

Abstract 1

Title: Scan every clinical appendicitis before operation. Can we prevent unnecessary operations in this era of CT?

Introduction: Acute appendicitis is the most common abdominal surgical emergency in the world, with around 50,000 acute appendectomies performed annually in the UK. However, appendectomy has been associated with negative appendectomy rates (NARs) of 15%-39% in large series. On the other hand, CT scan is associated with radiations increasing the risk of cancer and considerable cost to the trust.

Aims/Objectives: Evaluate the CT scan reports of all those patients admitted with clinical suspicion of acute appendicitis to reach the final diagnosis + identify the other causes established on the imaging + establish management protocols for acute appendicitis.

Materials and Methods: Notes of 20 patients admitted with suspicion of acute appendicitis were reviewed retrospectively by the auditors from their admission to the discharge from hospital and CT scan reports were evaluated.

Results: All of the patients seen by the surgical team had a CT scan to confirm the diagnosis of acute appendicitis before surgery. 15/25 patients had a diagnosis of acute appendicitis and all of the histology reports in these patients after the surgery confirmed the diagnosis. 10/25 patients had other diagnosis on CT despite clinical features suggestive of acute appendicitis. Colitis was the second most common cause of abdominal pain after acute appendicitis. 0% negative appendectomy rate was achieved when CT scan was done before the surgery.

Conclusions: This audit concludes that all the patients who present with the clinical suspicion of acute appendicitis should have a CT scan before the surgery to avoid the unnecessary operations however, an audit of 1 year or more would be more beneficial in formulating a clear picture and the development of guidelines.

Abstract 2

Indications of AXR in emergency surgical patients. Comparison with the RCR guidelines.

Authors:

Zohaib Jamal, Nowera Zafar, Zeeshan Khawaja, Naqqash Adnan

Background/Introduction:

Abdominal X-ray (AXR) is a commonly used imaging in emergency surgical patients. The radiation dose for an abdominal radiograph is 0.7 mSv, which is equivalent to 4 months of background radiation and costs on an average £27. They are judiciously over-requested and out of line with the Royal College of Radiologists (RCR) guidelines which include: 1. clinical suspicion of obstruction, 2. acute exacerbation of inflammatory bowel disease, 3. palpable mass, constipation, 4. acute and chronic pancreatitis, 5. foreign bodies and 6. blunt or stab abdominal injury.

Aims/Objectives:

The aim of this study was to find out if AXR are being performed as per indications described in the RCR guidelines.

Patients and Methods:

Two auditors retrospectively analysed the AXR requests made for 50 patients who had AXR in A&E as general surgical admissions. Data was collected about the age, sex, reason for AXR, and if the reason for conducting exam was in line with the RCR guidelines.

Results:

The results showed that AXR in only 26/50 (52%) were performed according to the RCR guidelines. The most common reason documented was requesting an AXR was obstruction 20 (40%) followed by perforation 11 (22%), abdominal pain 10 (20%), foreign body 3 (6%) and Inflammatory bowel disease 2 (4%).

Discussion/Conclusion:

The study concludes that an urgent campaign for raising awareness in the doctors, and advanced nurse practitioners should be carried out. This will not only benefit to patient care include reducing radiations and faster access to more appropriate imaging but also help save money for the trust.

Abstract 3

A modified technique to achieve a youthful and stable result after breast reduction and mastopexy

*Authors : Mr Dujanah Bhatti, Mr Yangmyung Ma, Mr M Adil A Khan, Mr M Riaz
Presenter : Mr Dujanah Bhatti*

Abstract Aim: Common pitfalls with existing breast reduction techniques include poor aesthetic outcome, such as development of a “boxy” breast shape, and pseudoptosis. Presented here are a series of modifications to the technique of central mound breast reduction, based on previous work, aimed at ensuring consistent aesthetic results which are maintained in the long-term.

Methods: All patients undergoing bilateral breast reduction by the senior author over a 7-year period were included, with outcome data collected prospectively. A detailed description of the technique is offered.

Results: One hundred and sixteen patients underwent bilateral breast reduction over the study period. Mean follow-up was 20.6 months. There were no cases of nipple necrosis or infection requiring antibiotics. There was one post-operative haematoma which required surgical evacuation. Three patients developed a degree of fat necrosis which was managed conservatively in two, but required surgical debridement for liquefactive necrosis in one. Results of these breast reductions at the second post-operative year and beyond are presented.

Conclusion: The technique described offers benefits of improved predictability, consistency and longevity of aesthetic results over existing techniques. Development of pseudoptosis in particular is effectively delayed. The modifications described have not been shown to increase the rates of surgical complications.

Abstract 4

The Extended “R” Face and Neck Lift: a modified technique for enbloc facial rejuvenation

Authors : Mr Yangmyung Ma, Mr Dujanah Bhatti, Mr M Adil A Khan, Mr Muhammad Riaz

Presenter : Mr Yangmyung Ma

Abstract Aim: Conventional facelift procedures can be invasive, involve long recovery times, and can be disfiguring in the early postoperative period. However, nonsurgical modalities for facelift tend to yield a weaker, less noticeable lift and may require earlier revision. The “R” face and neck lift was developed by the senior author as an enbloc facial rejuvenation technique in response to a growing demand for long-lasting, effective facelift procedures associated with minimal downtime and a low risk of complications. The Extended “R” face and neck lift is an evolution of the previous technique utilising pre-excision of skin and appropriate work on the neck as well as a post auricular flap. The technique offers cervicofacial rejuvenation with a short downtime and reduced risk of major complications

Methods: Four hundred patients who underwent the Extended “R” face and neck lift were evaluated retrospectively. Minor and major complications and the need for any revisions were recorded.

Results: Patients received follow-up for an average of 18.5 months (range 8 - 36 months). Eight patients required minor revisional surgery and none of the patients experienced nerve damage or other major complications.

Conclusion: The extended “R” face and neck lift is indicated for patients with the spectrum of age-related concerns of the mid/lowerface and neck. This technique yields reliable harmonious results, with a low risk of complications and a short recovery period. Continued follow-up data are needed to confirm the stability of the R lift result.

Abstract 5

Case Report for Poster Competition

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Gastroenterology Trainee West Midlands

Dr Adil Karim

Consultant Gastroenterologist

West Midlands

Clinical History/Chief Complaint of Present Illness

28 year old female who attended her General Practitioner due to 2 months of lethargy and abdominal pain. An ultrasound was performed that showed gross ascites. Further investigation with Computer tomography (CT) was arranged that showed a heterogenous liver parenchyma with faintly visible hepatic veins. Her blood tests included WCC 3.5, Platelets 44, albumin 31, Bili 22, ALT 6, ALP 76, INR 1.5. It therefore was decided to transfer her to our Hepatology Unit at the Queen Elizabeth Hospital Birmingham for further assessment. She also complained of headache and blurring of her vision. Fundoscopy was performed it showed papilledema.

Diagnosis, Treatment Options

CT with triple phase liver protocol demonstrated a thready left hepatic artery and collapsed hepatic veins. Histology from liver biopsy found severe venous outflow obstruction with confluent perivenular necrosis, in keeping with the diagnosis of Budd Chiari Syndrome.

CT Venogram Confirmed Sagittal Sinus Thrombosis. She was prothrombotic.

Accordingly, the patient was started on low molecular weight (LMW) heparin and underwent a Transjugular intrahepatic portosystemic shunt (TIPPS) without complication.

Results/Intervention

The cause of her prothrombotic state remained uncertain and she lacked obvious risk factors or family history of venous thromboembolism. Flow cytometry identified a substantial clone of Paroxysmal Nocturnal Haemoglobinuria including 86% of neutrophils and 81% of monocytes with reduced expression of Fluorescein-labeled proaerolysin. Following advice from Haematology she was started on Eculizumab for treatment of PNH.

Outcomes

The patient remained stable and was discharged on Eculizumab and LMW Heparin. Repeat ultrasound 2 months after starting treatment has shown a patent TIPPS and hepatic vessels, splenomegaly 13.5cm and no ascites. She remains on treatment and under follow up by Hepatology and Haematology departments.

Abstract 6

CADASIL TYPE II- A RARE NEUROLOGICAL DISEASE WITH A UNIQUE PRESENTATION IN A SET OF TWINS

**By Dr Alina Nazir, Dr Ali Zafar,
Dr Muhammad Awan**

Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) is an extremely rare hereditary cerebral arteriopathy. Hereditary cerebral arteriopathy commonly has two types of related gene; the notch homolog protein 3 (*NOTCH3*) of CADASIL and HTRA SERINE peptidase (*HTRA1*) of CARASIL. The patients harboring *HTRA1* mutation and autosomal dominant (AD) inheritance are categorized as CADASIL type 2.

The clinical expression of CADASIL is variable, dominated by migraine attacks with aura and ischemic vascular accidents. We report a case of a 73-year-old man with 4-year history of gradually progressive choreiform movements involving the head, neck and upper limb. Neurological assessment showed intact power, tone and cranial nerve functions. Mild dysarthria was noted. He had an estranged twin sister and familial history was negative for Parkinson's or other neurological/movement disorders. Initial investigations including a full blood panel, hormones (TFTs, PTH) and electrolytes were undertaken, only showing a raised plasma viscosity.

Following the preliminary investigations, he was submitted to a neuropsychological assessment comprising of a CT head and consequently, an MRI which exhibited bilateral periventricular ischemic changes in brainstem in addition to evidence of minor strokes. Genetic testing for Huntington's, blood film for acanthocytes and C9orf72 gene (for ALS) were all negative. With time, his chorea and dysarthria worsened coupled with further deterioration of initial short term memory problems, slurred speech and increasing disinhibition. Eventually, he developed swallowing difficulties with an accompanying onset of spastic scissoring gait issues. Interestingly, his sister began to develop a similar condition, with gradually progressive choreiform movements and slurred speech. *HTRA1* gene testing was performed and it was found on only one of the two copies of the patient's gene illustrating a dominant inheritance pattern.

Following the positive results, he was labelled as being afflicted with '*CADASIL type II*' and started on clopidogrel in accordance with recommendations.

Abstract 7

A retrospective review of Hepatobiliary cancer patients presenting to Walsall Manor Hospital between 2017-2020

Department of Gastroenterology Walsall Manor Hospital; *Yasin, A, Karim A, Gautam, N.*

Abstract

Introduction:

Pancreatic cancer is the 10th most common cancer in the UK, accounting for 3% of all new cancer cases.

Pancreatic cancer is the 5th most common cause of cancer death in the UK, accounting for 6% of all cancer deaths.

Some of the challenges with Pancreatic cancer include it is often diagnosed at an advanced stage due to lack of good screening techniques to identify such cancers in their earliest stages.

Methods:

We conducted a retrospective review of all patients presenting with hepatobiliary cancers at our center. We are non-pancreatic center and our nearest HPB unit is Queen Elizabeth Hospital Birmingham

There were 122 patients identified from Somerset with pancreatic or ampullary cancers between period of between 2017-2020.

Objectives were to review treatment pathway and review outcomes of these patients.

Results:

30 % (36/122) of patients not fit for chemotherapy/further intervention on presentation.

53% (15/28) of those considered to be potentially operable did not had surgery.

This was mainly due to rapid clinical deterioration after diagnosis.

Although outcome is still poor, some patients still benefit from chemotherapy.

6 months survival: 12% (no chemo) vs 60 % (chemo)

12 months survival: 5% (no chemo) vs 25% (chemo)

12 patients had surgery and one declined

Conclusions:

The outcome of patients with pancreatic and ampullary cancer at Walsall Manor Hospital, a DGH was found to be comparable to the National statistics.

Although the overall survival is poor, emphasis on primary care centres to pick early signs and symptoms is of paramount importance.

With increasing trend of cancers like PSC related cholangiocarcinoma towards surgery, early detection is key to survival until tumour marker becomes available.

Abstract 8

Dr. Daleep Meena, Dr. Gurudutta , People Tree Children Hospital India

Abstract title: IS IT RIGHT TIME TO TAKE HUMIDIFIED HIGH FLOW NASAL CANNULA SERIOUSLY?

Aims & Objectives:

HFNC is an emerging modality of therapy in critically ill children. Early initiation of HFNC for acute respiratory distress appears to reduce the need for invasive ventilation. Only a few studies have reported on its clinical efficacy in the Indian PICU setting.

Aims-To assess the efficacy and safety of HFNC admitted to PICU. To determine the rate of treatment failure and its predictors.

Methods:

Design-Prospective observational study

Study Duration-June 2018 to December 2018

Study Population and Setting- All consecutive patients (1 month to 18 years) who required HFNC for acute respiratory distress were admitted to the tertiary care PICU. The clinical parameters, arterial blood gas, and oxygen indices were evaluated at 0, 60min, 12, and 24 hours of the presentation along with respiratory clinical score (RCS) and COMFORT scores. PIM III was used to calculate the death risk.

Results:

We enrolled a total of 24 patients. Indications for HFNC were bronchiolitis (8), pneumonia (8), Dengue with pleural effusion (6), moderate ARDS (2), and seizure disorder (2).

Mean HR, RR, and saturations were 148.3 ± 27.19 , 50.2 ± 7.6 , and 86.54 ± 3.23 respectively on admission. 60 minutes after the commencement of HFNC mean HR, RR, and O₂ saturations improved to 137.9 ± 21.79 , 43.29 ± 7.32 , and 93.12 ± 3.41 .

Out of 18 children, 6 were weaned off at 12 hours and the remaining 12 were weaned off at 24 hours. 4(16.5%) patients failed to improve requiring invasive ventilation. RCS and COMFORT scores significantly improved whilst on HFNC.

Conclusions:

HFNC improves RCS and COMFORT scores in a diverse range of diagnoses causing respiratory failure. Treatment failure was not related to age, diverse diagnoses, or PIM III score.

Abstract 9

Importance of early diagnosis and treatment of acute mesenteric ischemia

Dr Sadaf Hanif (Junior Clinical Fellow)

Kings Mill Hospital Sherwood Forest Hospital, NHS Foundation Trust.

Abstract:

Acute mesenteric ischemia (AMI), a potentially fatal vascular emergency that can be benefited with early diagnosis and effective restoration of mesenteric blood flow to prevent bowel necrosis and decrease mortality.

The long-standing issues with delayed bowel infarct diagnosis have only slightly improved the survival rates. Bowel necrosis is the common consequence, which is caused by many pathophysiologic mechanisms. Total mortality ranges from 60% to 80%, and the incidence has reportedly increased with the impending challenges.

The mainstays of contemporary care are early diagnosis and prompt surgical intervention, both of which are necessary to lower the significant mortality linked to this condition. The development of endovascular methods along with cutting-edge imaging techniques may open new possibilities of early detection and treatment. The World Society of Emergency Surgery (WSES) has presented the most recent and useful guidelines for the identification and management of AMI. The greatest opportunity to improve outcomes in this disease process is through early identification and treatment.

Abstract 10

A RARE CASE OF BIVENTRICULAR PHENOTYPE OF ARRHYTHMOGENIC CARDIOMYOPATHY PRESENTING WITH NEW ONSET VENTRICULAR TACHYCARDIA - Gulfam Javed¹, Aiwuyo HO¹, Ataiyero T¹, Ibeson C², Torere B³, Othmane T¹

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ABSTRACT

Arrhythmogenic cardiomyopathy is a rare hereditary structural heart disease, with various phenotypes, that mostly affects the right ventricle of the heart, resulting in fibrofatty replacement of the heart muscles and a proclivity to create spontaneous malignant cardiac arrhythmias that may lead to sudden death. We have reported a case of its biventricular phenotype in a 61-year-old heavy truck driver who has a current medical history of diabetes mellitus and smoking, and was incidentally diagnosed based on the Padua criteria after presenting to the hospital with complaints of lightheadedness and syncope. He eventually had an implantable cardioverter defibrillator, hence preventing the possible lethal condition that is typically associated with the disease. It's always interesting to come across apparently rare pathological entities with conventional clinical features, particularly when they appear unsuspectingly. We were able to correctly diagnose the case and prevent sudden cardiac death by instituting the necessary management.

Abstract 11

Improving Secondary Prevention of ACS: Smoking Cessation

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Abstract

Background: Cigarette smoking is an independent risk factor for development of acute coronary syndrome (ACS) and smoking cessation has been shown to improve morbidity and mortality in patients after ACS (1,2). Secondary prevention strategies have been shown to play significant role in the management and follow up of patients post ACS. Identification, counselling and taking active measures at helping ACS patients who smoke will be pivotal to achieving smoking cessation. Thus, patients admitted with ACS should be asked about their smoking status. When identified, they should be counselled on smoking cessation and prescribed smoking cessation aid such as nicotine replacement therapy (NRT).

Objectives: The aim of the quality improvement project (QIP) was to improve the assessment of smoking status and prescription of smoking cessation aid to smokers admitted with ACS.

Method: An initial baseline dataset was collected using a predesigned proforma. Then three Plan-Do-Study-Act (PDSA) cycles were used to effect the desired change. The first intervention involved raising awareness of junior doctors and nursing staffs followed by face-to-face education and continuous reminders through use of poster and WhatsApp[®]. A post-interventional dataset was collected to compare outcome with the baseline.

Results: After the three PDSA cycles, the identification and counselling of smokers admitted with ACS improved from 80% and 55% (respectively) to 100%, and the prescription of nicotine replacement therapy increased significantly from 30% to 80%.

Conclusion: The QIP led to improvement in smoking cessation measures with the development of local trust guidelines to ensure sustainability. Early interventions with similar strategies may help improve outcome in ACS patients who smokes.

Key words: Cigarette Smoking, Nicotine replacement, Acute coronary syndrome

Reference

1. Critchley JA, Capewell S. Mortality risk reduction associated with smoking cessation in patients with coronary heart disease: a systematic review. *JAMA*. 2003 Jul 2;290(1):86-97. doi: 10.1001/jama.290.1.86. PMID: 12837716.
2. Anthonisen NR, Skeans MA, Wise RA, Manfreda J, Kanner RE, Connett JE; Lung Health Study Research Group. The effects of a smoking cessation intervention on 14.5-year mortality: a randomized clinical trial. *Ann Intern Med*. 2005 Feb 15;142(4):233-9. doi: 10.7326/0003-4819-142-4-200502150-00005. PMID: 15710956.

Abstract 12

Role of Statin and Frank Sign in Patients Experiencing PRE-ACS Pain to Predict Major Adverse Cardiovascular Events.

Abstract:

Introduction:

Nearly a third of annual global mortality is attributable to cardiovascular disease (CVD), making it the leading cause of death worldwide.

Our study being the first in Pakistani population, aiming to assess the role of statins and frank sign in patients experiencing PRE-ACS pain to predict major adverse cardiovascular events.

Methodology:

A cross sectional study was conducted at KRL Hospital from Oct 2021 to March 2022. 101 patients of both genders, using statins for at least 1 year due to Hypercholesterolemia, hospitalized for ACS, with or without ST-segment elevation, with an onset of symptoms during the previous 24 hours were included in our study.

Data was analyzed using SPSS 26.0. Chi square test was applied to see the association considering P values less than 0.05 as significant. Odds Ratio was calculated to see the risk of disease

Results:

Males were predominant with more than half of the study population. Frank sign was observed in 56 patients out of which 29 patients (51.78%) developed Pre-ACS Pain having a p value of 0.20. Patients with Frank sign have a 0.5 times risk of developing Pre-ACS pain. 48 (47.52%) patients reported no Frank sign out of which 38 (79.16%) were taking Atorvastatin & 10 (20.84%) are taking Rosuvastatin. Rosuvastatin.

Conclusion:

Prescribing statins should be done on an individual basis based on expert clinical opinion. Frank's sign has an extremely high correlation with pre-ACS pain. As a main preventive measure, prescribe statins to reduce the risk of post-acute aches and pains.

Keywords:

Frank sign, Pre-Acs pain, Acute Coronary syndrome, Primary Prevention.

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Abstract 13

Overview of the management of Tubulointerstitial nephritis; a common cause of Acute Kidney Injury

Authors: Hina Batool, Elamin Mohammed, Mansoor N Ali; Bradford Teaching Hospitals NHS Foundation Trust

Introduction

Tubulointerstitial nephritis (TIN) is a common presentation for hospitalisation with acute kidney injury (AKI). We reviewed the management and complications associated with treatment of all patients presenting with AKI and a confirmed diagnosis of TIN between 2019 and 2021. We also reviewed the recovery of kidney function following initial presentation.

Method

Retrospective data collection of kidney biopsies with histological diagnoses of TIN of 26 patients who met the above criteria.

Results

- 54% females and 46% males with an average age of 62 years.
- Common mode of presentation was an inpatient admission with AKI.
- 9 patients presented with stage 3 AKI compared to only 3 with no AKI (secondary causes).
- 14 patients recovered back to baseline kidney function, 9 progressed to Chronic Kidney Disease (CKD) and 3 patients developed End Stage Kidney Disease (ESKD), 2 of which are dialysis dependent.
- Most biopsies were performed within a week from presentation for inpatients and 4-6 weeks for outpatients referred from the renal clinic.
- Main identifiable culprits of TIN were identified as Non-steroidals (NSAIDs), proton pump inhibitors (PPIs) and antibiotics.
- Primary histological diagnosis of TIN was seen in 2/3rd of patients.
- Treatment was mainly steroids, which in most instances was commenced after biopsy.
- Complications of treatment included endocrine problems, bone aches, gastritis pancreatitis and recurrent infections attributed to steroids.

Conclusion

Recovery of kidney function is often incomplete in up to 40% of patients according to literature. Clinical indicators of a decreased likelihood of recovery include prolonged AKI (>3 weeks), TIN associated with NSAIDs and histological findings of interstitial granulomas, interstitial fibrosis and tubular atrophy on renal biopsy. Steroids still constitute the mainstay of treatment for TIN.

Abstract 14

A case of thickened gastric folds, upper GI symptoms and Iron Deficiency Anaemia in siblings

Imran Haseeb Hassan, Mina Soliman
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Clinical Findings

We present a case of 4 siblings who presented in 2010 and 2017. Two siblings complained of upper GI symptoms such as abdominal pain, bloating, reflux, haematemesis and vomiting. The other two siblings complained of iron deficiency anaemia (IDA) symptoms which were refractory in nature, despite multiple iron infusions. They were referred via the IDA clinic pathway.

Family History

The sibling's father died at the age of 70 from stomach and throat cancer.

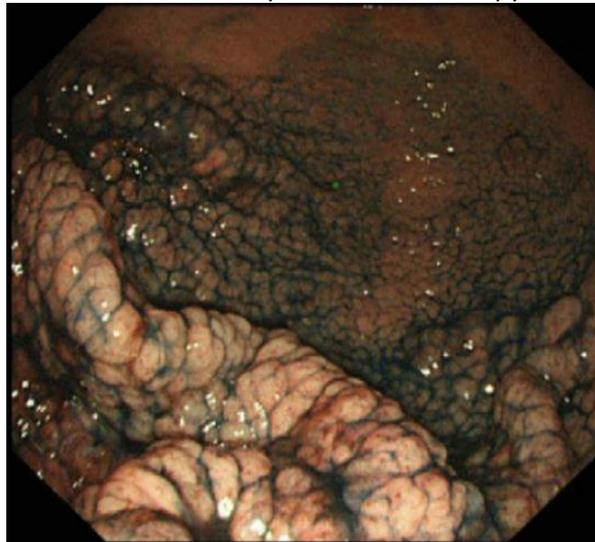
Histopathological Findings

Microscopic examination revealed foveolar hyperplasia, and mild focal glandular dilatation. The glands are lined by mucous cells and are showing mild branching, but no definite cystic dilatation.

Investigations

Full blood count revealed a microcytic anaemia with low iron levels, otherwise liver and kidney function tests and fasting blood sugar levels were normal. OGD showed thickened gastric folds with no stigmata of active bleeding (Figure 1). CT TAP demonstrated abnormal thickening of the wall of the stomach with particularly remarkable enlargement of the rugal folds involving the cardia, body, and antrum.

Figure 1: Gastric fold delineation with blue dye chromoendoscopy



Diagnosis

Ménétrier's Disease

Discussion

Ménétrier's Disease is a rare, acquired, premalignant disease of the stomach characterised by massive gastric folds, excessive mucus production with little or no acid production. The cause of this disease is not known but has been linked to HCMV and H.pylori. Cetuximab is the first line therapy for Ménétrier's Disease, which is a monoclonal antibody against epidermal growth factor receptor.

Abstract 15

Is there a link between Eosinophil and IgE Levels 12 month after the initiation of Dupilumab

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Snr Nurse Nicola Housam, ANP, Pilgrim Hospital

Background

Dupilumab is a monoclonal antibody blocking interleukin 4 and interleukin 13, used in moderate to severe atopic dermatitis. It has been suggested that Dupilumab can influence IgE level, so we decided to investigate this more precisely.

Objective

We wanted to see if there is any link of Dupilumab on the IgE and Eosinophil levels, comparing levels on initiation of Dupilumab and then 12 months later

Method

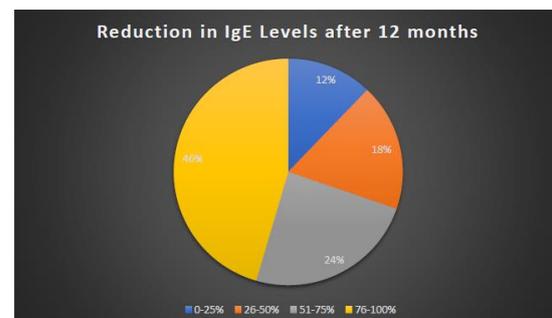
This audit involved patients above the age of 18 (adults) treated at Pilgrim Hospital since 01/09/2018 till 05/05/2021. The patients must have had at least 16 weeks of treatment. A list of patients was compiled from the pharmacy and dermatological secretaries spanning these dates. This information was obtained from electronic clinic letters and patient records.

Results

There were 41 patients in total who were prescribed Dupilumab during the time outlined above. 8 patients were removed from our study as these patients didn't have their IgE levels taken 12 months later. Therefore, in total there were 33 patients.

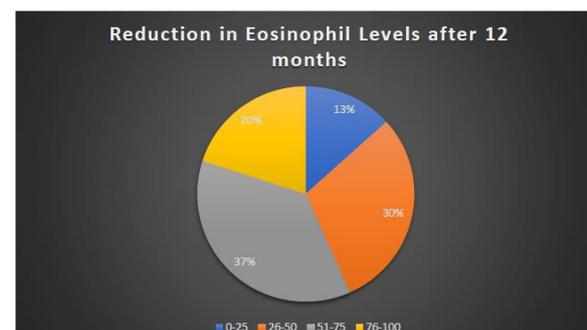
IgE Levels, pre and post 12 months

Our results showed that 4 patients had no reduction in IgE levels over the 12 months period. 6 patients had a reduction of 26-50%, 8 patients had a reduction of 51-75% and 15 patients had a reduction of more than 75%.



Eosinophil Levels, pre and post 12 months

Our Findings showed that 3 patients had no reduction in Eosinophil levels over 12 months, but they actually had an increase instead. 4 patients had a reduction of 0-25%, 9 patients had a reduction of 26-50%, 11 patients had their Eosinophil levels reduced by 51-75% and 6 patients had a reduction of greater than 75%.



Additional Findings

The 4 patients who had no reduction in IgE levels, we were expecting that their eosinophils would haven't reduced either. It was weird to find that one of the patients with no reduction at all, had one of the highest eosinophil reductions of around 78%. On the opposite side of the spectrum, another patient who had no reduction at all, had an increase in his eosinophil levels of 10%.

The 3 patients who had an increase in their eosinophil levels after 12 months, 2 of these patients had a reduction percentage in their eosinophils of more than 75%.

Conclusion

To summarise, we noticed that at least more than half of the patients had a reduction of greater than 50% in both their IgE and Eosinophil levels. Answering our study question that Dupilumab does reduce IgE and Eosinophil levels.

Abstract 16

Single lesion triage Spot clinics to reduce irrelevant skin cancer referrals
Imran Haseeb Hassan, Yasar Cakirli and Krisztina Scharrer
Pilgrim Hospital, Boston, United Kingdom

Introduction The aim of our study was to see if spot clinics run in primary care could reduce the number of lesion referrals to secondary care.

Most skin lesions are referred to secondary care on 2 weeks wait (2ww) pathway because of uncertainty with diagnosis. The conversion rate of these 2ww referrals is very low, about 15%. Tele-dermatology is not always available.

Method

Patients with single suspicious skin lesions were referred to spot clinics held by dermatology consultants in primary care practices where 24 patients can be seen in 2 hours.

Results

396 patients were referred between the 1st of May 2021 - 31st of October 2021. There were 49 who did not attend (DNA's), 347 patients attended their appointments.

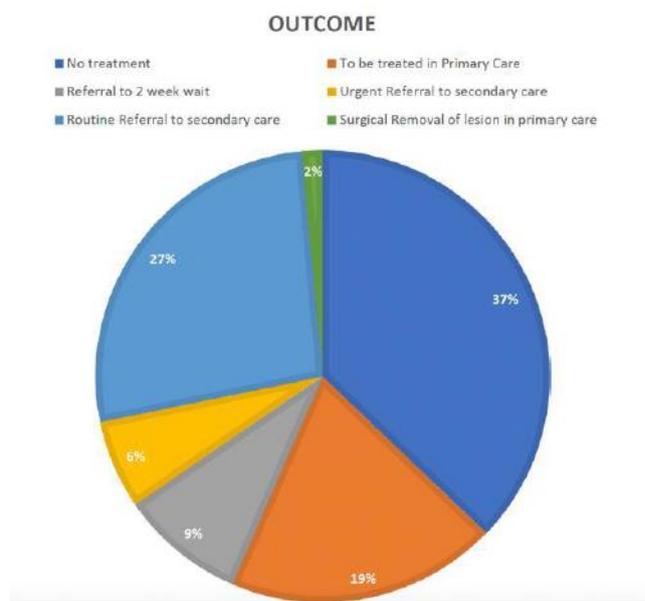
146 patients needed dermatological intervention, 31 of these were referred onto a 2 week wait clinic. 22 urgent and 93 routine referrals were made to secondary care for surgical intervention. 129 patients needed no treatment at all. 67 patients were recommended to be treated in primary care; 5 patients had surgical removal of lesions in primary care. (Figure 1)

Our study showed that only 42% of patients from primary care needed to be referred. 37% of patients required no treatment at all. The remainder 21% were able to be treated in primary care.

Conclusion

The findings highlighted that lesion referrals, including 2ww referrals, could be significantly reduced (here by 58%) to secondary care by offering alternative, quick, and safe pathways, possibly freeing up capacity and providing reassurance to referrers.

Figure 1. showing outcome of spot clinic referrals from primary care.



Abstract 17

Audit of Dupilumab prescribing for treating moderate to severe atopic dermatitis

Background

NICE TA534 guidelines recommend Dupilumab treatment for moderate to severe atopic dermatitis only after topical emollient and steroid and at least one currently available systemic treatment (including ciclosporin, methotrexate, azathioprine, and mycophenolate mofetil) not efficient or not indicated, and best supportive care is the only other available option.

Objective

To monitor compliance of dupilumab prescription at Pilgrim Hospital, Boston

Method

This audit involved patients above the age of 18 (adults) treated at Pilgrim Hospital since 01/09/2018 till 05/05/2021. The patients must have had at least 16 weeks of treatment. A list of patients was compiled from the pharmacy and dermatological secretaries spanning these dates. This information was obtained from electronic clinic letters and patient records.

Results

NICE TA534 criteria:

- Patient's not responding to at least 1 other systemic therapy – 100% compliance (Figure 1)
- Patient's EASI score at baseline and at 16 weeks – 100% compliance
- Patient's DLQI score at baseline – 100% compliance
- Patient's DLQI score at 16 weeks – 98% compliance
- Treatment cessation if didn't achieve 50% reduction in EASI or 4-point reduction in DLQI at 16 weeks – 100% compliance

Additional audit points:

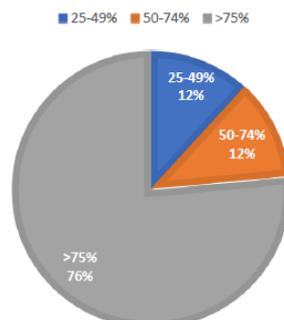
- There is evidence that shows Dupilumab does influence Total IgE levels compared to baseline and at 24 months (Figure 1)
- There was a 98% reduction in self reported itch score (0-10)
- Side effects- 51% had no side effects at all, with majority of side effects being ocular (dry eyes or conjunctivitis)
- Cessation of treatment:

Conclusion

The compliance of Dupilumab prescribing in Pilgrim Hospital was 98-100%

Figure 1

PERCENTAGE REDUCTION OF IGE LEVELS COMPARING PRE-TREATMENT AND POST 24 MONTHS



Abstract 18

Abstract

Introduction:

Bronchiolitis is clinically diagnosed respiratory condition presenting with cough, coryza, fever (in around 30% of cases, usually of less than 39°C), breathing difficulties, poor feeding and in very young apnoeas. It occurs in babies and children under 2 years of age and most commonly in the first year of life, peaking between 3 and 6 months. When diagnosing bronchiolitis, take into account that symptoms usually peak between 3 and 5 days, and that cough resolves in 90% of infants within 3 weeks. Bronchiolitis occurs in association with viral infections (RSV in around 75% of cases) and is seasonal with peak prevalence in winter months

Aim:

The aim of this study is to evaluate our current practice of management of Bronchiolitis in terms of performing CXRs and antibiotics use and compare it to standard guidelines

Methods:

Retrospective study of 50 patients admitted in children ward with bronchiolitis.

Data of Patients was obtained from Information services department, and Informations regarding management of patient were obtained from electronic system.

NICE guidelines (June 2015, updated in August 2021) was used as standard for comparison

Result:

CXRs were done in 11 out of 50 patients

3 out of 50 patients had consolidation on CXR

3 out of 50 patients had fever 39 C and above

Antibiotics were given in 7 out of 50 patients

Oxygen required in 28/50 patients

Vapotherm required in 8/28 patients

NPA to identify cause in 24/50 patients

On basis of these results we could have avoided CXRs in 8 patients and antibiotics in 4 patients

Recommendation:

We need to follow guidelines more strictly and should have justification for requesting CXRs and starting antibiotics

NPA need to be done in all patients admitted with bronchiolitis to identify the cause

Share the results of audit within department

Reaudit in the future to assess improvement/stability/deterioration

Abstract 19

TITLE:

Factors impacting Junior doctor attendance in weekly teachings taking place in Acute Medicine at a North-West Hospital

INTRODUCTION:

The AMU is one of the busiest departments in the hospital, which means it is one of the best places to learn things. Keeping that in mind, teaching sessions are a great way of staying up to date during the busy week.

METHOD:

A survey was sent to all AMU juniors working in the department (n=18), including FY1/FY2, GPST/IMT, and Trust grade ST1/2 doctors. There was an 88.8% response rate.

Teaching sessions were held once a week, and this study was used to analyze different variables, including understanding ideas from a presenter's as well as an audience's point of view.

RESULTS:

81% responses were from trainees/trust grade doctors. Unfortunately only 18% of participants attended weekly teaching every week, whereas 31% said they do not attend the sessions at all. From those attending,

50-60% said they found the topics relevant, kept them up-to-date, appreciated fixed timing, found the presenters engaging, with up to 75% saying the teaching sessions have impacted their clinical practice positively. 75% said they enjoyed sponsored pharmaceutical input as it helped keep them upto date with new medicines.

81% of junior doctors said they found it difficult to attend due to work load in the wards, and similarly 61% said they did not present actively due to difficulty in finding time to make presentations; 93% said they would be interested in improving their teaching skills by taking courses.

CONCLUSION:

This survey helped us identify the positives, and gaps that need bridging. Protected teaching time needs to be established for continuing medical education, and encouragement is needed to bring in presenters. Incentives, such as teaching/attendance certificates can be provided, and recorded lectures can be made available for later watch.

Abstract 20

DOW 2002 CPD WEBINAR SERIES goes GLOBAL, BIGGER and POPULAR and is re-branded as GME Global Medical Education series;

Dr Mansoor N Ali; Prof Naseem Naqvi (Dow Medical College, class 2002)

Naseem Naqvi (chair of GME) and Mansoor Ali (programme coordinator of GME) of class 2002 had started continuing medical education (CME) activities amongst the DOWITE 2002 batch mates by initially organising monthly webinars way before the COVID-19 pandemic;

The first webinar series took place in December 2018 with its target audience mainly class 2002.

The continuing professional development (CPD) activities initially included monthly webinars on topics of wider and broader generic knowledge and skills relevant to the medical profession. The attendance has been encouraging with excellent feedback.

In the summer of 2020, DOW 2002 webinar series went GLOBAL changing its name to Global Medical Education series (GME), further broadening our horizon with no longer restricting its audience or speakers to DOW 2002 class

The flyers are widely circulated before the event using the available social media platforms of various professional associations. The sessions are usually recorded and could be listened to on the specific URL YouTube link **<https://youtube.com/c/DPW2002CPD>**

Each webinar lasts for an hour with 20 mins presentation each by 2 speakers on the day followed by 20 mins question and answer session generating challenging questions and interesting debates.

A certificate of attendance is shared with individual attendees. The presenters are awarded with a certificate for presentation as evidence of engagement in structured teaching activity.

The sole aim of these webinars is to impart education and enhance learning. This has also facilitated professional interactions with colleagues outside of class of 2002. This had also increasingly helped colleagues to also remain in touch with each other during the difficult times of the pandemic.

This has given us an energised momentum and impetuses to continue our work, gain further recognition, spread the knowledge from our experts and presenters and seek approval from the Royal College of Physicians for CME credits.

Abstract 21

ABSTRACT – AN AUDIT CYCLE ON IMPROVING NEW HEART FAILURE DIAGNOSIS AND MANAGEMENT

Team members: Dr. Amina Farooq (consultant), Dr. Marium Shoaib (audit lead), Dr. Sarim Jamal, Dr. Maria Iqbal, Dr. Aryba Jawaid, Dr. Sadaf Fatima

Introduction

Heart failure is an increasingly prevalent condition in the UK. It is a condition where the heart develops structural and functional abnormality resulting in its inadequacy. Diagnosing heart failure involves not only clinical judgement by doctors and specialist nurses, it also involves quantitative assessment via tests such as echocardiography and pro-NT-BNP, all of which should be done within specific timeframes. In this audit, we reviewed the patients who were presenting with undiagnosed heart failure symptoms, against the guidelines provided by the Trust for managing suspected heart failure patients.

Method

We gathered data from 28 patients who presented with heart failure symptoms at Blackpool Victoria Hospital, and recorded if the heart failure investigations and referrals were being done according to Trust guidelines. The major aspects measured were utilisation of PRO-NT-BNP levels, involvement of heart failure teams with-in 24 hours, conducting echocardiography with-in 48 hours of presentation, and appropriate outpatient follow up arrangements after discharge.

Results

We found out that rate of complete adherence to the guidelines was much lower than expected. While all 28 patients with suspected heart failure had pro-NT-BNP done (all patients had proNT BNP levels >400 ng/L), the biggest challenge being faced in heart failure management was with the timeframes involved. We found that only 7 out of 17 echocardiographs conducted were done within 48 hours, and only 1 out of 9 patients reviewed by the heart failure team was within 24 hours of presentation.

Discussion: The goal of this audit cycle is to recognize shortcomings in the management of heart failure in medical wards. The time frames can help us optimise inpatient management, reduce workload on the GPs, and overall reduce duration of inpatient stay. The second cycle is due in October 2022.

Abstract 22

Introducing checklist for paracentesis: Quality improvement Project

Dr. Masnun Taufique (SHO), Dr Omar Mohamed (SHO)

Dr. Pramol Ale (SHO)

Introduction

Large volume paracentesis is the standard of care for managing large volume tense ascites. It is one of the commonest procedures but has some potential complications like bleeding, infections, and injury to internal organs. With the help of safety checklist and appropriate method, we can reduce the probabilities of these complications.

Methods

Data were collected retrospectively from 10 cases who attended ambulatory emergency care clinic for elective paracentesis between June and July 2022 and compared with the safety toolkit for large volume paracentesis in cirrhosis (British Society of Gastroenterology, 2020) which was set as standard for audit.

Results

The initial audit reflected 100% documentation of aetiology, referral for paracentesis, consents, and complications discussion. There is a large variation in the quality of documentation with an average of 20% compliance with essential components although it meets with standard most of the time.

The documentation of time of drain removal, and volume of was poor (10%). 10% developed complication after the drainage.

In view of this findings, we have introduced the online proforma checklist to encourage documentation compliance to monitor improvement in the clinical practice in future cycles.

Conclusion

Introducing a standardized online checklist proforma improves documentation, prevents missing out important steps in clinical practice in paracentesis ensuring patient safety. It also improves safeguards, and provides moral support to junior doctors to perform the procedure.

Abstract 23

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JSM

abstract on metabolic acidosis

IMMINENT CATASTROPHE: GP CAN AVOID

Background: Fasting has been well known modality to induce weight loss since ancient times but its efficiency and safety profile have not yet been established. The metabolic effects of prolonged fasting can be sometimes deleterious if unnoticed. It needs a keen history taking, examination and appropriate blood workup to pick up alarming signals and prevent catastrophe in asymptomatic stages.

Case Report: A 56 years old gentleman with past h/o Gout, on Allopurinol 300 mg daily, non smoker, on light alcohol, normal BMI, came to clinic for getting blood test to detect the insulin resistance in his body. On further questioning regarding his concern, he came with h/o fasting for last 15 days, he was sustaining himself on black coffee, green tea and electrolytes from superstores. He claimed he lost 13 kgs since then and feeling perfectly fine. He was expecting his insulin resistance to be better after fasting and wanted to confirm that. His vitals were stable and systemic examination was normal. Before straightaway going ahead with pathology form, he was explained the risk of metabolic complications due to prolonged fasting viz hypoglycemia, dyselectrolytes, ketoacidosis and multiorgan failure. Patient was quite firm for his diet but got willing for routine bloods. He was explained the red flags like drowsiness, lethargy, palpitations, syncope, headache, muscle cramps, vomiting etc. His blood results were deranged, UEC: low bicarb: 20 (normal 22-32 mmol/L), high uric acid: 0.88 (normal: 0.21-0.43 mmol/L), high anion gap: 25 (9-19 mmol/L), increased creatinine: 130 (60-110 μmol/L), rest were normal including FBC, LFT, BSL, serum insulin, HbA1C. Patient was told that he is under acidosis and he needs urgent medical attention but he denied going to ED as he was feeling fine and his aim was to induce ketosis only. He claimed he will introduce low carbohydrate diet, fruits and vegetables after 2 days. He was advised repeat UEC, urine ketones and venous blood gas analysis. Next day anion gap increased to 28 mmol/L, Bicarb reduced to 19 mmol/L with creatinine of same value. Urine glucose: nil, ketones 3+, Venous blood gas analysis: pH: 7.26 (normal: 7.31-7.41), HCO₃: 16 (23-29 mmol/L), PO₂, pCO₂: within normal range. There was no dyselectrolytes. Patient was advised to see ED for medical attention, observation and hydration. He started eating before leaving for hospital and kept there for few hours under observation and discharged on dietary advice. He was followed up after few weeks with repeat UEC which was within normal range. This was a case of asymptomatic starvation induced metabolic ketoacidosis which if not picked up on time could lead to catastrophe.

Discussion:

Conclusions: Given the present day popularity of fasting, healthcare providers should be aware of the possible complication of euglycemic metabolic ketoacidosis. A good patient doctor relationship can avoid potential danger in asymptomatic settings.

Abstract 24

Narcissistic Personality Disorder

Narcissistic Personality Traits affecting human behaviour – A pathological and psychological phenomenon: Changes in the Brain leading to the perpetration of Intimate Partner Violence

Dr Shazia Naqib

ABSTRACT

OBJECTIVE:

The purpose of this research paper/poster is to establish increased awareness of psychiatric health problems which are present in the modern culture and people are unacquainted with them due to illiteracy, inexperience, and lack of information. Narcissistic Personality Disorder or NPD is one of the leading problems touching generations and families. Many people have Narcissistic Traits, so it is difficult to acknowledge the underlying issue.

METHODS:

Around 52 human studies mainly from the last 10 years were collected using PubMed and Google Scholar using different keywords and a precise approach.

INTRODUCTION:

A detailed account of NPD, its background, causes, and statistics is given to better understand the existing psychiatric health issue.

DISCUSSION:

The article discusses NPD and its relationship to changes in the brain and behaviour. Lack of empathy is the hallmark of this disease. Intimate Partner Violence IPV which results from NPD in partners can be disastrous for families. More research is required in the field.

A study is being done on the role of Virtual Reality in enhancing compassion or empathy in people suffering from psychiatric disorders who lack empathy. Lately, the University of Barcelona has designed VR (Virtual Reality) equipment by which men who committed a domestic violence offence can get into the sufferer's shoes. The analysis disclosed that these violent people have a reduced emotional perception than normal, and the familiarity with Virtual Reality improved their awareness of their emotions.

CONCLUSION:

It is concluded that there is a strong co-relation between NPD, IPV and abnormal human behaviour in the relationships.

KEYWORDS:

Narcissistic Personality, Narcissistic Brain, Narcissism, Narcissistic Partner Abuse, Narcissistic Relationships, VR and Empathy

REFERENCES:

1. Medscape article Updated: May 16, 2018; Author: Sheenie Ambardar, MD; Chief Editor: David Bienenfeld, MD.
2. Bibliography: Goldman, Howard H., Review of General Psychiatry, fourth edition, 1995. Prentice-Hall International, London. Gelder, Michael, Gath, Dennis, Mayou, Richard, Cowen, Philip (eds.), Oxford Textbook of Psychiatry, third edition, 1996, reprinted 2000. Oxford University Press, Oxford.
Vaknin, Sam, Malignant Self Love - Narcissism Revisited, seventh revised impression, 1999-2006. Narcissus Publications, Prague and Skopje.
3. Megalomaniacs abound in politics/medicine/finance Business Day 2011/01/07
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669224/>
4. Tanya Peisley 20 March 2017 Home > The SANE Blog > Mental illness > Is narcissism common? The answer may surprise you
5. Baskin-Sommers A1, Krusemark E2, Ronningstam E1.
Empathy in narcissistic personality disorder: from clinical and empirical perspectives.
Personal Disord. 2014 Jul;5(3):323-33. doi: 10.1037/per0000061. Epub 2014 Feb 10.
6. Nevicka B1, De Hoogh AHB2, Den Hartog DN2, Belschak FD2.
Narcissistic Leaders and Their Victims: Followers Low on Self-Esteem and Low on Core Self-Evaluations Suffer Most. Front Psychol. 2018 Mar 29; 9: 422. doi: 10.3389/fpsyg.2018.00422. eCollection 2018.
7. Olsson, Joakim University of Skövde, School of Bioscience.
2014 (English)Independent thesis Basic level (degree of Bachelor), 10 credits / 15 HE credits
Narcissism - Brain and Behaviour: Self-Views and Empathy in the Narcissistic Brain
Place, publisher, year, edition, pages 2014, p. 45
8. Cascio CN1, Konrath SH2, Falk EB2.
Narcissists' social pain seen only in the brain.
Soc Cogn Affect Neurosci. 2015 Mar;10(3):335-41. doi: 10.1093/scan/nsu072. Epub 2014 May 23.
9. Yang W1, Cun L1, Du X1, Yang J1, Wang Y1, Wei D1, Zhang Q1, Qiu J1.
Gender differences in brain structure and resting-state functional connectivity are related to the narcissistic personality. Sci Rep. 2015 Jun 25; 5:10924. DOI: 10.1038/srep10924.
10. CarrieHaslamV. TamaraMontrose Department of Animal and Land Sciences, Hartpury College, Hartpury, Gloucestershire GL19 3BE, United Kingdom
Should have known better: The impact of mating experience and the desire for marriage upon attraction to the narcissistic personality
11. Liane Leedom, MD Department of Counselling University of Bridgeport, Bridgeport, CT
Seeking Validation and Healing: Experiences of Intimate Partner Violence Victims in Psychotherapy
12. By Ennis, Liam, Toop, Carissa, Jung, Sandy, Bois, Sean
Instrumental and reactive intimate partner violence: Offender characteristics, re-offence rates, and risk management. Journal of Threat Assessment and Management, Vol 4(2), Jun 2017, 61-76
13. Christopher Marchiondo
Treatment of Intimate Partner Violence Perpetration Among Male Veterans: An Example of a Comprehensive Approach
Contemporary Family Therapy
September 2015, Volume 37, Issue 3, pp 271-280
Predicting Forgiveness in Women Experiencing Intimate Partner Violence
<https://doi.org/10.1177/1077801216644071>
15. Pathological Narcissism as It Relates to Intimate Partner Violence
Pathological Narcissism as It Relates to Intimate Partner Violence
A Dissertation Submitted to the Faculty of The Chicago School of Professional Psychology in Partial Fulfilment of the Requirements for the Degree of Doctor of Psychology
16. Romero-Martínez, Ángel; Lila, Marisol; Moya-Albiol, Luis. Violence and Victims; New York Vol. 31, Iss. 2, (2016): 347-360.
Empathy Impairments in Intimate Partner Violence Perpetrators with Antisocial and Borderline Traits: A Key Factor in the Risk of Recidivism Violence and Victims, Volume 31, Number 2, 2016
17. Robinson, Ashley J. Alliant International University, ProQuest Dissertations Publishing, 2017. 10277036.
Perceptions of Intimate Partner Violence (IPV): A Comparison of Heterosexuals and Homosexuals
A Dissertation presented to the Faculty of the California School of Forensic Studies Alliant International University San Diego In partial fulfilment of the requirements for the degree of Doctor of Psychology by Ashley J. Robinson, M.A. 2017
18. Jackson PL1, Meltzoff AN, Decety J.
How do we perceive the pain of others? A window into the neural processes involved in empathy. Neuroimage. 2005 Feb 1;24(3):771-9.
19. Philip L. Jackson,1,2,3, * Pierre-Emmanuel Michon,2,3 Erik Geslin,1 Maxime Carignan,1 and Danny Beaudoin1
EEVEE: The Empathy-Enhancing Virtual Evolving Environment
Front Hum Neurosci. 2015; 9: 112.
Published online 2015 Mar 10. doi: 10.3389/fnhum.2015.00112

Abstract 25

Atrial Myxoma mimicking acute coronary syndrome

Dr Hafiz Awais Ali, Dr Rhidian Shelton

Introduction: Over 75 % of primary cardiac tumours are benign. The cardiovascular manifestations depend upon the anatomic location of the tumour. Cardiovascular symptoms are present in 67 percent. These resemble symptoms of mitral valve obstruction and were frequently associated with electrocardiographic evidence of left atrial hypertrophy. Cardiac rhythm disturbances are uncommon. These can cause atypical chest discomforts. 67 years old male with background history of Rheumatoid arthritis and hypertension presented to E.D with history of chest discomfort and shortness of breath that came with exertion. His clinical examination and ECG were unremarkable. He was referred for outpatient CT coronary angiography that showed mass in left atrium, and subsequent echo showed large atrial myxoma. He was referred for inpatient surgery that was uneventful.

Conclusion: This case illustrates that atrial myxomas are uncommon but can mimic ACS. The sensitivity of transthoracic echo is 100%, it should be offered to patients when probability of ACS is low to out rule structural heart abnormalities.

Pic:



Abstract 26

Diagnosis of heart failure and role of BNP

*Dr Hafiz Awais Ali, Dr Rhidian Shelton, Dr Izhar Hashmi, Dr Hilal Mala
North Cumbria Integrated Care NHS Foundation Trust*

Introduction:

European Society of Cardiology (ESC) and National Institute for Health and Care Excellence (NICE) guidelines suggest brain natriuretic peptide (BNP) as first investigation after clinical evaluation to exclude a diagnosis of Heart Failure. The purpose of this study is to evaluate if Trust follows the NICE guidelines.

Methodology:

This was a retrospective single centre, case note study. Data and notes were reviewed and findings were evaluated on Excel. This study looked at 81 patients who were admitted with a diagnosis of Heart Failure during the period March to June 2022. 6 patients with STEMI were excluded.

Results:

N=75. Mean age- 79.9. Male to female ratio= 0.97. Only 39 (52%) out of 75 patients had BNP done before echocardiography. Echocardiography was performed in 72 (96%) patients to diagnose heart failure. Overall, 84% of the patients had BNP evaluated. 3 patients were diagnosed with heart failure with normal BNP and normal echocardiography inappropriately.

Conclusion:

All Patients who present with signs and symptoms consistent with heart failure should have BNP done and if raised, should have echocardiography. From this audit, 84% of the patients had BNP evaluated but inappropriately.

References:

<https://www.nice.org.uk/guidance/qs103/chapter/quality-statement-1-single-measurement-of-natriuretic-peptide>

Abstract 27

Abstract - An audit cycle on preventing avoidable harm with safe IV fluid therapy

Introduction

In seriously ill patients, intravenous (IV) fluids are the second most common intervention after oxygen therapy. The National Institute for Health and Care Excellence (NICE) states that one in five people on IV fluids suffer from complications or morbidity due to their inappropriate administration.

Aim

We aimed to compare the current IV fluid prescription practice to standards set out in the NICE CG174 guidelines.

Method

Data was gathered from 50 patients who were admitted to the Acute Medical Unit at Blackpool Victoria Hospital, through a retrospective review of their case notes. We evaluated if hydration status was being assessed comprehensively, and if resuscitation and maintenance fluids were being prescribed appropriately, according to the NICE CG174 guidelines.

Results

Overall, compliance with the standards set out in the NICE guidelines was found to be quite low. Only 10% of patients had their hydration status assessed as part of every ward review. Of the patients receiving fluid resuscitation, only 8% were prescribed fluid boluses as per the guidelines. 15 patients received resuscitation fluid despite not needing it. 48% of our sample had been prescribed maintenance IV fluids when they did not require them. None of the patients who received maintenance fluids were prescribed them appropriately, according to the daily fluid and electrolyte requirements set out by NICE.

Conclusion

This audit cycle highlighted several areas for improvement regarding IV fluid prescription. Inappropriate fluid administration can be a risk to patient safety. By increasing physicians' knowledge and awareness of the NICE CG174 guidelines, we hope to optimise patient management and outcomes. The second cycle of this audit is due to be commenced in November 2022.

Abstract 28

Campylobacter jejuni pancolitis complicated by toxic megacolon in an immunocompetent host

Syed Wajih Ul Hassan, Sheena Nadeem Alam, Nazar Ulla Syed, Muhammad Ismail

Abstract

This is an unusual case of a middle-aged, immunocompetent man who developed toxic megacolon (TM) secondary to infection with a normally harmless bug, *Campylobacter jejuni*. He presented with diarrhoea, fever and abdominal pain. Faecal cultures were positive for *C. jejuni*. However, the patient did not show significant improvement after a trial of intravenous antibiotics. Bowel segment dilation on a CT scan combined with systemic signs (fever) led to the diagnosis of TM. A subtotal colectomy was planned but an unexpected positive response to conservative therapy deferred the surgery. Our case emphasises the crucial role that bowel rest and good nutritional support play in treating TM of infectious aetiology and how it can help avoid the need for a life-altering subtotal colectomy and ileostomy. For such presentations we also highlight how empirical steroid therapy or diagnostic sigmoidoscopy for suspected underlying ulcerative colitis can be detrimental to patient outcomes.

Hassan SWU, Alam SN, Syed NU, et al. *Campylobacter jejuni* pancolitis complicated by toxic megacolon in an immunocompetent host. *BMJ Case Rep.* 2022;15:e249801.

Abstract 29

Title: Preoperative embolization for RCC bone metastases. Is it worth it?

Authors: Syed Mustafa , Usman Hanif , Eldho Paul

Background:

It is well known that renal cell carcinoma (RCC) metastases are hyper-vascular and surgery of bone metastasis is associated with significant perioperative blood loss¹. However, evidence is limited on the usefulness of preoperative embolization. Successful embolization (>70%) is expected in 36-75% of cases with complication rates reported at 0-9%^{2,3}. Surgery is usually preformed within 72 hours.

Methods:

Retrospective study of all new patients undergoing embolization of bone metastasis preformed for 5 years (2016-2021) within our tertiary unit. Information for analysis was gathered via electronic database, histopathology records and patient clinical notes. Pre-operative and post-operative blood transfusion data was provided by our blood bank.

Results:

Total of 28 patients (male 17; female 11) underwent embolization of RCC bone metastasis subsequent to surgery. Median age was 64.5 years. Overall 30 day complication rate including embolization related complications and mortality was 0. 6 patients (21%) had a post-operative blood transfusion of 1-2 units. No major intra-operative haemorrhage reported. All but 2 patients were treated with PVA particles (250-350/350-550/500-710 and 710-1000) with size being decided by the operator after catheter angiogram. Only 2 patients had coils used due to suspected AV fistulae on angiogram.

Male		Female			
17		11			
Region of Metastasis					
Humerus 4 (Tranf1)	Femur 8 (Tranf3)	Radius 1 (Tranf0)	Isolated Thoracic 8 (Tranf0)	Isolated Lumbar 6 (Tranf1)	Multiple 1 (T)+1(L) (Tranf0)
Time from Embolization to surgery					
<24 hrs		<48hr		>72	
10		15		1	
Need for post-op transfusion	2	1	1	1	

Conclusion:

Our results show good technical success in pre-operative embolization of bone metastases with a large proportion not needing any blood transfusion. There were no embolization related complications or a 30-day mortality. However, this is a small study and the overall literature is limited. Hence, there is a need for further randomised studies and or registries to enhance our understanding and to develop robust guidelines.

References:

1. Preoperative transarterial Embolisation in bone tumors. Pankaj Gupta et al. World J Radiol. 2012 May 28; 4(5): 186–192. Published online 2012 May 28. doi: 10.4329/wjr.v4.i5.186
2. Sun S, Lang EV. Bone metastases from renal cell carcinoma: preoperative embolization. J Vasc Interv Radiol 1998;9:263–269
3. Chatziioannou AN, Johnson ME, Pneumaticos SG, Lawrence DD, Carrasco CH. Preoperative embolization of bone metastases from renal cell carcinoma. Eur Radiol 2000;10:593–596

Abstract 30

Abstract

Stroke secondary to hip ulcer and Septic emboli

Dr Tahira Abbasi (FY2 at University Hospitals of Leicester, NHS Leicester) Dr Taimour Choudhry (IMT-3) Dr Kashif Musarrat (Stroke Consultant)

Strokes are frequently seen in older patients mainly due to long standing hypertension, diabetes mellitus and hypercholesterolemia. It is not common in younger adults especially when there is no obvious cause. The workup to find the cause is often difficult in such cases.

I report a 38-year-old male, paraplegic patient who presented with fever, headaches, haematuria and awaiting closure of left hip wound; however, it seemed non infected. Patient has a history of ASD and during his stay in hospital, he developed right sided neglect. On examination, he was febrile with increased pulse and respiratory rate. Moreover, he has right homonymous hemianopia and NIHSS score was 3. CT PA was done to rule out pulmonary embolism. Additionally, CT CAP and CT head showed splenic infarct and occipital infarct respectively. Later, blood culture revealed beta haemolytic streptococci and on CT pelvis, bone destruction was seen. Therefore, antibiotics were administered and left hemiarthroplasty was done.

This case illustrate that in younger population, often soft tissue and bone infection can lead to pro-thrombotic events resulting into septic emboli, a potential cause of stroke (especially when accompanied by ASD). Early assessment and management is valuable as it can lead to serious complications and increased morbidity.

Abstract 31

A RE-AUDIT ON X-RAY CONFIRMATION OF NASOGASTRIC TUBE PLACEMENT IN STROKE PATIENTS INCLUDING APPROPRIATE DOCUMENTATION IN PATIENT NOTES:

AUTHORS: TOCHUKWU OKAHAI WISDOM (SHO)

USMAN GHANI (Consultant)

ANGELA ORJI (SHO)

OLAOYE OLUWAKEMI (SHO)

Introduction:

Most stroke patients fail the swallowing assessment, hence the need to have NGT. Sometimes, it is impossible to get an aspirate from these NGTs, other times, the pH of the aspirate is quite high. As such times, to confirm NGT position, in line with the National patient safety agency an Xray is used. Recently, incidents in the trust (UHCW) have been documented regarding NGT Xray interpretation, thus the need to undertake this audit

Methods:

Patients (n=15) who had NGT in the stroke ward (24th March to 20th June,2022) were reviewed against University of Coventry and Warwickshire Trust guidelines. The following were assessed: date and time Xray was requested, how it was interpreted, clear instructions regarding action, interpreter's grade and use of NGT stickers. Data was analysed using percentages and illustrated with bar charts. These were compared with data from the first audit.

Results:

The adherence to the assessed variables (date and time Xray was requested, how it was interpreted, clear instructions regarding action, interpreter's grade and use of NGT stickers) were 77%, 46%, 73%,70% and 40% accordingly.

Conclusion:

There was an improvement in documentation of date and time of requested Xray a well use of NG Tube stickers by doctors in the stroke ward, this is in contrast to documentation of the 4 point check and clear plan instructions.

Abstract 32

ADMISSION/REFERRAL PATHWAYS IN MSDEC

Wajahat Ali, Muhammad Tahir Ramzan, Falik Sher

Royal Derby Hospital

Background

- Traditionally, MAU is the default admission/Referral pathway from SDEC/ED as it is easy to do so, for all medical and sometimes surgical issues.
- This leads to unnecessary burden on MAU and sometimes there are alternate pathways, which can be used to avoid this default process.

Objective

- To introduce a simple document containing all the existing alternate admission/assessment pathways in MSDEC to avoid unnecessary admissions/referrals to MAU

Method

We asked the doctor/Nurse practitioners who have been working in MSDEC the following questions:

Q1: Do you find difficulty in finding different admission/assessment pathways for patient referral from ACC/SDEC?

Q2: How confident are you, in a scale of 1 to 10 while using the existing referral/admission pathways?

Q3: Do you think a simple A4 document containing all referral/admission pathways with contact details and links will be helpful?

Results

Q1 answer: 50% found it difficulty in referring patients from medical SDEC using the existing pathways.

Q2 answer: 70% answered that they were confident (>6/10) in the existing referral pathway

Q3 answer: 90% believed a simple A4 document would be beneficial.

Conclusion

- We have combined all hot clinics, alternate admission/assessment pathways with associated links to guidelines, contact information in a 2-page Directory for MSDEC.
- We have printed this directory poster and displayed it in doctor's office in MSDEC.

Abstract 33

QIP on Ceiling of Care for patients and Introduction of TEP form as intervention.

Wajahat Ali, Noor ul Amin

Ysbyty Gwynedd Hospital, Bangor

Background:

Escalation of treatment decisions for patients admitted in medical wards in Ysbyty Gwynedd hospital are not properly decided and documented which results in increased workload on on-call team and inappropriate referrals to critical care.

Objective:

We conducted a survey which was completed by consultants in medical wards and almost all of them agreed on the need of appropriate escalation plan for every patient admitted in medical wards.

Methodology:

We used the RCP QIP audit tool for our project.

RESULTS:

In the 1st cycle, 50 patient medical notes from different medical wards were audited over a period of 4 weeks randomly by filling a 2-point questionnaire. As a result, 58 % percent of patients had no documented escalation plan defined and 42% had escalation plans documented at different stages during their stay in medical wards. Due to this we introduced a treatment escalation plan form as an intervention for 2 months in two medical wards. In the 2nd stage, the data collected was quite promising as 85% percent of patients had TEP form completed by consultants/ Registrars and 15 % had no documented Escalation plan.

Conclusion:

As a result of this 3-month project, based on above results there are few areas which requires improvements in terms of ceiling of care for many patients. Documentation of DNACPR is poor and escalation plans are not being used for every patient. Following our intervention in the shape of TEP form, we found a promising improvement in getting appropriate escalation plans. Therefore, we recommend the use of TEP form for every patient within first 24 hours of admission.

Abstract 34

VARIABLE RATE INSULIN INFUSION PRESCRIPTION CHART QUALITY IMPROVEMENT PROJECT.

Muhammad Tahir Ramzan, Wajahat Ali, Imran Haseeb Hassan.

Kingsmill Hospital

Background

The reason we decided to do this QI project was we were receiving feedback from junior colleagues stating that they found difficulty in prescribing variable rate insulin without any clear trust guidelines. They were also prescribing the wrong maintenance fluids along with the insulin rates.

Objectives

- Easier prescription of VR III scale
- Clear choice of fluids
- All information available on the prescription chart
- Patient Safety

Method

We compiled a questionnaire of 4 questions, which we gave to 30 participants and asked them the following questions:

- Do you find it difficult to prescribe the VR III Regime?
- Do you know the choice of fluid?
- If you said yes to the choice of fluid, please could you write down the choice of fluid
- Would a pre-printed proforma be helpful?

Results

Q1 Answer: 22 participants (73%) found it difficult to prescribe the VR III regime. 8 participants (27%) said that they didn't have any difficulty.

Q2 Answer: 47% stated they knew the fluid of choice, the remainder (53%) didn't know the fluid of the choice.

Q3 Answer: Out of the 8 People who said that they didn't find it difficult to prescribe, only 1 person knew the correct fluid replacement!

Q4 Answer: 100 % of participants deemed a pre-printed proforma would be helpful

Conclusion

- The feedback we received was very helpful, it gave us an insight in how to improve the VR III prescription at our hospital. We introduced a new proforma which now shows a clear instruction on maintenance fluid, variable rate prescription and is also pre-printed for ease of users.

Abstract 35

Tricuspid Stenosis due to Cardiac Sarcoma

Wajahat Ali, Mirza Baig, Martin Royle, Mark Pullen
Royal Derby Hospital, United Kingdom

Clinical Findings

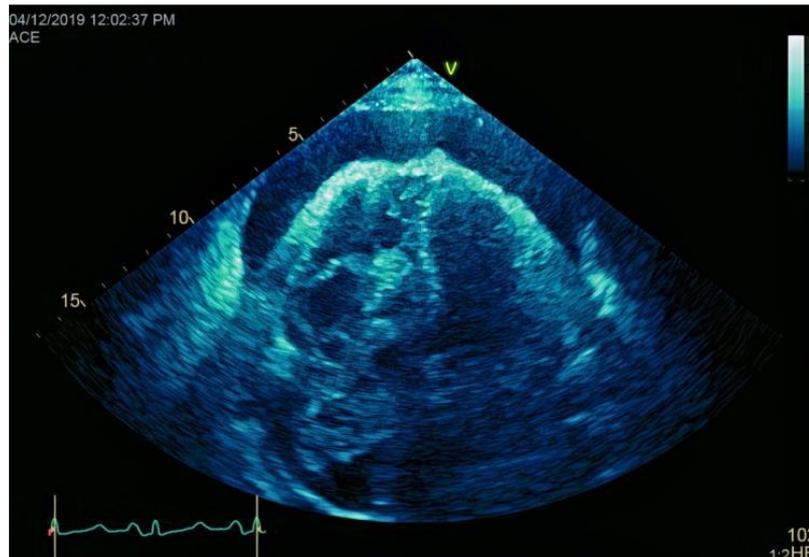
A 32-year-old male, with south Asian ethnicity who was previously fit and well, no significant past medical/family history, non-smoker, teetotal, moved to the UK two months prior. He presented with a recent history of abdominal pain, loss of appetite, nausea, vomiting and fevers and chills for approximately three weeks.

Histopathological Findings

Microscopic examination confirmed the tumour as a "biphasic synovial sarcoma"

Investigations

On routine bloods, he had deranged liver function and a raised white cell count and CRP. Chest x-ray revealed cardiomegaly only. His electrocardiogram showed a mild sinus tachycardia with slightly small electrical complexes. However, he continued to deteriorate, developing an engorged internal jugular vein and a persistent fever. Fearing endocarditis with a right sided valve lesion, an ECHO was requested which revealed a large mass, 8 x 3.7cm in size apparently originating in the right atrium extending through the tricuspid valve into the right ventricle (Figure 1). CT thorax and abdomen confirmed the mass was indeed right atrial, extending through the right heart and into the inferior vena cava and coronary sinus



Diagnosis

Primary cardiac synovial sarcomas

Discussion

Primary cardiac sarcomas are rare clinical entities, with an incidence of 0.0001%. Soft tissue sarcoma is the most common malignant neoplasm of the heart, pericardium, and great vessels. These tumour's usually cause symptoms because of anatomic obstruction of blood flow. These are aggressive tumours which are usually asymptomatic until they are locally advanced. Their manifestations are often nonspecific and include dyspnoea, chest pain, abdominal pain, weight loss and fever. In our case, tricuspid stenosis due to tumour mass caused intractable right heart failure. Other cardiac signs can include pericardial tamponade, syncope, rhythm abnormalities, and diminished heart sounds.

Abstract 36

VERTIGO: MÉNIÈRE'S DISEASE AND BETAHISTINE

Wajiha Tehniyat (GP speciality trainee)

Abstract

Introduction: Several patients are noted taking betahistine over long time for Ménière's disease/chronic vertigo. Just a thought how effective is it and should they really be on it long term? The quick answer is: Probably not! The truth is that Meniere's is not well understood, and the underlying cause and pathology is not known. It is likely a heterogeneous disorder and it is probably both under- and over diagnosed. Many patients appear to benefit from their initial trial of betahistine, and end up on a long-term prescription. Several Cochrane reviews have disputed its effectiveness but cited poor-quality studies as a limit to firm conclusions. A recent trial suggests we should stop prescribing long-term betahistine and instead divert resources to research into better alternatives as 1. Managing acute attacks with short-term vestibular sedatives and antiemetics. 2. Offering access to audio vestibular rehabilitation as discussed above. 3. Offering psychological support for commonly associated anxiety and depression.

Aim: To find out how many of our patients with Meniere's disease/vertigo are on long term betahistine ?Do we need to change our practice in this regard ?

Methods : All patients on betahistidine were considered. Data collected from practice system. It was compiled using Excel sheet. Pie charts/Bar Graph used for results.

Results: Total vertigo 826, Of which total Meniere's 5.93%, Chronic vertigo : 68.40%, Others : 25.66%. Total patient on beta histidine : 26.51% of total vertigo. Patients on repeat prescriptions : 35.61 %. Patients on repeat prescriptions for over 12 months : 66.66%.

Recommendations: 1. Use of Beta histidine as per guidelines for acute vertigo and related problems. 2. Use of alternative rehabilitation techniques. 3. When in doubt we should get MRI/ ENT referral as routine. 4. Cautious use of beta-histidine especially in chronic refractory cases >3months ideally and no more than 12months.

References:

1. Efficacy and safety of betahistine treatment in patients with Meniere's disease: primary results of a long term, multicentre, double blind, randomised, placebo controlled, dose defining trial (BEMED trial) BMJ 2016; 352 doi: <https://doi.org/10.1136/bmj.h6816> (Published 21 January 2016) Cite this as: BMJ 2016;352:h6816
2. Editorials Betahistine for Meniere's disease BMJ 2016; 352 doi: <https://doi.org/10.1136/bmj.i46> (Published 21 January 2016) Cite this as: BMJ 2016;352:i46
3. Murdin L, Hussain K, Schilder AGM, Betahistine for symptoms of vertigo, published June 2016
4. Vladimir A Parfenov , Volodymyr A Golyk , Eduard I Matsnev , Svetlana V Morozova , Oleg A Melnikov , Ludmila M Antonenko , Elena E Sigaleva , Maksym I Situkho , Olena I Asaulenko , Vasyl I Popovych , Maxim V Zamergrad , Effectiveness of betahistine (48 mg/day) in patients with vestibular vertigo during routine practice: The VIRTUOSO study, DOI: 10.1371

Abstract 37

BARRIERS TO IMPLEMENTATION OF COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) TOOL WITH FOCUS ON FRIALTY UNIT OF BARNSLEY HOSPITAL

Joseph Akhator, Wajiha Tehniyat

INTRODUCTION

According to NICE in 2016, the comprehensive geriatric assessment tool is a multidisciplinary diagnostic tool used to ascertain the medical status as well as psychological and physiological capability of an individual who is elderly and frail.

STATEMENT OF PROBLEM

In the recent publication, The Metropolitan District Council reported that in 2016, Barnsley had the highest proportion of elderly population profile in the region and in England with an approximate of 19% above 65 years compared to 18% and 16% in the region of Yorkshire and Humber and in England respectively.

JUSTIFICATION

The progressive rise in the proportion of aged persons who are frail and constituting bulk of the dependent population justifies the modification and delivery of health care services of utmost importance.

OBJECTIVES

- To understand the barriers to implementation of the comprehensive geriatric assessment tool as routine for all patients admitted to geriatric ward.
- To understand the staff knowledge.
- Propose solutions to the barriers.

METHODOLOGY

A comparative cross-sectional study design was used for this study. This study was carried out between the August and October 2021.

RESULTS AND DISCUSSION

PHASE 1:

The study involved active interventions. It was found that although only a few i.e 7.7% did have knowledge of the scope and relevance of the CGA tool, majority of the frailty staff did not have good knowledge of the tool.

Following the end of phase 2, the major observed barriers were staff workload pressure and lack of awareness of the tool and its benefit with proportions of 88.5% and 78.1% respectively.

CONCLUSION

The role and importance of CGA tool in elderly care cannot be over emphasised. By this study measures to rectify the observed barriers in the study were proposed.

Abstract 38

Abstract Title

Good Medical Practice: Patient's right to the information - An audit of the patient's understanding and satisfaction with the information provided to the patients with acute pancreatitis

Author(s) (Presenter name first):

Nowera Zafar, Zohaib Jamal, Zeeshan Khawaja, Naqqash Adnan

Background/Introduction

Acute pancreatitis is one of the important and common causes of abdominal pain presenting to the emergency surgical take. The incidence of pancreatitis in the UK is approximately 56 cases per 100,000 people per year. Due to variation in the causes, disease course, investigations and treatment, it may be confusing for the patient to fully understand all the information. NICE guidelines and good medical practice recommends 'to give people with pancreatitis, and their family members or carers (as appropriate), written and verbal information in a way they can understand'.

Aims/Objectives

The aim of this audit was to find out if adequate information as per the NICE guidelines was being provided to the patients and their family members, and to assess patients' satisfaction in terms of the provided information.

Patients and Methods

30 patients who were admitted in the department of general surgery with acute pancreatitis were provided with a questionnaire containing 10 questions asking about the information provided to them about their condition by the healthcare professionals.

Results

Overall, 60% of the patients were not satisfied with the information provided. None of the patients was provided written information and more than 90% were not explained condition with the help of a diagram. The other areas where the patients were not provided information were: investigations done (40%), treatment (60%), provision of verbal information (26%) and alcohol as the potential causes of the condition (27%).

Discussion/Conclusion

This audit emphasized the need of proper explanation of acute pancreatitis to the patients and their family members. It was also found out that no leaflets were available for the patients. Results were shared in the surgical team group and a leaflet has been designed and distributed to every patient with acute pancreatitis. A reaudit is being done to see the improvement in the patient's satisfaction in terms of information provided to them.

Abstract 39

Abstract:

An audit of documentation of Pregnancy Status, Gynaecological history, LMP, sexual activity and Contraception in emergency surgical admissions of females of childbearing age presenting with acute abdominal pain in a DGH.

Authors: Zohaib Jamal, Nowera Zafar, Zeeshan Khawaja, Ijlal Haider

Objective: To determine if documentation of pregnancy status, gynaecological history, date of last menstrual period and contraceptive use is being done and pregnancy test being performed for the females of reproductive age having emergency surgical admissions with abdominal pain.

Methods: This is a retrospective study conducted in a District General Hospital in the United Kingdom. Females of reproductive age (12-50 years) admitted as an emergency to general surgery with abdominal pain were included in this audit. Surgical assessment documents of these patients in the months of February and March were analysed retrospectively by two different auditors.

Results: Out of the 50, only 16 (32%) patients had a urine pregnancy test done. Only 7 patients (14 %) had a documented pregnancy status. 25 (50 %), 10 (20 %) and 29 (58 %) had a documented gynaecology history, contraceptive use and date of last menstrual period (LMP), respectively. Only 22 (44%) patients were asked if they are sexually active. 27/50 (54%) of the patients underwent imaging.

Conclusions: Our audit concluded that despite being important, gynaecological history is not being documented up to mark. A minimum standard of care, in females of reproductive age, should include mandatory objective documentation of gynaecological history including but not limited to pregnancy status, date of last menstrual period, contraception use, sexual activity and a pregnancy test should be performed in all such patients before imaging.

Abstract 40

Indications of AXR in emergency surgical patients. Comparison with the RCR guidelines.

Authors:

Zohaib Jamal, Nowera Zafar, Zeeshan Khawaja, Naqqash Adnan

Background/Introduction:

Abdominal X-ray (AXR) is a commonly used imaging in emergency surgical patients. The radiation dose for an abdominal radiograph is 0.7 mSv, which is equivalent to 4 months of background radiation and costs on an average £27. They are judiciously over-requested and out of line with the Royal College of Radiologists (RCR) guidelines which include: 1. clinical suspicion of obstruction, 2. acute exacerbation of inflammatory bowel disease, 3. palpable mass, constipation, 4. acute and chronic pancreatitis, 5. foreign bodies and 6. blunt or stab abdominal injury.

Aims/Objectives:

The aim of this study was to find out if AXR are being performed as per indications described in the RCR guidelines.

Patients and Methods:

Two auditors retrospectively analysed the AXR requests made for 50 patients who had AXR in A&E as general surgical admissions. Data was collected about the age, sex, reason for AXR, and if the reason for conducting exam was in line with the RCR guidelines.

Results:

The results showed that AXR in only 26/50 (52%) were performed according to the RCR guidelines. The most common reason documented was requesting an AXR was obstruction 20 (40%) followed by perforation 11 (22%), abdominal pain 10 (20%), foreign body 3 (6%) and Inflammatory bowel disease 2 (4%).

Discussion/Conclusion:

The study concludes that an urgent campaign for raising awareness in the doctors, and advanced nurse practitioners should be carried out. This will not only benefit to patient care include reducing radiations and faster access to more appropriate imaging but also help save money for the trust.

Abstract 41

Abstract Title:

Prophylactic PPIs in NOF fractures- Can it be a lifesaving intervention?

Authors:

Zohaib Jamal, Nowera Zafar, Vivek Thakker, Zeeshan Khawaja

Background/Introduction:

With the rapid rise in ageing population, the burden of fragility fracture is also increasing and almost 1.6 million neck of femur fractures are reported each year worldwide. The main determinants of recovery outcomes are perioperative complications including gastrointestinal bleeding. It is also the leading cause of morbidity and mortality in elderly patients with hip fractures. The incidence of perioperative acute UGI bleed ranges between 0.39% and 15% in patients with hip fractures.

Aims/Objectives:

The aim of this study was to:

1. Assess the incidence of UGI bleed in patients with NOF fractures
2. Develop trust-based guidelines to include PPIs in the management of such patients.

Patients and Methods:

A total of 119 patients who were admitted with NOF fracture between January and March 2022 were included. All the patients admitted in RAEI with NOF fracture were included in the study. All the patients with a previous diagnosis of GORD, peptic ulcers or perforated peptic ulcer and those who were already taking PPIs before admission were excluded from the study. Information was collected about the hospital number, age, gender and if there was any gastrointestinal bleeding that was noticed in such patients during the hospital admission.

Results:

Our results showed that most of the patients who were admitted with NOF fracture were elderly. A total of 5/119 patients had major gastrointestinal bleeding during there hospital admission thus warranting further procedures such as endoscopy, transfusions and prolonged hospital stay.

Discussion/Conclusion:

Elderly patients with NOF fracture are at an increased risk of stress-related mucosal damage and subsequent UGIB. Due to the devastating and potentially threatening complications of mucosal damage, preventative measures are mandatory. Therefore, PPIs should a routine part of drug prescription in patients admitted with NOF fractures. This can not only help prevent this potential bleeding but can also be cost-effective in terms of preventing prolonged stay and readmissions. A reaudit is planned to be done in 1 month's time after the implementation of the changes.

Abstract 42

Title: Mortality of Early Versus Late Coronary Artery Bypass Grafting in Patients Presenting with Acute Coronary Syndrome: A Retrospective Study From Pakistan.

Syed Zohaib Maroof Hussain, Khubaib Majid, Bashir Hanif, Saba Aijaz, Saadia Sattar, Rehan Malik
Tabba Heart Institute, Karachi, Pakistan

Abstract

Aim: To compare mortality between early CABG (within 3 days of symptom onset) and late CABG (4 to 7 days of symptoms onset), after index hospitalisation from one of the largest and busiest cardiac centres of Pakistan.

Methods: Nine-year retrospective study conducted at the department of cardiology, Tabba Heart Institute, Pakistan. Data was collected from 01-January 2011- 31- December 2018 in six months (May-October 2019). We included both genders 18-75 years of age and patients who underwent CABG surgery as the treatment for ACS during index hospitalisation. Patients were identified from coding for CABG surgery. SPSS v23.0 was used for data entry and statistical analysis.

Results: 888 patients were selected having a mean age of 59.4 ± 8.4 years, and a higher proportion of males (84.6 %, n=751). We recorded mean length of stay, discharge status, as well as status after 30 days where in-hospital mortality was higher in early CABG (10.2% vs 5.2%) ($p=0.008$). Results of 30-day mortality although found to be greater in the late CABG group was statistically non-significant. Moreover, higher odds of mortality were calculated for early CABG (1.83, 95% CI=1.02-3.09, $p=0.04$). When mortality count was analysed separately in both the groups, it was higher in early CABG as well i.e., 8.6% vs 5.0% in early vs late CABG of STEMI group while 13.2% vs 6.5% in NSTEMI group respectively.

Conclusion: Our study with a discussion of high mortality rates of early CABG and our results replicating the same, concluded that CABG should be deferred, when possible, for 3 or more days after AMI.

Abstract 43

Title: Gender Relationship With Laser Retinopexy for Retinal Breaks; a Retrospective Analysis.

Authors: Syed Zohaib Maroof Hussain, M.A. Rehman Siddiqui, Irfan Jeeva

Abstract

Aim: Explore the relationship of gender with laser retinopexy for retinal breaks in Pakistani population.

Method: Ten-year retrospective study including all consecutive patients underwent laser retinopexy, between January 2009 and December 2018. Patients were identified through the coding system of the hospital. Structured proforma was used to collect information. All patients underwent laser retinopexy for retinal tear or high-risk retinal degeneration (such as lattice degeneration) were included. Eyes with a history or treatment of retinal detachment in the index eye were excluded. Data was analyzed with Statistical Package for the Social Sciences (SPSS) version 23.0. Descriptive statistics was used to explore relationship between gender and patients undergoing laser retinopexy. A p-value of < 0.05 was considered significant.

Results: We Identified 12,457 patients who underwent various laser procedures. YAG laser, laser PI, laser trabeculoplasty were all excluded. A total of 3,472 patients' files were reviewed for the study, out of which 958 patients met the inclusion criteria. There was a slightly higher male preponderance (53.87 %) Figure 1. Mean age was 43.99 ± 15.377 . For exploratory analysis, participants were divided into different age groups as: < 30 (24.16%); 31-40 (16.59%); 41-50 (19.45%); 51-60 (26.40%); and > 60 (13.49%). Bilateral laser retinopexy was performed in 48.12 % patients; 24.79 % and 27.13 % patients underwent laser retinopexy for the right and left eyes respectively.

Conclusions: Ratio was not significantly different to the prevalence of retinal tears and retinal detachment in general population, which has slightly higher male preponderance. In our study, there was no gender bias in patients undergoing laser retinopexy.