Shrewsbury and Telford
Health Libraries

Staff Publications Report

Published work involving staff of Shrewsbury and Telford Hospital NHS Trust during 2016.

List prepared by Shrewsbury and Telford Health Libraries in April 2017

Contents

Anaesthesia

Fundamentals of Anaesthesia, 4th ed. (2016)

Type of publication:
Book

Author(s):
Lin, Ted; Smith, Tim; Pinnock, Colin; *Mowatt, Chris

Citation:
Cambridge University Press

The low-down on fresh gas flows (2016)

Type of publication:
Conference abstract

Author(s):
*Keogh T., *Elcock D.

Citation:
Anaesthesia, June 2016, vol./is. 71, Supplement 3, p. 26

Abstract:
Inhalational anaesthetic agents are minimally metabolised and mostly exhaled unchanged; using a closed breathing system with CO<inf>2</inf> absorption, reduces waste of volatiles and permits the reduction of fresh gas flow (FGF) to providing only the patient's metabolic requirements [1]. In addition to reducing wastage of volatiles, low FGF benefits the environment and improves cost effectiveness with a potentially advantageous impact on care. We looked at practice in a typical district general hospital (The Royal Shrewsbury Hospital), with the aim of identifying potential cost savings; we surveyed FGF and investigated whether our volatile costs were influenced by use of the relatively expensive sevoflurane. Methods Theatre lists were inspected to identify cases anticipated to last > 60 min, and were then audited by going into theatre and recording data. A maximum of one case was analysed from each list per day so as to avoid bias by targeting a particular anaesthetist and to avoid influences on an individual's practice once they realised they were being surveyed. A range of specialities was audited and data were collected after at least 30 min on table to allow time for the anaesthetist to modify flows. Results Median flow rates (n = 49) were found to be 0.95 l.min⁻¹ with an interquartile range of between 0.70 l.min⁻¹ and 1.10 l.min⁻¹ (Fig. 1). While these are low flows compared with those required by non-circle systems, they are not basal flow rates and therefore an estimated saving of around 50% could be made if typical flows were < 0.5 l.min⁻¹ (roughly equal to 70 000/pa in the Trust). Based on our pharmacy costs, we estimate equivalent doses of sevoflurane to be roughly 14x the cost of isoflurane, suggesting a saving of up to 93% per case if only the latter were used. However we acknowledge that this is simplistic and may not offset the disadvantages of isoflurane. Discussion We may have underestimated FGF being used; it is probable that people do not use low-flows in the anaesthetic room, at the beginning of cases, or possibly at all in shorter cases. Results have shown a generally responsible use of FGF rates, and perhaps limiting the type of volatiles used would not be as cost-effective as may have been thought, but rather encouraging the use of

'minimal flows'(< 500 ml) may be more promising. The introduction of self-adjusting low FGF on newer anaesthetic machines will also weaken any case for preferring isoflurane on grounds of cost alone - indeed manufacturers may argue the cost of this type of technology is quickly offset by the savings made in volatile costs. We think that rather than trying to reduce costs by limiting use of sevoflurane, there is more to gain by promoting the use of 'minimal flow'. (Figure Presented) .

Link to more details or full-text: http://onlinelibrary.wiley.com/doi/10.1111/anae.13519/epdf

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Incidence of postoperative nausea and vomiting following gynecological laparoscopy: A comparison of standard anesthetic technique and propofol infusion (2016)

Type of publication:
Journal article

Author(s):
Bhakta P., Ghosh B.R., Singh U., Govind P.S., Gupta A., Kapoor K.S., *Jain R.K., Nag T., Mitra D., Ray M., Singh V., Mukherjee G.

Citation:
Acta Anaesthesiologica Taiwanica, March 2016(no pagination)

Abstract:
Objective: To determine the safety, efficacy, and feasibility of propofol-based anesthesia in gynecological laparoscopies in reducing incidences of postoperative nausea and vomiting compared to a standard anesthesia using thiopentone/isoflurane. Design: Randomized single-blind (for anesthesia techniques used) and double-blind (for postoperative assessment) controlled trial. Setting: Operation theater, postanesthesia recovery room, teaching hospital. Patients: Sixty ASA (American Society of Anesthesiologists) I and II female patients (aged 20-60 years) scheduled for gynecological laparoscopy were included in the study. Interventions: Patients in Group A received standard anesthesia with thiopentone for induction and maintenance with isoflurane-fentanyl, and those in Group B received propofol for induction and maintenance along with fentanyl. All patients received nitrous oxide, vecuronium, and neostigmine/glycopyrrolate. No patient received elective preemptive antiemetic, but patients did receive it after more than one episode of vomiting. Measurements: Assessment for incidence of postoperative nausea and vomiting as well as other recovery parameters were carried out over a period of 24 hours. Main Results: Six patients (20%) in Group A and seven patients (23.3%) in Group B experienced nausea. Two patients (6.66%) in Group B had vomiting versus 12 (40%) in Group A (p . <. 0.05). Overall, the incidence of emesis was 60% and 30% in Groups A and B, respectively (p . <. 0.05). All patients in Group B had significantly faster recovery compared with those in Group A. No patient had any overt cardiorespiratory complications. Conclusion: Propofol-based anesthesia was associated with significantly less postoperative vomiting and faster recovery compared to standard anesthesia in patients undergoing gynecological laparoscopy.

Link to full-text:
http://www.sciencedirect.com/science/article/pii/S1875459716300145/pdfft?md5=23ae5cc15830c8a727672ad3ea135958&pid=1-s2.0-S1875459716300145-main.pdf

Cardiovascular

Knowledge gaps in the management of familial hypercholesterolaemia. A UK based survey (2016)

Type of publication:
Journal article

Author(s):
Jonathan Schofield, See Kwok, Michael France, *Nigel Capps, Ruth Eatough, Rahul Yadav, Kausik Ray, Handrean Soran

Citation:
Atherosclerosis (2016) [article in press]

Abstract:
Background and aims: Untreated individuals with familial hypercholesterolaemia (FH) are at increased risk of developing premature cardiovascular disease (CVD). Early diagnosis and treatment can result in a normal life expectancy. A recent survey commissioned by the European Atherosclerosis Society (EAS) reported a lack of awareness of FH in the general population.We conducted a survey to assess knowledge among healthcare professionals involved in the assessment and management of cardiovascular risk and disease in the United Kingdom. Methods: A survey designed to assess knowledge of diagnostic criteria, risk assessment, the role of cascade screening, and management options for patients with FH was distributed to 1000 healthcare professionals (response rate 44.3%). The same survey was redistributed following attendance at an educational session on FH. Results: 151 respondents (40.5%) reported having patients under their care who would meet the diagnostic criteria for FH, but just 61.4% recognized that cardiovascular risk estimation tools cannot be applied in FH, and only 22.3% understood the relative risk of premature CVD compared to the general population. Similarly, just 65.9% were aware of recommendations regarding cascade screening. Conclusions: The prevalence and associated risk of FH continue to be underestimated, and knowledge of diagnostic criteria and treatment options is suboptimal. These results support the recent Consensus Statement of the EAS and production of quality standards by the National Institute for Health and Care Excellence. Further work is required to formulate interventions to improve FH awareness and knowledge, and to determine the effect these interventions have on patient outcomes.

Cardiovascular risk assessment in psychiatric inpatient setting (2016)

Type of publication:
Conference abstract

Author(s):
*Dahmer E., *Lokunarangoda N.C., Romain K., Kumar M.

Citation:
European Psychiatry, March 2016, vol./is. 33/(S281)

Abstract:
Objectives To assess the general cardiac health of inpatients in acute psychiatric units and to evaluate the practice of ECG use in this setting. Aims Overall cardiac risk is assessed using QRISK2. Clinically significant ECG abnormality detection by psychiatric teams are compared with same by cardiologist. Methods Ten percent of patients (n = 113) admitted to five acute psychiatric wards during a period of 13 months across three hospital sites, covering a population of 1.1 million, were randomly selected. Electronic health care records were used to collect all data, in the form of typed entries and scanned notes. An experienced cardiologist, blind to the psychiatrist assessments, performed ECG analysis. The QRISK2 online calculator was used to calculate 10-year cardiovascular risk as recommended by NIHR, UK. Results A score of 10% or more indicates a need for further intervention to lower risk.13.5% of patients had a QRISK2 score of 10-20%, 5.2% had a score of 20-30%, and 1 patient had a QRISK2 score > 30%. In total, 19.7% had a QRISK2 of 10% or greater. A total of 2.9% had prolonged QTC interval (> 440 ms), with 2.9% having a borderline QTC (421-440). A total of 34.3% of ECGs were identified by the ward doctors as abnormal, with action being taken on 41.6% of these abnormal ECGs. Cardiologist analysis identified 57.1% of ECGs with abnormalities of potential clinical significance. Conclusions One in five patients admitted to psychiatry wards have poor cardiac health requiring interventions. Though QTC interval prolongation is rare, half of patients may have abnormal ECGs that require further analysis.

HEART UK statement on the management of homozygous familialhypercholesterolaemia in the United Kingdom (2016)

Type of publication:
Journal article

Author(s):
France M., Rees A., Datta D., Thompson G., *Capps N., Ferns G., Ramaswami U., Seed M., Neely D., Cramb R., Shoulders C., Barbir M., Pottle A., Eatough R., Martin S., Bayly G., Simpson B., Halcox J., Edwards R., Main L., Payne J., Soran H.

Citation:
Atherosclerosis, December 2016, vol./is. 255/(128-139)

Abstract:
This consensus statement addresses the current three main modalities of treatment of homozygous familial hypercholesterolaemia (HoFH): pharmacotherapy, lipoprotein (Lp) apheresis and liver transplantation. HoFH may cause very premature atheromatous arterial disease and death, despite treatment with Lp apheresis combined with statin, ezetimibe and bile acid sequestrants. Two new classes of drug, effective in lowering cholesterol in HoFH, are now licensed in the United Kingdom. Lomitapide is restricted to use in HoFH but, may cause fatty liver and is very expensive. PCSK9 inhibitors are quite effective in receptor defective HoFH, are safe and are less expensive. Lower treatment targets for lipid lowering in HoFH, in line with those for the general FH population, have been proposed to improve cardiovascular outcomes. HEART UK presents a strategy combining Lp apheresis with pharmacological treatment to achieve these targets in the United Kingdom (UK). Improved provision of Lp apheresis by use of existing infrastructure for extracorporeal treatments such as renal dialysis is promoted. The clinical management of adults and children with HoFH including advice on pregnancy and contraception are addressed. A premise of the HEART UK strategy is that the risk of early use of drug

treatments beyond their licensed age restriction may be balanced against risks of liver transplantation or ineffective treatment in severely affected patients. This may be of interest beyond the UK.

Chaplaincy

"Chaplains for Wellbeing" in Primary Care: A Qualitative Investigation of Their Perceived Impact for Patients' Health and Wellbeing (2016)

Type of publication:
Journal article

Author(s):
*McSherry, Wilfred, Boughey, Adam, Kevern, Peter

Citation:
Journal of Health Care Chaplaincy, Oct 2016, vol. 22, no. 4, p. 151-170

Abstract:
Although Health Chaplaincy services are well-established in hospitals in the United Kingdom and across the world, Primary Care Chaplaincy is still in its infancy and much less extensively developed. This study explored the impact the introduction of a Primary Care “Chaplains for Wellbeing” service had upon patients’ experience and perceived health and well-being. Sixteen patients participated in one-one interviews. Transcripts were analyzed using interpretative phenomenological analysis (IPA). Patients reported circumstances that had eroded perceived self-efficacy, self-identity, and security manifesting as existential displacement; summarized under the superordinate theme of “loss.” “Loss” originated from a number of sources and was expressed as the loss of hope, self-confidence, self-efficacy, and sense of purpose and meaning. Chaplains used a wide range of strategies enabling patients to rebuild self-confidence and self-esteem. Person-centered, dignified, and responsive care offered in a supportive environment enabled patients to adapt and cope with existential displacement.

Education and Training

A response to the high flyers (2016)

Type of publication:
Journal article

Author(s):
Summers, Bruce

Citation:
The Clinical Teacher, Oct 2016, vol. 13, no. 5, p. 389

Are local, speciality specific career days beneficial for medical students and foundation doctors? (2016)

Type of publication:
Conference abstract

Author(s):
*Barker V., *Godden M., *Jones C., *Panikkar J.

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology, December 2016, vol./is. 123/(6-7)

Abstract:
The Health Education Midlands holds an annual career day for all specialities to attend, allowing all medical students and foundation doctors to explore different specialities within the local area. The Royal College of Obstetricians and Gynaecologists also provide a careers day, for anyone to attend. Both of these are useful resources however do have some limitations due to number of delegates attending and also number of specialities in attendance. Our local obstetrics and gynaecology school held a pilot, local, careers days to allow any medical student from 4th year and above and any foundation doctor within the region, the opportunity to attend. The day consisted of a variety informal presentations about the 'day in a life' and was given by a variety of trainees across the school. The deputy head of school also came and provided more specific information on training pathways. The day also included several workshops covering resilience, CV building, and practical skills. The informal nature meant that the delegates could feel free to ask any of us any questions they wish to do so during the process. The delegates were asked to provide feedback at the end of the day. We had a total of 42 delegates, of which the majority found the day useful, we did not receive any negative feedback. We hope that the delegates can use this experience when deciding on future careers. We are intending on repeating the careers day again.

Link to full-text: http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14447/epdf

Emergency Medicine

Predicting and measuring fluid responsiveness with echocardiography (2016)

Type of publication:
Journal article

Author(s):
*Miller, Ashley, Mandeville, Justin

Citation:
Echo research and practice, June 2016, vol. 3, no. 2, p. G1

Abstract:
Echocardiography is ideally suited to guide fluid resuscitation in critically ill patients. It can be used to assess fluid responsiveness by looking at the left ventricle, aortic outflow, inferior vena cava and right ventricle. Static measurements and dynamic variables based on heart-lung interactions all combine to predict and measure fluid responsiveness and assess response to intravenous fluid resuscitation. Thorough knowledge of these variables, the physiology behind them and the pitfalls in their use allows the echocardiographer to confidently assess these patients and in combination with clinical judgement manage them appropriately.

Link to full text: http://www.echorespract.com/content/3/2/G1.abstract

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A Case Report of the Management of a Severe Scalp Wound with Combination Treatment including Negative Pressure Therapy with Skin Cell Spray (2016)

Type of publication:
Conference abstract

Author(s):
*Sandhu B.; *Messahel A.

Citation:
British Journal of Oral and Maxillofacial Surgery; Dec 2016; vol. 54 (no. 10)

Abstract:
Facial injuries can lead to extensive scarring, causing physical discomfort, anxiety and social isolation for patients. The optimum method of wound healing would be primary closure, however in cases where this is not possible other options must be explored. This case report involves a 40 year old female who sustained a severe scalp wound following a road traffic accident, causing partial ejection from the vehicle. The patient was transferred to our care seven days after receiving treatment to the affected area by an emergency department. Examination revealed an 8 cm right frontal scalp region wound present, which was clearly acutely infected with areas of full thickness skin necrosis and generalised overlying slough across the defect. The lower region of the wound involved an area of 2.5 cm exposed bone. There was also weakness noted of the temporal branch of the right facial nerve with reduced

brow movement. Following thorough debridement and lavage, combination treatment consisting of negative pressure vacuum therapy and allogenic skin spray application was instigated. Negative pressure allowed for contraction of the wound edges for granulation, and reduced dehiscence risk. It also increased vascularisation of the exposed bone region inferiorly and significant reduction in wound size. Fresh allogenic human keratinocyte suspension allowed for complete healing of the defect. This involved epithelisation of the superficial layer of the wound, with no remaining exudate and complete bone coverage.This successful result is exemplary of a non-surgical therapy for extensive wounds in aesthetically challenging areas.

Obstacles to consent for intravenous rtPAin acute stroke (clinical audit and survey) (2016)

Type of publication:
Conference abstract

Author(s):
*Alamgir M., *Srinivasan M., *Ghani U.

Citation:
Cerebrovascular Diseases, May 2016, Vol. 41, Supplement 1, p.285-286

Abstract:
Introduction: Intravenous thrombolysis with rTPA is the standard of care for the treatment of acute ischaemic stroke within 3 hrs (up to 4.5 in suitable Pt) after stroke onset. Even with clear evidence of benefit there is increased risk of harm . Due to complex risk & benefit aspects of the treatment the current guidance recommends consent should be obtained for intravenous thrombolysis whenever possible. Our objective was to review the current practice in documentation of consent and also identify the factors which contribute in fauilu-re to obtain consnet Method: We have randomly selected 25 Patient's notes those were admitted from November 2014 to May 2015 and looked for the completed consent form or documentation elsewhere. We have also conducted a survey among Stroke Consultants and medical registrars (who are involved in administration of intravenous thrombolysis) to identify the reasons responsible for failure to obtain consent in acute setting. Results: The documentation of consent was noted to be very poor (either on consent form or documentation elsewhere in notes). Consent form was completed only in 27% cases and there was no clear documentation of reasons for not obtaining consent in the rest. Survey results showed that the only 40% were aware of the consent form in pathway. Reasons of not obtaining consent were , Time pressure = 40%, Patient factors = 40, Ignorance of statistics(Not sure about actual statistics) = 20 %. Conclusion: We have recommended that the use of a consent form with visual illustrations of statistics of risks & benefits to make consent process easier to understand for patients & save time in acute settings. Alternatively suggested that If patient does not have capacity for consent then there should be every effort made to involve the family and next of kin in decision making process (Figure Presented).

Link to full-text: http://misc.karger.com/products/CED_2016_041_S1/index.html

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Rapid sequence induction in patients with acute appendicitis: is it always justified? (2016)

Type of publication:
Journal article

Author(s):
Keogh, Peter, *Keogh, Tara

Citation:
British Journal of Hospital Medicine, Sep 2016, vol. 77, no. 9, p. 546

Endocrinology

Best practice in management of type 2 diabetes (2016)

Type of publication:
Journal article

Author(s):
*Morris, David Stuart

Citation:
Nurse Prescribing, 2016, vol./is. 14/Sup10(0-5)

Abstract:
This article will highlight best practice in managing type 2 diabetes in adults. HbA1c is the preferred diagnostic test for type 2 diabetes, the threshold for diagnosis being 48 mmol/ mol. Structured education is the cornerstone of management of type 2 diabetes with a focus on diet, exercise and weight loss. Multiple risk factors for complications need to be addressed including hypertension, dyslipidaemia and smoking (the most important factors in targeting macrovascular disease) and hyperglycaemia (more important in targeting microvascular disease). It is important to recognise that HbA1c targets need to be individualised. Metformin remains the first-line drug for hyperglycaemia in type 2 diabetes. Sulphonylureas, pioglitazone, DPP-4 inhibitors and SGLT-2 inhibitors are all recommended as possible add-on therapies to metformin, the choice again depending on individual circumstances. GLP-1 agonists and insulin can be considered in more intractable cases of hyperglycaemia.

ENT

A Comparison of Operative Time Outcomes in Endoscopic and Open Tympanomastoid Surgery (2016)

Type of publication:
Conference abstract

Author(s):
*Mohamed Rizny Sakkaff and *Duncan Bowyer

Citation:
The Journal of Laryngology and Otology, Volume 130, Issue S3 (Abstracts for the 10th International Conference on Cholesteatoma). May 2016, pp. S207-S208

Link to more details or full-text: https://www.cambridge.org/core/journals/journal-of-laryngology-and-otology/article/div-classtitlea-comparison-of-operative-time-outcomes-in-endoscopic-and-open-tympanomastoid-surgerydiv/260FA9CCDD529CE5E41661ECB229FE81

Endoscopic Ear Surgery and its impact on the operating theatre team (2016)

Type of publication:
Conference abstract

Author(s):
Paramita Baruah and *Duncan Bowyer

Citation:
The Journal of Laryngology and Otology, Volume 130, Issue S3 (Abstracts for the 10th International Conference on Cholesteatoma). May 2016, pp. S154-S155

Link to more details or full-text: https://www.cambridge.org/core/journals/journal-of-laryngology-and-otology/article/div-classtitleendoscopic-ear-surgery-and-its-impact-on-the-operating-theatre-teamdiv/9BC11266B24CA333FE8F8C24DB660A32#

Screening for arteriovenous malformations in hereditary haemorrhagic telangiectasia (2016)

Type of publication:
Journal article

Author(s):
*Jervis, S, *Skinner, D

Citation:
Journal of Laryngology & Otology, 2016, vol./is. 130/8(734-742)

Abstract:
To determine whether patients with hereditary haemorrhagic telangiectasia were being screened according to international guidelines, and to review recent evidence in order to provide up-to-date guidelines for the initial systemic management of hereditary haemorrhagic telangiectasia.

A retrospective case note analysis was conducted, assessing patients in terms of screening for: genetics, cerebral arteriovenous malformations, pulmonary and hepatic arteriovenous malformations, and gastrointestinal telangiectasia. Databases searched included Medline, the Cumulative Index to Nursing and Allied Health Literature, and Embase.

Screening investigations were most frequently performed for hepatic arteriovenous malformations and least frequently for genetics. Recent data suggest avoiding routine genetic and cerebral arteriovenous malformation screening because of treatment morbidities; performing high-resolution chest computed tomography for pulmonary arteriovenous malformation screening; using capsule endoscopy (if possible) to reduce complications from upper gastrointestinal endoscopy; and omitting routine liver enzyme testing in favour of Doppler ultrasound.

Opportunities for systemic arteriovenous malformation screening are frequently overlooked. This review highlights the need for screening and considers the form in which it should be undertaken.

Recruitment,response rates and characteristics of 5511 people enrolled in aprospective clinical cohort study: head and neck 5000 (2016)

Type of publication:
Journal article

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

Citation:
Clinical Otolaryngology, December 2016, vol./is. 41/6(804-809)

Gastroenterology

Prophylactic proton pump inhibitors in femoral neck fracture patients - A life - and cost-saving intervention (2016)

Type of publication:
Journal article

Author(s):
*Singh, R, Trickett, R, Meyer, Cer, Lewthwaite, S, Ford, D

Citation:
Annals of the Royal College of Surgeons of England, Jul 2016, vol. 98, no. 6, p. 371-375

Abstract:
Introduction Acute gastrointestinal stress ulceration is a common and serious complication of trauma. Prophylactic proton pump inhibitors (PPIs) or histamine receptor antagonists have been used in poly-trauma, burns and head and spinal injuries, as well as on intensive care units, for the prevention of acute gastric stress ulcers. Methods We prospectively studied the use of prophylactic PPIs in with femoral neck fracture patients, gathering data on all acute gastric ulcer complications, including coffee-ground vomiting, malena and haematemesis. We then implemented a treatment protocol in which all patients were given prophylactic PPIs, again prospectively collecting all data. Results Five hundred and fifteen patients were included. Prior to prophylactic PPI, 15% of patients developed gastric stress ulcer complications, with 3% requiring acute intervention with oesophagogastroduodenoscopy (OGD), 5% requiring transfusions and 4% experiencing surgical delays. All patients had delayed discharges. Following PPI implementation, no patients developed gastric stress ulcer complications. Conclusions Femoral neck fracture patients create a substantial workload for orthopaedic units. The increasingly elderly population often have comorbidities, and concomitantly use medications with gastrointestinal side effects. This, combined with the stress of a fracture and preoperative starvation periods increases the risk of gastric ulcers. Here, the use of prophylactic PPIs statistically reduced the incidence of gastric stress ulcers in patients with femoral neck fractures, resulting in fewer surgical delays, reduced length of hospital stay and reduced stress ulcer-related mortality.

Gynaecology

Gynaecological laparoscopic injuries: a 10-year retrospective review at a District General Hospital NHS Trust (2016)

Type of publication:
Journal article

Author(s):
*Moores K.L., *Bentick B.

Citation:
Gynecological Surgery, May 2016, vol./is. 13/2(125-130)

Abstract:
Worldwide, increasingly complex surgery is being performed laparoscopically; thus, laparoscopic complication rates may be increasing. Reported risks from all complications of laparoscopic surgery are between 1 and 12.5/1000 cases and serious complications in 1/1000 cases. Accurate complication rates of surgery are difficult to obtain as most data are from retrospective studies and may be incomplete. This paper is a 10-year retrospective review of gynaecological laparoscopic complications from 1 January 2003 to 31 December 2012. Data sources are SEMAHELIX Hospital Database, Gynaecology Complications Register, Clinical Governance Records, Complaints and Legal Cases. Recorded complications were classified as diagnostic, sterilisations and therapeutic laparoscopies. Further classifications are as follows: major complications and type of injury (bowel, urological, vascular, other), minor complications and failed sterilisations. Twenty-nine complications were identified from 5128 laparoscopies; total complication rate is 5.7/1000 procedures. Major complication rates are as follows: diagnostic, 2.2/1000; sterilisations, 3.3/1000; and therapeutic, 3.1/1000, subcategorised into bowel 1.4/1000, urological 0.2/1000 and vascular 1.2/1000. Our total complication rate lies within published national rates. Compared to published standards of major complications, diagnostic laparoscopy and laparoscopic sterilisation rates were comparable. Conversely, our therapeutic laparoscopy complication rate was much lower. The highest complication rate was in the failed sterilisation group; however, this rate is within published sterilisation failure rates. Bowel and vascular complications were comparable; minor complication rates were low in all groups.

Vestibular Mast Cell Density in Vulvodynia: A Case-Controlled Study (2016)

Type of publication:
Journal article

Author(s):
*Papoutsis, Dimitrios, Haefner, Hope K, Crum, Christopher P, Opipari, Anthony W, Reed, Barbara D

Citation:
Journal of lower genital tract disease, Jul 2016, vol. 20, no. 3, p. 275-279

Abstract:
To identify whether mast cell densities in vulvar biopsies from the vestibule are associated with

vulvodynia. We enrolled 100 women aged 19 to 59 years with confirmed vulvodynia cases, 100 racially matched controls, and 100 black control women. All had vulvar biopsies performed at the 7 o'clock position of the vestibule, which were then immunostained to detect c-KIT protein. The numbers of c-KIT positive mast cells per x400 magnification field were manually counted, and t tests and logistic regression were used to assess the association with case-control status. Of the biopsies, 235 were adequate samples for c-KIT testing for mast cells. The mast cell density was substantially lower in black control women (13.9 ? 10.9) in comparison to white control women (22.5 ? 13.2 p < 0.001): hence the analysis was confined to white cases and racially matched control women. Compared with racially matched controls, cases were younger, more likely to be married, and reported a higher household income. The average number of mast cells per x400 magnification field overall was 19.1 ? 13.2 (range, 0-62). There was no difference in the mast cell count between racially matched cases (22.4 ? 13.9 per x400 field) and controls (22.5 ? 13.2) in either the univariate or multivariable analyses. Within the group of cases, there was no difference in mast cell density based on the presence or absence of a variety of urogenital symptoms. No difference in mast cell density in biopsies of the vestibule was found between white cases and racially matched controls. Black control women have a lower mast cell density compared with white control women.

A national colposcopy survey comparing destructive versus excisional treatment for CIN (2016)

Type of publication:
Conference abstract

Author(s):
Parry-Smith W., *Papoutsis D., Parris D., *Panikkar J., Redman C., *Underwood M.

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology, June 2016, vol./is. 123/(99)

Abstract:
Introduction Women found to have high grade CIN should be offered either ablative treatment or large loop excision of the transformation zone with appropriate biopsy. Objective 1) To learn if a trial of ablative versus excisional treatment would be supported by fellow colposcopists in the UK 2) To investigate the current practice amongst colposcopists with regards to ablative treatment for high grade CIN 3) To gain an understanding of aspects of practice such as use of local anaesthetic during punch biopsies Methods An electronic questionnaire was sent to all registered colposcopists in the United Kingdom (total = 1677). Of these, 325 responded (19%). The study was granted ethical approval by the council of the British Society for Colposcopy and Cervical Pathology (BSCCP). Results The majority of colposcopists n = 248 (76%) felt that a study investigating the morbidity and Test of Cure outcomes comparing excisional and destructive treatments was needed. A reduced complication and morbidity rate would be the greatest factor to encourage colposcopists to use destructive treatments more often n = 250 (76.92%). If a destructive treatment were found to have a significantly reduced complication, morbidity, and equal or higher patient satisfaction rate during the procedure, but resulted in a slightly higher need for further treatment 5%, this was acceptable to n = 140 (43.1%) of those surveyed. However, a further treatment rate of 2.5% was acceptable to n = 196 (60.1%). The majority n = 182 (56%) of colposcopists did not perform destructive treatments for high grade disease; For those who did not perform destructive treatments the main reason was that they were not aware of sufficient

evidence for its use n = 98 (30.2%) and had no experience nor training n = 33 (10.25%). Cold coagulation was the most common destructive treatment n = 100 (31%) that colposcopists could perform, with diathermy n = 70 (22%), laser n = 11 (3.4%) and cryotherapy n = 10 (3.1%) being less prevalent. The majority of colposcopists took two punch biopsies per patient n = 190 (58.5%), with only n = 45 (13.8%) taking three or more biopsies. Silver nitrate was the most favoured haemostatic technique following punch biopsy n = 217 (66.7%), with n = 269 (87.1%) using no local analgesia. Conclusion A study investigating morbidity and Test of Cure of excisional compared with destructive treatments for high grade CIN would be supported by most participating colposcopists. Variation in practice regarding both treatment and diagnosis exists. This has quality assurance implications for a standardised national screening programme.

Link to more details or full-text:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201606002-00174&LSLINK=80&D=ovft

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Haematocolpos. A 20-year review of cases at a District General Hospital (2016)

Type of publication:
Conference abstract

Author(s):
*Oates S.

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology, June 2016, vol./is. 123/(24)

Abstract:
Introduction Paediatric and Adolescent care is now more structured within the gynaecology department and will often be undertaken by only one or two individuals. It would be useful to know the outcome after uncommon procedures to provide advice and reassurance to both the girls and their parents. Haematocolpos is a simple adolescent surgical intervention although the underlying pathology can be variable. Methods This was a retrospective study of 23 cases of haematocolpos identified using ICD codes, theatre records and theatre diaries at the Shrewsbury and Telford Hospitals trust over a 20 year period. More than half of the cases had been managed by the author. Results The age range of the girls was 11-17 years and those presenting with delayed menarche were aged 16 or 17 years at diagnosis. The commonest symptom was pain in 17 (74%) and then delayed menarche in 3 (13%) and urinary retention or difficult micturition in 3 (13%). There were three cases of Uterus Didelyphys and in these cases the girls had had menarche 1, 2 or 3 years before. Two cases of Transverse Vaginal Septum were identified and these girls required more extensive and repeated surgery to correct their problem following referral to a tertiary centre. The follow-up period for these patients is between 6 months to 20 years. Of the 23 cases identified 4 patients were lost to follow-up but all the others remain local. Five (22%) have gone on to successful pregnancies without difficulty. A further two cases have tried for pregnancies but one lady is awaiting a kidney transplant due to chronic renal failure and the other has a partner with sperm dysfunction and her BMI precludes her from infertility treatment at present. The remaining 12 do not appear to have any contact with maternity services yet or have a referral for infertility issues. There is no evidence that any of these women have endometriosis although two have had further surgery to open up their tight hymen and two have had vaginal dilators to stretch the

hymen. Conclusion The management of heamatocolpos is relatively simple but follow-up of the cases highlights the variable out comes.

Link to more details or full-text:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201606002-00037&LSLINK=80&D=ovft

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Incidence of postoperative nausea and vomiting following gynecological laparoscopy: A comparison of standard anesthetic technique and propofol infusion (2016)

Type of publication:
Journal article

Author(s):
Bhakta P., Ghosh B.R., Singh U., Govind P.S., Gupta A., Kapoor K.S., *Jain R.K., Nag T., Mitra D., Ray M., Singh V., Mukherjee G.

Citation:
Acta Anaesthesiologica Taiwanica, March 2016(no pagination)

Abstract:
Objective: To determine the safety, efficacy, and feasibility of propofol-based anesthesia in gynecological laparoscopies in reducing incidences of postoperative nausea and vomiting compared to a standard anesthesia using thiopentone/isoflurane. Design: Randomized single-blind (for anesthesia techniques used) and double-blind (for postoperative assessment) controlled trial. Setting: Operation theater, postanesthesia recovery room, teaching hospital. Patients: Sixty ASA (American Society of Anesthesiologists) I and II female patients (aged 20-60 years) scheduled for gynecological laparoscopy were included in the study. Interventions: Patients in Group A received standard anesthesia with thiopentone for induction and maintenance with isoflurane-fentanyl, and those in Group B received propofol for induction and maintenance along with fentanyl. All patients received nitrous oxide, vecuronium, and neostigmine/glycopyrrolate. No patient received elective preemptive antiemetic, but patients did receive it after more than one episode of vomiting. Measurements: Assessment for incidence of postoperative nausea and vomiting as well as other recovery parameters were carried out over a period of 24 hours. Main Results: Six patients (20%) in Group A and seven patients (23.3%) in Group B experienced nausea. Two patients (6.66%) in Group B had vomiting versus 12 (40%) in Group A (p . <. 0.05). Overall, the incidence of emesis was 60% and 30% in Groups A and B, respectively (p . <. 0.05). All patients in Group B had significantly faster recovery compared with those in Group A. No patient had any overt cardiorespiratory complications. Conclusion: Propofol-based anesthesia was associated with significantly less postoperative vomiting and faster recovery compared to standard anesthesia in patients undergoing gynecological laparoscopy.

Link to full-text:
http://www.sciencedirect.com/science/article/pii/S1875459716300145/pdfft?md5=23ae5cc15830c8a727672ad3ea135958&pid=1-s2.0-S1875459716300145-main.pdf

Hepatology

Diagnostic yield of biliary brushing cytology: A single centre study (2016)

Type of publication:
Conference abstract

Author(s):
*Wasimi M., Azam A.S., Abdullah P., Muzaffar S.

Citation:
Journal of Pathology, March 2016, vol. 238, Supplement 1, p.S19

Abstract:
Introduction: Biliary brushing cytology is a commonly used technique for the diagnosis of extra hepatic biliary and pancreatic malignancy. Despite a high specificity, the sensitivity remains low and variable. British Society of Gastroenterology guidelines recommend cytological analysis of brushing taken from the biliary structure to support diagnosis of malignancy in suspected individuals. We report here a single center experience of diagnostic yield of cytological specimens of biliary brushings. Objectives: (a) To determine the percentage of biliary brushing cytology cases with positive, negative, false positive and false negative results. (b) To determine the positive and negative predictive value of this test in our centre. (c) To see the correlation between cytological, radiological and clinical findings. Methodology: This is a retrospective data analysis of all biliary brushing cytology cases reported over three years from Jan 2012 to Jan 2014. The data was obtained from cytology reports and findings were correlated with the radiological diagnosis, outcome from the MDT meetings and subsequent follow up from the clinic letters. Results: A total of 34 biliary brushing cytology cases were reported between 2012 to 2014. Among them 22 were men and 12 were women. Average age was 69 years (Range 24-92 years). Out of 34, 15 cases (44%) showed presence of malignant cells and all these were true positives with underlying pancreatic and biliary malignancy. Among the remaining 19 cases, 10 cases were true negatives and 9 cases were false negatives. In our cohort, the specificity of biliary brushing cytology was 100% and sensitivity was 63%. The positive predictive value 100% and negative predictive value 53%. Conclusion: Biliary brushing cytology in conjunction with radiological investigation and serology is a useful technique in patients with suspected pancreato-biliary malignancy. Our results are comparable to studies done in other centres. To be re-audited.

Link to more details or full-text: http://onlinelibrary.wiley.com/doi/10.1002/path.4705/epdf

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The UK-PBC risk scores: Derivation and validation of a scoring system for long-term prediction of end-stage liver disease in primary biliary cholangitis (2016)

Type of publication:
Journal article

Author(s):

Carbone M., Sharp S.J., Flack S., Paximadas D., Spiess K., Adgey C., Griffiths L., Lim R., Trembling P., Williamson K., Wareham N.J., Aldersley M., Bathgate A., Burroughs A.K., Heneghan M.A., Neuberger J.M., Thorburn D., Hirschfield G.M., Cordell H.J., Alexander G.J., Jones D.E.J., Sandford R.N., Mells G.F., Jones D., Kirby J., Hirschfield G., Alexander G., Sandford R., Taylor-Robinson S., 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., Shorrock C., Lipscomb G., Southern P., Tibble J., Gorard D., Palegwala A., Dawwas M., Dolwani S., Prince M., Foxton 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., Williams S., Grellier L., Banim P., Chilton A., Curtis H., Gess M., Drake I., 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., Shah A., Evans C., Saha S., Pollock K., Bramley P., Mukhopadhya A., Fraser A., Mills P., Shallcross C., Campbell S., Shepherd A., Dillon J., Rushbrook S., Przemioslo R., Macdonald C., Metcalf J., Shmueli U., Davis A., Naqvi A., Lee T., Ryder S.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., Marshall E., 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., Das D., Cowan M., Whatley G., Mandal A., Gupta H., Sanghi P., Jain S., Pereira S., Prasad G., Watts G., Wright M., 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 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., Nasseri 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., D. Williams, 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., Denise O'Donnell, 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-kemmery 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., Lynn O'Donohoe, 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., Kordul J.

Citation:

Hepatology, March 2016, vol./is. 63/3(930-950)

Abstract:
The biochemical response to ursodeoxycholic acid (UDCA)-so-called "treatment response"-strongly predicts long-term outcome in primary biliary cholangitis (PBC). Several long-term prognostic models based solely on the treatment response have been developed that are widely used to risk stratify PBC patients and guide their management. However, they do not take other prognostic variables into account, such as the stage of the liver disease. We sought to improve existing long-term prognostic models of PBC using data from the UK-PBC Research Cohort. We performed Cox's proportional hazards regression analysis of diverse explanatory variables in a derivation cohort of 1,916 UDCA-treated participants. We used nonautomatic backward selection to derive the best-fitting Cox model, from which we derived a multivariable fractional polynomial model. We combined linear predictors and baseline survivor functions in equations to score the risk of a liver transplant or liver-related death occurring within 5, 10, or 15 years. We validated these risk scores in an independent cohort of 1,249 UDCA-treated participants. The best-fitting model consisted of the baseline albumin and platelet count, as well as the bilirubin, transaminases, and alkaline phosphatase, after 12 months of UDCA. In the validation cohort, the 5-, 10-, and 15-year risk scores were highly accurate (areas under the curve: >0.90). Conclusions: The prognosis of PBC patients can be accurately evaluated using the UK-PBC risk scores. They may be used to identify high-risk patients for closer monitoring and second-line therapies, as well as low-risk patients who could potentially be followed up in primary care.

Infection Control

Prevention and control of multiresistant Gram-negative bacteria: recommendations from a Joint Working Party (2016)

Type of publication:
Journal article

Author(s):
Wilson, A.P.R., Livermore, D.M., Otter, J.A., *Warren, R.E., Jenks, P., Enoch, D.A., Newsholme, W., Oppenheim, B., Leanord, A., McNulty, C., Tanner, G., Bennett, S., Cann, M., Bostock, J., Collins, E., Peckitt, S., Ritchie, L., Fry, C., Hawkey, P.

Citation:
Journal of Hospital Infection, 2016, vol./is. 92/S1-S44

Link to more details or full-text: http://www.journalofhospitalinfection.com/article/S0195-6701(15)00314-X/pdf

Laboratory Medicine

Current evidence and future perspectives on the effective practice of patient centered Laboratory Medicine [Italian] Attualita e prospettive sull'efficacia pratica della Medicina di Laboratorio orientata al paziente (2016)

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:
Biochimica Clinica, 2016, vol./is. 40/2(143-153)

Abstract:
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. 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. 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.

Midwifery

Suicidal ideation during pregnancy in British Pakistani women (2016)

Type of publication:
Conference abstract

Author(s):
*Sharif A., Gire N., Tomenson B., Chaudhry N., Husain M.

Citation:
European Psychiatry, March 2016, vol./is. 33/(S272-S273)

Abstract:
Introduction Suicide is a major public health problem and one of the common causes of maternal mortality. Rates of suicide and self-harm are higher in British South Asian women compared to the majority white population. Suicidal Ideation (SI) is a significant risk factor associated with self-harm and suicide. Objective To explore the prevalence and risk factors of SI in British Pakistani women. Aim To identify risk factors associated with SI, in order to inform future preventive strategies. Method This is a secondary analysis of a larger study which looked at depression during pregnancy and infant outcomes. Par ticipants who consented (women aged 18 or over, in their third pregnancy trimester) were initially assessed for maternal depression using the Edinburgh Post-Natal Depression Scale (EPDS), with one of the questions on the EPDS being on SI. Participants who met the study criteria, were further assessed regarding sociodemographic factors, perceived social support, social adversity and isolation. Results The rate of SI in this group of women was 8.1%, with baseline interview results suggesting that women with SI being significantly more likely to be aged 20 or less, have experience of severe life events and being less likely to have social support. Conclusion This area of research is key to understanding SI in British Pakistani women, to better develop culturally sensitive interventions for use within this group.

Musculoskeletal

Prophylactic proton pump inhibitors in femoral neck fracture patients - A life - and cost-saving intervention (2016)

Type of publication:
Journal article

Author(s):
*Singh, R, Trickett, R, Meyer, Cer, Lewthwaite, S, Ford, D

Citation:
Annals of the Royal College of Surgeons of England, Jul 2016, vol. 98, no. 6, p. 371-375

Abstract:
Introduction Acute gastrointestinal stress ulceration is a common and serious complication of trauma. Prophylactic proton pump inhibitors (PPIs) or histamine receptor antagonists have been used in poly-trauma, burns and head and spinal injuries, as well as on intensive care units, for the prevention of acute gastric stress ulcers. Methods We prospectively studied the use of prophylactic PPIs in with femoral neck fracture patients, gathering data on all acute gastric ulcer complications, including coffee-ground vomiting, malena and haematemesis. We then implemented a treatment protocol in which all patients were given prophylactic PPIs, again prospectively collecting all data. Results Five hundred and fifteen patients were included. Prior to prophylactic PPI, 15% of patients developed gastric stress ulcer complications, with 3% requiring acute intervention with oesophagogastroduodenoscopy (OGD), 5% requiring transfusions and 4% experiencing surgical delays. All patients had delayed discharges. Following PPI implementation, no patients developed gastric stress ulcer complications. Conclusions Femoral neck fracture patients create a substantial workload for orthopaedic units. The increasingly elderly population often have comorbidities, and concomitantly use medications with gastrointestinal side effects. This, combined with the stress of a fracture and preoperative starvation periods increases the risk of gastric ulcers. Here, the use of prophylactic PPIs statistically reduced the incidence of gastric stress ulcers in patients with femoral neck fractures, resulting in fewer surgical delays, reduced length of hospital stay and reduced stress ulcer-related mortality.

Adult distal radius fractures classification systems: essential clinical knowledge or abstract memory testing? (2016)

Type of publication:
Journal article

Author(s):
*Shehovych, A, *Salar, O, *Meyer, Cer, *Ford, D J

Citation:
Annals of the Royal College of Surgeons of England, Nov 2016, vol. 98, no. 8, p. 525-531

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

Abstract:
Classification systems should be tools for concise communication, which ideally can predict prognosis and guide treatment. They should be relevant, reproducible, reliable, properly validated and most importantly simple to use and understand. There are 15 described distal radius classification systems present in the literature in the past 70 years, of which 8 are discussed in this paper. For each classification, we give an insight into its history, strengths and weaknesses, and provide evidence from the literature on reliability and reproducibility. Sadly, on completion of this paper we have not found a distal radius fracture classification that proved to be useful. Failings range from poor reproducibility and reliability, and over-complexity mainly emanating from the inability to classify this spectrum of injury in all of its manifestations. Consequently, we would suggest that classification systems for acute adult distal radius fractures are not useful clinical knowledge but mainly historical and/or research tools. Moreover, we would discourage trainees from spending time learning these classifications, as they serve not as essential clinical knowledge but more as forms of abstract memory testing.

Neonatology

Improving documentation of communication with parents in neonatal unit. A service development experience (2016)

Type of publication:
Conference abstract

Author(s):
Kasim Aldaleel O., *Welch R.

Citation:
Archives of Disease in Childhood, April 2016, vol./is. 101/(A71-A72)

Abstract:
Introduction Effective communication with parents/patients is essential according to Domain 3 of the General Medical Council's (GMC) Guide for Good Medical Practice. Documentation of communication is crucial for clinical and medicolegal aspects. A local survey in our unit revealed a room for development, when 35.3% only of communication with parents was documented. Aim To improve documentation of communication with parents in the neonatal unit, in line with GMC Good Medical Practice Guide, aiming at 100% documentation of communications with parents. Method A development team was assigned with clear responsibilities and leadership. As part of PDSA (Plan-Do-Study-Act) cycle for improvement, tools were developed as an Act to improve documentation of communication with parents. The developed tools were; making documentation of communication with parents a handover component, making the documentation in the notes a personal responsibility of the doctor who spoke to parents and recording that, creating posters about documenting communication with parents and distributing them in different areas of the department as reminders and having a weekly updated Statistical Process Control chart (SPC chart) clearly visible in the unit. Results A Test of the Change was carried out after 2 months by a review of the last 6 weeks of the SPC Chart. The overall percentage of documented communication with parents was 72.85% (51/70) over 6 weeks period. The first week did not show significant change when 36% (4/11) of communications were documented. However, there was a steady improvement between the second and the fifth weeks, ranging from 71% to 80%, before reaching 92% in the sixth week. That was a positive test of change which was highlighted and implementation of these tools was agreed. High quality documented communications were selected and presented to trainees for learning benefits. Conclusion Having accurate medical records is medicolegally essential. Developing local tools to improve documentation of communication with parents is important when that documentation is sub-optimal. The SPC chart, posters, and communication documentation handing over are effective tools. However, other tools might be effective depending on each unit's needs.

Nursing

Providing best practice oxygen therapy in the community (2016)

Type of publication:
Journal article

Author(s):
*Pickstock, Shirley

Citation:
Journal of Community Nursing, 2016, vol./is. 30/6(36-40)

Obstetrics

Consultants as victims of bullying and undermining: A survey of Royal College of Obstetricians and Gynaecologists consultant experiences (2016)

Type of publication:
Journal article

Author(s):
Shabazz T., Parry-Smith W., *Oates S., Henderson S., Mountfield J.

Citation:
BMJ Open, June 2016, vol./is. 6/6(no pagination)

Abstract:
Objective: To explore incidents of bullying and undermining among obstetrics and gynaecology (O&G) consultants in the UK, to add another dimension to previous research and assist in providing a more holistic understanding of the problem in medicine. Design: Questionnaire survey. Setting: Royal College of Obstetricians and Gynaecologists (RCOG). Participants: O&G consultant members/fellows of the RCOG working in the UK. Main outcome measures: Measures included a typology of 4 bullying and undermining consequences from major to coping. Results: There was a 28% (664) response rate of whom 44% (229) responded that they had been persistently bullied or undermined. Victims responded that bullying and undermining is carried out by those senior or at least close in the hierarchy. Of the 278 consultants who answered the question on 'frequency of occurrence', 50% stated that bullying and undermining occurs on half, or more, of all encounters with perpetrators and two-thirds reported that it had lasted more than 3 years. The reported impact on professional and personal life spans a wide spectrum from suicidal ideation, depression and sleep disturbance, and a loss of confidence. Over half reported problems that could compromise patient care. When victims were asked if the problem was being addressed, 73% of those that responded stated that it was not. Conclusions: Significant numbers of consultants in O&G in the UK are victims of bullying and undermining behaviour that puts their own health and patient care at risk. New interventions to tackle the problem, rather than its consequences, are required urgently, together with greater commitment to supporting such interventions.

The incidence of and risk factors for a repeat obstetrical anal sphincter injury (OASIS) in the vaginal birth subsequent to a first episode of OASIS (2016)

Type of publication:
Conference abstract

Author(s):
*Papoutsis D., *Henderson K., *Tapp A., *Qadri Z.

Citation:
BJOG: An International Journal of Obstetrics and Gynaecology, June 2016, vol./is. 123/(52)

Abstract:
Objective The aim of our study was to identify the incidence of and the risk factors for a repeat OASIS in the subsequent vaginal birth of a cohort of primiparous women who sustained an OASIS in their first vaginal delivery. Methods Retrospective collection of data from the obstetric database of our hospital for women having had singleton cephalic presentation vaginal deliveries between 2007 and 2015. Results We identified 603 primiparous women who sustained a first episode of OASIS in their first vaginal delivery (3a tear: 43%, 3b tear: 38.6%, 3c tear: 13.1%, 4th degree tear: 5.3%). This represents an incidence of first OASIS in the population of primiparous women delivering over the same time period of 5.4% (603/11 191). In the subgroup of women with a first episode of OASIS, the mean age was 27.8 years (SD = 5.7), 30.8% had an induction of labour and 38% had an instrumental delivery. Of this initial cohort of women, 243 (40.2%) had a subsequent pregnancy. In this subgroup, 190 (78.1%) had a vaginal delivery, 13 (5.4%) had an emergency CS delivery while in labour and 40 (16.5%) had an elective CS delivery. In those that delivered vaginally, 16 women had a repeat OASIS thus representing an incidence of 8.4%. After adjusting for several confounding factors, it was found in multivariable analysis that risk factors independently associated with the risk of a repeat OASIS were the use of epidural analgesia and an episiotomy in the first delivery, and a short labour (<3 h) in the second delivery. The time interval between the two vaginal births was not associated with any increased risk of a repeat OASIS. Conclusion We have found that 8.4% of women sustained a repeat OASIS in a subsequent vaginal birth with this risk being associated with the presence of a short second labour and certain features from the first labour.

Link to more details or full-text:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201606002-00085&LSLINK=80&D=ovft

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The effect of fetal gender on the delivery outcome in primigravidae women with induced labours for all indications (2016)

Type of publication:
Journal article

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

Citation:
Journal of Clinical and Diagnostic Research; Dec 2016; vol. 10 (no. 12)

Abstract:
Introduction: There is increasing evidence of a gender-related phenomenon where the presence of a male fetus may have an adverse effect on the outcome of pregnancy. Aim: The aim of this study was to investigate the effect of fetal gender on the delivery outcome in primigravidae women with induced labours. Materials and Methods: This was an observational cohort study of primigravidae women who had Induction Of Labour (IOL) for all indications during a two-year period. Women with breech vaginal deliveries, stillbirths, multiple pregnancies and elective Caesarean Section (CS) were excluded. Results: Of the 936 eligible patients identified, 493(52.6%) gave birth to male neonates and 443(47.4%) to female neonates. Age, ethnicity, Body Mass Index (BMI) and smoking were similar between women that delivered male and female neonates. More than half of all women were induced for post-date pregnancies. In women who gave birth to male neonates, the CS delivery rate was higher than in those with female neonates (23.7% vs 17.8%; p=0.029). Though emergency admission rates to the neonatal

Intensive Care Unit (ICU) and arterial/venous pH from umbilical cord sampling immediately after birth were similar between male and female neonates, nevertheless male neonates had lower Apgar scores of <7 at 1 minute after birth (p=0.02). Conclusions: This study has shown that, male gender fetuses have a higher CS delivery rate in primigravidae women undergoing IOL and may be more vulnerable to fetal compromise when in labour.

Link to more details or full-text:
http://www.jcdr.net/articles/PDF/9104/22099_CE[Ra1]_F(GH)_PF1(PI_RK)_PFA(AK)_PF2(PAG).pdf

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Vaginal progesterone prophylaxis for preterm birth (2016)

Type of publication:
Journal article

Author(s):
*Papoutsis D., Antonakou A.

Citation:
The Lancet, September 2016, vol./is. 388/10050(1159)

Abstract:

Link to more details or full-text: http://search.proquest.com/docview/1822291607?accountid=49082

Oncology

Addition of docetaxel, zoledronic acid, or both to first-line long-term hormone therapy in prostate cancer (STAMPEDE): Survival results from an adaptive, multiarm, multistage, platform randomised controlled trial (2016)

Type of publication:
Journal article

Author(s):
James N.D., Sydes M.R., Clarke N.W., Mason M.D., Dearnaley D.P., Spears M.R., Ritchie A.W.S., Parker C.C., Russell J.M., Attard G., De Bono J., Cross W., Jones R.J., Thalmann G., Amos C., Matheson D., Millman R., Alzouebi M., Beesley S., Birtle A.J., Brock S., Cathomas R., Chakraborti P., Chowdhury S., Cook A., Elliott T., Gale J., Gibbs S., Graham J.D., Hetherington J., Hughes R., Laing R., McKinna F., McLaren D.B., O'Sullivan J.M., Parikh O., Peedell C., Protheroe A., Robinson A.J., *Srihari N., Srinivasan R., Staffurth J., Sundar S., Tolan S., Tsang D., Wagstaff J., Parmar M.K.B.

Citation:
The Lancet, March 2016, vol./is. 387/10024(1163-1177)

Abstract:
Background
Long-term hormone therapy has been the standard of care for advanced prostate cancer since the 1940s. STAMPEDE is a randomised controlled trial using a multiarm, multistage platform design. It recruits men with high-risk, locally advanced, metastatic or recurrent prostate cancer who are starting first-line long-term hormone therapy. We report primary survival results for three research comparisons testing the addition of zoledronic acid, docetaxel, or their combination to standard of care versus standard of care alone.
Methods
Standard of care was hormone therapy for at least 2 years; radiotherapy was encouraged for men with N0M0 disease to November, 2011, then mandated; radiotherapy was optional for men with node-positive non-metastatic (N+M0) disease. Stratified randomisation (via minimisation) allocated men 2:1:1:1 to standard of care only (SOC-only; control), standard of care plus zoledronic acid (SOC + ZA), standard of care plus docetaxel (SOC + Doc), or standard of care with both zoledronic acid and docetaxel (SOC + ZA + Doc). Zoledronic acid (4 mg) was given for six 3-weekly cycles, then 4-weekly until 2 years, and docetaxel (75 mg/m²) for six 3-weekly cycles with prednisolone 10 mg daily. There was no blinding to treatment allocation. The primary outcome measure was overall survival. Pairwise comparisons of research versus control had 90% power at 2.5% one-sided alpha for hazard ratio (HR) 0.75, requiring roughly 400 control arm deaths. Statistical analyses were undertaken with standard log-rank-type methods for time-to-event data, with hazard ratios (HRs) and 95% CIs derived from adjusted Cox models. This trial is registered at ClinicalTrials.gov (NCT00268476) and ControlledTrials.com (ISRCTN78818544).
Findings
2962 men were randomly assigned to four groups between Oct 5, 2005, and March 31, 2013. Median age was 65 years (IQR 60-71). 1817 (61%) men had M+ disease, 448 (15%) had N+/X M0, and 697 (24%) had N0M0. 165 (6%) men were previously treated with local therapy, and median prostate-specific antigen was 65 ng/mL (IQR 23-184). Median follow-up was 43 months (IQR 30-60). There were 415 deaths in the control group (347 [84%] prostate cancer). Median overall survival was 71 months (IQR 32

to not reached) for SOC-only, not reached (32 to not reached) for SOC + ZA (HR 0.94, 95% CI 0.79-1.11; p=0.450), 81 months (41 to not reached) for SOC + Doc (0.78, 0.66-0.93; p=0.006), and 76 months (39 to not reached) for SOC + ZA + Doc (0.82, 0.69-0.97; p=0.022). There was no evidence of heterogeneity in treatment effect (for any of the treatments) across prespecified subsets. Grade 3-5 adverse events were reported for 399 (32%) patients receiving SOC, 197 (32%) receiving SOC + ZA, 288 (52%) receiving SOC + Doc, and 269 (52%) receiving SOC + ZA + Doc.

Interpretation

Zoledronic acid showed no evidence of survival improvement and should not be part of standard of care for this population. Docetaxel chemotherapy, given at the time of long-term hormone therapy initiation, showed evidence of improved survival accompanied by an increase in adverse events. Docetaxel treatment should become part of standard of care for adequately fit men commencing long-term hormone therapy.

Funding

Cancer Research UK, Medical Research Council, Novartis, Sanofi-Aventis, Pfizer, Janssen, Astellas, NIHR Clinical Research Network, Swiss Group for Clinical Cancer Research.

Link to more details or full-text: http://www.sciencedirect.com/science/article/pii/S0140673615010375

Paediatrics

Spedali Degli Innocenti, the Foundling Hospital in Florence, Italy (2016)

Type of publication:
Journal article

Author(s):
*Summers, Bruce

Citation:
Medical humanities, June 2016, vol. 42, no. 2, p. 141-142

Abstract:
The author reflects on a visit to the Ospedale Degli Innocenti, the former Renaissance foundling hospital in Florence, having escaped from an international clinical conference. He considers the symbolism of the architecture and artwork in relation to its function as a sanctuary for abandoned children.

Parent experiences of paediatric allergy pathways in the West Midlands Region of the United Kingdom - A qualitative study (2016)

Type of publication:
Conference abstract

Author(s):
*Diwakar L., Cummins C., Williams L., Sansom H., Kerrigan C., *Rees M., Hackett S., Lilford R., Roberts T.

Citation:
Allergy: European Journal of Allergy and Clinical Immunology, August 2016, vol./is. 71/(577)

Abstract:
Background: Almost all allergy care in the UK is provided by the publicly funded National Health Service (NHS). Services are deficient in most parts of the country at both primary and secondary level, with few regions having appropriate access to trained allergy clinical teams. The problem is especially acute for paediatric allergy services. Method: We are carrying out a qualitative study using in-depth, semi-structured interviews of parents purposively selected from two separate NHS Paediatric allergy clinics. All interviews are being audio-taped and transcribed anonymously. Analysis is by framework approach facilitated by NVivo software. Themes are being identified and alternate theories for findings will be sought using peer panels and literature searches. Interviews will be carried out until data saturation is achieved. Results: Preliminary analysis of 6 completed interviews has revealed a few emerging themes. Access to Primary Care services was variable with some parents expressing frustration at delays in obtaining appointments. Some of the mothers felt aggrieved that their 'gut reactions' regarding the well being of their child were often disregarded by Primary Care Physicians (PCPs). This was perceived strongly as 0being dismissed0 and made the mothers feel frustrated and often helpless with regards to taking care of their children. "I'd come out sometimes and I'd be so frustrated because I felt like, 'You weren't listening'. They just wouldn't listen to me. It was as if - you know, 'You're just an overreacting mom'." (P6) Even when the PCPs did not provide effective treatments, mothers were quite accepting of

the treatment when they felt that their views were respected and 'listened to' " that's not eczema cream, so I thought that's not what I was expecting ... but I can't really-you know -fault them for trying the different creams."(P7) Referral practices from Primary to Secondary Care also varied significantly with some parents facing frustrating delays with referral. Most of our interviewees found specialist clinics satisfactory, although some expressed discontentment over the usefulness of the consultation and followup processes. Conclusion: Parents experience considerable variation with regards to access, knowledge and attitude of PCPs in the WM region for children with allergies. Experiences with secondary care were largely favourable. In general, parents greatly valued being listened to and taken seriously by their clinicians.

Parent Experiences of Paediatric Allergy Pathways in the West Midlands Region of the United Kingdom - A Qualitative Study (2016)

Type of publication:
Oral presentation

Author(s):
*Diwakar L., Cummins C., Williams L., Sansom H., Kerrigan C., *Rees M., Hackett S., Lilford R., Roberts T.

Citation:
Oral presentation at the EuHEA conference, Hamburg (July 2016)

Parent Experiences of Paediatric Allergy Pathways in the West Midlands Region of the United Kingdom - A Qualitative Study (2016)

Type of publication:
Poster presentation

Author(s):
*Diwakar L., Cummins C., Williams L., Sansom H., Kerrigan C., *Rees M., Hackett S., Lilford R., Roberts T.

Citation:
Poster presentation at the EAACI conference, Vienna (June 2016)

An auditon paediatric syncope: Do paediatricians identify the red flags for cardiac syncope? (2016)

Type of publication:
Conference abstract

Author(s):
*Mikrou P.; *Kannivelu A.

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

Citation:
European Journal of Pediatrics; 2016; vol. 175 (no. 11); p. 1480-1481

Abstract:
Background and aims Syncope is a common presentation in Paediatrics. Although cardiac syncope is rare, identifying the red flags that could signify an underlying cardiac cause (see chart 1) is an essential skill for all Paediatricians. Methods We conducted a retrospective audit of children with presentation of syncope/presyncope in our local District General Hospital. We based our standards on the Department of Health and Arrhythmia Alliance Primary Care pathway, NICE and European Society of Cardiology guidance on Transient Loss of Consciousness in young people and adults. Results A total of 33 patients were analysed, in two different subgroups: Paediatric Assessment Unit (PAU) group (n=23) and Outpatient group (n=10). In the PAU subgroup, only 70% of patients had a 12-lead ECG (44% had a manual QTC calculated). Family history of sudden death was not documented in 48% of cases. In the outpatient subgroup a significantly higher number of investigations were performed (100% had 12-lead ECGs, 70% Holter monitors and 30% echocardiograms). There was felt to be a selection bias (clinic being run by a Paediatrician with Cardiology expertise). Conclusions A standard operating procedure pathway was formulated to guide clinicians in the Emergency Department and PAU for the management of children presenting with syncope. Key points are that all children presenting with syncope should have a 12-lead ECG and 'red flags' explored in history (e.g. family history of sudden unexplained death, exercise induced symptoms, palpitations). We hope that the pathway implementation will lead to improved patient care outcomes.

Psychiatry

Cardiovascular risk assessment in psychiatric inpatient setting (2016)

Type of publication:
Conference abstract

Author(s):
*Dahmer E., *Lokunarangoda N.C., Romain K., Kumar M.

Citation:
European Psychiatry, March 2016, vol./is. 33/(S281)

Abstract:
Objectives To assess the general cardiac health of inpatients in acute psychiatric units and to evaluate the practice of ECG use in this setting. Aims Overall cardiac risk is assessed using QRISK2. Clinically significant ECG abnormality detection by psychiatric teams are compared with same by cardiologist. Methods Ten percent of patients (n = 113) admitted to five acute psychiatric wards during a period of 13 months across three hospital sites, covering a population of 1.1 million, were randomly selected. Electronic health care records were used to collect all data, in the form of typed entries and scanned notes. An experienced cardiologist, blind to the psychiatrist assessments, performed ECG analysis. The QRISK2 online calculator was used to calculate 10-year cardiovascular risk as recommended by NIHR, UK. Results A score of 10% or more indicates a need for further intervention to lower risk.13.5% of patients had a QRISK2 score of 10-20%, 5.2% had a score of 20-30%, and 1 patient had a QRISK2 score > 30%. In total, 19.7% had a QRISK2 of 10% or greater. A total of 2.9% had prolonged QTC interval (> 440 ms), with 2.9% having a borderline QTC (421-440). A total of 34.3% of ECGs were identified by the ward doctors as abnormal, with action being taken on 41.6% of these abnormal ECGs. Cardiologist analysis identified 57.1% of ECGs with abnormalities of potential clinical significance. Conclusions One in five patients admitted to psychiatry wards have poor cardiac health requiring interventions. Though QTC interval prolongation is rare, half of patients may have abnormal ECGs that require further analysis.

Suicidal ideation during pregnancy in British Pakistani women (2016)

Type of publication:
Conference abstract

Author(s):
*Sharif A., Gire N., Tomenson B., Chaudhry N., Husain M.

Citation:
European Psychiatry, March 2016, vol./is. 33/(S272-S273)

Abstract:
Introduction Suicide is a major public health problem and one of the common causes of maternal mortality. Rates of suicide and self-harm are higher in British South Asian women compared to the majority white population. Suicidal Ideation (SI) is a significant risk factor associated with self-harm and suicide. Objective To explore the prevalence and risk factors of SI in British Pakistani women. Aim To

identify risk factors associated with SI, in order to inform future preventive strategies. Method This is a secondary analysis of a larger study which looked at depression during pregnancy and infant outcomes. Par ticipants who consented (women aged 18 or over, in their third pregnancy trimester) were initially assessed for maternal depression using the Edinburgh Post-Natal Depression Scale (EPDS), with one of the questions on the EPDS being on SI. Participants who met the study criteria, were further assessed regarding sociodemographic factors, perceived social support, social adversity and isolation. Results The rate of SI in this group of women was 8.1%, with baseline interview results suggesting that women with SI being significantly more likely to be aged 20 or less, have experience of severe life events and being less likely to have social support. Conclusion This area of research is key to understanding SI in British Pakistani women, to better develop culturally sensitive interventions for use within this group.

Radiology

Experiences Commissioning the FFF mode on Varian Truebeam in a Small Radiotherapy Centre (2016)

Type of publication:
Oral presentation

Author(s):
*Ruth Beddows

Citation:
Presentation at Varian user group, October 2016

Link to full presentation

The impact of body mass index on organs at risk in breast axillarynodal radiotherapy (2016)

Type of publication:
Conference abstract

Author(s):
*Pettit L., *Welsh A., *Puzey-Kibble C., *Williams M., *Santos J., *Wardle G., *Khanduri S.

Citation:
Radiotherapy and Oncology, April 2016, vol./is. 119/(S558)

Abstract:
Purpose or Objective: There has been recent move within the U.K. to contour the nodal CTV for patients receiving adjuvant radiotherapy for breast cancer. Axillary radiotherapy (ART) following a positive sentinel lymph node biopsy is becoming more common for certain groups of patients. Organs at risk (OAR) should be delineated and considered during the planning process. Body mass index (BMI) has been shown to impact upon spinal cord and brachial plexus doses in irradiation of the supraclavicular fossa. The impact upon the OAR in the axilla has not yet been well documented. Material and Methods: Patients undergoing ART between 01/04/15-01/10/15 were identified. Non - contrast radiotherapy planning CT scans were taken. External beam radiotherapy was planned with extended tangents using a field in field approach with an additional low weighted anterior oblique field if deemed appropriate for adequate dose coverage. Dose delivered was 40.05 Gy in 15 fractions. BMI was calculated by: weight(kg)/height (m)2. CTV's were contoured in accordance with the RTOG contouring atlas. OAR including ipsilateral lung, humeral head and brachial plexus were delineated. Results: Fifteen patients were identified. Six patients had a BMI between 20-25, 3 between 25-30, 5 between 30-40 and 1 BMI>40. Mean ipsilateral lung V12 was 10.44% (range 2.3%- 14.33%). Mean V12 did not vary with BMI (BMI 20-25;mean V12=9.33%, BMI 25-30; mean V12=8.52%, BMI 30-40;mean V12=9.51%, BMI>40 mean V12=6.38%, p=0.55 Chi-Squared). The mean humeral head maximum dose was 35.2 Gy (range 1.2-41.5

Gy). Mean humeral head maximum dose did not vary with BMI (BMI 20-25; mean=34.2Gy, BMI 25-30;mean=27.8Gy, BMI 30-40; mean=40.3Gy, BMI>40; mean=38.2Gy, p=0.49 ttest). The ipsilateral brachial plexus D2 mean was15.6Gy (range 1.2-37.4 Gy). Mean ipsilateral brachial plexus D2 dose did not vary with BMI(p=0.21 t-test). Conclusion: BMI did not significantly impact upon OAR dosage although this series is limited by a small sample size. Ipsilateral lung and brachial plexus were comfortably within departmental tolerance. A planning risk volume of 10 mm around the humeral head has now been adopted within the department. It is recognised that intravenous contrast provides better quality images for delineating OAR in particular for the brachial plexus. However, this impacts upon resources in terms of radiographer scanning time. Adequate time needs to be allocated in consultant and physics teams job plans to enable high quality delineation and subsequent radiotherapy plans to be produced.

Link to more details or full-text: https://user-swndwmf.cld.bz/ESTRO-35/ESTRO-35-Abstract-book3/584

Thyroid tolerance in adjuvant supraclavicular fossa nodal radiotherapy in breast cancer (2016)

Type of publication:
Conference abstract

Author(s):
*Pettit L., *Welsh A., *Khanduri S.

Citation:
Radiotherapy and Oncology, April 2016, vol./is. 119/(S558)

Abstract:
Purpose or Objective: Hypothyroidism is the most commonly reported long-term toxicity following radiotherapy to structures near to the thyroid gland. Emami suggested the thyroid gland tolerance as 45Gy (TD 5/5) although a much wider range of 10-80 Gy has been reported in the literature. When irradiating the supraclavicular fossa (SCF) in adjuvant radiotherapy for breast cancer, it is inevitable that the thyroid gland will receive a high dose of radiation due to its proximity to the target volume. Recently there has been a move to CT based delineation of the CTV and organs at risk (OAR) in patients requiring nodal radiotherapy for breast cancer compared with the previous bony land mark/field based techniques. Dose received by the thyroid gland and subsequent late toxicity has not yet been well studied in breast cancer. Material and Methods: Patients undergoing external beam radiotherapy to the breast or chest wall plus SCF between 01/04/15-01/10/15 were identified. Radiotherapy planning contrast enhanced CT scans were taken. External beam radiotherapy was planned with tangents using a field in field approach with a matched direct anterior field. A low weighted posterior field was added if deemed appropriate for adequate dose coverage. Angle corrections were used as appropriate. A dose of 40.05 Gy in 15 fractions prescribed at depth was employed. CTV's were contoured in accordance with the RTOG contouring atlas. The thyroid gland was prospectively delineated and D5% was recorded. Results: Seventeen patients undergoing adjuvant SCF radiotherapy were identified. T stage was as follows: T1:2 patients, T2:9 patients, T3:4 patients, T4a:1 patient,T4d:1 patient. N stage; N1:1 patient, N2:14 patients, N3:2 patients. Fourteen were hormone receptor positive, 3 hormone negative. Twelve were HER2 negative, 5 HER2 positive. Mean D5% thyroid was 37.9Gy (range 7-42.7 Gy). Excluding one patient with a previous hemi-thyroidectomy, the mean D5% thyroid was 39.8 Gy (range 16-42.7 Gy). An

abnormality requiring referral to a surgeon for was discovered in one patient. Conclusion: Our departmental tolerance for the thyroid gland was set as 40Gy (for 2.67Gy per fraction). It is hard to achieve this without compromise of the CTV. The effect modern chemotherapy/targeted agents may have on this prior to receiving radiotherapy is inknown. Baseline TSH recording is desirable. Long-term follow up to detect clinical or biochemical thyroid dysfunction is needed to inform practice but would present challenges with capacity in busy oncology departments.

Link to more details or full-text: https://user-swndwmf.cld.bz/ESTRO-35/ESTRO-35-Abstract-book3/585

The impact of the introduction of a palliative Macmillan consultant radiographer at one UK cancer centre (2016)

Type of publication:
Journal article

Author(s):
Goldfinch R., Allerton R., *Khanduri S., *Pettit L.

Citation:
British Journal of Radiology, 2016, vol./is. 89/1065(no pagination)

Abstract:
Objective: The UK radiotherapy (RT) workforce needs novel strategies to manage increasing demand. The appointment of a palliative RT (PRT) consultant radiographer (CR) offers a potential solution to enhance patient pathways providing timely RT. This article examined the impact of one such appointment. Methods: Two prospective audits were completed 1 year apart. All patients receiving PRT for bone metastases between 01/01/2014-31/03/2014 (Audit 1) and 01/01/2015-31/01/2015 (Audit 2) were included. Data collected included demographics, treatment site, dose, fractionation, treatment indication and professionals who planned the PRT. The patient pathway from decision to treat (DTT) to commencement of PRT was scrutinized. Results: 97 patients were identified for Audit 1 and 87 patients for Audit 2. Demographics were similar. Figures relate to Audit 1 and in brackets Audit 2. Indications for treatment: pain 55% (61%), metastatic spinal cord compression 41% (38%) and other neurological symptoms 4% (1%). The CR independently planned 13% (60%), being supervised for 36% (3%). Consultant clinical oncologists planned 43% (31%), with 7% (6%) planned by specialist registrars (SpRs). The pathway was enhanced in Audit 2, with 85% of patients treated within 14 days compared with 73% of patients treated in Audit 1. Conclusion: A CR has the potential to impact on the patient pathway, enabling quicker times from DTT to treatment. Continued audit of the role is required to ensure that it complements SpR training. Advances in knowledge: Increasing longevity and improved systemic therapies have led to greater numbers of patients living longer with metastatic disease. The appointment of a CR offers a potential solution to the capacity difficulties faced by UK RT services.

Renal / Urology

Are we following the guidelines to prevent contrast induced acute kidney injury? a clinical audit on patients with chronic kidney disease(CKD) undergoing coronary angiogram (2016)

Type of publication:
Conference abstract

Author(s):
*Kanthasamy V., *Gill S.

Citation:
Global Heart, June 2016, vol./is. 11/2 SUPPL. 1(e94)

Abstract:
Introduction: Contrast induced acute kidney injury(CI-AKI) is one of the potential risk involved in high risk patients who undergo Coronary Angiography/interventions. As the procedure involved intra-arterial administration of contrast media, it expose the patient directly to the toxic side effects. It classically occurs within 72 hours of receiving the contrast media and usually recovers over the following five days. Its incidence increases significantly among the patients with risk factors and is greatly associated with short and long term mortality. The risk of CI-AKI is has been reported as high as 25% in patients with combination of CKD and diabetes, Cardiac failure, older age and exposure to nephrotoxic agents. Objectives: A clinical audit performed in order to assess the adherence to the NICE guidelines to prevent contrast induced Acute Kidney Injury among CKD patients undergoing diagnostic Coronary Angiogram and to identify the incidence of AKI following the procedure. Methods: A retrospective clinical audit was conducted to cover 6 months from May to October 2014. Data was collected from the cath lab register and patients with chronic kidney disease with eGFR<60 were included in the audit covering both in-patient and outpatient procedures(n=30). Data collection was based on the NICE guidance to look for the adherence of monitoring for renal function pre/post angiogram and considering hydration as preventive measure. Results: 93 % of the patients had two or more risk factors including CKD. All patients had renal function checked prior to the procedure but only 57 %(n=17) had post procedure renal function checked within 1 week and only 53 % were hydrated. 10 out of 17 patients(59%) showed a decline in renal function. Among them 4 (23%) patients had AKI as per KDIGO criteria (Kidney Disease: Improving Global Outcomes) and of which 3 (75%) were not hydrated pre/post procedure. Renal function did not return to baseline in one of those 4 patients. Conclusion: In overall it was clearly evident that taking preventive measures against CIAKI in CKD patients were overlooked. Our recommendations were to introduce a checklist pre & post procedure for all patients so that high risk patients can be identified, to instruct the GP(on discharge) to re-check the renal functions in 3 days and to re-audit.

The spectrum of renal allograft failure (2016)

Type of publication:
Journal article

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

Author(s):
*Chand S., Atkinson D., Collins C., Briggs D., Ball S., Sharif A., Skordilis K., Vydianath B., Neil D., Borrows R.

Citation:
PLoS ONE, September 2016, vol./is. 11/9(no pagination)

Abstract:
Background: Causes of “true” late kidney allograft failure remain unclear as study selection bias and limited follow-up risk incomplete representation of the spectrum. Methods: We evaluated all unselected graft failures from 2008-2014 (n = 171; 0-36 years post-transplantation) by contemporary classification of indication biopsies “proximate” to failure, DSA assessment, clinical and biochemical data. Results: The spectrum of graft failure changed markedly depending on the timing of allograft failure. Failures within the first year were most commonly attributed to technical failure, acute rejection (with T-cell mediated rejection [TCMR] dominating antibody-mediated rejection [ABMR]). Failures beyond a year were increasingly dominated by ABMR and ‘interstitial fibrosis with tubular atrophy’ without rejection, infection or recurrent disease (“IFTA”). Cases of IFTA associated with inflammationin non-scarred areas (compared with no inflammation or inflammation solely within scarred regions) were more commonly associated with episodes of prior rejection, late rejection and nonadherence, pointing to an alloimmune aetiology. Nonadherence and late rejection were common in ABMR and TCMR, particularly Acute Active ABMR. Acute Active ABMR and nonadherence were associated with younger age, faster functional decline, and less hyalinosis on biopsy. Chronic and Chronic Active ABMR were more commonly associated with Class II DSA. C1q-binding DSA, detected in 33% of ABMR episodes, were associated with shortertime to graft failure. Most non-biopsied patients were DSA-negative (16/21; 76.1%). Finally, twelve losses to recurrent disease were seen (16%). Conclusion: This data from an unselected population identifies IFTA alongside ABMR as a very important cause of true late graft failure, with nonadherence-associated TCMR as a phenomenon in some patients. It highlights clinical and immunological characteristics of ABMR subgroups, and should inform clinical practice and individualised patient care.

Link to more details or full-text:
http://search.proquest.com/docview/1821784851/F5FCCBF39FE8431CPQ/4?accountid=49082

Surgery

"Exploding" electronic cigarette: a case report (2016)

Type of publication:
Journal article

Author(s):
*Moore J., *Mihalache G., *Messahel A.

Citation:
British Journal of Oral and Maxillofacial Surgery, November 2016, vol./is. 54/9(1056-1057)

Preoperative risk factors for conversion from laparoscopic to opencholecystectomy: a validated risk score derived from a prospective U.K. database of 8820 patients (2016)

Type of publication:
Journal article

Author(s):
Sutcliffe R.P., Hollyman M., Hodson J., Bonney G., Vohra R.S., Griffiths E.A., Fenwick S., Elmasry M., Nunes Q., Kennedy D., Khan R.B., Khan M.A.S., Magee C.J., Jones S.M., Mason D., Parappally C.P., Mathur P., Saunders M., Jamel S., Haque S.U.L., Zafar S., Shiwani M.H., Samuel N., Dar F., Jackson A., Lovett B., Dindyal S., Winter H., Rahman S., Wheatley K., Nieto T., Ayaani S., Youssef H., Nijjar R.S., Watkin H., Naumann D., Emeshi S., Sarmah P.B., Lee K., Joji N., Heath J., Teasdale R.L., Weerasinghe C., Needham P.J., Welbourn H., Forster L., Finch D., Blazeby J.M., Robb W., McNair A.G.K., Hrycaiczuk A., Charalabopoulos A., Kadirkamanathan S., Tang C.-B., Jayanthi N.V.G., Noor N., Dobbins B., Cockbain A.J., Nilsen-Nunn A., de Siqueira J., Pellen M., Cowley J.B., Ho W.-M., Miu V., White T.J., Hodgkins K.A., Kinghorn A., Tutton M.G., Al-Abed Y.A., Menzies D., Ahmad A., Reed J., Monk D., Vitone L.J., Murtaza G., Joel A., Brennan S., Shier D., Zhang C., Yoganathan T., Robinson S.J., McCallum I.J.D., Jones M.J., Elsayed M., Tuck L., Wayman J., Aroori S., Kimble A., Bunting D.M., Hosie K.B., Fawole A.S., Basheer M., Dave R.V., Sarveswaran J., Jones E., Kendal C., Tilston M.P., Gough M., Wallace T., Singh S., Downing J., Mockford K.A., Issa E., Shah N., Chauhan N., Wilson T.R., Forouzanfar A., Wild J.R.L., Nofal E., Bunnell C., Madbak K., Rao S.T.V., Devoto L., Siddiqi N., Khawaja Z., Hewes J.C., Rodriguez D.U., Sen G., Carney K., Bartlett F., Rae D.M., Stevenson T.E.J., Sarvananthan K., Dwerryhouse S.J., Higgs S.M., Old O.J., Hardy T.J., Shah R., Hornby S.T., Keogh K., Frank L., Al-Akash M., Upchurch E.A., Frame R.J., Hughes M., Jelley C., Weaver S., Roy S., Sillo T.O., Galanopoulos G., Cuming T., Cunha P., Tayeh S., Kaptanis S., Heshaishi M., Eisawi A., Abayomi M., Ngu W.S., Fleming K., Bajwa D.S., Chitre V., Aryal K., Ferris P., Silva M., Lammy S., Mohamed S., Khawaja A., Ghazanfar M.A., Bellini M.I., Ebdewi H., Elshaer M., Gravante G., Drake B., Ogedegbe A., Mukherjee D., Arhi C., Giwa L., Iqbal N., Watson N.F., Aggarwal S.K., Orchard P., Villatoro E., Willson P.D., Mok K.W.J., Woodman T., Deguara J., Garcea G., Babu B.I., Dennison A.R., Malde D., Lloyd D., Slavin J.P., Jones R.P., Ballance L., Gerakopoulos S., Jambulingam P., Mansour S., Sakai N., Acharya V., Sadat M.M., Karim L., Larkin D., Amin K., Khan A., Law J., Jamdar S., Sampat K., O'shea K.M., Manu M., Asprou F.M., Malik N.S., Chang J., Johnstone M., Lewis M., Roberts G.P., Karavadra B., Photi E., Hewes J., Gould L., Rodriguez D., O'Reilly D.A., Rate A.J., Sekhar H., Henderson

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HPB, November 2016, vol./is. 18/11(922-928)

Abstract:
Background Laparoscopic cholecystectomy is commonly performed, and several factors increase the risk of open conversion, prolonging operating time and hospital stay. Preoperative stratification would improve consent, scheduling and identify appropriate training cases. The aim of this study was to develop a validated risk score for conversion for use in clinical practice. Patients and methods Preoperative patient and disease-related variables were identified from a prospective cholecystectomy database (CholeS) of 8820 patients, divided into main and validation sets. Preoperative predictors of conversion were identified by multivariable binary logistic regression. A risk score was developed and validated using a forward stepwise approach. Results Some 297 procedures (3.4%) were converted. The risk score was derived from six significant predictors: age ($p = 0.005$), sex ($p < 0.001$), indication for surgery ($p < 0.001$), ASA ($p < 0.001$), thick-walled gallbladder ($p = 0.040$) and CBD diameter ($p = 0.004$). Testing the score on the validation set yielded an AUROC = 0.766 ($p < 0.001$), and a score >6 identified patients at high risk of conversion (7.1% vs. 1.2%). Conclusion This validated risk score allows preoperative identification of patients at six-fold increased risk of conversion to open cholecystectomy.

Endoscopic Ear Surgery and its impact on the operating theatre team (2016)

Type of publication:
Conference abstract

Author(s):
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Citation:
The Journal of Laryngology and Otology, Volume 130, Issue S3 (Abstracts for the 10th International Conference on Cholesteatoma). May 2016, pp. S154-S155

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A Comparison of Operative Time Outcomes in Endoscopic and Open Tympanomastoid Surgery (2016)

Type of publication:
Conference abstract

Author(s):
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Are Temporary Tracheostomies a necessity for free flap surgery? (2016)

Type of publication:
Conference abstract

Author(s):
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Citation:
British Journal of Oral and Maxillofacial Surgery; Dec 2016; vol. 54 (no. 10)

Abstract:
Controversy still surrounds the use of tracheosteomies in maxillofacial oncology surgery with free flaps. Many surgeons place tracheostomies in patients for airway protection post-operatively due to suspected swelling, removing the tube at approximately 10 days. However, patients undergoing this extensive surgery may not require routine tracheostomy and few maxillofacial units across the UK employ this principle. The aim of this study was to determine tracheostomy need within maxillofacial free flap surgery, and the associated complications, including extended recovery.A retrospective study was carried out of 40 patients whom underwent excision of tumours with free flap reconstruction from January 2013 to December 2015, with comparison to 2010-2012 where tracheostomies were routinely used. Analysis was made of hospital stay duration and post-operative complications.From the results of this study we can see that only 5% of cases underwent tracheostomies compared to 75% of the previous three years. All tracheostomy cases of 2013-2015 experienced chest or tracheostomy wound infections, compared to 31% of the 2010-2012 cases. The average hospital stay for those with temporary tracheostomies was 15-16 days and those without was 10 days for across the six years. There have been no reported cases of airway obstruction post-operatively in those cases where tracheostomies have not been placed following free flap surgery, including fibula free flaps. As a unit it has been concluded to avoid placing a temporary tracheostomy in all cases where possible. This is to avoid postoperative complications, reduce hospital stay and improve the quality of recovery from the patient's perspective.

Recurrent laryngeal nerve palsy due to displacement of a gastric band (2016)

Type of publication:
Journal article

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Abstract:
The left recurrent laryngeal nerve is at increased risk of compression by oesophageal pathology due to

its long course through the neck and thorax. Here we report a case of left vocal cord palsy secondary to displacement of a gastric band, resulting in oesophageal dilatation and neuropraxia of the left recurrent laryngeal nerve. Vocal cord function partially improved following removal of the gastric band.