Shrewsbury and Telford
Health Libraries

Staff Publications Report

Published or presented work involving staff of Shrewsbury and Telford Hospital NHS Trust during 2017

List prepared by Shrewsbury and Telford Health Libraries March 2018

Contents

Cardiovascular

Cardiac safety profile for random complex waveforms (2017)

Type of publication:
Journal article

Author(s):
Pratt H, Andrews C, Panescu D, *Lake B.

Citation:
39th Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC), Seogwipo, 2017, pp. 3712-3718.

Abstract:
INTRODUCTION:
A rigorous method for assessing the Ventricular Fibrillation (VF) risk of a Random Complex Waveform (RCW) has not been previously available. Real-life hazardous events motivated us to develop such method. An RCW is observable and recordable. It consists of multiple different components randomly added one to the other. Assessment for VF risk exists for non-random waveforms, particularly VF thresholds for 50/60 Hz alternating currents, but not for RCWs.
METHODS:
We developed a method which considers exposure to a segment of an RCW. It transforms complex segment exposure to values which can be compared with AC root-mean-square (rms) magnitude/duration curves, for determination of VF risk. Human contact could occur for any given time duration within the segment. The current of most risk is the greatest found for all possible instances of that duration. This is termed the "Probable Current" (PC) for that duration. All possible exposure durations in the waveform segment are considered, giving a set of PCs, thus allowing the plotting of a PC curve. The PC set is compared with a criterion for VF risk, termed the Justified Current (JC) curve.
RESULTS:
The theory is presented. Demonstrations and examples are given. Code is shown for generating the PC curve.
CONCLUSION:
VF risk can be found for an RCW using the rigorous algorithm presented.
SIGNIFICANCE:
The VF for RCWs has not been considered previously. A rigorous statement of a method for VF risk assessment allows extension from regular waveforms to RCWs.

Education and Training

More The Merrier: Interprofessional Simulation Training within SATH (2017)

Type of publication:
Oral presentation

Author(s):
*Karen Bryan, *Dodiy Herman, *Nancy Moreton

Citation:
Emergency Medicine Education Conference, Birmingham, April 2017

Download poster [no password required]

Emergency Medicine

"Door to knife time" for emergency admissions (2017)

Type of publication:
Conference abstract

Author(s):
*Quraishi M.; Tayyab M.; Badger I.

Citation:
International Journal of Surgery; Nov 2017; vol. 47

Abstract:
The NCEPOD has formed the foundation of local trust guidelines in the triage of surgical patients requiring surgery. Delays in surgical intervention lead to significant morbidity and mortality. Reviewing the reasons for delay to theatre is therefore important in improving service provision and patient outcomes. Method: A retrospective collection of data on 62 (eligible) from 90 consecutive patients that were taken to emergency theatre were reviewed in February 2016. Result: of 62 patients 44 were admitted under general surgery, 6 under urology and 14 under other specialities. There were 37 males and 26 females. Median age was 47 years. As per local guidelines, 3 patients belonged to category III(septic shock), 16 in category V(sepsis without organ dysfunction) and 43 in category VI(infected source without sepsis). This translates into three CEPOD 1 (immediate) and 59 CEPOD 2 (urgent) patients. Two delays were identified, a patient requiring cardiovascular stabilisation prior to surgical intervention and another patient due to lack of perioperative resources. Conclusion: This review has highlighted good compliance with local guidelines and, the importance of the need for clarification of categorisation of surgical urgency. Our local categorisation offers more detail on specific emergencies, but still has significant lapses.

Endocrinology

Managing glycaemic trends in people with diabetes requiring enteral feeding support: The challenges in primary and secondary care (2017)

Type of publication:
Journal article

Author(s):
*Richardson, Erica A.; Agbasi, Nneka

Citation:
Journal of Diabetes Nursing; Aug 2017; vol. 21 (no. 7); p. 241-246

Abstract:
Matching therapeutic treatments to manage glycaemic excursions in people with diabetes receiving enteral nutrition (e.g. nasogastric, gastrostomy or jejunostomy) can be difficult. There is evidence to suggest that there is an increased risk of complications and mortality, longer lengths of stay in hospital, higher risk of intensive care input and higher demands for transitional or nursing home care post discharge. Other intrinsic factors, such as illness, timing of medications, poly-pharmacy, types of feeding regimen chosen and history of diabetes, all need to be considered when choosing appropriate treatments. This article describes the challenges of supporting people with diabetes requiring enteral feeding and the implications for diabetes nurses.

Link to full-text [no password required]

Clinical risk factors predicting genital fungal infections with sodium-glucose cotransporter 2 inhibitor treatment: The ABCD nationwide dapagliflozin audit (2018)

Type of publication:
Journal article

Author(s):
Thong KY, Yadagiri M, Barnes DJ, *Morris DS, Chowdhury TA, Chuah LL, Robinson AM, Bain SC, Adamson KA, Ryder REJ; ABCD Nationwide Dapagliflozin Audit contributors.

Citation:
Primary Care Diabetes. 2018 Feb;12(1):45-50

Abstract:
INTRODUCTION: Treatment of type 2 diabetes with sodium-glucose cotransporter 2 (SGLT2) inhibitors may result in genital fungal infections. We investigated possible risk factors for developing such infections among patients treated with the SGLT2 inhibitor dapagliflozin. METHODS: The Association of British Clinical Diabetologists (ABCD) collected data on patients treated with dapagliflozin in routine clinical practice from 59 diabetes centres. We assessed possible associations of patient's age, diabetes

duration, body mass index, glycated haemoglobin, renal function, patient sex, ethnicity and prior genital fungal infection, urinary tract infection, urinary incontinence or nocturia, with the occurrence of >=1 genital fungal infection within 26 weeks of treatment. RESULTS: 1049 out of 1116 patients (476 women, 573 men) were analysed. Baseline characteristics were, mean?SD, age 56.7?10.2years, BMI 35.5?6.9kg/m2 and HbA1c 9.4?1.5%. Only patient sex (13.2% women vs 3.3% men) and prior history of genital fungal infection (21.6% vs 7.3%) were found to be associated with occurrence of genital fungal infections after dapagliflozin treatment, adjusted OR 4.22 [95%CI 2.48,7.19], P<0.001 and adjusted OR 2.41 [95% CI 1.04,5.57], P=0.039, respectively. CONCLUSION: Women and patients with previous genital fungal infections had higher risks of developing genital fungal infections with dapagliflozin treatment.

End of Life Care

Breathlessness at end of life: what community nurses should know (2017)

Type of publication:
Journal article

Author(s):
*Pickstock, Shirley

Citation:
Journal of Community Nursing; Oct 2017; vol. 31 (no. 5); p. 74-77

Abstract:
The provision of end of life care is important core work for community nursing teams. Once end of life has been recognised, a focus on palliation of symptoms and an emphasis upon assisting people to 'live well until they die' becomes paramount. Breathlessness is a common distressing symptom for patients, significantly affecting their quality of life and is sometimes the cause of unnecessary admissions to hospital. This article explores the pathophysiology of breathing and breathlessness and offers some thoughts on history-taking and physical assessment, skills that nurses in advancing practice roles are now undertaking in the community setting to enhance the care they deliver to patients. This article aims to support community nurses to gain knowledge to inform the provision of effective evidence-based care and assist patients and their families to manage breathlessness at end of life.

ENT

Reduction-fixation of the fractured mandible: Which factors associate with a poor surgical outcome? (2017)

Type of publication:
Conference abstract

Author(s):
*Mustafa E.; Hanu-Cernat L.

Citation:
British Journal of Oral and Maxillofacial Surgery; Dec 2015; vol. 53 (no. 10)

Abstract:
Introduction: Revision rates following open reduction-fixation of mandibular fractures are not widely reported. This study aims to identify fracture and occlusal patterns asso-ciated with operative difficulties and suboptimal outcomes requiring further surgical correction. Method: All patients who required revision reduction and fixation of mandible fractures at the University Hospital Coventry between November 2008 and December 2013 were identified from the theatre database. Patients treated beyond five weeks, requiring plate removal secondary to infection or those that underwent staged fixation of complex facial trauma were excluded. Radiographs, theatre entries and patient records were examinedtoidentify patient demographics, fracture patterns, operative technique and the grade of the operating surgeon. Results: The return to theatre rate in our series was 2.3% (12 cases out of 524). The need for re-intervention was primarily established on clinical grounds. Revisions were required in: 1. Patients non-compliant with diet modification advice. 2. Pre-existent class III malocclusion. 3. Condylar fractures failing conservative management. 4. Wisdom teeth or a dominant occluding molar left in the line of the fracture. 5. Dentoalveolar injury. 6. Inadequate reduction/fixation on first intervention. No correlation was noted with the timing of treatment or occlusal control. Conclusion: Cases that needed revision surgery were fairly stereotype in our series. Poor outcomes were associated with significant occlusal interferences (pre-existing malocclusions, dentoalveolar fractures or teeth retainedinthe line of fracture) and unstable fracture patterns. Awareness of these risk factors may help with the anticipation of operative difficulties and lead to improved treatment outcomes.

The novel use of dental suction tubing in the decompression of large dental cysts (2017)

Type of publication:
Conference abstract

Author(s):
*Otukoya R.; *Mihalache G.; *Castling B.

Citation:
British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Abstract:
Introduction: Dental suction tubing is widely available in OMFS Units. It has a metal radiopaque marker and can easily be cut to the desired length with scissors. It is relatively inexpensive and has a reinforced lumen that makes easy access for saline irrigation.We have used this tubing now in 3 large odontogenic cysts of the jaws and present this as an aid to effective and simple cyst decompression.
Materials/Methods: Large odontogenic cysts present a surgical challenge in terms of recurrence prevention, protection of the inferior dental nerve and teeth and avoidance of mandibular fracture. We have effectively managed 3 such cases with the insertion of a segment of dental suction tubing as a decompression grommet at the same time as local anaesthetic biopsy of the cyst lining. The tube rigidity maintains patency and it is robust enough to allow easy self-irrigation by the patient. The position of the tubing can be assessed radiographically. Results: We allowed decompression over a 3 to 6 month period prior to formal cyst enucleation. There were no complications or failures of the tube patency. The benefits of decompression were clear as a demonstrable bony infilling and reduction in cyst size. Additionally the cyst lining became markedly thicker and easier to enucleate intact, an advantage in odontogenic kearatocysts. Conclusions:We would like to commend this dental suction tube grommet technique as an effective way to manage large odontogenic cysts of the jaws.

A rare mandibular presentation in multiple myeloma (2017)

Type of publication:
Conference abstract

Author(s):
*Mihalache G.; *MacBean A.; *Bhatia S.

Citation:
British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Abstract:
Introduction: Multiple myeloma(MM) is a relatively rare malignant haematological disease, a monoclonal malignant proliferation of plasma cells that causes osteolytic lesions in the vertebrae, ribs, pelvic bone, skull and jaw. This rare disease develops mainly in men aged 50 to 80 years (mean age, 60 years). Materials: We report on a clinical case of a 45-year-old female patient who presented with spinal and long bones pain to the hospital and she was diagnosed with multiple myeloma. In order to start her treatment (radiotherapy/ chemotherapy/ bisphosphonates) conform our hospital protocol, she came for a full oral and dental assessment. No intraorally abnormalities were seen. However the orthopantomogram showed multiple rounded lesions of various sizes which have little, if any, circumferential osteosclerotic bone reaction. Results: Patient was diagnosed with multiple myeloma with mandibular involvement. She will be followed up by our team and her dentist for monitoring the oral health. Conclusions: The clear and rare multilocular image of myeloma on the orthopantomogram makes our case unique. Knowledge about the maxillofacial manifestations of multiple myeloma is important for the diagnosis of the disease and treatment, also the follow up of these patients regarding their oral manifestations. In the clinical case presented here, we highlight the interdisciplinarity needed to obtain a diagnosis and treatment of multiple myeloma.

Osteonecrosis of the jaw and oral health-related quality of life after adjuvant zoledronic acid: An adjuvant zoledronic acid to reduce recurrence trial subprotocol (BIG01/04) (2017)

Type of publication:
Journal article

Author(s):
Rathbone E.J.; Brown J.E.; Coleman R.E.; Marshall H.C.; Collinson M.; Liversedge V.; Murden G.A.; Cameron D.; Spensley S.; *Agrawal R.; Jyothirmayi R.; Chakraborti P.; Yuille F.; Bell R.

Citation:
Journal of Clinical Oncology; Jul 2013; vol. 31 (no. 21); p. 2685-2691

Abstract:
Purpose: In patients with early breast cancer, adjuvant zoledronic acid (zoledronate) may reduce recurrence and improve survival. However, zoledronate is associated with the occasional development of osteonecrosis of the jaw (ONJ). We report on the frequency of ONJ and investigate oral health-related quality of life (Oral-QoL) in a large randomized trial (Adjuvant Zoledronic Acid to Reduce Recurrence [AZURE]). Patients and Methods: Three thousand three hundred sixty women with stage II or III breast cancer were randomly assigned to receive standard adjuvant systemic therapy alone or with zoledronate administered at a dose of 4 mg for 19 doses over 5 years. All potential occurrences of ONJ were reported as serious adverse events and centrally reviewed. Additionally, we invited 486 study participants to complete the Oral Health Impact Profile-14 (OHIP-14) to assess Oral-QoL around the time the patients completed 5 years on study. Multivariable linear regression was used to calculate mean scores and 95% CIs in addition to identifying independent prognostic factors. Results: With a median follow-up time of 73.9 months (interquartile range, 60.7 to 84.2 months), 33 possible cases of ONJ were reported, all in the zoledronate-treated patients. Twenty-six cases were confirmed as being consistent with a diagnosis of ONJ, representing a cumulative incidence of 2.1% (95% CI, 0.9% to 3.3%) in the zoledronate arm. Three hundred sixty-two patients (74%) returned the OHIP-14 questionnaire. Neither the prevalence nor severity of impacts on Oral-QoL differed significantly between zoledronate patients and control patients. Conclusion: Adjuvant zoledronate used in the intensive schedule studied in the AZURE trial is associated with a low incidence of ONJ but does not seem to adversely affect Oral-QoL.

Motor neuron disease in otolaryngology - A review (2017)

Type of publication:
Journal article

Author(s):
*Fussey J.M.; *Skinner D.W.

Citation:
Otorhinolaryngologist; 2017; vol. 10 (no. 2); p. 79-81

Abstract:
Motor neuron disease is an incurable neurodegenerative disorder affecting both upper and lower motor

neurons, resulting in progressive weakness and inevitable death due to respiratory failure. Up to 30% of patients present with bulbar symptoms and therefore may be seen first by an otolaryngologist. Furthermore, almost all patients experience bulbar symptoms in the late stages of the disease and may require the input of an otolaryngologist as part of their multidisciplinary management.

Evaluation of patient and clinician reported outcomes in the routine clinical setting (2017)

Type of publication:
Poster presentation

Author(s):
*Zuydam AC, Rogers SN, Grayson, *McLaughlin K, *Probert, Voyce C

Citation:
British Association of Health and Neck Oncologists, BAHNO Annual Scientific Meeting, Royal College of Physicians, London, Friday 12th May 2017

Abstract:
Treatment for head and neck cancer can have an impact on both swallowing function ,and quality of life. It is important that any measures used have sufficient sensitivity to highlight issues .The aims of this study were to assess the relationship between swallowing assessments and to evaluate whether clinical swallowing measures can predict swallowing outcomes.

Methods
This was a prospective cohort study. Subjects had Primary Squamous cell cancer of the oropharynx, nasopharynx or hypopharynx Stage T1-4, N0- 2b, M0 disease. Treatment was with Chemo-radiotherapy/ radiotherapy ,including induction.The measures used were University of Washington Quality of Life Questionnaire , Performance Status Scale Head and Neck Cancer (PSSHN) Functional Oral Intake Scale(FOIS) and the Water Swallow Test (WST).

Results

Data were collected on 38 patients. The 3m PSSHN was significantly correlated with both the 12m PSSHN (r = .761) and the 12m FOIS (r = .657).The 3m FOIS was correlated with the 3m PSSHN (r = .662).The 12m PSSHN was significantly correlated with the 12m FOIS (r = .823). The WST was also found to potentially have some predictive power.

Conclusions
A number of measures were found to have clinical significance, and could be valuable to collect in a clinic setting.. Identification of relevant issues early on can enable clinicians to provide patients with information about what they can expect ,and ensure intervention is timely.

Download poster [no password required]

Gastroenterology

Anaemia and upper GI bleeding: A local experience (2017)

Type of publication:
Conference abstract

Author(s):
*Ding M.; *Prawiradiradja R.; *Arastu Z.; *Sabri H.; *Smith M.

Citation:
United European Gastroenterology Journal; Oct 2017; vol. 5 (no. 5)

Abstract:
Introduction: There has been significant research recently on the use of blood transfusions in upper GI bleeding (UGIB) [1] with recent evidence advocating a restrictive approach to blood transfusions as well as the use of iron therapy[2] for anaemia post UGIB. Our team conducted a local retrospective analysis on patients admitted with UGIB over a six month period and analysed the use of blood transfusions at our trust which consists of two District General Hospitals. Patient data over a period of up to 12 months post discharge was collected to monitor their anaemia. Aims & Methods: Our aim was to monitor the appropriateness of transfusions in Upper GI Bleeding as well as monitoring the response to iron therapy following discharge. All inpatients that had an Upper GI endoscopy for UGIB were analysed. Electronic patient records were obtained from our endoscopy software and hospital database. Patients were selected over a time period of six months from 1/ 6/2015 to 31/12/2015. A Student's T-Test was used to compare the average increase in haemoglobin (Hb) for patients discharged with iron therapy against those who were not. Results: There were 148 patients, 81 male and 67 female. The mean age was 69.3, minimum 20 and maximum of 98. The average Hb on admission was 103 g/L (min=32 g/L, max=178 g/L). 78 out of 148 (52.7%) patients presenting with UGIB received a blood transfusion. The mean amount of blood received for those transfused was 3.7 units. 48 out of 78 (61.5%) of blood transfusions were given when Hb was below 70 g/L. 30 of 78 (38.5%) were transfused above a Hb of 70 g/L. (36.7%, n=11) of those who were transfused with Hb above 70 had cardiac risk factors. The mortality rate in those transfused above Hb of 70 was 13.3% (n=4) vs 10.4% (n=5) 41.5% (n=44) patients who were anaemic post-UGIB were discharged with iron therapy. The average rise in Hb was 26.5% for those discharged on iron vs 12.1% for those who did not. There was a statistically significant rise in Hb for those discharged with iron therapy ($p<0.005$) on follow-up versus those who did not receive it (n=62). The anaemia related readmission rates were similar for patients discharged on iron or not (9.1% n=4 vs 9.7% n=6). Conclusion: The data obtained supports a restrictive transfusion policy (mortality rate of 13.3% vs 10.4%). 58.5% of patients who were anaemic on discharge did not receive any iron therapy. On follow up, there was a statistically significant rise in Hb level in the group discharged on iron. Our data affirms recent evidence favouring iron therapy post UGIB. Further education is needed to improve outcome in patients presented with GI bleed.

Two decades of coeliac disease in a district general hospital in England: What has changed? (2017)

Type of publication:
Conference abstract

Author(s):
*Singh R.; *Ayub N.

Citation:
Archives of Disease in Childhood; May 2017; vol. 102, Suppl. 1

Abstract:
Aim To determine the changes in clinical presentation of Coeliac Disease in children aged less than 16 years over a period of 20 years (January 1996 to December 2015) at a DGH in England Methods A retrospective case study of the clinical presentation of biopsy-proven Coeliac disease in children, at a DGH over a period of 20 years divided into four equal periods (1996-2000, 2001-2005, 2006-2010 and 2011-2015). Relevant information was extracted and input into an Excel database by a single researcher for further analysis. Results Coeliac Disease was diagnosed in 114 children over the study period. Twelve children were excluded from final analysis. These comprised of 05 children with insufficient information and 07 children with Insulin-Dependent Diabetes Mellitus(IDDM) diagnosed with Coeliac Disease as a result of their annual screening investigations. Twenty (20) new cases of Coeliac disease were identified during each of the study periods 1996-2000 and 2001-2005. This increased to 31 cases during the study periods of 2006-2010 and 2011-2015. Although 85% of cases were diagnosed under the age of 12 years, there was a trend towards diagnosis at an older age and increasing female representation. Anaemia (53%) and diarrhoea (49%) were the commonest and most consistent symptoms. Constipation (10%) occurred in a significant minority. However, recurrent abdominal pain (46%) was not only a major symptom after the age of 3 years but increasingly likely from 2006 onwards with 71% affected in 2011-2015. Abdominal distension (24%) remained relatively unchanged while faltering growth (27%) and small stature (8%) showed a decreasing trend. Vomiting (17%) was more likely in children under the age of 4 years. Conclusion Although Coeliac Disease is being diagnosed more frequently, there is a trend towards diagnosis at an older age with increasing female representation. Iron deficiency anaemia and diarrhoea have remained unchanged as the commonest symptoms but recurrent abdominal pain is a significant symptom, especially in the older child. Constipation is found in a significant minority but both faltering growth and small stature show a decreasing trend.

Link to full-text [Available to eligible users with an NHS OpenAthens account]

Surgery for constipation: systematic review and practice recommendations: Results II: Hitching procedures for the rectum (2017)

Type of publication:
Systematic Review

Author(s):
Grossi U.; Knowles C.H.; Mason J.; *Lacy-Colson J.; Brown S.R.; Campbell K.; Chapman M.; Clarke A.; Cruickshank

Citation:
Colorectal Disease; Sep 2017; vol. 19 ; p. 37-48

Abstract:
Aim: To assess the outcomes of rectal suspension procedures (forms of rectopexy) in adults with chronic constipation. Method: Standardised methods and reporting of benefits and harms were used for all Capacity reviews that closely adhered to PRISMA 2016 guidance. Main conclusions were presented as summary evidence statements with a summative Oxford Centre for Evidence-Based Medicine (2009) level. Results: Eighteen articles were identified, providing data on outcomes in 1238 patients. All studies reported only on laparoscopic approaches. Length of procedures ranged between 1.5 to 3.5 h, and length of stay between 4 to 5 days. Data on harms were inconsistently reported and heterogeneous, making estimates of harm tentative and imprecise. Morbidity rates ranged between 5-15%, with mesh complications accounting for 0.5% of patients overall. No mortality was reported after any procedures in a total of 1044 patients. Although inconsistently reported, good or satisfactory outcome occurred in 83% (74-91%) of patients; 86% (20-97%) of patients reported improvements in constipation after laparoscopic ventral mesh rectopexy (LVMR). About 2-7% of patients developed anatomical recurrence. Patient selection was inconsistently documented. As most common indication, high grade rectal intussusception was corrected in 80-100% of cases after robotic or LVMR. Healing of prolapse-associated solitary rectal ulcer syndrome occurred in around 80% of patients after LVMR.
Conclusion: Evidence supporting rectal suspension procedures is currently derived from poor quality studies. Methodologically robust trials are needed to inform future clinical decision making.

Review of trans anal microscopic surgery in a UK district general hospital- a safe practice with excellent patient outcomes (2017)

Type of publication:
Conference abstract

Author(s):
*V. Vidyaankar, *A. Chakrabarty, *J. McCloud & *R. Clarke

Citation:
Colorectal Disease; Sep 2017; vol. 19 ; Supplement S2 ; p. 123

Abstract:
Aim: Randomised controlled trials have demonstrated advantages of Trans Anal endoscopic microsurgery (TEMS) for the resection of benign and malignant rectal lesions. We assess the safety and outcome of TEMS at a U.K district general hospital. Method: Between July 2011 to January 2017, 122 patients, 54 men and 68 women, Mean age 72 years, underwent TEMS. Patients with Level 4 polyps, large sessile polyps, polyps with invasive features or unsuitable for colonoscopic removal, were selected. Benign follow up with flexible sigmoidoscopy. Cancer follow up with Colonoscopy, MRI, CT, according to protocol. Results: 95 Benign and 27 Cancer lesions. Mean lesion Diameter 46 mm, mean operative time 60 min. Average hospital stay was 1.5 days. Three patients (2.4%) had bleeding, Four (3.2%)

perforations, identified and repaired immediately. One (0.8%) surgical emphysema. Four (3.2%) developed pyrexia, two (1.6%) developed minor stricture. One (0.8%) rectovaginal fistula. No recurrence in benign cases. For Early Rectal cancers R0 resection was achieved in 81% and R1 resection in 19% of cases. One (0.8%) developed local cancer recurrence. No mortality. Conclusion: Our study demonstrates that TEMS can be safely performed at a district general hospital by appropriately trained surgeons, with outcomes comparable with international data.

Link to full-text [no password required]

Patient and public involvement for a surgical trial in rectal prolapse (2017)

Type of publication:
Conference abstract

Author(s):
Lee M.; Blackwell S.; Brown S.; Sayers A.; Heywood N.; Fearnhead N.; *Lacy-Colson J.; Cornish J.

Citation:
Colorectal Disease; Sep 2017; vol. 19 ; Supplement S2 ; p. 39

Abstract:
Aim: An integral part of trial design is Patient and Public Involvement (PPI) to incorporate patient views and preferences. The aim of this study is to describe the conduct and findings of early PP for a trial in surgical treatment of rectal prolapse. Method: Participants were invited directly by research collaborators and through social media. Only women were invited due to nature of trial. A modified deliberate engagement process was followed. Patients provided expertise on patient experience of the condition, potential recruitment strategies, and outcome measures. Results: 13 patients attended the PPI meeting. Most were recruited by clinicians. Broad representation of age and demographic origin was achieved. Patients agreed with equipoise, and were willing tobe randomised to posterior or ventral rectopexy. Several qualities of life tools were discussed when selecting appropriate outcomes. With respect to sexual function, older patients preferred FSFI and younger patients preferred PISQ-IR. Final consensus was that PISQ-IR was the best compromise for all. Conclusion: Patients with rectal prolapse are willing to engage in PPI for researchers and discuss intimate details on how treatments have affected their personal lives. The PPI exercise confirmed equipoise and modified the outcome measure of sexual function.

Link to full-text [no password required]

What's in a Name - Friend or Foe (2017)

Type of publication:
Oral presentation

Author(s):
Powell, Julie

Citation:
2017 Annual Association of Stoma Care Nurses UK conference, 1st-3rd October 2017, SEC, Glasgow

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Sex differences in the splenic flexure (2017)

Type of publication:
Journal article

Author(s):
Brookes A.F.; Macano C.; Meecham L.; *Stone T.; *Cheetham M.

Citation:
Annals of the Royal College of Surgeons of England; Jul 2017; vol. 99 (no. 6); p. 456-458

Abstract:
INTRODUCTION Anecdotally, surgeons claim splenic flexure mobilisation is more difficult in male patients. There have been no scientific studies to confirm or disprove this hypothesis. The implications in colorectal surgery could be profound. The aim of this study was to assess quantitatively whether there is an anatomical difference in the position of the splenic flexure between men and women using computed tomography (CT). METHODS Portal venous phase CT performed for preoperative assessment of colorectal malignancy was analysed using the hospital picture archiving and communication system. The splenic flexure was compared between men and women using two variables: anatomical height corresponding to the adjacent vertebral level (converted to ordinal values between 1 and 17) and distance from the midline. RESULTS In total, 100 CT images were analysed. Sex distribution was even. The mean ages of the male and female patients were 68.1 years and 66.7 years respectively (p=0.630). The mean vertebral level for men was 8.88, equating to the inferior half of the T11 vertebral body (range: 1-17 [superior half of T9 to inferior half of L2]), and 11.36 for women, equating to the inferior half of the T12 vertebral body (range: 4-16 [superior half of T10 to superior half of L2]). This difference was statistically significant (p=0.0001) and is equivalent to one whole vertebra. The mean distance from the midline was 160.8mm (range: 124-203mm) for men and 138.2mm (range: 107-185mm) for women (p<0.0001). CONCLUSIONS The splenic flexure is both higher and further from the midline in men than in women. This provides one theory as to why mobilising the splenic flexure may be more difficult in male patients.

Link to full-text [Available to eligible users with an NHS OpenAthens account]

Gynaecology

The role of the myosure hysteroscopic tissue removal system in the office setting at detecting abnormal pathology in women (2017)

Type of publication:
Conference abstract

Author(s):
*Underwood M.; *Chadha R.; *Hudda A.; *Green J.; *Fry M.; *Barker V.

Citation:
Journal of Minimally Invasive Gynecology; 2017; vol. 24 (no. 7)

Abstract:
Study Objective: Identify any histological discrepancy between blind endometrial sampling (ES) reported as inadequate, inactive or benign endometrium and office based hysteroscopy with the MyoSure tissue removal system in women with post-menopausal bleeding (PMB). Design: retrospective review of cases from our PMB clinic. Setting:Women attending the PMB clinic who's ES is reported as benign, inactive or inadequate. MyoSure Lite or Classic devices were used for the removal of these lesions. Patients:Women with PMB having an endometrial polypectomy using the MyoSure tissue removal system. Intervention: The MyoSure Lite & Classic tissue removal systems were used to remove endometrial polyps in women with PMB who's ES was inactive, inadequate or benign. Histological comparison between the ES and MyoSure histology was made. Measurements and Main Results: 616 women underwent hysteroscopic evaluation for abnormal uterine 2017; 399 were post-menopausal of which 186 women (46.6%) had inactive endometrium, 82 women (20.6%) had inadequate, 109 (27.3%) had benign/polyp and 22 (5.5%) had simple hyperplasia or higher grade disease detected on the blind endometrial sampling prior to polypectomy. The MyoSure polypectomy of those women with "Proliferative/benign endometrium" demonstrated that 19.3% had higher grade disease (Simple, complex, complex with atypia or cancer) than the ES, for the "inactive group 10.8% had high grade disease and those with an inadequate ES 13.4% had higher grade disease. (Table presented) Endometrial thickness in the PMB group ranged from 1.5-45 mm with a mean of 10.6 mm. There were no reported complications in all 616 cases. Conclusion: This retrospective review of patients with inadequate, inactive or benign ES has demonstrated the significant benefit to patient of having the polyp removed simply without complication in the office setting using the MyoSure tissue removal system. Between 10.8-19.3% will have higher grade disease detected using the MyoSure device, which would have an impact on their medical management.

Auditing the complications of LLETZ cervical treatment versus cold-coagulation over a one-year period (2017)

Type of publication:
Conference abstract

Author(s):
*Ali N.; *Kandareachichi P.; *Blackmore J.; *Papoutsis D.; *Panikkar J.

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology; Nov 2017; vol. 124 ; p. 33

Abstract:
Introduction We aim to audit the complication rates of women treated with either LLETZ cervical treatment or cold-coagulation in our colposcopy unit against the standards set out by the NHSCSP guidelines. It is reported that the proportion of treatment associated with primary haemorrhage that requires a haemostatic technique must be less than 5%, and the proportion of cases admitted as inpatients because of treatment complications must be less than 2%. Methods We retrospectively collected data from our electronic colposcopy database for women treated over the time period of August 2015 - July 2016. Hospital notes were retrieved for those who were identified with complications for further data collection. Results We identified 494 patients with LLETZ and 24 patients with cold-coagulation treatment. There were no complications noted after cold-coagulation. There were 12/494 (2.4%) patients who had post-LLETZ bleeding with one patient being admitted as an inpatient for further management (1/518 or 0.2). The bleeding occurred between 2-28 days after treatment, with 42% of women having had treatment under a general anaesthetic mainly due to a large lesion size. The mean age of women with bleeding was 39 years (range: 27-59) with a mean BMI of 26 kg/m2 (range: 17-34). Only one in three women with bleeding required oral antibiotics, and less than 8% of women had a temporary vaginal pack. All women with bleeding were self-referred directly to the colposcopy service without prior GP consultation/examination. Conclusion We are compliant with the NHS-CSP auditable standards with regards to post-treatment complications and inpatient admissions. As very few women actually necessitated further management this puts into question the appropriateness of the initial referral of these women. Areas for improvement therefore involve educating both staff and patients about the possibility of bleeding after excisional treatment and the role of the GP in reviewing these women before onward referral to the colposcopy service.

Large vulvar haematoma of traumatic origin (2017)

Type of publication:
Journal article

Author(s):
*Papoutsis D.; Haefner H.K.

Citation:
Journal of Clinical and Diagnostic Research; Sep 2017; vol. 11 (no. 9)

Abstract:

Link to full-text [no password required]

Intensive and Critical Care

Blowing bubbles helps intubation (2017)

Type of publication:
Journal article

Author(s):
*Howe, D.

Citation:
Indian Journal of Critical Care Medicine; Oct 2017; vol. 21 (no. 10); p. 710-711

Abstract:
Rocuronium is commonly used in preference to suxamethonium for rapid sequence induction in the Intensive Care Unit (ICU). We describe a patient who suffered significant neck trauma following a suicide attempt. On initial presentation to accident and emergency, he was an easy intubation with a Grade 1 view obtained at laryngoscopy. After surgery to repair his neck laceration, he was extubated and discharged from ICU. He later developed a severe aspiration pneumonia and required reintubation. After induction and paralysis with suxamethonium, the best view at laryngoscopy was a Grade 3 despite the use of different laryngoscopes. As the muscle paralysis wore off the patient began breathing. This produced bubbles in the back of the patient's pharynx which directed the clinician to the laryngeal inlet to allow successful intubation. In this case, the short duration of action of suxamethonium significantly aided intubation due to the return of spontaneous breathing by the patient.

Link to full-text [no password required]

Musculoskeletal

Physiotherapists utilizing diagnostic ultrasound in shoulder clinics. How useful do patients find immediate feedback from the scan as part of the management of their problem? (2017)

Type of publication:
Journal article

Author(s):
*Lumsden, Gordon; *Lucas-Garner, Kerry; *Sutherland, Sarah; *Dodenhoff, Ron

Citation:
Musculoskeletal care; Sep 2017 [epub ahead of print]

Abstract:
AIMSPhysiotherapists are beginning to utilize diagnostic ultrasound imaging in upper limb/shoulder clinics. The aim of the present study was to receive feedback on the views of the patients concerning the usefulness of the information obtained immediately from the scan in the management of their problem.METHODS A questionnaire was offered to all patients attending a physiotherapist-led upper limb/shoulder clinic who underwent ultrasound imaging as part of a shoulder assessment over a 6-month period. A total of 103 patients completed a questionnaire for analysis.RESULTSPatients rated the ultrasound scan to be of benefit in all aspects. Regarding the ability to understand their shoulder problem better and in feeling reassured about their problem, 97% of patients either strongly agreed or agreed that this was the case. Concerning the capability of managing their problem, 89% of patients strongly agreed or agreed that they felt more able to do this. In total, 96% of patients evaluated the ultrasound scan to be of very high/high value to them.CONCLUSION Patients highly rate the information gained from ultrasound imaging in a physiotherapy-led upper limb/shoulder clinic and felt that it assisted them in the understanding, reassurance and management of their problem.

The novel affordable Telford temporal bone holder (2017)

Type of publication:
Journal article

Author(s):
*Senior A.; *Mitchell-Innes A.; *Scott A.

Citation:
Clinical Otolaryngology; Dec 2017; vol. 42 (no. 6); p. 1438-1439

Abstract:

Link to full-text [Available to eligible users with an NHS OpenAthens account]

Tendon end separation with loading in an Achilles tendon repair model: comparison of non-absorbable vs. absorbable sutures (2017)

Type of publication:
Journal article

Author(s):
*Carmont M.R.; Kuiper J.H.; Gravare Silbernagel K.; Karlsson J.; Nilsson-Helander K.

Citation:
Journal of Experimental Orthopaedics; Dec 2017; vol. 4 (no. 1)

Abstract:
Background: Rupture of the Achilles tendon often leads to long-term morbidity, particularly calf weakness associated with tendon elongation. Operative repair of Achilles tendon ruptures leads to reduced tendon elongation. Tendon lengthening is a key problem in the restoration of function following Achilles tendon rupture. A study was performed to determine differences in initial separation, strength and failure characteristics of differing sutures and numbers of core strands in a percutaneous Achilles tendon repair model in response to initial loading. Methods: Nineteen bovine Achilles tendons were repaired using a percutaneous/minimally invasive technique with a combination of a modified Bunnell suture proximally and a Kessler suture distally, using non-absorbable 4-strand 6-strand repairs and absorbable 8-strand sutures. Specimens were then cyclically loaded using phases of 10 cycles of 100 N, 100 cycles of 100 N, 100 cycles of 190 N consistent with early range of motion training and weight-bearing, before being loaded to failure. Results: Pre-conditioning of 10 cycles of 100 N resulted in separations of 4 mm for 6-strand, 5.9 mm for 4-strand, but 11.5 mm in 8-strand repairs, this comprised 48.5, 68.6 and 72.7% of the separation that occurred after 100 cycles of 100 N. The tendon separation after the third phase of 100 cycles of 190 N was 17.4 mm for 4-strand repairs, 16.6 mm for 6-strand repairs and 26.6 mm for 8-strand repairs. There were significant differences between the groups ($p < 0.0001$). Four and six strand non-absorbable repairs had significantly less separation than 8-strand absorbable repairs ($p = 0.017$ and $p = 0.04$ respectively). The mean (SEM) ultimate tensile strengths were 4-strand 464.8 N (27.4), 6-strand 543.5 N (49.6) and 8-strand 422.1 N (80.5). Regression analysis reveals no significant difference between the overall strength of the 3 repair models ($p = 0.32$) (4 vs. 6: $p = 0.30$, 4 vs. 8: $p = 0.87$; 6 vs. 8: $p = 0.39$). The most common mode of failure was pull out of the Kessler suture from the distal stump in 41.7% of specimens. Conclusion: The use of a non-absorbable suture resulted in less end-to-end separation when compared to absorbable sutures when an Achilles tendon repair model was subject to cyclical loading. Ultimate failure occurred more commonly at the distal Kessler suture end although this occurred with separations in excess of clinical failure. The effect of early movement and loading on the Achilles tendon is not fully understood and requires more research.

Functional outcomes of achilles tendon minimally invasive repair using 4- and 6-strand nonabsorbable suture: A cohort comparison study (2017)

Type of publication:
Journal article

Author(s):
*Carmont M.R.; Brorsson A.; Olsson N.; Nilsson-Helander K.; Karlsson J.; Zellers J.A.; Silbernagel K.G.

Citation:
Orthopaedic Journal of Sports Medicine; Jan 2017; vol. 5 (no. 8)

Abstract:
Background: The aim of management of Achilles tendon rupture is to reduce tendon lengthening and maximize function while reducing the rerupture rate and minimizing other complications. Purpose: To determine changes in Achilles tendon resting angle (ATRA), heel-rise height, patient-reported outcomes, return to play, and occurrence of complications after minimally invasive repair of Achilles tendon ruptures using nonabsorbable sutures. Study Design: Cohort study; Level of evidence, 3. Methods: Between March 2013 and August 2015, a total of 70 patients (58males, 12 females) with amean age of 42 +/- 8 years were included and evaluated at 6 weeks and 3, 6, 9, and 12 months after repair of an Achilles tendon rupture. Surgical repair was performed using either 4-strand or 6-strand nonabsorbable sutures. After surgery, patients were mobilized, fully weightbearing using a functional brace. Early active movement was permitted starting at 2 weeks. Results: There were no significant differences in the ATRA, Achilles Tendon Total Rupture Score (ATRS), and Heel-Rise Height Index (HRHI) between the 4- and 6-strand repairs. The mean (SD) relative ATRA was -13.1degree (6.6degree) (dorsiflexion) following injury; this was reduced to 7.6degree (4.8degree) (plantar flexion) directly after surgery. During initial rehabilitation at 6 weeks, the relative ATRA was 0.6degree (7.4degree) (neutral) and -7.0degree (5.3degree) (dorsiflexion) at 3 months, after which ATRA improved significantly with time to 12 months (P = .005). At 12 months, the median ATRS was 93 (range, 35-100), and the mean (SD) HRHI and Heel-Rise Repetition Index were 81% (0.22%) and 82.9% (0.17%), respectively. The relative ATRA at 3 and 12 months correlated with HRHI (r = 0.617, P < .001 and r = 0.535, P < .001, respectively). Conclusion: Increasing the number of suture strands from 4 to 6 does not alter the ATRA or HRHI after minimally invasive Achilles tendon repair. The use of a nonabsorbable suture during minimally invasive repair when used together with accelerated rehabilitation did not prevent the development of an increased relative ATRA. The ATRA at 3months after surgery correlated with heel-rise height at 12 months.

Link to full-text [no password required]

Spinal Motocross Injuries in the United Kingdom (2017)

Type of publication:
Journal article

Author(s):
*Singh, Rohit; Bhalla, Amit; Ockendon, Matthew; *Hay, Stuart

Citation:
Orthopaedic journal of sports medicine; Jan 2018; vol. 6 (no. 1); p.

Abstract:
Background Motocross is a form of motorcycle racing held on established off-road circuits and has been a recreational and competitive sport across the world for >100 years. In the United Kingdom alone, motocross has grown into a phenomenally ambitious and popular franchise. There are >200 motocross

clubs across the country, permitting >900 events annually.PurposeTo assess the current trend of spine-related motocross injuries over the past 5 years.Study DesignDescriptive epidemiology study.MethodsData were prospectively collected over 5 years (August 2010-August 2015) at our regional trauma and spine unit, regardless of whether the rider was performing the sport competitively or recreationally.ResultsDuring the study period, spine related injuries were identified for 174 patients (age range, 6-75 years) who were directly referred to our department following recreational or competitive motocross, with most injuries being sustained within the early spring and summer months, representing the start of the motocross season. A significant number of injuries were in males (n = 203, 94%), with the majority of injuries occurring within the 21- to 30-year-old age group. A total of 116 (54%) injuries required operative treatment. The most common spinal injury was thoracolumbar burst fracture (n = 95), followed by chance fractures (n = 26).ConclusionThis data series emphasizes the prevalence and devastation of motocross-related spinal injuries in the United Kingdom and may serve in administering sanctions and guidelines to governing bodies of motocross. The spinal injuries that occur during motocross have significant capital connotations for regional spinal centers. The recent surge in motocross popularity is correlated with the number of injuries, which have increased over the past 5 years by almost 500%.

Link to full-text [no password required]

Neurology

Normal acutely performed CT scan of the brain may give a false sense of safety prior to use of antiplatelets in transient focal (2017)

Type of publication:
Conference abstract

Author(s):
*McNeela N.; *Srinivasan M.

Citation:
Cerebrovascular Diseases; Jul 2017; vol. 43 ; p. 116

Abstract:
Transient focal neurological episodes (TFNE) are frequently assumed to be transient ischaemic attacks (TIAs) in older patients who are then started on antiplatelets for stroke prevention. Imaging with a CT scan of the brain reported as normal or not suggesting haemorrhage can give a false sense of security with regard to therapeutic decision making. Current UK stroke guidelines do not emphasise the need for imaging (either CT or MRI) in transient ischaemic attacks with NICE guidance recommending treat with aspirin immediately and then refer to stroke services for further management. Imaging is then only recommended for patients where the vascular territory or pathology is uncertain with diffusion weighted MRI scans. In cases where MRI is contraindicated second line imaging is a CT head. We present two cases of patients who presented with symptoms of TFNEs treated as TIAs who then subsequently developed haemorrhagic strokes. The first case is of an 80 year old lady with new onset atrial fibrillation who presented with transient face and arm paraesthesia and dysarthria. Following a normal CT head she was started on anticoagulation and discharged home. She subsequently represented with a further two episodes and each time underwent a repeat imaging which again showed no abnormalities until she eventually succumbed to a massive right cortical intracranial haemorrhage. The second case involves a 68 year old gentleman with no significant past medical history other than a recent headache who presented with recurrent symptoms of left face and arm paraesthesia and dysarthria. A CT scan of the brain was normal and so he was treated with antiplatelets for a presumed TIA and discharged. However within six hours he deteriorated with dense left hemiplegia and reduced consciousness. A repeat CT showed a large right frontoparietal bleed with midline shift requiring referral to neurosurgeons. These cases highlight how a CT head in an acute presentation with transient symptoms can be misleading. One option would be consideration of blood sensing MRI scans in investigation of TFNE verses TIA diagnoses. As TFNEs often to present as descending paresthesia, we would recommend all patients with this presentation to undergo urgent inpatient MRI scans before being commenced on treatment.

Obstetrics

Does gestational weight gain of more than 12 kg in women increase the risk of a cesarean section delivery, gestational diabetes and pregnancy induced hypertension? A retrospective case series (2017)

Type of publication:
Journal article

Author(s):
Antonakou A.; *Papoutsis D.; Kechagia A.

Citation:
Clinical and Experimental Obstetrics and Gynecology; 2017; vol. 44 (no. 4); p. 540-544

Abstract:
Purpose: The purpose of this study was to investigate whether the gestational weight gain of more than 12 kg represented a risk factor for an increased rate of cesarean section (CS) delivery, gestational diabetes, and pregnancy-induced hypertension (PIH). Materials and Methods: This was a retrospective case series study performed in a Greek National Health Service hospital and included women having given birth to singleton pregnancies between 2004-2009. Cases with multiple pregnancies, stillbirths, and congenital fetal abnormalities were excluded. Results: 600 eligible women were included in the study. Gestational weight increase correlated positively and was higher in women with a CS delivery, gestational diabetes, and PIH. The prepregnancy body mass index was identified as a predictor of gestational diabetes. The weight gain of less than 12 kg during pregnancy provided a protective effect against CS delivery by reducing the likelihood of this by 85%. Conclusion: The present authors have shown that the increased body weight gain during pregnancy of more than 12 kg is associated with increased rates of CS delivery, gestational diabetes, and hypertensive disorders in pregnancy.

Oncology

Thyroid-stimulating hormone suppression therapy for differentiated thyroid cancer: The role for a combined T3/T4 approach (2017)

Type of publication:
Journal article

Author(s):
*Fussey, Jonathan Mark; Khan, Habib; *Ahsan, Farhan; *Prashant, Ravi; Pettit, *Laura

Citation:
Head & neck; Dec 2017; vol. 39 (no. 12); p. 2567-2572

Abstract:
BACKGROUND In the management of differentiated thyroid carcinoma, surgery with or without postoperative radioiodine, and thyroid-stimulating hormone (TSH) suppression is the standard of care in most patients. Levothyroxine is recommended for long-term TSH suppression. For some patients, this may be difficult to tolerate due to adverse effects, such as impaired cognitive function.METHODS This article reviews the evidence for the role of combination treatment with triiodothyronine (T3) and levothyroxine (T4) in these patients.RESULTS The evidence for combination T3 and T4 treatment comes mainly from studies on hypothyroidism, and research into its use for TSH suppression is limited.CONCLUSION Although the evidence base is not strong, there is a small group of patients who may benefit from combination T3 and T4 treatment due to difficulty tolerating thyroxine. Until further evidence is available, a case-by-case approach is recommended.

Link to full-text [Available to eligible users with an NHS OpenAthens account]

Evaluation of nutritional status and PEG dependence during chemoradiotherapy (2017)

Type of publication:
Conference abstract

Author(s):
*McLaughlin K , *Zuydam A, *Probert C ,Voyce C ,Grayson K

Citation:
British Association of Health and Neck Oncologists, BAHNO Annual Scientific Meeting, Royal College of Physicians, London, Friday 12th May 2017

Abstract:
Background: Chemoradiotherapy treatment for head and neck cancer can cause significant adverse side-effects that have the potential to impair nutritional status, physical functioning and quality of life. The aims of the study were to measure nutritional status and use of enteral tube feeding at the end of treatment and 3 months post-treatment and to assess the relationship between these factors and patient reported outcomes.

Methods: Subjects treated with chemotherapy and/or radiotherapy with curative intent were recruited prospectively over 18 months. Data were collected on 33 subjects with a diagnosis of primary squamous cell carcinoma of the oropharynx, nasopharynx or hypopharynx stage T1-4, N0-2b, M0 disease at baseline, at end of treatment and 3 months post-treatment. Nutrition outcomes were weight, percentage weight change, gastrostomy dependence (days of PEG use) and percentage of nutritional requirements met orally and via PEG.

Results:
As expected baseline BMI was significantly lower at end of treatment and 3 months post-treatment compared to baseline. The mean percentage weight loss of 5.6% during treatment is comparable to other studies. Mean nutrition via PEG was 85.0% and 35.6% of requirements at end of treatment and 3 months post-treatment respectively. Mean PEG dependence at 3 months was 85 days. There was a trend towards significance for increased weight loss and days of PEG use at 3 months (r=0.406).

Conclusions:
The data show some interesting trends, however the small sample size limited statistical analysis. Further research with a larger cohort is required to explore the findings further.

Management and outcomes of patients with nonsmall cell lung cancer (NSCLC) and synchronous brain metastases: A multicentre retrospective review (2017)

Type of publication:
Conference abstract

Author(s):
Cook M.; *Allos B.; O'Beirn M.; Jegannathen A.; Denley S.; Homer K.; Sabel L.; *Chatterjee A.; Koh P.

Citation:
Lung Cancer; Jan 2017; vol. 103, Supplement 1, Page S12

Abstract:
Introduction: 10-20% of patients presenting with NSCLC have synchronous brain metastases, conferring a 4.8 month median survival. Recently published QUARTZ trial data challenges the use of whole brain radiotherapy (WBRT) in older inoperable patients. We present a multicentre retrospective review of the management and survival outcomes of newly diagnosed NSCLC patients with synchronous brain metastases in the Greater Midlands. Methods: Patients diagnosed with NSCLC and synchronous brain metastases January 2014 to June 2015 were identified from five regional hospital lung multidisciplinary meetings. Data collected included patient demographics, performance status (PS), staging, histology, number/volume of brain metastases, initial management, subsequent therapeutic strategy and outcomes. Results: Of 758 newly presenting metastatic lung cancer patients identified, 51(6.7%) had biopsy-proven NSCLC and brain metastases, with demographic, diagnostic and management information presented below (Table 1). 35/51 (69%) patients presented symptomatically as inpatients. Median overall survival (OS) of all patients was 3.4 (range 0.4-41.6) months. In PS 0/1 patients, those age <60 had OS of 7.4 (1.6-32.2) months compared with 13.4 (0.9-30.5) months in patients age >=60. Of those receiving best supportive care (BSC), OS was 1.7 (0.4-3.0) months. Patients receiving initial WBRT had OS of 3.5 (0.8-32.2) months, with those surviving >12 months also receiving systemic therapy. Patients

receiving surgery then WBRT had OS of 6.8 months. Patients with EGFR/ALK sensitising tumours had notably increased median OS of 16.5 months. 83.3% received tyrosine kinase inhibitors after initial WBRT. (Table presented) Conclusion: NSCLC patients presenting with synchronous brain metastases have overall poor prognoses regardless of treatment strategy, in keeping with previously published data. Selected patients, namely those with low volume intracranial disease and good PS suitable for neurosurgery/systemic therapy, or those with sensitising mutations had improved outcomes regardless of age. Our data reiterates that careful and timely patient selection is imperative prior to consideration of aggressive local and systemic therapy or WBRT as opposed to BSC.

An audit of 'real world' systemic chemotherapy in breast cancer patients over the age of 70 in one U.K. Cancer Centre (2017)

Type of publication:
Conference abstract

Author(s):
*Choudhary Y.; *Pettit L.; *Khanduri S.

Citation:
European Journal of Surgical Oncology; Nov 2017; vol. 43 (no. 11); p. 2226

Abstract:
Background: Breast cancer incidence among the over 70's is increasing. Trial data from this age group is not as extensive when compared with younger patients. Co-morbidities are common and may lead to poor tolerance of chemotherapy. Cytotoxic chemotherapy usage in patients over 70 was audited to record toxicity and tolerability.Method: Patients aged >70 years, diagnosed with invasive breast cancer between 01/01/2015 and 31/12/2015 treated with cytotoxic chemotherapy at the Shrewsbury and Telford Hospital NHS Trust were identified from the Somerset database. Clinical information was obtained from an electronic portal. Data collected: demographics, performance status, tumour characteristics, ER/PR and HER2 status, chemotherapy regimen, treatment intent, number of chemotherapy cycles planned, number given, toxicities, and hospital admissions. Data was collected on an excel database.Results: Thirty patients were identified, all female. 26 were between 71 and 75, 2 were between 76 and 80, 2 > 80 years. 20 patients (67%) ER/PR receptor positive. 15 (50%) HER2 positive. The majority 29 (97%) had a performance status of 0/1. Cardiovascular co-morbidities were the most common (57% pre-existing cardiovascular disease). 25 (83%) were treated with adjuvant intent. 15 (50%) were admitted to hospital, 6 (20%) with neutropenic sepsis. 12 (40%) had dose reductions. 21 (70%) completed their planned number of cycles. Chemotherapy was discontinued in 7 (23%) due to toxicity and 1 patient remains on treatment at the time of this audit. There were no patient deaths within 30 days of commencing chemotherapy.Conclusion: Chemotherapy usage in the >70's was associated with higher risk breast cancer. Despite good baseline performance status, 50% of patients required hospital admission and 27% discontinued treatment due to toxicity. The decision to use chemotherapy must also account for potential toxicities and impact on quality of life. Increased contact with health professionals including tele-consults and increased specialist nurse support, will help to predict and manage toxicity and reduce admissions.

Breast reconstruction affects coping mechanisms in breast cancer survivors (2017)

Type of publication:
Journal article

Author(s):
*Lake, B., Fuller, H.R., *Rastall, S, *Usman, T

Citation:
Indian Journal of Surgery, December 2017

Abstract:
Coping strategies used by women with breast cancer are vital for adjustment to their disease. Whilst it is clear that factors such as age at diagnosis, social support and ethnicity can influence coping mechanisms, there is currently no information about whether breast reconstruction changes mechanisms of coping for such patients. The aims of this study, therefore, were to determine how women who have had immediate breast reconstruction and mastectomy cope, compared to those who have mastectomy alone, and whether there are differences in coping mechanisms due to breast reconstruction surgery. This was a retrospective cohort study, using a standardised questionnaire called the Brief Cope Scale. Inclusion criteria was the following: all women who had immediate breast reconstruction and mastectomy in Shropshire from 2003 to 2014 for ductal carcinoma in situ or node-negative invasive breast cancer. Each patient was matched for year of diagnosis, adjuvant therapy and age to one woman who had mastectomy alone. Two hundred thirty-four questionnaires were sent with a 58% response rate. Significantly more patients from the reconstruction cohort coped by active coping (T value 1.66, P value 0.04) compared to those in the mastectomy alone cohort. In contrast, significantly more patients in the mastectomy alone cohort coped by active venting compared to the reconstruction cohort (T value 1.71, P value 0.04). This study indicates for the first time that breast reconstruction may alter coping mechanisms in breast cancer survivors. Awareness of these coping mechanisms will enable clinicians to provide appropriate, individualised support.

The impact of age on the art of mammography and how to adapt accordingly (2017)

Type of publication:
Journal article

Author(s):
*Lake B.; *Cielecki L.; *Williams S.; *Worrall C.; *Metelko M.

Citation:
Radiography; Nov 2017; vol. 23 (no. 4)

Abstract:
Introduction Breast cancer is increasingly a disease of the elderly, and combined with the NHS Breast Screening Extension means that more elderly patients are having mammography. Increasing age can

make mammography more technically difficult. This is a technical note detailing the results of a local audit which may be of interest due to potential service implications. Method A retrospective audit of the first year of screening extension of The Shropshire Breast Screening Programme. Aims to collect data on patient demographics and describe the technical adaptations developed in Shropshire. Results Breast screening extension has increased by 2.5 times the number of women aged 70-74 screened, and doubled the overall numbers of women over 70 screened. Significantly more older patients are being screened to present technical challenges to a screening programme. Data was obtained from a month of screening showed that 29% of patients over 70 needed extra time for positioning. Reasons included 22% difficulty in obtaining adequate positioning and 15% needed a relative to aid with consent. Discussion In the Shropshire screening programme different technical adaptations have been developed and are key to ensuring adequate images. These include double appointments, two radiographers, thorough assessment, steeper angles, seated examinations, from-below imaging and pre-planning for subsequent screen. Conclusion Significantly more older women are having breast screening due to the increasing incidence of breast cancer and the Breast Screening Programme extension. Increasing age can significantly increase time taken for adequate imaging and present technical challenges. Development of technical adaptations to art of mammography is key to achieve adequate images.

Group pre-assessment for patients undergoing chemotherapy: Our experience at The Royal Shrewsbury Hospital (2017)

Type of publication:
Conference abstract

Author(s):
*Allos B.; *Redgrave R.; *Davies W.; *Chatterjee A.

Citation:
Lung Cancer; Jan 2017; vol. 103, Supplement 1, Page S47

Abstract:
Introduction: Waiting time targets in England and Wales state cancer treatment must commence within 31 days of the treatment plan being agreed. Often, pressures on chemotherapy units, such as low staffing levels and capacity, delays starting chemotherapy. This may impact outcomes. To improve capacity and waiting times we have implemented group pre-assessment (GPAC) for all prospective chemotherapy patients at our trust. Methods: Previously each patient received a 1-hour pre-assessment appointment with a dedicated nurse. For non-urgent patients we have established GPAC clinics since January 2014. These are run three times a week by volunteers in conjunction with one chemotherapy nurse and accommodate 6 patients per session. Patients watch a 25-minute DVD providing general information on chemotherapy in addition to introducing the unit, nurses and general treatment procedures. A unit tour follows this. Each patient receives a diagnosis-specific tumour pack and the session concludes with a 10-minute one-to-one meeting with a nurse to discuss their personal treatment regime. Results: We pre-assess up to 18 patients a week via GPAC. Since implementation we have reduced nursing hours needed for this service to a maximum of 6 hours per week. From September 2015 to August 2016 a total of 667 patients attended GPAC clinic with 312 nursing hours required. Our unit has consequently saved 355 nursing hours over that time period (Figure 1). Patient satisfaction with the service remains high with 24/25 (96%) of patients surveyed rating the service as good to excellent across five categories. With GPAC initiation, our average chemotherapy waiting time has reduced to 13

days from over 20 days. Conclusion: By initiating GPAC our department has significantly saved nursing hours allowing us to reallocate these to chemotherapy delivery and service development. With increased capacity to treat patients waiting times have been significantly reduced. This has not been to the detriment of patient satisfaction. (Table Presented).

Partial breast radiotherapy after breast conservation: 5 year outcomes from the IMPORT LOW (CRUK/06/003) phase III trial (2017)

Type of publication:
Conference abstract

Author(s):
Coles C.; Griffin C.; Bhattacharya I.; Emson M.; Haviland J.; Hopwood P.; Kaggwa R.; Bliss J.; Kirby A.; Donovan E.; *Agrawal R.; Alhasso A.; Brunt A.M.; Ciurlionis L.; Chan H.; Harnett A.; Sawyer E.; Sybdikus I.; Tsang Y.; Wheatley D.; Wilcox M.; Yarnold J.; Jefford M.

Citation:
Radiotherapy and Oncology; May 2017; vol. 123

Abstract:
Background: Local cancer relapse rates after breast conservation surgery followed by radiotherapy have fallen sharply in many countries with risk influenced by patient age and clinico-pathological factors. In women at lower than average risk of local relapse, partial breast radiotherapy restricted to the vicinity of the original tumour is hypothesised to improve the balance of beneficial versus adverse effects compared with whole breast radiotherapy. Methods: The IMPORT LOW trial (ISRCTN12852634) recruited women aged >=50 years after breast conserving surgery for invasive ductal adenocarcinoma pT<=3cm, pN0- 3, G1-3 and >=2mm resection margins. Using 15 daily treatments, patients were randomly allocated (1:1:1) to 40 Gy whole breast radiotherapy (control), 36 Gy whole breast plus 40 Gy to partial breast (reduced dose) or 40 Gy partial breast only (partial breast). Primary endpoint was ipsilateral local relapse rate (80% power to exclude a +2.5% noninferiority margin at 5 years for each test group). Findings: Between May 2007 and October 2010, 2018 women were recruited (control n=675, reduced dose: n=674, partial breast: n=669). With a 72.2 month median followup (IQR 61.7-83.2), 5-year local relapse rates were 1.1% (95%CI 0.5-2.3), 0.2% (0.02-1.2) and 0.5% (0.2-1.4) in control, reduced dose and partial breast groups. Absolute differences in local relapse rate compared with the control group were -0.73% (-0.99, 0.22) for the reduced dose and -0.38% (-0.84, 0.90) for the partial breast groups, demonstrating non-inferiority for both test groups. Photographs, patients and clinicians reported similar or lower levels of adverse effects after reduced dose or partial breast radiotherapy compared with whole breast radiotherapy (see Table 1). (Table presented) Interpretation: At 5 years, partial breast and reduced
dose radiotherapy showed local relapse rates non-inferior to that observed following whole breast radiotherapy and produced equivalent or milder late normal tissue side effects. This simple radiotherapy technique is implementable in radiotherapy centres worldwide.

Ophthalmology

Suture-assisted punctoplasty (2017)

Type of publication:
Journal article

Author(s):
*Sachdev A.; *Sagili S.R.

Citation:
Digital journal of ophthalmology : DJO; 2017; vol. 23 (no. 3); p. 60-62

Abstract:
Purpose: To describe a surgical technique in which a suture, instead of forceps, is used to improve access for the introduction of scissors and more easily achieve an appropriately-sized punctoplasty.Materials and Methods: In this technique, a new modification of the 2-snip punctoplasty, a 6-0 polyglactin 910 suture is passed through the posterior wall of the punctum to apply traction. A video of the technique is provided.Results: This technique improves the surgical field of view and eases access for introduction of Vannas scissors into the punctum to perform the punctoplasty.Conclusions: This simple and practical modification of the 2-snip punctoplasty improves instrument access so that an appropriately-sized punctoplasty can be performed with ease.

Link to full-text [no password required]

Effect of latanoprost on thyroid orbitopathy (2017)

Type of publication:
Journal article

Author(s):
*Ha J.; *Zunz E.; *Sagili S.

Citation:
Expert Review of Ophthalmology; Nov 2017; vol. 12 (no. 6); p. 437-441

Abstract:
Background: Prostaglandin F2alpha analogues are known to reduce human orbital fibroblasts proliferation and adipogenesis and may be used as a potential therapy for treatment of thyroid orbitopathy. The aim of this study was to identify any beneficial effect of latanoprost on thyroid orbitopathy, in the form of reduction in proptosis, secondary to prostaglandin associated periorbitopathy. Methods: A retrospective case review of 11 patients (22 eyes) with thyroid eye disease who were using latanoprost for management of ocular hypertension. Patients receiving systemic immunosuppressants were excluded. Orbital imaging was analysed where available. A change in proptosis was analysed based on Hertel exophthalmometry. Results: Three patients (27%) had >= 2 mm reduction in proptosis and they all had fat predominant thyroid orbitopathy, as evident on orbital imaging. Proptosis remained unchanged or improved by less than 2mm in the rest of the patients (73%).

Overall, mean pre treatment exophthalmometry was 22.4 mm (range 15-30 mm) and mean post treatment exophthalmometry was 20.6 mm (range 15-29 mm). Conclusion: Latanoprost was well tolerated in patients with thyroid orbitopathy. Objective reduction in proptosis of 2mm or more was noted in 3 patients (27%) and none of the patients had an increase in proptosis. The improvement in proptosis may be more pronounced in patients with fat predominant orbits.

Patient Flow

Dischargology: the integration of capacity and demand, caseload management and discharge planning (2017)

Type of publication:
Journal article

Author(s):
Pitas, A.

Citation:
Physiotherapy; Dec 2017; vol. 103, Supplement 1, Page e68

Renal / Urology

UK Renal Registry 19th Annual Report: Chapter 8 Biochemical Variables amongst UK Adult Dialysis Patients in 2015: National and Centre-specific Analyses (2017)

Type of publication:
Journal article

Author(s):
Methven S.; Perisanidou L.I.; *Nicholas J.; Dawnay A.

Citation:
Nephron; Sep 2017; vol. 137 (no. 1); p. 189-234

Abstract:
64.1% of haemodialysis (HD) patients and 60.5% of peritoneal dialysis (PD) patients achieved the Renal Association (RA) audit measure for phosphate (<1.7 mmol/L). . 35.9% of HD and 39.5% of PD patients had a serum phosphate above the RA audit standard (>=1.7 mmol/L). Simultaneous control of all three parameters (calcium, phosphate and parathyroid hormone (PTH)) within current target ranges was achieved by 27.6% of HD and 33.1% of PD patients. 79.3% of HD and 77.8% of PD patients had adjusted calcium in the recommended target range of 2.2-2.5 mmol/L. 57.1% of HD and 61.3% of PD patients had phosphate between 1.1-1.7 mmol/L. 56.8% of HD and 63.6% of PD patients had a serum PTH between 16-72 pmol/L. 18.8% of HD and 13.9% of PD patients had a serum PTH >72 pmol/L. 64.3% of HD and 80.4% of PD patients achieved the audit measure for bicarbonate 18-24 mmol/L for HD patients and 22-30 mmol/L for PD patients).

Link to full-text [no password required]

UK Renal Registry 19th Annual Report: Chapter 10 Epidemiology of Reported Infections in Patients Receiving Dialysis in England between January 2015 and December 2015: A Joint Report from Public Health England and the UK Renal Registry (2017)

Type of publication:
Journal article

Author(s):
*Crowley L.; MacNeill S.; Caskey F.J.; Methven S.; Nsonwu O.; Davies J.; Fluck R.; Byrne C.

Citation:
Nephron; Sep 2017; vol. 137 (no. 1); p. 251-257

Abstract:
Between January 2015 and December 2015 there were a total of 31 episodes of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia in patients receiving dialysis for end stage renal disease. The

rate of MRSA episodes per 100 dialysis patient years was 0.13 compared to 0.15 the previous year. Rates of Methicillin Sensitive Staphyloccoccus aureus (MSSA) continued their gradual increase with a rate of 2.35 per 100 patient years compared with 2.26 the year before. This was a result of 560 episodes of bloodstream infection between January and December. Rates of Clostridium difficile infection (CDI) were stable with 245 recorded episodes giving a rate of 1.03 per 100 patient years. Escherichia coli (E.coli) infections occurred at a rate of 1.7 per 100 dialysis patient years, an increase on the previous year's rate of 1.49. As found in previous years, a tunnelled catheter was associated with a higher number of infection episodes than other forms of access in those patients with a staphylococcal bacteraemia.

Link to full-text [no password required]

Interleukin-17-positive mast cells influence outcomes from BCG for patients with CIS: Data from a comprehensive characterisation of the immune microenvironment of urothelial bladder cancer (2017)

Type of publication:
Journal article

Author(s):
Dowell A.C.; Taylor G.S.; *Cobby E.; Wen K.; During V.; Anderson J.; James N.D.; Devall A.J.; Cheng K.K.; Zeegers M.P.; Bryan R.T.

Citation:
PloS one; 2017; vol. 12 (no. 9)

Abstract:

Link to full-text [no password required]

Emerging concepts and spectrum of renal injury following Intravesical BCG for non-muscle invasive bladder cancer (2017)

Type of publication:
Journal article

Author(s):
*Mohammed, Azharuddin; *Arastu, Zubair

Citation:
BMC urology; Dec 2017; vol. 17 (no. 1); p. 114

Abstract:
BACKGROUNDIntravesical Bacilli Calmette-Guerin (IVBCG) therapy for non-muscle invasive bladder cancer (NMIBC) has long been in use successfully. Albeit rarely, we still face with its safety concerns

more than 25 years on since its approval by US Food and Drug Agency in 1990. Local and systemic infection following intravesical BCG is widely reported as compared to immune mediated local or systemic hypersensitivity reactions involving kidneys; acute kidney injury (AKI) and other renal manifestations are well reported but not of chronic kidney disease (CKD).CASEAn interesting case of a female was referred to nephrologists in advanced stages of CKD at an eGFR of 10 ml/min/1.732 following IVBCG for NMIBC. Our patient's renal function plateaued when IVBCG was held; and worsened again when reinstilled. It introduces the concept of 'repetitive' immune mediated renal injury presenting as progressive CKD rather than AKI, as is generally reported. Although response was poor, corticosteroids stopped CKD progression to end stage renal disease.CONCLUSIONSWe highlight the need for increased awareness and early recognition of IVBCG renal complications by both urologists and nephrologists in order to prevent progressive and irreversible renal damage. Low incidence of IVBCG renal complications may also be due to under recognition in the era prior to CKD Staging and AKI Network (and AKI e-alerts) that defined AKI as a rise in serum creatinine of >=26umol/L; hence an unmet need for urgent prospective studies. Major literature review focuses on emerging spectrum of histopathological IVBCG related renal complications and their outcomes.

Link to full-text [no password required]

Analysis of doctors and nurses confidence with the use of in and out urinary catheters for collection of urine samples (2017)

Type of publication:
Conference abstract

Author(s):
*Fox H.; *Gupta M.

Citation:
Archives of Disease in Childhood; May 2017; vol. 102, Suppl. 1

Abstract:
Background NICE recommends collecting urine by a clean catch sample to diagnose urinary tract infection (UTI), but if not possible or practical, to use urinary catheters (UC) to collect urine. Despite a policy to obtain clean catch urine, we have noticed high contamination rates, especially in infants. This creates diagnostic uncertainty, leading to unnecessary investigations and overuse of antibiotics. Using a UC to obtain urine can reduce rates of contamination, but experience among staff is low in our department as UC are not commonly used for this purpose. In this survey we explore the confidence, competence and training of staff with UC for collection of urine samples. Methods A survey of medical and nursing staff was undertaken during a typical working week in October 2016. We asked about their experience, confidence and competence with insertion of UC to obtain urine samples in children. Results were analysed using Microsoft Excel. Results 30 staff completed the questionnaire including 12 nurses, 3 advanced paediatric nurse practitioners (APNP), 9 tier 1 doctors (Foundation, GP and CT1-3 paediatrics trainees) and 6 tier 2 doctors (CT4 and above). 33% of Band 5 nurses, 67% of band 6 nurses, 75% of Tier 1 paediatric trainees and none of the foundation and GP trainees have inserted a UC in children. 50% of junior doctors and 53% nurses have never received training on UC insertion in children. 7% of all nurses and 67% of all doctors feel competent with insertion of UC in boys, whereas 40% of all nurses and 53% of all doctors surveyed feel competent with insertion of UC in girls. Conclusion This survey identified

that experience of UC insertion is low among nursing and junior medical staff, which is reflected in their perceived competence. This may be due to infrequent use of this procedure. Most staff identified the need for more training. Therefore we recommend using a standard operating procedure to allow structured training of junior medical and nursing staff. Considering UC more often in clinical practice will improve confidence and maintain competency of staff, and reduce the incidence of contaminated urine samples, especially in infants.

Link to full-text [Available to eligible users with an NHS OpenAthens account]

Respiratory

An unusual case of breathlessness and a dry cough (2017)

Type of publication:
Conference abstract

Author(s):
*Iftikhar S.; *Green N.J.; *Perks W.

Citation:
American Journal of Respiratory and Critical Care Medicine; 2017; vol. 195

Abstract:
A 77 year old female presented with new onset breathlessness over the previous four weeks. The patient described symptoms of fatigue and one episode of near fainting. Previously she had been active with good exercise tolerance. There was a history of gastro-oesophageal reflux. Medication included omeprazole, zopiclone and citalopram on a regular basis. The patient was a life long smoker, smoking ten cigarettes daily. Alcohol intake was up to 20 units per week. The patient's mother had died of breast cancer and father of pulmonary emphysema. On examination, the patient looked unwell. Blood pressure was 120/60 mm Hg; pulse 120 bpm; and oxygen saturation 97% by pulse oximetry. The patient weighed 60 Kg and denied any weight loss. Cardiovascular, respiratory and abdominal examination was unremarkable. A resting ECG showed sinus tachycardia with first degree heart block. A 24 hour ECG tape and 24 hour blood pressure monitoring showed no significant abnormality. Blood results showed low haemoglobin at 96 g/dl with normal red cell morphology, platelets 675 x 109 /L, white cell count 12.9 x 109 /L (with slightly elevated neutrophils, lymphocytes, monocytes and eosinophils), ESR 88 mm/hour, serum sodium 128 mmol/L, albumin 32 g/L, alkaline phosphatase 135 u/L, AST 55 u/L, ALT 122 u/L, GGT 70 u/L, calcium 2.2 mmol/L and glucose 7.5 mmol/L. A vasculitic screen was negative. Urinalysis revealed proteinuria. A CT scan, that showed marked ground glass change and mosaic attenuation, was discussed at a weekly X-ray meeting. The diagnosis of post viral pneumonitis was made. The patient died suddenly at home two weeks later just prior to a follow up hospital appointment. Post mortem examination revealed interstitial pneumonia (UIP) with focal pulmonary fibrosis and small areas of honeycomb change (fig. 1 & 2). The heart was morphologically normal, but showed myocarditis in which the infiltrate consisted of small T lymphocytes and eosinophil polymorphs (fig. 3). We postulate an association between UIP and lymphocytic myocarditis, which has rarely been described in the literature before.

Link to full-text [no password required]

Surgery

Incidence of recurrent laryngeal nerve palsy and hypocalcaemia following thyroidectomy in a district general hospital setting by a single surgeon (2017)

Type of publication:
Conference abstract

Author(s):
*McNamara K.; *Albuidair A.; *Ahsan F.

Citation:
European Journal of Surgical Oncology; Dec 2017; vol. 43 (no. 12); p. 2389

Abstract:
Background: The British Association of Endocrine and Thyroid Surgeons' (BAETS) set a standard of permanent recurrent laryngeal nerve (RLN) palsy of 1-2% and risk of permanent hypocalcaemia of 5-10%. Aim: To establish ates of permanent recurrent laryngeal nerve palsy and post-operative hypocalcaemia from thyroidectomy by a single surgeon in a District General Hospital Setting. Methods: Patient demographics, rates of permanent recurrent laryngeal nerve palsy and postoperative hypocalcaemia were obtained from all hemithyroidectomy, completion thyroidectomy and total thyroidectomy procedures performed between June 2012 and January 2017. Data was collected from the online Clinical Portal. All cases of RLN palsy and hypocalcaemia had been documented in patient's clinical letters. Results: 245 thyroidectomy procedures were performed during this time. This included 179 hemithyroidectomy, 41 completion thyroidectomy and 16 total thyroidectomy procedures. 1/245 (0.4%) patient suffered with permanent recurrent laryngeal nerve palsy in this patient group. 1/57 patients (2%) developed postoperative hypocalcaemia following completion or total thyroidectomy. Conclusion: This study reveals a lower incidence of RLN palsy and hypocalcaemia than is set by standards. Careful preoperative evaluation helps in achieving a satisfactory outcome in thyroid surgery. Thyroid surgery is safe to be done in a District General Hospital in the hands of a Head and Neck surgeon with a subspecialist fellowship training in thyroid.

Surgical assessment clinic - One stop emergency out-patient clinic for rapid assessment, reduced admissions and improved acute surgical service: A quality improvement study (2017)

Type of publication:
Journal article

Author(s):
*Macano C.A.W.; *Lake B.; *Clarke R.; Kirby G.C.; Nyasavajjala S.M.

Citation:
Annals of Medicine and Surgery; Nov 2017; vol. 23 ; p. 28-31

Abstract:
Background There is increasing pressure on emergency services within the NHS requiring efficient, rapid assessment and management of patients. A subsequent reduction in hospital admissions reduces overall costs with an aim to improve quality of care. At the Royal Shrewsbury Hospital we run a one stop emergency surgical clinic. With strict criteria for admission to this clinic we have established a care pathway for those patients requiring urgent surgical review but not necessarily hospital admission. Materials and methods We reviewed our initial referral pathway to the emergency surgical assessment clinic. New guidelines were distributed to the local Care Coordination Centre (CCC) through which GP referrals to the clinic were made. A re-audit carried out 6 weeks later assessed change in clinical practice. Results With the introduction of guidelines for referral we significantly increased the percentage of appropriate referrals to the one stop emergency surgical clinic (42.9%-79.4%, p = 0.000017). The majority (75.8%) of appropriate referrals can be successfully managed on an urgent outpatient basis. Appropriate referrals unsuitable for discharge from clinic had genuine reasons for admission such as abnormal results on assessment, or a need for surgery. 97.8% of referrals not deemed appropriate for the clinic were admitted for inpatient management. Conclusion By providing suitable guidance for referring practitioners we have optimised our clinic use significantly and improved our acute ambulatory surgical care. We have reduced admissions, provided rapid treatment and have established a service that helps address the ever increasing demand on acute services within the NHS.

Link to full-text [No password required]

Recurrent laryngeal nerve function after central neck dissection (2017)

Type of publication:
Conference abstract

Author(s):
*Fussey J.; *El-Shunnar S.; *Spinou C.; *Hughes R.; *Ahsan F.

Citation:
European Journal of Surgical Oncology; Dec 2017; vol. 43 (no. 12); p. 2388-2389

Abstract:
It is generally accepted that central compartment neck dissection (CCND) improves locoregional recurrence rates in cases of known central compartment lymph node involvement, however the practice of prophylactic CCND is somewhat more controversial. It is often quoted anecdotally that the risk of damage to the recurrent laryngeal nerve is higher during CND than in thyroidectomy only. The aim of this study was to evaluate recurrent laryngeal nerve injury rates following CND in thyroid cancer patients. Prospectively collected data from three head and neck cancer centres was retrospectively analysed to identify patients who underwent CND with or without concurrent thyroid surgery over a three-year period. Fifty-eight patients underwent CND, 35 of which were bilateral. There were therefore 92 recurrent laryngeal nerves at risk. The temporary recurrent laryngeal nerve palsy rate was 2.2%, and the permanent palsy rate was 3.3%. All cases of permanent recurrent laryngeal palsy occurred in patients undergoing CND and total thyroidectomy for pT4 disease. Many factors can affect recurrent laryngeal nerve palsy rate following CND, including surgeon experience, tumour characteristics and extent of dissection. Our experience suggests that the risk to the nerve in CND is no higher than in standard thyroid surgery.

Sex differences in the splenic flexure (2017)

Type of publication:
Journal article

Author(s):
Brookes A.F.; Macano C.; Meecham L.; *Stone T.; *Cheetham M.

Citation:
Annals of the Royal College of Surgeons of England; Jul 2017; vol. 99 (no. 6); p. 456-458

Abstract:
INTRODUCTION Anecdotally, surgeons claim splenic flexure mobilisation is more difficult in male patients. There have been no scientific studies to confirm or disprove this hypothesis. The implications in colorectal surgery could be profound. The aim of this study was to assess quantitatively whether there is an anatomical difference in the position of the splenic flexure between men and women using computed tomography (CT). METHODS Portal venous phase CT performed for preoperative assessment of colorectal malignancy was analysed using the hospital picture archiving and communication system. The splenic flexure was compared between men and women using two variables: anatomical height corresponding to the adjacent vertebral level (converted to ordinal values between 1 and 17) and distance from the midline. RESULTS In total, 100 CT images were analysed. Sex distribution was even. The mean ages of the male and female patients were 68.1 years and 66.7 years respectively (p=0.630). The mean vertebral level for men was 8.88, equating to the inferior half of the T11 vertebral body (range: 1-17 [superior half of T9 to inferior half of L2]), and 11.36 for women, equating to the inferior half of the T12 vertebral body (range: 4-16 [superior half of T10 to superior half of L2]). This difference was statistically significant (p=0.0001) and is equivalent to one whole vertebra. The mean distance from the midline was 160.8mm (range: 124-203mm) for men and 138.2mm (range: 107-185mm) for women (p<0.0001). CONCLUSIONS The splenic flexure is both higher and further from the midline in men than in women. This provides one theory as to why mobilising the splenic flexure may be more difficult in male patients.

Link to full-text [Available to eligible users with an NHS OpenAthens account]