



THE **O**perating Theatre Journal

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Painkiller use in childbirth drops six percentage points in a decade

The use of analgesics or anaesthetics before or during delivery has dropped from 67% of all deliveries in 2008-09 to 61% in 2018-19.

The number of deliveries is also at its lowest level in a decade, falling 7.5% from 652,638 in 2008-09 to 603,766 in 2018-19. There has been a 3.6% drop from 2017-18, when there were 626,203 deliveries.

The NHS Maternity Statistics, 2018-19 brings together detailed information on hospital care received before, during and after delivery from the Hospital Episodes Statistics (HES) database².

The NHS Digital report also shows:

- Deliveries for women under 20 have more than halved in a decade, falling from 42,209 in 2008-09, to 16,956 in 2018-19
- Deliveries for women in their thirties has increased by seven per cent, climbing from 279,206 in 2008-09, to 298,590 in 2018-19.

The report also uses figures from the Maternity Services Data Set (MSDS) which provides information on a range of measures reported at a mother's booking appointment, as well as information on the labour and delivery along with babies' demographics, diagnoses and screening tests³.

MSDS data are classed as experimental statistics. Therefore, any figures from this dataset should be treated with caution, but it can give a useful indication of key patterns, from the subset of women whose data it includes⁴.

This year, the reported MSDS data includes new figures on folic acid status and weekly alcohol intake at booking appointments.

Overall, 83% of women reported taking a folic acid supplement prior to or on confirmation of pregnancy, of which the lowest proportion was women under 20 (69%).

Alcohol status was reported in only 60% (327,495) of antenatal bookings. 97.2% of these women (318,363) reported a zero alcohol intake. Of the remaining:

- 2.0% (6,613) reported consuming 1-4 units
- 0.5% (1,512) reported consuming 5-9 units
- 0.2% (512) reported consuming 10-14 units
- 0.2% (495) reported consuming more than 14 units a week.

MSDS data also shows⁵:

- 82% (370,590) of women with babies born at a gestation of at least 37 weeks had skin to skin contact within an hour of birth
- 75% (372,637) of babies with a reported first feed type, received breast milk as their first feed
- 50% (230,311) of women were recorded as overweight or obese at their booking appointment
- 12% (62,314) of women reported that they smoked at their booking appointment

Read the full report: <http://bit.ly/OTJ2WRYhzO>

Getting Back on Track - Revolutionising Spinal Surgery with the Advance Table Lateral System

To address the ever increasing requirement for lateral approach surgery Hillrom have introduced the Allen© Advance Table Lateral to Prone (L2P)TM Platform designed with patient positioning challenges in mind. The platform allows for simple patient movement maximising efficiency of lateral spine procedures and pedicle screw fixation, maintaining safety of operating room staff, and improving patient outcomes.

Surgical advances with the Lateral to Prone platform:

Combining the Allen© Advance Table and L2PTM platform, patients can be rotated 90-degrees from lateral directly into a prone position. Its unique rotational capabilities allow right and left side lateral approaches without logrolling patients .

The L2PTM platform addresses the challenge of patient repositioning, allowing surgeons to benefit from minimally invasive lateral spinal approaches, while maintaining time efficiencies and protecting patient and caregiver safety. Benefits include:

- Secure and controlled movement of the patient.
- Time savings over traditional patient movement approaches.
- Removing the need to swap tables in and out of the OR, thus reducing infection rates

Lateral patient transfers currently present the most frequent cause for spinal and shoulder musculo-skeletal disorders for nurses . Without the L2PTM platform, patient transfers from the lateral to prone position require around five OR staff members to lift the patient to a gurney and then switch the OR table to a prone frame, putting caregivers at increased risk.

L2P in Clinical Use:

The Lateral to Prone platform is currently in place in four NHS trusts, including the Royal National Orthopaedic Hospital NHS Trust an internationally recognised leader in research and development of orthopaedic medicine.

The Spinal Surgery Unit at RNOH Stanmore pools the skills of multidisciplinary experts to treat a variety of spinal presentations. Consultant orthopaedic surgeon, Mr Robert Lee FRCS (Tr&Orth) specialises in complex spinal surgery, treating country-wide spinal referrals. The L2PTM platform is currently being utilised by Mr Lee to support his work in minimally invasive fusions and decompressions, with a focus on fast rehabilitation and maximum preservation of the paraspinal musculature .

Mr Lee comments; "At RNOH we perform complex adult reconstructive surgery involving restoration of the anterior column with cages inserted from the lateral or oblique position followed by posterior fusion. We have started using the Allen© Advance Table Lateral System with the L2PTM for our one stage anterior/posterior cases. The platform enables us to turn the patient from lateral to prone without having to logroll the patient. This has resulted in faster repositioning between stages, less danger of cage displacement and safer manual handling for the theatre staff".

1 https://www.allenmedical.com/files/resources/global_spine_brochure.pdf

2 Ibid

3 Rectoris, Mary. "Lateral Approaches to Spine Surgery - Decisions and Challenges." Becker's Spine Review, 03 April 2017.

<https://www.beckersspine.com/spine/item/36054-lateral-approaches-to-spine-surgery-decisions-and-challenges.html>

4 <https://www.rnoh.nhs.uk/our-services/spinal-surgical-unit>

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OMFS Peter Brennan's Gray's Surgical Anatomy 'written by surgeons for surgeons' - launches 29 November 2019

Portsmouth-based Consultant Oral and Maxillofacial Surgeon (OMFS), and Honorary Professor of Surgery, Peter Brennan admits it has been three years of hard work, but is "absolutely honoured" to be the lead editor for Gray's Surgical Anatomy. This new book will launch at the end of November, and is the sister text to the legendary Gray's Anatomy.

"The book has been written for surgeons by surgeons. It combines topographic and surgical anatomy, very similar to the original edition of Gray's Anatomy published over 150 years ago," Peter Brennan explains.

Professor Brennan wrote and edited the book together with an international team of expert surgeons and world-renowned anatomist Professor Susan Standring. It consolidates surgical, anatomical and technical knowledge for the entire human body in a single volume.

"The editors and authors are all committed to education, training and patient safety," Peter Brennan says, adding: "The book contains a wealth of information as well as top tips and hazards boxes in each chapter to ensure safe practice in the operating theatre."

Peter Brennan wrote the chapter on minimising error and improving safety for patients based on his recent PhD on human factors (HF): "Because the operating theatre is one of the most likely sites in the hospital for serious medical error, it is so important that we understand the effects of HF before we even pick up a scalpel," he states.

"The book contains beautiful easy-to-understand artwork, together with many operative images and online videos to bring the anatomy alive and, I hope, make it a joy to learn and apply in theatre."

Congratulating Peter Brennan on the completion of this major project, British Association of Oral and Maxillofacial Surgeons (BAOMS) President Sat Parmar said: "It is with immense pride that I look on this historic, but new and beautifully illustrated book, edited by an oral and maxillofacial surgeon. Peter was a previous, very successful editor for the British Journal of Oral and Maxillofacial Surgery and a past BAOMS President.

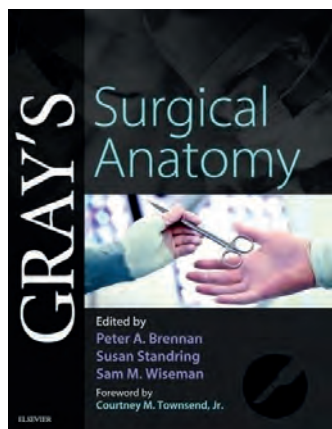
"I would like to thank him for all his hard work and congratulate him for the book."

Peter Brennan says it is a privilege for him "as a maxillofacial surgeon to be lead editor for this prestigious and eagerly-awaited book. It puts OMFS very firmly on the map".

Peter Brennan hopes that Gray's Surgical Anatomy will become the anatomy text that surgical trainees use for their studies in the future. It has already been recommended as essential reading for surgeons in the United States. The foreword by Dr Courtney Townsend, President of the American College of Surgeons, describes it as an historical landmark.

"It's such an honour for me, and it's a great showcase for our specialty too," Peter Brennan says.

- Gray's Surgical Anatomy is published by Elsevier on 29 November 2019. For information go to: <https://www.elsevier.com/books/grays-surgical-anatomy/brennan/978-0-7020-7386-1>



Would you donate your body to medical science? 16.8% want to, but only 0.2% do

New research commissioned by Avalon Funeral Plans shows that 16.8% of people would like to donate their body to medical science after death.

However, according to stats, only 0.2% actually go through with donating their body to medical schools.*

Avalon Funeral Plans launched a large-scale national study into death and funeral wishes in the UK - in which 2,000 Britons were questioned - in an effort to find out attitudes towards death and dying in 2019.

When asked what they would like to happen to their body after death, the majority of Brits (47.1%) wish to be cremated, 23% would like to be buried, 16.8% selected donating their body to medical research, 9.9% would like a natural burial with no grave marker and a biodegradable coffin and 3.3% gave a wide variety of responses such as "I don't care", "I don't know", "The cheapest option" and "Buried at sea".

The importance of donating their body to science appears to decrease with age, with those aged 18-24 twice as likely as those aged over 55.

24.8% of 18-24 year olds selected donation compared to 21.9% of 25-34 year olds, 18.2% of 35-44 year olds, 14.6% of 45-54 year olds and 12.1% of those aged over 55.

The results also demonstrate the stronger importance males place on donating their body, with 18.4% of males selecting this option compared to 15.1% of females.

Those living in Scotland are considerably more likely to donate their body than the rest of the UK with 24.2% wishing to donate. This is followed by those living in Yorkshire (20.4%), South Coast (18.9%), East Midlands (18.7%), South West (17.1%), Wales (15.5%), East England (15.5%), North West (14.8%), London (14.2%), West Midlands (12.2%), North East (11.3%), and least likely are those living in Northern Ireland (10.5%).

How to donate your body

Donating your body to a medical school is a valuable gift and can be used for teaching, research or training purposes.

In order to donate in the UK, you must be over 18 and of sound mind.

You can donate by either contacting your local medical school and filling in specific forms or by stating it in your will. For more information on how to donate visit: <https://www.hta.gov.uk/donating-your-body>

Colette Porter, Commercial Director at Avalon Funeral Plans said: "With an increase in alternative funeral plans, it's important that you take the time to talk to your loved ones about your wishes.

Our study shows that only around 30% have written down their wishes or communicated them in detail.

So if you have specific wishes in mind, it's important to make them known to your loved ones and put the plans in place."

Avalon Funeral Plans surveyed 2,000 people living in the UK in 2019.

The full findings can be seen here: <http://bit.ly/OTJ33l0Sow>

*According to the Office for National Statistics, there were 533,253 deaths registered in England and Wales in 2017 and according to the 28 schools licensed to accept whole bodies by the Human Tissue Authority (HTA) and The Times, 1,344 or (0.2%) of the deceased bodies had been donated to medical schools in the UK.

The next issue copy deadline, Friday 22nd November 2019

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As Wave of Regret Over Sex Reassignment Surgeries Grows Plastic Surgeons Advise Caution in Treatment of Gender Dysphoria

A number of recent cases suggest that sex reassignment surgeries remain the most controversial tool of gender transitioning due to their irreversibility. Therefore the surgeons of the leading cosmetic surgery center Nordesthetics clinic suggest gradual and mostly reversible transitioning to their transgender patients.

The growing phenomenon of transgender detransitioning has hit the headlines recently. Although it is difficult to estimate how common detransitioning is, the networks of detransitioners around the world attract growing attention both of the media and of the medical community.

The possibility of regret and reversal of gender transitioning is an important factor that cosmetic surgeons have to consider before they start the treatment of transgender patients. Due to the possibility of detransitioning, the scope and pace of surgical procedures has to be carefully adjusted according to the medical history and psychological condition of the individual patient.

Transgender detransitioners are the people who chose to return to their original biological gender after first changing it. Despite the controversy that detransitioners cause inside the LGBT community, healthcare professionals expect the phenomenon to become even more widespread as a growing number of people start transgender transitioning at a very early age.

“Gender dysphoria is a very complicated condition not only sexually, but also psychologically. Patients often suffer from conflicting emotions and aspirations. Therefore, gender transitioning has to be a subtle and gradual process. I would strongly advise against quick and radical surgery that transgender person may come to regret,” said Andrius Pajeda, surgeon at Nordesthetics clinic.

The World Health Organization has recently reclassified gender dysphoria - a condition where a person experiences discomfort or distress because there’s a mismatch between their biological sex and gender identity - as sexual rather than a mental condition. But it causes great psychological stress and a recent study suggests that surgical treatment of gender dysphoria results in psychological relief.

However, Andrius Pajeda suggested starting with corrections that could make a transgender person feel better about the general appearance of the body, such as rhinoplasty, lip augmentation, other facial corrections. These could be followed by liposuction and breast or buttock implants.

“The full range of our services to transgender patients varies from facial corrections to breast removal and buttock lift. However, the particular list and sequence of operations depend on the individual patient. Our doctors pay full attention to the medical history of the patient and the advice of mental therapists in trying to find the treatment that would make that particular person feel better, not worse,” Andrius Pajeda explained.

According to him, up to 2-4 transgender persons are treated at Nordesthetics clinic every month. Most of the procedures offered by the clinic could be reversed or their results could be corrected if a particular patient considered detransitioning.

Nordesthetics clinic is one of the leading centers of medical tourism in the Baltic states. Located in Kaunas, Lithuania, the clinic provides plastic surgery procedures to foreign patients of whom the majority come from the UK and other EU countries. Nordesthetics clinic offers European standards of high-quality surgery for prices 2-3 times lower than those in the UK and Western EU. In addition to that, the clinic provides full travel support to their patients as well as the possibility of recovery treatment in Druskininkai - the Lithuanian SPA resort very popular among their patients.

www.nordesthetics.com/en/

Survey data: Safety fears over use of robots in medical procedures

Only 9% of people would prefer to undergo surgery carried out by a robot surgeon compared to a human, despite recent advances in technology that have led to a rise in the use of robotics in a medical setting.

This is according to a new survey, conducted by specialist distributor of industrial components Northern Connectors, which found 51% of people would still favour a human surgeon, as opposed to a robotic device.

The survey, which questioned 570 people about their opinions on recent medical advancements, revealed that only nine per cent of respondents would rather a robot carried out their surgery, while 40% answered "I don't know".

When asked about their views on the main disadvantages of using robotics in medicine, 73% of respondents said the "possibility of malfunction" was a concern, followed by the high cost of the machinery (56%) and a loss of jobs in the NHS (41%).

Scott Jones, General Manager at Northern Connectors, says: "The use of robotic systems in surgical and medical applications is becoming more widespread, with ongoing advances in the technology likely to make this even more common in future.

"However, the findings of our survey suggest there is still a long way to go when it comes to trusting machinery to carry out work typically performed by humans.

"Despite the fact that robots are in many ways seen as more accurate and reliable than human surgeons, people are inevitably worried about putting their lives in the hands of a machine."

The responses were not all negative - and many people do agree that using robotics in medicine can come with a number of benefits. When asked about the main advantages of using robotics in medical procedures, 64% said the reduced risk of human error, followed by less invasive surgery (57%) and smaller incisions (56%).

When asked to what extent they agreed that the increased use of robotics by medical care providers would improve the standard of patient care, 45% said "neither agree nor disagree", 34% said "agree", 8% said "disagree" and 2% said "strongly disagree". Only 11% of respondents strongly agreed that robotics would lead to an improvement in patient care.

Scott Jones says: "While people seem to be vaguely aware of the benefits of using robotics in medical procedures, it is clear that more needs to be done to alleviate concerns among members of the public.

"Fears surrounding the safety and accuracy of procedures are prevalent among members of the public, however, it is highly likely that the widespread use of medical robotics is set to continue. And so, more education of the advantages of such products is needed to truly gain the support of the public."

Survey data: <http://bit.ly/OTJ2WDrVT4>

In case you missed it.....

App Coaches Patients to Reduce Post-op Opioid Use

<http://bit.ly/2nfl6QP>

In case you missed it.....

Fitbit Users in Europe Can Now Monitor their Heart Rhythms for Irregularities

<http://bit.ly/OTJ2nqNjUz>



Infertility Treatment Neglected by Rise of IVF

Comment from Lord Winston during Fertility Week (28 October - 3 November 2019)

Professor Robert Winston, Chairman of the Genesis Research Trust, has warned doctors are failing to diagnose the real causes of infertility and using IVF as a 'blanket treatment'.

Lord Winston was instrumental in pioneering IVF treatment but says In Vitro Fertilisation is now being used as 'bad medicine' fuelled by the commercial market for IVF, which costs around £5,000 per cycle or more.

Professor Winston said: "Currently what often we have is a series of IVF programmes dotted around the country which sometimes use a formulaic approach to treat infertility without really understanding the basic cause. Infertility is really just a symptom. It's not a disease, it's an underlying symptom of something wrong."

He added: "IVF has unfortunately become a blanket treatment in most countries. Treatment without a diagnosis in any field is bad medicine."

Professor Winston said infertility was not 'seen as a serious condition': "The consequence is that more and more people are thrust into the private sector, where they get complex medicine which actually may not really suit the underlying condition of their infertility."

Genesis Research Trust (GRT) is the only medical charity consistently at the heart of leading-edge research into why things can go wrong with conception, pregnancy and birth. It delivers evidence-based results for medical treatments and outcomes of global significance.

Professor Robert Winston, remarks: "At Genesis we've probably pioneered more research into infertility than most other organisations in Europe, including IVF. But we recognise that there are many other treatments."

Researchers at the Trust have identified three areas of infertility in need of research to transform fertility treatment: damaged or blocked Fallopian tubes; hormonal treatments for ovarian dysfunction; and better understanding of how sperm is produced in the testis. These are 'increasingly neglected' because of the burgeoning commercial market in IVF.

Professor Winston said: "It's worth bearing in mind that if you take all women in the UK who are undergoing in vitro fertilisation each started cycle of treatment results in less than 25% of cycles actually resulting in a healthy baby. This is not substantially different to how it is in Australia where it's about 22% or in the US. The real truth is not always palatable."

Researchers are also keen to surmount the common diagnosis of "unexplained infertility".

The Genesis Research Trust is advocating for research to help the 1 in 5 infertile couples diagnosed with "unexplained infertility". This is not a diagnosis, it's a failure of diagnosis. Often the reason can be found with better examination of the couple and improved tests.

He said: "It's time to take childlessness seriously, medical research funding is desperately needed to improve the outcome."

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Success for Vanguard at Healthcare Estates

LEADING medical technology company Vanguard Healthcare Solutions has showcased its latest mobile healthcare unit at the industry's leading gathering of professionals.

Vanguard showcased its brand new innovative mobile Central Sterile Services Department (CSSD) unit at Healthcare Estates, which was held recently in Manchester. More than 350 visitors toured the new facility over the course of the two-day event.



They were joined by Ian Hinett, President of IHEEM (Institute of Healthcare Engineering and Estate Management) who was guest of honour at a special showcase launch at the event and who, as well as cutting the ceremonial ribbon, spoke about the unit's unique qualities.

He said: "It was a pleasure to join the team from Vanguard Healthcare Solutions to help them showcase the latest model joining their expanding fleet of mobile healthcare facilities.

"As a growing organisation, Vanguard continues to evolve its range and increase the number of units it offers to meet the ever-evolving needs of the healthcare organisations who use its facilities.

"This unit is testament to Vanguard's commitment to working with healthcare organisations around the world to meet their temporary infrastructure needs and to develop and build the very products which meet their needs."



One of the first of its kind, it provides a high-specification, temporary facility where all items used in procedures by hospital surgeons and clinical staff can be intensively cleaned and sterilised.

This new unit offers a mobile CSSD solution which can be used by hospitals during refurbishment projects, or in any circumstances where their own sterilization services may be out of commission, including emergencies, to provide replacement capacity for the cleaning, sterilising and repackaging of surgical instruments.

The unit, which provides all required cleaning, sterilisation and repackaging services over a 120m space, includes a pre-cleaning station with a built-in ultrasonic cleaner, washer disinfectors and steam sterilisers, packing area, independent plant room, electronic datacentre, staff welfare areas and HEPA filtered environmental air.

Lindsay Dransfield, Commercial Director at Vanguard, said: "We would like to thank Ian for officially launching the new CSSD unit at Healthcare Estates. Our focus is always on providing the facilities that healthcare organisations need to help them deliver the very best in patient care, evolving and changing to meet their developing needs and this new solution is a prime example of that in practice.

"We were delighted with how many people took tours of facility and were able to see for themselves what a key part it can play in helping hospitals maintain or increase their sterilisation services at times of need."

When responding to articles please quote 'OTJ'

Independent cosmetic surgery services - emerging concerns - Care Quality Commission

We have inspected 65 services that provide solely cosmetic surgery and/or hair transplant surgery. This represents just under two thirds of those currently registered.

These inspections have identified some good individual practice. But they have also found some common areas of concerns. These include:

- staff without the appropriate training, qualifications and competencies to carry out their role
- unsafe practice in the use of sedation and anaesthetics
- poor monitoring and management of patients whose condition might deteriorate
- a lack of attention to fundamental safety processes
- variable standards of governance and risk management
- failure to ensure consent is obtained in a two-stage process, with an appropriate cooling off period between initial consultation and surgery
- infection prevention and control standards not always being followed
- concerns about equipment maintenance

We have published 58 reports on these inspections to date. Within these, CQC has issued requirement notices or taken enforcement action against 12 different providers, ordering them to improve.

Today, Professor Ted Baker, CQC's Chief Inspector of Hospitals has written to all independent cosmetic surgery providers. His letter highlights these emerging concerns and clarifies the standards of patient care that CQC expect and patients deserve. It also reminds providers of their responsibility to deliver safe and effective services.

Professor Ted Baker, CQC's Chief Inspector of Hospitals, said:

"Patients should be able to expect safe, high quality care from all providers of cosmetic surgery. Staff must be appropriately trained and supported to carry out their role, effective processes should be in place to monitor patients during and after procedures and emergency equipment on hand to ensure patient safety.

"We know there are some independent cosmetic surgery providers doing all these things and providing a very good standard of care. Unfortunately, our initial inspections suggest that this is not always the case.

"Where we have found concerns we have held those providers to account and have been clear where improvements must be made. We expect providers to deliver on their commitment to provide safe, high-quality care. And we will do everything within our powers to ensure this happens.

"I urge everyone who is considering cosmetic surgery to read our reports before deciding which provider to consult."

We aim to complete our current inspection programme of independent cosmetic surgery services in the next 12 months. This will include follow up inspections of those providers where we have already identified concerns.

CQC regulates cosmetic surgery carried on by a healthcare professional that involves any instrument or equipment (such as an implant) being inserted into the body. This includes procedures such as breast enlargements, liposuction, nose surgery and facelifts.



HCS

HCS turns 19!

Nice chocolate numbers for our big birthday

A HUGE thanks to everyone who helped us celebrate a super-sweet milestone recently.

Delegates and faculty on our Theatre Access courses that were running simultaneously in Brussels and Leeds broke out some cake as HC Skills marked our 19th birthday.

It has to be said that this Brussels one shown below looked a little bit bigger than the Yorkshire one. Well, it is Belgium - famed for chocolate after all. But then again, the Leeds contingent would probably argue for quality over quantity.

Either way, what a swell pair of parties that was.

Many happy returns to us!

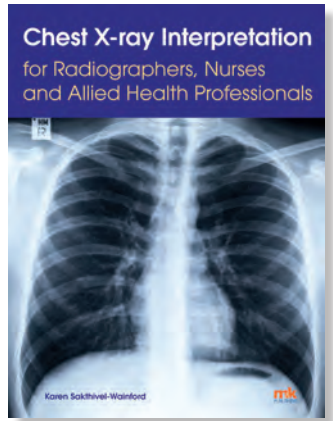


Chest X-ray Interpretation for Radiographers, Nurses and Allied Health Professionals

Print ISBN: 9781910451274 •
October 2019 • M&K Publishing •
212pp • £30.00

Edited by:

Karen Sakhivel-Wainford, H.D.C.R (R), Msc, PgCert, Advanced Radiographer Practitioner, Leeds General Infirmary



Chest x-rays are among the most difficult plain film to report. This helpful book combines a simple introduction to the basics of chest x-ray reporting with a good number of sample cases, including actual radiographs.

The book begins with the anatomy of the chest x-ray, as visualised on the posterior anterior and lateral images. This is followed by a short chapter on having a systematic approach when reporting chest x-rays, then the silhouette sign as described by Felson, then chapters on consolidation and collapse, heart failure, tumours, lung nodules, chest trauma, positioning of tubes, lines and pacemakers, chronic chest conditions and tuberculosis. Finally, there is a chapter that includes 60 cases for the reader to review.

Today, many different healthcare professionals are involved in reviewing chest x-rays. This book will therefore be useful for advanced nurse practitioners, accident and emergency practitioners, and major trauma practitioners, as well as trainee radiologists, radiographers, trainee reporting radiographers and junior medics.

Contents include:

- The radiographs and anatomy of the chest x-ray
- A systematic approach to reviewing the chest x-ray
- Felson's silhouette sign
- Consolidation and collapse
- Overview of cardiovascular disorders and heart failure
- Lung tumours
- Lung nodules
- Chest trauma
- Tubes, lines and pacemakers
- Chronic chest conditions
- Tuberculosis
- 60 cases

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The pioneering e-learning innovation MaxFaxBites has just been launched by British Association of Oral and Maxillofacial Surgery (BAOMS) President Sat Parmar as a project for his presidential year. The idea was conceived by Consultant Oral & Maxillofacial/Head & Neck Surgeon Satheesh Prabhu and developed with British Journal of Maxillofacial Surgery (BJOMS) Editor in Chief Professor Kaveh Shakib.

Kaveh Shakib explained that MaxFaxBites runs in close collaboration with the journal: "Publication of high-quality review articles in BJOMS will be linked with a short seven-minute video presentation by the author(s). They will include slides with the presenter's voiceover, and cover the objective of the article/study, summary of methodology and emphasise the outcome/conclusion and take-home messages."

It has been a long-standing tradition for the BAOMS President to introduce a novel idea, concept or experience to members. Sat Parmar chose as his Presidential initiative the introduction of this method of learning and distributing educational material: "Without Kaveh and Satheesh the introduction of this exciting and cutting-edge project to change how surgeons access learning materials would not have been possible," Sat Parmar said.

Satheesh Prabhu has just recorded the latest MaxFaxBites video clip on botox and temporo-mandibular joint (TMJ): "The short video clips are designed to view on your smartphone or computer. I'm really excited that whenever you want to catch up with a significant BJOMS paper, you can turn to your phone and wherever you are you will find a summary of the paper given by the authors with a presentation of the key findings."

The video and associated paper will also be made available to BAOMS members using WhatsApp or email groups as well as conventional methods such as the BAOMS website, linked to the published article in BJOMS. None of the presentations has any patient-identifiable information.

The November 'Bite' is OMFS Professor Peter Brennan's paper on human factors, and the December 'Bite' on botox and TMJ from Satheesh Prabhu "will show some really interesting evidence, but you'll have to wait until December to find out", he said.

The project is in its infancy, and Kaveh Shakib explained: "Its success will require continued contribution from senior colleagues from across the globe to provide review articles and video lectures. We look forward to receiving those contributions very soon."



Photograph: Satheesh Prabhu, Consultant Oral & Maxillofacial/Head & Neck Surgeon, who developed the MaxFaxBites concept.

- The British Association of Oral and Maxillofacial Surgeons (BAOMS) promotes the advancement of education, research and the development of oral and maxillofacial Surgery in Great Britain, and encourages and assists postgraduate education, study and research. For more information go to: www.baoms.org.uk
- To catch up with any of the MaxFaxBites video clips of BJOMS papers go to: bit.ly/2VojvEF
- All video 'Bites' one to three are in the Professionals section of the BAOMS website www.baoms.org.uk You will find:
 1. A literature review of adenoid cystic carcinoma: Monty Garg
 2. Current thinking in management of the neck including contralateral neck in ipsilateral recurrent or second primary oral squamous cell carcinoma (SCC): Monty Garg
 3. Analysis of outcomes following revision replacement of the failed temporomandibular joint total joint prosthesis: Andrew Sidebottom

First national mouth cancer surgery study calls for updated guidelines to save thousands of lives

Commenting on the publication of the first nationwide trial evaluating elective neck dissection for early stage oral cancer (SEND study), British Association of Oral and Maxillofacial Surgery (BAOMS) Chair Patrick Magennis said:

"This open access paper funded by charity Saving Faces and Cancer Research UK (CRUK) is ground-breaking. OMFS cancer surgeons from all over the UK were involved in the study, and BAOMS is proud that this research was completed and published.

"The study was possible because of a unique collaboration between 68 UK-based surgeons treating 614 patients at 27 UK hospitals. The research compared leaving or taking out neck glands that did not have obvious secondary cancers at the same time as removing the patient's small mouth cancer. OMFS know that between 20 and 30 in every 100 patients with small mouth cancers have tiny microscopic cancer deposits in their neck glands that can't be picked up by any scanners. Now OMFS have the evidence about the risks and benefits of removing the neck glands in early mouth cancer. This information will help patients participate in decisions about their treatment.

"To mis-quote John F Kennedy in this the 50th anniversary year of the moon landings, OMFS surgeons want to do randomised surgical trials 'not because they are easy, but because they are hard; because that goal will serve to organise and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone'.

"This paper is a credit to all involved."

- British Association of Oral and Maxillofacial Surgeons (BAOMS) promotes the advancement of education, research and the de-velopment of oral and maxillofacial Surgery in Great Britain, and encourages and assists postgraduate education, study and re-search. For more information go to: www.baoms.org.uk
- Nationwide randomised trial evaluating elective neck dissection for early stage oral cancer (SEND study) with meta-analysis and concurrent real-world cohort published in the British Journal of Cancer is available to read here: <https://www.nature.com/articles/s41416-019-0587-2.pdf>
Authors: Iain L. Hutchison, Fran Ridout, Sharon M. Y. Cheung, Neil Shah, Peter Hardee, Christian Surwald, Janavikulam Thiruchelvam, Leo Cheng, Tim K. Mellor, Peter A. Brennan, Andrew J. Baldwin, Richard J. Shaw, Wayne Halfpenny, Martin Danford, Simon Whitley, Graham Smith, Malcolm W. Bailey, Bob Woodward, Manu Patel, Joseph McManners, Chi-Hwa Chan, Andrew Burns, Prav Praveen, Andrew C. Camilleri, Chris Avery, Graham Putnam, Keith Jones, Keith Webster, William P. Smith, Colin Edge, Iain McVicar, Nick Grew, Stuart Hislop, Nicholas Kalavrezos, Ian C. Martin & Allan Hackshaw
- Research charity Saving Faces funds and leads research to improve the preventive strategies and treatment protocols for all dis-eases, disorders and disfigurement affecting the mouth and face. It does this by partnering with national surgical organisations in-cluding BAOMS, and running the National Facial, Oral and Oculoplastic Research Centre (NFORC), funded jointly with BAOMS.
- For more information about Cancer Research UK go to: <https://www.cancerresearchuk.org/>



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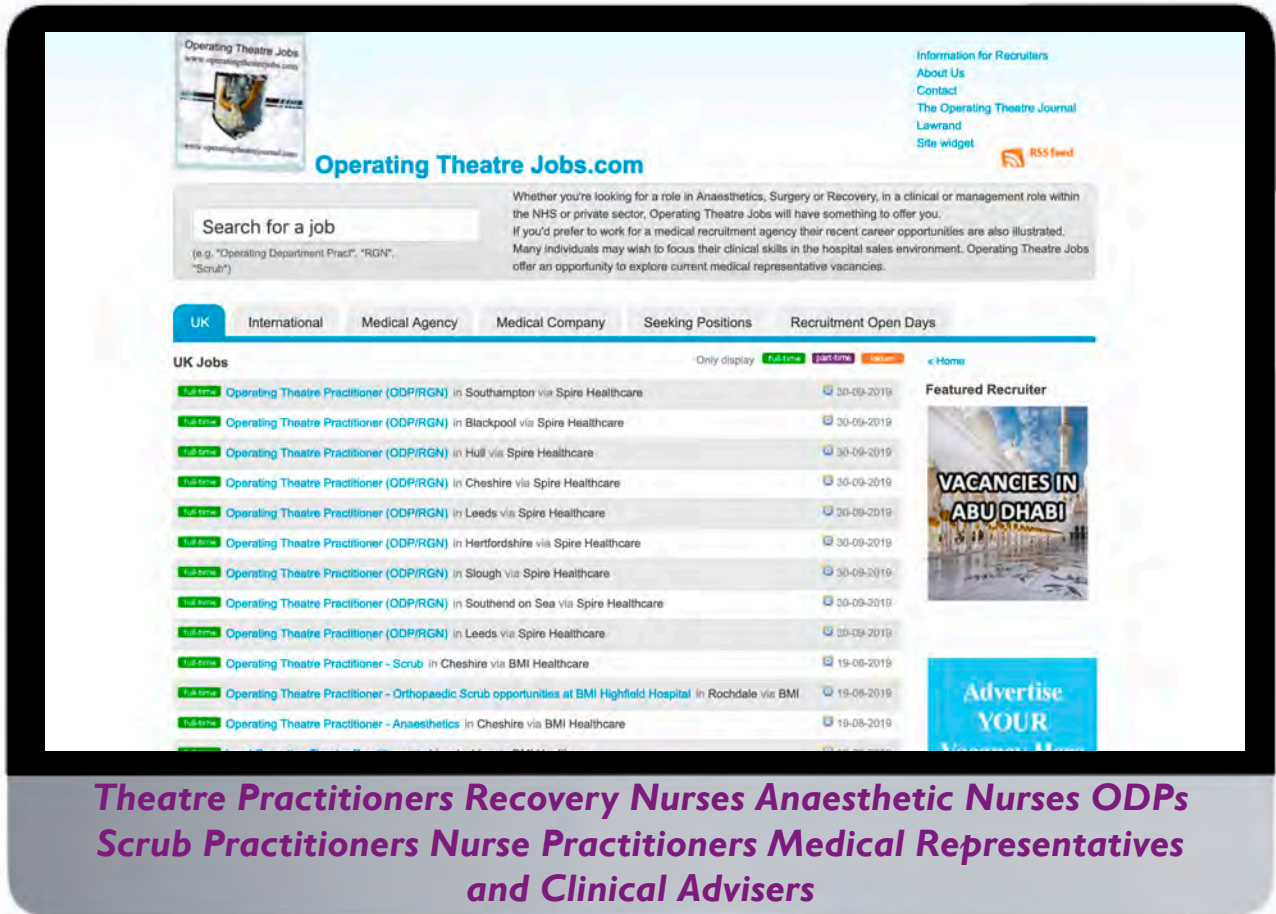
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Joint professional guidance on the use of general anaesthesia in young children

UPDATE - September 2019

Association of Paediatric Anaesthetists of Great Britain and Ireland

Royal College of Anaesthetists

Association of Anaesthetists

The College of Anaesthesiologists of Ireland

Executive summary

- Studies on immature animals have demonstrated that general anaesthetic agents can induce changes in the central nervous system. Some of these studies have also suggested longer-term effects on learning and memory tests.
- To date the results from both epidemiological studies and prospective trials in the human infant have failed to show adverse effects on cognitive development from a single anaesthetic episode of short duration (less than an hour). Data from longer exposures and multiple exposures to surgery and anaesthesia are difficult to interpret due to multiple confounding variables.
- Continuing to use reliable familiar techniques for paediatric anaesthesia is emphasised. There is no evidence of a particular anaesthetic technique being better than another in terms of influencing any potential long-term neurological effects in humans.
- Parents/carers enquiring about the neurological effects of anaesthesia in their infant should be advised that surgery is carried out in infants only when necessary and that there is no indication of a long-term neurological effect from a single anaesthesia exposure. They should be referred to the current advice to parents on the APAGBI website.
- We do not regard a discussion of the potential influence of infant anaesthesia on long term cognitive development as mandatory at every preoperative.

Introduction

There is still debate on the approach anaesthetists and the wider medical team should take in response to publications about the potential of general anaesthetic agents to cause changes in the developing brain. The debate centres on initial observations in immature animals that a variety of anaesthetic agents including volatile anaesthetic agents, propofol, ketamine and benzodiazepines can induce both cytological, biochemical and behavioural changes after anaesthesia. An increasing number of published studies looking at the potential relevance in the human infant are now available and it is possible that additional ongoing studies will provide information in the near future. These studies have concentrated on the potential harms of anaesthesia on cognitive development in the young after exposure to anaesthetic agents through different approaches: retrospective epidemiological data, prospective cohorts, and randomised controlled trials. The data continues to emerge and therefore any guidance has to remain time sensitive. New opinions, statements and editorials have been published since the previous Joint Professional Guidance document in 2017 and these are referenced below. Several of these documents offer conflicting advice on the 'at risk' population, the interpretation of potential harm and advice for anaesthetists on what to discuss with parents and carers before surgery.

In response to requests from the anaesthesia community in the UK and Ireland, we have updated a brief summary of key points that we hope are clear and provide a safe and sensible response to the current knowledge. This does not take the place of a systematic review on the topic and is not intended to present a prescriptive view on anaesthesia in the very young. The guidance has been prepared to help clarify current knowledge and provide a balanced approach to the data. We have provided suggestions on how to discuss the subject when it has been brought up by parents. There is also a 'Frequently Asked Questions' section with suggested responses, and an up to date reference list. Other data may still emerge that will help to clarify the issue, and we will continue to review this guidance document in the light of new knowledge. Advisory statements from the MHRA may emerge on this topic, which will also need monitoring. This Guidance must therefore be seen within the context of a broad approach to this issue and adjusted if, and when new information emerges.

Current State of Knowledge

Laboratory studies have shown dose-dependent alterations in brain morphology following exposure of neonatal and infant animals to anaesthesia.[1-3] Dose dependent acute tissue effects have been reported with many anaesthetic drugs (volatile agents, propofol, thiopental, ketamine, benzodiazepines). Effects vary with the age of the animal, but it is difficult to directly translate ages across mammalian species. Maturation varies in different brain regions, and structural changes may not reflect significant alterations in function. Some studies have shown long-term adverse effects on memory tests in rodents and cognitive tests in primates following prolonged initial exposures. However, monitoring and maintaining physiological stability is difficult in small animals, and the impact of anaesthesia alone, versus anaesthesia and surgical injury, and potential preventive strategies require further evaluation. As a result, it is difficult to directly extrapolate from the laboratory results to current clinical practice.

Human clinical studies evaluating the potential adverse effects of anaesthesia on behavioural and cognitive outcomes in children have been undertaken through prospective randomised trials and epidemiological methods. Importantly, recent prospective studies have shown no difference in outcome after 2 years following hernia repair in infants [4,5] or at 8-15 years of age following a single anaesthetic before 3 years of age.[6] Evidence from epidemiological cohort studies is mixed, as exposures and outcomes vary, but several recent studies have shown no major adverse effects following single anaesthetics.[7-14] The lack of adverse effect following a single anaesthetic exposure of approximately one hour is reassuring.

The FDA Drug Safety Communication for General Anaesthetic and Sedation Drugs has raised concern in 2016 (<https://www.fda.gov/Drugs/DrugSafety/ucm554634.htm>) which led to responses from anaesthesia bodies [14-16]. This communication included recommendations for health care professionals on balancing the benefits and potential risks of prolonged anaesthesia (greater than 3 hours) or repeated anaesthesia in children under 3 years. It also provided recommendations to parents/caregivers on discussing potential risks and benefits with their child's health care professional. The designation of specific risk, ages and durations of anaesthesia are, at this time, however, without substantive data to support these limits. [17] It also needs to be understood that while non-urgent procedures can be delayed until a child is older, the risks of postponing or cancelling life-saving procedures or time-sensitive surgeries in infancy carries clear and documented risks. Furthermore, there is good evidence that inadequate anaesthesia and analgesia may result in significant and serious complications.

Practical issues in Paediatric Management

No child should undergo a procedure that is unnecessary, and in general, infants and young children do not undergo general anaesthesia for diagnostic investigations, elective surgery or emergency surgery for trivial reasons. It is recommended that if there are concerns about undertaking a procedure and/or the rationale for the planned surgery is unclear, the issues should be discussed with the surgical team as early as possible. Direct communication may allow an exchange of relative or perceived risks from each discipline to make a clear balanced decision.

There is currently no evidence to support any particular anaesthetic technique or drug regimen that has benefit over another in terms of reducing the potential effects of anaesthesia on the human infant brain. Established and safe anaesthetic techniques, delivered by trained and experienced staff, in an environment with the necessary monitoring, support and infrastructure underpins good quality care. [18,20]. Minimising known risks, such as cardiovascular or respiratory complications, should take precedence over the theoretical risk of neurotoxicity [7], particularly as there is currently insufficient comparative data to make any recommendations regarding changes of

anaesthetic practice. Moreover, changing from a familiar established technique to something unfamiliar can potentially introduce new and quantifiable risks.

It is important to discuss all aspects of perioperative safety with patients, parents and carers before surgery in the usual fashion. However, unlike major known side-effects and complications of anaesthesia, [21] it is more difficult to deal with the current and as yet unknown risks of anaesthesia in infancy on cognitive development. Transparency in patient care is mandatory and there has been some confusion on whether the current state of knowledge requires the anaesthetic team to raise this specific issue with all parents of younger children about to undergo anaesthesia. Some statements suggest routine discussion of anaesthetic toxicity with all parents [16]. It is our view that based on current knowledge, a discussion of potential effects of anaesthesia in infancy on cognitive development is not mandatory and must be balanced against the potential to cause unnecessary fear and stress. However, each consent process should be individualised, considering the clinical need for anaesthesia and parental requests for further information regarding risk. Parents may raise the issue of potential toxicity prior to surgery and this should prompt a careful discussion of the current state of knowledge emphasising the points made above. Parents should also be directed to further resources outlining the issue for parents and carers and a short series of 'Frequently Asked Questions' as below. We continue to liaise with other organisations on this issue. The situation is being monitored and as new information becomes available, we will modify this guidance document as necessary in liaison with partner organisations.

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Resources and Information for Parents

- Safe Anesthesia For Every Tot (Safetots) Initiative
- What to tell parents. <https://www.safetots.org/for-parents/>
- SmartTots

Collaborative group including International Anesthesia Research Society (IARS) and the U.S. FDA. Consensus Statement On The Use Of Anesthetic And Sedative Drugs In Infants And Toddlers [Find out more 02921 680068 • e-mail \[admin@lawrand.com\]\(mailto:admin@lawrand.com\)](http://smarttots.org/about/consensus-statement/Nemerug ME, Aganga D, Flick RP. Anesthetic neurotoxicity: what to tell the parents? <i>Pediatr Anaesth</i> 2014;24:120-126.</p></div><div data-bbox=)

Innovia Medical acquires UK based DTR Medical

US-based Innovia Medical has announced the acquisition of DTR Medical, a company that specialises in the design and manufacture of single-use surgical instruments for general and specialist surgical procedures, for an undisclosed amount.

Based in Swansea, Wales, the UK, DTR Medical was founded in 2005. It manufactures its own branded single-use surgical instruments and also offers cleanroom contract manufacturing services for a wide range of pharmaceutical and medical device manufacturers.

Innovia Medical CEO Terry Meredith said: "Since their founding in 2005, DTR Medical have established themselves as a multi-award winning manufacturer of quality and innovative single-use instruments. Exporting to over 30 countries they have built their reputation on consistently high product quality alongside their exceptional customer service."

"The strategic acquisition of DTR Medical will further strengthen Innovia's global position in the ENT and Ophthalmic market; in addition, providing new opportunities in areas such as Gynaecology and General Surgery."

DTR Medical offers products for a range of categories

It manufactures devices related to dermatology, ENT, general surgery, orthopaedic, gynaecology, neurosurgical and ophthalmic categories. Some of its flagship products include the Rotating Biopsy Punch, Frazier Suction Handle, Tibbs Arterial Cannula and Ear Specula.

DTR Medical founder Richard Salvage said: "The team at DTR Medical are dedicated to providing outstanding customer service, alongside high quality products that deliver clinical value and improved patient outcomes. It was important for us to find a partner who shared and respected the same core values, whilst providing the opportunity to take our vision to new markets."

Innovia Medical is a group of specialty surgical companies that help delivering patient care and improve clinical outcomes.

In June, Innovia Medical had acquired Medical Device Resource (MD Resource), a Livermore, California-based manufacturer and distributor of liposuction and fat transfer systems for the plastic and cosmetic surgery markets.

The company is expected to supplement Innovia's existing line with their liposuction cannulas, surgical tubing, garments, and the AquaVage for fat collection.

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Vygon Group acquires Pilot, specialist in ECG central venous catheter tip location and navigation devices

Vygon Group, a specialist single-use medical devices group, recently announced its acquisition of Italian firm Pilot, which specializes in ECG guidance devices. The financial terms of the agreement have not been disclosed.

The aim of this transaction is to acquire the ECG location and navigation technology of the Pilotm TLS product, already marketed by Vygon. It is one of only a few devices that enables precise positioning of the distal tip of central venous catheters, including in patients living with atrial fibrillation.

As a result, Vygon will be able to offer its international customers a comprehensive range of intravascular therapies: implantable ports, PICC lines, midlines and central venous catheters, as well as equipment (Vysion XS ultrasound system and ECG Pilot TLS system) to ensure their safe implantation. The new Pilot TLS system offers practitioners a global solution that is particularly appealing when combined with CT PICC easy catheters with unique proximal trimming, as well as with implantable ports.

To connect central venous catheters to the Pilot TLS, Vygon's product offering includes a Vygocard ECG connector using a saline solution for signal transmission. These products will be available in Vygon's international markets.

Pilot TLS manufacturing and its future development will be handled within the Vygon group at its production and development site in Medwin, near Montpellier, France, which specializes in active medical devices.

The Pilot TLS ECG guidance system is an alternative technique to radiology and fluoroscopy, ensuring safe and precise insertion of central venous catheters by confirming the correct positioning of their distal tip at the entrance of the heart. The technique thus reduces the risks associated with repeated exposure to X-rays for patients, particularly children, as well as for healthcare professionals inserting the catheters.

Pilot TLS is the only device currently available on the market with a specific mode for patients living with atrial fibrillation. This condition affects around 10% of the elderly population and up to 28% of cancer patients, depending on the type of cancer. Pilot TLS is one of the only ECG endovascular guidance systems certified for use on all patients, ranging from neonatal to adults.

"This new acquisition is part of our group's external growth strategy," said Stéphane Regnault, CEO of Vygon. "We have been working with Pilot for the last three years. The internalization of its ECG guidance system will enable us to consolidate our offering of intravascular therapies on the international market."

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Congratulations, you are now reading, the extended OTJ



Novel Airway Management System by Hospitech, Reduces Ventilation Complications in Lung Transplantation



Following the AnapnoGuard™ airway management system's FDA market clearance at the end of 2018, Hospitech Respiration announced that a new article was recently published by physicians from Mayo Clinic, FL, USA. It describes the successful use of the AnapnoGuard system in postoperative management of lung transplant patients.



The AnapnoGuard system (AG100s control unit and AG ETT) is a novel system which continuously monitors leaks around the endotracheal tube (ETT) cuff, automatically adjusts the cuff pressure to ensure sealing at minimal pressure and evacuates subglottic secretions by simultaneous suction and rinsing.

This published data suggests that the AnapnoGuard system holds the potential to assist the care team in attenuating complications related to excessive cuff pressure, aspiration of subglottic secretions and endobronchial intubation. The data demonstrates quantitative removal of secretions and effective airway cuff pressure management.

Major risks and complications can occur following lung transplantation, with prolonged mechanical ventilation, increasing the risk of bacterial colonization and infections.

The presented data in this publication demonstrates the potential contribution of the AnapnoGuard system to:

- Compliance with airway management and VAP prevention guidelines
- Patient safety
- Reduction of complications which may result from excessive or insufficient ETT cuff pressure
- Reduction of lung contamination by effective evacuation of subglottic secretions

"This publication highlights the importance of taking steps towards reducing potential complications in mechanically ventilated patients, especially in high risk patient populations, such as post lung transplant and post cardiac surgery patients. It further lends support that the AnapnoGuard system may contribute to successful outcomes in prolonged ventilated patients. The company looks forward to generating further supporting data as the use of the AnapnoGuard system expands in the USA and Europe," stated Dr. William Denman, MD FRCA, Medical Director Anesthesiologist, Massachusetts General Hospital, Harvard Medical School.

For further information contact:
Mr. Yoav Venkert, CEO, Hospitech Respiration Ltd.
Email: Yoav@Hospitech.co.il

When responding please quote 'OTJ'

British Surgeons Concerned About Inadequate Medical Staff Training for Orthopaedic Operations

The community of British surgeons presses the government of the UK to better regulate the professional standards of surgical care practitioners who operate patients without proper training. Expert surgeon of Nordorthopaedics clinic, a leading Lithuanian orthopaedic surgery clinic that treats many Brits, explains that the greatest challenge of British NHS is the lack of resources.

According to the Royal College of Surgeons of Edinburgh (RCSEd), hundreds of surgical care practitioners (SCPs) conduct actual surgical procedures, such as using power tools in orthopaedic surgery for joint replacement. These former nurses and theatre assistants at National Health Service (NHS) hospitals usually have completed just two years of training, part of which is an online course.

"I think it all comes down to the NHS's lack of resources. Their system is understaffed and hardly copes with growing waiting lists. Therefore, it increasingly relies on the staff with lower qualifications or tries to speed up the training," commented professor Šarūnas Tarasevičius, a surgeon at Nordorthopaedics clinic, an orthopedic surgery centre in Lithuania, serving patients from all over the world, but mostly from the UK. "We have different standards - only professional surgeons conduct orthopaedic procedures at our clinic. This could be one of the reasons why we are receiving an increasing interest from British patients."

In his 15 years of surgical practice, professor Tarasevičius has himself conducted more than 2000 joint replacement operations and co-authored more than 150 scientific articles in different medical journals. He thinks that the use of medical staff with too little training and experience poses risk to patients undergoing orthopedic operations.

The RCSEd also sees the increasing use of unqualified SCPs as "a continued risk to patients." Therefore, the RCS together with the Federation of Surgical Speciality Associations (FSSA) has repeatedly called for the Government to put SPCs under the regulation of General Medical Council. It is argued that this step would ensure better monitoring of professional standards of SPCs as well as the quality of their training and assessment.

The community of British surgeons criticized the government for neglecting the strong support of statutory regulation for SCPs expressed during the consultation and expressed general concern with the inconsistency of the government policies in education, training and standards setting of SCPs.

As a result of the continuing crisis of the NHS, British patients increasingly choose to undergo surgeries in Lithuania. Orthopaedic surgery is one of the sectors where Lithuanian health tourism agencies see a growing demand on the part of patients from the UK.

"Our monthly number of patients from the UK has doubled compared to the last year. British patients look for quality medical services that they cannot get back home. For them, a trip to Lithuania is a much more comfortable alternative than the NHS waiting list that may take years. People try to take advantage of it before Brexit complicates the bureaucratic procedures of receiving treatment abroad," pointed out Dr. Tarasevičius.

Until Brexit is finalized, there are two medical tourism approaches to obtaining cross-border treatment outside the UK and having the NHS cover the cost of treatment - the EU directive and S2 route. The EU directive is created under the premise that any EU citizen has the right for treatment in any European country. British citizens might lose access to both of these approaches under no-deal Brexit.

But even without the refund, surgery at Nordorthopaedics clinic may be an attractive alternative to the NHS system. Professionalism and experience of the surgeons and the possibility to avoid waiting lists come at an affordable price. For example, the price of hip or knee replacement at Nordorthopaedics is 6.700 GBP. The price includes surgery, implant, and 7-day post-surgery rehabilitation at a Druskininkai (Lithuanian resort town) medical SPA. The price in the UK for the same type of procedure is twice as high, and doesn't include post-surgery rehabilitation.

UK's patients of Nordorthopaedics even have a special active community on Facebook, where they share their experiences of the treatment in Lithuania, discuss the impact of Brexit and give advice to others on how to travel to Lithuania to receive orthopaedic care.

WHY HUMANITARIAN MISSIONS MATTER

Eiling Wu, a specialty registrar (StR) in oral and maxillofacial surgery (OMFS) at Queen Elizabeth Hospital in Birmingham, is one of an international group of surgeons who will speak at a unique event where UK humanitarian OMFS surgeons will share their experiences and knowledge.



Since starting as a StR in the West Midlands, Eiling Wu has kept her interest in global health and spent a month travelling around Cameroon with Mercy Ships. She was part of a land team of medical training facilitators teaching and integrating the surgical safety programme.

"I first volunteered as an expedition medic providing medical support to charity trips in 2010," she said, "and I remember my first encounter with the WHO (World Health Organization) surgical checklist and wondered why we weren't just getting on as usual. Now I cannot imagine starting a list without it, nor could I do without it. Yet many countries do not have any mechanism in place to ensure the theatre team, equipment and patient are ready for the procedure," Eiling Wu explained.

She has since spent a month travelling to hospitals in Cameroon as part of the Mercy Ships WHO checklist project, involved in both the initial training as well as leading the follow up visits to hospitals.

"The feedback showed changes in practice, attitude and efficiency. That's why I'm pleased that the Royal Society of Medicine event will give me the opportunity to share facts about surgical safety we aren't always taught, its relevance even today for us and how I learnt that the checklist is also about team building and teaching."

Eiling Wu will talk about integrating the WHO surgical safety checklist in Cameroon: "I want to share thoughts - mine as well as my Cameroonian team - on what mattered and what worked to integrate new ideas and systems. This will be a good opportunity for everyone at the event to talk about ways to improve surgical safety, what has and hasn't worked for them and the barriers we face. So often, timely access to healthcare is hindered by the cost to the patient, fear of complications and confidence of the theatre team in what they can achieve," she concluded.

For more information go to: www.who.int/patientsafety/safesurgery/checklist/en/

'Inadequate' management risks disengaging nursing staff

Committed healthcare professionals lack confidence in management, with many reporting inadequate feedback on their performance. That is according to research from specialist recruitment consultancy, WR Health.

The survey of 16,670 employees including registered nurses, clinical leads and ANPs found that while respondents were overwhelmingly proud to work within their industry (77% agreed) and considered their work to be an important part of their life (89% agreed), just 43% said they had confidence in their leadership team.

When quizzed on whether their manager motivates them to give their best every day, just 40% said 'yes'. Similarly, only 39% said they receive regular feedback on their performance. When asked if they were satisfied with the balance between work and home life, 50% agreed, while around half (54%) confirmed there are opportunities to learn and grow with their current employer.

Commenting on the findings, Lewis Richards, Director of WR Health, said:

"Nursing is a vocation rather than just a job, and practitioners play an invaluable role in not only their workplaces, but also our society. However, while our research confirms that these individuals take immense pride in their work, the fact that many feel they are not supported by their managers is concerning.

"In order to retain and get the best from their talent, leaders must demonstrate a commitment to the professional development and welfare of their teams. By failing to do so they risk disengaged staff and high levels of attrition.

"The majority of the jobseekers we work with are seeking a more favourable working environment and opportunities for professional advancement. At a time when skills shortages are well documented across the sector, if you don't provide what your employees desire and deserve, another employer certainly will."

Researchers discover new toxin that impedes bacterial growth



An international research collaboration has discovered a new bacteria-killing toxin that shows promise of impacting superbug infectious diseases.

The discovery of this growth-inhibiting toxin, which bacteria inject into rival bacteria to gain a competitive advantage, was published recently in the journal Nature.

The discovery is the result of teamwork by co-senior authors John Whitney, assistant professor of the Department of Biochemistry and Biomedical Sciences at McMaster University, and Mike Laub, professor of biology at the Massachusetts Institute of Technology (MIT).

Whitney and his Ph.D. student Shehryar Ahmad at McMaster's Michael G. DeGroot Institute for Infectious Disease Research were studying how bacteria secrete antibacterial molecules when they came across a new toxin. This toxin was an antibacterial enzyme, one the researchers had never seen before.

After determining the molecular structure of this toxin, Whitney and Ahmad realized that it resembles enzymes that synthesize a well-known bacterial signalling molecule called (p)ppGpp. This molecule normally helps bacteria survive under stressful conditions, such as exposure to antibiotics.

"The 3-D structure of this toxin was at first puzzling because no known toxins look like enzymes that make (p)ppGpp, and (p)ppGpp itself is not a toxin," said Ahmad.

Suspecting the toxin might kill bacteria by overproducing harmful quantities of (p)ppGpp, the McMaster team shared their findings with Laub, an investigator of the U.S. Howard Hughes Medical Institute.

Boyuan Wang, a postdoctoral researcher in the Laub lab who specializes in (p)ppGpp signaling, examined the activity of the newly discovered enzyme. He soon realized that rather than making (p)ppGpp, this enzyme instead produced a poorly understood but related molecule called (p)ppApp. Somehow, the production of (p)ppApp was harmful to bacteria.

The researchers determined that the rapid production of (p)ppApp by this enzyme toxin depletes cells of a molecule called ATP. ATP is often referred to as the 'energy currency of the cell' so when the supply of ATP is exhausted, essential cellular processes are compromised and the bacteria die.

"I find it absolutely fascinating that evolution has essentially 'repurposed' an enzyme that normally helps bacteria survive antibiotic treatment and, instead, has deployed it for use as an antibacterial weapon," said Whitney.

The research conducted at McMaster University was funded by the Canadian Institutes for Health Research and is affiliated with the CIHR Institute for Infection and Immunity (CIHR-III) hosted at McMaster University with additional funding from the David Braley Centre for Antibiotic Discovery. The research at MIT was supported by the Howard Hughes Medical Institute and the U.S. National Institutes of Health.

"This is an important discovery with potential implications for developing alternatives to antibiotics, a global priority in the fight against antimicrobial resistance. It is heartening to see that young Canadian researchers like Dr. Whitney are thriving and emerging as leaders in this area," said Charu Kaushic, scientific director of the CIHR-III and a professor of pathology and molecular medicine at McMaster.

McMaster University

Source: PHYS ORG

Man invents blood pressure app and cures his own condition after doctors can't

A patient whose doctor was unable to identify the cause of his high blood pressure created an app and figured out how to cure his condition on his own.

Cameron Elliot, from Manchester, was advised by his GP to cut his salt intake after being diagnosed with high blood pressure in 2016, putting him at high risk of a heart attack or stroke.

But Cameron knew he already ate a low-salt diet, so the data analyst set about creating a revolutionary way to find out what was really going on.

Cameron began recording his blood pressure readings daily and mapping these against his levels of stress, sleep quality, salt intake, weight, physical activity and other factors to see what else could be behind his health problem.

A month later, he put his results into a graph and the cause 'jumped out of the screen'. It was clear that stress and poor sleep were causing his condition, so he took action and within a month his blood pressure was in the healthy range.

Now, Cameron wants other people to be able to use the same methods to monitor their own blood pressure and lifestyles in order to keep themselves healthy.

He launched BP Owl, a new app that uses his data analysis method to provide people with a simple way to identify what aspects of their lifestyle are causing their blood pressure to spike, so they can focus on addressing those factors.

'High blood pressure is often referred to as the "silent killer" because there are no symptoms, which can make a diagnosis both scary and quite hard to accept,' says Cameron.

'I was confident that if I got enough data I'd have a good chance of discovering what was behind it though and within a month of daily recording I was able to pull a graph that showed clearly how my blood pressure spiked on days where I'd reported having a poor sleep and feeling particularly stressed.'

Cameron says the focus of the app is on simplicity and ease-of-use. All you have to do is record what you have done and how you feel, and the app will do the rest.

'Within 30 days you'll have a definitive answer for what is causing your high blood pressure and can take steps to address it,' he adds.

'Our goal is to help people take their health into their own hands - we want to give people the tools they need to beat high blood pressure naturally.'

High blood pressure is the world's biggest killer, causing an estimated 10.4m deaths per year, yet with so many potential lifestyle causes it can be difficult for health professionals to identify the cause for individual patients.

The condition - which affects one in four people in the UK - is responsible for at least half of all heart attacks and strokes, and is a major risk factor for chronic kidney disease, heart failure and dementia.

For every 10 people who have been diagnosed with high blood pressure, it is estimated that a further seven are unaware that they have it. BP Owl has also been working with cardiovascular specialist, Dr Lutz Kraushaar, from Bielefeld University in Germany.

'BP Owl is a big step towards personalized preventive medicine, something which doctors don't currently have the capacity to provide,' said Dr Kraushaar.

'Currently, the medical profession relies on clinical trials as the foundation of its advice to patients.

'However, trials typically test a single intervention and generalise their conclusions based on averages, even though, in reality, it's likely that the intervention worked really well for some people, less well for others and not at all - or even negatively - for a small number.

'BP Owl turns this method on its head in favour of the user, so that rather than being limited by a one-size-fits-all intervention, the individual can trial-and-error multiple options until they find what's most effective for them.'

While Cameron found using an app helpful, it's important to note that this isn't always the case, and apps should not replace your usual healthcare. If you're concerned about your blood pressure or general health, talk to a doctor first.

Further information: <http://bit.ly/OTJ2CdL8rw>

Source: MetroUK Natalie Morris

Research to lift lid on chronic lung health epidemic affecting 1.2 million in UK

Around 23,000 people die from Chronic Obstructive Pulmonary Disease in the UK each year - that's one death every 20 minutes.

And with an aging population, that number is likely to increase.

Now Luxfer Gas Cylinders is beginning a Europe-wide research project polling COPD sufferers on the impact of the condition on their quality of life in the face of the epidemic.

The company is the world's leading supplier of high pressure gas cylinders, and manufacturers lightweight medical cylinders to help ambulatory patients with COPD to live in their homes and have mobility in their community.

Luxfer will showcase these cylinders at Medica 2019 Trade Fair at Medica, the international trade fair for medical technology in Dusseldorf, Germany, from November 18 to 21.

Annual global COPD Awareness Day falls on Wednesday 20 November, during the conference. COPD is the collective term given to a group of lung diseases including bronchitis and emphysema, and the awareness day promotes healthy lungs.

The progressive disease has no cure and an estimated 1.2m people in the UK have COPD with two million more undiagnosed. The number of people diagnosed with COPD has increased by 27 per cent in the last decade. Also:

- Lung disease is the third biggest killer behind cancer and heart disease in the UK
- The annual cost of COPD to the NHS is over £800m, says the NHS COPD Commissioning Toolkit
- The annual cost of lost productivity to employers and the economy due to COPD is £3.8bn.

A Luxfer spokesman said: "We are investing in and researching in this area as COPD is such a problem nationally and globally. It is estimated 3.17m deaths are caused by this disease across the world each year. The Global Burden of Disease Study reports a prevalence of 251 million cases of COPD globally which is set to increase with an aging population."

Oxygen is a useful treatment if COPD sufferers have a low oxygen level. Around 51,000 COPD sufferers have oxygen therapy in their own homes. Long term oxygen therapy can improve survival rates by 40 per cent, while 20 per cent of COPD sufferers who don't receive this therapy could benefit from it.

At Medica, positioned in hall 11/C48, Luxfer Gas Cylinders will highlight its flagship medical oxygen cylinders, which include the world's first Type 1 aluminium 300 bar medical gas cylinder. This innovative product can provide up to 50 percent more oxygen than similar-sized 200-bar cylinders, meaning fewer customer refills and patient visits per year for better quality of life.

Oxygen therapy helps improve low oxygen levels. It can help people walk further and improve their life expectancy and reduce the risk of complications such as pulmonary hypertension.

Medica is the leading international trade fair and will feature medical technology, electro medicine, hospital and surgery equipment, including the World Forum for Medicine.

An international company, Luxfer Gas Cylinders serves customers through several sites around the globe, in Riverside, California; Nottingham, UK; Graham, North Carolina;; Shanghai, China; Sydney, Australia; and Calgary, Canada. In addition, Luxfer is involved in a joint venture in Delhi, India.

For more information on Luxfer Gas Cylinders visit:
<https://www.luxfercylinders.com/>

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Smith+Nephew introduces ground-breaking assurance program for TRIGEN™ INTERTAN™ Intertrochanteric Hip Fracture Nail

Helps protect healthcare systems against reoperation costs for hip fractures

Smith+Nephew the global medical technology business, recently announced the launch of its new INTERTAN Product Assurance (IPA) Program at the Orthopaedic Trauma Association Annual Meeting in Denver, CO. This first-of-its-kind program centers on the superior performance of the TRIGEN INTERTAN Intertrochanteric Hip Fracture Nail- a clinically proven product that yields better outcomes versus competitive single-screw devices.³

The hip fracture market is growing rapidly, with more than 300,000 procedures in the US alone every year.⁴ With an estimated annual cost of \$12-15 billion and an average reoperation rate of 6.6%, they are among the most expensive fractures to care for in the healthcare system.^{1,2} The IPA Program is structured to help mitigate this expense by potentially reducing the overall reoperation rate. In the instance that an implant fails to perform as expected, Smith+Nephew will refund the cost of the implant (to the facility) for 12 months following the patient's procedure.

The clinical superiority of the TRIGEN INTERTAN Intertrochanteric Hip Fracture Nail is what makes the IPA Program possible. In a meta-analysis published in Rheumatology and Orthopedic Medicine, the implant, which uses a Smith+Nephew proprietary Integrated Compression Screw, outperformed other intertrochanteric nails using a traditional single screw. The results showed INTERTAN significantly reduced the risk of implant related failures by 81% ($p < 0.00001$) and revision surgery by 65% ($p < 0.0001$)* when compared to single-screw nails.³

TRIGEN INTERTAN Intertrochanteric Hip Fracture nail is proven to have¹

- A lower risk of implant failure and non-union
- Reduced postoperative pain
- Faster time to fracture union, and
- Proven high return pre-fracture status

"We feel that TRIGEN INTERTAN is the best hip fracture nail on the market, and we're willing to back that up with a program that underscores our confidence," said Craig Gaffin, Vice President and General Manager for Trauma and Extremities at Smith+Nephew. "The clinical evidence supporting its efficacy is overwhelming. Better patient outcomes mean better outcomes for hospitals, and we are thrilled to pass along these savings to the US healthcare system."²

*Pooled Results

For more information about Smith+Nephew, please visit www.smith-nephew.com

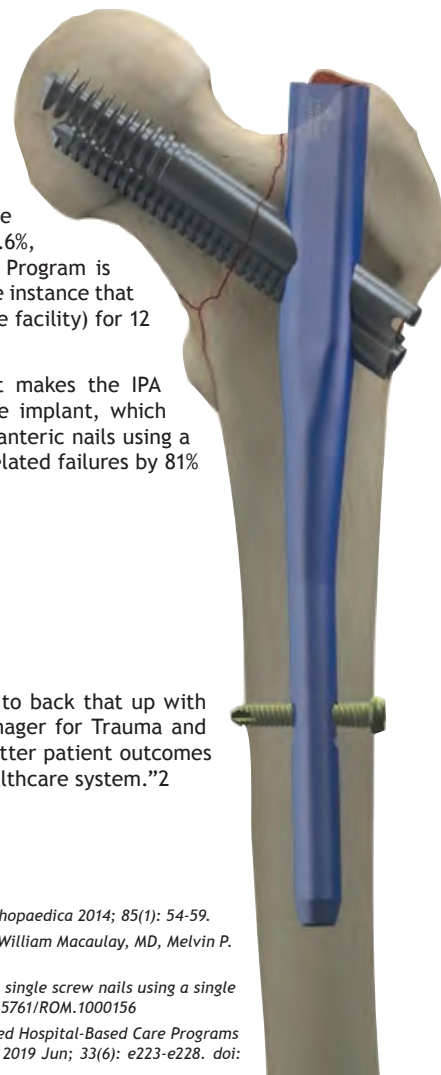
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SOURCE Smith+Nephew

When responding to articles please quote 'OTJ'

Smith+Nephew TRIGEN INTERTAN Nail Solution



MRC UK Brain Banks Network enhances human tissue database

The UK Brain Banks Network (UKBBN), an initiative led by UKRI's Medical Research Council, has enhanced its human brain tissue database, a web-based interface that enables researchers to access details of tissue samples from across the network. The database now includes searchable genomic data which allows tissue samples to be selected on the basis of genetic risk, as well as clinical and pathological findings.

The enriched database integrates genomic data from over 2,000 brains, which are drawn from collaborating studies, including the Brains for Dementia Research dataset hosted by Dementias Platform UK and a 2016 MRC-funded study by researchers at the University of Cambridge.

The UK Brain Banks Network is a coordinated national network of 10 UK brain banks that operate to uniform standards and share data on over 17,000 brains, of which over 11,000 are accessible to researchers in academia and industry worldwide. The human brain tissue database is a powerful online research tool that allows the combination of multiple search parameters, including clinical diagnosis, pathology findings, demographic data, post-mortem delay and many others.

These new additions will enhance the value of the UKBBN database to the neuroscience research community, expediting the study of biological processes that mediate genetic risk, and of the factors that might counter it.

More information on the UK Brain Banks Network can be found on the MRC website - <http://bit.ly/OTJ2NP9Tj5>

Further information on using the database for searches that include genomic data - <http://bit.ly/OTJ2Clqg8U>

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Does weather really affect our experience of pain?

A new study finds that, for people living with arthritis and other conditions that cause chronic pain, a certain kind of weather increases pain.

When someone tells you that they can feel bad weather in their bones, they may well be right.

Scientists, many at the University of Manchester, in the United Kingdom, have released the findings of a new study that exposes a link between chronic pain and humid, windy days with low atmospheric pressure.

The study is whimsically titled “Cloudy with a Chance of Pain.” It also appears in the journal *npj Digital Medicine*.

A folk belief supported by science

“Weather has been thought to affect symptoms in patients with arthritis since Hippocrates,” says lead study author Prof. Will Dixon, director of the Centre for Epidemiology Versus Arthritis, at the University of Manchester. “Around three-quarters of people living with arthritis believe their pain is affected by the weather.”

The study included more than 13,000 people from all 124 of the U.K.’s postcode areas, though the researchers sourced the final dataset from 2,658 people who participated daily for about 6 months.

The participants were predominantly people with arthritis, though some had other chronic pain-related conditions, such as fibromyalgia, migraine, or neuropathy.

The researchers collected the data with a smartphone app that they had developed specifically for the study. Each participant used the app to report their pain levels daily, while the app recorded the weather in their area using the phone’s GPS.

Weathering pain

“The analysis showed,” says Dixon, “that on damp and windy days with low pressure, the chances of experiencing more pain, compared to an average day, was around 20%.”

“This would mean that, if your chances of a painful day on an average weather day were 5 in 100, they would increase to 6 in 100 on a damp and windy day.”

The data suggested no connection between actual rainfall and pain. Likewise, the researchers found no relationship between pain and temperature alone.

However, it does appear that temperature can make pain caused by muggy, turbulent weather worse: The most painful days for participants proved to be humid, windy days that were also cold.

The value of the study

Dixon suggests that the study’s findings could lead to meteorologists giving pain forecasts alongside air quality projections, which could help people with chronic pain “plan their activities, completing harder tasks on days predicted to have lower levels of pain.”

This would be no small thing. Says Stephen Simpson, Ph.D., of the advocacy organization Versus Arthritis: “We know that, of the 10 million people in the U.K. with arthritis, over half experience life-altering pain every day. But our healthcare system is simply not geared up to effectively help people with arthritis with their number-one concern.”

This leaves self-management as the only practical method for “helping them to get and stay in work, to be full members of the community, and simply to belong.”

Carolyn Gamble, one of the study’s participants, is living with ankylosing spondylitis, a form of arthritis, and she expressed happiness about the new insights.

“So many people live with chronic pain,” she says, “affecting their work, family life, and their mental health. Even when we’ve followed the best pain management advice, we often still experience daily pain.”

This is made even worse, Gamble says, by a tendency to blame oneself for flare-ups. She finds comfort in the study’s conclusions.

Dixon also hopes that pain researchers find this new information useful as they pursue a deeper understanding of its causes and mechanisms.

Source: Medical News Today

Althea’s Consumable Service supports Glenfield Hospital to become one of first UK centres to offer WATCHMAN FLX™ heart implant

Managed service and maintenance provider Althea are delighted to supply Glenfield Hospital with the latest implantable device through their Consumable Management Service (CMS). Glenfield Hospital is one of the first centres to implant Boston Scientific’s next-generation WATCHMAN FLX™ Left Atrial Appendage Closure (LAAC) device following its CE-mark earlier this year.



Working closely with Boston Scientific, Althea were able to facilitate the ground-breaking procedure which took place at Glenfield Hospital, part of University Hospitals of Leicester NHS Trust (Leicester’s Hospitals). Althea supply the device, which reduces the risk of stroke in non-valvular atrial fibrillation (AF) patients, directly from Boston Scientific and track the procedural outcome via their bespoke inventory system.

Atrial fibrillation (AF) affects more than 1 million people in the UK. According to clinical data, more than 90% of stroke-causing blood clots from the heart are formed in the left atrial appendage in non-valvular AF patients. WATCHMAN FLX is a permanent implant which closes the left atrial appendage in the heart to mitigate the stroke risk.

The WATCHMAN FLX implant doesn’t require open-heart surgery and is typically performed under general anaesthetic. During this key-hole procedure, the physician makes a small incision in the upper leg and inserts a flexible tube (catheter) into a vein and guides the WATCHMAN FLX device into the heart. Over time, heart tissue will grow over the implant.

Olivier Lonbois, EMEA VP and GM for Cardiology and Structural Heart, Boston Scientific EMEA said: “The WATCHMAN device has been implanted in more than 90,000 patients worldwide and we are pleased that this next-generation technology has been granted European regulatory approval so that we can offer it to patients and clinicians throughout Europe.”

Althea is the world’s largest vendor-independent managed service and maintenance provider for the acute healthcare sector.

The company delivers a Managed Equipment Service (MES) to many UK and Ireland hospitals, which improves their technology whilst managing the day-to-day concerns of running a department. This includes maintenance and breakdowns and on-going equipment replacements throughout the term of the contract. As an integrated part of the longstanding managed service at Leicester’s Hospitals, Althea also provides a CMS and now manages all the clinical consumables and devices for nine interventional catheter laboratories across Leicester’s Hospitals and the East Midlands Congenital Heart Centre.

As demonstrated here, Althea’s CMS ensures the highest quality clinical consumables and devices are provided to the Trust’s Interventional Radiology, Interventional Cardiology, and Electrophysiology suites in the right quantities at the right time. This enables Leicester’s Hospitals clinical teams to deliver compliant, sustainable, and patient centric services.

Being entirely vendor-independent ensures Althea is not tied to any one manufacturer and can offer hospitals the most clinically effective and cost efficient service for their clinical needs.

For more information visit: www.althea-group.com/uk

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