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Daniel Camfield, Rachel Iveson and David Warriner (2022) **Diuretic-resistant pretricuspid shunt: what is the missing link?** *Heart (British Cardiac Society)* 108(19) p.1515-1582

**Abstract**:

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Yee Chee‐Seng, Caroline Gordon, David A. Isenberg, Bridget Griffiths, Teh Lee‐Suan, Ian N. Bruce, Yasmeen Ahmad, Anisur Rahman, Athiveeraramapandian Prabu, Mohammed Akil, Neil McHugh, Christopher J. Edwards, David D'Cruz, Munther A. Khamashta and Vernon T. Farewell (2022) **Comparison of Responsiveness of British Isles Lupus Assessment Group 2004 Index, Systemic Lupus Erythematosus Disease Activity Index 2000, and British Isles Lupus Assessment Group 2004 Systems Tally** *Arthritis Care & Research* 74(10) p.1623-1630

**Abstract**: ObjectiveTo compare the responsiveness of the British Isles Lupus Assessment Group 2004 index (BILAG‐2004) and the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI‐2K) disease activity indices and to determine whether there was any added value in combining BILAG‐2004, BILAG‐2004 system tally (BST), or simplified BST (sBST) with SLEDAI‐2K.MethodsThis was a multicenter longitudinal study of SLE patients. Data were collected on BILAG‐2004, SLEDAI‐2K, and therapy on consecutive assessments in routine practice. The external responsiveness of the indices was assessed by determining the relationship between change in disease activity and change in therapy between 2 consecutive visits. Comparison of indices and their derivatives was performed by assessing the main effects of the indices using logistic regression. Receiver operating characteristic curves analysis was used to describe the performance of these indices individually and in various combinations, and comparisons of area under the curve were performed.ResultsThere were 1,414 observations from 347 patients. Both BILAG‐2004 and SLEDAI‐2K maintained an independent relationship with change in therapy when compared. There was some improvement in responsiveness when continuous SLEDAI‐2K variables (change in score and score of previous visit) were combined with BILAG‐2004 system scores. Dichotomization of BILAG‐2004 or SLEDAI‐2K resulted in poorer performance. BST and sBST had similar responsiveness as the combination of SLEDAI‐2K variables and BILAG‐2004 system scores. There was little benefit in combining SLEDAI‐2K with BST or sBST.ConclusionThe BILAG‐2004 index had comparable responsiveness to SLEDAI‐2K. There was some benefit in combining both indices. Dichotomization of BILAG‐2004 and SLEDAI‐2K leads to suboptimal performance. BST and sBST performed well on their own; sBST is recommended for its simplicity and clinical meaningfulness.

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Sarah Daniels, Jenna Morgan, Matthew Lee, Nyantara Wickramasekera, Susan Moug, Tim Wilson, Steven Brown and Lynda Wyld (2022) **Surgeon preference for treatment allocation in older people facing major gastrointestinal surgery: an application of the discrete choice experiment methodology** *Colorectal Dis* **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., (C) 2022 John Wiley & Sons, Ltd

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S. Gowda, G. K. Swamy, R. Veerattepillay, R. Rajasundaram, V. Hanchanale, B. Gowda, B. Wilkinson and C. S. Biyani (2022) **Quantifying the impact of the coronavirus pandemic on the basic laparoscopic skills of urology trainees** *Journal of Clinical Urology* 15(1 Supplement) p.53-54

**Abstract**: Introduction: Reprioritisation of workforce resources during the coronavirus pandemic has resulted in the cancellation of elective operating lists and redeployment of surgical trainees. The implications on the perceived confidence and capability of trainees have been reported in qualitative studies, while quantitative effects on dexterity are alluded to but are harder to qualify. Our aim was to provide an indirect measure of the impact of the pandemic on technical skills, by comparing pre- and post-pandemic outcomes on surgical simulators. Method(s): We analysed performance data of First year Urology registrars completing the European Basic Laparoscopic Urological Skills (E-BLUS) exercises as part of a course. Data from 2018 and 2019 were combined to measure "pre-pandemic group" performance, and data from 2021 used for "post-pandemic group". Result(s): There were 103 and 48 trainees in the prepandemic and post-pandemic groups respectively. Prepandemic group performance was significantly better in 2 out of 4 E-BLUS tasks during the practice session. For Task 3 average time to completion was 175 seconds less (p<0.001) and for Task 4 the average time was faster by 107 seconds (p=0.003). During the assessment, prepandemic group performance was better (p=0.017) for Task 2 and significantly faster (p=003) for Task 4. Conclusion(s): Our Results provide evidence to support the notion that the pandemic has had a tangible detrimental effect on the technical skills of urology trainees. Going forwards more resources should be dedicated to 'catching up' trainees who have had a compromised experience during this time, either through local interventions or widespread curriculum change.

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T. A. A. M. Habeeb, A. Hussain, F. Schlottmann, M. Kermansaravi, A. Aiolfi, I. Matic, O. Abdelazez, S. M. negm, M. A. Baghdadi, M. Abdou yassin, A. M. Sallam, H. Mohammad, F. M. Habib, M. I. Abdelhamid and M. F. Amin (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(p.106200

**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

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R. Hilbert, L. Bibby, N. Boxall, L. Srinivasan, T. Aho and B. W. Lamb (2022) **Anticoagulant but not antiplatelet use is associated with haematuria complications after bladder outflow surgery** *Journal of Clinical Urology* **Abstract**: Objective: The evidence on the safety of peri-procedural management of more novel antithrombotic medication in the context of a wider option of bladder outflow obstruction (BOO) procedures is limited. We aimed to assess the risk of delayed discharge or readmission (specifically due to haematuria) for all patients undergoing BOO surgery. Patients and Methods: Prospective identification of all patients undergoing any type of BOO procedure at a single centre between April and December 2019 was performed. Clinical information was obtained from electronic patient records to scrutinise medications, procedure, delayed discharge and readmission within 30 days of surgery due to haematuria. Result(s): Two hundred forty patients were identified. In all, 78.6% (22/28) of patients on anticoagulants were on novel agents. The delayed discharge rate due to haematuria was 0.58% (1/171) in the no antithrombotic group and 7.14% (2/28) in the anticoagulant-only group. Increased age and perioperative anticoagulant therapy predicated delayed discharge. Readmissions due to haematuria were statistically significant with 1.16% (2/171) readmitted with no antithombotics, compared with 14.3% (4/28) of those on anticoagulants (p 0.01). Conclusion(s): Perioperative anticoagulant use is associated with an increased risk of readmission following BOO surgery. Further work is required to help stratify and lower risk, especially with evolving surgical and medical technologies. Level of Evidence: 3b.Copyright © British Association of Urological Surgeons 2022.

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S. Nayak, S. Khan, H. Hocking, G. Wattoo and L. Wyld (2022) **Letter in reply: "Response to letter to the editor regarding a recent article in JPRAS: Long-term outcomes of latissimus dorsi flap breast reconstructions: A single-center observational cohort study with up to 12 years of follow up."** *Journal of plastic, reconstructive & aesthetic surgery : JPRAS* 75(1) p.499-500

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1016/j.bjps.2021.09.036**](https://libkey.io/libraries/1656/10.1016/j.bjps.2021.09.036)

M. Sam, A. Hussain, M. Pegler, E. Pearson, I. Omar, M. Boyle, R. Singhal and K. Mahawar (2022) **Effect of one anastomosis gastric bypass on liver function tests: A comparison between 150 cm and 200 cm biliopancreatic limbs** *Journal of Minimal Access Surgery* 18(1) p.38-44

**Abstract**: Context: Some studies have shown that one anastomosis gastric bypass (OAGB) results in the derangement of liver function tests (LFTs). We wanted to study this in our patients. Aim(s): 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). Settings and Design: The study was a retrospective cohort study conducted at a university hospital. Material(s) and Method(s): Information was obtained from our prospectively maintained database and hospital's computerised records. Statistical Analysis: A P < 0.05 was regarded statistically significant; however, given the number of variables examined, findings should be regarded as exploratory. 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.Copyright © 2022 Wolters Kluwer Medknow Publications. All rights reserved.

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R. Singhal, V. R. Cardoso, J. Super, C. Ludwig, G. V. Gkoutos, 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. 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, A. Osman, 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, 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, P. Jambulingam, R. Mamidanna, D. Whitelaw, M. T. Adil, V. Jain, D. K. Veetil, R. Wadhawan, A. Torres, 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, T. Wiggins, C. Baratte, J. A. Wisnewsky, L. Genser, L. Chong, L. Taylor, S. Ward, M. W. Hi, A. Plamper, K. Rheinwalt, H. Heneghan, J. Geoghegan, K. C. Ng, N. Fearon, 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 (2022) **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* 46(4) p.750-757

**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).

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C. Spada, A. Koulaouzidis, C. Hassan, P. Amaro, A. Agrawal, L. Brink, W. Fischbach, M. Hunger, R. Jover, U. Kinnunen, A. Ono, A. Patai, S. Pecere, L. Petruzziello, J. F. Riemann, H. Staines, A. L. Stringer, E. Toth, G. Antonelli and L. Fuccio (2022) **Factors Associated with Withdrawal Time in European Colonoscopy Practice: Findings of the European Colonoscopy Quality Investigation (ECQI) Group** *Diagnostics* 12(2) p.503

**Abstract**: The European Colonoscopy Quality Investigation (ECQI) Group aims to raise awareness for improvement in colonoscopy standards across Europe. We analyzed data collected on a sample of procedures conducted across Europe to evaluate the achievement of the European Society of Gastrointestinal Endoscopy (ESGE) mean withdrawal time (WT) target. We also investigated factors associated with WT, in the hope of establishing areas that could lead to a quality improvement. Method(s): 6445 form completions from 12 countries between 2 June 2016 and 30 April 2018 were considered for this analysis. We performed an exploratory analysis looking at WT according to the ESGE definition. Stepwise multivariable logistic regression analysis was conducted to determine the most influential associated factors after adjusting for the other pre-specified variables. Result(s): In 1150 qualifying colonoscopies, the mean WT was 7.8 min. Stepwise analysis, including 587 procedures where all inputs were known, found that the variables most associated with mean WT were a previous total colonoscopy in the last five years (p = 0.0011) and the time of day the colonoscopy was performed (p = 0.0192). The main factor associated with a WT < 6 min was the time of day that a colonoscopy was performed. Use of sedation was the main factor associated with a higher propor-tion of WT > 10 min, along with a previous colonoscopy. Conclusion(s): On average, the sample of European practice captured by the ECQI survey met the minimum standard set by the ESGE. How-ever, there was variation and potential for improvement.Copyright © 2022 by the authors. Licensee MDPI, Basel, Switzerland.

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John Unsworth, L. L. M. PhD, BSc Msc, R. N. Ba, Feans Ffnmrcsi, Karen Greene, Ffnmrcsi Rn, Parveen Ali, MScN PhD, Sfhea Rn, Gro Lillebo, Donia Mazilu and R. N. Carmen PhD (2022) **Advanced practice nurse roles in Europe: Implementation challenges, progress and lessons learnt** *Int Nurs Rev* **Abstract**: Background: Advanced practice nursing (APN) roles offer improved access to care and increased quality and more timely care. Despite the advantages of APN roles, there is a disparity between European countries when it comes to implementing APN roles., Aim: To explore the implementation of APN roles in a range of European countries and to explore what factors facilitate or hinder the implementation of these roles., Methods: A case study evaluation of the process of implementing APN roles. The sample included four countries where APN roles were well developed (Ireland, Spain, Norway and the United Kingdom) and four where APN roles were implemented (Estonia, Slovenia, Cyprus and Romania). Interviews were conducted with key informants (n = 28) from government departments, regulatory bodies, nursing associations and universities. The consolidated criteria for reporting qualitative research (CPREQ) has been used throughout., Limitations: The small number of countries when considering the size of the region and key informants representing the view of only three to four people in each country., Results: Four themes were identified, including the rationale for the development of the roles, influence, the evolutionary nature of role development and evidence. The data also revealed a mismatch between the perceptions of how the roles develop among the different countries in the early stages of implementation., Conclusion: Successful role implementation is dependent upon a tripartite approach between managers, practitioners and educators. An evolutionary approach to role development was used. Regulation and policy come later on in the process of implementation., Implications for nursing policy: APN policy should be based on patient needs rather than on the workforce or professional imperatives. The process of implementation can take 15-20 years in total. Recognising the importance of the relationships between service managers and educators is key to the early development of these roles., (C) 2022 John Wiley & Sons, Ltd

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L. Wall and K. Moore (2022) **A 22-patient clinical evaluation of Kliniderm debride and Kliniderm debride pocket** *Wounds UK* 18(3) p.48-55

**Abstract**: Wound debridement is the process whereby foreign material, and dead or damaged tissue and debris, are removed from a wound (Vowden and Vowden, 1999; O'Brien, 2002; O'Brien, 2003). There are many forms of debridement: Kliniderm debride and Kliniderm debride pocket (H&R Healthcare) were used as part of an evaluation, which involved mechanical debridement of complex wounds and periwound skin. In total, the evaluation included 23 wounds with a variety of aetiologies. The products showed effective wound debridement and the clinicians considered the products easy to use. REMOVE Necrosis; Slough; Eschar; Impaired tissue; Sources of inflammation; Sources of infection; Exudate; Serocrusts; Hyperkeratosis; Pus; Haematomas; Foreign bodies; Debris; Bone fragments; Other types of bioburden/barriers of healing.Copyright © 2022, OmniaMed Communications Ltd. All rights reserved.

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