The Royal Wolverhampton NHS Trust

Staff Publications List

October to December 2019

- by Specialty -

Volume 1  Issue 3

Edited by Pam Collins

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## Contents

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Summary</td>
<td>2</td>
</tr>
<tr>
<td>Specialty</td>
<td>4</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>4</td>
</tr>
<tr>
<td>Breast Care Services</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>5</td>
</tr>
<tr>
<td>Cardiology/Cardiothoracic</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Sciences</td>
<td>8</td>
</tr>
<tr>
<td>Community/Primary Care</td>
<td>9</td>
</tr>
<tr>
<td>Ear, Nose and Throat</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>11</td>
</tr>
<tr>
<td>Endocrine and Diabetes</td>
<td>11</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>12</td>
</tr>
<tr>
<td>Health Informatics</td>
<td>17</td>
</tr>
<tr>
<td>Intensive/Critical Care</td>
<td>17</td>
</tr>
<tr>
<td>Management/Leadership</td>
<td>17</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>18</td>
</tr>
<tr>
<td>Neonatal and Children’s Services</td>
<td>18</td>
</tr>
<tr>
<td>Neurology</td>
<td>19</td>
</tr>
<tr>
<td>Nutritional Support</td>
<td>20</td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>20</td>
</tr>
<tr>
<td>Ophthalmology (Wolverhampton Eye Infirmary)</td>
<td>21</td>
</tr>
<tr>
<td>Oral and Maxillofacial</td>
<td>24</td>
</tr>
<tr>
<td>Orthotics</td>
<td>25</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>26</td>
</tr>
<tr>
<td>Renal/Urology</td>
<td>26</td>
</tr>
<tr>
<td>Research</td>
<td>28</td>
</tr>
<tr>
<td>Respiratory</td>
<td>29</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>29</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>29</td>
</tr>
<tr>
<td>Trauma and Orthopaedics</td>
<td>30</td>
</tr>
<tr>
<td>Wound Care and Tissue Viability</td>
<td>30</td>
</tr>
</tbody>
</table>
Introduction

This report provides a summary of research publications which were authored by staff from the Royal Wolverhampton NHS Trust, or staff with honorary contract or other partners with the trust between October to December 2019.

The Bell Library collates the list of staff publications to celebrate the good work done by staff in the Trust and to demonstrate the volume of knowledge in the organisation.

Note that RWT authors (or those with honorary RWT contracts) are highlighted in bold red. Further, articles may appear in more than one section, when they contain authors from multiple disciplines.

If your publications are missing from this report, or you have presented something at a conference and you would like to include them in the RWT publications output report, you can e-mail details to the Bell Library team at rwh-tr-Belllibrary@nhs.net

For help getting the full-text to any of these articles not accessible via your Athens account, please use our BaseDoc document supply service. This service is accessible via your Base Library membership card and password. If you are not a member of the library, you can register on line here.

Summary

Between October to December 2019 there were a total of 77 RWT authored publications identified via database alerts set up by the library team and ad hoc word of mouth from individual staff. This may therefore not be a true account of the published works by staff.

The top most published specialities are as follows:

<table>
<thead>
<tr>
<th>Department</th>
<th>Publications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Primary Care</td>
<td>7</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>12</td>
</tr>
<tr>
<td>Neonatal and Children</td>
<td>7</td>
</tr>
<tr>
<td>Neurology</td>
<td>7</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>5</td>
</tr>
<tr>
<td>Research</td>
<td>5</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4</td>
</tr>
<tr>
<td>Orthotics</td>
<td>4</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>4</td>
</tr>
</tbody>
</table>

Please note: the totals by department/division differ to the overall total as some articles are co-authored by RWT researchers from multiple departments.
The most published author for the period are

![Number of Publications by Author October-December 2019](image)

Further, the main types of publications are:

![Number of Publications by Type](image)

During this quarter, there were no publications that had numerous articles included.
Anaesthetics

**Cros Campoy, José,** Domingo Bosch, Oscar and Sala-Blanch, Xavier (2019) *Upper trunk block: 'Primum non nocere'.* Regional Anesthesia and Pain Medicine, Epub ahead of print. *Letter*
DOI: 10.1136/rapm-2019-101162 PMID: 31792024

Breast Care Services


**Abstract:** Involvement of axillary lymph nodes is an important prognostic factor in relationship to the management of breast cancer. However, the use of neoadjuvant systemic therapy is widespread in the treatment of positive axilla and such treatment leads to down staging of axillary disease. Hence, the role of targeted axillary lymph node biopsy appears to play a vital role after primary systemic therapy. Given that this is a relatively novel approach, we have discussed the evidence for this approach and the different techniques currently available for localization of biopsy-proven metastatic axillary lymph nodes. We have also highlighted the need for universal guidelines for conservative management of positive axilla after systemic therapy. *Review*
DOI: 10.1016/j.clbc.2018.06.001 PMID: 29983380

**Vidya, R.** and **Green, M.** (2018) *Innovation in the need for high-quality evidence and evaluation: time to share global data and experience.* Journal of the Royal Society of Medicine, 111 (6), 188.

**Abstract:** Comment on Low-cost innovation in healthcare: what you find depends on where you look: *Letter.*
DOI: 10.1177/0141076818771839 PMID: 29877776
URL: [https://tinyurl.com/sqhdv4v](https://tinyurl.com/sqhdv4v) (Available on request from the Library)


**Abstract:** BACKGROUND: The incidence of breast cancer and immediate breast reconstruction is on the rise particularly in the US and Western Europe. Over the last decade, implant based breast reconstructions have gained popularity. The prepectoral breast reconstruction has emerged as a novel technique, minimally invasive, preserves the chest wall anatomy while restoring body image. However, implant rippling appears to be an adverse effect associated with this technique. METHODS: We have described a new grading system for rippling following prepectoral implant breast reconstruction and discussed its management. We then evaluated the new grading system in our practice. RESULTS: We looked at the first 50 consecutive patients who underwent prepectoral implant based breast reconstruction. In our experience, 45 patients (90%) had grade 1, 3 patients (6%) had grade 2, 1 patient (2%) had grade 3 and 1 patient (2%) had grade 4 rippling. The observed rippling was seen more often in patients with low BMI <20 and in those who had poor subcutaneous fat preoperatively (pinch test <2 cm). CONCLUSION: Prepectoral implant based breast reconstruction adds a whole new dimension to breast reconstruction. However rippling can be an undesired adverse effect associated with this technique and patients need to be informed. *Practice Guidelines*
DOI: 10.29252/wjps.8.3.311 PMC: 6790253 PMID: 31620332
PubMed: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6790253/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6790253/) (Freely available online)

Abstract: OBJECTIVE: To record how breast screening centres in England deliver all biopsy results (cancer/non-cancer) from the breast assessment visit. DESIGN: Online survey of 63 of 79 breast screening centres in England from all regions (East Midlands, East of England, London, North East Yorkshire & Humber, North West, South East, South West, West Midlands). The survey contained quantitative measures of frequency for telephoning biopsy results (routinely, occasionally or never) and optional qualitative free-text responses. Surveys were completed by a staff member from each centre. RESULTS: There were no regional trends in the use of telephone results services, (X^2) (14, n=63)=11.55, p=0.64). Centres who telephoned results routinely did not deliver results sooner than centres who deliver results in-person (X^2) (16, n=63)=12.76, p=0.69). When delivering cancer results, 76.2% of centres never telephone results and 23.8% of centres occasionally telephone results. No centres reported delivering cancer results routinely by telephone. Qualitative content analysis suggests that cancer results are only telephoned at the patient request and under exceptional circumstances. When delivering non-cancer results, 12.7% of centres never telephoned results, 38.1% occasionally telephoned results and 49.2% routinely telephoned results. Qualitative content analysis revealed different processes for delivering telephone results, including patient choice and scheduling an in-person results appointment for all women attending breast assessment, then ringing non-cancer results unexpectedly ahead of this prebooked appointment. CONCLUSIONS: In the National Health Service Breast Screening Programme, breast assessment results that are cancer are routinely delivered in-person. However, non-cancer breast assessment results are often routinely delivered by telephone, despite breast screening policy recommendations. More research is needed to understand the impact of telephoning results on women attending breast assessment, particularly women who receive a non-cancer result. Future research should also consider how women themselves might prefer to receive their results. 

Survey.

DOI: 10.1136/bmjopen-2018-028683
PMCID: PMC6858119
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6858119/ (Freely available online)

Cancer


Abstract: INTRODUCTION: Warthin’s tumor (WT) is a common benign salivary gland neoplasm with a negligible risk of malignant transformation. However, there is a risk of malignant tumors being misdiagnosed as WT on cytology and inappropriately managed conservatively. METHODS: Patients from nine centers in Italy and the United Kingdom undergoing parotid surgery for cytologically diagnosed WT were included in this multicenter retrospective series. Definitive histology was compared with preoperative cytological diagnoses. Surgical complications were recorded. RESULTS: A total of 496 tumors were identified. In 88.9%, the final histological diagnosis was WT. In 21 cases (4.2%) a malignant neoplasm was diagnosed, which had been incorrectly labeled as WT on cytology. CONCLUSIONS: The risk of undiagnosed malignancy should be balanced against surgical risks when considering the management of WT. Although nonsurgical management remains an appropriate option, there may be a rationale for serial clinical or radiological evaluation if surgical excision is not performed.

Retrospective Study.

DOI: 10.1002/hed.26032
PMID: 31762130


Abstract: Background: Acalabrutinib is a highly selective, potent, covalent Bruton tyrosine kinase inhibitor that has shown clinical benefit in patients with relapsed/refractory (RR) chronic lymphocytic leukemia (CLL). Objective:
This randomized, global, multicenter, open-label phase 3 study assessed the efficacy and safety of acalabrutinib monotherapy versus the investigator’s choice of idelalisib plus rituximab (IdR) or bendamustine plus rituximab (BR) in RR CLL (NCT02970318). Methods: Eligible patients with RR CLL were randomized 1:1 to 100 mg oral acalabrutinib twice daily (BID) until progression versus IdR (150 mg oral Id BID combined with ± i.v infusions of R [375 or 500 mg/m²], or BR (70 mg/m² IV B on days 1 and 2 of each cycle combined with R [375 or 500 mg/m² IV] on day 1 of each 28-day cycle for ≤6 cycles). Stratification was by del(17p) status (yes vs no), ECOG status (0-1 vs 2), and prior therapy lines (1-3 vs ≥4). The primary end point was progression-free survival (PFS) assessed by independent review committee (IRC). Secondary end points included overall survival (OS), overall response rate (ORR, by IRC), and safety. Patients with confirmed progression on IdR/BR could cross over to receive acalabrutinib monotherapy. Results: A total of 310 patients were randomized to acalabrutinib (n = 155) or IdR/BR (n = 155 [IdR, n = 119; BR, n = 36]); median age was 67 years (range, 32-90); 16% had del(17p); 27% had del(11q); 42% had Rai stage III/IV CLL. Median (range) number of prior therapies was 1 (1-8) for acalabrutinib and 2 (1-10) for IdR/BR. Discontinuation due to adverse events (AEs) occurred in 11% of patients on acalabrutinib versus 49% Id, 12% R in IdR, 11% B, and 17% R in BR. At a median follow-up of 16.1 months, acalabrutinib significantly prolonged IRC-assessed PFS versus IdR/BR (median not reached vs 16.5 months; hazard ratio 0.31, 95% CI 0.20-0.49, P <.0001). PFS rates at 12 months were 88% with acalabrutinib and 68% with IdR/BR; improvement was seen across subgroups, including del(17p), TP53 mutation, and Rai stage. ORR by IRC was similar with acalabrutinib versus IdR/BR (81% vs 75%; P <.22); 12-month OS rates were 94% and 91% (with 15 and 18 deaths) for acalabrutinib and IdR/BR, respectively. Of IdR/BR patients, 23% crossed over to acalabrutinib monotherapy. All-grade AEs (≥15%) with acalabrutinib were headache (22%), neutropenia (19%), diarrhea (18%), anemia and cough (15% each); with IdR, diarrhea (47%), neutropenia (45%), pyrexia (18%), and cough (15%); with BR, neutropenia (34%), inflection-related reaction and fatigue (23% each), nausea (20%), and pyrexia (17%). Grade ≥3 AEs (≥5%) with acalabrutinib were neutropenia (16%), anemia (12%), and pneumonia (5%); with IdR (≥15%), neutropenia (40%) and diarrhea (24%); with BR (≥5%), neutropenia (31%), anemia (9%), and constipation (6%). AEs of interest were atrial fibrillation (5.2% of patients on acalabrutinib vs 3.3% on IdR/BR), bleeding AEs (26% vs 7.2%; including major hemorrhage [1.9% vs 2.6%]); grade ≥3 infections (15% vs 24%), and second primary malignancies, excluding nonmelanoma skin cancer; (6.5% vs 2.6%). Conclusion: Acalabrutinib monotherapy significantly improved PFS with a more tolerable safety profile versus IdR/BR in patients with RR CLL. Note: This abstract has been presented at EHA and ICML 2019. Conference Abstract. URL: https://www.clinical-lymphoma-myeloma-leukemia.com/article/S2152-2650(19)30976-0/pdf (Access via Athens account). PubMed: Journal not indexed in PubMed.


Abstract: BACKGROUND Mutations in BRCA2 cause a higher risk of early-onset aggressive prostate cancer (PrCa). The IMPACT study is evaluating targeted PrCa screening using prostate-specific-antigen (PSA) in men with germline BRCA1/2 mutations. OBJECTIVE To report the utility of PSA screening, PrCa incidence, positive predictive value of PSA, biopsy, and tumour characteristics after 3 yr of screening, by BRCA status. DESIGN, SETTING, AND PARTICIPANTS Men aged 40-69yr with a germline pathogenic BRCA1/2 mutation and male controls testing negative for a familial BRCA1/2 mutation were recruited. Participants underwent PSA screening for 3 yr, and if PSA > 3.0 ng/ml, men were offered prostate biopsy. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS PSA levels, PrCa incidence, and tumour characteristics were evaluated. Statistical analyses included Poisson regression offset by person-year follow-up, chi-square tests for proportion t tests for means, and Kruskal-Wallis for medians. RESULTS AND LIMITATIONS A total of 3027 patients (2932 unique individuals) were recruited (919 BRCA1 carriers, 709 BRCA1 noncarriers, 902 BRCA2 carriers, and 497 BRCA2 noncarriers). After 3 yr of screening, 527 men had PSA > 3.0 ng/ml, 357 biopsies were performed, and 112 PrCa cases were diagnosed (31 BRCA1 carriers, 19 BRCA1 noncarriers, 47 BRCA2 carriers, and 15 BRCA2 noncarriers). Higher compliance with biopsy was observed in BRCA2 carriers compared with noncarriers (73% vs 60%). Cancer incidence rate per 1000 person years was higher in BRCA2 carriers than in noncarriers (19.4 vs 12.0; p = 0.03); BRCA2 carriers were diagnosed at a younger age (61 vs 64 yr; p = 0.04) and were more likely to have clinically significant disease than BRCA2 noncarriers (77% vs 40%; p = 0.01). No differences in age or tumour characteristics were detected between BRCA1 carriers and BRCA1 noncarriers. The 4 kallikrein marker model discriminated better (area under the curve [AUC] = 0.73) for clinically significant cancer at biopsy than PSA alone (AUC = 0.65). CONCLUSIONS After 3 yr of screening, compared with noncarriers, BRCA2 mutation carriers were associated with a higher incidence of PrCa, younger age of diagnosis, and clinically significant tumours. Therefore, systematic PSA screening is indicated for.
men with a BRCA2 mutation. Further follow-up is required to assess the role of screening in BRCA1 mutation carriers.

PATIENT SUMMARY: We demonstrate that after 3 yr of prostate-specific antigen (PSA) testing, we detect more serious prostate cancers in men with BRCA2 mutations than in those without these mutations. We recommend that male BRCA2 carriers are offered systematic PSA screening.

**DOI:** 10.1016/j.euro.2019.08.019  **PMID:** 31537406  **PMCID:** PMC6880781

**URL:** https://www.ncbi.nlm.nih.gov/pubmed/?term=31537406  **Freely available online**

**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/?term=31537406

**Cardiology/Cardiothorasic**


**Abstract:** Background Guidelines recommend heart team discussion and coronary artery bypass graft consideration in patients with proximal left anterior descending (LAD) artery stenosis. Evidence suggests that outcomes of proximal LAD angioplasty might not differ from treatment of nonproximal LAD locations. We aim to determine clinical outcomes of patients undergoing percutaneous coronary intervention in the proximal LAD segment in comparison with nonproximal LAD angioplasty, using a thin-strut drug-eluting stent. Methods and Results: In this analysis of the e-Ultimaster registry, patients undergoing angioplasty in the proximal LAD territory were compared with those treated in nonproximal LAD locations. Multivariate analysis and propensity score were used to adjust for differences among the groups. The primary outcome was target lesion failure: a composite of cardiac death, target-lesion-related myocardial infarction, and/or clinically driven target lesion revascularization at 1-year follow-up. Of the 17,805 patients (mean age, 64.2±11; 76% male), 5,452 (30.6%) underwent proximal LAD and 12,353 (69.4%) nonproximal LAD percutaneous coronary intervention. Patients in the proximal LAD group had more multivessel disease (48.7% versus 43.5%; P<0.001) and 2-fold more bifurcations lesions (18.8% versus 9.2%; P<0.0001). After propensity-weighted adjustment, target lesion failure did not differ between the groups (3.3% versus 2.9%; P=0.17 for proximal LAD versus nonproximal LAD angioplasty, respectively). In multivariate analysis, proximal LAD treatment was not an independent predictor of target lesion failure (odds ratio, 1.07; 95% CI, 0.88-1.31; P=0.48). Conclusions: At 1-year follow-up, patients had similar clinical outcomes independent of stenting location, questioning whether proximal LAD treatment should be regarded differently from stenting in any other coronary artery territory. **Cohort Study.**

**DOI:** 10.1161/JAHA.119.013786  **PMID:** 31787055

**URL:** http://eurpubmc.org/article/MED/31787055?singleResult=true  **Freely available online**

**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/?term=31787055


**Abstract:** BACKGROUND: In patients with ST-segment elevation myocardial infarction (STEMI), percutaneous coronary intervention (PCI) of the culprit lesion reduces the risk of cardiovascular death or myocardial infarction. Whether PCI of nonculprit lesions further reduces the risk of such events is unclear. METHODS: We randomly assigned patients with STEMI and multivessel coronary artery disease who had undergone successful culprit-lesion PCI to a strategy of either complete revascularization with PCI of angiographically significant nonculprit lesions or no further revascularization. Randomization was stratified according to the intended timing of nonculprit-lesion PCI (either during or after the index hospitalization). The first coprimary outcome was the composite of cardiovascular death or myocardial infarction; the second coprimary outcome was the composite of cardiovascular death, myocardial infarction, or ischemia-driven revascularization. RESULTS: At a median follow-up of 3 years, the first coprimary outcome had occurred in 158 of the 2016 patients (7.8%) in the complete-revascularization group as compared with 213 of the 2025 patients (10.5%) in the culprit-lesion-only PCI group (hazard ratio, 0.74; 95% confidence interval [CI], 0.60 to 0.91; P = 0.004). The second coprimary outcome had occurred in 179 patients (8.9%) in the complete-revascularization group as compared with 339 patients (16.7%) in the culprit-lesion-only PCI group (hazard ratio, 0.51; 95% CI, 0.43 to 0.61; P<0.001). For both coprimary outcomes, the benefit of complete revascularization was consistently observed regardless of the intended timing of nonculprit-lesion PCI (P = 0.62 and P = 0.27 for interaction for the first and second coprimary outcomes, respectively). CONCLUSIONS: Among patients with STEMI and multivessel coronary artery disease, complete
revascularization was superior to culprit-lesion-only PCI in reducing the risk of cardiovascular death or myocardial infarction, as well as the risk of cardiovascular death, myocardial infarction, or ischemia-driven revascularization. (Funded by the Canadian Institutes of Health Research and others; COMPLETE ClinicalTrials.gov number, NCT01740479). Randomised Controlled Trial. DOI: 10.1056/NEJMoa1907775 PMID: 31475795


Abstract: Background: Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) syndrome is a genetically inherited condition most notably affecting the central nervous system in young adults. There is limited knowledge on its association with coronary arteries, and its association with spontaneous coronary artery dissection (SCAD) has not been previously reported. Case summary: A 61-year-old woman who is known to have CADASIL syndrome presented with anterior ST-segment myocardial infarction and underwent emergency angiography. This showed appearance consistent with SCAD in the mid left anterior descending artery with tubular stenosis. Discussion: The association between CADASIL syndrome and SCAD has not been previously reported. The similarity in the underlying pathophysiology of these two conditions makes this case intriguing.

Clinical Sciences


Abstract: BACKGROUND: Potassium EDTA (kEDTA) contamination of serum samples is common, causing spurious hyperkalemia, hypozincemia, and hypocalcemia that if unrecognized may adversely affect patient care. Gross kEDTA contamination is easy to detect, but identification of spurious electrolytes due to small amounts of contamination requires measurement of serum EDTA. We validated an EDTA assay on the Abbott Architect and reassessed its value in identifying kEDTA contamination and in studying mechanisms for contamination.

METHODS: Within- and between-batch imprecision, linearity, recovery, interference, and carryover were assessed. Serum supplemented with k2EDTA plasma, to mimic sample contamination, was used to study its effect on potassium, calcium, zinc, magnesium, and alkaline phosphatase. Our current laboratory protocol for identification of kEDTA contamination, based on measurement of serum calcium, was compared to that of EDTA measurement.

RESULTS: The EDTA assay displayed acceptable performance characteristics. Hemoglobin was a positive interferent. EDTA was detectable in serum contaminated with 1% (v:v) k2EDTA plasma. An increase in serum potassium of 0.54 mmol/L (11.9%) was observed at a measured EDTA concentration of 0.19 mmol/L, equivalent to 3.2% (v:v) contamination. At this EDTA concentration reductions were also observed in zinc (71%), calcium (1%), alkaline phosphatase (ALP) (4%), and magnesium (2.4%). The serum EDTA assay detected contamination in 31/106 patient samples with hyperkalemia (potassium >/=6.0mmol/L), 20 of which were undetected by the current laboratory protocol. CONCLUSIONS: The EDTA assay displayed acceptable performance, with the ability to reliably measure EDTA at low concentrations. Only a small amount of kEDTA causes significant spurious hyperkalemia and is only reliably detected with EDTA measurement.

Research Support.

DOI: 10.1373/jalm.2018.027920 PMID: 31639684
URL: http://jalm.aaccnls.org/content/3/6/925.long (Freely available online)


Abstract: BACKGROUND: The objectives of this study were to independently evaluate the analytical performance of the STAT high-sensitivity troponin I (hs-cTnI) assay on a recently launched and CE-marked integrated chemistry and immunoassay system, confirm acceptable performance of the assay in line with The Third Global MI Task Force recommendations, and confirm suitability of the assay for continued use of an early rule-out algorithm for
acute coronary syndrome at our Trust. METHODS: A multicenter evaluation of the analytical performance characteristics of the hs-cTnI assay on the Abbott Alinity ci series was performed in 5 clinical laboratories across Europe. Comparison studies were performed vs the existing Abbott ARCHITECT hs-cTnI assay. RESULTS: Passing and Bablok regression analysis revealed a slope of 0.99 [95% confidence interval (CI), 0.98-1.00] and an intercept of -0.09 ng/L (95% CI, -0.21-0.11). Intermediate imprecision ranged from 3.7% to 5.4%, 2.6% to 4.5%, and 2.0% to 6.1% at concentrations of 19.1-21.1 ng/L, 196.6-205.5 ng/L, and 15229-16265 ng/L, respectively. There was good concordance between the 2 assays at the early rule-out cutoff. CONCLUSION: Comparable analytical performance of the hs-cTnI assay on new Abbott Alinity ci series supports the continued use of the early rule out algorithm for patients with suspected ACS at our Trust. Research Support. DOI: 10.1373/jalm.2018.027466 PMID: 31639711 URL: http://jalm.aaccjnls.org/content/4/1/95.long (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=31639711


Community/Primary Care


Abstract: Poster presented at the FAB Event on 26th November 2016 explains how community nurse practioners were located within the ambulance service control centre to aid live conveyance decisions, avoiding unnecessary admissions to A&E. Poster. PDF available from the library on request.


Abstract: A culture of improvement and innovation in primary care is creating impact in PPIE through: involving patients and the public in projects and initiatives; building collaborations and partnerships outside the CRN to generate new opportunities, whilst measuring our objectives and sharing our work with wider networks and communities. Poster. PDF Available on request from the library.


Abstract: PFT is an intensive service for first time young moms aged 25 and under with vulnerabilities. PFT is an intensive service for first time young moms aged 25 and under with vulnerabilities. We also work with mothers of all ages who have had a previous child removed and are now pregnant again. The specialist health visitors for the Gypsies and Travellers, refugees and migrants and the homeless are also incorporated into the team. Presented at the FAB Event on 26th November 2019: Powerpoint Presentation. PDF available from the Library on Request.


Abstract: The partnering families team is an intensive support service for some of the most vulnerable women in Wolverhampton. Presented at the FAB Event 26th November 2019. Poster. PDF available from library on request.

Primary Care Visiting Team (2019) Community nurse practitioners undertaking home visits on behalf of RWT GPs. Wolverhampton: The Royal Wolverhampton NHS Trust.
Abstract: Presented at the FAB Event on 26th November 2019, this poster discusses how the primary care visiting team are helping with home visit, freeing up time for GP's and reduce attendances at A&E departments. Poster. PDF available from Library on request.


Abstract: Time spent training in general practice can be highly beneficial for junior doctors irrespective of their future specialty choice. A large number of foundation year two doctors from the United Kingdom will undertake time in general practice as part of the compulsory Foundation Programme for new medical graduates following recommendations for all such rotations to include a community placement. For the majority, this will be their first time working in primary care post-qualification and this role will bring significant new clinical and professional challenges. In this article we give thirty points of advice for foundation doctors starting a general practice rotation and additional insight for their clinical supervisors, grouped into clinical, consultation related and general points, as informed by the authors' experience and an electronic survey of foundation doctors and general practice trainers.

DOI: 10.1080/14739879.2019.1681298 PMID: 31635536

URL: https://www.tandfonline.com/doi/full/10.1080/14739879.2019.1681298 (Available on request from the library)


Abstract: This pilot programme was devised to enable young people to have increased knowledge around some of the modifiable risk factors contributing to infant mortality and empower them in their future decision making. The pilot was delivered to males and female in Year 12 in 4 secondary schools. Presented at the FAB Event on 26th November 2019. Powerpoint Presentation. Available on request from the library.


Abstract: Wolverhampton has one of the highest infant mortality rates in the country. This exciting, innovative programme delivered in school to Year 12 students has been designed by members of the 0-19 Service to address 4 of the key modifiable risk factors around infant mortality. Presented at the FAB Event on 26th November 2019. Poster. PDF available on requested from the Library.

Ear, Nose and Throat


Abstract: Parapharyngeal infections carry a significant risk of extensive suppuration and airway compromise. We report the case of a patient presenting with a right parasopharyngeal abscess, featuring atypical symptoms that made diagnosis particularly challenging. Complications included evidence of right vocal cord paralysis, likely secondary to involvement of the vagus nerve. Notably, this paralysis occurred in isolation, without involvement of cranial nerves IX or XI, which would be expected from jugular foramen encroachment. Imaging demonstrated the presence of a collection extending towards the skull base, which was drained using a transnasal endoscopic approach, avoiding the use of external incisions. Tissue biopsies from the abscess wall suggest that the underlying aetiology was minor salivary gland sialadenitis, which has not been previously reported in the literature. Case Report.

DOI: 10.1308/rcsann.2019.0132 PMID: 31538802

URL: https://publishing.rcseng.ac.uk/action/saml2post (Access on request from library)

Education


Abstract: The benefit of quality improvement (QI) is acknowledged nationally across the NHS, royal colleges, regulatory bodies and in under- and postgraduate curricula. However, disparity remains between idealistic QI practice and local trust realities. This is a summary of a chief registrar’s experience when attempting to lay the foundations for a QI service at the Royal Wolverhampton NHS Trust (RWT).

DOI: 10.7861/futurehosp.6-2s-s66  PMCID: PMC6752423

URL:  [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752423/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752423/) (Freely available online)


Abstract: Shortages in nursing are the single biggest and most urgent workforce issue that the NHS needs to address. This article sets out the early success of the Nurse Clinical Fellowship Programme established by The Royal Wolverhampton NHS Trust. The unique programme aims to attract and retain nurses by offering a staff nurse post with supported access to academia, fully funded by the NHS Trust. To date, the Trust has attracted 90 nurses (both UK and international registered nurses) to the programme. The programme is also offered internally and the Trust has a cohort of 10 internal nursing staff enrolled onto the programme completing either their BSc (top-up) or Masters, with a second cohort of 60 internal nurses due to start in September 2019. To support international registered nurses with demonstrating their competence to meet Nursing and Midwifery Council requirements the Trust has also established an objective structured clinical examination preparation course designed to embrace and enhance the existing knowledge and skills, while guiding staff in transferring these in line with UK and Trust policies and practices.

DOI: 10.12968/bjon.2019.28.18.1207  PMID: 31597066


Abstract: Time spent training in general practice can be highly beneficial for junior doctors irrespective of their future specialty choice. A large number of foundation year two doctors from the United Kingdom will undertake time in general practice as part of the compulsory Foundation Programme for new medical graduates following recommendations for all such rotations to include a community placement. For the majority, this will be their first time working in primary care post-qualification and this role will bring significant new clinical and professional challenges. In this article we give thirty points of advice for foundation doctors starting a general practice rotation and additional insight for their clinical supervisors, grouped into clinical, consultation related and general points, as informed by the authors’ experience and an electronic survey of foundation doctors and general practice trainers.

DOI: 10.1080/14739879.2019.1681298  PMID: 31635536


Endocrine and Diabetes


Abstract: Background We previously showed, in patients with diabetes, that >50% of monitoring tests for glycated haemoglobin (HbA1c) are outside recommended intervals and that this is linked to diabetes control.
Here, we examined the effect of tests/year on achievement of commonly utilised HbA1c targets and on HbA1c changes over time. Methods Data on 20,690 adults with diabetes with a baseline HbA1c of >53 mmol/mol (7%) were extracted from Clinical Biochemistry Laboratory records at three UK hospitals. We examined the effect of HbA1c tests/year on (i) the probability of achieving targets of <53 mmol/mol (7%) and <48 mmol/mol (6.5%) in a year using multi-state modelling and (ii) the changes in mean HbA1c using a linear mixed-effects model. Results The probabilities of achieving <53 mmol/mol (7%) and <48 mmol/mol (6.5%) targets within 1 year were 0.20 (95% confidence interval: 0.19-0.21) and 0.10 (0.09-0.10), respectively. Compared with four tests/year, having one test or more than four tests/year were associated with lower likelihoods of achieving either target; two to three tests/year gave similar likelihoods to four tests/year. Mean HbA1c levels were higher in patients who had one test/year compared to those with four tests/year (mean difference: 2.64 mmol/mol [0.24%], p<0.001). Conclusions We showed that >/=80% of patients with suboptimal control are not achieving commonly recommended HbA1c targets within 1 year, highlighting the major challenge facing healthcare services. We also demonstrated that, although appropriate monitoring frequency is important, testing every 6 months is as effective as quarterly testing, supporting international recommendations. We suggest that the importance HbA1c monitoring frequency is being insufficiently recognised in diabetes management. Retrospective Study.

DOI: 10.1515/cclm-2018-0503    PMID: 30281512


Abstract: Wound infection is a common complication and can lead to delayed healing and requires effective strategies to not only diagnose but also to manage (WII 2016). This case study examines how the use of Biatain® Silicone Ag with 3DFit Technology® is effective in the management of a Diabetic Foot Ulcer showing signs of localised infection. The patient, who was hospitalised for orthopaedic surgery following a fall, had suffered with a diabetic foot ulcer for 6 months prior to admission and was under the care of the multidisciplinary team prior to assessment by Tissue Viability. Poster. PDF available on request from the library.

Gastroenterology


Abstract: We present a patient who was managed surgically for cholecystogastric fistula. The patient was presented with nonspecific symptoms (upper abdominal pain, belching) and, after being investigated, was proceeded for laparoscopic cholecystectomy for gallbladder stones. Unexpectedly, intraoperative, she was found to have cholecystogastric fistula, which was operated with open single-stage approach. We highlight the incidence of these cases, the difficult preoperative clinical presentation and possible diagnostic imaging; explain further about the different surgical approaches to manage these cases and finally review the literature regarding the presentation and the management of biliointestinal fistulas. Case Report & Literature Review.

DOI: 10.1093/jscr/rjz345    PMID: 31824641    PMCID: PMC6893000
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6893000/pdf/rjz345.pdf (Freely available online)


Abstract: BACKGROUND AND AIMS: The incidence of inflammatory bowel disease (IBD) is rising worldwide and no cure is available. Many patients require surgery and they often present with nutritional deficiencies. Although randomized controlled trials of dietary therapy are lacking, expert IBD centres have long established interdisciplinary care, including tailored nutritional therapy, to optimize clinical outcomes and resource utilization. This topical review aims to share expertise and offers current practice recommendations to optimize outcomes of IBD patients who undergo surgery. METHODS: A consensus expert panel consisting of dietitians, surgeons, and gastroenterologists convened by the European Crohn’s and Colitis Organisation performed a systematic literature
review. Nutritional evaluation and dietary needs, perioperative optimization, surgical complications, long-term needs, and special situations were critically appraised. Statements were developed using a Delphi methodology incorporating three successive rounds. Current practice positions were set when \( \geq 80\% \) of participants agreed on a recommendation. RESULTS: A total of 26 current practice positions were formulated that address the needs of IBD patients perioperatively and in the long term following surgery. Routine screening, perioperative optimization by oral, enteral, or parenteral nutrition, dietary fibre and supplements were reviewed. IBD-specific situations, including management of patients with a restorative proctocolectomy, an ostomy, strictures, or short-bowel syndrome were addressed. CONCLUSION: Perioperative dietary therapy improves the outcomes of IBD patients who undergo a surgical procedure. This topical review shares interdisciplinary expertise and provides guidance to optimize the outcomes of patients with Crohn’s disease and ulcerative colitis taking advantage of contemporary nutrition science. **Systematic Review.**

DOI: 10.1093/ecco-jcc/jjz160  PMID: 31550347


**Abstract:** This article is linked to de Francisco et al and de Francisco et al papers. **Letter.**

DOI: 10.1111/apt.15104  PMID: 30689253


**Abstract:** Background and study aims The English National Bowel Scope Screening Programme (BSSP) invites 55-year-olds for a one-off, unsedated flexible sigmoidoscopy (FSIG). Data from BSSP participant-reported experience studies shows 1 in 3 participants report moderate or severe discomfort. Water-assisted colonoscopy (WAS) may improve participants’ comfort. The primary objective of this study is to ascertain if post-procedural participant-assessed pain is reduced in WAS compared with carbon dioxide (CO₂) insufflation, in invitees undergoing FSIG in BSSP. Patients and methods This is a multicenter, prospective, randomized, two-arm, single-blinded trial designed to evaluate the performance of WAS versus CO₂ insufflation in BSSP. Participants will be randomized to either CO₂ or WAS and will be asked to rate pain post-procedure. Key procedure-related data will be analyzed, including adenoma detection rates (ADR) and degree of sigmoid looping. A cost-effectiveness analysis of WAS versus CO₂ and a discrete choice experiment exploring preferences of participants for attributes of sigmoidoscopy will also be performed. Discussion This is the first trial in the United Kingdom (UK) to investigate the effects of WAS in a screening setting. If the trial shows WAS either reduces pain or increases ADR, this may result in a practice change to implement WAS in screening and non-screening endoscopic practice directly impacting on 256,000 people a year who will undergo BSSP FSIG by 2020. Trial funding came from National Institute for Health Research (NIHR) Research for Patient Benefit (RPB) supported by the NIHR Clinical Research Network. The trial is actively recruiting. **Randomised Control Trial.**

DOI: 10.1055/a-0953-1468  PMID: 31723580  PMCID: PMC6847695

URL: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6847695/pdf/10-1055-a-0953-1468.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6847695/pdf/10-1055-a-0953-1468.pdf) (Freely available online)


Fazal, Muhammad Waqas, Tan, Maria and Menon, Shyam (2019) **Endoscopic retrograde cholangiopancreatography: a review for endoscopy nurses and assistants.** *Gastrointestinal Nursing, 17*

**Abstract:** Endoscopic retrograde cholangiopancreatography (ERCP) facilitates endoscopic access to the common bile duct and pancreatic duct. It has become central to the management of a variety of benign and malignant pancreaticobiliary disorders. ERCP remains a technically challenging procedure and patient selection and pre-
assessment is critical to ensure good clinical outcomes. Staff assisting in ERCP should familiarise themselves with the underlying principles and basic knowledge pertaining to various aspects of ERCP. Review.

DOI: 10.12968/gasn.2019.17.Sup8.58,


Abstract: Ulcerative colitis and Crohn's disease are the principal forms of inflammatory bowel disease. Both represent chronic inflammation of the gastrointestinal tract, which displays heterogeneity in inflammatory and symptomatic burden between patients and within individuals over time. Optimal management relies on understanding and tailoring evidence-based interventions by clinicians in partnership with patients. This guideline for management of inflammatory bowel disease in adults over 16 years of age was developed by Stakeholders representing UK physicians (British Society of Gastroenterology), surgeons (Association of Coloproctology of Great Britain and Ireland), specialist nurses (Royal College of Nursing), paediatricians (British Society of Paediatric Gastroenterology, Hepatology and Nutrition), dietitians (British Dietetic Association), radiologists (British Society of Gastrointestinal and Abdominal Radiology), general practitioners (Primary Care Society for Gastroenterology) and patients (Crohn’s and Colitis UK). A systematic review of 88 247 publications and a Delphi consensus process involving 81 multidisciplinary clinicians and patients was undertaken to develop 168 evidence- and expert opinion-based recommendations for pharmacological, non-pharmacological and surgical interventions, as well as optimal service delivery in the management of both ulcerative colitis and Crohn’s disease. Comprehensive up-to-date guidance is provided regarding indications for, initiation and monitoring of immunosuppressive therapies, nutrition interventions, pre-, peri- and postoperative management, as well as structure and function of the multidisciplinary team and integration between primary and secondary care. Twenty research priorities to inform future clinical management are presented, alongside objective measurement of priority importance, determined by 2379 electronic survey responses from individuals living with ulcerative colitis and Crohn’s disease, including patients, their families and friends. Review.

DOI: 10.1136/gutjnl-2019-318484 PMID: 31562236 PMCID: PMC6872448

URL: https://www.ncbi.nlm.nih.gov/pubmed/31562236 (Freely available online)


Abstract: BACKGROUND: The current epidemiology of inflammatory bowel disease (IBD) in the multi-ethnic United Kingdom is unknown. The last incidence study in the United Kingdom was carried out over 20 years ago. AIM: To describe the incidence and phenotype of IBD and distribution within ethnic groups. METHODS: Adult patients (> 16 years) with newly diagnosed IBD ( fulfilling Copenhagen diagnostic criteria) were prospectively recruited over one year in 5 urban catchment areas with high South Asian population. Patient demographics, ethnic codes, disease phenotype (Montreal classification), disease activity and treatment within 3 months of diagnosis were recorded onto the Epicom database. RESULTS: Across a population of 2271406 adults, 339 adult patients were diagnosed with IBD over one year: 218 with ulcerative colitis (UC, 64.3%), 115 with Crohn's disease (CD, 33.9%) and 6 with IBD unclassified (1.8%). The crude incidence of IBD, UC and CD was 17.0/100000, 11.3/100000 and 5.3/100000 respectively. The age adjusted incidence of IBD and UC were significantly higher in the Indian group (25.2/100000 and 20.5/100000) compared to White European (14.9/100000, P = 0.009 and 8.2/100000, P < 0.001) and Pakistani groups (14.9/100000, P = 0.001 and 11.2/100000, P = 0.007). The Indian group were significantly more likely to have extensive disease than White Europeans (52.7% vs 41.7%, P = 0.031). There was no significant difference in time to diagnosis, disease activity and treatment. CONCLUSION: This is the only prospective study to report the incidence of IBD in an ethnically diverse United Kingdom population. The Indian ethnic group showed the highest age-adjusted incidence of UC (20.5/100000). Further studies on dietary, microbiial and metabolic factors that might explain these findings in UC are underway. Prospective Study.

DOI: 10.3748/wjg.v25.i40.6145 PMCID: PMC6824277
studies are currently in progress, and will include 1500 randomised participants. Powered, RCTs are required to determine the true effectiveness of iron therapy for preoperative anaemia. Two studies measured quality of life, short term mortality or postoperative morbidity. Results for intravenous iron are consistent with a greater increase in haemoglobin level compared to no iron therapy. Results for intravenous iron are consistent with a greater increase in haemoglobin level compared to oral iron (MD 395.03 ng/mL, 95% CI 227.72 to 562.35; 2 studies, 172 participants; low quality evidence). However, intravenous iron therapy produced an increase in postoperative postintervention haemoglobin levels compared with oral iron (MD 1.23 g/dL, 95% CI 0.80 to 1.65; 2 studies, 172 participants; high quality evidence). Ferritin levels were increased by intravenous iron, both when compared to placebo, no treatment, standard care or another form of iron therapy for anaemic adults undergoing surgery. We defined anaemia as haemoglobin values less than 13 g/dL for males and 12 g/dL for non-pregnant females. DATA COLLECTION AND ANALYSIS Two review authors collected data and a third review author checked all collected data. Data were collected on the proportion of participants who receive a blood transfusion, the amount of blood transfused per patient (units), quality of life, ferritin levels and haemoglobin levels, measured as continuous variables at the following predetermined time points: pretreatment (baseline), preoperatively but postintervention, and postoperatively. We performed statistical analysis using the Cochrane software, Review Manager 5. We summarised outcome data in tables and forest plots. We used the GRADE approach to describe the quality of the body of evidence. MAIN RESULTS Six RCTs, with a total of 372 participants, evaluated preoperative iron therapy to correct anaemia before planned surgery. Four studies compared iron therapy (either oral (one study) or intravenous (three studies)) with no treatment, placebo or usual care, and two studies compared intravenous iron therapy with oral iron therapy. Iron therapy was delivered over a range of periods that varied from 48 hours to three weeks prior to surgery. The 372 participants in our analysis fall far short of the 819 required as calculated by our information size calculation - to detect a 30% reduction in blood transfusions. Five trials, involving 310 people, reported the proportion of participants who received allogeneic blood transfusions. Meta-analysis of iron therapy versus placebo or standard care showed no difference in the proportion of participants who received a blood transfusion (risk ratio (RR) 1.21, 95% confidence interval (CI) 0.87 to 1.70; 4 studies, 200 participants; moderate-quality evidence). Only one study that compared oral versus intravenous iron therapy measured this outcome, and reported no difference in risk of transfusion between groups. There was no difference between the iron therapy and placebo/standard care groups for haemoglobin level preoperatively at the end of the intervention (mean difference (MD) 0.63 g/dL, 95% CI -0.07 to 1.34; 2 studies, 83 participants; low-quality evidence). However, intravenous iron therapy produced an increase in postoperative postintervention haemoglobin levels compared with oral iron (MD 1.23 g/dL, 95% CI 0.80 to 1.65; 2 studies, 172 participants; low-quality evidence). Ferritin levels were increased by intravenous iron, both when compared to standard care (MD 149.00, 95% CI 25.84 to 272.16; 1 study, 63 participants; low-quality evidence) or to oral iron (MD 395.03 ng/mL, 95% CI 227.72 to 562.35; 2 studies, 151 participants; low-quality evidence). Not all studies measured quality of life, short-term mortality or postoperative morbidity. Some measured the outcomes, but did not report the data, and the studies which did report the data were underpowered. Therefore, uncertainty remains regarding these outcomes. The inclusion of new research in the future is very likely to change these results. AUTHORS’ CONCLUSIONS The use of iron therapy for preoperative anaemia does not show a clinically significant reduction in the proportion of trial participants who received an allogeneic blood transfusion compared to no iron therapy. Results for intravenous iron are consistent with a greater increase in haemoglobin and ferritin when compared to oral iron, but do not provide reliable evidence. These conclusions are drawn from six studies, three of which included very small numbers of participants. Further, well-designed, adequately powered, RCTs are required to determine the true effectiveness of iron therapy for preoperative anaemia. Two studies are currently in progress, and will include 1500 randomised participants. Cochrane Review.
Abstract:BACKGROUND: High levels of voluntary childlessness and pregnancy-related fears have been reported amongst inflammatory bowel disease (IBD) patients. AIMS: To investigate what factors determine IBD patients' childbearing decisions; and to examine psychosocial consequences of IBD on various aspects of patients' reproductive health. METHODS: Six electronic databases were searched in a pre-specified and structured manner. RESULTS: A total of 41 articles with data on 7122 patients were included. Between one-fifth to one-third of IBD patients had chosen voluntary childlessness. Around 50% of all IBD patients have poor knowledge of pregnancy-related issues in IBD. Poor knowledge of pregnancy-related issues in IBD was associated with voluntary childlessness. Observational studies have found preconception counselling is associated with patients choosing parenthood. Pregnancy-related fears and concerns are multifaceted, stemming partly from lack of knowledge of pregnancy-related issues in IBD. Many female patients are considered at increased risk for pregnancy because between one-fifth to one-third of patients do not use contraception. Research evidence for sexual dysfunction after disease diagnosis and treatment is inconsistent. There are limited data on patients' pregnancy, postpartum and parenting experiences. A few shortcomings of the literature are evident; sample sizes were small, participation rates were low, use of non-validated questionnaires was common, and few studies included men and/or ethnic minority groups. The design of intervention studies is also weak. CONCLUSION: This review recommends pre-conception counselling for all IBD patients of childbearing age to tackle poor knowledge and allow patients to make an informed decision on their reproductive health. Systematic review

DOI: 10.1111/apt.15019  PMC6587548
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6587548/ (Freely available online)


Abstract: Patient safety should be at the forefront of endoscopy practice. Diathermy is a modality which, if delivered inappropriately, has the potential for serious harm. It is recognised that both efficacy and safety of polypectomy vary between endoscopists.3 4 Although such heterogeneity may be explained by individual approaches to polypectomy,5 insights specific to diathermy are now elucidated in this survey. The accruing evidence supports the need for greater standardisation of training in polypectomy and diathermy. Survey.

DOI: 10.1136/flgastro-2018-101133  PMCID: PMC6788133
URL: https://fg.bmj.com/content/10/4/444 (Freely available online)

Williams, G., Williams, A., Tozer, P., Phillips, R., Ahmad, A., Jayne, D. and Maxwell-Armstrong, C. (2018) The treatment of anal fistula: second ACPGBI position statement - 2018. Colorectal Disease, 20 Suppl 3 5-31. It is over 10 years since the first ACPGBI Position Statement on the management of anal fistula was published in 2007. This second edition is the result of scrutiny of the literature published during this time; it updates the original Position Statement and reviews the published evidence surrounding treatments for anal fistula that have been developed since the original publication. Practice Guideline.

DOI: 10.1111/codi.14054  PMID: 30178915
URL: https://onlinelibrary.wiley.com/doi/full/10.1111/codi.14054 (Freely available online)
Health Informatics


Abstract: Recruitment Optimisation Support Team (ROST) was formed in late 2017 with representation from all three localities within the West Midlands (WM). Poster. PDF Available from the library on request.

Intensive Care


Abstract: Purpose: Hospital-acquired pressure ulcers are a significant cause of morbidity and consume considerable financial resources. Turn protocols (repositioning patients at regular intervals) are utilized to reduce incidence of pressure ulcers. Adherence to turn protocols is particularly challenging for nursing teams, given the high number of interventions in intensive care unit, and lack of widely available tools to monitor patient position and generate alerts. We decided to develop and evaluate usefulness of a continuous patient position monitoring system to assist nurses in improving turn protocol compliance. Methods: We conducted a prospective, non-randomized, multiphase, multicentre trial. In Phase I (control group), the function of the device was not revealed to nurses so as to observe their baseline adherence to turn protocol, while Phase II (intervention group) used continuous patient position monitoring system to generate alerts, when non-compliant with the turn protocol. All consecutive patients admitted to one of the two intensive care units during the study period were screened for enrolment. Patients at risk of acquiring pressure ulcers (Braden score < 18) were considered for the study (Phase I (N = 22), Phase II (N = 25)). Results: We analysed over 1450 h of patient position data collected from 40 patients (Phase I (N = 20), Phase II (N = 20)). Turn protocol compliance was significantly higher in Phase II (80.15 +/- 8.97%) compared to the Phase I (24.36 +/- 12.67%); p < 0.001. Conclusion: Using a continuous patient position monitoring system to provide alerts significantly improved compliance with hospital turn protocol. Nurses found the system to be useful in providing automated turn reminders and prioritising tasks. Randomised Control Trial DOI: 10.1177/1751143718804682 PMID: 31695735 PMCID: PMC6820230 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6820230/ (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31695735

Management and Leadership


Abstract: The importance of team work is emphasised in the NHS Plan and in shifting the balance of power within the NHS. Poster. PDF Available from the library on request.


Grant, Shelley, Vassell, Elizabeth and Naz, Mobeena (2019) We are capable and have capacity! Wolverhampton: National Institute for Health Research.

Abstract: We wanted to make studies available to patients and public in a timely manner, so for Trusts going through short term capacity issues we presented the Capacity and Capability (C&C) pilot for a period of 9 months. Throughout this period we assessed the impact the pilot had on Trusts via a Google feedback form. We concluded the pilot with a stakeholder feedback meeting to establish if there was demand for it to be continued as a service. Poster. PDF available from the library on request.
Musculoskeletal


Abstract: The Relapse management pathway was developed by the MS nurse specialists to formalise MS relapse assessment and improve patient experience. Poster. PDF available from the library on request.

Neonatal and Children’s Services


Abstract: PFT is an intensive service for first time young moms aged 25 and under with vulnerabilities. PFT is an intensive service for first time young moms aged 25 and under with vulnerabilities. We also work with mothers of all ages who have had a previous child removed and are now pregnant again. The specialist health visitors for the Gypsies and Travellers, refugees and migrants and the homeless are also incorporated into the team. Presented at the FAB Event on 26th November 2019. Powerpoint Presentation. PDF available from the Library on Request


Abstract: The partnering families team is an intensive support service for some of the most vulnerable women in Wolverhampton. Presented at the FAB Event 26th November 2019. Poster. PDF available from library on request.


Abstract: This pilot programme was devised to enable young people to have increased knowledge around some of the modifiable risk factors contributing to infant mortality and empower them in their future decision making. The pilot was delivered to males and female in Year 12 in 4 secondary schools. Presented at the FAB Event 26th November 2019. Powerpoint Presentation. Available on request from the library.


Abstract: Wolverhampton has one of the highest infant mortality rates in the country. This exciting, innovative programme delivered in school to Year 12 students has been designed by members of the 0-19 Service to address 4 of the key modifiable risk factors around infant mortality. Presented at the FAB Event on 26th November 2019. Poster. PDF available on requested from the Library.
Abstract: The majority of patients in this study had been tried on over 4 drugs prior to initiation of Brivaracetam. Another interesting study may be to look at using Brivaracetam as an earlier choice for add-on treatment. However, it would be important to revisit the data in 12 months to see if the initial positive results are maintained long term. Further research is needed to explore strategies to improve the feasibility of a more widespread use of Brivaracetam within acute clinical settings.

Review
DOI: http://dx.doi.org/10.1016/j.seizure.2019.11.002 PMID: 31715520
URL: https://www.seizure-journal.com/article/S1059-1311(19)30681-8/fulltext (Freely available online)


Abstract: Brivaracetam has shown efficacy and good tolerability and our experience suggests that it is a suitable add-on treatment for patients with refractory focal epilepsy. The very low rate of discontinuation for mood or behaviour reasons, particularly in the ID patients, indicates that it has the potential to be a positive choice for people with ID where issues have been noted on other medications, most notably Levetiracetam. In all three sites Brivaracetam has been on trust formulary for less than 18 months. These results are on the whole very positive, but it would be important to revisit the data in 12 months to see if the initial positive results are maintained long term. Another interesting study may be to look at using Brivaracetam as an earlier choice for add-on treatment. The majority of patients in this study had been tried on 4 drugs prior to initiation of Brivaracetam. Poster Presentation. PDF available from the library on request.


Abstract: Epilepsy affects around 610,000 people in the UK, and as many as 21 people a week die of an epileptic seizure. However, health professionals, patient and carers often underestimate the risks. This article discusses the role of all nurses in managing patients at risk of epileptic seizures, including improved management of ongoing (particularly deteriorating) seizures, better communication of accident risks and management of comorbidities, particularly mental health problems.


Abstract: The audit results confirm that some people with NEAD will see their seizures improved significantly, around a third to the point of seizure freedom, with basic psycho-educational intervention, delivered in a clear and consistent manner by knowledgeable professionals. However, two thirds of people will continue to have frequent non-epileptic attacks. The impact of these can be significant from a psychological viewpoint. While long sessions of CBT have been shown to be helpful, our audit has demonstrated the enormous waiting lists for tertiary treatment, and such programmes may be beyond the ability of most local services to deliver. We believe that a short intervention would be deliverable more widely in the NHS. If our pilot results look promising, we would look to develop a multicentre trial for the intervention. Poster presented to the International League Against Epilepsy Scientific Meeting September 2019. Poster Presentation. PDF available from the library on request.

Nutrition and Diet


Abstract: BACKGROUND AND AIMS: The incidence of inflammatory bowel disease (IBD) is rising worldwide and no cure is available. Many patients require surgery and they often present with nutritional deficiencies. Although randomized controlled trials of dietary therapy are lacking, expert IBD centres have long established interdisciplinary care, including tailored nutritional therapy, to optimize clinical outcomes and resource utilization. This topical review aims to share expertise and offers current practice recommendations to optimize outcomes of IBD patients who undergo surgery. METHODS: A consensus expert panel consisting of dietitians, surgeons, and gastroenterologists convened by the European Crohn’s and Colitis Organisation performed a systematic literature review. Nutritional evaluation and dietary needs, perioperative optimization, surgical complications, long-term needs, and special situations were critically appraised. Statements were developed using a Delphi methodology incorporating three successive rounds. Current practice positions were set when >/=80% of participants agreed on a recommendation. RESULTS: A total of 26 current practice positions were formulated that address the needs of IBD patients perioperatively and in the long term following surgery. Routine screening, perioperative optimization by oral, enteral, or parenteral nutrition, dietary fibre and supplements were reviewed. IBD-specific situations, including management of patients with a restorative proctocolectomy, an stomy, strictures, or short-bowel syndrome were addressed. CONCLUSION: Perioperative dietary therapy improves the outcomes of IBD patients who undergo a surgical procedure. This topical review shares interdisciplinary expertise and provides guidance to optimize the outcomes of patients with Crohn’s disease and ulcerative colitis taking advantage of contemporary nutrition science. Systematic Review.

DOI: 10.1093/ecco-jcc/jjz160 PMID: 31550347

Obstetrics and Gynaecology


Abstract: BACKGROUND: The physiological fall in haemoglobin concentration from the 1st to the 3rd trimester of pregnancy is often quoted as 5 g/L. However, other studies have suggested varying levels of fall between 8 and 13 g/L. We evaluated the change in haemoglobin concentration between the 1st and 3rd trimesters of pregnancy in a multi-ethnic population of pregnant women. METHODS: A retrospective cohort analysis of 7054 women with singleton pregnancies, giving birth during 2013-15 in a single urban maternity unit in England. We calculated the changes in haemoglobin concentration from 1st to 3rd trimester using the first trimester haemoglobin as the reference point. The population was stratified into sub-groups to explore any differences that existed within the population. RESULTS: In general the fall in haemoglobin concentration was in the order of 14 g/L or 11% of the
first trimester value. This fall was consistent for the majority of sub-groups of the population. The fall was lower (7.7%) in the most deprived section of the population, IMD1, but it increased to 11.7% when we restricted that sub-group to pregnant women without health problems during the index pregnancy. Conversely, there was an increase in haemoglobin of 10.2% in women whose first trimester haemoglobin concentration was in the lowest 5% of the total study population. The population fall in haemoglobin was 10.2 g/L (7.8%), after excluding cases above the 95th and below the 5th centiles, and women with a medical and/or obstetric disorder during the pregnancy. CONCLUSION: The fall in haemoglobin during pregnancy is in the order of 14 g/L or 11% of the first trimester level. This is 2 to 3 times higher than suggested by some guidelines and higher than previously published work. The results challenge the current accepted thresholds for practice, and have broader implications for diagnosis and management of antenatal anaeemia. Fall in haemoglobin across pregnancy is around 14 g/L (11%) and significantly higher than previously stated in the pregnant population. This poses questions over currently accepted thresholds for anaemia in pregnancy. Population Study.

DOI: 10.1186/s12884-019-2495-0  PMID: 31619186  PMC: PMC6796328

URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6796328/  (Freely available online)


Abstract: BACKGROUND: High levels of voluntary childlessness and pregnancy-related fears have been reported amongst inflammatory bowel disease (IBD) patients. AIMS: To investigate what factors determine IBD patients' childbearing decisions; and to examine psychosocial consequences of IBD on various aspects of patients' reproductive health. METHODS: Six electronic databases were searched in a pre-specified and structured manner. RESULTS: A total of 41 articles with data on 7122 patients were included. Between one-fifth to one-third of IBD patients had chosen voluntary childlessness. Around 50% of all IBD patients have poor knowledge of pregnancy-related issues in IBD. Poor knowledge of pregnancy-related issues in IBD was associated with voluntary childlessness. Observational studies have found preconception counselling is associated with patients choosing parenthood. Pregnancy-related fears and concerns are multifaceted, stemming partly from lack of knowledge of pregnancy-related issues in IBD. Many female patients are considered at increased risk for pregnancy because between one-fifth to one-third of patients do not use contraception. Research evidence for sexual dysfunction after disease diagnosis and treatment is inconsistent. There are limited data on patients' pregnancy, postpartum and parenting experiences. A few shortcomings of the literature are evident; sample sizes were small, participation rates were low, use of non-validated questionnaires was common, and few studies included men and/or ethnic minority groups. The design of intervention studies is also weak. CONCLUSION: This review recommends pre-conception counselling for all IBD patients of childbearing age to tackle poor knowledge and allow patients to make an informed decision on their reproductive health. Systematic Review

DOI: 10.1111/apt.15019  PMC: 6587548

URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6587548/  (Freely available online)


Ophthalmology


Abstract: Importance: Primary epiretinal membrane (ERM) is a common retinal disorder with a prevalence of 4% to 18.5%. Although ERM and cataracts commonly occur together, to our knowledge, no studies have investigated the outcome of cataract surgery alone in this setting. Objective: To analyze the visual outcome and cystoid macular edema risk with cataract surgery in eyes with primary ERM. Design, Setting, and Participants: In this retrospective clinical database study, data were collected from July 2003 to March 2015 from 8 locations in the United Kingdom. Cataract surgery data of 217557 eyes were extracted from the electronic medical record of the UK National Health Service. After exclusion of 57561 eyes with combined surgery, prior vitrectomy, comophatology, and complications, 812 eyes with primary ERM and 159184 reference eyes were analyzed. Main Outcomes and Measures: We report on visual acuity (VA), the incidence of cystoid macular edema, and the need for ERM surgery. Results: The mean (SD) age of patients in the ERM group was 73.7 (9.23) years, and 395 of 812 were men (46.8%). The mean (SD) age of patients in the reference group was 74.4 (12.19) years, and 65265 of 159184 were
Protocol T 'worsen (aflibercept is not licensed for combination treatment). For patients with no response (no change, or meeting macular volume map) should continue with 4 weekly aflibercept until stability is reached (not in line with SmPC). Those with a sub-optimal response (meet 'improvement' criteria but with additional concerns e.g. fluid worsening on macular volume map) should continue with 4-weekly aflibercept but additional treatments should be considered (aflibercept is not licensed for combination treatment). For patients with no response (no change, or meeting Protocol T 'worsening' criteria (>/>=5-letter decrease in VA and/or >/= 10% increase in CST) from baseline),

men (41%). Epiretinal membrane eyes assessed at 4 to 12 weeks postoperatively gained 0.27 (0.32) logMAR (approximately 3 Snellen lines), with 200 of 448 (44.6%) improving by 0.30 logMAR or more (>/>=3 Snellen lines) and 32 of 448 (7.1%) worsening by 0.30 logMAR or more. Reference eyes gained a mean (SD) of 0.44 (0.26) logMAR (approximately 4 Snellen lines), with 4853 of 77408 (62.8%) improving by 0.30 logMAR or more and 2125 of 77408 (2.7%) worsening by 0.30 logMAR or more. Although all eyes with preoperative VA of 20/40 or less improved, only reference eyes with preoperative VA of more than 20/40 showed improvement. Cystoid macular edema developed in 57 of 663 ERM eyes (8.6%) (95% CI, 6.69-10.98) and 1731 of 125435 reference eyes (1.38%) (95% CI, 1.32-1.45) (P < .001). Epiretinal membrane surgery was performed in 43 of 663 (6.5%) ERM eyes.  

Conclusions and Relevance: On average, VA improved 0.27 logMAR (approximately 3 Snellen lines) in eyes with ERM. Eyes with ERM and VA of 20/40 or less showed more benefit after cataract surgery than those with better preoperative vision. However, compared with eyes without ERM, higher rates of cystoid macular edema and a lower postoperative VA gain were noted. Retrospective Study. DOI: 10.1001/jamaophthalmol.2017.5849 PMID: 29270636  PMCID: PMC5838718 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5838718/ (Freely available online)  


Abstract: PURPOSE: To evaluate the effectiveness, safety, and treatment patterns of ranibizumab 0.5 mg in treatment-naïve patients with neovascular age-related macular degeneration enrolled in LUMINOUS study. METHODS: This 5-year, prospective, multicenter, observational study recruited 30,138 adult patients (treatment-naïve or previously treated with ranibizumab or other ocular treatments) who were treated according to the local ranibizumab label. RESULTS: Six thousand two hundred and forty-one treatment-naïve neovascular age-related macular degeneration patients were enrolled. Baseline (BL) demographics were, mean (SD) age 75.0 (10.2) years, 54.9% females, and 66.5% Caucasian. The mean (SD) visual acuity (VA; letters) gain at 1 year was 3.1 (16.51) (n = 3,379; BLVA, 51.9 letters [Snellen: 20/92]) with a mean (SD) of 5.0 (2.7) injections and 8.8 (3.3) monitoring visits.  

Presented by injection frequencies <3 (n = 537), 3 to 6 (n = 1,924), and >6 (n = 918), visual acuity gains were 1.6 (14.93), 3.3 (16.57), and 3.7 (17.21) letters, respectively. Stratified by BLVA <23 (n = 382), 23 to <39 (n = 559), 39 to <60 (n = 929), 60 to <74 (n = 994), and >/=74 (n = 515), visual acuity change was 12.6 (20.63), 6.7 (17.88), 3.6 (16.41), 0.3 (13.83), and -3.0 (11.82) letters, respectively. The incidence of ocular/nonocular adverse events was 8.2%/12.8% and serious adverse events were 0.9%/7.4%, respectively. CONCLUSION: These results demonstrate the effectiveness and safety of ranibizumab in treatment-naïve neovascular age-related macular degeneration patients. Observational study. DOI: 10.1097/iae.0000000000002670 PMID: 31764612  

URL: https://tinyurl.com/ucek79z (Access via Athens account)  


Abstract: OBJECTIVES: This paper describes recommendations from a panel of UK retina experts on aflibercept in diabetic macular oedema (DMO). METHODS: A roundtable meeting was held in London, UK in March 2018. The meeting was sponsored by Bayer. RESULTS: Recommendations are based on clinical experience and level 1 evidence. Clinical experience supports the evidence base, reinforcing that aflibercept should be initiated with intensive proactive dosing at 2 mg every 4 weeks. Most panel members use six initial 4-weekly doses as in Protocol T, rather than five initial monthly doses as recommended in the Summary of product characteristics (SmPC). After intensive proactive dosing, patients with a good response (meet Protocol T 'improvement' criteria >/=5-letter improvement in visual acuity [VA] and/or >/=10% improvement in central subfield thickness [CST] from baseline) but who are not yet stable should continue with 4-weekly aflibercept until stability is reached.  

Patients with a good response and stability should initiate monitor-and-extend (not in line with SmPC). Those with a sub-optimal response (meet 'improvement' criteria but with additional concerns e.g. fluid worsening on macular volume map) should continue with 4-weekly aflibercept but additional treatments should be considered (aflibercept is not licensed for combination treatment). For patients with no response (no change, or meeting Protocol T 'worsening' criteria >/=5-letter decrease in VA and/or >/= 10% increase in CST) from baseline),
switching to a non-anti-vascular endothelial growth factor treatment should be considered. CONCLUSIONS: Clinical experience reinforces that, when using aflibercept in DMO, the licensed posology or Protocol T regimens achieve the best outcomes. Guidelines.

DOi: 10.1038/s41433-019-0615-8    PMID: 31619777
URL: https://www.nature.com/articles/s41433-019-0615-8 (Freely available online)


Abstract: OBJECTIVES: To illustrate the varying clinical presentations of cutaneous sarcoidosis affecting the periocular region, which may masquerade as other clinical entities such as basal cell carcinoma or seborrheic dermatitis. Furthermore, the authors present an unusual observation of lupus pernio involving the adnexal region with the rare presence of perineural granulomas on histology following incisional biopsy. METHODS: We report a consecutive series of four cases with lesions involving the eyelids with varying clinical appearances. All four patients presented to our adnexal service undergoing incisional diagnostic biopsy. Histology following biopsy subsequently resulted in further investigation and management of both local cutaneous lesions and systemic sarcoidosis. RESULTS: Three of our four cases had evidence of pulmonary involvement on chest X-ray. Over an 18-month period, one of two patients responded to intralesional triamcinolone and subsequently to oral methotrexate (15 mg/week). Two patients were observed with their periocular lesions remaining stable without therapy. CONCLUSIONS: All four patients presented to the adnexal service with lesions of varying morphology and were diagnosed with sarcoidosis following incisional biopsy highlighting the vital role of oculoplastic surgeons in diagnosing this multisystem inflammatory disease. We describe our experience of intralesional triamcinolone, oral methotrexate and watchful observation in the management of such lesions. Systematic Review.

DOI: 10.1038/s41433-019-0448-5    PMID: 31048763
URL: https://www.nature.com/articles/s41433-019-0448-5 (Available on request from the library)


Abstract: PURPOSE: To analyze the visual outcomes and rate of intraoperative complications of phacoemulsification surgery after prior pars plana vitrectomy (PPV). DESIGN: Retrospective, multicenter database study. PARTICIPANTS: Eyes that underwent phacoemulsification between June 2005 and March 2015 at 8 sites in the United Kingdom. METHODS: Study eyes were classified as vitrectomized (prior PPV group) or nonvitrectomized (reference group) depending on the vitreous state at the time of cataract surgery. Eyes with multiple intraocular surgeries or history of ocular diseases known to cause cataract progression or increased risk of intraoperative complications during phacoemulsification were excluded. MAIN OUTCOME MEASURES: Logarithm of the minimum angle of resolution (logMAR) visual acuity (VA), rate of intraoperative complications, and time interval to cataract surgery. RESULTS: Eyes in the prior PPV group (n = 2221) had worse preoperative logMAR VA (0.96 +/- 0.60 vs. 0.62 +/- 0.52, P < 0.0001), were from younger patients, and had longer axial lengths than the nonvitrectomized group (n = 136 533). At all postoperative time points measured up to 24 weeks, mean vision was poorer in the prior PPV group (0.41 +/- 0.47 vs. 0.17 +/- 0.29 at 4-12 weeks, P < 0.0001) and a smaller proportion of eyes achieved postoperative VA < = 0.30 logMAR (Snellen, > = 20/40) (60.8% vs. 86.5% at 4-12 weeks, P < 0.0001). The rate of posterior capsular rupture was not different between the prior PPV (1.5%) and the nonvitrectomized (1.7%) groups, but the incidences of zonular dialysis (1.3% vs. 0.6%) and dropped nuclear fragments (0.6% vs. 0.2%) were higher in the prior PPV group (P < 0.0001). The mean time interval between PPV and cataract surgery was 399 days. CONCLUSIONS: We found a significant improvement in VA with postvitrectomy cataract surgery. However, compared with eyes without prior PPV, there was a worse mean postoperative vision of 0.2 logMAR units, a higher rate of zonular dialysis and dropped nuclear fragments, and a similar rate of posterior capsule rupture. Multicentre Study.

DOI: 10.1016/j.jophtha.2018.05.027    PMID: 30041814
URL: https://www.aaojournal.org/article/S0161-6420(17)33473-5/pdf (Access via an Athens account)
Oral and Maxillofacial Surgery


Abstract: INTRODUCTION: Warthin’s tumor (WT) is a common benign salivary gland neoplasm with a negligible risk of malignant transformation. However, there is a risk of malignant tumors being misdiagnosed as WT on cytology and inappropriately managed conservatively. METHODS: Patients from nine centers in Italy and the United Kingdom undergoing parotid surgery for cytologically diagnosed WT were included in this multicenter retrospective series. Definitive histology was compared with preoperative cytological diagnoses. Surgical complications were recorded. RESULTS: A total of 496 tumors were identified. In 88.9%, the final histological diagnosis was WT. In 21 cases (4.2%) a malignant neoplasm was diagnosed, which had been incorrectly labeled as WT on cytology. CONCLUSIONS: The risk of undiagnosed malignancy should be balanced against surgical risks when considering the management of WT. Although nonsurgical management remains an appropriate option, there may be a rationale for serial clinical or radiological evaluation if surgical excision is not performed.: Retrospective Study. DOI: 10.1002/hed.26032 PMID: 31762130 URL: https://onlinelibrary.wiley.com/doi/abs/10.1002/hed.26032 (Available on request from the library). PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=31762130


Abstracts: BACKGROUND: Guidelines remain unclear over whether patients with early stage oral cancer without overt neck disease benefit from upfront elective neck dissection (END), particularly those with the smallest tumours. METHODS: We conducted a randomised trial of patients with stage T1/T2 N0 disease, who had their mouth tumour resected either with or without END. Data were also collected from a concurrent cohort of patients who had their preferred surgery. Endpoints included overall survival (OS) and disease-free survival (DFS). We conducted a meta-analysis of all six randomised trials. RESULTS: Two hundred fifty randomised and 346 observational cohort patients were studied (27 hospitals). Occult neck disease was found in 19.1% (T1) and 34.7% (T2) patients respectively. Five-year intention-to-treat hazard ratios (HR) were: OS HR = 0.71 (p = 0.18), and DFS HR = 0.66 (p = 0.04). Corresponding per-protocol results were: OS HR = 0.59 (p = 0.054), and DFS HR = 0.56 (p = 0.007). END was effective for small tumours. END patients experienced more facial/neck nerve damage; QoL was largely unaffected. The observational cohort supported the randomised findings. The meta-analysis produced HR OS 0.64 and DFS 0.54 (p < 0.001). CONCLUSION: SEND and the cumulative evidence show that within a generalisable setting oral cancer patients who have an upfront END have a lower risk of death/recurrence, even with small tumours. CLINICAL TRIAL REGISTRATION: NIHR UK Clinical Research Network database ID number: UKCRN 2069 (registered on 17/02/2006), ISCRN number: 65018995, ClinicalTrials.gov Identifier: NCT00571883.: Randomised Trial DOI: 10.1038/s41416-019-0587-2 PMID: 31611612 URL: https://www.nature.com/articles/s41416-019-0587-2 (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=31611612
Orthotics


Abstract: OBJECTIVE: To investigate the quantity and quality of orthotic service provision within the UK. DESIGN: Cross-sectional survey obtained through freedom of information request in 2017. SETTING: National Health Service (NHS) Trusts/Health Boards (HBs) across the UK. MAIN OUTCOME MEASURES: Descriptive statistics of survey results, including information related to finance, volume of appointments, patients and orthotic products, waiting times, staffing, complaints, outcome measures and key performance indicators. RESULTS: Responses were received from 61% (119/196) of contacted Trusts/HBs; 86% response rate from Scotland (12/14) and Wales (6/7), 60% (3/5) from Northern Ireland and 58% (98/170) from England. An inhouse service was provided by 32% (35/110) of responses and 68% (74/110) were funded by a block contract. Long waiting times for appointments and lead times for footwear/orthoses, and large variations in patient entitlements for orthotic products across Trusts/HBs were evident. Variations in the length of appointment times were also evident between regions of the UK and between contracted and inhouse services, with all appointment times relatively short. There was evidence of improvements in service provision; ability for direct general practitioner referral and orthotic services included within multidisciplinary clinics. However, this was not found in all Trusts/HBs. CONCLUSIONS: The aim to provide a complete UK picture of orthotic service provision was hindered by the low response rate and limited information provided in some responses, with greater ability of Trusts/HBs to answer questions related to quantity of service than those that reflect quality. However, results highlight the large discrepancies in service provision between Trusts/HBs, the gaps in data capture and the need for the UK NHS to establish appropriate processes to record the quantity and quality of orthotic service provision. In addition to standardising appointment times across the NHS, guidelines on product entitlements for patients and their lead times should be prescribed to promote equity.


Abstract: Ankle foot orthoses (AFOs) and footwear combination (FC) is a commonly prescribed medical device given to children with cerebral palsy (CP) in an attempt to improve their gait. Biomechanically optimising the AFO-FC often requires large adaptations to the sole of the user’s footwear. There is currently a dearth of literature regarding the user’s perception of wearing biomechanically optimised AFOs and adapted footwear and whether their perception affects their adherence to orthotic treatment. : Pilot Study.


Abstract: AFOs are a commonly prescribed medical device given to children with cerebral palsy (CP) in an attempt to improve their gait. The current literature is equivocal on the effects AFOs have on the gait of children with CP. The vast majority of AFOs issued are not subject to AFO-FC tuning. There are emerging studies investigating the effects tuning AFO-FCs has on the gait of children with CP. However, the research is limited, and there is a lack of quantitative data. Case Series.


Abstract: Children with cerebral palsy (CP) commonly expend two to three times as much energy to walk as typically developing children. Research shows that the effects of nontuned ankle-foot orthoses (AFOs) on energy expenditure are inconclusive. Tuning of an ankle-foot orthosis–footwear combination (AFO-FC) has demonstrated an improvement in the kinetics and kinematics of pathological gait, particularly knee flexion during stance phase, which are key determinants of an energy-efficient gait. The objective of this study was to compare the submaximal energy expenditure via indirect calorimetry and speed and distance walked of tuned and nontuned AFO-FCs and barefoot gait in children with CP. Restricted access.

Patient Safety


Abstract: The importance of team work is emphasised in the NHS Plan and in shifting the balance of power within the NHS. Poster. PDF Available from the library on request.


Abstract: The Royal Wolverhampton Trust has been utilising SafeHands since 2014. We have improved the patient journey and experience. Poster presented at the Fab Event 26th November 2019. Poster. PDF available from the library on request.


Abstract: The poster was awarded highly commended at the Meridian Celebration of Innovation Awards in the Adoption of Innovation category in July 2019. Poster. PDF Available from the library on request.

Renal/Urology


Abstract: BACKGROUND: Utilization of home hemodialysis (HHD) is low in Europe. The Knowledge to Improve Home Dialysis Network in Europe (KIHdNEy) is a multi-center study of HHD patients who have used a transportable hemodialysis machine that employs a low volume of lactate-buffered, ultrapure dialysate per session. In this retrospective cohort analysis, we describe patient factors, HHD prescription factors, and biochemistry and medication use during the first 6 months of HHD and rates of clinical outcomes thereafter. METHODS: Using a standardized digital form, we recorded data from 7 centers in 4 Western European countries. We retained patients who completed >/=6 months of HHD. We summarized patient and HHD prescription factors with descriptive statistics and used mixed modeling to assess trends in biochemistry and medication use. We also estimated long-term rates of kidney transplant and death. RESULTS: We identified 129 HHD patients; 104 (81%) were followed for >/=6 months. Mean age was 49 years and 66% were male. Over 70% of patients were prescribed 6 sessions per week, and the mean treatment duration was 15.0 h per week. Median HHD training duration was 2.5 weeks. Mean standard Kt/Vurea was nearly 2.7 at months 3 and 6. Pre-dialysis biochemistry was generally stable. Between baseline and month 6, mean serum bicarbonate increased from 23.1 to 24.1 mmol/L (P = 0.01), mean serum albumin increased from 36.8 to 37.8 g/L (P = 0.03), mean serum C-reactive protein increased
from 7.3 to 12.4 mg/L (P = 0.05), and mean serum potassium decreased from 4.80 to 4.59 mmol/L (P = 0.01). Regarding medication use, the mean number of antihypertensive medications fell from 1.46 agents per day at HHD initiation to 1.01 agents per day at 6 months (P < 0.001), but phosphate binder use and erythropoiesis-stimulating agent dose were stable. Long-term rates of kidney transplant and death were 15.3 and 5.4 events per 100 patient-years, respectively. CONCLUSIONS: Intensive HHD with low-flow dialysate delivers adequate urea clearance and good biochemical outcomes in Western European patients. Intensive HHD coincided with a large decrease in antihypertensive medication use. With relatively rapid training, HHD should be considered in more patients. **Multicentre Study.**

**DOI:** 10.1186/s12882-018-1059-2  **PMID:** 30314451  **PMCID:** PMC6186139  **URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6186139/pdf/12882_2018_Article_1059.pdf (Freely available online)  **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/30314451


**Abstract:** OBJECTIVES: To explore staff perceptions of barriers to the identification of mild to moderate distress and the provision of emotional support in patients with end-stage renal disease. METHODS: Qualitative semi-structured interviews with staff in two hospitals (n = 31), with data analysed using a hybrid approach combining thematic analysis with aspects of grounded theory. RESULTS: Staff appeared very aware that many patients with end-stage renal disease experience distress, and most thought distressed patients should be helped as part of routine care. However, practice was variable and looking for and addressing distress was not embedded in care pathways. Interviews identified six themes: i) staff perceptions about how distress is manifested and what causes distress were variable; ii) staff perceptions of patients could lead to distress being overlooked because patients were thought to hide their distress whilst some groups were assumed to be more prone to distress than others; iii) role perceptions varied, with many staff believing it to be their role but not feeling comfortable with it, with doctors being particularly ambivalent; iv) fears held back some staff, who were concerned about what might happen when talking about distress, or who found the emotional load for themselves to be too high; v) staff felt they lacked skills, confidence and training; vi) capacity to respond may be limited, as staff perceive there to be insufficient time, with little or no specialist support services to refer patients to. CONCLUSIONS: Staff perceived significant barriers in identifying and responding to patient distress. Barriers related to skills and knowledge could be addressed through training, with training ideally targeted at staff with positive attitudes, but who currently lack skills and confidence. Barriers related to role perceptions would be harder to address. The study is relevant internationally as part of improving long-term condition pathways.

**DOI:** 10.1371/journal.pone.0225269  **PMID:** 31751382  **PMCID:** PMC6871782  **URL:** https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0225269 (Freely available Online)  **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31751382

Page, Elizabeth C., Bancroft, Elizabeth K., …….., Cooke, Peter, …….. (2019) **Interim results from the impact study: Evidence for prostate-specific antigen screening in brca2 mutation carriers.** Eur Urol, **76** (6), 831-842.

**Abstract:** BACKGROUND Mutations in BRCA2 cause a higher risk of early-onset aggressive prostate cancer (PrCa). The IMPACT study is evaluating targeted PrCa screening using prostate-specific-antigen (PSA) in men with germline BRCA1/2 mutations. OBJECTIVE To report the utility of PSA screening, PrCa incidence, positive predictive value of PSA, biopsy, and tumour characteristics after 3 yr of screening, by BRCA status. DESIGN, SETTING, AND PARTICIPANT SMen aged 40-69 yr with a germline pathogenic BRCA1/2 mutation and male controls testing negative for a familial BRCA1/2 mutation were recruited. Participants underwent PSA screening for 3 yr, and if PSA > 3.0 ng/ml, men were offered prostate biopsy. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS PSA levels, PrCa incidence, and tumour characteristics were evaluated. Statistical analyses included Poisson regression offset by person-year follow-up, chi-square tests for proportion t tests for means, and Kruskal-Wallis for medians. RESULTS AND LIMITATIONSA total of 3027 patients (2932 unique individuals) were recruited (919 BRCA1 carriers, 709 BRCA1 noncarriers, 902 BRCA2 carriers, and 497 BRCA2 noncarriers). After 3 yr of screening, 527 men had PSA > 3.0 ng/ml, 357 biopsies were performed, and 112 PrCa cases were diagnosed (31 BRCA1 carriers, 19 BRCA1 noncarriers, 47 BRCA2 carriers, and 15 BRCA2 noncarriers). Higher compliance with biopsy was observed in BRCA2 carriers compared with noncarriers (73% vs 60%). Cancer incidence rate per 1000 person years was higher in BRCA2 carriers than in noncarriers (19.4 vs 12.0; p = 0.03); BRCA2 carriers were diagnosed at a younger age (61 vs 64 yr; p = 0.04) and were more likely to have clinically significant disease than BRCA2 noncarriers (77% vs 40%);
null
Leads ensure advice and support has accurately considered changes in national strategy and guidance as well as being tailored to the needs of the research team. The new process for managing Excess Treatment Costs is a national change which is currently a pilot exercise supported by Early Contact Leads who are also trained AcoRD Specialists at CRN West Midlands: Poster. PDF Available from the library on request.

Respiratory


Abstract: BACKGROUND: Sarcoidosis is a multi-system granulomatous disease. The diagnostic procedures for histological confirmation are invasive and a less invasive approach to diagnostic pathway is warranted. The utility of diagnostic value of neck ultrasound was retrospectively evaluated. A histological diagnosis was made by ultrasound-guided head and neck core biopsy to confirm clinically and radiologically suspected sarcoidosis. METHODS: Twenty-five patients were referred for sonographic evaluation of the head and neck after CT scan in an attempt to avoid the use of more invasive tests. These patients had mediastinal adenopathy, but not clinically apparent neck nodes. Where no cervical lymph node suitable for biopsy was seen, parotid glands were biopsied if deemed abnormal. RESULTS: A diagnosis of sarcoidosis was made in all cases where a core biopsy of cervical lymph nodes was attempted. The cervical lymph nodes in this cohort were not particularly enlarged, short-axis dimensions being less than 10mm in majority, and they did not have any sonographic appearances to mark them as pathological. Nevertheless histological examination revealed non-caseating granulomas in all cases. In further two cases, where no neck nodes were seen, a histological diagnosis of sarcoidosis was made from biopsy of diffusely abnormal parotid glands. CONCLUSIONS: Given the clear advantages of cervical diagnosis in terms of invasiveness and economy compared to mediastinal alternatives, it is suggested that where the expertise for core biopsy of normal-sized cervical lymph nodes is readily available, the technique may be considered as a first-line investigation for the diagnosis of sarcoidosis:

DOI: 10.1111/crj.13094 PMID: 31605664

Substance Abuse


Abstract: The City of Wolverhampton has much higher rates of accident and emergency (emergency department) attendance and hospital admission for alcohol-related harm than in neighbouring health authorities and double the national death rate from alcohol-related liver disease. Recovery Near You, the local addiction service, in partnership with The Royal Wolverhampton NHS Trust, initiated a nurse-led drug and alcohol liaison team to address these health issues. This resulted in a tenfold increase in screening and engagement with patients in the acute hospital, the creation of guidelines, protocols and training available for staff in the Trust and an accessible service that has impacted positively on patient experience. This article describes the development of the team, outlining the challenges, successes and outcomes. 10.12968/bjnn.2018.27.15.881 PMID: 30089057
URL: https://tinyurl.com/sp58sf9 (Available on request from the Library)

Therapy Services


Abstract: The poster outlines the experiences of physiotherapists participating in a large randomised controlled trial. Poster. PDF available from the library.

Abstract: ESCAPE-pain or ‘Enabling Self-management and Coping with Arthritis Pain through Exercise’ is a six-week rehabilitation programme for people aged 45+ with hip and/or knee osteoarthritis (OA). It combines twice weekly group education and exercise delivered over 10-12 sessions, using a behaviour change approach ESCAPE-pain has proven benefits for people with OA and delivers value for money for the healthcare system, offering a return on investment of £5.20 for every £1 spent. This project aimed to support the rollout of ESCAPE-pain with a novel approach of NHS collaboration with leisure and third sector providers. Poster. PDF available on request from the library.

Trauma and Orthopaedics


Abstract: INTRODUCTION: Daycase trauma surgery is an evolving and a novel approach. The aim of our study was to report our experience of daycase trauma surgery with a focus on safety, patient experience, complications and limitations. MATERIAL AND METHODS: Patients scheduled and operated on a daycase trauma list from January 2013 to December 2016 were included in the study. Age, sex, case mix, readmissions within 48 hours, complications, patient satisfaction, reasons for overnight stay and cost effectiveness were evaluated. RESULTS: A total of 229 procedures were carried out. The mean age of the patients was 44.3 years (range 16-85 years). There were 128 men and 101 women, 178 upper-limb and 51 lower-limb cases. Only 2.6% of the patients had stayed overnight for pain control, physiotherapy and neurological observations; 94.5% of the patients were satisfied. The mean visual analogue scale score for satisfaction was 8.7. There were no admissions within 48 hours of discharge and one complication with failure of ankle fixation. The estimated cost saving was £65,562. CONCLUSION: We conclude that a daycase trauma service is safe, cost effective, and yields high patient satisfaction. It reduces the burden on hospital beds and a wide range of upper- and lower-limb cases can be performed as daycase trauma surgery with adequate planning and teamwork.


Wound Care/Tissue Viability


Abstract: Wound infection is a common complication and can lead to delayed healing and requires effective strategies to not only diagnose but also to manage (IWII 2016). This case study examines how the use of Biatain® Silicone Ag with 3DFit Technology® is effective in the management of a Diabetic Foot Ulcer showing signs of localised infection. The patient, who was hospitalised for orthopaedic surgery following a fall, had suffered with a diabetic foot ulcer for 6 months prior to admission and was under the care of the multidisciplinary team prior to assessment by Tissue Viability. Poster. PDF available on request from the library.


Abstract: In Nepal, burn is the third most common injury after falls and road traffic accidents. Infection is the leading cause of mortality in burn injury. A profile exploring predominant flora and antimicrobial sensitivity is important to facilitate treatment ahead of microbiology results and to aid prevention of multidrug-resistant organisms. The aim of this study was to document epidemiological and bacteriological data of burn wound infections at a tertiary level burns center in Nepal. Samples were collected from January 2017 to May 2017, over a period of 5 months. Patient notes were referred to and information regarding baseline characteristics and burn
wound infection data was collected. A total of 76 patients were included in the study during the 5-month period, which resulted in 113 samples being included for review. Females were injured most with burns 70% (n = 53) compared with males 30% (n = 23). Only 6 (8%) of 77 patients lived locally in Kathmandu. The average distance traveled by patients was 233 km (median 208, range 0-765, SD 181). Average TBSA% of burn was 22% (median 20, range 3-50, SD 12). Gram-negative organisms predominated, with Acinetobacter spp. in 42 cases (55%), Pseudomonas aeruginosa in 26 cases (34%), and Enterobacter spp. in 16 cases (21%). Colistin, polymyxin B, and tigecycline were found to be most sensitive covering 108, 98, and 94 organisms. Gram-negative bacteria colonized the majority of burn wounds. Colistin, polymyxin B, and tigecycline were the most sensitive to gram-negative bacteria. Gram-positive Staphylococcus aureus was sensitive most to vancomycin and tigecycline.

DOI: 10.1093/jbcr/irz096  PMID: 31197366
URL: https://academic.oup.com/jbcr/article/40/6/838/5518388 (Freely available online)