vaginal intraepithelial neoplasia (VAIN2/3): comparison of clinical outcomes between treated and untreated patients in an observational cohort study (2015)

Type of publication:

Conference abstract

Author(s):

*Pandey B., *Papoutsis D., *Guttikonda S., *Ritchie J., *Reed N., *Panikkar J., *Blundell S.

Citation:

BJOG: An International Journal of Obstetrics and Gynaecology, April 2015, vol./is. 122/(149)

Abstract:

Introduction We aimed to compare the clinical outcomes between treated and untreated patients with high-grade vaginal intraepithelial neoplasia (VAIN2/3) in our colposcopy unit. **Methods** The clinical records of all patients diagnosed with VAIN and vaginal cancer over the time period of 1981-2012 were retrieved and reviewed. The primary outcome was to identify the progression of treated versus untreated patients with VAIN2/3 to vaginal cancer and to compare persistent VAIN disease in both subgroups. The secondary outcome was to identify any associations between particular demographic features of treated/ untreated VAIN2/3 patients with their clinical outcome. **Results** During the time period of this observational cohort study 36 patients of which 11 patients with VAIN1, 19 with VAIN2/3 disease and 6 with vaginal cancer were identified. In those with VAIN2/3 (n = 19) the diagnosis was made in a younger age in the subgroup of treated patients (n = 8) versus the untreated patients (n = 11) (47 +/- 7.1 versus 54.3 +/- 11.5 years old). Nulliparity and smoking status were similar between the two cohorts. The median follow-up for the untreated women was 7 years (range 1-22 years). In the treated VAIN2/3 group, median time from diagnosis to treatment was 4 years (range 0.2-7 years), and median follow-up after treatment was 7 years (range 0.5-18 years). Treatment methods were ablation (n = 4), excision of lesion (n = 2) and vaginectomy (n = 2). There were no cases of treated VAIN2/3 patients (0%) that progressed to vaginal cancer, whereas n = 3 cases of untreated VAIN2/3 patients (21.4%) progressed to vaginal cancer. Following initial VAIN2/3 diagnosis, 8/11 cases of untreated VAIN2/3 (72.7%) had persistent disease as identified in follow-up cytology/colposcopy/vaginal biopsies. In the treated VAIN2/3 patients, 5/5 cases (100%) had persistent disease post-diagnosis but after treatment

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

this decreased to 2/7 cases (28.5%). Conclusion Treated VAIN2/3 patients were of younger age but of similar smoking status and parity in comparison to untreated patients. Three cases of untreated VAIN2/3 progressed to vaginal cancer, whereas there were no such cases of patients receiving treatment for VAIN2/3. The VAIN2/3 patients who received treatment had a higher rate of persistent VAIN disease at followup post-diagnosis (100% versus 72.7%), but after treatment this rate fell down to 28.5%. Further studies are needed to conclude whether treatment of VAIN2/3 disease reduces the rate of VAIN disease persistence and affects the progression to vaginal cancer.

Link to full-text:

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201504001-00343&LSLINK=80&D=ovft>

Teenage pregnancy: incidence and outcomes in a rural Shropshire district general hospital trust (2015)

Type of publication:

Conference abstract

Author(s):

*Moore K.L., Ritchie J., *Calcott G., *Underwood M., *Oates S.

Citation:

BJOG: An International Journal of Obstetrics and Gynaecology, April 2015, vol./is. 122/(319)

Abstract:

Introduction The UK has the highest rate of teenage pregnancy across Western Europe; however, the rate has been reducing and is currently at its lowest since 1969. Perceptions exist of worse outcomes in teenage pregnancies among healthcare professionals and the public alike. The review sought to determine outcomes of teenage pregnancy (2013-2014) and compare rates of teenage pregnancy (2008-2013) at Shrewsbury and Telford Hospitals (SaTH) NHS Trust and compare with local population outcomes. **Methods** A 12-month retrospective review of teenage pregnancy outcomes and comparison with outcomes of all deliveries at SaTH between April 2013 and March 2014, a total of 4916 deliveries, was conducted. Data sources included the MEDWAY Hospital Database. Recorded pregnancy outcomes were classified into two categories: outcomes in mothers aged 19 years or younger at time of delivery and outcomes in all mothers who delivered at SaTH in the study period. Parameters assessed included mode of delivery; blood loss; perineal trauma; birthweight; Apgar scores. Teenage pregnancy rates over the last 6 years were compared to recorded rates in 1996. **Results** The rate of teenage pregnancy has continued to reduce; especially in those aged <16 years. Over 90% of teenage mothers had a vaginal delivery and were half as likely to require caesarean delivery (RR 0.49; 95% CI 0.33-0.75). Low rates of instrumental deliveries were seen in each category; no failed instrumental deliveries occurred among teenage mothers. Teenage mothers were not at a statistically significant increased risk of preterm delivery; however, mean term birthweights were lower among teenage mothers; 3302 g compared with 3464 g in the total population; and mean Apgar scores were the same in both groups. No difference was seen in rates of severe perineal trauma; however, more than 60% of teenage mothers had an intact perineum. Furthermore, teenage mothers had significantly lower rates of postpartum haemorrhage (RR 0.66, 95% CI 0.48-0.90). **Conclusion** Thus, one may suggest a lower risk of harm to teenage parturients and their babies compared with the local population, contrary to current general beliefs.

Link to full-text:

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201504001-00718&LSLINK=80&D=ovft>

How can health professionals improve the management of postnatal depression: the patients' perspective (2015)

Type of publication:

Conference abstract

Author(s):

*Jones, C.

Citation:

BJOG: An International Journal of Obstetrics and Gynaecology, April 2015, vol./is. 122/(324)

Abstract:

Introduction Having felt 'lost' myself and almost 'let down' with the management of my own postnatal depression (PND), I wondered whether my view was an anomaly or whether there is a general mismanagement of the illness but from a patient's point of view. There is an increased understanding and awareness of the illness in recent years, largely in part to the use of social media and charitable awareness campaigns. Methods I created a simple online survey asking volunteers who have had PND to provide answers to questions surrounding their help seeking behaviour and how they feel the health professionals treated them and how they feel that their health professionals could improve. This survey was shared amongst a private, online postnatal depression forum in which individuals could opt to take part. There was also an opportunity for those taking part to add 'free text'. These results were collated and analysed. Results A total of 53 responses were obtained. 29% of the responses state they became unwell during pregnancy, 10% between birth and hospital discharge, 22% in the first 6 weeks and the remainder throughout the rest of the first year. All ladies experienced more than one symptom, but in their view, the most alarming symptoms were anxiety (15%), anger (13%), no bond with baby (18%) and imagining or planning own death (24%). 9% of all responders did not seek any help, 38% obtained help in first 6 weeks, 22% in first 6 months and the remainder thereafter. 83% of responders went to their own GP as their first contact. When asked about the first point of contact, in relation to ease of appointment, empathy, knowledge and respect, the responses were mixed. The free text highlighted a few common themes of concern, concerns over computer usage in consultations and lack of follow-up arrangements. Conclusion In conclusion, PND management varies between locations. There are positives and negatives within the patient's journey. I believe we can improve this by returning to our instincts, by acknowledging the distress and managing the mother with compassion.

Link to full-text:

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201504001-00729&LSLINK=80&D=ovft>

Diagnostic laparoscopy in acute right iliac fossa (RIF) pain to take the appendix or to leave it in? (2015)

Type of publication:

Conference abstract

Author(s):

*Sukha A., *Packer H., *Taylor M., *Goodyear S.

Citation:

Surgical Endoscopy and Other Interventional Techniques, April 2015, vol./is. 29/(S309-S310)

Abstract:

Aims Laparoscopy is used to both investigate acute RIF pain and treat the findings of an inflamed appendix. This study investigates the histology of appendixes where the clinical diagnosis was unclear on presentation and the investigative imaging was inconclusive. Methods Retrospective data collection between January - June 2014 of all appendectomies. Data was collected from Theatre logbooks and the Pathology and PACS computer systems, and analysed in Microsoft Excel. Results 50 patients had an undiagnosed cause of RIF pain. 15% (n = 34) had an USS and 7% (n = 16) had a CT. 58% (n = 29) of scans were reported as negative/inconclusive for appendicitis. All 29 patients had a DL and appendicectomy and 45% (n = 13) were histologically reported as appendicitis. There was 3% (n = 1) associated morbidity and 0% mortality. Conclusion The appendix should be removed when faced with a diagnostic uncertainty and no other pathology is found. The advancement of laparoscopic skills and training has led to low morbidity and mortality as supported by this study. We conclude it is safer to remove the appendix than to leave it in. Key statement The presentation of an acute right iliac fossa pain can sometimes be clinically difficult to diagnose. When investigations are normal or inconclusive and symptoms persist the advancement of laparoscopic surgery allows us to perform diagnostic laparoscopy. When there is no obvious pathology found the appendix should still be removed.

Is the negativity rate of laparoscopic appendicectomies on the increase? (2015)

Type of publication:

Conference abstract

Author(s):

*Sukha A., *Packer H., *Taylor M., *Goodyear S.

Citation:

Surgical Endoscopy and Other Interventional Techniques, April 2015, vol./is. 29/(S313)

Abstract:

Aims: This study investigates the histological appearance of appendixes from laparoscopic and open appendicectomies. We propose that the negativity rate of laparoscopic appendicectomies is when compared to an open appendicectomy due to the advancements in laparoscopic equipment and surgeon skills. Methods Retrospective data collection of all appendicectomies between January - June 2014. Data was collected from Theatre logbooks and the Pathology and PACS computer systems, and

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

analysed in Microsoft Excel. Results 226 appendectomies were performed on the emergency-operating list. 174 (77%) had a laparoscopic appendectomy and 52(23%) had an open procedure. The negative appendix rate on histology was significantly higher in the laparoscopic group (28.2%, n = 49) versus the open group (11.5%, n = 6) p = 0.05. There was a 2% (n = 5) associated morbidity and 0% mortality. Conclusion Laparoscopic surgery is considered to be a minimally invasive surgical procedure with low associated risks. The appendix is removed when inflamed and often in right iliac fossa pain when no other pathology is found. Our study shows that laparoscopy may be overused resulting in higher than expected negativity rates. Key statement Laparoscopic surgery is fast becoming the preferred operative procedure for the suspected appendicitis diagnostic tool in the unclear presentation of right iliac fossa pain. The minimally invasive procedure is considered to be a safe procedure perhaps resulting in its overuse. We investigate the negativity rate in laparoscopic verses open appendectomy.

Chronic Pain in Adults (2015)

Type of publication:

Journal article

Author(s):

*Ponomarenko-Jones, Rosalind

Citation:

Nursing Standard (2015) 29, 61-61.

Abstract:

A CPD article informed Rosalind Ponomarenko-Jones of the types of pain, assessment tools and treatments available

Link to full-text: <http://journals.rcni.com/doi/full/10.7748/ns.29.29.61.s47>

How good are surgeons at identifying appendicitis? Results from a multi-centre cohort study (2015)

Type of publication:

Journal article

Author(s):

Strong S., Blencowe N., Bhangu A., Panagiotopoulou I.G., Chatzizacharias N., Rana M., Rollins K., Ejtehad F., Jha B., Tan Y.W., Fanous N., Markides G., Tan A., Marshal C., Akhtar S., Mullassery D., Ismail A., Hitchins C., Sharif S., Osborne L., Sengupta N., Challand C., Pournaras D., Bevan K., King J., Massey J., Sandhu I., Wells J.M., Teichmann D.A., Peckham-Cooper A., Sellers M., Folaranmi S.E., Davies B., Potter S., Egbeare D., Kallaway C., Parsons S., Upchurch E., Lazaridis A., Cocker D., King D., Behar N., Loukogeorgakis S.P., Kalaiselvan R., Marzouk S., Turner E.J.H., Kaptanis S., Kaur V., Shingler G., Bennett A., Shaikh S., Aly M., Coad J., Khong T., Nouman Z., Crawford J., Szatmary P., West H., MacDonald A., Lambert J., Gash K., Hanks K.A., Griggs E., Humphreys L., Torrance A., Hardman J., Taylor L., Rex D., Bennett J., Crowther N., McAree B., Flexer S., Mistry P., Jain P., Hwang M., Oswald N., Wells A.,

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Newsome H., Martinez P., Alvarez C.A.B., Leon J., Carradice D., Gohil R., Mount M., Campbell A., Iype S., Dyson E., Groot-Wassink T., Ross A.R., Charlesworth P., Baylem N., Voll J., Sian T., Creedon L., Hicks G., Goring J., Ng V., Tiboni S., Palser T., Rees B., Ravindra P., Neophytou C., Dent H., Lo T., Broom L., O'Connell M., Foulkes R., Griffith D., Butcher K., McLaren O., Tai A., Yano H., Torrance H.D.T., Moussa O., Mittapalli D., D.Watt, Basson S., Gilliland J., Pilgrim S., Wilkins A., Yee J., Cain H., Wilson M., Pearson J., Turnbull E., Brigid A., Yassin N.A., Clarke J., Mallappa S., Jackson P., Jones C., Lakshminarayanan B., Sharma A., Velineni R., Fared K., Yip G., Brown A., Patel N., Ghisel M., Tanner N., Jones H., Witherspoon J., Phillips M., Ho M.F., Ng S., Mak T., Campain N., Mukhey D., Mitchell W.K., Amawi F., Dickson E., Aggarwal S., Satherley L.K., Asprou F., Keys C., Steven M., Johnstone M., Muhlschlegel J., Hamilton E., Yin J., Dilworth M., Wright A., Spreadborough P., Singh M., Mockford K., Morgan J., Ball W., Royle J., Lacy-Colson J., Lai W., Griffiths S., Mitchell S., Parsons C., Joel A.S., Mason P.F., Harrison G.J., Steinke J., Rafique H., Battersby C., Hawkins W., Gurram D., Hateley C.A., Penkethman A., Lambden C., Conway A., Dent P., Yacob D., Oshin O.A., Hargreaves A., Gossedge G., Long J., Walls M., Futaba K., Pinkney T., Puig S, Boddy A., Jones A., Tennuci C., Battersby N., Wilkin R., Lloyd C., Sein E., McEvoy K., Whisker L., Austin S., Colori A., Sinclair P., Loughran M., Lawrence A., Horsnell J., Bagenal J., Pisesky A., Mastoridis S., Solanki K., Siddiq I., Merker L., Sarmah P., Richardson C., Hanratty D., Evans L., Mortimer M., Bhalla A., Bartlett D., Beral D., Cornish J., Haddow J.B., Hall N.J.

Citation:

International Journal of Surgery, March 2015, vol./is. 15/(107-112)

Abstract:

Background: Convincing arguments for either removing or leaving in-situ a macroscopically normal appendix have been made, but rely on surgeons' accurate intra-operative assessment of the appendix. This study aimed to determine the inter-rater reliability between surgeons and pathologists from a large, multicentre cohort of patients undergoing appendicectomy. Materials and methods: The Multicentre Appendicectomy Audit recruited consecutive patients undergoing emergency appendicectomy during April and May 2012 from 95 centres. The primary endpoint was agreement between surgeon and pathologist and secondary endpoints were predictors of this disagreement. Results: The final study included 3138 patients with a documented pathological specimen. When surgeons assessed an appendix as normal (n=496), histopathological assessment revealed pathology in a substantial proportion (n=138, 27.8%). Where surgeons assessed the appendix as being inflamed (n=2642), subsequent pathological assessment revealed a normal appendix in 254 (9.6%). There was overall disagreement in 392 cases (12.5%), leading to only moderate reliability (Kappa 0.571). The grade of surgeon had no significant impact on disagreement following clinically normal appendicectomy. Females were at the highest risk of false positives and false negatives and pre-operative computed tomography was associated with increased false positives. Conclusions: This multi-centre study suggests that surgeons' judgements of the intra-operative macroscopic appearance of the appendix is inaccurate and does not improve with seniority and therefore supports removal at the time of surgery.

Establishing a large prospective clinical cohort in people with head and neck cancer as a biomedical resource: head and neck 5000 (2015)

Type of publication:

Journal article

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Author(s):

Ness A.R., Waylen A., Hurley K., Jeffreys M., Penfold C., Pring M., Leary S., Allmark C., Toms S., Ring S., Peters T.J., Hollingworth W., Worthington H., Nutting C., Fisher S., Rogers S.N., Thomas S.J., Rogers S., Thiruchelvam J.K., Abdelkader M., Anari S., Mehanna H., Sheehan T., Dyker K., McCaul J., Benson R., Stewart S., Hall C., Lester J., Homer J., Hamid A., Lamont A., Fresco L., Lester S., Cogill G., Roy A., Foran B., Bisase B., Balfour A., Evans A., Gollins S., Conway D., Gunasekaran S.P., Lees L., Lowe R., England J., Scrase C., Wight R., Sen M., Doyle M., Moule R., Goodchild K., Rowell N., Beaumont-Jewell D., Loo H.W., Jankowska P., Paleri V., Casasola R., Roques T., Tierney P., Hwang D., Dyson P., Andrade G., Tatla T., Christian J., Winter S., Baldwin A., Davies J., King E., Barnes D., Repanos C., Kim D., Richards S., Dallas N., McAlister K., Berry S., Cole N., Moss L., Palaniappan N., Evans M., Siva M., *Hari C., Wood K., Simcock R., Waldron J., Hyde N., Ahmed I., Gahir D., O'Hara J., Carr R., Forster M., Thomas S., Wagstaff L., Mano J., Brammer C., Tyler J., Coatesworth A.

Citation:

BMC Cancer, December 2014, vol./is. 14/1, 1471-2407 (December 17, 2014)

Abstract:

Background: Head and neck cancer is an important cause of ill health. Survival appears to be improving but the reasons for this are unclear. They could include evolving aetiology, modifications in care, improvements in treatment or changes in lifestyle behaviour. Observational studies are required to explore survival trends and identify outcome predictors. **Methods:** We are identifying people with a new diagnosis of head and neck cancer. We obtain consent that includes agreement to collect longitudinal data, store samples and record linkage. Prior to treatment we give participants three questionnaires on health and lifestyle, quality of life and sexual history. We collect blood and saliva samples, complete a clinical data capture form and request a formalin fixed tissue sample. At four and twelve months we complete further data capture forms and send participants further quality of life questionnaires. **Discussion:** This large clinical cohort of people with head and neck cancer brings together clinical data, patient-reported outcomes and biological samples in a single co-ordinated resource for translational and prognostic research.

Link to full-text: <http://europepmc.org/articles/PMC4301458>

Teaching Video Neuro Images: an adult patient with rhythmic movement disorder (2015)

Type of publication:

Journal article

Author(s):

Loureiro R., Velis D., Beun A., *Gaitatzis A.

Citation:

Neurology, March 2015, vol./is. 84/12(e89), 0028-3878;1526-632X (24 Mar 2015)

Link to full-text:

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00006114-201503240-00023&LSLINK=80&D=ovft>

Current evidence and future perspectives on the effective practice of patient-centered laboratory medicine (2015)

Type of publication:

Journal article

Author(s):

*Hallworth M.J., Epner P.L., Ebert C., Fantz C.R., Faye S.A., Higgins T.N., Kilpatrick E.S., Li W., Rana S.V., Vanstapel F.

Citation:

Clinical Chemistry, April 2015, vol./is. 61/4(589-599), 0009-9147;1530-8561 (01 Apr 2015)

Abstract:

BACKGROUND: Systematic evidence of the contribution made by laboratory medicine to patient outcomes and the overall process of healthcare is difficult to find. An understanding of the value of laboratory medicine, how it can be determined, and the various factors that influence it is vital to ensuring that the service is provided and used optimally. **CONTENT:** This review summarizes existing evidence supporting the impact of laboratory medicine in healthcare and indicates the gaps in our understanding. It also identifies deficiencies in current utilization, suggests potential solutions, and offers a vision of a future in which laboratory medicine is used optimally to support patient care. **SUMMARY:** To maximize the value of laboratory medicine, work is required in 5 areas: (a) improved utilization of existing and new tests; (b) definition of new roles for laboratory professionals that are focused on optimizing patient outcomes by adding value at all points of the diagnostic brain-to-brain cycle; (c) development of standardized protocols for prospective patient-centered studies of biomarker clinical effectiveness or extraanalytical process effectiveness; (d) benchmarking of existing and new tests in specified situations with commonly accepted measures of effectiveness; (e) agreed definition and validation of effectiveness measures and use of checklists for articles submitted for publication. Progress in these areas is essential if we are to demonstrate and enhance the value of laboratory medicine and prevent valuable information being lost in meaningless data. This requires effective collaboration with clinicians, and a determination to accept patient outcome and patient experience as the primary measure of laboratory effectiveness.

The Achilles tendon resting angle as an indirect measure of Achilles tendon length following rupture, repair, and rehabilitation (2015)

Type of publication:

Journal article

Author(s):

*Carmont M.R., Gravare Silbernagel K., Brorsson A., Olsson N., Maffulli N., Karlsson J.

Citation:

Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology, April 2015, vol./is. 2/2(49-55), 2214-6873 (01 Apr 2015)

Abstract:

Background Rupture of the Achilles tendon may result in reduced functional activity and reduced plantar flexion strength. These changes may arise from elongation of the Achilles tendon. An observational study was performed to quantify the Achilles tendon resting angle (ATRA) in patients following Achilles tendon rupture, surgical repair, and rehabilitation, respectively. Methods Between May 2012 and January 2013, 26 consecutive patients (17 men), with a mean (standard deviation, SD) age of 42 (8) years were included and evaluated following injury, repair, and at 6 weeks, 3 months, 6 months, 9 months, and 12 months, respectively (rehabilitation period). The outcome was measured using the ATRA, Achilles tendon total rupture score (ATRS), and heel-rise test. Results Following rupture, the mean (SD) absolute ATRA was 55 (8)degree for the injured side compared with 43 (7)degree($p < 0.001$) for the noninjured side. Immediately after repair, the angle reduced to 37 (9)degree($p < 0.001$). The difference between the injured and noninjured sides, the relative ATRA, was -12.5 (4.3)degree following injury; this was reduced to 7 (7.9)degree following surgery ($p < 0.001$). During initial rehabilitation, at the 6-week time point, the relative ATRA was 2.6 (6.2)degree($p = 0.04$) and at 3 months it was -6.5 (6.5)degree($p < 0.001$). After the 3-month time point, there were no significant changes in the resting angle. The ATRS improved significantly ($p < 0.001$) during each period up to 9 months following surgery, where a score of 85 (10)degreewas reported. The heel-rise limb symmetry index was 66 (22)% at 9 months and 82 (14)% at 12 months. At 3 months and 6 months, the absolute ATRA correlated with the ATRS ($r = 0.63$, $p = 0.001$, $N = 26$ and $r = 0.46$, $p = 0.027$, $N = 23$, respectively). At 12 months, the absolute ATRA correlated with the heel-rise height ($r = -0.63$, $p = 0.002$, $N = 22$). Conclusion The ATRA increases following injury, is reduced by surgery, and then increases again during initial rehabilitation. The angle also correlates with patient-reported symptoms early in the rehabilitation phase and with heel-rise height after 1 year. The ATRA might be considered a simple and effective means to evaluate Achilles tendon function 1 year after the rupture.

Extrication time prediction tool (2015)

Type of publication:

Journal article

Author(s):

Nutbeam, Tim, *Fenwick, Rob, Hobson, Charles, Holland, Vikki, Palmer, Michael

Citation:

Emergency medicine journal : EMJ, May 2015, vol. 32, no. 5, p. 401-403 (May 2015)

Abstract:

Many patients will require extrication following a motor vehicle collision (MVC). Little information exists on the time taken for extrication or the factors which affect this time. To derive a tool to predict the time taken to extricate patients from MVCs. A prospective, observational derivation study was carried out in the West Midland Fire Service's metropolitan area. An expert group identified factors that may predict extrication time-the presence and absence of these factors was prospectively recorded at eligible extrications for the study period. A step-down multiple regression method was used to identify important contributing factors. Factors that increased extrication times by a statistically significant

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extent were: a physical obstruction (10 min), patients medically trapped (10 min per patient) and any patient physically trapped (7 min). Factors that shortened extrication time were rapid access (-7 min) and the car being on its roof (-12 min). All these times were calculated from an arbitrary time (which assumes zero patients) of 8 min. This paper describes the development of a tool to predict extrication time for a trapped patient. A number of factors were identified which significantly contributed to the overall extrication time.

Link to full-text: <http://emj.bmj.com/content/32/5/401.abstract>

The interconnectedness of ethical, phenomenological and hermeneutical dimensions influencing trustworthiness in the qualitative research interview (2015)

Type of publication:

Journal article

Author(s):

Ellingsen, Sidsel, Drageset, Sigrunn, *McSherry, Wilfred

Citation:

Nordic Nursing Research / Nordisk Sygeplejeforskning, 01 March 2015, vol./is. 5/1(70-76)

Abstract:

Creating trustworthy research knowledge within the qualitative research interview requires a high level of interpersonal sensitivity and reflexivity. This paper describes how ethical, phenomenological and hermeneutical dimensions are present during the qualitative research interview (QRI) and further discuss their interconnectedness and significance on the overall trustworthiness of the data created. The quality of any qualitative research interview is related to and dependent upon an open approach and the expertise of the researcher to meet ethical, phenomenological and hermeneutical challenges that arise.

A model to support staff in raising their concerns (2015)

Type of publication:

Journal article

Author(s):

McSherry, Robert, *McSherry, Wilfred

Citation:

Nursing Times, 18 February 2015, vol./is. 111/8(15-17)

Abstract:

Sir Robert Francis QC's Freedom to Speak Up review reported that there is still a "serious issue" around the treatment of whistleblowers. This article explores why raising and escalating concerns are integral to

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healthcare governance systems and processes, and presents Escal8 - a new model that outlines the steps in doing this. It also examines the importance of learning and sharing from escalation, and the impact on quality and safety.

Link to full-text: <http://search.proquest.com/docview/1660768724?accountid=49082>

New-onset diabetes after renal transplant (NODAT) presenting as diabetic ketoacidosis (DKA) in a patient with sickle cell disease (2015)

Type of publication:

Conference abstract

Author(s):

*Kaldindi S.R., *Moulik P., *Macleod A.

Citation:

Diabetic Medicine, March 2015, vol./is. 32/(117-118)

Abstract:

A 42-year-old Afro-Caribbean female presented with 1 week history of polyuria, polydipsia and vomiting. She had a background of transfusion associated iron overload and renal failure secondary to sickle cell disease. She underwent a live donor renal transplant 8 months prior to admission. Immunosuppressive therapy included tacrolimus, mycophenolate, prednisolone 5mg once a day. There was no family history of diabetes. She had a normal body mass index. Results revealed a pH of 7.08, bicarbonate of 6.6mmol/l, capillary blood glucose tests recorded as greater than 28.7mmol/l, ketones 7.0mmol/l, Hb 84 g/l. Her creatinine was 101µmol/l (baseline 90), eGFR 52 and tacrolimus levels were within therapeutic range. No obvious precipitant for diabetic ketoacidosis (DKA) was found. She responded well to intravenous fluids and insulin. Her glutamic acid decarboxylase (GAD) and islet antigen 2 (IA2) antibodies were negative. Possible causes for her diabetes include iron overload, steroid therapy, tacrolimus. In her case, she presented with a short timeline of symptoms along with severe DKA. This is typical of Type 1 diabetes, even though her antibodies were negative. NODAT usually behaves like Type 2 diabetes but, rarely, such patients can also present with an insulin deficient state similar to Type 1 diabetes. The Renal Association suggests lower levels of tacrolimus to decrease NODAT risk and screening for diabetes post-transplant. A steroid sparing immunosuppressive regimen may help in reducing the incidence of NODAT.

Link to full-text: http://onlinelibrary.wiley.com/doi/10.1111/dme.12668_1/pdf

Selective diabetic gastroparesis (2015)

Type of publication:

Conference abstract

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Author(s):

*Rai D., *Kalidindi S., *Moulik P., *Macleod A.

Citation:

Diabetic Medicine, March 2015, vol./is. 32/(118)

Abstract:

Up to 5% of people with Type 1 diabetes have been reported to have gastroparesis. We present the case of a 19-year-old female who presented to hospital with diabetic ketoacidosis due to intractable vomiting. She developed Type 1 diabetes aged 8. Initial diabetes control was very poor, with a peak HbA1c of 167mmol/mol and she developed severe non-proliferative diabetic retinopathy. One year prior to admission, she actively improved her blood sugars and dropped her HbA1c gradually down to 105mmol/mol. Paradoxically this seems to have worsened her vomiting. She denied any other symptoms of enteropathy and had no signs of autonomic or peripheral neuropathy. A CT and MRI brain were negative. She developed malnutrition requiring total parenteral nutrition and trials of prokinetics, dietary modifications were unsuccessful. A percutaneous endoscopic gastrostomy-jejunal tube was inserted which allowed simultaneous post pyloric feeding and gastric decompression. After a period of stable blood glucose with an HbA1c of 48mmol/mol, she had a formal gastric emptying study which confirmed severe delayed gastric emptying with a time (lag) of 87 min (normal <55) and half-life of 119 min (normal <80). Gastroscopy showed severe reflux oesophagitis consistent with delayed gastric emptying. She is currently awaiting a gastric pacemaker and manages to have small frequent meals with supplemental jejunal feeding. Diabetic gastroparesis is usually associated with peripheral and autonomic neuropathy, but she seems to have isolated gastroparesis. She also developed severe depression, psychological issues which required cognitive behavioural therapy. These issues could have worsened her symptoms.

Link to full-text: http://onlinelibrary.wiley.com/doi/10.1111/dme.12668_1/pdf

Teaching video neuroimages: frontal opercular seizures with jacksonian march (2015)

Type of publication:

Journal article

Author(s):

Extercatte J., De Haan G.-J., *Gaitatzis A.

Citation:

Neurology, March 2015, vol./is. 84/11(e83-e84)

Link to more details or full-text: <http://www.neurology.org/content/84/11/e83.short#>

Three-Year delayed presentation of femoral pseudoaneurysm after penetrating limb trauma (2015)

Type of publication:

Journal article

Author(s):

Butterworth J.W., *Butterworth W.A., Wu R.

Citation:

Annals of Vascular Surgery, February 2015, vol./is. 29/2(362.e11-362.e15)

Abstract:

Background Delayed presentations of lower limb pseudoaneurysms secondary to penetrating trauma are particularly rare. Methods After presentation of this rare case report, we review relevant published literature. Results We report a rare case of a 55-year-old man with a progressively enlarging mass measuring 15 cm by 15 cm on his right anteromedial thigh 3 years after penetrating trauma. Computer tomography angiogram revealed this to be a large pseudoaneurysm supplied by a side branch artery from the right superficial femoral artery. Using an open approach, the pseudoaneurysm was successfully repaired with the side branch oversewn, and the patient made a good recovery being discharged from hospital 4 days later. Conclusions Surgeons must retain pseudoaneurysm as a prominent differential for a patient presenting with a progressively enlarging, expansile mass of an extremity after penetrating trauma to ensure urgent investigation and prompt vascular intervention. Both open surgical ablation and endovascular embolization of pseudoaneurysms of the extremities are effective techniques with low rates of complications and morbidity reported in published literature.

Monckeberg's arteriosclerosis: Vascular calcification complicating microvascular surgery (2015)

Type of publication:

Journal article

Author(s):

*Castling B., *Bhatia S., *Ahsan F.

Citation:

International Journal of Oral and Maxillofacial Surgery, January 2015, vol./is. 44/1(34-36)

Abstract:

Monckeberg's arteriosclerosis is often an incidental finding, identified either clinically or on plain radiography. It can occasionally be associated with diabetes mellitus or chronic kidney disease. It differs from the more common atherosclerosis in that the tunica intima remains largely unaffected and the diameter of the vessel lumen is preserved. Despite such vessels appearing hard and pulseless throughout their affected length, they deliver relatively normal distal perfusion, indeed there is often a bounding pulse at the end of the calcified zone. They appear unremarkable on magnetic resonance angiography but visibly calcified on plain radiography. Monckeberg's arteriosclerosis has a prevalence of < 1% of the population, but when it does occur it can cause consternation at the prospect of using these vessels for microvascular anastomosis. We report our experience of deliberately using these vessels in an osseocutaneous radial forearm free flap reconstruction. Although there are some technical considerations to bear in mind, we would suggest that unlike vessels affected by atherosclerosis,

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

anastomosis of arteries affected by Monckeberg's arteriosclerosis has little or no impact on free flap survival.

Fistula formation between the external iliac artery and ileal conduit following a radical cystoprostatectomy: a rare complication with prewarning signs of haemorrhage (2015)

Type of publication:

Journal article

Author(s):

*Anisha Sukha, *Niamh Smyth

Citation:

BMJ Case Reports 2015:published online 27 March 2015

Abstract:

A 76-year-old man was admitted with bleeding perurostomy following a collapse at home. Three weeks prior to the admission, he had undergone a radical cystoprostatectomy and formation of ileal-conduit for an extensive bladder carcinoma. A CT angiogram revealed a possible small source of bleeding within the ileal-conduit itself, which settled with conservative management. However, prior to discharge he developed profuse fresh bleeding from the urostomy, which could not be controlled. The patient underwent an emergency endoscopy of the conduit and laparotomy, which revealed a fistula between the right external iliac artery and the proximal end of the ileal-conduit. The right iliac artery was ligated and an emergency left-to-right femoral-femoral crossover bypass was performed. The right ureter was stented and rediverted through the ilealconduit and the left ureter was stented at a later date. He unfortunately had a stormy postoperative recovery with further episodes of per-urostomy bleeding and no identified source.

Link to full-text: <http://casereports.bmj.com/content/2015/bcr-2014-208914.short?rss=1>

Success rate of cold coagulation for the treatment of cervical intraepithelial neoplasia: a retrospective analysis of a series of cases (2015)

Type of publication:

Journal article

Author(s):

*Parry-Smith W, *Underwood M, De Bellis-Ayres S, *Bangs L, Redman CW, *Panikkar J.

Citation:

Journal of Lower Genital Tract Disease, January 2015, vol./is. 19/1(17-21), 1089-2591;1526-0976 (13 Jan 2015)

Abstract:

OBJECTIVE: To establish the cure rate at 1 year of patients who have undergone cold coagulation for the treatment of cervical intraepithelial neoplasia (CIN). **DESIGN:** Retrospective review of data for all patients at Shrewsbury and Telford NHS Trust who had undergone cold coagulation as part of their treatment for CIN between 2001 and 2011. Follow-up data up to December 2012 were analyzed. **SETTING:** Colposcopy Department, Shrewsbury and Telford NHS Trust, United Kingdom. **POPULATION:** Women undergoing cold coagulation for the treatment of CIN between 2001 and 2011, with cytologic follow-up until December 2012. **METHODS:** Patients were identified using a local colposcopy database. Data were obtained via the local histopathology reporting systems. Statistical analyses were performed using Stata/IC 10.1 software. **MAIN OUTCOME MEASURES:** Posttreatment cytology and whether subsequent treatment was required, with histology results. **RESULTS:** Data on 557 patients were collected and analyzed. Pre-cold coagulation treatment histologic findings were CIN 1 in 156 patients (28.01%), CIN 2 in 260 patients (46.68%), and CIN 3 in 141 patients (25.31%). The median length of time between cold coagulation treatment and first follow-up smear, used to calculate cure rates at around 1 year, was 406 days (interquartile range 123 days, range 169-3,116 days). The cure rate after cold coagulation was 95.7% at around 1 year. **CONCLUSIONS:** Cold coagulation has a cure rate comparable to that of excisional treatments such as large loop excision of the transformation zone and should be considered more widely in patients undergoing primary treatment for CIN, where there is no suspicion of invasive disease on history, examination and cytologic results.

Descemet's membrane endothelial keratoplasty (DMEK): first UK prospective study of 1-year visual outcomes, graft survival and endothelial cell count (2015)

Type of publication:

Journal article

Author(s):

*Robert A Reid, *Ewan A Craig, *Hanif Suleman

Citation:

British Journal of Ophthalmology, February 2015, vol./is. 99/2(166-169), 0007-1161;1468-2079 (01 Feb 2015)

Abstract:

Aim: To evaluate the clinical outcomes of Descemet's membrane endothelial keratoplasty (DMEK) in the treatment of patients with Fuchs' endothelial dystrophy.

Methods: This prospective study involved 16 consecutive patients who had DMEK done and who were evaluated over a year. Measurements included best corrected visual acuity (BCVA), endothelial cell count, and central corneal thickness.

Results: Two patients had failed grafts. Of the remaining 14 patients with successful grafts, after 12 months, 79% had BCVA of 6/6 or better, and all patients had a BCVA of 6/9 or better. Median endothelial cell count was 1567 cells per mm² (range=900-2359) representing a 40% reduction compared with preoperative counts. Median central corneal thickness was 498 um (range 445-567 um)

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compared with a median of 649 um (range 548-740 um) preoperatively. All patients attained total visual rehabilitation without further surgical intervention.

Conclusions: In our experience, DMEK has the potential to become the primary procedure for treating Fuchs' endothelial dystrophy and endothelial disease as it produces rapid total visual rehabilitation with few complications, and an easy follow-up and management regimen. Donor preparation and graft insertion, however, remain important challenges.

Perineal support and risk of obstetric anal sphincter injuries: a Delphi survey (2015)

Type of publication:

Journal article

Author(s):

Ismail KM, Paschetta E, *Papoutsis D, Freeman RM

Citation:

Acta Obstetrica Et Gynecologica Scandinavica 2015 Feb; Vol. 94 (2), pp. 165-74. Date of Electronic Publication: 2014 Dec 30.

Abstract:

Objective: To explore the views of a multidisciplinary group of experts and achieve consensus on the importance of perineal support in preventing obstetric anal sphincter injuries (OASIS).

Design: A three-generational Delphi survey.

Setting: A UK-wide survey of experts.

Population: A panel of 20 members consisting of obstetricians, midwives and urogynecologists recommended by UK professional bodies.

Methods: A 58-item web-based questionnaire was sent to all participants who were asked to anonymously rate the importance of each item on a six-point Likert scale. They were asked to rate their level of agreement on statements related to hands-on/hands-poised techniques, the association of hands-poised/hands-off approach with OASIS, the need to implement perineal support and the need to improve the evidence to support it. Systematic feedback of responses from previous rounds was provided to participants.

Main Outcome Measures: To achieve consensus on key areas related to perineal support.

Results: The response rate was 100% in all three iterations. There was consensus that current UK practice regarding perineal protection was not based on robust evidence. The respondents agreed that hands-poised/hands-off and OASIS are causally related and that hands-poised was misinterpreted by clinicians as hands-off. Although 90% of experts agreed that some form of randomized trial was required and that all would be prepared to take part, there was also consensus (75%) that in the meantime, hands-on should be the recommended technique.

Conclusions: Our results highlight the current lack of evidence to support policies of perineal support at time of birth and the need to address this controversial issue.

Understanding The Needs of People with Dementia and Family Carers (2015)

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Type of publication:

Journal article

Author(s):

Bray, J., Evans, S., Thompson, R., Bruce, M., Carter, C., Brooker, D., Milosevic, S., *Coleman, H., *McSherry, W.

Citation:

Nursing Older People 27 (7) p.18-23

Abstract:

This is the first in a short series that presents case study examples of the positive work achieved by trusts who participated in the Royal College of Nursing's development programme to improve dementia care in acute hospitals. When a person with dementia is in hospital, poor understanding of individual needs and preferences can contribute to a lack of person-centred care. Similarly, the needs of family carers can often be overlooked and staff do not always appreciate these needs at such a stressful time. This article illustrates how three NHS trusts have addressed these issues. To help staff get to know patients with dementia, Salford Royal NHS Foundation Trust has implemented a patient passport. Similarly, The Shrewsbury and Telford Hospital NHS Trust has implemented a carer passport that overcomes the restrictions imposed by hospital visiting hours. Royal Devon and Exeter NHS Foundation Trust also focused on carers, holding a workshop to elicit feedback on what was important to them. This was a useful means of engaging with carers and helped staff to realise that even simple changes can have a significant effect.

The Study of Chaplaincy: Methods and Materials (2015)

Type of publication:

Book chapter

Author(s):

Kevern, P., *McSherry, W.

Citation:

In Swift, C., Cobb, M. and Todd, A. (Eds) A Handbook of Chaplaincy Studies, Ashgate: Surrey Chapter 4, p.47-62

How relevant is spirituality to patient-centred care? (2015)

Type of publication:

Journal article

Author(s):

*McSherry, W., Jamieson, S.

Citation:

Nursing Times 111(32/33) p.23

A spiritual shortfall (2015)

Type of publication:

Journal article

Author(s):

*McSherry, W., Ross, L.

Citation:

Nursing Standard 29 (35) 22-2

Review: Reflexive account of unintended outcomes from spiritual care qualitative research (2015)

Type of publication:

Journal article

Author(s):

*McSherry, W.

Citation:

Journal of Research in Nursing 20 (3) p.249-251

The interconnectedness of ethical, phenomenological and hermeneutical dimensions influencing trustworthiness in the qualitative research interview (2015)

Type of publication:

Journal article

Author(s):

McSherry, R, *McSherry, W.

Citation:

Nordic Nursing Research 5 p.70-78

Spirituality in pre-registration nurse education and practice: A review of the literature (2015)

* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Type of publication:

Journal article

Author(s):

Lewinson, L. *McSherry, W., Kevern, P.

Citation:

Nurse Education Today 35 p.806-814