

**Journal articles written by Trust staff March – May 2023**

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S. Bennett, M. Stout, T. E. Ingram, K. Pearce, T. Griffiths, S. Duckett, G. Heatlie, P. Thompson, J. Tweedie, J. Sopala, S. Ritzmann, K. Victor, J. Skipper, S. Robinson, A. Potter, D. X. Augustine and C. L. Colebourn (2023) **Correction: Clinical indications and triaging for adult transthoracic echocardiography: a statement by the British Society of Echocardiography (Echo Research & Practice, (2022), 9, 1, (5), 10.1186/s44156-022-00003-8)** *Echo Research and Practice* 10(1) p.5

**Abstract**: The authors wish to clarify that the original title of this article [1] was incorrect, and the revised title (above) does not include reference to collaboration with the British Heart Valve Society. Any mention of British Heart Valve Society involvement within the article is also incorrect and should be ignored. In addition, Dr Benoy Shah has withdrawn from the list of authors. The authorship list is therefore: Sadie Bennett, Martin Stout, Thomas E. Ingram, Keith Pearce, Timothy Griffiths, Simon Duckett, Grant Heatlie, Patrick Thompson, Judith Tweedie, Jo Sopala, Sarah Ritzmann, Kelly Victor, Judith Skipper, Shaun Robinson, Andrew Potter, Daniel X. Augustine and Claire L. Colebourn. Any citation of this article should include these changes.The article authors are also making following amendments:.Copyright © 2023 The Author(s).

**Full Text Check:** [**https://libkey.io/libraries/1656/10.1186/s44156-022-00003-8**](https://libkey.io/libraries/1656/10.1186/s44156-022-00003-8)**)**

A. Bradley and M. Leach (2023) **The Development and Implementation of a Multidisciplinary Stroke Therapy Outcome Measure within a Hyper Acute Stroke Unit and across the Rehabilitation Pathway** *International Journal of Stroke* 18(1 Supplement) p.107-108

**Abstract**: Introduction: The Stroke Therapy Outcome Measure (STOM) was developed to collate multidisciplinary team (MDT) therapy outcomes, show visually and quantitatively patient progression, record and evaluate duration of stay compared to overall outcome and variation in outcome between types of stroke and also to assist with goal setting. Method(s): 1. Developed 7 "levels" within 12 key areas of Physiotherapy, Occupational Therapy and Speech and Language Therapy. 2. Levels plotted on two tools: Visual poster to use at patient's bedside Baseline/discharge measures sheet 3. Implementation (3 stages): Baseline and outcome STOMs completed and kept in patient notes. Visual copy at bedside to use with patients. Remodelled data collection sheet to include more relevant information, visual copy removed to focus engagement on completion of baseline/outcome measures. Baseline/outcome measures for each patient kept together in specific folder Modified data collection sheet to include diagnosis Results: Data collected from 491 patients. 205 patients were excluded (41%) for following reasons: \* end of life/palliative (n=47) \* no stroke diagnosis (n= 74) \* incomplete data (n=84) Included data provided information about the type of stroke (infarctions or haemorrhage); length of stay, admission/discharge scores, and discharge location. Results showed that the majority of patients improved (i.e., showing positive outcomes). Conclusion(s): The STOM has been a useful tool to show positive outcomes for patients during the hyper-acute and acute stages of their stroke recovery. Future work will look at how the tool can be used with patients to involve them in their care and assist with goal setting.

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Shanmugakumar Chinnappa, Charlotte Cole and Andrew Mooney (2019) **FP421 ASSOCIATION BETWEEN RESTING DIASTOLIC FUNCTION AND PEAK CARDIAC PERFORMANCE IN ASYMPTOMATIC CHRONIC KIDNEY DISEASE PATIENTS** *Nephrology Dialysis Transplantation* 34(Supplement\_1) p.gfz106.FP421

**Abstract**: INTRODUCTION: Understanding the nature of asymptomatic cardiac dysfunction in chronic kidney disease (CKD) is vital in preventing the emergence of overt heart failure. In our recently published work we revealed such subclinical cardiac dysfunction in CKD by demonstrating impaired peak cardiac power and cardiac reserve. The high prevalence of left ventricular hypertrophy in CKD raises the possibility that the impaired peak cardiac power may be a consequence of diastolic dysfunction. Therefore, in the present study, we tested the hypothesis that resting diastolic function is predictive of peak cardiac performance in asymptomatic CKD patients.

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Shanmugakumar Chinnappa, Meguid El Nahas and Andrew Mooney (2017) **MP818 DOES CARDIAC RESERVE IMPROVE WITH RENAL TRANSPLANTATION** *Nephrology Dialysis Transplantation* 32(suppl\_3) p.iii735-iii736

**Abstract**: INTRODUCTION AND AIMS: The treatment modality that has consistently shown to improve cardiovascular disease morbidity and mortality in end stage renal disease (ESRD) is renal transplantation (RTx). Cardiac imaging studies have shown that left ventricular hypertrophy regresses with kidney transplantation. However, elucidation of the corresponding cardiac functional changes is still lacking. In the present study we tested the hypothesis that RTx improves peak cardiac power output (CPOmax) and cardiac reserve.METHODS: In this pilot prospective study, 6 asymptomatic, non-diabetic male patients (&gt;18 years), with CKD (stages 4-5) underwent symptom-limited cardiopulmonary exercise testing (CPX) before and after RTx. The patients did not have any known cardiac diseases. CPOmax was determined non-invasively using CO2 rebreathing techniques for measuring cardiac output. Cardiac reserve, ΔCPO (W) = CPOmax - CPOrest was calculated. Comparison between study parameters before and after RTx was performed using paired sample t-test. A P value of &lt;0.05 is considered significant. Results are presented as mean±SD.

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Shanmugakumar Chinnappa and Andrew Mooney (2022) **MO604: Determinants of an Aerobic Threshold in Chronic Kidney Disease** *Nephrology Dialysis Transplantation* 37(Supplement\_3) p.gfac075.017

**Abstract**: Anaerobic threshold (AT) is a widely used cardiopulmonary exercise test (CPX) parameter in the field of preoperative assessment in general population where it is used as a surrogate marker of cardiovascular fitness. There is growing interest in the application of AT in the evaluation of fitness for kidney transplantation. However, the determinants of anaerobic threshold in CKD have not been well studied. In the present study, we evaluated the hemodynamic, biochemical and anthropometric determinants of AT in CKD. Furthermore, we evaluated the association between AT and objectively measured index of cardiac functional reserve in CKD.In this cross-sectional study, 70 male CKD patients (stages 2–5) without any cardiac diseases or diabetes underwent a specialised CPX to measure exercise capacity, AT, peak cardiac hemodynamics and cardiac power output (CPO).1 Cardiac functional reserve was calculated as ∆CPOpeak—CPOrest. Blood samples were assayed for standard renal biochemistry. Univariate and multivariate regression were employed. Results were presented as mean ± SD. P &lt; 0.05 is considered significant.The study subjects had a mean age of 48.4 ± 12.6 years and a mean eGFR of 33.9 ± 23.5 mL/min. All subjects performed high intensity CPX to volitional exhaustion with a mean RER of 1.16 ± 0.09 and a mean peak aerobic capacity (VO2peak) of 2.51 ± 0.53 L/min. Table 1 shows the univariate and multivariate predictors of AT in CKD. Figure 1 shows the association between AT and objectively measured cardiac functional reserve.The results demonstrate that AT only has a modest association with cardiac functional reserve in CKD. Noncardiac factors such as haemoglobin and peripheral O2 extraction are also significant determinants of AT in addition to cardiac factors. Therefore, AT should be interpreted with caution if employed as a surrogate marker of cardiovascular fitness in CKD. 1Chinnappa S et al. JASN July 2021,  32 (7): 1813–1822FIGURE 1:Association between anaerobic threshold (AT) and cardiac functional reserve (ΔCPOpeak-CPOreak) in chronic kidney disease. AT: anaerobic threshold, CPO: cardiac power output.Table 1.Predictors of anaerobic threshold (AT) in CKD on univariate and multivariate analysesUnivariate predictorsVariableCorrelation coefficientP-valueAge−0.370.002eLBM0.46&lt;10–3Hb0.57&lt;10–3eGFR0.43&lt;10–3Peak CO0.54&lt;10–3Peak C(a-v)O20.54&lt;10–3Peak HR0.280.02Independent predictorsVariableStandardized coefficient (β)P-valuePk CO0.350.001Peak C(a-v)O20.300.009Hb0.220.04eLBM: estimated lean body mass (Boer's formula), Hb: hemoglobin, CO: cardiac output, C(a-v)O2: peripheral O2 extraction, HR: heart rate.

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Shanmugakumar Chinnappa, Meguid El Nahas and Andrew Mooney (2016) **MP399 PHYSIOLOGICAL MECHANISMS OF REDUCED MAXIMAL AEROBIC CAPACITY IN ASYMPTOMATIC CHRONIC KIDNEY DISEASE PATIENTS** *Nephrology Dialysis Transplantation* 31(suppl\_1) p.i472-i473

**Abstract**: Introduction and Aims: Maximal aerobic capacity [VO2max] has been shown to be impaired in chronic kidney disease (CKD). However, the underlying mechanism of such impairment is not well understood. VO2max is an integrated measure of pulmonary, central cardiac and peripheral skeletal muscle function and we set out to evaluate the differential role of these three components in limiting exercise capacity in CKD.Methods: A cross sectional study of 70 asymptomatic male non-diabetic CKD patients [CKD stages 2-5 (pre dialysis)] without primary cardiac disease. The patients were grouped into CKD 2-3a, CKD 3b-4 and CKD 5 for comparison. Specialised CPX test with CO2 rebreathing technique was utilised to measure peak cardiac output (Qt) non-invasively. VO2max was simultaneously measured. Peripheral O2 extraction [C(a-v)O2] was derived using Fick’s equation, VO2 = Qt x C(a-v)O2. ANOVA, univariate and multivariate analyses were applied. Results are presented as mean±SD. P&lt;0.05 is considered as significant.

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Connor Cotton, Sarah Chatharoo and Pankaj Chaturvedi (2023) **Aortic dissection secondary to giant cell arteritis** *British journal of hospital medicine (London, England : 2005)* 84(4) p.1-3

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.12968/hmed.2022.0529**](https://libkey.io/libraries/1656/10.12968/hmed.2022.0529)

Sarah L. Daniels, Jenna Morgan, Matthew J. Lee, Nyantara Wickramasekera, Susan Moug, Tim R. Wilson, Steven R. Brown and Lynda Wyld (2023) **Surgeon preference for treatment allocation in older people facing major gastrointestinal surgery: an application of the discrete choice experiment methodology** *Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland* 25(1) p.102-110

**Abstract**: AIM: Variation in major gastrointestinal surgery rates in the older population suggests heterogeneity in surgical management. A higher prevalence of comorbidities, frailty and cognitive impairments in the older population may account for some variation. The aim of this study was to determine surgeon preference for major surgery versus conservative management in hypothetical patient scenarios based on key attributes., METHOD: A survey was designed according to the discrete choice methodology guided by a separate qualitative study. Questions were designed to test for associations between key attributes (age, comorbidity, urgency of presentation, pathology, functional and cognitive status) and treatment preference for major gastrointestinal surgery versus conservative management. The survey consisting of 18 hypothetical scenarios was disseminated electronically to UK gastrointestinal surgeons. Binomial logistic regression was used to identify associations between the attributes and treatment preference., RESULTS: In total, 103 responses were received after 256 visits to the questionnaire site (response rate 40.2%). Participants answered 1847 out of the 1854 scenarios (99.6%). There was a preference for major surgery in 1112/1847 (60.2%) of all scenarios. Severe comorbidities (OR 0.001, 95% CI 0.000-0.030; P = 0.000), severe cognitive impairment (OR 0.001, 95% CI 0.000-0.033; P = 0.000) and age 85 years and above (OR 0.028, 95% CI 0.005-0.168; P = 0.000) were all significant in the decision not to offer major gastrointestinal surgery., CONCLUSION: This study has demonstrated variation in surgical treatment preference according to key attributes in hypothetical scenarios. The development of fitness-stratified guidelines may help to reduce variation in surgical practice in the older population. Copyright © 2022 The Authors. Colorectal Disease published by John Wiley & Sons Ltd on behalf of Association of Coloproctology of Great Britain and Ireland.

**Full Text Check:** [**https://libkey.io/libraries/1656/10.1111/codi.16296**](https://libkey.io/libraries/1656/10.1111/codi.16296)

Anas Hashem, Ahmad Ismayl, Amir A. Mahmoud, Amani Khalouf and Marwan R. Mohammed (2023) **Atypical Peutz-Jeghers Syndrome Presenting With a Huge Jejunojejunal Intussusception in a Young Male: A Case Report** *Cureus* 15(3) p.e36107

**Abstract**: Intussusception is considered one of the rare causes of intestinal obstruction in adults compared to pediatric patients. It usually presents with non-specific clinical manifestations ranging from mild recurrent abdominal pain to severe acute abdominal pain. The non-specificity of its symptoms makes it difficult to diagnose preoperatively. As 90% of adult intussusceptions are due to a pathological lead point, this prompts the underlying medical condition to be identified. We herein report a rare case of a 21-year-old male with atypical clinical features of Peutz-Jegher syndrome (PJS), presenting with jejunojejunal intussusception as a result of a hamartomatous intestinal polyp. A preliminary diagnosis of intussusception was made after an abdominal computed tomography (CT) scan and was confirmed intraoperatively. Postoperatively, the patient's condition improved steadily, and he was discharged with a referral to the gastroenterologist for further assessment. Copyright © 2023, Hashem et al.

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Nilofer Husnoo, Tabitha Gana, Adam Gary Hague, Zarnigar Khan, Jenna L. Morgan, Lynda Wyld and Steven R. Brown (2023) **Is early bowel resection better than medical therapy for ileocolonic Crohn's disease? A systematic review and meta-analysis** *Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland* **Abstract**: AIM: There is emerging evidence supporting early bowel resection (EBR) for ileocaecal Crohn's disease (CD) as an alternative to conventional escalation of medical therapy (MT). Here, we present a systematic review and meta-analysis of studies comparing the outcomes of EBR with those of MT in ileocolonic CD, with a focus on ileocaecal disease., METHODOLOGY: The MEDLINE, Embase, CINAHL and Cochrane Central Register of Controlled Trials databases were searched for studies reporting the outcomes of EBR versus MT for ileocolonic CD. The Cochrane tools for assessment of risk of bias were used to assess the methodological quality of studies., RESULTS: Nine records (from 8 studies, with a total of 1867 patients) were included in the analysis. Six studies were observational and two were randomised controlled trials. There was a reduced need for drug therapy in the EBR arm. The rate of intestinal resection at 5 years was 7.8% in the EBR arm and 25.4% in the MT group with a pooled OR of 0.32 (95% CI 0.19, 0.54; p < 0.0001). The EBR group had a longer resection-free survival (HR 0.56, 95% CI 0.38, 0.83; p = 0.004). These outcomes were consistent in a subgroup analysis of patients with ileocaecal disease. Morbidity and quality of life scores were similar across the two groups., CONCLUSION: EBR is associated with a more stable remission compared to initial MT for ileocolonic Crohn's disease. There is enough evidence to support EBR as an alternative to escalation of MT in selected patients with limited ileocaecal disease. Copyright © 2023 The Authors. Colorectal Disease published by John Wiley & Sons Ltd on behalf of Association of Coloproctology of Great Britain and Ireland.

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Shahzad Inayat, Ahtisham Younas, Sonia Andleeb, Subia Parveen Rasheed and Parveen Ali (2023) **Enhancing nurses' involvement in policy making: A qualitative study of nurse leaders** *International nursing review* **Abstract**: BACKGROUND: Nurses can play a valuable role in not only the implementation but development of general and health policies. However, evidence indicates limited involvement of nurses in politics and general health policy making owing to individual, interpersonal, and systematic barriers., INTRODUCTION: Strategies are required to increase nurses' participation and engagement in policymaking. However, no studies explored the perspective of nurse leaders in policy making roles and how to improve nurses' involvement in policy making., PURPOSE: To explore strategies to enhance nurses' involvement in policy making from the perspective of nurse leaders., METHODS: A qualitative descriptive study was conducted. Semistructured interviews were conducted with a purposive sample of 11 nurse leaders with at least one year of experience in policy making. Data were analyzed using a thematic analysis approach. The COREQ guidelines were followed for reporting., FINDINGS: Five themes were generated: strategically revisit and implement educational approaches, becoming transformative leaders, improving social image of nurses, developing triadic partnerships, and empowering nurses through reflective and supportive mechanisms., DISCUSSION: Nurses' involvement in policymaking can be enhanced by implementing grassroots-level educational strategies, managerial-level empowerment efforts, and social mechanisms focused on improving the social image of nursing., CONCLUSIONS: Self and professional role empowerment through education, increasing awareness, and improving the social image of nursing can boost nurses' involvement in policymaking., IMPLICATIONS FOR NURSING POLICY: Nurse leaders, national and global nursing associations, and nursing regulatory bodies should collaborate with associations of nursing colleges to design nurse policymaking competencies framework and contextually tailored strategies to enhance nurses' engagement in policymaking. Copyright © 2023 International Council of Nurses.

**Full Text Check:** [**https://libkey.io/libraries/1656/10.1111/inr.12828**](https://libkey.io/libraries/1656/10.1111/inr.12828)

Hussain Jaafari, Lesley A. Houghton, Robert M. West, Anurag Agrawal, Imran Aziz, Christopher J. Black, Maura Corsetti, Farag Shuweihdi, Maria Eugenicos, Peter A. Paine, Alexander C. Ford, Peter J. Whorwell, Shrikant I. Bangdiwala, Olafur S. Palsson, Ami D. Sperber and Dipesh H. Vasant (2023) **The national prevalence of disorders of gut brain interaction in the United Kingdom in comparison to their worldwide prevalence: Results from the Rome foundation global epidemiology study** *Neurogastroenterology and motility : the official journal of the European Gastrointestinal Motility Society* 35(6) p.e14574

**Abstract**: BACKGROUND: There are minimal epidemiological data comparing the burden of disorders of gut brain interaction (DGBI) in the UK with other countries. We compared the prevalence of DGBI in the UK with other countries that participated in the Rome Foundation Global Epidemiology Study (RFGES) online., METHODS: Participants from 26 countries completed the RFGES survey online including the Rome IV diagnostic questionnaire and an in-depth supplemental questionnaire with questions about dietary habits. UK sociodemographic and prevalence data were compared with the other 25 countries pooled together., KEY RESULTS: The proportion of participants with at least one DGBI was lower in UK participants compared with in the other 25 countries (37.6% 95% CI 35.5%-39.7% vs. 41.2%; 95% CI 40.8%-41.6%, p = 0.001). The UK prevalence of 14 of 22 Rome IV DGBI, including irritable bowel syndrome (4.3%) and functional dyspepsia (6.8%), was similar to the other countries. Fecal incontinence, opioid-induced constipation, chronic nausea and vomiting, and cannabinoid hyperemesis (p < 0.05) were more prevalent in the UK. Cyclic vomiting, functional constipation, unspecified functional bowel disorder, and proctalgia fugax (p < 0.05) were more prevalent in the other 25 countries. Diet in the UK population consisted of higher consumption of meat and milk (p < 0.001), and lower consumption of rice, fruit, eggs, tofu, pasta, vegetables/legumes, and fish (p < 0.001)., CONCLUSIONS AND INFERENCES: The prevalence and burden of DGBI is consistently high in the UK and in the rest of the world. Opioid prescribing, cultural, dietary, and lifestyle factors may contribute to differences in the prevalence of some DGBI between the UK and other countries. Copyright © 2023 The Authors. Neurogastroenterology & Motility published by John Wiley & Sons Ltd.

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M. Nayar, C. Varghese, A. Kanwar, A. K. Siriwardena, A. R. Haque, A. Awan, A. Balakrishnan, A. Rawashdeh, B. Ivanov, C. Parmar, C. M. Halloran, C. Caruana, C. M. Borg, D. Gomez, D. Damaskos, D. Karavias, G. Finch, H. Ebied, J. K. Pine, J. R. A. Skipworth, J. Milburn, J. Latif, J. Apollos, J. El Kafsi, J. A. Windsor, K. Roberts, K. Wang, K. Ravi, M. V. Coats, M. Hollyman, M. Phillips, M. Okocha, M. S. J. Wilson, N. A. Ameer, N. Kumar, N. Shah, P. Lapolla, C. Magee, B. Al-Sarireh, R. Lunevicius, R. Benhmida, R. Singhal, S. Balachandra, S. Demirli Atlcl, S. Jaunoo, S. Dwerryhouse, T. Boyce, V. Charalampakis, V. Kanakala, Z. Abbas, N. Tewari and S. Pandanaboyana (2023) **SARS-CoV-2 infection is associated with an increased risk of idiopathic acute pancreatitis but not pancreatic exocrine insufficiency or diabetes: Long-term results of the COVIDPAN study** *Gut* p.gutjnl-2021-326218

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1136/gutjnl-2021-326218**](https://libkey.io/libraries/1656/10.1136/gutjnl-2021-326218)

O. M. O'Connor, F. A. Burns, V. K. Proctor, S. K. Green, A. E. Sayers, N. J. Smart and M. J. Lee (2023) **Clinician preferences in the treatment of acutely symptomatic hernia: the 'MASH' survey** *Annals of the Royal College of Surgeons of England* 105(3) p.225-230

**Abstract**: INTRODUCTION: There is limited high-quality evidence to guide the management of acute hernia presentation. The aim of this study was to survey surgeons to assess current trends in assessment, treatment strategy and operative decisions in the management of acutely symptomatic hernia., METHODS: A survey was developed with reference to current guidelines, and reported according to Checklist for Reporting Results of Internet E-Surveys guidelines. Ethical approval was obtained from the University of Sheffield (UREC:034047). The survey explored practice in groin, umbilical/paraumbilical and incisional hernia presenting acutely. It captured respondent demographics, and preferences for investigations, treatment strategies and repair techniques for each hernia type, using a five-point Likert scale., RESULTS: Some 145 responses were received, of which 39 declared a specialist hernia practice. Essential investigations included urea and electrolytes (58.6%) and inflammatory markers (55.6%). Computed tomography scan of the abdomen was essential for assessment of incisional hernia (90.9%), but not for other hernia types. Bowel compromise drives early surgery, and increasing American Society of Anesthesiology score pushes towards non-operative management. Type of repair was driven by hernia contents, with increasing contamination associated with increased rates of suture repair. Where mesh was proposed in contaminated settings, biological types were preferred. There was variation in the potential use of laparoscopy for groin hernia., CONCLUSIONS: This survey provides a snapshot of current trends in the management of acutely symptomatic hernia. It demonstrates variation across aspects of assessment and repair technique. Additional data are required to inform practice in these areas.

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T. O'Connor, L. MacKenzie, R. W. Clarke, M. Bradburn, T. R. Wilson and M. J. Lee (2023) **Screening for malnutrition in emergency laparotomy patients: a comparison of three tools** *Annals of the Royal College of Surgeons of England* 105(5) p.413-421

**Abstract**: INTRODUCTION: Malnourished patients undergoing emergency laparotomy are at risk of significant morbidity. The optimum screening tool to identify such patients in practice and research is yet to be determined. This study aims to compare the performance of three nutrition risk tools in predicting time without enteral nutrition in this population., METHODS: A prospective cohort study (NCT04696367) was conducted across two sites, recruiting patients undergoing National Emergency Laparotomy Audit eligible procedures. Data collected included demographics, diagnosis, procedure and outcomes. Nutrition risk was assessed using three tools: Malnutrition Universal Screening Tool (MUST) score, Nutritional Risk Index (NRI) and Nutritional Risk Score 2002 (NRS-2002). Complications were assessed with the Comprehensive Complication Index. Quality of life was measured at baseline and 5 days postsurgery using EQ-5D-5L., RESULTS: A total of 59 patients were recruited. Median age was 69 years. Of the 59 participants, 23 were judged high risk using MUST score, 13 using NRS and 8 using NRI. Median time to restart enteral intake was 7 days (interquartile range 7-14). Time without intake was correlated with increasing score using MUST (r=0.463, p<0.001) and NRS-2002 (r=0.296, p=0.03) but not NRI (r=-0.121, p=0.38). High-risk nutritional groups also had increased length of hospital stay, but not complication scores., CONCLUSIONS: Patients undergoing emergency laparotomy spend a prolonged time without enteral nutrition. Although all nutritional tools demonstrated some propensity to identify patients at higher risk of needing nutritional support, their performance was variable. Nevertheless, some may be useful in future clinical studies.

**Full Text Check:** [**https://libkey.io/libraries/1656/10.1308/rcsann.2022.0077**](https://libkey.io/libraries/1656/10.1308/rcsann.2022.0077)

Stephen O. Onigbinde, Christianah M. Asaleye, Abdulkadir A. Salako, Bukunmi M. Idowu, Abimbola O. Onigbinde and Adeyinka Laoye (2023) **The effect of systemic hypertension on prostatic artery resistive indices in patients with benign prostate enlargement** *Prostate international* 11(1) p.46-50

**Abstract**: Background: To investigate the effect of systemic hypertension on the prostatic artery resistive indices by a comparative ultrasonographic evaluation of the prostate gland in normotensive and hypertensive patients with benign prostatic enlargement (BPE)., Materials and methods: The participants had BPE and presented at the outpatient urologic clinic of a tertiary hospital. They were divided into normotensive and hypertensive groups. Each group had fifty patients. Calculation of international prostate symptom score, measurement of blood pressure, and transrectal ultrasonographic evaluation were done., Results: The mean age for the normotensive and hypertensive groups were 66.9 +/- 9.8 and 66.0 +/- 10.7 years, respectively (P = 0.662). Patients with hypertensive BPE had a significantly higher mean transitional zone volume, transitional zone index, presumed circle area ratio, quality of life score, and prostatic arterial resistive indices than the age-matched normotensive BPE patients., Conclusion: Patients with BPE and with hypertension had significantly higher prostate arteries resistive indices than normotensives with BPE. Even in patients with BPE and controlled hypertension, the prostatic artery resistance indices were still elevated than that of normotensive men with BPE. Copyright © 2022 Asian Pacific Prostate Society. Publishing services by Elsevier B.V.

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Mark D. Russell, Mrinalini Dey, Julia Flint, Philippa Davie, Alexander Allen, Amy Crossley, Margreta Frishman, Mary Gayed, Kenneth Hodson, Munther Khamashta, Louise Moore, Sonia Panchal, Madeleine Piper, Clare Reid, Katherine Saxby, Karen Schreiber, Naz Senvar, Sofia Tosounidou, Maud van de Venne, Louise Warburton, David Williams, Chee-Seng Yee, Caroline Gordon and Ian Giles (2023) **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids** *Rheumatology (Oxford, England)* 62(4) p.e48-e88

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac551**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac551)

Mark D. Russell, Mrinalini Dey, Julia Flint, Philippa Davie, Alexander Allen, Amy Crossley, Margreta Frishman, Mary Gayed, Kenneth Hodson, Munther Khamashta, Louise Moore, Sonia Panchal, Madeleine Piper, Clare Reid, Katherine Saxby, Karen Schreiber, Naz Senvar, Sofia Tosounidou, Maud van de Venne, Louise Warburton, David Williams, Chee-Seng Yee, Caroline Gordon and Ian Giles (2023) **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids** *Rheumatology (Oxford, England)* 62(4) p.1370-1387

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac558**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac558)

Karen Schreiber, Margreta Frishman, Mark D. Russell, Mrinalini Dey, Julia Flint, Alexander Allen, Amy Crossley, Mary Gayed, Kenneth Hodson, Munther Khamashta, Louise Moore, Sonia Panchal, Madeleine Piper, Clare Reid, Katherine Saxby, Naz Senvar, Sofia Tosounidou, Maud van de Venne, Louise Warburton, David Williams, Chee-Seng Yee, Caroline Gordon and Ian Giles (2023) **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice** *Rheumatology (Oxford, England)* 62(4) p.1388-1397

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac559**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac559)

Karen Schreiber, Margreta Frishman, Mark D. Russell, Mrinalini Dey, Julia Flint, Alexander Allen, Amy Crossley, Mary Gayed, Kenneth Hodson, Munther Khamashta, Louise Moore, Sonia Panchal, Madeleine Piper, Clare Reid, Katherine Saxby, Naz Senvar, Sofia Tosounidou, Maud van de Venne, Louise Warburton, David Williams, Chee-Seng Yee, Caroline Gordon and Ian Giles (2023) **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice** *Rheumatology (Oxford, England)* 62(4) p.e89-e104

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Siddharth Shah, Holly Morris, Nic Nicolaou, Scott MacInnes, Paul Haslam, Shantanu Shahane, Fazal Ali and Joe Garcia (2023) **Waste not, want not: assessing the impact of arthroscopic waste** *The British journal of surgery* 110(2) p.275-276

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Zain Sheikh, Beverley Yu, Emily Heywood, Natasha Quraishi and Shahed Quraishi (2023) **The assessment and management of deep neck space infections in adults: A systematic review and qualitative evidence synthesis** *Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery* **Abstract**: OBJECTIVES: To summarise current practices in the diagnosis and management of deep neck space infections (DNSIs). To inform future studies in developing a framework in the management of DNSIs., DESIGN: This review was registered on PROSPERO (CRD42021226449) and reported in line with PRISMA guidelines. All studies from 2000 that reported the investigation or management of DNSI were included. The search was limited to English language only. Databases searched included AMED, Embase, Medline and HMIC. Quantitative analysis was undertaken with descriptive statistics and frequency synthesis with two independent reviewers. A qualitative narrative synthesis was conducted using a thematic analysis approach., SETTING: Secondary or tertiary care centres that undertook management of DNSIs., PARTICIPANTS: All adult patients with a DNSI., MAIN OUTCOME MEASURES: The role of imaging, radiologically guided aspiration and surgical drainage in DNSIs., RESULTS: Sixty studies were reviewed. Thirty-one studies reported on imaging modality, 51 studies reported treatment modality. Aside from a single randomised controlled trial, all other studies were observational (n = 25) or case series (n = 36). Computer tomography (CT) was used to diagnose DNSI in 78% of patients. The mean percentage of management with open surgical drainage was 81% and 29.4% for radiologically guided aspiration, respectively. Qualitative analysis identified seven major themes on DNSI., CONCLUSIONS: There are limited methodologically rigorous studies investigating DNSIs. CT imaging was the most used imaging modality. Surgical drainage was commonest treatment choice. Areas of further research on epidemiology, reporting guidelines and management are required. Copyright © 2023 The Authors. Clinical Otolaryngology published by John Wiley & Sons Ltd.

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Tracy Vernon, Kelly Moore and Fran McNab (2023) **Clinical interpretation of the NHS Clinical Evaluation Team Foam Dressings Report to support Wound Care Formulary review** *Wounds UK* 19(1) p.56-63

**Abstract**: Wound healing is a dynamic and complex process, requiring an optimum environment to support wound repair, which can be influenced by the type of dressing used. With an increasing number of chronic wounds and increasing spend on the resources required to manage them (Guest et al, 2020), dressing selection remains an important aspect of wound care. For example, a dressing may be required that will manage exudate effectively but without detrimentally drying out the wound bed. With a plethora of different dressings in the same generic group being available it makes for difficult decisions when choosing products for wound formularies. Consideration has been given to this dilemma and had led to the setting up of a NHS Clinical Evaluation Team for consumables in healthcare. This paper describes the results of the local review conducted by the Skin Integrity Team at the Doncaster and Bassetlaw Teaching Hospitals (DBTH) following the publication of the NHS Clinical Evaluation Team (CET 2018) clinical review of foam dressings.

**Full Text Check:** [**https://www.wounds-uk.com/journals/issue/670**](https://www.wounds-uk.com/journals/issue/670)

Walter P. Weber, Oreste Davide Gentilini, Monica Morrow, Giacomo Montagna, Jana de Boniface, Florian Fitzal, Lynda Wyld, Isabel T. Rubio, Zoltan Matrai, Tari A. King, Ramon Saccilotto, Viviana Galimberti, Nadia Maggi, Mariacarla Andreozzi, Virgilio Sacchini, Liliana Castrezana Lopez, Julie Loesch, Fabienne D. Schwab, Ruth Eller, Martin Heidinger, Martin Haug, Christian Kurzeder, Rosa Di Micco, Maggie Banys-Paluchowski, Nina Ditsch, Yves Harder, Regis R. Paulinelli, Cicero Urban, John Benson, Vesna Bjelic-Radisic, Shelley Potter, Michael Knauer, Marc Thill, Marie-Jeanne Vrancken Peeters, Sherko Kuemmel, Joerg Heil, Bahadir M. Gulluoglu, Christoph Tausch, Ursula Ganz-Blaettler, Jane Shaw, Peter Dubsky, Philip Poortmans, Orit Kaidar-Person, Thorsten Kuhn and Michael Gnant (2023) **Uncertainties and controversies in axillary management of patients with breast cancer** *Cancer treatment reviews* 117(p.102556

**Abstract**: The aims of this Oncoplastic Breast Consortium and European Breast Cancer Research Association of Surgical Trialists initiative were to identify uncertainties and controversies in axillary management of early breast cancer and to recommend appropriate strategies to address them. By use of Delphi methods, 15 questions were prioritized by more than 250 breast surgeons, patient advocates and radiation oncologists from 60 countries. Subsequently, a global virtual consensus panel considered available data, ongoing studies and resource utilization. It agreed that research should no longer be prioritized for standardization of axillary imaging, de-escalation of axillary surgery in node-positive cancer and risk evaluation of modern surgery and radiotherapy. Instead, expert consensus recommendations for clinical practice should be based on current evidence and updated once results from ongoing studies become available. Research on de-escalation of radiotherapy and identification of the most relevant endpoints in axillary management should encompass a meta-analysis to identify knowledge gaps, followed by a Delphi process to prioritize and a consensus conference to refine recommendations for specific trial designs. Finally, treatment of residual nodal disease after surgery was recommended to be assessed in a prospective register. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.

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M. D. Wiles, M. Braganza, H. Edwards, E. Krause, J. Jackson and F. Tait (2023) **Management of traumatic brain injury in the non‐neurosurgical intensive care unit: a narrative review of current evidence** *Anaesthesia* 78(4) p.510-520

**Abstract**: Each year, approximately 70 million people suffer traumatic brain injury, which has a significant physical, psychosocial and economic impact for patients and their families. It is recommended in the UK that all patients with traumatic brain injury and a Glasgow coma scale ≤ 8 should be transferred to a neurosurgical centre. However, many patients, especially those in whom neurosurgery is not required, are not treated in, nor transferred to, a neurosurgical centre. This review aims to provide clinicians who work in non‐neurosurgical centres with a summary of contemporary studies relevant to the critical care management of patients with traumatic brain injury. A targeted literature review was undertaken that included guidelines, systematic reviews, meta‐analyses, clinical trials and randomised controlled trials (published in English between 1 January 2017 and 1 July 2022). Studies involving key clinical management strategies published before this time, but which have not been updated or repeated, were also eligible for inclusion. Analysis of the topics identified during the review was then summarised. These included: fundamental critical care management approaches (including ventilation strategies, fluid management, seizure control and osmotherapy); use of processed electroencephalogram monitoring; non‐invasive assessment of intracranial pressure; prognostication; and rehabilitation techniques. Through this process, we have formulated practical recommendations to guide clinical practice in non‐specialist centres.

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Sharinie Yapa and Ullas Raghavan (2023) **Lower Eyelid Transcutaneous Blepharoplasty, Minimizing Complications and Correction of Lower Eyelid Malposition** *Facial plastic surgery : FPS* 39(1) p.8-19

**Abstract**: The periocular area is one of the first and most noticeable areas affected by ageing. Common signs of lower lid ageing include rhytids, prominent eye bags caused by prolapse of orbital fat pads, increased lid laxity leading to lid malpositioning, and deepening of tear troughs, all of which give a sunken aged appearance. Lower lid transcutaneous blepharoplasty can correct most of these problems providing excellent long-term aesthetic outcomes with minimal downtime for the patient. However, lower eyelid anatomy is complex, and a thorough understanding of its structure and function is needed to avoid serious complications such as lid malpositioning and blindness. In this review, we present the anatomy of the lower lid and useful surgical techniques to circumvent and avoid such complications. Copyright Thieme. All rights reserved.

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Chee-Seng Yee, Caroline Gordon, Mohammed Akil, Peter Lanyon, Christopher J. Edwards, David A. Isenberg, Anisur Rahman, Lee-Suan Teh, Sofia Tosounidou, Robert Stevens, Athiveeraramapandian Prabu, Bridget Griffiths, Neil McHugh, Ian N. Bruce, Yasmeen Ahmad, Munther A. Khamashta and Vernon T. Farewell (2023) **The BILAG-2004 index is associated with development of new damage in SLE** *Rheumatology (Oxford, England)* 62(2) p.668-675

**Abstract**: OBJECTIVE: To determine whether BILAG-2004 index is associated with the development of damage in a cohort of SLE patients. Mortality and development of damage were examined., METHODS: This was a multicentre longitudinal study. Patients were recruited within 12 months of achieving fourth ACR classification criterion for SLE. Data were collected on disease activity, damage, SLE-specific drug exposure, cardiovascular risk factors, antiphospholipid syndrome status and death at every visit. This study ran from 1 January 2005 to 31 December 2017. Descriptive statistics were used to analyse mortality and development of new damage. Poisson regression was used to examine potential explanatory variables for development of new damage., RESULTS: A total of 273 SLE patients were recruited with total follow-up of 1767 patient-years (median 73.4 months). There were 6348 assessments with disease activity scores available for analysis. During follow-up, 13 deaths and 114 new damage items (in 83 patients) occurred. The incidence rate for development of damage was higher in the first 3 years before stabilizing at a lower rate. Overall rate for damage accrual was 61.1 per 1000 person-years (95% CI: 50.6, 73.8). Analysis showed that active disease scores according to BILAG-2004 index (systems scores of A or B, counts of systems with A and BILAG-2004 numerical score) were associated with development of new damage. Low disease activity (LDA) states [BILAG-2004 LDA and BILAG Systems Tally (BST) persistent LDA] were inversely associated with development of damage., CONCLUSIONS: BILAG-2004 index is associated with new damage. BILAG-2004 LDA and BST persistent LDA can be considered as treatment targets. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved. For permissions, please email: journals.permissions@oup.com.

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