

**Journal articles written by Trust staff Nov/December 2022**

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K. Darwin, J. Harding, E. Gunn, E. Cribb and L. Joseph (2022) **AIM for excellence: improving glycemic control in children and young people with type 1 diabetes at school** *Pediatric Diabetes* 23(Supplement 31) p.118-120

**Abstract**: Introduction: During the COVID-19 pandemic lockdown, glycemic control in children with Type 1 diabetes under our care improved. One of the reasons could be due to inconsistency in the management of diabetes at school. In order to address this possibility, our unit commenced a Quality Improvement Project to improve glycemic control of children with diabetes at school. Objective(s): Our Quality Improvement Project involved developing an educational tool called AIM - Activity, Insulin, Meals, an aid to improve glycemic control at school based on insulin regime and type of glucose monitoring. AIM tool provides advice on insulin management at meal times and PE [Physical Exercise] along with a PE guide with specific advice on glycemic control around exercise. Method(s): We produced separate AIM guidance for the following groups: 1. Multiple Dose Insulin regime [MDI]using self-monitoring of blood glucose [SMBG] 2. MDI regime using CGM [Dexcom G6] 3. MDI regime using Flash Glucose scanning [Libre] 4. Continuous Subcutaneous Insulin Infusion [CSII] using SMBG 5. CSII using CGM 6. CSII using Libre A sample AIM tool [1st & last pages] for the group using MDI with CGM is inserted below. We introduced the AIM guidance to patients, parents, and school staff from mid October 2021 to end of February 2022. We are allowing 3 months to embed the guidance in the day to day management of children and young people with diabetes at school. We will then analyze the impact of the AIM educational tool on glycemic control by comparing HbA1c, time in range, average glucose, and coefficient of variability during a 6 weeks period. Post introduction data collection with start in June. Result(s): Awaiting post introduction data collection for analysis. We are likely to have 25 patients with complete pre and post introductory data. Conclusion(s): Based on the results. However we hope clear instructions using our educational tool 'AIM' will improve glycemic control in school going children and young people.

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E. Dexter, F. Siracusa, A. Brown, A. Wilkins, C. Dolan and M. Pellen (2022) **TU7.10** **Short and medium-term symptom response to fundoplication in reflux-associated chronic cough in a UK Centre** *British Journal of Surgery* 109(Supplement 5) p.v57

**Abstract**: Aim: To identify whether anti-reflux Surgery is an effective treatment for reflux-associated cough in a single specialist unit. Method(s): A retrospective analysis of patients referred for suspected reflux-associated cough undergoing anti-reflux Surgery over a 12 month period in a single centre. Pre-operative oesophageal physiology and imaging, operative technique and follow up records were examined. Symptom resolution and relapse was assessed four years postoperatively. Result(s): 15 patients underwent anti-reflux Surgery following referral with suspected reflux-associated respiratory symptoms. 6 patients had hiatus hernia (40%). There was no correlation between symptom improvement and presence of hiatus hernia, lower oesophageal sphincter (LoS) pressure or DeMeester score (DS). 13 of 15 patients attended initial follow-up. 12 (92.3%) reported complete or partial resolution of symptoms. Acid suppression medication was discontinued in 7 (53.8%) patients at follow up. 100% of patients with marked oesophageal dysmotility (OD) and elevated DS reported their symptoms either partially or fully resolved. one patient who reported no symptom improvement had normal LoS pressures and normal DS but marked OD. At four-year follow up, 7/13 reported symptoms (53.8%). Of these 3 have been re-referred for recurrent cough (23.1%), 1 for dysphagia (7.7%) and 2 experienced symptomatic reflux (15%). The final patient (7.7%) underwent revision Surgery (partial reversal of Nissen Fundoplication) and was satisfied postoperatively. Conclusion(s): Patients referred by The respiratory service for reflux-associated cough show good symptom improvement which is largely maintained following anti-reflux surgery. Relative contraindications of dysmotility did not appear to be predictive of worse outcome in this group.

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S. Dias, S. Ashworth, S. McGonagle, P. Divall, J. Dias and S. Bhayani (2022) **DIAGNOSIS AND MANAGEMENT OF NEUROPATHIC PAIN AFTER TOTAL KNEE REPLACEMENT: A SYSTEMATIC REVIEW** *Pain Practice* 22(Supplement 1) p.50-51

**Abstract**: Aim: We systematically reviewed the literature on the diagnosis and management of neuropathic pain after Total Knee Replacement (TKR) to note whether standard treatments improved neuropathic pain outcomes. Background(s): Neuropathic pain is common after TKR, with incidence being reported between 5% and 50% but its identification, grading and management outcomes remain unclear. Method(s): The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed (PROSPERO reg CRD42021273288). Seven databases were searched. Studies reporting outcomes of treatment of neuropathic pain after TKR were included. The primary outcome was pain severity at 6-12 months. Result(s): Seven studies were included reporting different treatments. Only two report data that gave a SMD of >2 points on VAS at 6-12 months. The data on proportions reporting neuropathic pain could not be extracted in 5/7 papers. Data did not permit a meaningful meta-analysis so we followed the SWiM recommendations in reporting outcomes were followed. Conclusion(s): This review identifies a serious gap in the evidence for treatment of neuropathic pain after TKR. Future studies should routinely report the proportions classified as having neuropathic pain and the severity of pain at different time-points to at least 1-2 years post-treatment. Our study has highlighted that while post-TKR neuropathic pain is very common, the evidence for management is poor. We propose a possible management pathway, however urgent research is required to validate each step.

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S. M. Haigh (2022) **Managing a patient presenting to the emergency department with upper gastrointestinal bleeding** *Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association* 30(5) p.17-23

**Abstract**: Upper gastrointestinal (GI) bleeding is a common presentation in emergency departments (EDs). This medical emergency has a mortality rate of up to 14%, particularly in men and older people. The most frequent cause of upper GI bleeding is peptic ulcer disease. Management has not changed significantly in the past 50 years and there is ongoing debate in the literature about the most effective treatment protocols. This article uses a case study of a patient who presented to an ED with upper GI bleeding caused by peptic ulcer disease to examine the evidence on treatment and management. The article also discusses a care bundle that has been developed for rapid assessment and management of patients with acute upper GI bleeding.Copyright © 2022 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

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M. Haruna, R. Stevens and S. Macinnes (2022) **956 Patient-Reported Outcomes After Platelet Rich Plasma Injections for Elbow Tendinopathies** *British Journal of Surgery* 109(Supplement 6) p.vi132-vi133

**Abstract**: Introduction: Elbow tendinopathies affect 1-3% of the population, with 35-50 years old most commonly being affected. It is work-related as such can lead to significant morbidity, time off work, and affect the income of patients as well as daily activities. Non-operative management is the recommended first step however, success is influenced by patient compliance. Autologous platelet-rich plasma injections are a novel approach to managing tendinopathies however, evidence of efficacy was determined by NICE to be inadequate as such recommended more research into its use. Aim(s): Assess patient-reported outcomes after PRP injections for management of elbow tendinopathies. Method(s): Retrospective study of 28 patients with chronic elbow tendinopathies treated with PRP injections between 2018-2020. Pre-and Post-procedure outcomes were measured using the Oxford Elbow Score questionnaire. Average f/u duration-234 days. Result(s): 27 patients answered the questionnaire out of 28 total patients that underwent the procedure. Of the 27 patients, 20 patients (74%) reported improvement in symptoms and were satisfied with their outcomes after one injection. Conclusion(s): This study shows PRP injections are reasonable and efficient management for elbow tendinopathies in patients not managed medically. This helps strengthen arguments for PRP injections over steroids for tendinopathies as studies have shown that steroids have potential side effects, usually requires more than 1 injection for symptomatic relief and despite being beneficial in short term, is worse than other treatment options in the intermediate and long term for patients with tendinopathies. Our numbers also coincide with previous larger studies that showed ~70% of patients reported symptoms improving after 1 injection.

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W. S. Leong, S. Gowda, R. Jackson, E. Chabrillac and O. Edafe (2022) **Superficial versus total parotidectomy for metastatic cutaneous SCC and melanoma of the head and neck: a systematic review** *The Journal of laryngology and otology* p.1-22

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1017/S0022215122001724**](https://libkey.io/libraries/1656/10.1017/S0022215122001724)

Mark T. Mills, Sarah Ritzmann, Maisie Danson, Gillian E. Payne and David R. Warriner (2022) **Drive-by collection and self-fitting of ambulatory electrocardiogram monitoring** *The British journal of cardiology* 29(2) p.12

**Abstract**: Ambulatory electrocardiogram (AECG) monitoring is a common cardiovascular investigation. Traditionally, this requires a face-to-face appointment. In order to reduce contact during the COVID-19 pandemic, we investigated whether drive-by collection and self-fitting of the device by the patient represents an acceptable alternative. A prospective, observational study of consecutive patients requiring AECG monitoring over a period of one month at three hospitals was performed. Half underwent standard (face-to-face) fitting, and half attended a drive-by service to collect their monitor, fitting their device at home. Outcome measures were quality of the recordings (determined as good, acceptable or poor), and patient satisfaction. A total of 375 patients were included (192 face-to-face, 183 drive-by). Mean patient age was similar between the two groups. The quality of the AECG recordings was similar in both groups (52.6% good in face-to-face vs. 53.0% in drive-by; 34.9% acceptable in face-to-face vs. 32.2% in drive-by; 12.5% poor in face-to-face vs. 14.8% in drive-by; Chi-square statistic 0.55, p=0.76). Patient satisfaction rates were high, with all patients in both groups satisfied with the care they received. In conclusion, drive-by collection and self-fitting of AECG monitoring yields similar AECG quality to conventional face-to-face fitting, with high levels of patient satisfaction. Copyright © 2022 Medinews (Cardiology) Limited.

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S. O. Onigbinde, C. M. Asaleye, A. A. Salako, B. M. Idowu, A. O. Onigbinde and A. Laoye (2022) **The effect of systemic hypertension on prostatic artery resistive indices in patients with benign prostate enlargement** *Prostate International* **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). Material(s) and Method(s): 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. Result(s): 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(s): 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

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M. D. Russell, M. Dey, J. Flint, P. Davie, A. Allen, A. Crossley, M. Frishman, M. Gayed, K. Hodson, M. Khamashta, L. Moore, S. Panchal, M. Piper, C. Reid, K. Saxby, K. Schreiber, N. Senvar, S. Tosounidou, M. van de Venne, L. Warburton, D. Williams, C. S. Yee, C. Gordon and I. Giles (2022) **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids** *Rheumatology (Oxford, England)* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac551**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac551)

M. D. Russell, M. Dey, J. Flint, P. Davie, A. Allen, A. Crossley, M. Frishman, M. Gayed, K. Hodson, M. Khamashta, L. Moore, S. Panchal, M. Piper, C. Reid, K. Saxby, K. Schreiber, N. Senvar, S. Tosounidou, M. van de Venne, L. Warburton, D. Williams, C. S. Yee, C. Gordon and I. Giles (2022) **Executive Summary: British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: immunomodulatory anti-rheumatic drugs and corticosteroids** *Rheumatology (Oxford, England)* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac558**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac558)

M. Sam, A. Hussain, M. Pegler, E. Pearson, I. Omar, M. Boyle, R. Singhal and K. Mahawar (2022) P49 **Changes of liver function tests after one anastomosis gastric bypass: A comparison between 150 cm and 200 cm biliopancreatic limbs** *Obesity Surgery* 32(Supplement 1) p.S25-S26

**Abstract**: Background: Some studies have shown that one anastomosis gastric bypass (OAGB) results in the derangement of liver function tests (LFTs). The aims are to study the effect of OAGB on LFTs and to compare the effect of a biliopancreatic limb (BPL) of 150 cm (OAGB-150) to a BPL of 200 cm (OAGB-200) Methods: The study was a retrospective cohort study conducted at a university hospital. Result(s): A total of 405 patients underwent an OAGB-200 (n = 234) or OAGB-150 (n = 171) in our unit between October 2012 and July 2018. There were significant improvements in gamma-glutamyl transpeptidase (GGT) levels at 1 and 2 years after OAGB-200 and significant worsening in the levels of alkaline phosphatase (ALP) and albumin at 1 and 2 years. There was a significant improvement in GGT levels at 1 and 2 years after OAGB-150 and in alanine transaminase levels at 1 year. There was a significant worsening in ALP and albumin levels at both follow-up points in this group. OAGB-150 group had a significantly lower bilirubin level at 1 year and significantly fewer abnormal ALP values at 2 years in comparison with OAGB-200 patients. Conclusion(s): This exploratory study demonstrates the overall safety of OAGB with regard to its effect on LFTs, with no remarkable difference between OAGB-150 and OAGB-200.

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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, Ian Giles and Audit and Guidelines Working Group Bsr Standards (2022) **British Society for Rheumatology guideline on prescribing drugs in pregnancy and breastfeeding: comorbidity medications used in rheumatology practice** *Rheumatology (Oxford, England)* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/keac552**](https://libkey.io/libraries/1656/10.1093/rheumatology/keac552)

Siddharth Shah, Holly Morris, Nic Nicolaou, Scott MacInnes, Paul Haslam, Shantanu Shahane, Fazal Ali and Joe Garcia (2022) **Waste not, want not: assessing the impact of arthroscopic waste** *The British journal of surgery* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/bjs/znac427**](https://libkey.io/libraries/1656/10.1093/bjs/znac427)

E. Tian Tan, Leong Wei Sheng, Ovie Edafe and Showkat Mirza (2022) **A systematic review of the feasibility and safety of day case nasal and/or palatopharyngeal surgery in patients with obstructive sleep apnoea** *Clinical Otolaryngology* 47(6) p.620-627

**Abstract**: IntroductionRecent guidelines suggest obstructive sleep apnoea (OSA) is not an absolute contraindication for same day discharge following surgery. The aim of this systematic review was to examine the feasibility and safety of day case nasal and/or palatopharyngeal surgery in patients with OSA.MethodsWe performed a systematic search of PubMed, EMBASE and the Cochrane library. Quality assessment of included studies was performed. The protocol of this systematic review was registered with PROSPERO (CRD42021273451).ResultsA total of 1836 patients from 10 observational studies were included. There were 268 (15.4%) nasal surgeries, 738 palatopharyngeal surgeries (42.4%) and 735 (42.2%) combined nasal and palatopharyngeal surgery. The majority of patients had moderate to severe OSA. A total of 860 patients (49.8%) were successfully discharged as day cases. There were no standard criteria for daycase surgery. Post‐anaesthetic respiratory events were reported in 86/1750 (4.9%) patients. Oxygen desaturation was the most common respiratory event (83.7%, n = 72). There was no mortality reported.ConclusionCurrent data suggests day surgery is feasible in carefully selected patients with OSA undergoing nasal and/or palatopharyngeal surgery. Further well‐designed prospective studies with an emphasis on the systematic assessment of complications are required to establish safety and daycase criteria.

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J. Wood, G. Adams and J. Sayer (2022) **DYING FROM LIVER CIRRHOSIS. ARE WE COMMUNICATING WITH PATIENTS AND THEIR RELATIVES** *BMJ Supportive and Palliative Care* 12(Supplement 2) p.A30-A31

**Abstract**: Introduction The prospect of dying is a difficult subject to broach with patients and their relatives. This is exacerbated in patients with liver cirrhosis. We raised the question whether we were communicating with patients and their relatives. Methods We assessed the notes of patients who had 'cirrhosis' or 'liver disease' documented on their death certificates during April- September 2019. This included reviewing all documentation during admissions and clinic attendances focusing on whether prognosis or the risks of dying were discussed. We analysed multiple prognostic indicators to assess if we were recognising these and relaying this to the patient and their next of kin. Results We reviewed the notes of 19 patients. The mean age of death was 60 years. 84% of patients died in hospital with mean length of stay of 13 days. 69% of patients had no discussion about cirrhosis and its life limiting implications documented prior to the last admission. 1 patient had a discussion about palliative care options. 43% of relatives had a discussion documented before the last admission. During the final admission 29% patients had a discussion documented, 67% of relatives had a discussion documented with 55% of discussions being done by gastroenterology. Do not attempt resuscitation forms were in place in 84% at the time of death. 3 patients were referred to palliative care. 68% of the patients had indicators suggesting a mortality more than 81% within 1 year.1 Conclusions We are not relaying to the patient or relatives that liver cirrhosis is a life limiting condition. We are preventing advanced care planning and access to palliative care. Open, honest discussions need to take place in a timely manner. Every patient interaction should be seen as an opportunity for these discussions to take place due to unpredictable nature of cirrhosis.

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Chee-Seng Yee, Munther Khamashta, Mohammed Akil, Rachael Kilding, Ian Giles, David Williams, Ian N. Bruce and Caroline Gordon (2022) **The BILAG2004-Pregnancy Index is a valid disease activity outcome measure for pregnant SLE patients** *Rheumatology advances in practice* 6(3) p.rkac081

**Abstract**: Objectives: This study was to determine whether the BILAG2004-Pregnancy Index (BILAG2004-P) has construct/criterion validity and is sensitive to change., Methods: This was an observational multicentre study that recruited pregnant SLE patients. Data were collected on disease activity [using the BILAG2004-P and Physician Global Assessment (PGA)], investigations and therapy at each assessment. The overall BILAG2004-P score as determined by the highest score achieved by any system was used in the analysis. Cross-sectional analysis was used for construct and criterion validity. The comparison was with C3, C4 and anti-dsDNA for construct validity, while it was with change in therapy and PGA in criterion validity. Sensitivity to change was assessed by determining the relationship between the change in BILAG2004-P and the change in therapy between two consecutive visits., Results: A total of 97 patients with 112 pregnancies were recruited. There were 610 assessments available for construct/criterion validity analysis (98.2% of pregnancies had more than one assessment) and 497 observations for sensitivity to change analysis. Increasing BILAG2004-P scores were associated with low C3. The active BILAG2004-P score (grade A or B) was associated with an increase in therapy and the PGA of active disease. There was an increasing likelihood of higher overall scores with an increase in therapy and the PGA of active disease. In the sensitivity to change analysis, an increase in the BILAG2004-P score was associated with an increase in therapy and inversely associated with a decrease in therapy. A decrease in the BILAG2004-P score was associated with a decrease in therapy and inversely associated with an increase in therapy., Conclusion: The BILAG2004-P has criterion validity and is sensitive to change. Copyright © The Author(s) 2022. Published by Oxford University Press on behalf of the British Society for Rheumatology.

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