Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Knowledge, Library & Information Service

Journal articles written by Trust staff January 2022

To easily check if full text is available, use the LibKey.io links after each abstract

P. H. Abadi, J. Forsyth and D. Drury (2021) **295 Secondary prevention of cardiovascular risk factors in patients admitted under the vascular service-full cycle audit** *British Journal of Surgery* 108(**Abstract**: Aim: Peripheral arterial disease (PAD) is strongly associated with general cardiovascular morbidity and mortality. This audit aimed to monitor and improve compliance with NICE guidelines CG147 & TA607 for PAD patients that presented to our vascular service.
Method(s): Patients were audited from September to October 2020. The audit reviewed prescription of anticoagulant/antiplatelet agents, lipid modification, optimisation of diabetes control and smoking cessation advice. Our intervention was to conduct a single teaching session for junior doctors that emphasised medication checks, checking HBA1c/ ensuring appropriate diabetic referrals, and implementation/ documentation of any smoking cessation advice. We also introduced a dedicated computer for conducting the vascular surgery morning ward round. Re-audit was undertaken between November to December 2020.
Result(s): The first audit included 32 patients. It revealed 100% compliance with anticoagulant/antiplatelet prescribing. 82% were prescribed appropriate lipid modification. There was 75% compliance with diabetic referrals for patients with high HBA1c results. There was only 19% compliance with smoking cessation advice/documentation. The re-audit process included 27 patients. There was 100% compliance with antiplatelet/ anticoagulant prescriptions. 26 (96%) patients were prescribed appropriate lipid modification. There was now 100% compliance with appropriate referral to the diabetic team. There was also 100% compliance with smoking cessation advice/assistance/documentation.
Conclusion(s): A single teaching session for junior doctors familiarising them with the current national guidelines, and introduction of a dedicated computer for ward rounds significantly helped improve our compliance with national guidelines for secondary prevention of vascular disease.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab259.033

Fazil Apaydin, Meshari Saghir, Rodrigo Fortunato Fernandez Pellon Garcia, Mahmoud Daoud and Ayman Jaber (2022) **Lamb head as a training model for septoplasty and rhinoplasty** *Facial plastic surgery : FPS* **Abstract**: BACKGROUNDSeptoplasty and rhinoplasty are difficult operations to learn and teach. Many modalities have been proposed to make the teaching process of these operations easier. In this study, it was investigated if lamb heads were good training models to teach septoplasty and rhinoplasty to trainees or experienced surgeons.METHODSIn the first part of the study, 21 lamb heads were dissected according to a dissection protocol and several anatomical distances were measured in order to compare them with human cadavers. In the second project 8 lamb heads were dissected and different preservation rhinoplasty techniques were practiced.RESULTSThe study on 21 lamb heads used showed that the lateral crura were 17.8 x 11.6, average interdomal distance was 8.1 mm, average domal width was 3.7 mm. The average length of the upper lateral cartilages was 31.1 mm laterally and 21.2 medially. The average length of the nasal bones was 63.9 mm and the width was 16 mm. In the second part of the study 8 lamb heads were used to experience where high strip techniques were used in 5 and Cottle technique in 3.CONCLUSIONThis study revealed that lamb head should be considered as an excellent training model for septoplasty and rhinoplasty. Its very low cost, ease of availability, and close similarity to the human cadavers can be counted as the main advantages. This study also proved that it was not only a tool for beginners, but also a very helpful tool for experienced surgeons to try new methods.
Full Text Check: https://libkey.io/libraries/1656/10.1055/a-1731-0332

D. Ashmore and W. Pillay (2021) **EP.WE.791 Assessing the use and effectiveness of catheter-directed thrombolysis in a single vascular centre** *British Journal of Surgery* 108(**Abstract**: Aims: In the UK, venous thromboembolism remains a leading cause of mortality and morbidity. This audit aimed to assess the use, success and cost of the average patient journey undergoing catheter-directed thrombolysis (CDT) following a diagnosis of a deep vein thrombosis (DVT) within a single vascular centre.
Method(s): A retrospective audit of all procedures (n=249) between 2010 and 2019 coded as 'angioplasty' were identified; only adults that had CDT for a confirmed iliofemoral DVT were included. Patient anthropological, biochemical and radiological data were collected. Cost of items were confirmed with appropriate hospital departments.
Result(s): In ten years, a total of 36 patients (21 female, 15 male, mean age 47 years) started CDT for iliofemoral DVT; one procedure was abandoned due to safety reasons. Almost half of DVTs were provoked. Ultrasound confirmed diagnosis in 92% of patients. CDT was successful in approximately 70% of patients. A quarter of patients developed another DVT following discharge. Average length of stay was 8 days at a cost of 11,235 per patient journey. All patients commenced an anticoagulant regime on discharge.
Conclusion(s): This audit supports the use and

effectiveness of CDT to treat patients with iliofemoral DVT, however there is a room for improvement regarding long term success given the significant patient and financial costs involved.
Full Text Check: https://libkey.io/libraries/1656/10.1055/a-1731-0332

S. Daniel and S. Iype (2021**) 943 Beyond the adenoma carcinoma sequence** *British Journal of Surgery* 108(**Abstract**: Introduction: Looking beyond the adenoma carcinoma sequence researchers have discovered alternate morpho-genetic routes, and tumour biomarkers in colorectal cancer. This has caused a paradigm shift in the management, resulting in improved diagnosis, prevention, and delivery of tailored treatment aiming at specific molecular pathways.
Aim(s): This review summarises 1) pathways beyond the adenoma carcinoma sequence 2) the genetic mechanisms underlying the morphological pathways and their interactions 3) genetics of inherited syndromes and familial non-syndromic colorectal cancers, and 4) the benefits of biomarkers in colorectal cancers.
Method(s): PubMed, Google Scholar, NLM searches based on aims and key words were conducted. Further, academically, and clinically relevant searches were made if more information was required. When required, references of articles were also retrieved.
Result(s): The two main theories regarding the morphological origins of colorectal cancer are the adenoma carcinoma sequence and the Denovo origins. The underlying genetic models are the (i) chromosomal instability pathway (CIN), (ii) the microsatellite instability pathway (MSI) and (iii) the CpG Island methylator phenotype (CIMP) pathways. Though unique, the pathways communicate with each other. The genetic fingerprinting of colorectal cancers has an impact on their tailored management and consequently a through grounding in the basics are essential for those in gastrointestinal subspecialties.
Conclusion(s): Two morphologically distinct pathways and three unique genetic mechanisms have been described. There are significant interactions between them. Behaviours of sporadic and inherited colorectal cancer, their treatment and prognosis depend on our understanding of these mechanisms and the availability of targeted therapies to assist surgical resection.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab259.821

S. Daniel, S. Patil and S. Iype (2021) **EP.FRI.181 Beyond the adenoma-carcinoma sequence. A review of the morphogenetic basis of colorectal cancer** *British Journal of Surgery* 108(**Abstract**: Introduction: Looking beyond the adenoma carcinoma sequence researchers have discovered alternate morpho-genetic routes, and tumour biomarkers in colorectal cancer. This has caused a paradigm shift in the management, resulting in improved diagnosis, prevention, and delivery of tailored treatment aiming at specific molecular pathways. Aims, Methods: This review summarises 1) pathways beyond the adenoma carcinoma sequence 2) the genetic mechanisms underlying the morphological pathways and their interactions 3) genetics of inherited syndromes and familial non-syndromic colorectal cancers, and 4) the benefits of biomarkers in colorectal cancers.
Method(s): PubMed, Google Scholar, NLM searches based on aims and key words were conducted. Further, academically and clinically relevant searches were made if more information was required. When required, references of articles were also retrieved.
Result(s): The two main theories regarding the morphological origins of colorectal cancer are the adenoma carcinoma sequence and the Denovo origins. The underlying genetic models are the (i) chromosomal instability pathway (CIN), (ii) the microsatellite instability pathway (MSI) and (iii) the CpG Island methylator phenotype (CIMP) pathways. Though unique, the pathways communicate with each other. The genetic fingerprinting of colorectal cancers has an impact on their tailored management and consequently a through grounding in the basics are essential for those in gastrointestinal subspecialties.
Conclusion(s): Two morphologically distinct pathways and three unique genetic mechanisms have been described. There are significant interactions between them. Behaviours of sporadic and inherited colorectal cancer, their treatment and prognosis depend on our understanding of these mechanisms and the availability of targeted therapies to assist surgical resection.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab312.035

K. V. Dharmarajan, C. J. Presley and L. Wyld (2021) **Care disparities across the health care continuum for older adults: Lessons from multidisciplinary perspectives** *American Society of Clinical Oncology Educational Book* 41(**Abstract**: Older adults comprise a considerable proportion of patients with cancer in the world. Across multiple cancer types, cancer treatment outcomes among older age groups are often inferior to those among younger adults. Cancer care for older individuals is complicated by the need to adapt treatment to baseline health, fitness, and frailty, all of which vary widely within this age group. Rates of social deprivation and socioeconomic disparities are also higher in older adults, with many living on reduced incomes, further compounding health inequality. It is important to recognize and avoid undertreatment and overtreatment of cancer in this age group; however, simply addressing this problem by mandating standard treatment of all would lead to harms resulting from treatment toxicity and futility. However, there is little high-quality evidence on which to base these decisions, because older adults are poorly represented in clinical trials. Clinicians must recognize that simple extrapolation of outcomes from younger age cohorts may not be appropriate because of variance in disease stage and biology, variation in fitness and treatment tolerance, and reduced life expectancy. Older patients may also have different life goals and priorities, with a greater focus on quality of life and less on length of life at any cost. Health care professionals struggle with treatment of older adults with cancer, with high rates of variability in practice between and within countries. This suggests that better national and international recommendations that more fully address the needs of this special patient population are required and that primary research focused on the older age group is urgently required to inform these guidelines.
Copyright © 2021 American Society of Clinical Oncology. All rights reserved.
Full Text Check: https://libkey.io/libraries/1656/10.1200/EDBK_319841

T. A. A. M. Habeeb, O. Abdelazez, S. M. negm, M. A. Baghdadi, M. Abdou yassin, A. M. Sallam, H. Mohammad, F. M. Habib, M. I. Abdelhamid, M. F. Amin, A. Hussain, F. Schlottmann, M. Kermansaravi, A. Aiolfi and I. Matic (2022) **Recurrent appendicitis following successful drainage of appendicular abscess in adult without interval appendectomy during COVID-19. Prospective cohort study** *International Journal of Surgery* 97(**Abstract**: Background: COVID-19 infection is a global pandemic that affected routine health services and made patients fear to consult for medical health problems, even acute abdominal pain. Subsequently, the incidence of complicated appendicitis increased during the Covid-19 pandemic. This study aimed to evaluate recurrent appendicitis after successful drainage of appendicular abscess during COVID-19.
Material(s) and Method(s): A prospective cohort study conducted in the surgical emergency units of our Universities' Hospitals between March 15, 2020 to August 15, 2020 including patients who were admitted with the diagnosis of an appendicular abscess and who underwent open or radiological drainage. Main outcomes included incidence, severity, and risk factors of recurrent appendicitis in patients without interval appendectomy.
Result(s): A total of 316 patients were included for analysis. The mean age of the patients was 37 years (SD +/- 13). About two-thirds of patients were males (60.1%). More than one-third (39.6%) had co-morbidities; type 2 diabetes mellitus (T2DM) (22.5%) and hypertension (17.1%) were the most frequent. Approximately one quarter (25.6%) had confirmed COVID 19 infection. About one-third of the patients (30.4%) had recurrent appendicitis. More than half of them (56.3%) showed recurrence after three months, and 43.8% of patients showed recurrence in the first three months. The most frequent grade was grade I (63.5%). Most patients (77.1%) underwent open surgery. Age, T2DM, hypertension, COVID-19 infection and abscess size >3 cm were significantly risking predictors for recurrent appendicitis.
Conclusion(s): Interval appendectomy is suggested to prevent 56.3% of recurrent appendicitis that occurs after 3 months. We recommend performing interval appendectomy in older age, people with diabetes, COVID-19 infected, and abscesses more than 3 cm in diameter. Research question: Is interval appendectomy preventing a high incidence of recurrent appendicitis after successful drainage of appendicular abscess during COVID-19 pandemic?
Copyright © 2021 IJS Publishing Group Ltd
Full Text Check: https://libkey.io/libraries/1656/10.1016/j.ijsu.2021.106200

Jennifer Hosty, Ruth Narramore, Matthew Boothroyd and Rekha Ramanath (2021) **Diagnostic complexity in the older patient: an unusual presentation of advanced biliary disease** *Age and ageing* 50(5) p.1859-1860
Abstract: Biliary disease is common in the older population, and gallbladder dysfunction and increased bile lithogenicity predispose to calculi formation. This case demonstrates an unusual presentation of gallbladder empyema. A 90-year-old male with metastatic prostate cancer presented with hypoactive delirium. With no localising features, normal liver function tests but persistently raised inflammatory markers, he was initially managed as a urinary tract infection. Chest wall discomfort and swelling over the right costal margin later developed. Abdominal imaging demonstrated a massive gallbladder empyema invaginating through the lower right rib cage, causing the superficial swelling. Pre-morbid status prevented cholecystectomy and he was managed conservatively with percutaneous cholecystostomy and antibiotics. He was discharged to 24-h care 2 weeks after diagnosis with a long-term drain.
Full Text Check: https://libkey.io/libraries/1656/10.1093/ageing/afab123

L. Kendal and P. Anderton (2021) **175 The development of a bone health pathway for patients on the stroke unit** *International Journal of Stroke* 16(3) p.46
Abstract: Introduction: NICE recommends that assessment of fragility risk should be offered to everyone over 50 with additional risk factors, including falls, smoking, and secondary osteoporosis [1]. Stroke is a recognised risk factor for osteoporosis, falls and fractures [2]. Patients on the stroke unit have acquired an additional risk to their bone health, and some may have pre-existing risk factors for osteoporosis. A hospital stay provides a window of opportunity for holistic assessment of future risks to health.
Method(s): We audited Stroke Unit inpatients - reviewing clinical and nursing notes - to determine what proportion of the patient cohort may benefit from a fragility risk assessment. The risk score for each patient was calculated using the FRAX and Q Fracture tool.
Result(s): The FRAX tool suggested that 55% of the sample ought to have a DEXA scan, and 5% had sufficiently high risk that they should be treated without further investigation. The Q Fracture tool suggested that 62% of the cohort had a greater than 10% risk of major osteoporotic fracture over 10 years. All of the cohort had additional risk factors - for instance 36% were current smokers.
Conclusion(s): The results suggest that our patients may benefit from assessment of their fracture risk. We are developing a formal pathway for assessment and management of fragility fracture risk. References [1] NICE Guidance 146 Assessing the risk of fragility fracture https://www.nice.org.uk/ guidance/cg146 [2] Screening and Treatment for Osteoporosis after Stroke https://www.ahajournals. org/doi/full/10.1161/STROKEAHA.118.024685.
Full Text Check: https://libkey.io/libraries/1656/10.1177/17474930211059996

C. Lee, C. Piernas, C. Stewart, M. Michalopoulou, A. Hajzadeh, R. Edwards, P. Aveyard and F. Waite (2022) **Identifying effective characteristics of behavioral weight management interventions for people with serious mental illness: A systematic review with a qualitative comparative analysis** *Obesity Reviews* 23(1)
Abstract: People with serious mental illness (SMI) have identified barriers to engaging in behavioral weight management interventions (BWMIs). We assessed whether BWMIs that addressed these barriers were more effective. First, we systematically reviewed qualitative literature and used a thematic analysis to identify the characteristics of BWMIs that promote engagement for adults with SMI. Second, we systematically reviewed randomized controlled trials (RCTs) of BWMIs in adults with SMI. Data on the characteristics that promoted

engagement and weight outcomes were extracted. We then used a crisp-set qualitative comparative analysis (CsQCA) to identify which characteristics were associated with weight loss. For the qualitative review, 20 studies in 515 people with SMI were analyzed and nine characteristics were reported to promote engagement in BWMIs. For the systematic review, 34 RCTs testing 36 interventions in 4305 participants were included. The active interventions resulted in more weight loss (mean = -4.37 to +1 kg at 6 weeks to 18 months follow-up) compared with controls (-1.64 to +3.08 kg). The CsQCA showed BWMIs that offered regular contact, tools to support enactment, and tailored materials were associated with effectiveness. As these are all supplementary strategies, it may be possible to augment BWMIs available for the general population to engage people with SMI.
Copyright © 2021 The Authors. Obesity Reviews published by John Wiley & Sons Ltd on behalf of World Obesity Federation.
Full Text Check: https://libkey.io/libraries/1656/10.1111/obr.13355

Mark T. Mills and David R. Warriner (2021) **A guide to the management of atrial fibrillation in Santa Claus** *The Medical journal of Australia* 215(11) p.529-531
Abstract: •In view of his advanced age and risk factors, Santa Claus is at high risk of developing atrial fibrillation. Despite this, no guidelines exist on the subject. •Following a review of the literature, we present our position on the management of atrial fibrillation in Santa Claus, and propose the use of the SANTA CLAUS mnemonic to aid clinicians: Screen for atrial fibrillation; Anticoagulate; Normalise heart rate; Treat comorbidities; Anti-arrhythmic drugs; Cardioversion; Lifestyle measures; Ablation treatment; Understand emotional and psychological impact; Save Santa Claus.
Full Text Check: https://libkey.io/libraries/1656/10.5694/mja2.51341

J. Morgan, K. Manning and L. Wyld (2021) **626 Barriers faced by female surgical trainees-a qualitative study** *British Journal of Surgery* 108(**Abstract**: Aim: Today women make up 56% of medical students, yet just 12% of surgical consultants, a number that has remained static since 2013. This qualitative study aimed to explore the barriers to female success in modern surgery.
Method(s): Semi-structured qualitative interviews were undertaken primarily with female surgical trainees to determine the barriers they face. Male trainees and Training Programme Directors were also interviewed for triangulation.
Result(s): Nineteen interviews were performed (15 female trainees, 3 male trainees and 1 TPD) between October 2019 and March 2020. Family pressures and becoming a mother were significant barriers for women training in surgery, a barrier that did not apply to male trainees who were fathers, often resulting in women choosing to train less than full time (LTFT). Unfortunately, LTFT training presents further obstacles for female trainees. The set-up of the National training programme in surgery provides many non-gender specific barriers, chiefly moving hospital every 6 months resulting in disrupted training and long commutes. Sexism and discrimination are still common, both from colleagues and patients. Many participants perceived inherent differences between genders in communication and methods for coping with stress.
Conclusion(s): Greater gender equality in surgery may be achieved by changes in the structure and organisation of training to reduce the tension between the professional role and the predominantly female-led role of raising children. Better equality and diversity training and awareness at all levels in surgery may help to mitigate some of the conscious and unconscious bias that still exists.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab258.042

T. O'Connor, L. Mackenzie, M. Lee, R. Clarke and T. Wilson (2021) **EP.FRI.332 Impact of Nutritional Deficit in Emergency Surgery (INDIcatES): A cohort study** *British Journal of Surgery* 108(**Abstract**: Background: Emergency laparotomy is associated with significant morbidity. Nutritional status is an important factor that can influence outcomes, particularly in this setting where temporary gastrointestinal failure can occur. This study aims to compare the performance of three nutrition risk tools in predicting time without enteral nutrition.
Method(s): A prospective cohort study was conducted across two sites (NCT04696367). Patients undergoing NELA eligible procedures were invited to participate. Data collected included demographics, surgical diagnosis, surgical procedure, and surgical outcomes. Nutrition risk was assessed using three tools: MUST score, the Nutritional Risk Index (NRI), and Nutritional Risk Score 2002 (NRS).
Result(s): In total, 56 patients were recruited of whom 21 had small bowel obstruction. Median age was 69 years and 23 participants were female. Overall, 23 participants (41.8%) were identified as high risk using the MUST score, compared to 11 (20.0%) using NRS and 4 (8.9%) using NRI. Median time to return to normal enteral intake was 10 days (IQR 7-14). 91%, 90%, and 95% of those identified as low risk according to MUST, NRS, and NRI respectively were without enteral intake for 5 days or more. The median complication index score was 15 (IQR 0-34). There was no significant difference in duration of time without intake or complications seen in any of the nutritional risk groups.
Discussion(s): This study shows that patients undergoing emergency laparotomy spend a prolonged time without enteral intake. Current tools do not adequately stratify the likelihood of prolonged starvation at baseline, or in light of surgical findings.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab312.057

S. Patil, S. Daniel, A. Hussain and P. Vasas (2021) **EP.FRI.530 'Emergency' Laparoscopic Common Bile Duct (CBD) Exploration: Is this the right time to change?** *British Journal of Surgery* 108(**Abstract**: Aims: Common Bile Duct (CBD) stones are becoming more common on surgical emergency take and accounts for up to 20 % of patients presenting with acute biliary pathologies. The hospital stay is prolonged whilst waiting for Endoscopic Retrograde Cholangio Pancreatography (ERCP). We aim to evaluate the feasibility, safety and cost-

effectiveness of emergency laparoscopic CBD exploration (LCBDE) in these patients.
Method(s): A cohort of patients with CBD stones underwent emergency LCBDE between January 2016 and December 2020 at a regional hospital in the United Kingdomwas retrospectively reviewed.
Result(s): In total, 11 LCBDE were performed on emergency list. All patients were admitted with acute symptoms of either obstructive jaundice cholangitis or pancreatitis. All procedures were performed with choledochotomy. The mean patient age was 58 years and maleto- female ratio was 2:9. 3 patients (27%) had T- tube otherwise all ducts were primarily closed. Average hospital stay was 8.5 days. 1 patient returned to theatre for retained stone of 11mm. There was no 30 days mortality. There were no readmissions. Initial analysis with small number of patients showed, performing these procedures on emergency basis not only improved patient's overall experience but also benefitted NHS Trust by approximately 18,500 as per the National Tariff System 2020/21.
Conclusion(s): Emergency LCBDE is safe, feasible and cost effective. We can safely aim to increase the proportion of LCBDE performed as an emergency case, where clinically appropriate, to reduce the financial burden and improve patient's outcome with overwhelming NHS Trust funds.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab312.088

G. Perin, M. Garg and N. Haldipur (2021) EP**.WE.906 Endovascular Repair of Abdominal Aortic Aneurysm - A Retrospective Analysis of Outcomes from a UK Teaching Hospital** *British Journal of Surgery* 108(**Abstract**: Aims: Endovascular Repair of Abdominal Aortic Aneurysm (EVAR) is a minimally invasive technique that has become increasingly popular in the past few years. Recent evidence questioned the long term durability of the technique and highlighted the relevance of long term complications and reinterventions. The aim of this paper is to evaluate long term outcomes of EVAR with a focus on survival and aneurysm related reinterventions.
Method(s): We retrospectively analysed all elective EVAR procedures performed for Abdominal Aortic Aneurysm (AAA) between May 2010 and June 2016 in our institution. Data collected included - comorbidities, post operative survival and post operative aneurysm related interventions. Survival analysis was performed using the Kaplan- Meyer method. We build a Cox Proportional-Hazard model to identify factors associated with increased mortality.
Result(s): 182 patients were included in our analysis. Median age was 77 years (50-92). Median follow up was 65 months (31-104). During the follow up period we recorded 41 deaths. 30 day mortality was 0.5% (1), 2 year mortality was 8.7% (16). 17 patients (9.3%) required reintervention during the follow up period (2.4 reinterventions per 100 patient-years).
Conclusion(s): Our medium and long term outcomes following EVAR are comparable with what has been reported in the literature. A higher ASA grade and advanced age were associated with increased mortality in our cohort.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab308.104

Ullas Raghavan, Mahmoud Daoud, Emily G. Heywood and Gautham Ullas (2022) **Balanced Cantilever Graft for Supporting the Cartilaginous Side Wall of Nose** *Aesthetic surgery journal* 42(1) p.16-27
Abstract: BACKGROUNDMany locations for the nasal valve have been suggested, and more recently the concept of the flow-limiting segment was introduced. Rather than being controlled by an internal and external valve, flow through the nose is regulated by the cartilaginous side wall, septum, and inferior turbinate.OBJECTIVESThe aim of this study was to assess the balanced cantilever graft (BCLG) as a technique to support the lateral nasal wall.METHODSPatients undergoing primary open septorhinoplasty over a 2-year period were studied. Follow-up period was a minimum of 6 months to a maximum of 24 months. Subjective improvement of function was measured with a visual analog scale (VAS) and aesthetic outcomes by FACE-Q score. Objective assessment of the airway was performed with a nasal peak inspiratory flow (NPIF) meter. Strips of septal cartilage of sufficient dimensions were placed in submucosal pockets created under the area of the lateral wall to be supported.RESULTSSixty patients received BCLGs. The VAS score for nasal obstruction increased from 2.6 preoperatively to 8.1 postoperatively. FACE-Q increased from 16.7 preoperatively to 36.6 postoperatively. NPIF was 74.9 L/minute preoperatively, improving to 95 L/minute postoperatively. Statistically significant improvements were seen in these functional and aesthetic scores.CONCLUSIONSBCLGs support the weakened part of lateral nasal wall by their elastance. Minimal cartilage is required and the graft can be altered to support various parts of the lateral nasal wall. This graft does not cause an aesthetic deficiency whilst providing adequate support.LEVEL OF EVIDENCE: 4
Full Text Check: https://libkey.io/libraries/1656/10.1093/asj/sjab212

N. Shahzad, J. Macierewicz, A. Moosa, F. Shaikh and N. Siddiqui (2021) **TP5.2.10 Ligation versus repair of isolated traumatic peripheral deep venous injury: A systematic review and meta-analysis** *British Journal of Surgery* 108(**Abstract**: Optimal management of isolated peripheral deep venous injuries remain controversial with no clear evidence based guidelines on repair vs ligation. We aimed to compare the morbidity and mortality after venous reconstruction versus ligation of isolated peripheral venous injuries in patients with trauma.
Method(s): We conducted systematic review and meta-analysis of all literature reported on management of isolated vascular injuries in adult trauma patients excluding case reports from 1950 to 2020. Primary outcomes of interest were mortality and amputation while secondary outcomes of interest were compartment syndrome, chronic venous hypertension, deep venous thrombosis and pulmonary embolism. Pubmed, Google Scholar, Cochrane database and Web of Science were searched for relevant literature. Study selection and sysnthesis was done following PRSMA Guidelines. Protocol was registered with PRSPERO (Registration Number: CRD42019143136).
Result(s): A total of 25 studies met our selection criteria and reported at least one of outcomes of interest. All the data is from observational studies with mostly retrospective data collection. Results of our metaanalysis show that ligation is significantly associated with higher rate of amputations [OR: 1.73 (1.20 -

2.48), p=0.003] and mortality [OR: 1.5 (1.09 - 2.06), p=0.01] whereas there is no significant difference in rate of chronic venous insufficiency, deep venous thrombosis and pulmonary embolism. There is not sufficient data to analyze various types of repair. Also data is lacking to account for clinical severity at time of presentation.
Conclusion(s): Our results favor repair over ligation of isolated peripheral deep venous injury.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab362.015

R. Singhal, T. Wiggins, V. R. Cardoso, G. V. Gkoutos, J. Super, C. Ludwig, K. Mahawar, M. Pedziwiatr, P. Major, P. Zarzycki, A. Pantelis, D. P. Lapatsanis, G. Stravodimos, C. Matthys, M. Focquet, W. Vleeschouwers, A. G. Spaventa, C. Zerrweck, A. Vitiello, G. Berardi, M. Musella, A. Sanchez-Meza, F. J. Cantu, F. Mora, M. A. Cantu, A. Katakwar, D. N. Reddy, H. Elmaleh, M. Hassan, A. Elghandour, M. Elbanna, A. Osman, A. Khan, L. layani, N. Kiran, A. Velikorechin, M. Solovyeva, H. Melali, S. Shahabi, A. Agrawal, A. Shrivastava, A. Sharma, B. Narwaria, M. Narwaria, A. Raziel, N. Sakran, S. Susmallian, L. Karagoz, M. Akbaba, S. Z. Piskin, A. Z. Balta, Z. Senol, E. Manno, M. G. Iovino, M. Qassem, S. Arana-Garza, H. P. Povoas, M. L. Vilas-Boas, D. Naumann, A. Li, B. J. Ammori, H. Balamoun, M. Salman, A. M. Nasta, R. Goel, H. Sanchez-Aguilar, M. F. Herrera, A. Abou-mrad, L. Cloix, G. S. Mazzini, L. Kristem, A. Lazaro, J. Campos, J. Bernardo, J. Gonzalez, C. Trindade, O. Viveiros, R. Ribeiro, D. Goitein, D. Hazzan, L. Segev, T. Beck, H. Reyes, J. Monterrubio, P. Garcia, M. Benois, R. Kassir, A. Contine, M. Elshafei, S. Aktas, S. Weiner, T. Heidsieck, L. Level, S. Pinango, P. M. Ortega, R. Moncada, V. Valenti, I. Vlahovic, Z. Boras, A. Liagre, F. Martini, G. Juglard, M. Motwani, S. S. Saggu, H. A. Momani, L. A. A. Lopez, M. A. C. Cortez, R. A. Zavala, Rn C. D'Haese, I. Kempeneers, J. Himpens, A. Lazzati, L. Paolino, S. Bathaei, A. Bedirli, A. Yavuz, C. Buyukkasap, S. Ozaydin, A. Kwiatkowski, K. Bartosiak, M. Waledziak, A. Santonicola, L. Angrisani, P. Iovino, R. Palma, A. Iossa, C. E. Boru, F. De Angelis, G. Silecchia, A. Hussain, S. Balchandra, I. B. Coltell, J. L. Perez, A. Bohra, A. K. Awan, B. Madhok, P. C. Leeder, S. Awad, W. Al-Khyatt, A. Shoma, H. Elghadban, S. Ghareeb, B. Mathews, M. Kurian, A. Larentzakis, G. Z. Vrakopoulou, K. Albanopoulos, A. Bozdag, A. Lale, C. Kirkil, M. Dincer, A. Bashir, A. Haddad, L. A. Hijleh, B. Zilberstein, D. D. de Marchi, W. P. Souza, C. M. Broden, H. Gislason, K. Shah, A. Ambrosi, G. Pavone, N. Tartaglia, S. L. K. Kona, K. Kalyan, C. E. G. Perez, M. A. F. Botero, A. Covic, D. Timofte, M. Maxim, D. Faraj, L. Tseng, R. Liem, G. Oren, E. Dilektasli, I. Yalcin, H. AlMukhtar, M. A. Hadad, R. Mohan, N. Arora, D. Bedi, C. Rives-Lange, J. M. Chevallier, T. Poghosyan, H. Sebbag, L. Zinai, S. Khaldi, C. Mauchien, D. Mazza, G. Dinescu, B. Rea, F. Perez-Galaz, L. Zavala, A. Besa, A. Curell, J. M. Balibrea, C. Vaz, L. Galindo, N. Silva, J. L. E. Caballero, S. O. Sebastian, J. C. D. Marchesini, R. A. da Fonseca Pereira, W. H. Sobottka, F. E. Fiolo, M. Turchi, A. C. J. Coelho, A. L. Zacaron, A. Barbosa, R. Quinino, G. Menaldi, N. Paleari, P. Martinez-Duartez, G. M. A. R. de Esparza, V. S. Esteban, A. Torres, J. L. Garcia-Galocha, M. Josa, J. M. Pacheco-Garcia, M. A. Mayo-Ossorio, P. Chowbey, V. Soni, H. A. de Vasconcelos Cunha, M. V. Castilho, R. M. A. Ferreira, T. A. Barreiro, A. Charalabopoulos, E. Sdralis, S. Davakis, B. Bomans, G. Dapri, K. Van Belle, M. Takieddine, P. Vaneukem, E. S. A. Karaca, F. C. Karaca, A. Sumer, C. Peksen, O. A. Savas, E. Chousleb, F. Elmokayed, I. Fakhereldin, H. M. Aboshanab, T. Swelium, A. Gudal, L. Gamloo, A. Ugale, S. Ugale, C. Boeker, C. Reetz, I. A. Hakami, J. Mall, A. Alexandrou, E. Baili, Z. Bodnar, A. Maleckas, R. Gudaityte, C. E. Guldogan, E. Gundogdu, M. M. Ozmen, D. Thakkar, N. Dukkipati, P. S. Shah, S. S. Shah, M. T. Adil, P. Jambulingam, R. Mamidanna, D. Whitelaw, V. Jain, D. K. Veetil, R. Wadhawan, M. Torres, T. Tinoco, W. Leclercq, M. Romeijn, K. van de Pas, A. K. Alkhazraji, S. A. Taha, M. Ustun, T. Yigit, A. Inam, M. Burhanulhaq, A. Pazouki, F. Eghbali, M. Kermansaravi, A. H. D. Jazi, M. Mahmoudieh, N. Mogharehabed, G. Tsiotos, K. Stamou, F. J. B. Rodriguez, M. A. R. Navarro, O. M. Torres, S. L. Martinez, E. R. M. Tamez, G. A. M. Cornejo, J. E. G. Flores, D. A. Mohammed, M. H. Elfawal, A. Shabbir, K. Guowei, J. B. So, E. T. Kaplan, M. Kaplan, T. Kaplan, D. T. Pham, G. Rana, M. Kappus, R. Gadani, M. Kahitan, K. Pokharel, A. Osborne, D. Pournaras, J. Hewes, E. Napolitano, S. Chiappetta, V. Bottino, E. Dorado, A. Schoettler, D. Gaertner, K. Fedtke, F. Aguilar-Espinosa, S. Aceves-Lozano, A. Balani, C. Nagliati, D. Pennisi, A. Rizzi, F. Frattini, D. Foschi, L. Benuzzi, C. Parikh, H. Shah, E. Pinotti, M. Montuori, V. Borrelli, J. Dargent, C. A. Copaescu, I. Hutopila, B. Smeu, B. Witteman, E. Hazebroek, L. Deden, L. Heusschen, S. Okkema, T. Aufenacker, W. den Hengst, W. Vening, Y. van der Burgh, A. Ghazal, H. Ibrahim, M. Niazi, B. Alkhaffaf, M. Altarawni, G. C. Cesana, M. Anselmino, M. Uccelli, S. Olmi, C. Stier, T. Akmanlar, T. Sonnenberg, U. Schieferbein, A. Marcolini, D. Awruch, M. Vicentin, E. L. de Souza Bastos, S. A. Gregorio, A. Ahuja, T. Mittal, R. Bolckmans, C. Baratte, J. A. Wisnewsky, L. Genser, L. Chong, L. Taylor, S. Ward, M. W. Hi, H. Heneghan, N. Fearon, J. Geoghegan, K. C. Ng, A. Plamper, K. Rheinwalt, K. Kaseja, M. Kotowski, T. A. Samarkandy, A. Leyva-Alvizo, L. Corzo-Culebro, C. Wang, W. Yang, Z. Dong, M. Riera, R. Jain, H. Hamed, M. Said, K. Zarzar, M. Garcia, A. G. Turkcapar, O. Sen, E. Baldini, L. Conti, C. Wietzycoski, E. Lopes, T. Pintar, J. Salobir, C. Aydin, S. D. Atici, A. Ergin, H. Ciyiltepe, M. A. Bozkurt, M. C. Kizilkaya, N. B. D. Onalan, M. N. B. A. Zuber, W. J. Wong, A. Garcia, L. Vidal, M. Beisani, J. Pasquier, R. Vilallonga, S. Sharma, C. Parmar, L. Lee, P. Sufi, H. Sinan and M. Saydam (2021) **30-day morbidity and mortality of sleeve gastrectomy, Roux-en-Y gastric bypass and one anastomosis gastric bypass: a propensity score-matched analysis of the GENEVA data** *International Journal of Obesity* **Abstract**: Background: There is a paucity of data comparing 30-day morbidity and mortality of sleeve gastrectomy (SG), Roux-en-Y gastric bypass (RYGB), and one anastomosis gastric bypass (OAGB). This study aimed to compare the 30-day safety of SG, RYGB, and OAGB in propensity score-matched cohorts.
Material(s) and Method(s): This analysis utilised data collected from the GENEVA study which was a multicentre observational cohort study of bariatric and metabolic surgery (BMS) in 185 centres across 42 countries between 01/05/2022 and 31/10/2020 during the Coronavirus Disease-2019 (COVID-19) pandemic. 30-day complications were categorised according to the Clavien-Dindo classification. Patients receiving SG, RYGB, or OAGB were propensity-matched according to baseline characteristics and 30-day complications were compared between groups.
Result(s): In total, 6770 patients (SG 3983; OAGB 702; RYGB 2085) were included in this analysis.

Prior to matching, RYGB was associated with highest 30-day complication rate (SG 5.8%; OAGB 7.5%; RYGB 8.0% (p = 0.006)). On multivariate regression modelling, Insulin-dependent type 2 diabetes mellitus and hypercholesterolaemia were associated with increased 30-day complications. Being a non-smoker was associated with reduced complication rates. When compared to SG as a reference category, RYGB, but not OAGB, was associated with an increased rate of 30-day complications. A total of 702 pairs of SG and OAGB were propensity score-matched. The complication rate in the SG group was 7.3% (n = 51) as compared to 7.5% (n = 53) in the OAGB group (p = 0.68). Similarly, 2085 pairs of SG and RYGB were propensity score-matched. The complication rate in the SG group was 6.1% (n = 127) as compared to 7.9% (n = 166) in the RYGB group (p = 0.09). And, 702 pairs of OAGB and RYGB were matched. The complication rate in both groups was the same at 7.5 % (n = 53; p = 0.07).
Conclusion(s): This global study found no significant difference in the 30-day morbidity and mortality of SG, RYGB, and OAGB in propensity score-matched cohorts.
Copyright © 2021, The Author(s).
Full Text Check: **https://libkey.io/libraries/1656/10.1038/s41366-021-01048-1**

H. Soliman, O. Manejwala, A. Ghosh, S. Shauib, R. Hafeez, S. El-Hasani and A. Hussain (2021) **579 Emergency surgical admissions during the covid-19 pandemic; comparative study of emergency surgery outcome before and during the covid-19** *British Journal of Surgery* 108(**Abstract**: Introduction: There are relatively few studies on emergency surgical practice in the COVID-19 pandemic. Our aim is to analyse the outcomes of emergency surgery before against those during COVID-19.
Method(s): Retrospectively we collected the emergency admissions to the general surgery department at a district general hospital during November 2019, which is a representative of our regular activity, and April 2020, the height of the COVID-19. The primary endpoint was the number and nature of surgical admissions and procedures. The secondary endpoints were morbidities and mortalities, laparoscopic and procedure approach (laparoscopic vs open), inflammatory markers (white cell count and C-reactive protein), hospital stay, gender and age.
Result(s): During the two months a total of 332 patients were admitted; 177 during November 2019 and 146 patients during April 2020. The mean age was 51 years in the November group and 49 years in the April group. 146 operations were conducted in November, while 117 procedures were performed in April. Hospital stay average was 5.87 days and 5.43 days for November and April groups, respectively. In the April group, seven patients tested positive for COVID-19. Mortality was slightly higher during April (2.05%) than November (1.6%). Postoperative complications, C-reactive protein level and prevalence of acute cholecystitis were much higher during April, while abscess and diverticulitis prevalence were significantly lower.
Conclusion(s): Morbidity, mortality and acute cholecystitis were significantly higher during the COVID-19 pandemic, while abscess and diverticulitis were significantly less prevalent likely due to and tendency by patients to avoid hospitals and hence late clinical presentation.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab259.470

Lucy Southby, Sam Harding, Amy Davies, Hannah Lane, Hannah Chandler and Yvonne Wren (2022) **Parent/Caregiver Views of the Effectiveness of Speech-Language Pathology for Children Born With Cleft Palate Delivered via Telemedicine During COVID-19** *Language, speech, and hearing services in schools* p.1-10
Abstract: PURPOSEThe purpose of this study was to describe and examine parent views of speech-language pathology (SLP) for children born with cleft palate delivered via telemedicine during the COVID-19 pandemic in the United Kingdom (UK).METHODParents were asked whether they found this method of delivery "very effective," "somewhat effective," or "not at all effective." Free text was then invited. There were 212 responses. Ordinal chi-square, Kruskal-Wallis, or Fisher's exact tests examined associations between parent views of effectiveness and biological variables and socioeconomic status. Free text responses were analyzed using qualitative content analysis.RESULTSOne hundred and forty (66.0%) respondents reported that SLP delivered via telemedicine was "somewhat effective," 56 (26.4%) "very effective," and 16 (7.6%) "not at all effective." There was no evidence of an association between parent reported effectiveness and any of the explanatory variables. Parent-reported challenges impacting on effectiveness included technology issues and keeping their children engaged with sessions. Importantly, telemedicine was viewed as "better than nothing."CONCLUSIONSMost parents reported that they felt SLP delivered via telemedicine during the first few months of the COVID-19 pandemic in the UK was at least "somewhat effective." It is important to interpret this in the context of there being no other method of service delivery during this time and that this study only represents families who were able to access SLP delivered via telemedicine. Further work is needed to identify which children with cleft palate might benefit from SLP delivered via telemedicine to inform postpandemic service provision.
Full Text Check: **https://libkey.io/libraries/1656/10.1044/2021_LSHSS-21-00071**

Spotswood, Gareth Wiltshire, Sara Spear, Yvette Morey and Jennifer Harris (2021) **A practice theory approach to primary school physical activity: opportunities and challenges for intervention** *Critical Public Health* 31(4) p.392-403
Abstract: A significant body of critical scholarship exists problematizing the dominant behavioural-individualist approaches to public health policy and intervention, and practice theories have been noted for their potential in providing an alternative. Children's physical activity in primary school settings continues to be a major area of attention in public health, yet no critical examination of a practice theory approach exists in this context. This paper addresses this gap by applying the prevalent three-elements model of practices to the case of children's school-based physical activity. Drawing on focus group, interview and observation data from pupils, staff and parents at one primary school setting in England, our analysis highlights; first, how the configurations of (a)

physical resources (e.g. playground space and equipment), (b) practical know-how (e.g. a skilled understanding of performing the activity), and (c) the socio-cultural significance of practices (e.g. the values and meanings of the activity) impact how, and whether children's physical activity happens, and is sustained or interrupted; and second, by showing how physically active practices are contingent on being simultaneously in harmony or conflict with other routinized practices of the school day. We conclude that the three-elements model offers a helpful framework for understanding school physical activity which de-centres the individual, but that there are challenges in using this analysis to support primary schools as they attempt to enable physically active practices more effectively. Further research is required to develop and evaluate a practice theory approach to promoting children's physical activity.
Full Text Check: https://libkey.io/libraries/1656/10.1080/09581596.2019.1695746

G. Ugwu (2021) **6 The value of ultrasound in diagnosing acute appendicitis** *British Journal of Surgery* 108(**Abstract**: Aim: The diagnosis of acute appendicitis relies on a thorough history and examination and can often be challenging. Ultrasound is widely considered to be the most appropriate first line investigation; however non-diagnostic ultrasounds are not uncommon and do lead to delays in diagnosis and/or definitive treatment by creating a need for further clinical assessment. The purpose of this study was to determine the sensitivity and specificity of ultrasound diagnosis of appendicitis in patient treated at Doncaster Royal Infirmary, and to determine the local negative appendicectomy rate.
Method(s): This was a retrospective analysis of 99 patients undergoing appendicectomy, with a prior ultrasound abdomen within one week of the procedure being undertaken. Data was collected from review of patient's hospital medical records (discharge summaries, clinic letters, PACs).
Result(s): 99 patient aged 8-76 years were studied. Male to female ratios was 3:1. The sensitivity and specificity of ultrasound was 16% (95% CI - 7% to 29%) and 96% (95% CI - 86% to 99%) respectively with PPV of 80% and NPV of 52%. The accuracy of ultrasound diagnosis was found to be 55% (95% CI 44% to 65%). The negative appendicectomy rate was 48%.
Conclusion(s): From our study, ultrasound cannot reliably identify nor exclude appendicitis. Less than 16% of patients who had proven appendicitis (positive histology) had scans that indicated. Almost 50% of the normal/indeterminate scans were false negatives. Furthermore, 20% of positive ultrasound reports were false positives. A collaborative quality improvement project with the imaging department is planned to address these findings.
Full Text Check: https://libkey.io/libraries/1656/10.1093/bjs/znab259

Sarah Varga, Tony Ryan, Tracey Moore and Jane Seymour (2022) **What are the perceptions of intensive care staff about their sedation practices when caring for a mechanically ventilated patient?: A systematic mixed-methods review** *International Journal of Nursing Studies Advances* 4(p.100060
Abstract: Background Sedation is used alongside mechanical ventilation for patients in intensive care units internationally; its use is complex and multifaceted. Existing evidence shows that the ways health care professionals use sedation significantly impacts patient outcomes, including how long someone spends on a ventilator, length of stay in intensive care and recovery. Objective Our study aimed to systematically review and synthesize qualitative and quantitative evidence about how intensive care staff perceive sedation practices when looking after sedated and mechanically ventilated patients. Design We performed a systematic integrated mixed-methods literature review collecting qualitative and quantitative studies according to inclusion and exclusion criteria. Studies were included if they were published from 2009 and focused on perceptions of staff working in general adult intensive care units and caring for mechanically ventilated patients. Setting(s) General adult intensive care units. Participants Health care professionals working in adult intensive care units. Methods Screening, data extraction and quality appraisal was undertaken by SV. Screening for inclusion and quality issues were reviewed by TR, TM and JS. The following databases: Embase, BNI, PubMed, Scopus, AMED, CINAHL, ASSIA, The Cochrane Library and Google Scholar. We used an assessment tool called the Mixed Methods Appraisal Tool. The studies were assessed and analysed by transforming the qualitative and quantitative data into 'text-in-context' statements. The statements were then synthesized using thematic analysis. Results Eighteen studies were included from ten countries, fourteen quantitative and four qualitative. Three overarching themes were identified: 'Variation in Decision Making', 'Challenges in Decision Making' and 'Thinking Outside the Box'. Existing studies revealed that there is considerable variation in most aspects of perceived sedation practice. Staff face challenges with interprofessional collaboration and sedation practice, and there are barriers to using sedation protocols and light sedation. There is also evidence that there is a need for health care professionals to develop coping strategies to help them facilitate lighter sedation. Conclusions A review of a decade of evidence shows that variation in decision making and challenges in decision making should be addressed to improve the care of the sedated and ventilated patient, and improve the caregiving experience for staff. Staff continue to require support with sedation practice, especially in light sedation. Research should now focus on how to help staff cope with looking after lightly sedated patients. In addition, future studies should focus on exploring sedation practices using qualitative methods as there is a dearth of qualitative evidence. Tweetable abstract Staff perceive a range of complex challenges that explain some of the variability in sedation practice for the ventilated patient in ICU.
Full Text Check: https://libkey.io/libraries/1656/10.1016/j.ijnsa.2021.100060

L. Wheldon, S. Riley, S. R. Brown, J. Morgan, M. J. Lee and L. Wyld (2021) **EP.TH.602 Exploring decision-making of healthcare professionals in patients with benign large non-pedunculated colonic polyps (BLNPCP) virtually using combined focus group and nominal group technique** *British Journal of Surgery* 108(**Abstract**: Aim: We aimed to elicit key factors that influence healthcare professional decision-making when

deciding treatment for BLNPCP.
Background(s): Benign large non-pedunculated colonic polyps (BLNPCP) may harbour covert malignancy and opinions differ about the optimal treatment modality. There are several options available, including endoscopic mucosal resection, endoscopic submucosal resection, combined endoscopic laparoscopic surgery and surgical resection. Despite widespread availability of endoscopic resection techniques, there are high rates of surgery in the UK.
Method(s): Three focus groups of healthcare professionals, comprised of either consultant colorectal surgeons, nurse endoscopists and consultant gastroenterologists, were conducted virtually utilising the Nominal Group Technique. Meetings were recorded and transcribed verbatim. Themes were devolved using the framework approach for qualitative analysis. A priority-ranked list of factors influencing healthcare professional decision-making in this setting was generated.
Result(s): Five main themes were identified as influencing decisionmaking: Shared decision making (patient preference, informed consent); Patient factors (co-morbidity, age, life-expectancy); Polyp factors (Location, size, morphology, risk of cancer); Healthcare professionals (skill-set, personal preference); System factors (techniques availability locally, regional referral networks). Nominal Group Technique generated 55 items across the three focus groups. Nurses and gastroentologists ranked patient factors (particularly drug history and tolerance of procedure) and shared decision making (patient preference) more highly then surgeons. Surgeons placed greater emphasis on polyp factors particularly location and the risk of submucosal invasive carcinoma.
Conclusion(s): Decision making is complex and multifactorial. These results support the benefits of complex polyp MDTs and patient involvement in the decision-making. The complexity of decision-making may underpin wide variation in practice.
Full Text Check: **https://libkey.io/libraries/1656/10.1093/bjs/znab309.063**

E. T. Zuling and S. Murali-Krishnan (2021) 499 **A retrospective audit on detection rate of clinically significant cancer among MP-MRI targeted biopsy-a single centre experience** *British Journal of Surgery* 108(**Abstract**: Men with high serum prostate specific antigen (PSA) typically undergo standard transrectal ultrasound-guided prostate biopsy (TRUS-biopsy) during which 10 to 12 cores are obtained. TRUS-biopsy can cause sideeffects including bleeding, pain, and infection. Multi-parametric MRI (MP-MRI) used as a triage test might allow men to avoid unnecessary TRUS-biopsy and improve diagnostic accuracy. According to the renowned PROMIS study, for clinically significant cancer, MP-MRI was more sensitive and less specific than TRUS-biopsy. In this study, we performed a single centre, retrospective audit on the detection rate of clinically significant cancer among MP-MRI targeted biopsy and compare it with the standard TRUS biopsy. Clinically significant cancer is defined as Gleason score 3 4 +3 or a maximum cancer core length 6mm or longer. Besides, we also compare the rate of clinically significant cancer in MP-MRI targeted biopsy against the PROMIS study. Through this audit, we found that in 2019, there is a 54% (60 out of 112 patients) of clinically significant cancer in MP-MRI biopsy and 41% (26 out of 64 patients) of clinically significant cancer among standard TRUS biopsy. Comparing it with the PROMIS study in which clinically significant cancer was detected in 38% in the MP-MRI targeted biopsy group and 26% in the standard-biopsy group, the adjusted difference in our study (13%) is similar to PROMIS study which is 12%. In conclusion, our study reaffirms that MP-MRI targeted biopsy reduce over-diagnosis of clinically insignificant prostate cancer and improve detection of clinically significant cancer.
Full Text Check: **https://libkey.io/libraries/1656/10.1093/bjs/znab259.059**

View and search the full Trust publications register

See our full range of services here
https://www.dbth.nhs.uk/services/library-services/

Library & Learning Resource Centre

The Hub, Bassetlaw Hospital,

S81 0BD

Tel: 01909 572917

E-mail: dbth.bas.library@nhs.net

Library & Learning Resource Centre

Doncaster Royal Infirmary, DN2 5LT

Tel: 01302 642894

E-mail: dbth.dri.library@nhs.net