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of Surgeons  
of England

ADVANCING SURGICAL CARE

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## Search Results: Articles relevant to the Infected Blood Inquiry in the *Annals of The Royal College of Surgeons of England*

**Date: 02/12/2020**

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WITN6656003\_0001

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## Search notes:

Search title	Articles relevant to the Infected Blood Inquiry in the <i>Annals of The Royal College of Surgeons of England</i>
Population(s)	All
Search period	All
Comments	Various terms listed to cover: HIV, AIDS, HTLV, hepatitis, blood transfusion or donation, blood diseases or disorders (etc), and various blood medications. Terms taken from the document "2020-06-30 Letter under Rule 9 to Royal College of Surgeons of England".

## Search strategies:

Databases searched	Date of search	Number of results
Ovid MEDLINE(R) ALL <1946 to December 01, 2020 >	02/12/2020	492
Total results after deduplication	492	
Search designer	Helen Fulbright, PhD, MA, PGDip LIS, BA (Hons), MCLIP, Information Specialist, Royal College of Surgeons of England Library and Archives Team	
Search notes	Please be advised that that due to the way database searching works, some irrelevant material will have been picked up and included. These papers have been left in as the results have not been sifted (to represent the full range of articles picked up with this search). Searches are designed to bring back as many relevant papers as possible without excluding anything relevant (rather than to only bring back relevant papers).	
If you have any queries or require any adjustments to this search please contact us at: <a href="mailto:library@rcseng.ac.uk">library@rcseng.ac.uk</a>		

## Ovid Medline:

Database: Ovid MEDLINE(R) ALL <1946 to December 01, 2020>		Results per line:	Number of results:
Date:	02/12/2020		
1	Annals of The Royal College of Surgeons of England.jn.	11602	492
2	Ann R Coll Surg Engl.ja.	11602	
3	or/1-2	11602	
4	exp HIV/ or exp Anti-HIV Agents/ or exp HIV Antibodies/ or exp HIV Antigens/ or exp HIV-Associated Lipodystrophy Syndrome/ or exp HIV Core Protein p24/ or exp HIV Envelope Protein gp120/ or exp HIV Envelope Protein gp41/ or exp HIV Infections/ or exp HIV Integrase/ or exp HIV Integrase Inhibitors/ or exp HIV Long-Term Survivors/ or exp HIV Long Terminal Repeat/ or exp HIV Protease/ or exp HIV Protease Inhibitors/ or exp HIV Reverse Transcriptase/ or exp HIV Seropositivity/ or exp HIV Envelope Protein gp160/ or exp HIV Fusion Inhibitors/ or exp HIV Seronegativity/ or exp HIV Seroprevalence/ or exp HIV Serosorting/ or exp HIV Wasting Syndrome/ or exp Receptors, HIV/ or exp HIV Enhancer/ or exp HIV Enteropathy/	360347	
5	exp Acquired Immunodeficiency Syndrome/ or exp Acute Retroviral Syndrome/ or exp AIDS Arteritis, Central Nervous System/ or exp AIDS Dementia Complex/ or exp AIDS-Associated Nephropathy/ or exp AIDS-Related Complex/	81030	
6	(HIV or "HIV-" or AID*1 or "AID-" or "AIDS-" or HTLV* or "-HTLV*").ti.	280650	
7	((HIV or "HIV-" or AID*1 or "AID-" or "AIDS-" or HTLV* or "-HTLV*") and (virus* or viral* or viremia or infect* or syndrom*)).ti,ab,kw,kf.	272160	
8	((((acquired* or human*) adj3 (immune deficien* or immune-deficien* or immunodeficien* or immuno-deficien* or immunologic deficien* or immunologic-deficien* or immunocompromis* or immuno-compromis* or immunosuppress* or immuno-suppress*)) and (virus* or viral* or viremia or infect* or syndrom*)).ti,ab,kw,kf.	108578	
9	(human and (((t cell* or t-cell*) adj2 (leuk?emia or lymphotropic*) or (t-lymphotropic* or t lymphotropic* or lymphadenopath*))))).ti,ab,kw,kf.	13089	
10	(virus* or viral* or viremia or infect* or three or iii or "3").ti,ab,kw,kf.	8178798	
11	9 and 10	11813	
12	or/4-8,11	497488	
13	3 and 12	139	

14	Hepatitis/ or exp Hepatitis A/ or exp Hepatitis A Virus Cellular Receptor 1/ or exp Hepatitis A Virus Cellular Receptor 2/ or exp Hepatitis, Alcoholic/ or exp Hepatitis Antibodies/ or exp Hepatitis, Autoimmune/ or exp Hepatitis B/ or exp Hepatitis B Antibodies/ or exp Hepatitis B Antigens/ or exp Hepatitis B, Chronic/ or exp Hepatitis B Core Antigens/ or exp Hepatitis B e Antigens/ or exp Hepatitis B Surface Antigens/ or exp Hepatitis B Vaccines/ or exp Hepatitis B virus/ or exp Hepatitis C/ or exp Hepatitis C Antibodies/ or exp Hepatitis C, Chronic/ or exp Hepatitis D/ or exp Hepatitis D, Chronic/ or exp Hepatitis Delta Virus/ or exp Hepatitis E/ or exp Hepatitis E virus/ or exp Hepatitis A Antibodies/ or exp Hepatitis A Antigens/ or exp Hepatitis A Vaccines/ or exp Hepatitis A virus/ or exp Hepatitis A Virus, Human/ or exp Hepatitis Antigens/ or exp Hepatitis C Antigens/ or exp Hepatitis, Chronic/ or exp Hepatitis delta Antigens/ or exp Hepatitis, Viral, Human/ or exp Hepatitis Viruses/ or exp Viral Hepatitis Vaccines/	195670
15	(HCV or "HCV-" or HBV or "HBV-" or Hep B* or HepB* or Hep-B* or Hep C* or HepC* or Hep-C*).ti.	22669
16	((HCV or "HCV-" or HBV or "HBV-" or Hep B* or HepB* or Hep-B* or Hep C* or HepC* or Hep-C*) and (virus* or viral* or viremia or infect* or hepatit*)).ti,ab,kw,kf.	89259
17	hepatit*.ti,ab,kw,kf.	224214
18	or/14-17	263672
19	3 and 18	23
20	exp Blood Transfusion/ or exp Transfusion Reaction/ or exp Blood Component Transfusion/ or exp Blood Transfusion, Autologous/ or exp Blood Transfusion, Intrauterine/ or exp Exchange Transfusion, Whole Blood/ or exp Plasma Exchange/ or exp Blood Donors/	111864
21	((blood* or bleed* or h?emoglobin* or clot* or coagula* or plasma* or erythrocyte* or leukocyte* or lymphocyte* or platelet*) adj6 (tranfus* or exchang* or donor* or donat* or product* or antibod* or anti-bod* or agent* or antigen*)).ti,ab,kw,kf.	249711
22	exp Blood Safety/ or exp Blood-Borne Pathogens/ or exp Blood Platelet Disorders/ or exp Blood Protein Disorders/ or exp Blood Coagulation Disorders/ or exp Blood Coagulation Disorders, Inherited/	205248
23	((blood* or bleed* or h?emoglobin* or clot* or coagula* or plasma* or erythrocyte* or leukocyte* or lymphocyte* or platelet* or transfus*) adj6 (safe* or pathogen* or disorder* or virus* or viral* or viremia or infect* or contaminat* or bacteria* or bacteremia or fung* or parasitemia or syndrom* or disease*)).ti,ab,kw,kf.	277992



24	exp Hemophilia A/ or exp Hemophilia B/ or exp von Willebrand Diseases/ or exp Syphilis/ or exp Brucellosis/ or exp Creutzfeldt-Jakob Syndrome/ or Encephalopathy, Bovine Spongiform/ or exp Sarcoma, Kaposi/ or exp Herpesvirus 8, Human/ or exp Cytomegalovirus/ or exp Cytomegalovirus Infections/ or exp Cytomegalovirus Retinitis/ or exp Cytomegalovirus Vaccines/ or exp beta-Thalassemia/ (h?emophili* or Von Willebrand* or vWD or vWF or syphili* or brucellosis or christmas disease* or Creutzfeldt-Jakob* or Creutzfeldt Jakob* or CJD* or vCJD* or x-CJD* or Bovine Spongiform Encephalopathy or BSE or Herpesvirus-8 or Herpesvirus8 or Herpesvirus 8 or HHV-8 or HHV8 or Kaposi* or cytomegalovirus* or beta-Thalassemia or beta Thalassemia).ti,ab,kw,kf.	132645
25	exp Factor VIII/ or exp Factor IX/ or exp Antibodies, Monoclonal/ or exp Anticoagulants/ or exp Deamino Arginine Vasopressin/ or exp Heptanes/ or exp Blood Coagulation Factors/ or exp Coagulants/ or exp Interferons/ or exp Zidovudine/ (Anti D or Anti-D or Anti-HB or Australia Antigen* or Activated prothombin complex or AlphaNine or alanine aminotransferase or Antribrinolytic therap* or AHG concentrate* or Desmopressin or DDAVP or Profilate or n-heptane or Profilnine or Proplex or Factorate or F8 or Factor 8 or Factor VIII or FVIII or F9 or Factor 9 or Factor IX or Feiba or Koate or Kogenate or Konyne or Kryobulin or 8Y or 9A or Z8 or Haemate* or Harvoni or Hemofil or Heptane* or Hepatest or Humanate or Humate or Supermine or Miles or Monocl?ate or Mononine or Interferon or Interhem or Zidovudine or VIII:C or VIII:CAG or VIII:RAG or VIII C or VIII CAG or VIII RAG).ti,ab,kw,kf.	153206
26	exp Factor VIII/ or exp Factor IX/ or exp Antibodies, Monoclonal/ or exp Anticoagulants/ or exp Deamino Arginine Vasopressin/ or exp Heptanes/ or exp Blood Coagulation Factors/ or exp Coagulants/ or exp Interferons/ or exp Zidovudine/ (Anti D or Anti-D or Anti-HB or Australia Antigen* or Activated prothombin complex or AlphaNine or alanine aminotransferase or Antribrinolytic therap* or AHG concentrate* or Desmopressin or DDAVP or Profilate or n-heptane or Profilnine or Proplex or Factorate or F8 or Factor 8 or Factor VIII or FVIII or F9 or Factor 9 or Factor IX or Feiba or Koate or Kogenate or Konyne or Kryobulin or 8Y or 9A or Z8 or Haemate* or Harvoni or Hemofil or Heptane* or Hepatest or Humanate or Humate or Supermine or Miles or Monocl?ate or Mononine or Interferon or Interhem or Zidovudine or VIII:C or VIII:CAG or VIII:RAG or VIII C or VIII CAG or VIII RAG).ti,ab,kw,kf.	1144463
27	or/20-27	238615
28	3 and 28	1994760
29	13 or 19 or 29	347
30	remove duplicates from 30	492
31		492

## Search results

*Links will take you to full text where RCS England holds a subscription. For ease of access, we strongly recommend that you log in to the RCS website before viewing any articles or journal issues. If you require assistance with your login or with full text access, please email us: [library@rcseng.ac.uk](mailto:library@rcseng.ac.uk)*

1. Rodriguez, J. I., et al. (2020).

**"Prophylaxis with rivaroxaban after laparoscopic sleeve gastrectomy could reduce the frequency of portomesenteric venous thrombosis."**

*Annals of the Royal College of Surgeons of England* 102(9): 712-716.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32969260&id=doi:10.1308%2Frcsann.2020.0209&issn=0035-8843&isbn=&volume=102&issue=9&spage=712&pages=712-716&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prophylaxis+with+rivaroxaban+after+laparoscopic+sleeve+gastrectomy+could+reduce+the+frequency+of+portal+mesenteric+venous+thrombosis.&aulast=Rodriguez&pid=%3Cauthor%3ERodriguez+JI%3BKobus+V%3BTellez+I%3BPerez+G%3C%2FAuthor%3E%3CAN%3E32969260%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Portal and mesenteric venous thrombosis is a rare but potentially serious complication after laparoscopic sleeve gastrectomy. There are no consistent studies that prove the safety and effectiveness of oral anticoagulant thromboprophylaxis with rivaroxaban after laparoscopic sleeve gastrectomy. The objective was to evaluate the effect of rivaroxaban on the frequency of portal and mesenteric venous thrombosis and its safety profile after laparoscopic sleeve gastrectomy.

**MATERIALS AND METHODS:** This retrospective analysis of prospectively collected data includes all laparoscopic sleeve gastrectomies performed by a single surgeon at Pontificia Universidad Catolica de Chile Hospital between January 2009 and June 2019. All patients received low molecular weight heparin thromboprophylaxis during the whole hospital stay. Between July 2012 and June 2019, patients received additional post-discharge thromboprophylaxis with rivaroxaban. Patient demographics, impaired renal, post-surgical portal and mesenteric venous thrombosis, and bleeding episodes were registered.

**RESULTS:** A total of 516 patients were identified; 95 patients were excluded. Results for 421 patients were analysed: 198 received only intrahospital thromboprophylaxis (group 1) and 223 received additional post-discharge thromboprophylaxis with rivaroxaban (group 2). There was no statistically significant difference between the two groups concerning age, sex and body mass index. In group 1, four cases of portal and mesenteric venous thrombosis were registered and no cases were reported in group 2 ( $p < 0.05$ ). All cases occurred before 30 days after surgery. No bleeding episodes and no adverse reactions were detected in group 2.

**CONCLUSIONS:** Thromboprophylaxis during the whole hospital stay (two to three days), followed by rivaroxaban 10mg once daily for 10 days after discharge (completing in total 13-14 days of prophylaxis), could reduce cases of post-surgical portal and mesenteric venous thrombosis without an increase in bleeding complications.

2. Reddy, A., et al. (2020).

**"Deep venous thrombosis manifestation of common femoral vein leiomyoma."**

*Annals of the Royal College of Surgeons of England* 102(6): e141-e144.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32326731&id=doi:10.1308%2Frcsann.2020.0062&issn=0035-8843&isbn=&volume=102&issue=6&spage=e141&pages=e141-e144&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Deep+venous+thrombosis+manifestation+of+common+femoral+vein+leiomyoma.&aulast=Reddy&pid=%3Cauthor%3EReddy+A%3BSavlania+A%3BNaik+A%3BRastogi+P%3BGorsi+U%3C%2FAuthor%3E%3CAN%3E32326731%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Deep vein thrombosis is a common clinical condition, with well-known risk factors. An unusual case of venous leiomyoma manifesting as a deep vein thrombosis in the left femoral vein of a 55-year-old man was managed successfully at our institution with anticoagulation, en-bloc excision and reconstruction of the femoral vein with spiral vein graft.

3. Popivanov, G., et al. (2020).

**"Ileus caused by small bowel, ileocaecal and rectal endometriosis misdiagnosed as Crohn's disease and managed by synchronous ileocaecal and rectal resection."**

*Annals of the Royal College of Surgeons of England* 102(8): e205-e208.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32538117&id=doi:10.1308%2Frcsann.2020.0118&issn=0035-8843&isbn=&volume=102&issue=8&spage=e205&pages=e205-e208&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Ileus+caused+by+small+bowel%2C+ileocaecal+and+rectal+endometriosis+misdiagnosed+as+Crohn%27s+disease+and+managed+by+synchronous+ileocaecal+and+rectal+resection.&aulast=Popivanov&pid=%3Cauthor%3EPopivanov+G%3BStoyanova+D%3BFakirova+A%3BKonakchieva+M%3BStefanov+D%3BKjossev+K%3BMutafchiyski+V%3C%2FAuthor%3E%3CAN%3E32538117%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The reported incidence of intestinal endometriosis varies between 22% and 37%, with bowel obstruction in only 2.3% of cases, but few series report acute obstruction. We report a rare case of acute bowel obstruction due to multiple bilateral deep intestinal endometriosis lesions localised in the ileum, ileocaecal valve and upper rectum, requiring synchronous resection in an emergency setting. A 42-year-old woman was referred to our clinic with a diagnosis of obstructing Crohn's disease based on abdominal computed tomography with oral contrast showing a thickened terminal ileum with stenosis, compression of the caecum and proximally dilated small bowel loops. Simultaneous ileocaecal resection and segmental resection of the upper rectum with handsewn end-to-end anastomosis between the sigmoid colon and rectum was performed. Owing to the advanced bowel obstruction and significant weight loss, a double barrelled ileoascendostomy was created. The patient had an uneventful recovery. Histological examination revealed transmural endometriosis with involvement of the pericolic fat in both specimens. Although intestinal endometriosis causing acute bowel obstruction is rare, it should be included among the differential diagnoses in young women with recurrent abdominal pain, intermittent diarrhoea and constipation without a family history for inflammatory bowel disease or cancer. Bleeding synchronous with menstruation is not typical for intestinal endometriosis. Right-sided intestinal endometriosis more frequently causes acute bowel obstruction, in most cases due to intussusception.

4. Mahmood, H., et al. (2020).

**"Antiplatelet drugs: a review of pharmacology and the perioperative management of patients in oral and maxillofacial surgery."**

*Annals of the Royal College of Surgeons of England* 102(1): 9-13.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:31755732&id=doi:10.1308%2Frcsann.2019.0154&issn=0035-8843&isbn=&volume=102&issue=1&spage=9&pages=9-13&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Antiplatelet+drugs%3A+a+review+of+pharmacology+and+the+perioperative+management+of+patients+in+oral+and+maxillofacial+surgery.&aulast=Mahmood&pid=%3Cauthor%3EMahmood+H%3BSiddique+I%3BMcKechnie+A%3C%2Fauthor%3E%3CAN%3E31755732%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** An increasing number of patients are taking oral antiplatelet agents. As a result, there is an important patient safety concern in relation to the potential risk of bleeding complications following major oral and maxillofacial surgery. Surgeons are increasingly likely to be faced with a dilemma of either continuing antiplatelet therapy and risking serious haemorrhage or withholding therapy and risking fatal thromboembolic complications. While there are national recommendations for patients taking oral antiplatelet drugs undergoing invasive minor oral surgery, there are still no evidence-based guidelines for the management of these patients undergoing major oral and maxillofacial surgery.

**METHODS:** MEDLINE and EMBASE databases were searched to retrieve all relevant articles published to 31 December 2017.

**FINDINGS:** A brief outline of the commonly used antiplatelet agents including their pharmacology and therapeutic indications is discussed, together with the haemorrhagic and thromboembolic risks of continuing or altering the antiplatelet regimen in the perioperative period. Finally, a protocol for the management of oral and maxillofacial patients on antiplatelet agents is presented.

**CONCLUSIONS:** Most current evidence to guide decision making is based upon non-randomised observational studies, which attempts to provide the safest possible management of patients on antiplatelet therapy. Large randomised clinical trials are lacking.

5. Lo, W. B., et al. (2020).

**"The 'mushroom': a simple and safe technique to avoid cerebrospinal fluid leak after endoscopic third ventriculostomy."**

*Annals of the Royal College of Surgeons of England* 102(4): 312-313.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:31964159&id=doi:10.1308%2Frcsann.2020.0006&issn=0035-8843&isbn=&volume=102&issue=4&spage=312&pages=312-313&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+%27mushroom%27%3A+a+simple+and+safe+technique+to+avoid+cerebrospinal+fluid+leak+after+endoscopic+third+ventriculostomy.&aulast=Lo&pid=%3Cauthor%3ELo+WB%3BAfshari+FT%3BRodrigues+D%3BKulkarni+AV%3C%2Fauthor%3E%3CAN%3E31964159%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

6. Liu, P., et al. (2020).

**"Bilateral giant parathyroid adenoma in the absence of multiple endocrine neoplasia type 1."**



*Annals of the Royal College of Surgeons of England* 102(6): e111-e114.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32233855&id=doi:10.1308%2Frcsann.2020.0043&issn=0035-8843&isbn=&volume=102&issue=6&spage=e111&pages=e111-e114&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Bilateral+giant+parathyroid+adenoma+in+the+absence+of+multiple+endocrine+neoplasia+type+1.&aulast=Liu&pid=%3Cauthor%3ELiu+P%3BVakharia+N%3BZacharia+A%3BRogers+M%3BTanweer+F%3C%2Fauthor%3E%3CAN%3E32233855%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

**INTRODUCTION:** Bilateral giant parathyroid adenoma in the absence of multiple endocrine neoplasia (MEN) type 1 is extremely rare and literature on this subject is limited.

**CASE HISTORY:** A 79-year-old man presented with acute kidney injury secondary to hypercalcaemia. Blood test results indicated primary hyperparathyroidism. Ultrasonography revealed bilateral parathyroid adenomas measuring 19.4mm x 19.5mm x 18.8mm (left) and 15.2mm x 18.3mm x 19.6mm (left) whereas on computed tomography, the measurements were 31mm x 20mm (left) and 30mm x 14mm (right). Intraoperatively, giant adenomas measuring 50mm x 25mm x 12mm (left, weighing 8.101g) and 48mm x 22mm x 10mm (right, weighing 7.339g) were identified and excised. Parathyroid hormone level dropped from 44.6pmol/l preoperatively to 8.9pmol/l postoperatively (normal range 1.3-7.6pmol/l). The patient was discharged with no complications.

**CONCLUSIONS:** We report a rare phenomenon where bilateral giant parathyroid adenoma occurred in the absence of MEN type 1. It highlights the importance of cross-sectional imaging in delineating the anatomy of adenomas as their size can be grossly underestimated by ultrasonography alone.

7. Koshy, R. M., et al. (2020).

**"A review of the use of biological mesh products in modern UK surgical practice: a religious and cultural perspective."**

*Annals of the Royal College of Surgeons of England* 102(8): 566-570.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32538113&id=doi:10.1308%2Frcsann.2020.0114&issn=0035-8843&isbn=&volume=102&issue=8&spage=566&pages=566-570&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+review+of+the+use+of+biological+mesh+products+in+modern+UK+surgical+practice%3A+a+religious+and+cultural+perspective.&aulast=Koshy&pid=%3Cauthor%3EKoshy+RM%3BKane+EG%3BGrocock+C%3C%2Fauthor%3E%3CAN%3E32538113%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The UK is an increasingly multicultural society. This change coincides with an increasing use of animal products in medicine and surgery and a change in the UK law of consent. The refusal of Jehovah's Witnesses to accept blood products is well known, but the use of animal products in surgery is a neglected topic. As society becomes more diverse and medicine becomes ever more advanced, there is increasing potential for a mismatch between what is medically possible and what is acceptable from a religious perspective.



four days later showed complete resolution of the original computed tomography findings. Pneumatosis intestinalis from non-ischaemic origins has been described in association with norovirus and cytomegalovirus. To our knowledge, this is the first time that this has been described in COVID-19.

10. Khan, K., et al. (2020).

**"Should the rectal defect be sutured following TEMS/TAMIS carried out for neoplastic rectal lesions? A meta-analysis."**

*Annals of the Royal College of Surgeons of England* 102(9): 647-653.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32538129&id=doi:10.1308%2Frcsann.2020.0135&issn=0035-8843&isbn=&volume=102&issue=9&spage=647&pages=647-653&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Should+the+rectal+defect+be+sutured+following+TEMS%2FTAMIS+carried+out+for+neoplastic+rectal+lesions%3F+A+meta-analysis.&aulast=Khan&pid=%3Cauthor%3EKhan+K%3BHunter+IA%3BManzoor+T%3C%2Fauthor%3E%3CAN%3E32538129%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Management of the rectal defect following transanal endoscopic microsurgery (TEMS) or minimally invasive surgery (TAMIS) carried out for excision of neoplasm in the lower rectum is controversial. We aimed to extract evidence by carrying out a meta-analysis to compare the peri- and postoperative outcomes following rectal neoplasm excision carried out by TEMS and/or TAMIS, whereby the defect is either sutured or left open.

**METHODS:** A literature search of Ovid MEDLINE and EMBASE was performed. Full-text comparative studies published until November 2019, in English and of adult patients, whereby TEMS or TAMIS was undertaken for rectal neoplasms were included. The main outcome measures were postoperative bleeding, infection, operative time and hospital stay.

**FINDINGS:** Three studies (one randomised controlled trial and two comparative case series) yielded 555 cases (283 in the sutured group and 272 in the open group). The incidence of postoperative bleeding was higher and statistically significant ( $p = 0.006$ ) where the rectal defect was left open following excision of the neoplasm (19/272, 6.99% vs 6/283, 2.12%). There was no statistical difference between the sutured and open groups regarding infection ( $p = 0.27$ ; (10/283, 3.53% vs 5/272, 1.84%, respectively), operative time ( $p = 0.15$ ) or length of stay ( $p = 0.67$ ).

**CONCLUSION:** Suturing the rectal defect following excision of rectal neoplasm by TEMS/TAMIS reduces the incidence of postoperative bleeding in comparison to leaving the defect open. However, suturing makes the procedure slightly longer but there was no statistical difference between both groups when postoperative infection and length of hospital stay were compared.

11. Katna, R., et al. (2020).

**"Impact of comorbidities on perioperative outcomes for carcinoma of oral cavity."**

*Annals of the Royal College of Surgeons of England* 102(3): 232-235.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:31841025&id=doi:10.1308%2Frcsann.2019.0155&issn=0035-8843&isbn=&volume=102&issue=3&spage=232&pages=232-235&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Impact+of+comorbidities+on+perioperative+outcomes+for+carcinoma+of+oral+cavity.&aulast=Katna&pid=%3Cauthor%3EKatna+R%3BKalyani+N%3BAgarwal+S%3BSingh+S%3BDeshpande+A%3BBhosale+B%3BMumbai+Oncology+Group+-+Head+and+Neck%3C%2FAuthor%3E%3CAN%3E31841025%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Surgical management of oral cavity carcinoma involves composite resection with reconstruction. Comorbidities increase the risk of perioperative complications. Objective stratification is important for uneventful recovery. The Charlson Comorbidity Index and the Washington University Head and Neck Comorbidity Index were used to assess perioperative morbidity and mortality.

**MATERIALS AND METHODS:** This was a prospective study of 531 patients with head and neck squamous cell carcinoma who were treated between January 2014 and December 2017. Patients' comorbidity scores on the Charlson Comorbidity Index and Washington University Head and Neck Comorbidity Index were recorded.

**RESULTS:** The median age of the cohort was 49 years. Median Charlson Comorbidity Index score was 3 and Washington University Head and Neck Comorbidity Index was 0. There were five mortalities with a Charlson Comorbidity Index score of 4 or more. Fifteen patients had either infection, leak or postoperative bleeding. A Charlson Comorbidity Index of 4 or more was associated with higher event rate and poor overall survival (p=0.001).

**CONCLUSION:** Higher Charlson Comorbidity Index score is associated with increased incidence of perioperative morbidity and mortality, while the Washington University Head and Neck Comorbidity Index is a poor predictor of the same.

12. Gucek Haciyanli, S., et al. (2020).

**"Severe hypercalcaemia of primary hyperparathyroidism: Could giant adenoma be the real culprit rather than carcinoma?"**

*Annals of the Royal College of Surgeons of England* 102(5): 363-368.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32233846&id=doi:10.1308%2Frcsann.2020.0039&issn=0035-8843&isbn=&volume=102&issue=5&spage=363&pages=363-368&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Severe+hypercalcaemia+of+primary+hyperparathyroidism%3A+Could+giant+adenoma+be+the+real+culprit+rather+than+carcinoma%3F.&aulast=Gucek+Haciyanli&pid=%3Cauthor%3EGucek+Haciyanli+S%3BAcar+N%3BGur+EO%3BCelik+SC%3BKaraisli+S%3BDilek+ON%3BHaciyanli+M%3C%2FAuthor%3E%3CAN%3E32233846%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Hypercalcaemic crisis is a rare manifestation of hyperparathyroidism and occurs in 1.6-6% of patients with primary hyperparathyroidism (pHPT). Although such high serum calcium levels (>14mg/dl) are attributed to malignancy, it is also associated with benign disease of the parathyroid glands. The aim of this study was to evaluate the clinical features and treatment modalities of patients with severe hypercalcaemia who underwent surgery for pHPT.

**METHODS:** The medical records of 537 patients who underwent parathyroidectomy in our department for pHPT between 2005 and 2019 were reviewed retrospectively. Twenty-four (4.4%) of the patients were described as having severe hypercalcaemia.

**RESULTS:** Among 24 patients, 71% were female and the mean age was 55.7 years (range: 40-71 years). The mean serum calcium level at time of diagnosis was 15.9mg/dl (range: 14-22.7mg/dl). According to postoperative pathology reports, solitary adenoma, parathyroid cancer and parathyromatosis were diagnosed with the rates of 87.5%, 8.3% and 4.1% respectively. The mean weight of the solitary parathyroid lesions was 14.9g (standard deviation: 8.9g, range: 4-38g). The mean longest diameter was 2.87cm (standard deviation: 1.4cm, range: 1-5.5cm). Serum calcium levels were within the normal range on the first postoperative day in 75% of the cases.

**CONCLUSIONS:** Severe hypercalcaemia is a rare but urgent condition of pHPT and requires prompt management. Accelerated surgery after adequate medical treatment should be performed. It is important to emphasise that giant adenoma, which is a benign disease, may be a more common cause of severe hypercalcaemia than carcinoma, unlike previously thought.

13. Davakis, S., et al. (2020).

**"Minimally invasive oesophagectomy for cancer in patients with HIV/AIDS: considerations and future directions."**

*Annals of the Royal College of Surgeons of England* 102(9): e1-e3.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32513017&id=doi:10.1308%2Frcsann.2020.0130&issn=0035-8843&isbn=&volume=102&issue=9&spage=e1&pages=e1-e3&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Minimally+invasive+oesophagectomy+for+cancer+in+patients+with+HIV%2FAIDS%3A+considerations+and+future+directions.&aulast=Davakis&pid=%3Cauthor%3EDavakis+S%3BSyllaios+A%3BMeropouli+A%3BKyros+E%3BVagios+I%3BMpaili+E%3BSdralis+E%3BCharalabopoulos+A%3C%2Fauthor%3E%3CAN%3E32513017%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The impact of HIV/AIDS on the treatment of oesophageal neoplasms remains undefined due to a lack of adequate data. We present our experience in treating patients with HIV/AIDS who have oesophageal cancer using minimally invasive techniques and discuss important key factors during perioperative management. Two men with HIV/AIDS underwent minimally invasive oesophagectomies in our department, with adequate clinical and oncological outcomes. Minimally invasive oesophagectomy can be safe and has the well-established benefits of minimally invasive techniques, offering good perioperative results and oncological outcomes in patients with HIV/AIDS. Multimodality therapy is crucial.

14. Cotzias, E., et al. (2020).

**"Conservative management of diffuse cavernous haemangioma of the sigmoid and rectum."**

*Annals of the Royal College of Surgeons of England* 102(1): e1-e3.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:31155921&id=doi:10.1308%2Frcsann.2019.0088&issn=0035-8843&isbn=&volume=102&issue=1&spage=e1&pages=e1-e3&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Conservative+management+of+diffuse+cavernous+haemangioma+of+the+sigmoid+and+rectum.&aulast=Cotzias&pid=%3Cauthor%3ECotzias+E%3BRehman+SF%3BArsalani+Zadeh+R%3BSmith+D%3C%2Fauthor%3E%3CAN%3E31155921%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Diffuse cavernous haemangioma is a rare disease of the rectum. It usually presents with a history of rectal bleeding in children and young adults. When conservative methods fail to control bleeding, traditionally resection is recommended. A 50-year-old man presented with per rectal bleeding and was diagnosed with diffuse cavernous haemangioma of the sigmoid and rectum extending up to 40 cm in the left colon through endoscopy, magnetic resonance imaging and computed tomography. The diagnosis was confirmed by biopsy. This patient was successfully managed conservatively with tranexamic acid as needed, avoiding the need for resection.

15. Cochrane, E., et al. (2020).

**"Acute compartment syndrome in a patient with sickle cell disease."**

*Annals of the Royal College of Surgeons of England* 102(9): e1-e2.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32777927&id=doi:10.1308%2Frcsann.2020.0160&issn=0035-8843&isbn=&volume=102&issue=9&spage=e1&pages=e1-e2&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Acute+compartment+syndrome+in+a+patient+with+sickle+cell+disease.&aulast=Cochrane&pid=%3Cauthor%3ECochrane+E%3BYoung+S%3BShariff+Z%3C%2Fauthor%3E%3CAN%3E32777927%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Haemoglobin SC (HbSC) disease accounts for 30% of cases of sickle cell disease in the United Kingdom and the United States. Unlike other sickle cell carriers, who are relatively asymptomatic, people with HbSC disease have a combination of genotypes with the potential to cause considerable morbidity due to intracellular water loss. Patients can present with acute pain, acute chest syndrome, proliferative retinopathy, splenic and renal complications, or stroke. We present a young man with HbSC disease who developed acute compartment syndrome. This is only the second report of this syndrome in a patient with HbSC disease. This is a very rare complication in HbSC disease, but it can have serious implications.

16. Alimoradi, M., et al. (2020).

**"Massive liver haemangioma causing Kasabach-Merritt syndrome in an adult."**

*Annals of the Royal College of Surgeons of England* 102(9): e1-e4.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:32538112&id=doi:10.1308%2Frcsann.2020.0146&issn=0035-8843&isbn=&volume=102&issue=9&spage=e1&pages=e1-e4&date=2020&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Massive+liver+haemangioma+causing+Kasabach-Merritt+syndrome+in+an+adult.&aulast=Alimoradi&pid=%3Cauthor%3EAlimoradi+E%3BMoradi+S%3BAlimoradi+Z%3C%2Fauthor%3E%3CAN%3E32538112%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>



Merritt+syndrome+in+an+adult.&aulast=Alimoradi&pid=%3Cauthor%3EAlimoradi+M%3BSabra+H%3BEI-Helou+E%3BChahal+A%3BWakim+R%3C%2Fauthor%3E%3CAN%3E32538112%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E

Liver haemangiomas are common, but their size very rarely exceeds 40cm. Most people with liver haemangiomas are asymptomatic, and diagnosis is usually made incidentally during imaging for other complaints. When a liver haemangioma is symptomatic or produces complications, surgical intervention may be warranted. Kasabach-Merritt syndrome is an uncommon complication reported in certain rare vascular tumours in children, with only a few cases reported in adults. The syndrome describes a consumptive coagulopathy initiated within a vascular tumour, mainly tufted angiomas and kaposiform haemangioendotheliomas and, less commonly, giant haemangiomas. The process can extend beyond the tumour and become disseminated in certain cases due to trauma or surgery. The definitive treatment for giant liver haemangiomas can include arterial embolisation, surgical excision, hepatectomy or even liver transplantation. We report the case of a 32-year-old woman with a 42 x 32 x 27cm (18,870ml) liver haemangioma associated with Kasabach-Merritt syndrome. The diagnosis was challenging, even with proper imaging, owing to the rarity of the condition. It was achieved with an exploratory laparotomy with biopsy.

17. Sivakumar, B. S., et al. (2019).

**"Indirect reduction screws: a technique to aid reduction in intramedullary nailing."**

*Annals of the Royal College of Surgeons of England* 101(3): 226-227.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:30286629&id=doi:10.1308%2Frcsann.2018.0161&issn=0035-8843&isbn=&volume=101&issue=3&spage=226&pages=226-227&date=2019&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Indirect+reduction+screws%3A+a+technique+to+aid+reduction+in+intramedullary+nailing.&aulast=Sivakumar&pid=%3Cauthor%3ESivakumar+BS%3BAthreya+PJ%3BRuff+SJ%3C%2Fauthor%3E%3CAN%3E30286629%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

18. Miah, S., et al. (2019).

**"A prospective clinical, cost and environmental analysis of a clinician-led virtual urology clinic."**

*Annals of the Royal College of Surgeons of England* 101(1): 30-34.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:30286648&id=doi:10.1308%2Frcsann.2018.0151&issn=0035-8843&isbn=&volume=101&issue=1&spage=30&pages=30-34&date=2019&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+prospective+clinical%2C+cost+and+environmental+analysis+of+a+clinician-led+virtual+urology+clinic.&aulast=Miah&pid=%3Cauthor%3EMiah+S%3BDunford+C%3BEdison+M%3BEldred-Evans+D%3BGan+C%3BShah+TT%3BLunn+P%3BWinkler+M%3BAhmed+HU%3BGibbons+N%3BHrouda+D%3C%2Fauthor%3E%3CAN%3E30286648%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** A virtual clinic is a form of telemedicine where contact between clinical teams and patients occur without face-to-face consultation. Our study aims to quantify the clinical, financial and environmental benefits of our virtual urology clinic.

**MATERIAL AND METHODS:** We collected data prospectively from our weekly follow-up virtual clinic over a continuous four-month period between July and September 2017.

**RESULTS:** In total, we reviewed 409 patients. Following virtual clinic consultation, 68.5% of our patients were discharged from further follow-up. The majority of our patients (male 57.7%, female 55.5%) were of working age. The satisfaction scores were high, at 90.1%, and there were no reported adverse events as a result of using the virtual clinic. Our calculated cost savings were 18,744, with a predicted 12-month cost saving of 56,232. The creation of additional face-to-face clinic capacity has created an estimated 12-month increase in tariff generation for our unit of 72,072. In total, 4623 travel miles were avoided by patients using the virtual clinic, with an estimated avoided carbon footprint of 0.35-1.45 metric tonnes of CO<sub>2</sub>, depending on mode of transport. Our predicted 12-month avoided carbon footprint is 1.04-4.04 metric tonnes of CO<sub>2</sub>.

**CONCLUSIONS:** Our virtual clinic model has demonstrated a trifecta of positive outcomes, namely, clinical, financial and environmental benefits. The environmental importance and benefits of a virtual clinic should be promoted as a social enterprise value when engaging stakeholders in setting up such a urological service. We propose the adoption of our virtual clinic model in those urological units considering this method of telemedicine.

19. Mendis, K. C., et al. (2019).

**"A technique to aid minimal access harvesting in the second stage of autologous ear reconstruction."**

*Annals of the Royal College of Surgeons of England* 101(4): 304.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:30698452&id=doi:10.1308%2Frcsann.2019.0005&issn=0035-8843&isbn=&volume=101&issue=4&spage=304&pages=304&date=2019&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+technique+to+aid+minimal+access+harvesting+in+the+second+stage+of+autologous+ear+reconstruction.&aulast=Mendis&pid=%3Cauthor%3EMendis+KC%3BPafitanis+G%3BBulstrode+N%3C%2Fauthor%3E%3CAN%3E30698452%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

20. Drampalos, E., et al. (2019).

**"Symptomatic trochanteric non-union following total hip replacement treated with reattachment combined with two-stage revision surgery of the femoral stem."**

*Annals of the Royal College of Surgeons of England* 101(6): e133-e135.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:31155900&id=doi:10.1308%2Frcsann.2019.0048&issn=0035-8843&isbn=&volume=101&issue=6&spage=e133&pages=e133->



[e135&date=2019&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Symptomatic+trochanteric+non-union+following+total+hip+replacement+treated+with+reattachment+combined+with+two-stage+revision+surgery+of+the+femoral+stem.&aulast=Drampalos&pid=%3Cauthor%3EDrampalos+E%3BBayam+L%3BOakley+J%3BHemmady+M%3BHodgkinson+J%3C%2Fauthor%3E%3CAN%3E31155900%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E](http://e135&date=2019&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Symptomatic+trochanteric+non-union+following+total+hip+replacement+treated+with+reattachment+combined+with+two-stage+revision+surgery+of+the+femoral+stem.&aulast=Drampalos&pid=%3Cauthor%3EDrampalos+E%3BBayam+L%3BOakley+J%3BHemmady+M%3BHodgkinson+J%3C%2Fauthor%3E%3CAN%3E31155900%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E)

We present a case of symptomatic trochanteric non-union following total hip replacement treated initially with a Dall-Miles grip plate. After failure of this treatment, the patient had a two-stage revision. Trochanteric non-union is one of the well-described complications after total hip replacement. It is frequently difficult to treat, while potentially causing weakness, altered gait and instability of the artificial joint. We believe that reattachment of the trochanter combined with a staged revision of the femoral stem using a posterior approach for the second stage could be a valuable technique to be added to the orthopaedic armamentarium for recurrent and symptomatic trochanteric non-unions after primary total hip replacement, particularly after failure to treat with all the other techniques described in literature.

21. Young, M. J., et al. (2018).

**"The changing practice of transurethral resection of the prostate."**

*Annals of the Royal College of Surgeons of England* 100(4): 326-329.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29543050&id=doi:10.1308%2Frcsann.2018.0054&issn=0035-8843&isbn=&volume=100&issue=4&spage=326&pages=326-329&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+changing+practice+of+transurethral+resection+of+the+prostate.&aulast=Young&pid=%3Cauthor%3EYoung+MJ%3BEImussareh+M%3BMorrison+T%3BWilson+JR%3C%2Fauthor%3E%3CAN%3E29543050%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**Introduction** Transurethral resection of the prostate (TURP) is considered the gold standard surgical treatment for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia. The number of TURPs performed has declined significantly over the last three decades owing to pharmaceutical therapy. TURP data from a single institution for the years 1990, 2000 and 2010 were compared to assess the difference in performance. **Methods** A retrospective analysis was undertaken of all patients who underwent TURP between January and December 2010. These findings were compared with historical data for the years 1990 and 2000: 100 sets of case notes were selected randomly from each of these years. **Results** The number of TURPs performed fell from 326 in 1990 to 113 in 2010. The mean age of patients increased from 70.6 years to 74.0 years. There was also a significant increase in the mean ASA grade from 1.9 to 2.3. The most common indication for TURP shifted from LUTS to acute urinary retention. No significant change in operating time was observed. The mean resection weight remained constant (22.95g in 1990, 22.55g in 2000, 20.76g in 2010). A reduction in transfusion rates was observed but there were higher rates of secondary haematuria and bladder neck stenosis. There was an increase from 2% to 11.5% of patients with long-term failure to void following TURP. **Conclusions** The number of TURPs performed continues to decline, which could lead to potential training issues. Urinary retention is still by far the most common indication. However, there has been a significant rise in the percentage of men presenting for TURP with high pressure chronic retention. The number of patients with bladder dysfunction who either have persistent storage LUTS or eventually

require long-term catheterisation or intermittent self-catheterisation has increased markedly, which raises the question of what the long-term real life impact of medical therapy is on men with LUTS secondary to benign prostatic hyperplasia who eventually require surgery.

22. Trotter, J., et al. (2018).

**"The use of a novel adhesive tissue patch as an aid to anastomotic healing."**

*Annals of the Royal College of Surgeons of England* 100(3): 230-234.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29484939&id=doi:10.1308%2Frcsann.2018.0003&issn=0035-8843&isbn=&volume=100&issue=3&spage=230&pages=230-234&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+a+novel+adhesive+tissue+patch+as+an+aid+to+anastomotic+healing.&aulast=Trotter&pid=%3Cauthor%3ETrotter+J%3BOnos+L%3BMcNaught+C%3BPeter+M%3BGatt+M%3BMaude+K%3BMacFie+J%3C%2Fauthor%3E%3CAN%3E29484939%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** One of the most feared complications of colorectal surgery is anastomotic leak. Numerous techniques have been studied in the hope of decreasing leakage. This study was designed to assess the handling characteristics of a novel adhesive tissue patch (TissuePatch TM; Tissuemed, Leeds, UK) applied to colorectal anastomoses in a pilot study. This was with a view to assessing its potential role in aiding anastomotic healing in subsequent trials. **Methods** A patch was applied to colorectal anastomoses after the surgeon had completed the anastomosis and prior to abdominal closure. Handling characteristics and patient outcomes were recorded prospectively. **Results** Nine patients were recruited before the study was prematurely terminated. In one patient, the patch fell off and in another patient, the surgeon omitted to apply it. Six patients had significant postoperative problems (1 confirmed leak necessitating return to theatre and excision anastomosis, 3 suspicious of leak on computed tomography delaying discharge, 2 perianastomotic collections). One patient had an uneventful recovery. **Conclusions** Although the handling characteristics of this novel tissue patch were deemed satisfactory, it appears that wrapping a colorectal anastomosis with an adhesive hydrophilic patch has significant deleterious effects on anastomotic healing. This could be a consequence of the creation of a microenvironment between the patch and the anastomosis that impairs healing. Further research is required to better understand the mechanisms involved. At present, the use of such patches on colorectal anastomoses should be discouraged outside the confines of a well monitored trial.

23. Rudarakanchana, N., et al. (2018).

**"Early outcomes of patients transferred with ruptured suprarenal aneurysm or dissection."**

*Annals of the Royal College of Surgeons of England* 100(4): 316-321.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29484940&id=doi:10.1308%2Frcsann.2018.0014&issn=0035-8843&isbn=&volume=100&issue=4&spage=316&pages=316-321&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Early+outcome+s+of+patients+transferred+with+ruptured+suprarenal+aneurysm+or+dissection.&aulast=Rudarakanchana&pid=%3Cauthor%3ERudarakanchana+N%3BHamady+M%3BHarris+S%3BAfify+E%3BGibbs+R%3BBlacknell+CD%3BJenkins+MP%3C%2Fauthor%3E%3CAN%3E29484940%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Objective** Despite centralisation of the provision of vascular care, not all areas in England and Wales are able to offer emergency treatment for patients with acute conditions affecting the aorta proximal to the renal arteries. While cardiothoracic centres have made network arrangements to coordinate care for the repair of type A dissections, a similar plan for vascular care is lacking. This study investigates early outcomes in patients with ruptured suprarenal aortic aneurysm or dissection (rSRAD) transferred to a specialist centre. **Methods** Retrospective observational study over a five-year period (2009-2014) assessing outcomes of patients with ruptured rSRAD diagnosed at their local hospital and then transferred to a tertiary centre capable of offering such treatment. **Results** Fifty-two patients (median age 73 years, 32 male) with rSRAD were transferred and a further four died during transit. The mean distance of patient transfer was 35 miles (range 4-211 miles). One patient did not undergo intervention due to frailty and two died before reaching the operating theatre. A total of 23 patients underwent endovascular repair, 9 hybrid repair and 17 open surgery. Median follow-up was 12 months (range 1-43 months). Complications included paraplegia (n = 3), stroke (n = 2), type IA endoleak (n = 4); 30-day and in-hospital mortality were 16% and 27%. For patients discharged alive from hospital, one-year survival was 67%. **Conclusions** Although the number of patients with rSRAD is low and those who are transferred alive are a self-selecting group, this study suggests that transfer of such patients to a specialist vascular centre is associated with acceptable mortality rates following emergency complex aortic repair.

24. Moualed, D., et al. (2018).

**"Cervical tuberculous lymphadenitis: diagnosis and demographics, a five-year case series in the UK."**

*Annals of the Royal College of Surgeons of England* 100(5): 392-396.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29484929&id=doi:10.1308%2Frcsann.2018.0021&issn=0035-8843&isbn=&volume=100&issue=5&spage=392&pages=392-396&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Cervical+tuberculous+lymphadenitis%3A+diagnosis+and+demographics%2C+a+five-year+case+series+in+the+UK.&aulast=Moualed&pid=%3Cauthor%3EMoualed+D%3BRobinson+M%3BQureishi+A%3BGurr+P%3C%2Fauthor%3E%3CAN%3E29484929%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Cervical tuberculous lymphadenitis is a low-volume condition in the UK with a potential for delayed diagnosis. This study describes typical demographic and clinical features of patients diagnosed with cervical tuberculous lymphadenitis in a UK population. The utility of cytological, histological and microbiological investigations is reviewed with comparison between fine-needle aspiration and open biopsy. This information can facilitate recognition of new cases and guide initial management. **Methods** Patients diagnosed with cervical tuberculous lymphadenitis between January 2009 and December 2013 at two district general hospitals were identified from local infectious disease databases. Retrospective case-note review was undertaken to collect demographic and diagnostic data and associated complications. **Results** Full data were available for 51 patients aged 19-70 years (mean 32.4 years) with mean follow-up of 370 days; 49/51 patients were immigrants to the UK with a wide geographic spread in the countries of origin and time since arrival; 42/51 had no significant comorbidities, although two patients had coexistent HIV infection. The clinical presentation was most frequently without constitutional symptoms (39/51) and often with no history of tuberculosis contact. Posterior triangle neck nodes were most commonly involved (26/51). **Conclusion** The 'typical' patient with cervical tuberculous lymphadenitis in our region is a young healthy individual who came to the UK from a high-risk country several years earlier. Diagnosis by fine-needle aspiration is as effective as open biopsy if



fluid/pus is aspirated. Open biopsy is potentially associated with complications but does not appear to increase chronic wound discharge rates in our series.

25. Krishnaraj, B., et al. (2018).

**"Gastric lipoma: a rare cause of haematemesis."**

*Annals of the Royal College of Surgeons of England* 100(3): e41-e43.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29484931&id=doi:10.1308%2Frcsann.2017.0209&issn=0035-8843&isbn=&volume=100&issue=3&spage=e41&pages=e41-e43&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Gastric+lipoma%3A+a+rare+cause+of+haematemesis.&aulast=Krishnaraj&pid=%3Cauthor%3E%3CKrishnaraj+B%3BDhanapal+B%3BShankar+G%3BSistla+SC%3BGalidevara+I%3BSuresh+A%3C%2Fauthor%3E%3CAN%3E29484931%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Gastric lipomas are rare benign tumours of the stomach, representing less than 3% of all benign gastric neoplasms. They are usually asymptomatic but larger lesions can present with abdominal pain, gastric outlet obstruction and haematemesis. Malignant transformation is extremely rare. Accurate preoperative diagnosis can be established with computed tomography. Being benign, extensive surgery is not necessary and simple excision of the lesion is adequate. Small asymptomatic lesions can be followed up. We present a case of 80-year-old woman with gastric submucosal lipoma who presented with haematemesis.

26. Hubbard, T. and C. Beaton (2018).

**"Using nylon tape to aid the formation of loop stomas."**

*Annals of the Royal College of Surgeons of England* 100(4): 346-347.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29022821&id=doi:10.1308%2Frcsann.2017.0167&issn=0035-8843&isbn=&volume=100&issue=4&spage=346&pages=346-347&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Using+nylon+tape+to+aid+the+formation+of+loop+stomas.&aulast=Hubbard&pid=%3Cauthor%3E%3CHubbard+T%3BBeaton+C%3C%2Fauthor%3E%3CAN%3E29022821%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

27. Hannah, A. and A. Bruce (2018).

**"Tension band wire stabilisation: an aid to femoral intramedullary nail fixation."**

*Annals of the Royal College of Surgeons of England* 100(5): 420.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29181997&id=doi:10.1308%2Frcsann.2017.0207&issn=0035-8843&isbn=&volume=100&issue=5&spage=420&pages=420&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Tension+band+wire+stabilisation%3A+an+aid+to+femoral+in+tramedullary+nail+fixation.&aulast=Hannah&pid=%3Cauthor%3EHannah+A%3BBruce+A%3C%2Fauthor%3E%3CAN%3E29181997%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

28. Hainsworth, L., et al. (2018).

**"Are on-the-day group and save samples required for elective shoulder, hip and knee arthroplasties?"**

*Annals of the Royal College of Surgeons of England*: 1-3.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:30286653&id=doi:10.1308%2Frcsann.2018.0154&issn=0035-8843&isbn=&volume=100&issue=8&spage=1&pages=1-3&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Are+on-the-day+group+and+save+samples+required+for+elective+shoulder%2C+hip+and+knee+arthroplasties%3F.&aulast=Hainsworth&pid=%3Cauthor%3EHainsworth+L%3BTracy+J%3BSpolton-Dean+C%3BDonaldson+O%3C%2Fauthor%3E%3CAN%3E30286653%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Historically, patients undergoing an elective hip, knee or shoulder arthroplasty regularly required blood transfusions. Improved surgical techniques and perioperative optimisation have significantly decreased the requirement for blood transfusions. Currently, our patients have two group and save samples taken: one six weeks preoperatively and one on admission. This study aims to determine whether a second group and save is required prior to primary elective hip, knee or shoulder arthroplasty.

**METHODS:** All cases of elective arthroplasty from a single centre were retrospectively analysed over a 16-month period. Each case was reviewed to determine those who had a group and save at preassessment, group and save at the time of the operation and the timing and number of blood products transfused.

**RESULTS:** A total of 711 elective arthroplasty procedures were completed with 48 patients requiring a transfusion during their admission. 9.9% of hip arthroplasty patients, 3.8% of knee arthroplasty patients and 4.9% of shoulder arthroplasty patients required a transfusion. The majority of the transfusions occurred at least 24 hours postoperatively with 0.84% of patients requiring an intraoperative transfusion.

**DISCUSSION:** The vast majority of transfusions were delivered more than 24 hours following the procedure, demonstrating that routinely cross-matched blood products are superfluous to requirements. It is our suggestion that a formal group and save be completed only if the need for a blood transfusion is formally established, leading to a significant cost saving, a reduction in clinical work load and patients having to undergo fewer procedures.

29. Chowdhury, A., et al. (2018).

**"Blood on screwdriver tip to aid screw insertion at depth."**

*Annals of the Royal College of Surgeons of England* 100(2): 159.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29046078&id=doi:10.1308%2Frcsann.2017.0131&issn=0035-8843&isbn=&volume=100&issue=2&spage=159&pages=159&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+on+screwdriver+tip+to+aid+screw+insertion+at+dept+h.&aulast=Chowdhury&pid=%3Cauthor%3EChowdhury+A%3BNzeako+O%3BEDwards+MR%3C%2Fauthor%3E%3CAN%3E29046078%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

30. Barrett-Lee, J., et al. (2018).

**"Routine blood group and antibody screening prior to emergency laparoscopy."**

*Annals of the Royal College of Surgeons of England* 100(4): 322-325.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29484934&id=doi:10.1308%2Frcsann.2018.0033&issn=0035-8843&isbn=&volume=100&issue=4&spage=322&pages=322-325&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Routine+blood+group+and+antibody+screening+prior+to+emergency+laparoscopy.&aulast=Barrett-Lee&pid=%3Cauthor%3EBarrett-Lee+J%3BVatish+J%3BVazirian-Zadeh+M%3BWaterland+P%3C%2Fauthor%3E%3CAN%3E29484934%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Introduction Studies show that rates of blood transfusion associated with general surgical laparoscopy are low. Currently, there are no national guidelines in the UK regarding blood group and antibody screening (G&S) for patients undergoing emergency laparoscopy. The aim of this study was to assess whether using G&S before emergency laparoscopic general surgery routinely is worthwhile by identifying rates of perioperative transfusion. Methods Data were collected retrospectively on all emergency laparoscopic procedures at a single district general hospital between January 2014 and 31 December 2016. Emergency laparoscopic general surgical cases were included and gynaecological cases excluded. Records were reviewed to ascertain whether G&S was performed, whether antibodies were detected and whether patients were transfused. Results A total of 562 emergency laparoscopic cases were performed. The median age was 28 years (range: 6-95 years). Laparoscopic appendicectomy (n=446), diagnostic laparoscopy (n=47) and laparoscopic cholecystectomy (n=25) were the most common procedures. Of the total patient cohort, 514 (91.5%) and 349 (70.1%) had a first and second G&S respectively while 30 (5.3%) had no G&S. Four patients (0.71%) had antibodies detected. One patient (0.18%) received a transfusion. This patient had undergone laparoscopic repair of a perforated duodenal ulcer and there was no major intraoperative haemorrhage but he was transfused perioperatively for chronic anaemia. Conclusions These results demonstrate a low rate of blood transfusion in emergency laparoscopic general surgery. The majority of these patients had a low risk of major intraoperative haemorrhage and we therefore argue that G&S was not warranted. We propose a more targeted approach to the requirement for preoperative G&S and the use of O negative blood in the event of acute haemorrhage from major vessel injury.

31. Aldous, G. and J. Mathers (2018).

**"Smartphone flashlight to aid in locating lost and dropped surgical sharps."**

*Annals of the Royal College of Surgeons of England* 100(3): 248.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:29046103&id=doi:10.1308%2Frcsann.2017.0182&issn=0035-8843&isbn=&volume=100&issue=3&spage=248&pages=248&date=2018&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Smartphone+flashlight+to+aid+in+locating+lost+and+dropped+surgical+sharps.&aulast=Aldous&pid=%3Cauthor%3EAldous+G%3BMathers+J%3C%2Fauthor%3E%3CAN%3E29046103%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**32.** Wakelam, O. C., et al. (2017).

**"The use of FloSeal haemostatic sealant in the management of epistaxis: a prospective clinical study and literature review."**

*Annals of the Royal College of Surgeons of England* 99(1): 28-30.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27490981&id=doi:10.1308%2Frcsann.2016.0224&issn=0035-8843&isbn=&volume=99&issue=1&spage=28&pages=28-30&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+FloSeal+haemostatic+sealant+in+the+management+of+epistaxis%3A+a+prospective+clinical+study+and+literature+review.&aulast=Wakelam&pid=%3Cauthor%3EWakelam+OC%3BDimitriadis+PA%3BStephen+s+J%3C%2Fauthor%3E%3CAN%3E27490981%3C%2FAN%3E%3CDT%3EClinical+Study%3C%2FDT%3E>

**INTRODUCTION** It is standard practice in the UK that if conservative measures or chemical cautery fail to control epistaxis, patients receive nasal packing which is often uncomfortable, requires admission and has well documented associated morbidity. Our study aims to evaluate the use of FloSeal haemostatic sealant in managing patients with epistaxis. **MATERIALS AND METHODS** Patients were identified from those referred with active epistaxis. A successful outcome was defined as complete haemostasis with FloSeal alone, with no further significant bleeding requiring admission or further interventions in the subsequent 7 days. Patients reported satisfaction using a ten-point visual analogue scale. Ear, nose and throat doctors recorded patient demographics, time to prepare FloSeal, length of stay, need for further treatment and adverse events on an electronic database. **RESULTS** 30 patients were enrolled in the study. The mean time to prepare FloSeal was 5 minutes. The success rate of FloSeal was 90%. The mean length of stay was 2.75 hours. The mean patient satisfaction with FloSeal was 8.4/10. No adverse events occurred. **DISCUSSION** FloSeal was found to be effective in controlling anterior epistaxis. There was a single case of posterior epistaxis which required operative management. The literature largely supports FloSeal in anterior epistaxis, but indicates sphenopalatine artery ligation as the definitive management of posterior epistaxis. **CONCLUSIONS** Our data support the use of FloSeal in patients with anterior epistaxis not controlled with conservative measures or chemical cautery. It was found to be easy to use, is well tolerated by patients and is efficient in financial terms.

**33.** Tsounis, M., et al. (2017).

**"Intraoperative use of a tablet computer to aid rhinoplasty."**



*Annals of the Royal College of Surgeons of England* 99(1): 37-38.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27659361&id=doi:10.1308%2Frcsann.2016.0289&issn=0035-8843&isbn=&volume=99&issue=1&spage=37&pages=37-38&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraoperative+use+of+a+tablet+computer+to+aid+rhinoplasty.&aulast=Tsounis&pid=%3Cauthor%3ETsounis+M%3Bpapadopoulou+D%3BFaris+C%3C%2Fauthor%3E%3CAN%3E27659361%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Open septorhinoplasty enables excellent exposure to the structural components of the nasal tip. Nevertheless, it runs the risk of weakening its support mechanisms, which can lead to notable changes to tip projection and rotation as well as to the nasolabial angle. It is therefore paramount that the surgeon reconstructs the nose to the desired endpoint at the end of the operation. Currently, the gold standard of care in rhinoplasty uses preoperative photographs with the patient sitting or standing. However, this is not a true representation of the face in the operative position as the patient is placed supine and so gravity affects the appearance of the nose in a different way. Other factors such as head drapes and traction on the endotracheal tube can also cause subtle changes. We therefore advocate additional intraoperative profile view photographs to improve the accuracy of nasal tip positioning. In our department, in addition to standard preoperative photographs, immediate preoperative profile photos are taken with the patient supine, intubated and draped. Images are captured using a tablet computer at a distance of 1 meter from the patient. We ensure that the Frankfort plane is perpendicular to the floor. The picture is enlarged so that the image is full scale and the tablet is subsequently placed immediately behind the patient for direct comparison. This is then used during the procedure to check tip projection and rotation as well as at the end of the procedure following closure of the columellar incision to ensure correct placement of the nasal tip.

34. Tadtayev, S., et al. (2017).

**"The association of level of practical experience in transrectal ultrasonography guided prostate biopsy with its diagnostic outcome."**

*Annals of the Royal College of Surgeons of England* 99(3): 218-223.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27659356&id=doi:10.1308%2Frcsann.2016.0308&issn=0035-8843&isbn=&volume=99&issue=3&spage=218&pages=218-223&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+association+of+level+of+practical+experience+in+transrectal+ultrasonography+guided+prostate+biopsy+with+its+diagnostic+outcome.&aulast=Tadtayev&pid=%3Cauthor%3ETadtayev+S%3BHussein+A%3BCarpenter+L%3BVasdev+N%3BBoustead+G%3C%2Fauthor%3E%3CAN%3E27659356%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION** The diagnostic yield of transrectal ultrasonography (TRUS) guided prostate biopsy is influenced by many patient and procedure specific factors. However, the role of operator specific factors remains inadequately defined. This study investigated the association of diagnostic outcome of TRUS guided biopsy with operator skill level. **METHODS** This study looked at a consecutive cohort of 690 men undergoing their first extended pattern TRUS guided prostate biopsy by 27 operators over a 24-



month period in a single institution. Logistic regression was used for statistical analysis. RESULTS Biopsies performed by consultants (odds ratio [OR]: 2.35, p=0.004) and senior trainees (OR: 2.37, p=0.002) in patients with prostate specific antigen levels of <10ng/ml were more likely to be positive than those performed by junior trainees (cancer detection rate 50.0%, 50.3% and 29.9% respectively). Furthermore, biopsies performed by junior trainees yielded a significantly higher proportion of prostate cancers with a Gleason score of  $\geq 3+4$  than those performed by senior trainees (OR: 2.11, p=0.031) and consultants (OR: 2.40, p=0.013) (81.4%, 67.5% and 64.6% respectively). No significant differences emerged between operator skill groups for complications, rebiopsy rates or the number of prostate cancers found during the follow-up period (median: 34 months) of patients with a negative biopsy. CONCLUSIONS Level of operator experience is associated with the diagnostic outcome of extended pattern TRUS guided biopsy. The findings of this study imply that case selection, self-audit and expert supervision for the duration of the learning curve should form the basis of biopsy training.

35. Stergios, K., et al. (2017).

**"The potential effect of biological sealants on colorectal anastomosis healing in experimental research involving severe diabetes."**

*Annals of the Royal College of Surgeons of England* 99(3): 189-192.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27917665&id=doi:10.1308%2Frcsann.2016.0357&issn=0035-8843&isbn=&volume=99&issue=3&spage=189&pages=189-192&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+potential+effect+of+biological+sealants+on+colorectal+anastomosis+healing+in+experimental+research+involving+severe+diabetes.&aulast=Stergios&pid=%3Cauthor%3EStergios+K%3BKontzoglou+K%3BPergialioti+s+V%3BKorou+LM%3BFrountzas+M%3BLalude+O%3BNikiteas+N%3BPerrea+DN%3C%2Fauthor%3E%3CAN%3E27917665%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Colorectal anastomoses continuous to pose a significant challenge in current surgical practice. Anastomotic leakage remains one of the most frequent and dramatic complications of colorectal surgery, even in centres of high specialisation. Diabetes is a well-established independent factor which results in higher anastomotic leakage rates. Fibrin sealants have been applied in experimental and clinical studies for the prevention of anastomotic dehiscence. However, little is known regarding their impact on diabetic patients. Several fibrin sealants have been proposed as adjunct to standard surgical techniques to prevent leakage from colonic anastomoses following the reversal of temporary colostomies, approved for general haemostasis. This review summarises current advances in colorectal anastomoses and provides evidence that may strengthen the need for tissue sealants in colorectal anastomoses of diabetic patients. We searched Medline (1966-2016) and Scopus (2004-2016) for current evidence in the field. To date, there is no evidence to support the use of fibrin sealants as an adjunct in diabetic patients who undergo colorectal surgery. Experimental animal models with extreme diabetes could be of significant use in the present field and further research is needed prior to application of fibrin sealants in a clinical setting.

36. Rajeev, P., et al. (2017).

**"Changes in bone turnover markers in primary hyperparathyroidism and response to surgery."**

*Annals of the Royal College of Surgeons of England* 99(7): 559-562.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28853593&id=doi:10.1308%2Frcsann.2017.0092&issn=0035-8843&isbn=&volume=99&issue=7&spage=559&pages=559-562&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Changes+in+bone+turnover+markers+in+primary+hyperparathyroidism+and+response+to+surgery.&auid=Rajeev&pid=%3Cauthor%3ERajeev+P%3BMovseysan+A%3BBaharani+A%3C%2Fauthor%3E%3CAN%3E28853593%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Involvement of the bone is common in primary hyperparathyroidism. The aim of the study was to assess bone turnover markers in response to surgery for primary hyperparathyroidism. **Methods** This was a retrospective study of patients diagnosed and treated for parathyroid disease between 2005 and 2012. Interventions studied were surgery and medical treatment. The main outcome measures studied were serum levels of calcium, intact parathyroid hormone (iPTH), bone-specific alkaline phosphatase, N-terminal cross-linking propeptide of type 1 procollagen (P1NP) and C-terminal cross-linking telopeptides of type I collagen (CTX), both pre- and postoperatively at 6 months and 1 year; bone mineral density (at the spine and hip assessed by dual-energy x-ray absorptiometry after 1 year of treatment. **Results** A total of 122 (110 female, 12 male) patients (age range 25-91 years) underwent treatment for parathyroid disease during the study period; 30 patients were treated conservatively and 92 proceeded to surgery following localisation studies. Following surgical intervention, P1NP dropped significantly from a mean of 64.68 ng/ml (standard deviation, SD +/- 68.07 ng/ml) preoperatively to 26.37 ng/ml (SD +/- 20.94 ng/ml) and CTX from 0.69 pg/ml (SD +/- 0.44 pg/ml) to 0.15 pg/ml (SD +/- 0.16 pg/ml) at 6-12 months ( $P < 0.0001$ ). This change was reflected in improvement in bone mineral density (T scores) of the hip and spine by 43% ( $P < 0.03$ ) and 38% ( $P < 0.01$ ), respectively, following surgery. In patients treated conservatively ( $n = 30$ ), there was no improvement either in the bone turnover markers or bone densitometry scans. **Conclusions** Surgery improves bone density in patients with parathyroid disease. Improvement in serum bone turnover markers is seen following parathyroidectomy. The association with bone density needs further evaluation in larger studies.

37. Qi, H. J., et al. (2017).

**"Peripherally inserted central catheters for calcium requirements after successful parathyroidectomy: a comparison with centrally inserted catheters."**

*Annals of the Royal College of Surgeons of England* 99(5): 358-362.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28462656&id=doi:10.1308%2Frcsann.2017.0004&issn=0035-8843&isbn=&volume=99&issue=5&spage=358&pages=358-362&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Peripherally+inserted+central+catheters+for+calcium+requirements+after+successful+parathyroidectomy%3A+a+comparison+with+centrally+inserted+catheters.&auid=Qi&pid=%3Cauthor%3EQi+HJ%3BYang+WW%3BZhang+LD%3BShi+XJ%3BLi+QY%3BYe+T%3C%2Fauthor%3E%3CAN%3E28462656%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND** Intravenous calcium supplements are often required following parathyroidectomy to avoid postoperative hypocalcaemia. The aim of this study was to compare application effect of a femoral central venous catheter (CVC) and peripherally inserted central catheter (PICC) on intravenous calcium supplements after parathyroidectomy. **METHODS** We retrospectively reviewed the hospital records of

73 patients with secondary hyperparathyroidism who underwent a successful parathyroidectomy at the Huashan Hospital attached to Fudan University between 1 April 2011 and 1 February 2016. RESULTS Of the 73 study participants, 39 (53.4%) had a PICC and 34 (46.6%) had a CVC, respectively. Patients in the CVC group needed 6-7 days of intravenous calcium supplements, while patients in PICC group needed only 2-3 days to achieve normal serum calcium concentration (2.2-2.6 mmol/L). Furthermore, the duration of calcium supplementation was 71.62 +/- 4.48 hours in PICC group and 100.4 +/- 5.43 hours in CVC group (P < 0.05). Of the patients in PICC group, the incidence of catheter occlusion, operation failure and hypocalcaemia was 0%, which was significantly lower than those in CVC group (2.56%, 7.69% and 7.69%, respectively). CONCLUSIONS PICC is a safe and efficient alternative in contrast to CVC for providing venous access for calcium supplementation in surgical patients after parathyroidectomy.

38. Martin, S. and A. Armstrong (2017).

**"An unusual haemorrhagic complication of an anastomotic leak and a novel method of controlling the haemorrhage."**

*Annals of the Royal College of Surgeons of England* 99(3): e116-e119.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28252348&id=doi:10.1308%2Frcsann.2016.0321&issn=0035-8843&isbn=&volume=99&issue=3&spage=e116&pages=e116-e119&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+unusual+haemorrhagic+complication+of+an+anastomotic+leak+and+a+novel+method+of+controlling+the+haemorrhage.&aulast=Martin&pid=%3Cauthor%3EMartin+S%3BArmstrong+A%3C%2Fauthor%3E%3CAN%3E28252348%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Introduction Restorative proctocolectomy (RP) is undertaken for patients with familial adenomatous polyposis (FAP) and ulcerative colitis, but is associated with a risk of anastomotic leak. Case history A 20-year-old male with a family history of FAP had a RP with a double-stapled J-pouch and covering loop ileostomy. At ileostomy reversal 21 months later, he presented with significant anal bleeding. He proceeded to theatre for endoscopy. Pouchoscopy showed a pouch full of blood and a foreign object trapped in a diverticulum. The foreign object (an undigested tablet) was removed with grasping forceps and the bleeding spot identified. Hemospray<sup>®</sup> (Cook Medical, Winston-Salem, NC, USA) was deployed in the bleeding cavity to enable immediate control of haemorrhage. Recovery was uneventful and he was discharged home 72 hours later. Conclusions This case: (i) demonstrates a successful and novel method of controlling haemorrhage not amenable to use of conventional haemostatic mechanisms; (ii) highlights the potential problems of using prolonged-release medications in patients with gastrointestinal strictures/diverticulae.

39. Green, S., et al. (2017).

**"The effect of stage of HIV disease as determined by CD4 count on clinical outcomes of surgical sepsis in South Africa."**

*Annals of the Royal College of Surgeons of England* 99(6): 459-463.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28660809&id=doi:10.1308%2Frcsann.2017.0057&issn=0035-8843&isbn=&volume=99&issue=6&spage=459&pages=459-463&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+effect+of+>



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Odendaal+J%3BSartorius+B%3BClarke+DL%3C%2Fauthor%3E%3CAN%3E28660809%3C%2FAN%3E%3  
CDT%3EJournal+Article%3C%2FDT%3E

**INTRODUCTION** This paper reviews the impact of the stage of human immunodeficiency virus (HIV) disease on the outcome of surgical sepsis. **METHODS** All adult emergency general surgical patients (aged >15 years) who fulfilled the criteria for sepsis or septic shock, with a documented surgical source of infection, and who were HIV positive were reviewed. **RESULTS** During the 5-year study period, a total of 675 patients with a documented surgical source of sepsis were managed by our service; 142 (21%) of these were HIV positive. Among the individuals who were HIV positive, the CD4 count was <200 cells/microl in 21 patients and ≥200 cells/microl in 121 patients. There was no difference between these two cohorts in terms of demography or spectrum of surgical conditions. The range of surgical procedures and complications was also similar in both groups. Nevertheless, patients with a CD count of <200 cells/microl had a significantly longer length of hospital stay than those in the cohort with ≥200 cells/microl. For HIV positive patients with a CD4 count of <200 cells/microl, the mortality rate was 66.7% (14/21) while the mortality rate for individuals with HIV and a CD4 count of ≥200 cells/microl was 2.5% (2/121). This difference was statistically significant (p<0.001). **CONCLUSIONS** The clinical presentation and spectrum of surgical sepsis disease in cases with stage 1 and stage 2 HIV is not markedly different. However, in patients with a CD4 count of <200 cells/microl, the length of hospital stay and mortality is significantly higher. Stage of HIV disease must be considered when stratifying patients' risk for surgery.

40. Gonzaga-Lopez, A., et al. (2017).

**"Necrotising fasciitis in a patient treated with FOLFIRI-aflibercept for colorectal cancer: a case report."**

*Annals of the Royal College of Surgeons of England* 99(8): e225-e226.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28768426&id=doi:10.1308%2Frcsann.2017.0143&issn=0035-8843&isbn=&volume=99&issue=8&spage=e225&pages=e225-e226&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Necrotising+fasciitis+in+a+patient+treated+with+FOLFIRI-aflibercept+for+colorectal+cancer%3A+a+case+report.&aulast=Gonzaga-Lopez&pid=%3Cauthor%3EGonzaga-Lopez+A%3BMunoz-Rodriguez+J%3BRuiz-Casado+A%3C%2Fauthor%3E%3CAN%3E28768426%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Anti-angiogenics have become an important part of the treatment of several types of tumours such as ovarian, breast, lung and colorectal cancer. Necrotising fasciitis has been reported with bevacizumab but no cases have been reported with aflibercept, ramucirumab or regorafenib in patients with colorectal cancer. Necrotising fasciitis is a rare complication affecting one in 5000 bevacizumab users. We report the case of a 64-year-old man with stage IV rectosigmoid cancer under treatment with folinic acid, fluorouracil and irinotecan (FOLFIRI) and aflibercept, who developed a Fournier's gangrene.

41. Davies, M., et al. (2017).

**"Henoch-Schonlein purpura as a rare cause of an acute abdomen."**

*Annals of the Royal College of Surgeons of England* 99(2): e88-e90.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28052686&id=doi:10.1308%2Frcsann.2016.0359&issn=0035-8843&isbn=&volume=99&issue=2&spage=e88&pages=e88-e90&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Henoch-Schonlein+purpura+as+a+rare+cause+of+an+acute+abdomen.&aulast=Davies&pid=%3Cauthor%3EDavies+M%3BNanda+Kumar+M%3BShetty+V%3BMitchell+P%3C%2FAuthor%3E%3CAN%3E28052686%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A 52-year-old man presented with a purpuric rash affecting his legs and hypertension. He was diagnosed with Henoch-Schonlein purpura and discharged with non-steroidal anti-inflammatory drugs. Three weeks later, he presented again with loss of appetite and vomiting before developing abdominal pain with pyrexia of 38.5degreeC and rigors. On examination, he was hypotensive with a distended abdomen and a national early warning score of 6. Computed tomography revealed enteropathy of Henoch-Schonlein purpura. The patient deteriorated and went for an emergency laparotomy, where 30cm of ischaemic small bowel was resected.

**42.** Clarke, T. L., et al. (2017).

**"Predicting response to neoadjuvant chemoradiotherapy in locally advanced rectal cancer with serum biomarkers."**

*Annals of the Royal College of Surgeons of England* 99(5): 373-377.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:28462648&id=doi:10.1308%2Frcsann.2017.0030&issn=0035-8843&isbn=&volume=99&issue=5&spage=373&pages=373-377&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Predicting+response+to+neoadjuvant+chemoradiotherapy+in+locally+advanced+rectal+cancer+with+serum+biomarkers.&aulast=Clarke&pid=%3Cauthor%3EClarke+TL%3BWhite+DA%3BOSborne+ME%3BShaw+AM%3BSmart+NJ%3BDaniels+IR%3C%2FAuthor%3E%3CAN%3E28462648%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** The aim of this study was to identify patient factors including serum biomarkers that may predict response to neoadjuvant chemoradiotherapy (CRT) in patients with locally advanced rectal cancer staged on magnetic resonance imaging. Prediction of response may be helpful when selecting patients for a non-operative programme. **Methods** A retrospective review was carried out of patients undergoing neoadjuvant CRT for rectal cancer, conducted at the Royal Devon and Exeter Hospital. All patients were managed through the multidisciplinary team. Receiver operating characteristic (ROC) curve analysis was undertaken to assess the ability of biomarkers to predict response to neoadjuvant CRT. The biomarkers assessed included neutrophils, lymphocytes, monocytes, haemoglobin, platelets, C-reactive protein and carcinoembryonic antigen. **Results** Seventy-three patients underwent neoadjuvant CRT between January 2006 and December 2011. Nine (12.3%) of these experienced a clinical complete response and were managed with a 'watch and wait' approach. An additional ten patients (13.7%) had a pathological complete response following surgery. Using ROC curve analysis, the biomarkers with the largest area under the curve (AUC) were pre-CRT haemoglobin and post-CRT

lymphocyte concentrations, producing AUC values of 0.673 and 0.618 respectively for clinical complete response. Pre-CRT haemoglobin and neutrophil concentrations produced the highest AUC values for pathological complete response at 0.591 and 0.614 respectively. Conclusions None of the assessed biomarkers offer the ability to predict response to neoadjuvant CRT in patients with rectal cancer. They cannot therefore assist in identifying complete clinical or pathological responders who could be considered for a non-operative, observational approach.

43. Cheng, W. L., et al. (2017).

**"Enucleation versus hepatectomy for giant hepatic haemangiomas: a meta-analysis."**

*Annals of the Royal College of Surgeons of England* 99(3): 237-241.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27869486&id=doi:10.1308%2Frcsann.2016.0349&issn=0035-8843&isbn=&volume=99&issue=3&spage=237&pages=237-241&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Enucleation+versus+hepatectomy+for+giant+hepatic+haemangiomas%3A+a+meta-analysis.&aulast=Cheng&pid=%3Cauthor%3ECheng+WL%3BQi+YQ%3BWang+B%3BTian+L%3BHuang+W%3BChen+Y%3C%2FAuthor%3E%3CAN%3E27869486%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**INTRODUCTION** Hepatic haemangiomas are the most common benign liver tumours. They can be treated with surgical resection such as enucleation or hepatectomy if necessary. However, controversy remains over the clinical outcome and safety of these two methods. In this study, we performed a comprehensive meta-analysis to compare the efficacy of liver resection with enucleation for giant haemangiomas. **METHODS** The online databases PubMed, Embase and CNKI (China National Knowledge Infrastructure) were searched for relevant original articles. We compared operation time, blood loss, transfusion requirements, inflow occlusion time and postoperative complications between enucleation and hepatectomy. **RESULTS** Seven controlled clinical trials met the predefined inclusion criteria. Analysis indicated that the enucleation group had significantly shorter operation time (weighted mean difference, WMD -28.22, 95% confidence interval, CI, -54.82 to -1.62), less blood loss (WMD -395.92, 95% CI -521.25 to -270.58) and fewer complications (odds ratio, OR, 0.47, 95 % CI 0.34 to 0.65). There were no significant differences between enucleation and hepatectomy with regard to transfusion requirements (OR 0.61, 95% CI 0.22 to 1.68) and inflow occlusion time (WMD 7.91, 95% CI -5.62 to 21.44). **CONCLUSIONS** Enucleation has advantages over hepatectomy in relation to operation time, blood loss and complications. Enucleation is a safe and effective treatment for giant hepatic haemangioma.

44. Boland, M. R., et al. (2017).

**"Liberal perioperative fluid administration is an independent risk factor for morbidity and is associated with longer hospital stay after rectal cancer surgery."**

*Annals of the Royal College of Surgeons of England* 99(2): 113-116.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27659363&id=doi:10.1308%2Frcsann.2016.0280&issn=0035-8843&isbn=&volume=99&issue=2&spage=113&pages=113-116&date=2017&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Liberal+periop>



[erative+fluid+administration+is+an+independent+risk+factor+for+morbidity+and+is+associated+with+longer+hospital+stay+after+rectal+cancer+surgery.&aulast=Boland&pid=%3Cauthor%3EBoland+MR%3BReynolds+I%3BMcCawley+N%3BGalvin+E%3BEI-Masry+S%3BDeasy+J%3BMcNamara+DA%3C%2Fauthor%3E%3CAN%3E27659363%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](#)

**INTRODUCTION** Recent studies have advocated the use of perioperative fluid restriction in patients undergoing major abdominal surgery as part of an enhanced recovery protocol. Series reported to date include a heterogeneous group of high- and low-risk procedures but few studies have focused on rectal cancer surgery alone. The aim of this study was to assess the effects of perioperative fluid volumes on outcomes in patients undergoing elective rectal cancer resection. **METHODS** A prospectively maintained database of patients with rectal cancer who underwent elective surgery over a 2-year period was reviewed. Total volume of fluid received intraoperatively was calculated, as well as blood products required in the perioperative period. The primary outcome was postoperative morbidity (Clavien-Dindo grade I-IV) and the secondary outcomes were length of stay and major morbidity (Clavien-Dindo grade III-IV). **RESULTS** Over a 2-year period (2012-2013), 120 patients underwent elective surgery with curative intent for rectal cancer. Median total intraoperative fluid volume received was 3680ml (range 1200-9670ml); 65/120 (54.1%) had any complications, with 20/120 (16.6%) classified as major (Clavien-Dindo grade III-IV). Intraoperative volume >3500ml was an independent risk factor for the development of postoperative all-cause morbidity ( $P=0.02$ ) and was associated with major morbidity ( $P=0.09$ ). Intraoperative fluid volumes also correlated with length of hospital stay (Pearson's correlation coefficient 0.33;  $P<0.01$ ). **CONCLUSIONS** Intraoperative fluid infusion volumes in excess of 3500ml are associated with increased morbidity and length of stay in patients undergoing elective surgery for rectal cancer.

45. Warwick, A. M., et al. (2016).

**"Recurrence rate after Delorme's procedure with simultaneous placement of a Thiersch suture."**

*Annals of the Royal College of Surgeons of England* 98(6): 419-421.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27092405&id=doi:10.1308%2Frcsann.2016.0148&issn=0035-8843&isbn=&volume=98&issue=6&spage=419&pages=419-21&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Recurrence+rate+after+Delorme%27s+procedure+with+simultaneous+placement+of+a+Thiersch+suture.&aulast=Warwick&pid=%3Cauthor%3EWarwick+AM%3BZimmermann+E%3BBoorman+PA%3BSmart+NJ%3BGee+AS%3C%2Fauthor%3E%3CAN%3E27092405%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**Introduction** Rectal prolapse is a debilitating condition usually affecting elderly women. The management is generally surgical but the optimal operation remains unclear. The recurrence rate after Delorme's procedure has been found to be similar to that for an abdominal approach. Thiersch sutures have been associated with high rates of complications and recurrence. The aim of this study was to compare the outcomes of Delorme's procedure with those of a combined Delorme-Thiersch procedure. **Methods** A retrospective case note review was performed of all patients who underwent Delorme's procedure for rectal prolapse between 2008 and 2014 in a single centre. **Results** Sixty-seven patients (63 women) underwent Delorme's procedure during the study period. The majority (85%) of patients were over 75 years old. Twelve patients had a Thiersch suture placed at the time of the procedure. The

median length of stay was 3 days (range: 0-19 days). Postoperative bleeding requiring either transfusion or readmission occurred in five patients (7.5%) and two patients (3.0%) were readmitted with pain. There was no difference in the rate of complications regardless of whether a Thiersch suture had been placed. Recurrence occurred in 8.3% of those who had a Thiersch suture compared with 21.8% of those who did not ( $p=0.26$ ). There was no difference in the median time to recurrence between the groups. Conclusions There was no increase in complications after placement of a Thiersch suture with Delorme's procedure. The rate of recurrence could potentially be decreased with this combined technique. Additional studies are required to investigate this further.

46. Smith, G., et al. (2016).

**"Subchondral bone purchase can aid femoral head extraction."**

*Annals of the Royal College of Surgeons of England* 98(8): 591.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27513796&id=doi:10.1308%2Frcsann.2016.0200&issn=0035-8843&isbn=&volume=98&issue=8&spage=591&pages=591&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Subchondral+bone+purchase+can+aid+femoral+head+extraction.&aulast=Smith&pid=%3Cauthor%3ESmith+G%3BFrank+T%3BGuy+P%3C%2FAuthor%3E%3CAN%3E27513796%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

47. Singh, R., et al. (2016).

**"Prophylactic proton pump inhibitors in femoral neck fracture patients - A life - and cost-saving intervention."**

*Annals of the Royal College of Surgeons of England* 98(6): 371-375.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27055405&id=doi:10.1308%2Frcsann.2016.0106&issn=0035-8843&isbn=&volume=98&issue=6&spage=371&pages=371-5&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prophylactic+proton+pump+inhibitors+in+femoral+neck+fracture+patients+-+A+life+-+and+cost-saving+intervention.&aulast=Singh&pid=%3Cauthor%3ESingh+R%3BTrickett+R%3BMeyer+C%3BLewthwaite+S%3BFord+D%3C%2FAuthor%3E%3CAN%3E27055405%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Acute gastrointestinal stress ulceration is a common and serious complication of trauma. Prophylactic proton pump inhibitors (PPIs) or histamine receptor antagonists have been used in poly-trauma, burns and head and spinal injuries, as well as on intensive care units, for the prevention of acute gastric stress ulcers. **Methods** We prospectively studied the use of prophylactic PPIs in with femoral neck fracture patients, gathering data on all acute gastric ulcer complications, including coffee-ground vomiting, malena and haematemesis. We then implemented a treatment protocol in which all patients were given prophylactic PPIs, again prospectively collecting all data. **Results** Five hundred and fifteen patients were included. Prior to prophylactic PPI, 15% of patients developed gastric stress ulcer complications, with 3% requiring acute intervention with oesophagogastroduodenoscopy (OGD), 5%



requiring transfusions and 4% experiencing surgical delays. All patients had delayed discharges. Following PPI implementation, no patients developed gastric stress ulcer complications. Conclusions Femoral neck fracture patients create a substantial workload for orthopaedic units. The increasingly elderly population often have comorbidities, and concomitantly use medications with gastrointestinal side effects. This, combined with the stress of a fracture and preoperative starvation periods increases the risk of gastric ulcers. Here, the use of prophylactic PPIs statistically reduced the incidence of gastric stress ulcers in patients with femoral neck fractures, resulting in fewer surgical delays, reduced length of hospital stay and reduced stress ulcer-related mortality.

48. Shafafy, R., et al. (2016).

**"Trethowan retractor technique to aid supination of the wrist during distal radius fracture fixation."**

*Annals of the Royal College of Surgeons of England* 98(7): 523.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27241613&id=doi:10.1308%2Frcsann.2016.0171&issn=0035-8843&isbn=&volume=98&issue=7&spage=523&pages=523&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Trethowan+retractor+technique+to+aid+supination+of+the+wrist+during+distal+radius+fracture+fixation.&aulast=Shafafy&pid=%3Cauthor%3EShafafy+R%3BJordan+S%3BGill+K%3C%2Fauthor%3E%3CAN%3E27241613%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

49. Rollins, K. E., et al. (2016).

**"Major abdominal surgery in Jehovah's Witnesses."**

*Annals of the Royal College of Surgeons of England* 98(8): 532-537.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27412808&id=doi:10.1308%2Frcsann.2016.0210&issn=0035-8843&isbn=&volume=98&issue=8&spage=532&pages=532-537&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Major+abdominal+surgery+in+Jehovah%27s+Witnesses.&aulast=Rollins&pid=%3Cauthor%3ERollins+KE%3BContractor+U%3BInnumerable+R%3BLobo+DN%3C%2Fauthor%3E%3CAN%3E27412808%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Introduction Patients who are Jehovah's Witnesses pose difficult ethical and moral dilemmas for surgeons because of their refusal to receive blood and blood products. This article outlines the personal experiences of six Jehovah's Witnesses who underwent major abdominal surgery at a single institution and also summarises the literature on the perioperative care of these patients. Methods The patients recorded their thoughts and the dilemmas they faced during their surgical journey. We also reviewed the recent literature on the ethical principles involved in treating such patients and strategies recommended to make surgery safer. Results All patients were supported in their decision making by the clinical team and the Hospital Liaison Committee for Jehovah's Witnesses. The patients recognised the ethical and moral difficulties experienced by clinicians in this setting. However, they described taking strength from their belief in Jehovah. A multitude of techniques are available to minimise the risk

associated with major surgery in Jehovah's Witness patients, many of which have been adopted to minimise unnecessary use of blood products in general. Nevertheless, the risks of catastrophic haemorrhage and consequent mortality remain an unresolved issue for the treating team. Conclusions Respect for a patient's autonomy in this setting is the overriding ethical principle, with detailed discussion forming an important part of the preparation of a Jehovah's Witness for major abdominal surgery. Clinicians must be diligent in the documentation of the patient's wishes to ensure all members of the team can abide by these.

50. Purushothaman, B., et al. (2016).

**"Decision making on timing of surgery for hip fracture patients on clopidogrel."**

*Annals of the Royal College of Surgeons of England* 98(2): 91-95.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26829666&id=doi:10.1308%2Frcsann.2015.0041&issn=0035-8843&isbn=&volume=98&issue=2&spage=91&pages=91-5&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Decision+making+on+timing+of+surgery+for+hip+fracture+patients+on+clopidogrel.&aulast=Purushothaman&pid=%3Cauthor%3EPurushothaman+B%3BWebb+M%3BWeusten+A%3BBonczek+S%3BRamaskandhan+J%3BManu+A%3C%2Fauthor%3E%3CAN%3E26829666%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Patients taking clopidogrel who sustain a fractured neck of femur pose a challenge to orthopaedic surgeons. The aim of this study was to determine whether delay to theatre for these patients affects drop in haemoglobin levels, need for blood transfusion, length of hospital stay and 30-day mortality. A retrospective review of all neck of femur patients admitted at two centres in the North East of England over 3 years revealed 85 patients. Patients were divided into two groups depending on whether they were taking clopidogrel alone (C) or with aspirin (CA). Haemoglobin drop was significantly different in the CA group that was operated on early (CA1) versus the group for which surgery was delayed by over 48 hours (CA2): 3.3g/dl and 1.9g/dl respectively ( $p=0.01$ ). The mean inpatient stay in group C was 35.9 days while in group CA it was 19.9 days ( $p=0.002$ ). The mean length of stay in group CA2 (26.7 days) was significantly longer than for CA1 patients (14.1 days) ( $p=0.01$ ). There were no significant differences in mortality or wound complications. Hip fracture patients on clopidogrel can be safely operated on early provided they are medically stable. Bleeding risk should be borne in mind in those patients on dual therapy with aspirin.

51. Owen, H. A., et al. (2016).

**"Quality of life with anal fistula."**

*Annals of the Royal College of Surgeons of England* 98(5): 334-338.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27087327&id=doi:10.1308%2Frcsann.2016.0136&issn=0035-8843&isbn=&volume=98&issue=5&spage=334&pages=334-8&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Quality+of+life+with+anal+fistula.&aulast=Owen&pid=%3Cauthor%3EOwen+H+A%3BBuchanan+G+N%3BSchizas+A%3BConhen+R%3BWilliams+AB%3C%2Fauthor%3E%3CAN%3E27087327%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Anal fistula affects people of working age. Symptoms include abscess, pain, discharge of pus and blood. Treatment of this benign disease can affect faecal continence, which may, in turn, impair quality of life (QOL). We assessed the QOL of patients with cryptoglandular anal fistula.

**METHODS:** Newly referred patients with anal fistula completed the St Mark's Incontinence Score, which ranges from 0 (perfect continence) to 24 (totally incontinent), and Short form 36 (SF-36) questionnaire at two institutions with an interest in anal fistula. The data were examined to identify factors affecting QOL.

**RESULTS:** Data were available for 146 patients (47 women), with a median age of 44 years (range 18-82 years) and a median continence score of 0 (range 0-23). Versus population norms, patients had an overall reduction in QOL. While those with recurrent disease had no difference on continence scores, QOL was worse on two of eight SF-36 domains ( $p<0.05$ ). Patients with secondary extensions had reduced QOL in two domains ( $p<0.05$ ), while urgency was associated with reduced QOL on five domains ( $p<0.05$ ). Patients with loose seton had the same QOL as those without seton. No difference in urgency was found between patients with and without loose seton. In primary fistula patients, 19.4% of patients experienced urgency versus 36.3% of those with recurrent fistulas.

**CONCLUSIONS:** Patients with anal fistula had a reduced QOL, which was worse in those with recurrent disease, secondary extensions and urgency. Loose seton had no impact on QOL.

52. Miller, R. and S. Appleton (2016).

**"Deranged liver function tests following laparoscopic cholecystectomy: What would Occam have to say?"**

*Annals of the Royal College of Surgeons of England* 98(7): e147-149.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27310811&id=doi:10.1308%2Frcsann.2016.0190&issn=0035-8843&isbn=&volume=98&issue=7&spage=e147&pages=e147-9&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Deranged+liver+function+tests+following+laparoscopic+cholecystectomy%3A+What+would+Occam+have+to+say%3F.&aualst=Miller&pid=%3Cauthor%3EMiller+R%3BApplenton+S%3C%2Fauthor%3E%3CAN%3E27310811%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Postoperative complications can pose a significant obstacle in the ongoing management of surgical patients. However, it is pertinent to remember that postoperative events are not always complications of the preceding operation. We present the case of a patient with calculous cholecystitis and gallbladder empyema who underwent laparoscopic cholecystectomy. Postoperatively, he continued to have right upper quadrant pain associated with abnormal liver function tests. Ultimately, the cause of his postoperative symptoms was rather prosaic and ran counter to Occam's razor, the relevance of which is discussed below.

53. Loganathan, V., et al. (2016).

**"Efficacy and safety of rivaroxaban thromboprophylaxis after arthroplasty of the hip or knee: retrospective cohort study."**



*Annals of the Royal College of Surgeons of England* 98(7): 507-515.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27580310&id=doi:10.1308%2Frcsann.2016.0197&issn=0035-8843&isbn=&volume=98&issue=7&spage=507&pages=507-15&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Efficacy+and+safety+of+rivaroxaban+thromboprophylaxis+after+arthroplasty+of+the+hip+or+knee%3A+retrospective+cohort+study.&aulast=Loganathan&pid=%3Cauthor%3ELoganathan+V%3BHua+A%3BPatel+S%3BGibbons+C%3BVizcaychipi+MP%3C%2Fauthor%3E%3CAN%3E27580310%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Venous thromboembolism (VTE) is a potentially fatal complication of hip arthroplasty and knee arthroplasty. The National Institute for Health and Care Excellence recommend rivaroxaban for VTE prevention. Amid concerns over bleeding complications, the modified thromboprophylaxis policy of Chelsea and Westminster Hospital (CWH; London, UK) advises enoxaparin given after surgery in the inpatient setting followed by rivaroxaban upon hospital discharge. This retrospective study investigated the efficacy and safety of rivaroxaban in this novel, modified venous-prophylaxis regimen in a surgical orthopaedic cohort at CWH. **Methods** A total of 479 patients who received modified thromboprophylaxis treatment at CWH after hip arthroplasty or knee arthroplasty between April 2013 and October 2014 formed the study cohort. Seven outcomes based on efficacy and safety while undergoing treatment with rivaroxaban were investigated: symptomatic deep-vein thrombosis (DVT), pulmonary embolism (PE), death, stroke, myocardial infarction (MI), major bleeding episodes (MBEs) and non-major bleeding episodes (NMBEs). Median follow-up was 369 days. Fisher's exact and Mann-Whitney U-tests were adopted to identify associations with these outcomes. **Results** Prevalence of symptomatic PE, DVT, death, stroke and MI during treatment was zero. One (0.2%) MBE and nine (1.9%) NMBEs occurred. The MBE (a wound haematoma) required a return to theatre for aspiration. Off treatment VTEs occurred in four (0.8%) patients after completion of a course of rivaroxaban, and were associated with known risk factors. **Conclusions** Rivaroxaban is an effective and safe anticoagulant for thromboprophylaxis after hip arthroplasty or knee arthroplasty if used in a modified regimen involving enoxaparin administered in the inpatient setting followed by rivaroxaban upon hospital discharge.

54. Konstantinidou, M. K., et al. (2016).

**"Giant cell aortitis in treatment-naïve human immunodeficiency virus and hepatitis C coinfection."**

*Annals of the Royal College of Surgeons of England* 98(8): e192-e194.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27502343&id=doi:10.1308%2Frcsann.2016.0247&issn=0035-8843&isbn=&volume=98&issue=8&spage=e192&pages=e192-e194&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Giant+cell+aortitis+in+treatment-naive+human+immunodeficiency+virus+and+hepatitis+C+coinfection.&aulast=Konstantinidou&pid=%3Cauthor%3EKonstantinidou+MK%3BNelson+M%3BRosendahl+U%3BAsimakopoulos+G%3C%2Fauthor%3E%3CAN%3E27502343%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Giant cell arteritis is a common form of vasculitis, although involvement of the aorta is unusual. There is no established association between giant cell aortitis and human immunodeficiency virus (HIV) and



hepatitis C virus (HCV) coinfection. We present the case of a 46-year-old female coinfecting with HIV and HCV who had never received antiretroviral therapy and developed symptoms of deteriorating shortness of breath on exertion. Investigations demonstrated aortic root and ascending aorta dilatation, along with severe aortic valve regurgitation, for which the patient underwent valve-sparing aortic root replacement (a David procedure). Histopathology confirmed giant cell aortitis.

55. Howell, A., et al. (2016).

**"The burden of bone, native joint and soft tissue infections on orthopaedic emergency referrals in a city hospital."**

*Annals of the Royal College of Surgeons of England* 98(1): 34-39.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26688397&id=doi:10.1308%2Frcsann.2015.0050&issn=0035-8843&isbn=&volume=98&issue=1&spage=34&pages=34-9&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+burden+of+bone%2C+native+joint+and+soft+tissue+infections+on+orthopaedic+emergency+referrals+in+a+city+hospital.&aulast=Howell&pid=%3Cauthor%3EHowell+A%3BParker+S%3BTsitskaris+K%3BOddy+MJ%3C%2Fauthor%3E%3CAN%3E26688397%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Bone, native joint and soft tissue infections are frequently referred to orthopaedic units although their volume as a proportion of the total emergency workload has not been reported previously. Geographic and socioeconomic variation may influence their presentation. The aim of this study was to quantify the burden of such infections on the orthopaedic department in an inner city hospital, determine patient demographics and associated risk factors, and review our current utilisation of specialist services. **Methods** All cases involving bone, native joint and soft tissue infections admitted under or referred to the orthopaedic team throughout 2012 were reviewed retrospectively. Prosthetic joint infections were excluded. **Results** Almost 15% of emergency admissions and referrals were associated with bone, native joint or soft tissue infection or suspected infection. The cohort consisted of 169 patients with a mean age of 43 years (range: 1-91 years). The most common diagnosis was cellulitis/other soft tissue infection and the mean length of stay was 13 days. Two-thirds of patients (n=112, 66%) underwent an operation. Fifteen per cent of patients were carrying at least one blood borne virus, eleven per cent were alcohol dependent, fifteen per cent were using or had been using intravenous drugs and nine per cent were homeless or vulnerably housed. **Conclusions** This study has shown that a significant number of patients are admitted for orthopaedic care as a result of infection. These patients are relatively young, with multiple complex medical and social co-morbidities, and a long length of stay.

56. Henderson, J. M., et al. (2016).

**"Patient and disease factors predictive of adverse perioperative outcomes after nephrectomy."**

*Annals of the Royal College of Surgeons of England* 98(5): 314-319.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27087323&id=doi:10.1308%2Frcsann.2016.0126&issn=0035-8843&isbn=&volume=98&issue=5&spage=314&pages=314-9&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Patient+and+disease+factor+predictive+of+adverse+perioperative+outcomes+after+nephrectomy.&aulast=Henderson>

[&pid=%3Cauthor%3EHenderson+JM%3BPitcher+D%3BSteenkamp+R%3BFowler+S%3BKeeley+FX%3C%2Fauthor%3E%3CAN%3E27087323%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](#)

**INTRODUCTION:** The aim of this study was to determine the patient and disease factors predictive of adverse perioperative outcomes after nephrectomy using the British Association of Urological Surgeons (BAUS) audit database.

**METHODS:** All nephrectomies entered on the BAUS database for the year 2012 were included and ten patient or disease factors were selected for analysis. Logistic regression was used to calculate the area under the receiver operating characteristic curve (AUC) (0.5 = no better than chance, 1.0 = perfect prediction) for each variable and 500 bootstrap samples were used to determine variable selection.

**RESULTS:** Data were captured for 6,031 nephrectomies in 2012. World Health Organization performance status (WHO-PS) (AUC: 0.733) and anaemia (AUC: 0.696) were the most significant predictors of 30-day mortality in univariate analysis. WHO-PS (AUC: 0.626) and anaemia (AUC: 0.590) also predicted complications classified as Clavien-Dindo grades III-V. Anaemia (AUC: 0.722) and clinical T stage (AUC: 0.713) predicted need for transfusion.

**CONCLUSIONS:** Adverse perioperative outcomes after nephrectomy are predicted by clinical presentation with haematuria, poor WHO-PS and higher TNM (tumour, lymph nodes, metastasis) stage. This study used surgeon collected data as opposed to an administrative database, which may have advantages in terms of accuracy and breadth of data fields. These data form a basis for preoperative patient counselling and informed consent for nephrectomy. They can also be used as a standard against which surgeons and hospitals can compare their own results.

57. Helbrow, J., et al. (2016).

**"The use of intraoperative parathyroid hormone monitoring in minimally invasive parathyroid surgery."**

*Annals of the Royal College of Surgeons of England* 98(7): 516-519.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27412807&id=doi:10.1308%2Frcsann.2016.0201&issn=0035-8843&isbn=&volume=98&issue=7&spage=516&pages=516-9&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+intraoperative+parathyroid+hormone+monitoring+in+minimally+invasive+parathyroid+surgery.&aulast=Helbrow&pid=%3Cauthor%3EHelbrow+J%3BOWais+AE%3BSidwell+AG%3BFrank+LM%3BLucarotti+ME%3C%2Fauthor%3E%3CAN%3E27412807%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** Surgery is the first-line management option for patients with primary hyperparathyroidism (pHPT). Minimally invasive parathyroidectomy (MIP) is now preferable but few centres offer this service, mainly because of lack of intraoperative parathyroid hormone (IOPTH) testing. The aim of this study was to identify whether the measurement of IOPTH in patients having minimally invasive parathyroidectomy for pHPT alters their management. **Methods** A retrospective review was carried out of 78 consecutive patients who underwent parathyroid surgery by a single surgeon with a special interest in parathyroid surgery. The clinical impact of IOPTH monitoring was recorded postoperatively in a timely manner. Serum adjusted calcium levels were checked preoperatively (on admission) and one month postoperatively; normalisation was considered a cure. **Results** In the setting of curative MIP, IOPTH measurement did not influence the management in any of the patients but it could have led to bilateral

parathyroid exploration (BPE) in three instances. Similarly, in cases that required lengthening of the MIP incision, IOPTH results did not influence patient management although it could have led to BPE in one case. Conclusion MIP offers an effective cure for patients with hyperparathyroidism. The addition of IOPTH testing adds increased expense, operating time and risk to patients otherwise suitable for MIP.

58. Hayes, A. J., et al. (2016).

**"Short and medium-term outcomes for general surgery in nonagenarian patients in a district general hospital."**

*Annals of the Royal College of Surgeons of England* 98(6): 401-404.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27138856&id=doi:10.1308%2Frcsann.2016.0142&issn=0035-8843&isbn=&volume=98&issue=6&spage=401&pages=401-4&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Short+and+medium-term+outcomes+for+general+surgery+in+nonagenarian+patients+in+a+district+general+hospital.&aulast=Hayes&pid=%3Cauthor%3EHayes+AJ%3BDavda+A%3BEL-Hadi+M%3BMurphy+P%3BPapettas+T%3C%2Fauthor%3E%3CAN%3E27138856%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Introduction Surgeons are increasingly performing surgery on older patients. There are currently no tools specifically for risk prediction in this group. The aim of this study was to review general surgical operations carried out on patients aged over 90 years and their outcome, before comparing these with predictors of morbidity and mortality. Methods A retrospective review was carried out at our district general hospital of all general surgery patients aged over 90 years who underwent a general surgical operation over a period of 14 years. Information collected included demographics, details of procedures, P-POSSUM (Portsmouth Physiological and Operative Severity Score for the enUmeration of Mortality and morbidity), complications and outcomes. Results A total of 119 procedures were carried out, 72 involving entry into the peritoneal cavity. Overall, 14 patients (12%) died within 30 days and 34 (29%) died within one year. Postoperative complications included infection (56%), renal failure (24%), need for transfusion (17%) and readmission within 30 days (11%). Logistical regression analysis showed that the P-POSSUM correlated well with observed mortality and infection was a significant predictor of in-hospital mortality ( $p=0.003$ ). Conclusions The P-POSSUM correlates significantly with outcome and should be used when planning major elective or emergency surgery in patients over 90 years of age. Infective complications appear to be a significant predictor of postoperative mortality. This study supports operative intervention as an option in this extreme age group but we emphasise the importance of appropriate patient selection and judicious clinical care.

59. Frew, N., et al. (2016).

**"Impact of a blood management protocol on transfusion rates and outcomes following total hip and knee arthroplasty."**

*Annals of the Royal College of Surgeons of England* 98(6): 380-386.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27055406&id=doi:10.1308%2Frcsann.2016.0139&issn=0035-8843&isbn=&volume=98&issue=6&spage=380&pages=380-386>



[6&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Impact+of+a+blood+management+protocol+on+transfusion+rates+and+outcomes+following+total+hip+and+knee+arthroplasty.&aulast=Frew&pid=%3Cauthor%3EFrew+N%3BAlexander+D%3BHood+J%3BAcornley+A%3C%2Fauthor%3E%3CAN%3E27055406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27241599&id=doi:10.1308%2Frcsann.2016.0149&issn=0035-8843&isbn=&volume=98&issue=6&spage=e97&pages=e97-99&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Impact+of+a+blood+management+protocol+on+transfusion+rates+and+outcomes+following+total+hip+and+knee+arthroplasty.&aulast=Frew&pid=%3Cauthor%3EFrew+N%3BAlexander+D%3BHood+J%3BAcornley+A%3C%2Fauthor%3E%3CAN%3E27055406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**Introduction** Preoperative anaemia remains undertreated in the UK despite advice from national agencies to implement blood conservation measures. A local retrospective audit of 717 primary hip/knee replacements in 2008-2009 revealed 25% of patients were anaemic preoperatively. These patients experienced significantly increased transfusion requirements and length of stay. We report the results of a simple and pragmatic blood management protocol in a district general hospital. **Methods** Since 2010 patients at our institution who are found to be anaemic when listed for hip/knee replacement have been offered iron supplementation and/or erythropoietin depending on haemoglobin and ferritin levels. In this study, postoperative blood transfusions, length of stay and readmissions were assessed retrospectively for all patients undergoing elective primary hip/knee replacement in 2014 and compared with the baseline findings. **Results** During the 12-month study period, 406 patients were eligible for inclusion and none were excluded. Eighty-nine patients (22%) were anaemic preoperatively and sixty-five received treatment. The transfusion rate fell from the baseline levels of 23.0% and 6.7% to 4.3% and 0.5% for hip and knee replacements respectively ( $p<0.001$ ). The median length of stay reduced from 6 to 3 days ( $p<0.001$ ) for both hip and knee replacements. The rate for readmissions within 90 days fell from 13.5% to 8.9% ( $p<0.05$ ). **Conclusions** Preoperative anaemia is common in patients listed for hip/knee replacement and it is associated strongly with increased blood transfusion. The introduction of a blood management protocol has led to significant reductions in transfusion and length of stay, sustained over a four-year period. This suggests that improved patient outcomes, conservation of blood stocks and cost savings can be achieved.

60. Fan, Z., et al. (2016).

**"Non-traumatic hernia of the lateral abdominal wall in a patient infected with the human immunodeficiency virus."**

*Annals of the Royal College of Surgeons of England* 98(6): e97-99.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27241599&id=doi:10.1308%2Frcsann.2016.0149&issn=0035-8843&isbn=&volume=98&issue=6&spage=e97&pages=e97-99&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Non-traumatic+hernia+of+the+lateral+abdominal+wall+in+a+patient+infected+with+the+human+immunodeficiency+virus.&aulast=Fan&pid=%3Cauthor%3EFan+Z%3BPan+J%3BLiu+X%3BZhuang+C%3BRen+J%3BYu+H%3BTang+S%3BWang+S%3C%2Fauthor%3E%3CAN%3E27241599%3C%2FAN%3E%3CDT%3ECas+Reports%3C%2FDT%3E>

**Introduction** There are several classifications for abdominal hernias, and a non-traumatic lateral wall hernia (LAWH) is a rare type. We report the first case of a patient with LAWH infected with the human immunodeficiency virus (HIV). **Case History** A 53-year-old HIV-infected male presented with an abdominal mass. The patient had a history of treatment with combination antiretroviral therapy. A LAWH was diagnosed based on physical examination and findings of computed tomography. Open mesh repair was undertaken successfully. The patient had no evidence of a recurrent hernia during 11 months of follow-up. **Conclusions** High intra-abdominal pressure and weak connective tissue can lead to LAWHs. Antiretroviral therapy and lipodystrophy can cause LAWHs in HIV-infected patients.



61. Boerlage, T. C., et al. (2016).

**"Aorto-oesophageal fistula after oesophageal stent placement in a patient with a Roux-en-Y gastric bypass."**

*Annals of the Royal College of Surgeons of England* 98(8): e178-e180.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27513805&id=doi:10.1308%2Frcsann.2016.0226&issn=0035-8843&isbn=&volume=98&issue=8&spage=e178&pages=e178-e180&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Aorto-oesophageal+fistula+after+oesophageal+stent+placement+in+a+patient+with+a+Roux-en-Y+gastric+bypass.&aulast=Boerlage&pid=%3Cauthor%3EBoerlage+TC%3BHermanides+HS%3BMoes+DE%3BTan+IL%3BHouben+GM%3BAcherman+YI%3C%2Fauthor%3E%3CAN%3E27513805%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A 43-year-old female patient suffered from persistent anastomotic leakage after Roux-en-Y gastric bypass for morbid obesity. Endoscopic stenting of the anastomotic leakage was performed. The patient presented with haematemesis 3 weeks later. An aorto-oesophageal fistula was diagnosed, most likely due to ulceration of the oesophageal stent. The fistula was closed with an endovascular covered aortic stent and a new gastrojejunostomy was created. One year after surgery, the patient is in good condition. Endoscopic stents are increasingly being used to treat anastomotic leakage in bariatric patients. An aorto-oesophageal fistula is a life-threatening complication of stent placement, early clinical recognition is essential. More data are needed on the complications of anastomotic stenting in bariatric patients.

62. Bethune, R., et al. (2016).

**"What happens when we do not operate? Survival following conservative bowel cancer management."**

*Annals of the Royal College of Surgeons of England* 98(6): 409-412.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27055410&id=doi:10.1308%2Frcsann.2016.0146&issn=0035-8843&isbn=&volume=98&issue=6&spage=409&pages=409-12&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=What+happens+when+we+do+not+operate%3F+Survival+following+conservative+bowel+cancer+management.&aulast=Bethune&pid=%3Cauthor%3EBethune+R%3BSbaih+M%3BBrosnan+C%3BARulampalam+T%3C%2Fauthor%3E%3CAN%3E27055410%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**Introduction** While surgery is the cornerstone of bowel cancer treatment, it comes with significant risks. Among patients aged over 80 years, 30-day mortality is 13%-15%, and additionally 12% will not return home and go on to live in supportive care. The question for patients and clinicians is whether operative surgery benefits elderly, frail patients. **Methods** Multidisciplinary team outcomes between October 2010 and April 2012 were searched to conduct a retrospective analysis of patients with known localised colorectal cancer who did not undergo surgery due to being deemed unfit. **Results** Twenty six patients survived for more than a few weeks following surgery, of whom 20% survived for at least 36 months. The average life expectancy following diagnosis was 1 year and 176 days, with a mean age at diagnosis

of 87 years (range 77-93 years). One patient survived for 3 years and 240 days after diagnosis. Conclusions Although surgeons are naturally focused on surgical outcomes, non-operative outcomes are equally as important for patients. Elderly, frail patients benefit less from surgery for bowel cancer and have higher risks than younger cohorts, and this needs to be carefully discussed when jointly making the decision whether or not to operate.

63. Benjamin, S. and D. Warwick (2016).

**"Venous thromboembolism after total knee replacement or total hip replacement: what can be learnt from root-cause analysis?"**

*Annals of the Royal College of Surgeons of England* 98(8): 538-542.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27513792&id=doi:10.1308%2Frcsann.2016.0202&issn=0035-8843&isbn=&volume=98&issue=8&spage=538&pages=538-542&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Venous+thromboembolism+after+total+knee+replacement+or+total+hip+replacement%3A+what+can+be+learnt+from+root-cause+analysis%3F.&aulast=Benjamin&pid=%3Cauthor%3EBenjamin+S%3BWarwick+D%3C%2Fauthor%3E%3CAN%3E27513792%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION** Because of the high risk of venous thromboembolism (VTE) in total hip replacement (THR) and total knee replacement (TKR), guidelines are used widely to enhance effective (yet safe) prophylaxis. If patients develop VTEs despite use of such guidelines, then the reasons are that the guidelines were: (i) followed but the VTE occurred anyway; (ii) not implemented appropriately. All VTEs are assessed routinely by root-cause analysis (RCA). **METHODS** The records and subsequent RCA reports for each patient who experienced clinically significant VTE after THR or TKR were reviewed. We established adherence to the guidelines (deemed to be 'unavoidable' with scope to improve the guidelines) and non-adherence (deemed to be 'avoidable' with scope to improve implementation). **RESULTS** Of 2,214 patients undergoing THR (n=1,330) or TKR (n=884), 25 (1.13%) experienced VTE. Four THR patients experienced VTE (2 of which were avoidable) and 21 TKR patients experienced VTE (5 of which were avoidable). There were significantly more VTEs in TKR patients than THR patients ( $p<0.0001$ ). **CONCLUSIONS** A proportion of patients will experience VTE even if guidelines are followed (a baseline effect). Administration of chemical prophylaxis earlier might reduce this baseline effect further. This approach should be taken cautiously with due respect for the alternative risk of bleeding. Improvement in hospital routine may reduce the risk of VTE yet further.

64. Bagirathan, S., et al. (2016).

**"'Foamotomy' as an aid for skin graft conformity."**

*Annals of the Royal College of Surgeons of England* 98(1): 68.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26688406&id=doi:10.1308%2Frcsann.2016.0011&issn=0035-8843&isbn=&volume=98&issue=1&spage=68&pages=68&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=%27Foamotomy%27+as+an+aid+for+skin+graft+conformity.&aul>

[ast=Bagirathan&pid=%3Cauthor%3EBagirathan+S%3BTamimy+MS%3BCairns+SA%3BO%27Boyle+CP%3C%2Fauthor%3E%3CAN%3E26688406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27241600&id=doi:10.1308%2Frcsann.2016.0167&issn=0035-8843&isbn=&volume=98&issue=7&spage=521&pages=521-2&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+novel+and+bespoke+absorbable+cement+restrictor.&aulast=Al-Khateeb&pid=%3Cauthor%3EAl-Khateeb+H%3BZahar+A%3C%2Fauthor%3E%3CAN%3E26688406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

65. Al-Khateeb, H. and A. Zahar (2016).

**"A novel and bespoke absorbable cement restrictor."**

*Annals of the Royal College of Surgeons of England* 98(7): 521-522.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27241600&id=doi:10.1308%2Frcsann.2016.0167&issn=0035-8843&isbn=&volume=98&issue=7&spage=521&pages=521-2&date=2016&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+novel+and+bespoke+absorbable+cement+restrictor.&aulast=Al-Khateeb&pid=%3Cauthor%3EAl-Khateeb+H%3BZahar+A%3C%2Fauthor%3E%3CAN%3E27241600%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

66. Shahid, M. K. and A. J. Marino (2015).

**"Kocher forceps assisted pedicle screw insertion as an aid to the trainee spinal surgeon."**

*Annals of the Royal College of Surgeons of England* 97(6): 478-479.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26320768&id=doi:10.1308%2Frcsann.2015.0030.5&issn=0035-8843&isbn=&volume=97&issue=6&spage=478&pages=478-9&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Kocher+forceps+assisted+pedicle+screw+insertion+as+an+aid+to+the+trainee+spinal+surgeon.&aulast=Shahid&pid=%3Cauthor%3EShahid+MK%3BMarino+AJ%3C%2Fauthor%3E%3CAN%3E26320768%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

67. Robbins, H. L., et al. (2015).

**"Interferon gamma release assay in the diagnosis of tuberculous mastitis."**

*Annals of the Royal College of Surgeons of England* 97(1): e1-2.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25519253&id=doi:10.1308%2F003588414X14055925059516&issn=0035-8843&isbn=&volume=97&issue=1&spage=e1&pages=e1-2&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Interferon+gamma+release+assay+in+the+diagnosis+of+tuberculous+mastitis.&aulast=Robbins&pid=%3Cauthor%3ERobbins+HL%3BHetzl+M%3BMungall+S%3BCawthorn+SJ%3C%2Fauthor%3E%3CAN%3E25519253%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Tuberculous mastitis is rare, especially in Western countries. We describe a case where the interferon gamma release assay blood test led to diagnosis and successful treatment of the disease.

68. Moulton, L. S., et al. (2015).

**"Outcome after conservatively managed intracapsular fractures of the femoral neck."**

*Annals of the Royal College of Surgeons of England* 97(4): 279-282.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26263935&id=doi:10.1308%2F003588415X14181254788809&issn=0035-8843&isbn=&volume=97&issue=4&spage=279&pages=279-82&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Outcome+after+conservatively+managed+intracapsular+fractures+of+the+femoral+neck.&aulast=Moulton&pid=%3Ca uthor%3EMoulton+LS%3BGreen+NL%3BSudahar+T%3BMakwana+NK%3BWhittaker+JP%3C%2Fauthor %3E%3CAN%3E26263935%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** In 2012, 2.6% of hip-fracture patients in the UK were treated conservatively. There is little data on outcome for these patients. However, one study demonstrated that though 30-day mortality is higher, mortality over the rest of the year is comparable with that in surgical groups. Therefore, we assessed conservatively managed patients in our unit.

**METHODS:** Patients with intracapsular fractures of the femoral neck treated by conservative means between 2010 and 2012 inclusive were identified. Data were collected: American Society of Anaesthesiologists (ASA) grade, Nottingham Hip Fracture Score (NHFS), mobility, mortality (30 days and one year) and pain levels.

**RESULTS:** Thirty-two patients formed the study cohort. Mean age was 85.6 years. Median ASA grade was 4. Mortality at 30 days and one year was 31.3% and 56.3%, respectively. There was one case of pneumonia and one of infection. Pressure sores or venous thromboembolism were not documented. Three patients underwent surgery once their health improved. In general, mobility was decreased, but 30.8% of patients could mobilise with two aids or a frame. Only two cases had ongoing problems with pain.

**CONCLUSIONS:** Our data are similar to those published previously. Our patients were likely to have higher mortality data due to selection bias. Thirty-day mortality was significantly higher than the national average, but patients surviving 30 days had a prevalence of mortality similar to those managed by surgical means. Despite mobility decreasing from the pre-admission status, a considerable number of patients were free of pain and could mobilise. These data suggest that conservative management of intracapsular fractures of the femoral neck can produce acceptable results.

69. Hill, C. E. (2015).

**"An aide-memoire for the Salter-Harris classification of paediatric growth plate fractures."**

*Annals of the Royal College of Surgeons of England* 97(6): 479.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26320769&id=doi:10.1308%2Frcsann.2015.0030.6&issn=0035-8843&isbn=&volume=97&issue=6&spage=479&pages=479&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aide-memoire+for+the+Salter-Harris+classification+of+paediatric+growth+plate+fractures.&aulast=Hill&pid=%3Cauthor%3EHill+CE%3C%2Fauthor%3E%3CAN%3E26320769%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

70. Gresty, H., et al. (2015).

**"Quantitative functional outcomes of the conservative management of partial segmental thrombosis of the corpus cavernosum."**

*Annals of the Royal College of Surgeons of England* 97(7): e108-111.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26414373&id=doi:10.1308%2Frcsann.2015.0026&issn=0035-8843&isbn=&volume=97&issue=7&spage=e108&pages=e108-11&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Quantitative+functional+outcomes+of+the+conservative+management+of+partial+segmental+thrombosis+of+the+corpus+cavernosum.&aulast=Gresty&pid=%3Cauthor%3EGresty+H%3BTadaye+S%3BArumainayagam+N%3BPatel+S%3BKing+C%3BBoustead+G%3BBanks+F%3C%2Fauthor%3E%3CAN%3E26414373%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The low incidence of partial segmental thrombosis of the corpus cavernosum (PSTCC) means its management is guided by isolated case reports. Erectile function is an important outcome that has not been described quantitatively in the literature. We present two cases of PSTCC managed conservatively. Although both patients reported resolution of local symptoms, formal analysis of sexual function at follow-up review has revealed that only one achieved complete recovery.

71. Glass, G. E., et al. (2015).

**"Necrotising soft tissue infection in a UK metropolitan population."**

*Annals of the Royal College of Surgeons of England* 97(1): 46-51.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25519266&id=doi:10.1308%2F003588414X14055925058553&issn=0035-8843&isbn=&volume=97&issue=1&spage=46&pages=46-51&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Necrotising+soft+tissue+infection+in+a+UK+metropolitan+population.&aulast=Glass&pid=%3Cauthor%3EGlass+GE%3BSheil+F%3BRuston+JC%3BButler+PE%3C%2Fauthor%3E%3CAN%3E25519266%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Necrotising soft tissue infection (NSTI) is a rare but life threatening diagnosis. Geographic, economic and social variances influence presentation and prognosis. As the current

literature does not reflect a UK metropolitan population, we conducted a retrospective chart review to establish pertinent features relevant to our practice.

**METHODS:** Patients with histologically confirmed diagnoses of NSTI presenting to two London teaching hospitals between January 2007 and July 2013 were included in the study. Features of presentation, surgical and medical management, microbiological findings and outcome were evaluated.

**RESULTS:** Twenty-four patients with histologically confirmed NSTI were included. Two age clusters were identified, with means of 46 years (standard deviation [SD]: 10 years) and 80 years (SD: 6 years). Pain, erythema and sepsis were common findings. Hypertension, hypercholesterolaemia and type II diabetes mellitus were common co-morbidities. A third of younger patients had human immunodeficiency virus or hepatitis C, with a quarter dependent on drugs and/or alcohol. The mean Laboratory Risk Indicator for Necrotising Fasciitis (LRINEC) score was 5.8 (SD: 3.3). The lower extremities, groin and perineum were common sites of infection. Fourteen patients required inotropic support and seventeen required transfusions. The median number of surgical procedures was 5 (range: 1-17). Group A Streptococcus was the most frequently identified pathogen. Five patients died. Being elderly, female sex and failure to use clindamycin as a first-line antibiotic were associated with significantly higher mortality.

**CONCLUSIONS:** In contrast to other recent series, group A streptococcal monomicrobial NSTI remains the most common presentation in our population. Survival is anticipated in young patients, regardless of premorbid status. Elderly patients have a poor prognosis. The negative predictive value of the LRINEC score is questioned. Use of clindamycin as a first-line antibiotic is supported.

**72.** Chetwood, A. S. and B. S. Montgomery (2015).

**"Albarran deflecting bridge: an aid to intra-detrusor injection of botulinum toxin."**

*Annals of the Royal College of Surgeons of England* 97(5): 399.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26264104&id=doi:10.1308%2Frcsann.2015.0005.6&issn=0035-8843&isbn=&volume=97&issue=5&spage=399&pages=399&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Albarran+deflecting+bridge%3A+an+aid+to+intra-detrusor+injection+of+botulinum+toxin.&aulast=Chetwood&pid=%3Cauthor%3EChetwood+AS%3BMontgomery+BS%3C%2Fauthor%3E%3CAN%3E26264104%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**73.** Chan, A. W. and C. J. de Gara (2015).

**"An evidence-based approach to red blood cell transfusions in asymptotically anaemic patients."**

*Annals of the Royal College of Surgeons of England* 97(8): 556-562.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26492900&id=doi:10.1308%2Frcsann.2015.0047&issn=0035-8843&isbn=&volume=97&issue=8&spage=556&pages=556-62&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+evidence-based+approach+to+red+blood+cell+transfusions+in+asymptotically+anaemic+patients.&aulast=Ch>

**INTRODUCTION:** Surgeons and physicians encounter blood transfusions on a daily basis but a robust evidence-based strategy on indications and timing of transfusion in asymptomatic anaemic patients is yet to be determined. For judicious use of blood products, the risks inherent to packed red blood cells, the patient's co-morbidities and haemoglobin (Hb)/haematocrit levels should be considered. This review critiques and summarises the latest available evidence on the indications for transfusions in healthy and cardiac disease patients as well as the timing of transfusions relative to surgery.

**METHODS:** An electronic literature search of the MEDLINE( R), Google Scholar TM and Trip databases was conducted for articles published in English between January 2006 and January 2015. Studies discussing timing and indications of transfusion in medical and surgical patients were retrieved. Bibliographies of studies were checked for other pertinent articles that were missed by the initial search.

**FINDINGS:** Six level 1 studies (randomised controlled trials or systematic reviews) and six professional society guidelines were included in this review. In healthy patients without cardiac disease, a restrictive transfusion trigger of Hb 70-80g/l is safe and appropriate whereas in cardiac patients, the trigger is Hb 80-100g/l. The literature on timing of transfusions relative to surgery is limited. For the studies available, preoperative transfusions were associated with a decreased incidence of subsequent transfusions and timing of transfusions did not affect the rates of colorectal cancer recurrence.

**74. Bilkhu, A., et al. (2015).**

**"Topical use of tranexamic acid to control parastomal bleeding."**

*Annals of the Royal College of Surgeons of England* 97(2): 159.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25723699&id=doi:10.1308%2Frcsann.2015.97.2.159b&issn=0035-8843&isbn=&volume=97&issue=2&spage=159&pages=159&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Topical+use+of+tranexamic+acid+to+control+parastomal+bleeding.&aulast=Bilkhu&pid=%3Cauthor%3EBilkhu+A%3BSaha+A%3BIsley+DW%3C%2Fauthor%3E%3CAN%3E25723699%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**75. Bashir, M. A., et al. (2015).**

**"Determination of a safe INR for joint injections in patients taking warfarin."**

*Annals of the Royal College of Surgeons of England* 97(8): 589-591.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:26492905&id=doi:10.1308%2Frcsann.2015.0044&issn=0035-8843&isbn=&volume=97&issue=8&spage=589&pages=589-91&date=2015&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Determination+of+a+safe+INR+for+joint+injections+in+patients+taking+warfarin.&aulast=Bashir&pid=%3Cauthor%3E>

**INTRODUCTION:** With an increase in life expectancy in 'developed' countries, the number of elderly patients receiving joint injections for arthritis is increasing. There are legitimate concerns about an increased risk of thromboembolism if anticoagulation is stopped or reversed for such an injection. Despite being a common dilemma, the literature on this issue is scarce.

**METHODS:** We undertook 2,084 joint injections of the knee and shoulder in 1,714 patients between August 2008 and December 2013. Within this cohort, we noted 41 patients who were taking warfarin and followed them immediately after joint injection in the clinic or radiology department, looking carefully for complications. Then, we sought clinical follow-up, correspondence, and imaging evidence for 4 weeks, looking for complications from these joint injections. We recorded International Normalised Ratio (INR) values before injection.

**RESULTS:** No complications were associated with the procedure after any joint injection. The radiologists who undertook ultrasound-guided injections to shoulders re-scanned the joints looking for haemarthroses: they found none. A similar outcome was noted clinically after injections in the outpatient setting.

**CONCLUSION:** With a mean INR of 2.77 (range, 1.7-5.5) and a maximum INR within this group of 5.5, joint injections to the shoulder and knee can be undertaken safely in primary or secondary care settings despite the patient taking warfarin.

76. Wilson, S. G., et al. (2014).

**"The management of the surgical complications of HELLP syndrome."**

*Annals of the Royal College of Surgeons of England* 96(7): 512-516.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25245729&id=doi:10.1308%2F003588414X13946184901362&issn=0035-8843&isbn=&volume=96&issue=7&spage=512&pages=512-6&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+management+of+the+surgical+complications+of+HELLP+syndrome.&aulast=Wilson&pid=%3Cauthor%3EWilson+S%3BWhite+AD%3BYoung+AL%3BDavies+MH%3BPollard+SG%3C%2Fauthor%3E%3CAN%3E25245729%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

**INTRODUCTION:** Complications from HELLP (Haemolysis, Elevated Liver enzymes and Low Platelet) syndrome may present as an emergency to any surgeon. We review the ten-year experience of a tertiary hepatobiliary centre managing HELLP patients. Three selected cases are described to highlight our management strategy and a systematic review of the recent literature is presented.

**METHODS:** All patients with HELLP syndrome were identified from a prospectively maintained database and their details collated. Subsequently, a detailed search of PubMed was carried out to identify all case series of HELLP syndrome in the literature in the English language since 1999.

**RESULTS:** On review of 1,002 cases, 10 patients were identified with surgical complications of HELLP syndrome. Seven of these patients had a significant liver injury. Only three of these required surgical



intervention for liver injury although four other patients required surgical intervention for other complications. There was no maternal mortality in this series. Review of the literature identified 49 cases in 31 publications. The management approaches of these patients were compared with ours.

**CONCLUSIONS:** We have presented a large series of patients with surgical complications resulting from HELLP syndrome managed without maternal mortality. This review has confirmed that haemodynamically stable patients with HELLP syndrome associated hepatic rupture can be conservatively treated successfully. However, in unstable patients, perihepatic packing and transfer to a specialist liver unit is recommended.

**77. Wheeler, R. (2014).**

**"Adults who refuse blood transfusion in emergency, urgent and elective circumstances."**

*Annals of the Royal College of Surgeons of England* 96(8): 568-570.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25350175&id=doi:10.1308%2F003588414X14055925058193&issn=0035-8843&isbn=&volume=96&issue=8&spage=568&pages=568-70&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Adults+who+refuse+blood+transfusion+in+emergency%2C+urgent+and+elective+circumstances.&aulast=Wheeler&pid=%3Cauthor%3EWheeler+R%3C%2Fauthor%3E%3CAN%3E25350175%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Surgeons dealing with an adult refusing a blood transfusion find themselves in an unenviable position, torn between wishing to preserve the patient's life while also respecting his or her wishes. This article looks at the legal framework for such circumstances as set out in the Mental Capacity Act 2005.

**78. Vaughan, E. M., et al. (2014).**

**"Stiff fingers as an unwanted side effect of intravascular tadalafil gel abuse."**

*Annals of the Royal College of Surgeons of England* 96(2): e19-20.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780660&id=doi:10.1308%2F003588414X13814021678790&issn=0035-8843&isbn=&volume=96&issue=2&spage=e19&pages=e19-20&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Stiff+fingers+as+an+unwanted+side+effect+of+intravascular+tadalafil+gel+abuse.&aulast=Vaughan&pid=%3Cauthor%3EVAughan+EM%3BYeung+D%3BWest+CC%3BTadros+A%3BCurnier+A%3C%2Fauthor%3E%3CAN%3E24780660%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The internet provides the public with unregulated access to a wide range of medications. We present the case of a 43-year-old man who purchased oral tadalafil gel on the internet and injected it into his left radial artery. He presented 48 hours after injection with signs of ischaemia distal to the injection site requiring a combination of medical and surgical treatment. This unique case highlights the potential

dangers of unregulated access to medication and the consequences of intravascular injection of oral gels.

79. Vanhegan, I. S., et al. (2014).

**"Kitson's line as a useful visual aid in spinal magnetic resonance imaging interpretation."**

*Annals of the Royal College of Surgeons of England* 96(5): 399.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992440&id=doi:10.1308%2Frcsann.2014.96.5.399&issn=0035-8843&isbn=&volume=96&issue=5&spage=399&pages=399&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Kitson%27s+line+as+a+useful+visual+aid+in+spinal+magnetic+resonance+imaging+interpretation.&aulast=Vanhegan&pid=%3Cauthor%3EVanhegan+IS%3BKaila+R%3BKitson+JL%3C%2Fauthor%3E%3CAN%3E24992440%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

80. Toomey, D. P., et al. (2014).

**"Fatal herpes simplex virus hepatitis following neoadjuvant chemoradiotherapy and anterior resection for rectal cancer."**

*Annals of the Royal College of Surgeons of England* 96(8): e12-14.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25350168&id=doi:10.1308%2F003588414X13946184902721&issn=0035-8843&isbn=&volume=96&issue=8&spage=e12&pages=e12-14&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Fatal+herpes+simplex+virus+hepatitis+following+neoadjuvant+chemoradiotherapy+and+anterior+resection+for+rectal+cancer.&aulast=Toomey&pid=%3Cauthor%3EToomey+DP%3BDhadda+AS%3BSanni+LA%3BCooke+JP%3BHartley+JE%3C%2Fauthor%3E%3CAN%3E25350168%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

We describe the case of a young patient who contracted fatal herpes simplex virus hepatitis following neoadjuvant chemoradiotherapy and anterior resection for rectal cancer. The rarity and non-specific presentation of this treatable disease, which masqueraded as the sequelae of postoperative sepsis, resulted in a diagnosis following death. Features that should prompt inclusion of herpes simplex virus hepatitis in the differential diagnoses are suggested and the case is a reminder of how neoadjuvant therapy may subtly alter a patient's immunocompetency.

81. Thurston, M. D., et al. (2014).

**"An aide-memoire for tibial plateau fractures."**

*Annals of the Royal College of Surgeons of England* 96(5): 386.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992425&id=doi:10.1308%2Frcsann.2014.96.5.386&issn=0035-8843&isbn=&volume=96&issue=5&spage=386&pages=386&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aide-memoire+for+tibial+plateau+fractures.&aulast=Thurston&pid=%3Cauthor%3EThurston+MD%3BGuyver+PM%3BJain+NP%3BToms+AD%3C%2Fauthor%3E%3CAN%3E24992425%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

82. Scrafton, D. K., et al. (2014).

**"Luc's abscess as an unlucky complication of mastoiditis."**

*Annals of the Royal College of Surgeons of England* 96(5): e28-30.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992410&id=doi:10.1308%2F003588414X13946184901281&issn=0035-8843&isbn=&volume=96&issue=5&spage=e28&pages=e28-30&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Luc%27s+abscess+as+an+unlucky+complication+of+mastoiditis.&aulast=Scrafton&pid=%3Cauthor%3EScrafton+DK%3BQureishi+A%3BNogueira+C%3BMortimore+S%3C%2Fauthor%3E%3CAN%3E24992410%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Luc's abscess is a rare but important complication of acute otitis media (AOM), whereby infection spreads from the middle ear, resulting in a subperiosteal collection beneath the temporal muscle. Unlike other extracranial abscesses relating to AOM, Luc's abscess is not believed to involve the mastoid bone. We present the case of a patient with a Luc's abscess with mastoid involvement and discuss its successful management. We believe that patients presenting with a subperiosteal collection beneath the temporal muscle and mastoiditis may represent a different group of patients to those described originally by Luc. These individuals can be differentiated using computed tomography (CT) of the temporal bones. We advocate CT in patients with Luc's abscess and AOM; this aids preoperative surgical planning.

83. Robb, P. J. and G. Thorning (2014).

**"Perioperative tranexamic acid in day-case paediatric tonsillectomy."**

*Annals of the Royal College of Surgeons of England* 96(2): 127-129.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780670&id=doi:10.1308%2F003588414X13814021676477&issn=0035-8843&isbn=&volume=96&issue=2&spage=127&pages=127-9&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perioperative+tranexamic+acid+in+day-case+paediatric+tonsillectomy.&aulast=Robb&pid=%3Cauthor%3ERobb+PJ%3BThorning+G%3C%2Fauthor%3E%3CAN%3E24780670%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Tranexamic acid has been used for many years to minimise blood loss during surgery and, more recently, to reduce morbidity after major trauma. While small studies have confirmed reduction in blood loss during tonsillectomy with its use, the rate of primary haemorrhage following tonsillectomy has not been reported. In the UK, less than 50% of children having a tonsillectomy are managed as day cases, partly because of concerns about bleeding during the initial 24 hours following surgery.

**METHODS:** A retrospective review of clinical records between January 2007 and January 2013 produced 476 children between the ages of 3 and 16 years who underwent Coblation TM tonsillectomy, with or without adenoidectomy and/or insertion of ventilation tubes. All children were ASA (American Society of Anesthesiologists) grade 1 or 2 and anaesthetised using a standard day surgery protocol. Following induction of anaesthesia, all received intravenous tranexamic acid at a dose of 10-15 mg/kg.

**RESULTS:** Two children (0.4%) had minor bleeding within two hours of surgery. Both returned to theatre for haemostasis and were discharged home later the same day with no further complications. The expected rate for primary haemorrhage in the UK using this technique for tonsillectomy is 1%.

**CONCLUSIONS:** Perioperative tranexamic acid in a single, parenteral dose might reduce the incidence of primary haemorrhage following paediatric tonsillectomy, facilitating discharge on the day of surgery. The results from this observational study indicate a potential benefit and need for a large, prospective, multicentre, randomised controlled trial.

**84. Perera, A. H., et al. (2014).**

**"Thyroid surgery as a 23-hour stay procedure."**

*Annals of the Royal College of Surgeons of England* 96(4): 284-288.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780020&id=doi:10.1308%2F003588414X13814021679997&issn=0035-8843&isbn=&volume=96&issue=4&spage=284&pages=284-8&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Thyroid+surgery+as+a+23-hour+stay+procedure.&aulast=Perera&pid=%3Cauthor%3EPerera+AH%3BPatel+SD%3BLaw+NW%3C%2FAuthor%3E%3CAN%3E24780020%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The main barriers to short stay thyroidectomy are haemorrhage, bilateral recurrent laryngeal nerve palsy causing respiratory compromise and hypocalcaemia. This study assessed the safety and effectiveness of thyroidectomy as a 23-hour stay procedure.

**METHODS:** All patients undergoing total or completion thyroidectomy were prescribed calcium and vitamin D3 supplements following surgery. Retrospective analysis identified patients admitted for longer than 23 hours and any readmissions.

**RESULTS:** A total of 164 patients were admitted for 23-hour stay thyroid surgery over a 25-month period between 2008 and 2010. Four patients (2%) required admission for longer than 23 hours. No patients required emergency intervention for postoperative haemorrhage or airway compromise. Biochemical hypocalcaemia (despite calcium supplements) was detected in one patient when measured at the outpatient clinic two weeks following surgery. Twelve patients (7.3%) attended the accident and



emergency department following discharge; four required admission for intravenous antibiotics for wound infection and one for biochemical hypocalcaemia.

**CONCLUSIONS:** This single centre UK experience demonstrates that thyroidectomy can be carried out both safely and effectively as a 23-hour stay procedure. Prophylactic prescription of calcium and vitamin D3 reduces hypocalcaemia, and thereby also prolonged admission and readmission due to hypocalcaemia. Supplements are an acceptable, cost effective method of reducing hypocalcaemia and shortening postoperative length of stay.

85. Middleton, R., et al. (2014).

**"Bone wax following proximal femoral osteotomy in total hip replacement."**

*Annals of the Royal College of Surgeons of England* 96(2): 164.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780681&id=doi:10.1308%2Frcsann.2014.96.2.164&issn=0035-8843&isbn=&volume=96&issue=2&spage=164&pages=164&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Bone+wax+following+proximal+femoral+osteotomy+in+total+hip+replacement.&aulast=Middleton&pid=%3Cauthor%3EMiddleton+R%3BMcDonnell+S%3BTaylor+A%3C%2Fauthor%3E%3CAN%3E24780681%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

86. Mehra, A. and Z. Morison (2014).

**"Infrapatellar fat pad: an aid in revision total knee arthroplasty."**

*Annals of the Royal College of Surgeons of England* 96(4): 316-317.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780032&id=doi:10.1308%2Frcsann.2014.96.4.316a&issn=0035-8843&isbn=&volume=96&issue=4&spage=316&pages=316-7&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Infrapatellar+fat+pad%3A+an+aid+in+revision+total+knee+arthroplasty.&aulast=Mehra&pid=%3Cauthor%3EMehra+A%3BMorison+Z%3C%2Fauthor%3E%3CAN%3E24780032%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

87. Makki, D., et al. (2014).

**"A prospective study on the risk of glove fingertip contamination during draping in joint replacement surgery."**

*Annals of the Royal College of Surgeons of England* 96(6): 434-436.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25198974&id=doi:10.1308%2F003588414X13946184902046&issn=0035->

[8843&isbn=&volume=96&issue=6&spage=434&pages=434-6&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+prospective+study+on+the+risk+of+glove+fingertip+contamination+during+draping+in+joint+replacement+surgery.&aulast=Makki&pid=%3Cauthor%3EMakki+D%3BDeierl+K%3BPandit+A%3BTrakru+S%3C%2Fauthor%3E%3CAN%3E25198974%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992436&id=doi:10.1308%2Frcsann.2014.96.5.395a&issn=0035-8843&isbn=&volume=96&issue=6&spage=434&pages=434-6&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+prospective+study+on+the+risk+of+glove+fingertip+contamination+during+draping+in+joint+replacement+surgery.&aulast=Makki&pid=%3Cauthor%3EMakki+D%3BDeierl+K%3BPandit+A%3BTrakru+S%3C%2Fauthor%3E%3CAN%3E25198974%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**INTRODUCTION:** The aim of this prospective study was to investigate the risk of contamination of surgical gloves during preparation and draping in joint replacement surgery.

**METHODS:** During 46 hip and knee replacement procedures, the gloves of orthopaedic consultants (n=5) and registrars (n=3) were assessed for contamination immediately after draping by impression of gloved fingers on blood agar. Contamination was evaluated by the surgeon's grade, the type of procedure, the role of the assistant and the dominance of the hand.

**RESULTS:** A total of 125 pairs of top gloves were examined (79 pairs from registrars and 46 pairs from consultants). Bacterial contamination was isolated on 19 pairs (15.2%) (16 pairs from registrars and 3 pairs from consultants, p=0.04). Coagulase negative staphylococci were the main isolates and contamination was considered low in all cases (1-5 colonies). Contamination was seen more on the dominant hand (16 gloves from dominant hands and 6 from non-dominant hands, p=0.04), on the index finger and thumb. More contaminated gloves were seen in hip arthroplasty procedures (16 pairs from total hip replacements vs 3 pairs from total knee replacements, p=0.02).

**CONCLUSIONS:** Contamination of glove fingertips during draping in joint replacement procedures is more likely to occur among junior surgeons, in hip rather than knee arthroplasty procedures and on the dominant hand. It is therefore essential that surgeons of different grades replace gloves used in draping to avoid exposing patients to the risk of infection.

**88. Hettige, R. and N. Mansell (2014).**

**"Limiting oedema, ecchymosis and haemorrhage in septorhinoplasty with ice cooled swabs."**

*Annals of the Royal College of Surgeons of England* 96(5): 395-396.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992436&id=doi:10.1308%2Frcsann.2014.96.5.395a&issn=0035-8843&isbn=&volume=96&issue=5&spage=395&pages=395-6&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Limiting+oedema%2C+ecchymosis+and+haemorrhage+in+septorhinoplasty+with+ice+cooled+swabs.&aulast=Hettige&pid=%3Cauthor%3EHettige+R%3BMansell+N%3C%2Fauthor%3E%3CAN%3E24992436%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**89. Edafe, O., et al. (2014).**

**"Incidence and predictors of post-thyroidectomy hypocalcaemia in a tertiary endocrine surgical unit."**

*Annals of the Royal College of Surgeons of England* 96(3): 219-223.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780788&id=doi:10.1308%2F003588414X13814021679753&issn=0035-8843&isbn=&volume=96&issue=3&spage=219&pages=219-23&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Incidence+and+predictors+of+post-thyroidectomy+hypocalcaemia+in+a+tertiary+endocrine+surgical+unit.&aulast=Ede&pid=%3Cauthor%3EEde+O%3BPrasad+P%3BHarrison+BJ%3BBalasubramanian+SP%3C%2Fauthor%3E%3CAN%3E24780788%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND:** Post-thyroidectomy hypocalcaemia is a common complication with significant short and long term morbidity. The aim of this study was to determine the incidence and predictors of post-thyroidectomy hypocalcaemia (as defined by a corrected calcium <2.1 mmol/l) in a tertiary endocrine surgical unit.

**METHODS:** A total of 238 consecutive patients who underwent completion or bilateral thyroid surgery between 2008 and 2011 were included in this retrospective study. Clinical and biochemical data were obtained from electronic and hard copy medical records.

**RESULTS:** The incidence of post-thyroidectomy hypocalcaemia on first postoperative day (POD1) was 29.0%. There was variation in the incidence of hypocalcaemia depending on the timing of measurement on the first postoperative day. At six months following surgery, 5.5% of patients were on calcium and/or vitamin D supplementation. Factors associated with post-thyroidectomy hypocalcaemia were lower preoperative corrected calcium ( $p=0.005$ ) and parathyroid gland (PTG) auto-transplant ( $p=0.001$ ). Other clinical factors such as central lymph node dissection, inadvertent PTG excision, ethnicity, preoperative diagnosis and Lugol's iodine were not associated with post-thyroidectomy hypocalcaemia.

**CONCLUSION:** The incidence of post-thyroidectomy hypocalcaemia was underestimated by 6% when only POD1 measurements were considered. The timing of measurement on POD1 has an impact on the incidence of post-thyroidectomy hypocalcaemia. Auto-transplantation and lower preoperative calcium were associated with post-thyroidectomy hypocalcaemia.

90. Davey, P. T., et al. (2014).

**"The use of infliximab in X-linked agammaglobulinaemia associated enteropathy."**

*Annals of the Royal College of Surgeons of England* 96(5): e5-6.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992401&id=doi:10.1308%2F003588414X13814021679078&issn=0035-8843&isbn=&volume=96&issue=5&spage=e5&pages=e5-6&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+infliximab+in+X-linked+agammaglobulinaemia+associated+enteropathy.&aulast=Davey&pid=%3Cauthor%3EDavey+PT%3BTan+CJ%3BGardiner+K%3C%2Fauthor%3E%3CAN%3E24992401%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Granulomatous small bowel enteropathy is an unusual presentation associated with X-linked agammaglobulinaemia. We present a rare case of this condition that was further complicated by an

enterocutaneous fistula and report our experience managing this condition successfully with infliximab, which has not been documented in the literature previously.

91. Celentano, V., et al. (2014).

**"Surgical management of presacral bleeding."**

*Annals of the Royal College of Surgeons of England* 96(4): 261-265.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780015&id=doi:10.1308%2F003588414X13814021679951&issn=0035-8843&isbn=&volume=96&issue=4&spage=261&pages=261-5&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Surgical+management+of+presacral+bleeding.&aulast=Celentano&pid=%3Cauthor%3ECelentano+V%3BAusobsky+JR%3BVowden+P%3C%2Fauthor%3E%3CAN%3E24780015%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Presacral venous bleeding is an uncommon but potentially life threatening complication of rectal surgery. During the posterior rectal dissection, it is recommended to proceed into the plane between the fascia propria of the rectum and the presacral fascia. Incorrect mobilisation of the rectum outside the Waldeyer's fascia can tear out the lower presacral venous plexus or the sacral basivertebral veins, causing what may prove to be uncontrollable bleeding.

METHODS: A systematic search of the MEDLINE( R) and Embase TM databases was performed to obtain primary data published in the period between 1 January 1960 and 31 July 2013. Each article describing variables such as incidence of presacral venous bleeding, surgical approach, number of cases treated and success rate was included in the analysis.

RESULTS: A number of creative solutions have been described that attempt to provide good tamponade of the presacral haemorrhage, eliminating the need for second operation. However, few cases are reported in the literature.

CONCLUSIONS: As conventional haemostatic measures often fail to control this type of haemorrhage, several alternative methods to control bleeding definitively have been described. We propose a practical comprehensive classification of the available techniques for the management of presacral bleeding.

92. Carter, A., et al. (2014).

**"Hip arthroplasty fatality related to dabigatran induced gastrointestinal haemorrhage."**

*Annals of the Royal College of Surgeons of England* 96(1): 115E-117E.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24417860&id=doi:10.1308%2F003588414X13824511649779&issn=0035-8843&isbn=&volume=96&issue=1&spage=115E&pages=115E-117E&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hip+arthroplasty+fatality+related+to+dabigatran+induced+gastrointestinal+haemorrhage.&aulast=Carter&pid=%3C>



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We report a fatality due to massive gastrointestinal haemorrhage in a patient receiving prophylactic dabigatran etexilate following a total hip replacement. A 79-year-old woman was commenced on dabigatran for venous thromboembolic prophylaxis following a total hip replacement. She presented again four days after surgery with haematemesis and hypotension but her coagulopathy could not be corrected, leading to her death. This case highlights the lack of reversal agent for dabigatran etexilate that resulted in this fatal complication.

93. Carlino, W., et al. (2014).

**"A technical tip to aid closure of the short external rotators in the posterior approach to the hip."**

*Annals of the Royal College of Surgeons of England* 96(8): 630.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:25350199&id=doi:10.1308%2Frcsann.2014.96.8.630a&issn=0035-8843&isbn=&volume=96&issue=8&spage=630&pages=630&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+technical+tip+to+aid+closure+of+the+short+external+rotators+in+the+posterior+approach+to+the+hip.&aulast=Carlino&pid=%3Cauthor%3ECarlino+W%3BAtreya+A%3BApthorp+H%3C%2Fauthor%3E%3CAN%3E25350199%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

94. Bolgeri, M., et al. (2014).

**"A useful aid in navigating the tortuous ureter."**

*Annals of the Royal College of Surgeons of England* 96(2): 169.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24780688&id=doi:10.1308%2F003588414X13814021679230&issn=0035-8843&isbn=&volume=96&issue=2&spage=169&pages=169&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+useful+aid+in+navigating+the+tortuous+ureter.&aulast=Bolgeri&pid=%3Cauthor%3EBolgeri+M%3BNair+R%3BSymes+A%3C%2Fauthor%3E%3CAN%3E24780688%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

95. Bini, R., et al. (2014).

**"The role of surgery in a case of diffuse mucormycosis with haematemesis and gastric necrosis."**

*Annals of the Royal College of Surgeons of England* 96(5): e31-33.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24992411&id=doi:10.1308%2F003588414X13946184901687&issn=0035-8843&isbn=&volume=96&issue=5&spage=e31&pages=e31-3&date=2014&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+role+of+surgery+in+a+case+of+diffuse+mucormycosis+with+haematemesis+and+gastric+necrosis.&aulast=Bini&pid=%3Cauthor%3EBini+R%3BAddeo+A%3BMaganuco+L%3BFontana+D%3BViora+T%3BLele+R%3C%2Fauthor%3E%3CAN%3E24992411%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Mucormycosis is a life threatening condition caused by invasion of fungi of the order Mucorales. Gastrointestinal invasion is very rare and often lethal, particularly in disseminated mucormycosis. We present the case of a 26-year-old woman from North Africa with type 2 diabetes who, after a cholecystectomy, developed unexplained septic shock and haematemesis due to gastric necrosis. Computed tomography (CT) revealed a disseminated fungal invasion of the lungs, kidney and paranasal sinuses. A gastrectomy and subsequent amphotericin B treatment resolved her condition. The number of patients with mucormycosis is increasing. Early diagnosis of high risk patients with CT and biopsies from which fungi are directly isolated must be followed by surgery and systemic amphotericin B infusion.

96. Yanni, F., et al. (2013).

**"A selective antibiotic prophylaxis policy for laparoscopic cholecystectomy is effective in minimising infective complications."**

*Annals of the Royal College of Surgeons of England* 95(5): 345-348.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23838497&id=doi:10.1308%2F003588413X13629960045959&issn=0035-8843&isbn=&volume=95&issue=5&spage=345&pages=345-8&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+selective+antibiotic+prophylaxis+policy+for+laparoscopic+cholecystectomy+is+effective+in+minimising+infective+complications.&aulast=Yanni&pid=%3Cauthor%3EYanni+F%3BMekhail+P%3BMorris-Stiff+G%3C%2Fauthor%3E%3CAN%3E23838497%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** It has been demonstrated previously that the identification of bactibilia during cholecystectomy is associated with the presence of one or more risk factors: acute cholecystitis, common duct stones, emergency surgery, intraoperative findings and age >70 years. Current evidence-based guidance on antibiotic prophylaxis during laparoscopic cholecystectomy (LC) is based on elective procedures and does not take into account these factors. The aim of this study was to assess the effectiveness of a selective antibiotic prophylaxis policy limited to high risk patients undergoing LC with the development of port site infections as the primary endpoint.

**METHODS:** One hundred consecutive patients undergoing LC under the care of a single consultant surgeon during a one-year period were studied prospectively. Data collected included patient demographics (age, sex) as well as details of the history of gallstone disease to determine those with complex disease and risk factors for bactibilia. A single dose of antibiotics (second generation cephalosporin and metronidazole) was administered on induction to patients with a risk factor present. Information relating to all radiologically or microbiologically confirmed infections was documented.

RESULTS: Eighty-four of the patients were female and the mean age was 47.7 +/-16.0 years. Nineteen LCs were performed as emergencies and the remainder were elective procedures. A risk factor for bactibilia was present in 35 patients. A wound infection was identified in four cases, two of which were Staphylococcus aureus (one methicillin resistant), one was a coagulase negative Staphylococcus and one wound cultured a mixed anaerobic growth. Three of the infections occurred in patients receiving prophylaxis (2 staphylococcal and 1 anaerobic) at intervals of 7, 14 and 19 days respectively. One patient with a body mass index of 32kg/m<sup>2</sup> in the 'no prophylaxis' group developed a coagulase negative staphylococcal infection at 10 days. No intra or extra-abdominal abdominal infections were identified.

CONCLUSIONS: This study has demonstrated that restricting antibiotic prophylaxis to high risk patients has no detrimental effects in terms of increasing the rate of infections in those with no risk factors. Furthermore, the act of not prescribing to low risk patients will limit costs and the risk of adverse events. It will also reduce the risk of resistance and clostridial infections in this cohort.

97. Yacob, M., et al. (2013).

**"Management of colorectal cancer liver metastasis in a patient with immune thrombocytopaenia."**

*Annals of the Royal College of Surgeons of England* 95(2): e50-51.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23484984&id=doi:10.1308%2F003588413X13511609957498&issn=0035-8843&isbn=&volume=95&issue=2&spage=e50&pages=e50-51&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Management+of+colorectal+cancer+liver+metastasis+in+a+patient+with+immune+thrombocytopaenia.&aulast=Yacob&pid=%3Cauthor%3EYacob+M%3BRaju+RS%3BVyas+FL%3BJoseph+P%3BSitaram+V%3C%2Fauthor%3E%3CAN%3E23484984%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Immune thrombocytopaenia (ITP) was referred to previously as idiopathic thrombocytopaenic purpura and is usually of autoimmune or viral aetiology. Colorectal cancer liver metastasis with concomitant ITP is rare and only three cases have been reported in the English literature. Adverse effects of adjuvant chemotherapy may aggravate ITP. The sequencing of chemotherapy, operation for the primary and liver metastasis, and a decision on splenectomy is important. We present our experience in the management of a 52-year-old man who, having undergone anterior resection one year earlier for carcinoma of the rectum, presented with liver metastasis and ITP. He underwent splenectomy with hepatectomy prior to chemotherapy.

98. Wilson, N., et al. (2013).

**"Introducing holmium laser enucleation of the prostate alongside transurethral resection of the prostate improves outcomes of each procedure."**

*Annals of the Royal College of Surgeons of England* 95(5): 365-368.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23838502&id=doi:10.1308%2F003588413X13629960046273&issn=0035-8843&isbn=&volume=95&issue=5&spage=365&pages=365-368&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Introducing+holm>

[ium+laser+enucleation+of+the+prostate+alongside+transurethral+resection+of+the+prostate+improves+outcomes+of+each+procedure.&aulast=Wilson&pid=%3Cauthor%3EWilson+N%3BMikhail+M%3BAcher+P%3BLodge+R%3BYoung+A%3C%2Fauthor%3E%3CAN%3E23838502%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E](#)

**INTRODUCTION:** Holmium laser enucleation of the prostate (HoLEP) is recognised as an alternative to transurethral resection of the prostate (TURP). HoLEP has been demonstrated to be at least as effective as TURP with less morbidity but its introduction to practice has been limited in part by the learning curve of a novel procedure. This study examined the effects of introducing HoLEP alongside an established practice of TURP on early morbidity and length of hospital stay (LOS).

**METHODS:** A retrospective review of all patients who underwent HoLEP and TURP between April 2007 and July 2011 was undertaken. HoLEP was introduced in April 2008; patients undergoing TURP before this were considered as a historical control group. Data were collected concerning resection/enucleation weight, blood transfusions and LOS.

**RESULTS:** Overall, 772 patients underwent HoLEP or TURP within the 52-month study period: 164 underwent TURP prior to the introduction of HoLEP (TURP-A), 425 had TURP after the introduction of HoLEP (TURP-B) and 183 underwent HoLEP. The mean removed weight was 24g (standard deviation [SD]: 21g) for TURP-A, 19g for TURP-B (SD: 16g) and 38g (SD: 32g) for HoLEP ( $p < 0.005$ ). Blood transfusion rates were 5.5%, 2.2% and 1.6% for the TURP-A, TURP-B and HoLEP groups respectively ( $p < 0.05$ ). For TURP-A patients, the mean LOS was 5.6 days (SD: 3.5 days, 95% confidence interval [CI]: 5.3-6.0 days). The mean LOS for TURP-B patients was 4.4 days (SD: 4.4 days, 95% CI: 4.2-4.8 days). HoLEP patients had a mean LOS of 3.0 days (SD: 3.0 days, 95% CI: 2.6-3.4 days).

**CONCLUSIONS:** The introduction of HoLEP alongside TURP is associated with lower rates of blood transfusion and shorter LOS for all patients. This is likely to be due to the use of HoLEP rather than TURP in patients with larger prostates, who are more likely to have complications.

99. Voon, V., et al. (2013).

**"Patella distal pole avulsion secondary to osteomyelitis in a healthy adult."**

*Annals of the Royal College of Surgeons of England* 95(3): e58-59.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23827281&id=doi:10.1308%2F003588413X13511609957173&issn=0035-8843&isbn=&volume=95&issue=3&spage=e58&pages=e58-9&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Patella+distal+pole+avulsion+secondary+to+osteomyelitis+in+a+healthy+adult.&aulast=Voon&pid=%3Cauthor%3EVoon+V%3BARshad+H%3BDavis+B%3C%2Fauthor%3E%3CAN%3E23827281%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Primary haematogenous patella osteomyelitis in an adult is a rare condition. Cases published in the literature relate predominantly to the paediatric population or are associated with risk factors such as intravenous drug abuse, human immunodeficiency virus and penetrating trauma. The rarity of this condition and its atypical presentation should be borne in mind while treating a patient with anterior knee pain. It is crucial to evaluate radiography of diagnostic quality carefully.



100. Sharrock, A. E. and M. Midwinter (2013).

**"Damage control - trauma care in the first hour and beyond: a clinical review of relevant developments in the field of trauma care."**

*Annals of the Royal College of Surgeons of England* 95(3): 177-183.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23827287&id=doi:10.1308%2F003588413X13511609958253&issn=0035-8843&isbn=&volume=95&issue=3&spage=177&pages=177-83&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Damage+control+-+trauma+care+in+the+first+hour+and+beyond%3A+a+clinical+review+of+relevant+developments+in+the+field+of+trauma+care.&aulast=Sharrock&pid=%3Cauthor%3ESharrock+AE%3BMidwinter+M%3C%2FAuthor%3E%3CAN%3E23827287%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Trauma provision in the UK is a topic of interest. Regional trauma networks and centres are evolving and research is blossoming, but what bearing does all this have on the care that is delivered to the individual patient? This article aims to provide an overview of key research concepts in the field of trauma care, to guide the clinician in decision making in the management of major trauma.

METHODS: The Ovid MEDLINE( R), EMBASE TM and PubMed databases were used to search for relevant articles on haemorrhage control, damage control resuscitation and its exceptions, massive transfusion protocols, prevention and correction of coagulopathy, acidosis and hypothermia, and damage-control surgery.

FINDINGS: A wealth of research is available and a broad range has been reviewed to summarise significant developments in trauma care. Research has been categorised into disciplines and it is hoped that by considering each, a tailored management plan for the individual trauma patient will evolve, potentially improving patient outcome.

101. Rahman, I. A., et al. (2013).

**"NICE thromboprophylaxis guidelines are not associated with increased pericardial effusion after surgery of the proximal thoracic aorta."**

*Annals of the Royal College of Surgeons of England* 95(6): 433-436.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24025294&id=doi:10.1308%2F003588413X13629960048154&issn=0035-8843&isbn=&volume=95&issue=6&spage=433&pages=433-6&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=NICE+thrombopr+ophylaxis+guidelines+are+not+associated+with+increased+pericardial+effusion+after+surgery+of+the+proximal+thoracic+aorta.&aulast=Rahman&pid=%3Cauthor%3ERahman+IA%3BHussain+A%3BDavies+A%3BBryan+AJ%3C%2FAuthor%3E%3CAN%3E24025294%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** In 2010 the National Institute for Health and Clinical Excellence (NICE) released guidelines on venous thromboembolism. Strategy focused on risk assessment, antiembolic stockings, sequential compression devices, subcutaneous high dose enoxaparin (40 mg), early mobilisation and hydration. The 40 mg enoxaparin dose over the previous 20 mg regimen was worrisome, and its effect on pericardial effusion rates and mortality in proximal aortic surgery was investigated.

**METHODS:** Proximal aortic reconstructions performed between December 2008 and April 2011 were identified from prospectively collected data in a tertiary centre database. Retrospective analysis of patient notes was performed. Proximal aortic surgery patients were categorised as low dose (20 mg) enoxaparin and high dose (40 mg) enoxaparin, and compared for confounding variables. In-hospital, early and one-year readmission rates for pericardial effusion were ascertained from echocardiography reports. The primary outcome was total pericardial effusion rate. Secondary outcomes consisted of 30-day and 1-year mortality.

**RESULTS:** A total of 198 patients underwent proximal thoracic aortic surgery. Nine patients were excluded due to early postoperative death (n=5) and missing patient records (n=4). This left 189 cases for analysis. There were 93 patients in the low dose group and 96 in the high dose group. Groups were comparable for age, cardiopulmonary bypass time, aortic cross-clamp time, postoperative warfarin and antiplatelet agents. Pericardial effusion rates up to one year were comparable (low dose 19% vs high dose 21%). Thirty-day mortality was lower in the low dose group (0 vs 3 deaths). There were four deaths up to one year but these were not attributable to increased enoxaparin.

**CONCLUSIONS:** Increased perioperative thromboprophylaxis dosage does not increase pericardial effusion rates or mortality in proximal aortic surgery.

102. Papalexopoulou, N., et al. (2013).

**"Successful surgical repair of acute type A aortic dissection without the use of blood products."**

*Annals of the Royal College of Surgeons of England* 95(7): 127-129.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:24112487&id=doi:10.1308%2F003588413X13629960047957&issn=0035-8843&isbn=&volume=95&issue=7&spage=127&pages=127-9&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Successful+surgical+repair+of+acute+type+A+aortic+dissection+without+the+use+of+blood+products.&aulast=Papalexopoulou&pid=%3Cauthor%3EPapalexopoulou+N%3BAttia+RQ%3BBapat+VN%3C%2Fauthor%3E%3CAN%3E24112487%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

We report successful surgical treatment of type A aortic dissection in a Jehovah's Witness without the use of any blood products. An interposition graft replacement of the ascending aorta was carried out. This was under right axillo-atrial cardiopulmonary bypass with antegrade cerebral perfusion via right a subclavian and left carotid cannula for 24 minutes at 28degreeC. Body temperature was kept at 32degreeC throughout. Autologous transfusion was deployed using cell salvage and a preoperative haemodilution technique. The patient was given tranexamic acid, desmopressin, recombinant factor VIIa, folic acid and epoetin alfa. Patients who object to transfusion represent a significant challenge, especially those who are at a high risk of coagulopathy associated with inherent aortic dissection leading to perturbed haemodynamics, cardiopulmonary bypass and hypothermic circulatory arrest. Type A aortic dissection repair is possible in patients refusing the use of blood products with blood salvage techniques and synthetic products that can limit the risk of bleeding. Minimal hypothermia is vital to

preserve platelet function and avoid coagulopathy. Thus, a combination of normothermic/minimal hypothermia and antegrade cerebral protection with a blood conservation strategy can be deployed for a successful surgical outcome in aortic dissection without transfusion.

**103.** Odak, S., et al. (2013).

**"Clinical efficacy and cost effectiveness of intraoperative cell salvage in pelvic trauma surgery."**

*Annals of the Royal College of Surgeons of England* 95(5): 357-360.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23838500&id=doi:10.1308%2F003588413X13629960045715&issn=0035-8843&isbn=&volume=95&issue=5&spage=357&pages=357-60&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Clinical+efficacy+and+cost+effectiveness+of+intraoperative+cell+salvage+in+pelvic+trauma+surgery.&aulast=Odak&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E23838500%3C%2FAN%3E%3CDT%3E%3CEvaluation+Study%3C%2FDT%3E>

**INTRODUCTION:** Pelvic acetabular injuries are associated with significant blood loss. This is compounded by multiple surgical interventions including definitive fracture fixation, which put patients at further risk of postoperative transfusion. We use intraoperative cell salvage routinely as a blood conservation strategy to address this issue. This is a prospective evaluation of the clinical efficacy and cost effectiveness of using intraoperative cell salvage in patients with pelvic acetabular injuries.

**METHODS:** Data were collected prospectively for all the patients who underwent pelvic acetabular fracture fixation at our institution. A total of 30 patients (25 men, 5 women) with a mean age of 41 years (range: 31-79 years) were assessed over a period of 10 months.

**RESULTS:** The mean preoperative and postoperative haemoglobin levels were 11.8g/dl and 9.9g/dl respectively. The mean intraoperative blood loss was 1,232.5ml (range: 150-2,693ml). The mean amount of blood salvaged and retransfused through a cell saver was 388ml. Of the 30 patients, 14 (47%) required transfusion after surgery and 26 units of blood were transfused. In terms of cost effectiveness, a total of 2,572 in 30 patients or 86 per patient were saved.

**CONCLUSIONS:** We found intraoperative cell salvage to be clinically efficacious and cost effective in patients with pelvic acetabular injuries.

**104.** Nasralla, D. and M. Lucarotti (2013).

**"An innovative method for controlling presacral bleeding."**

*Annals of the Royal College of Surgeons of England* 95(5): 375-376.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23838507&id=doi:10.1308%2F003588413X13629960046877e&issn=0035-8843&isbn=&volume=95&issue=5&spage=375&pages=375-6&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+innovative+method+for+controlling+presacral+bleeding.&aulast=Nasralla&pid=%3Cauthor%3E%3CNasralla+D%3BLucar>

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23827293&id=doi:10.1308%2F003588413X13511609956859&issn=0035-8843&isbn=&volume=95&issue=3&spage=207&pages=207-10&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Assessing+the+effectiveness+of+retrograde+autologous+priming+of+the+cardiopulmonary+bypass+machine+in+isolated+coronary+artery+bypass+grafts.&aulast=Kearsey&pid=%3Cauthor%3EKearsey+C%3BThekkudan+J%3BRobbins+S%3BNg+A%3BLakshmanan+S%3BLuckraz+H%3C%2Fauthor%3E%3CAN%3E23827293%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

105. Kearsey, C., et al. (2013).

**"Assessing the effectiveness of retrograde autologous priming of the cardiopulmonary bypass machine in isolated coronary artery bypass grafts."**

*Annals of the Royal College of Surgeons of England* 95(3): 207-210.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23827293&id=doi:10.1308%2F003588413X13511609956859&issn=0035-8843&isbn=&volume=95&issue=3&spage=207&pages=207-10&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Assessing+the+effectiveness+of+retrograde+autologous+priming+of+the+cardiopulmonary+bypass+machine+in+isolated+coronary+artery+bypass+grafts.&aulast=Kearsey&pid=%3Cauthor%3EKearsey+C%3BThekkudan+J%3BRobbins+S%3BNg+A%3BLakshmanan+S%3BLuckraz+H%3C%2Fauthor%3E%3CAN%3E23827293%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Currently, around 35-80% of patients undergoing cardiac surgery in the UK receive a blood transfusion. Retrograde autologous priming (RAP) of the cardiopulmonary bypass circuit has been suggested as a possible strategy to reduce blood transfusion during cardiac surgery.

**METHODS:** Data from 101 consecutive patients undergoing isolated coronary artery bypass grafts (where RAP was used) were collected prospectively and compared with 92 historic patients prior to RAP use in our centre.

**RESULTS:** Baseline characteristics (ie age, preoperative haemoglobin [Hb] etc) were not significantly different between the RAP and non-RAP groups. The mean pump priming volume of 1,013ml in the RAP group was significantly lower ( $p<0.001$ ) than that of 2,450ml in the non-RAP group. The mean Hb level at initiation of bypass of 9.1g/dl in patients having RAP was significantly higher ( $p<0.001$ ) than that of 7.7g/dl in those who did not have RAP. There was no significant difference between the RAP and non-RAP groups in transfusion of red cells, platelets and fresh frozen plasma, 30-day mortality, re-exploration rate and predischARGE Hb level. The median durations of cardiac intensive care unit stay and in-hospital stay of 1 day (inter-quartile range [IQR]: 1-2 days) and 5 days (IQR: 4-6 days) in the RAP group were significantly shorter than those of the non-RAP group (2 days [IQR: 1-3 days] and 6 days [IQR: 5-9 days]).

**CONCLUSIONS:** In the population group studied, RAP did not influence blood transfusion rates but was associated with a reduction in duration of hospital stay.

106. Frew, N., et al. (2013).

**"A simple technique to aid intraoperative identification of the tibial mechanical axis during total knee replacement."**

*Annals of the Royal College of Surgeons of England* 95(1): 80.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23317743&id=doi:10.1308%2F003588413X13511609957056j&issn=0035-8843&isbn=&volume=95&issue=1&spage=80&pages=80&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+technique+to+aid+intraoperative+identification+of+the+tibial+mechanical+axis+during+total+knee+replacement.&aualast=Frew&pid=%3Cauthor%3EFrew+N%3BLoughenbury+P%3BHopton+B%3C%2Fauthor%3E%3CAN%3E23317743%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

107. Corbett, J. A., et al. (2013).

**"A novel method for passing sutures to aid fracture fixation."**

*Annals of the Royal College of Surgeons of England* 95(5): 378.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23838513&id=doi:10.1308%2F003588413X13629960046877j&issn=0035-8843&isbn=&volume=95&issue=5&spage=378&pages=378&date=2013&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+novel+method+for+passing+sutures+to+aid+fracture+fixation.&aualast=Corbett&pid=%3Cauthor%3ECorbett+JA%3BFindlay+JM%3BMacleod+A%3C%2Fauthor%3E%3CAN%3E23838513%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

108. Wormald, J. R., et al. (2012).

**"Total preservation of patency and valve function after percutaneous pharmacomechanical thrombolysis using the Trellis R-8 system for an acute, extensive deep venous thrombosis."**

*Annals of the Royal College of Surgeons of England* 94(2): e103-105.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22391378&id=doi:10.1308%2F003588412X13171221589496&issn=0035-8843&isbn=&volume=94&issue=2&spage=e103&pages=e103-5&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Total+preservation+of+patency+and+valve+function+after+percutaneous+pharmacomechanical+thrombolysis+using+the+Trellis+R-8+system+for+an+acute%2C+extensive+deep+venous+thrombosis.&aualast=Wormald&pid=%3Cauthor%3EWormald+JR%3BLane+TR%3BHerbert+PE%3B Ellis+M%3BBurfit+NJ%3B Franklin+IJ%3C%2Fauthor%3E%3CAN%3E22391378%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Pharmacomechanical thrombolysis is being used increasingly for the treatment of deep vein thrombosis (DVT) and aims to reduce the severity of post-thrombotic syndrome. We report the case of a 60-year-old woman with extensive lower limb DVT that was treated using pharmacomechanical thrombolysis leading to complete recovery of her deep venous system. The prompt use of pharmacomechanical

thrombolysis for the acute management of extensive DVT should be considered when treating patients with extensive DVT in order to facilitate return of normal function.

109. Weddell, C., et al. (2012).

**"A simple aid to fracture reduction in the digit."**

*Annals of the Royal College of Surgeons of England* 94(5): 369-370.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943251&id=doi:10.1308%2F003588412X13373405385214q&issn=0035-8843&isbn=&volume=94&issue=5&spage=369&pages=369-70&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+aid+to+fracture+reduction+in+the+digit.&aulast=Weddell&pid=%3Cauthor%3EWeddell+C%3BMcMurtrie+A%3BHamad+AK%3C%2FAuthor%3E%3CAN%3E22943251%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

110. Vu, T., et al. (2012).

**"Modified dissection scissors with a functional ligation aid."**

*Annals of the Royal College of Surgeons of England* 94(3): 211-212.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22507732&id=doi:10.1308%2F003588412X13171221589694d&issn=0035-8843&isbn=&volume=94&issue=3&spage=211&pages=211-2&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Modified+dissection+scissors+with+a+functional+ligation+aid.&aulast=Vu&pid=%3Cauthor%3EVu+T%3BHerrerias+F%3BPerez-Ruiz+L%3C%2FAuthor%3E%3CAN%3E22507732%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

111. Ujam, A., et al. (2012).

**"Safety trial of Floseal( R) haemostatic agent in head and neck surgery."**

*Annals of the Royal College of Surgeons of England* 94(5): 336-339.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943229&id=doi:10.1308%2F003588412X13171221590971&issn=0035-8843&isbn=&volume=94&issue=5&spage=336&pages=336-9&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Safety+trial+of+Floseal%28+R%29+haemostatic+agent+in+head+and+neck+surgery.&aulast=Ujam&pid=%3Cauthor%3E>

**INTRODUCTION:** Floseal( R) can be of value in reducing blood loss and haematoma rates. The manufacturer's warnings include allergic reaction, poor wound healing and intravascular thrombosis. We aimed to determine whether Floseal( R) is safe to use in various head and neck surgery procedures.

**METHODS:** A prospective trial was conducted using Floseal( R) in 42 various consecutive head and neck surgery procedures. Adverse incidents were used as the main outcome measure, including allergic reaction, wound breakdown, wound infection and thrombosis. Secondary outcome measures included haematoma formation, hospital stay, drain times and output.

**RESULTS:** No adverse incidents were recorded in the trial period. Two patients developed haematomas and required surgical exploration where a bleeding vessel was identified and dealt with.

**CONCLUSIONS:** Floseal( R) is safe to be used in head and neck surgery with no adverse effects. A larger number and a control group are required to ascertain its value in reducing blood loss, haematoma formation, drain usage and hospital stay.

112. Patel, H. D., et al. (2012).

**"Human body projectiles implantation in victims of suicide bombings and implications for health and emergency care providers: the 7/7 experience."**

*Annals of the Royal College of Surgeons of England* 94(5): 313-317.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943225&id=doi:10.1308%2F003588412X13171221591772&issn=0035-8843&isbn=&volume=94&issue=5&spage=313&pages=313-7&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Human+body+projectiles+implantation+in+victims+of+suicide+bombings+and+implications+for+health+and+emergency+care+providers%3A+the+7%2F7+experience.&aulast=Patel&pid=%3Cauthor%3E%3CPatel+HD%3BDryden+S%3BGupta+A%3BStewart+N%3C%2Fauthor%3E%3CAN%3E22943225%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** On 7 July 2005 four suicide bombings occurred on the London transport systems. In some of the injured survivors, bone fragments were embedded as biological foreign bodies. The aim of this study was to revisit those individuals who had sustained human projectile implantation injuries as a result of the bomb blasts at all scenes, review the process of body parts mapping and DNA identification at the scene, detail the management of such injuries and highlight the protocols that have been put in place for protection against blood borne pathogens.

**METHODS:** We retrospectively reviewed 12 instances of victims who sustained human body projectile implantation injuries. The Metropolitan Police and forensic scientists identified the human projectiles using DNA profiling and mapped these on the involved carriages and those found outside. All human projectiles included were greater than 3 cm(2).

**RESULTS:** Twelve cases had human projectile implantation injuries. Of these, two died at the scene and ten were treated in hospital. Projectiles were mapped at three of the four bomb blast sites. Our findings

show that victims within a 2m radius of the blast had human projectile injuries. Eight of the allogenic bony fragments that were identified in the survivors originated from the suicide bomber. All victims with an open wound should have prophylaxis against hepatitis B and serum stored for appropriate action against HIV and hepatitis C infection.

**CONCLUSIONS:** All victims following a suicide bombing should be assumed to have human body projectile implantation injuries with blood products or bony fragments. All immediate care providers should receive prophylaxis against hepatitis B virus and appropriate action should be taken against HIV and hepatitis C infection.

**113.** Middleton, P. R., et al. (2012).

**"A technique to aid the insertion of distal locking screws."**

*Annals of the Royal College of Surgeons of England* 94(5): 364-365.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943241&id=doi:10.1308%2F003588412X13373405385214h&issn=0035-8843&isbn=&volume=94&issue=5&spage=364&pages=364-5&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+technique+to+aid+the+insertion+of+distal+locking+screws.&aulast=Middleton&pid=%3Cauthor%3EMiddleton+PR%3BNg+L%3BHumphrey+A%3C%2Fauthor%3E%3CAN%3E22943241%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**114.** Kidger, E. A., et al. (2012).

**"Acquired phimosis after plastibell circumcision: a preventable consequence."**

*Annals of the Royal College of Surgeons of England* 94(6): e186-188.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943316&id=doi:10.1308%2F003588412X13373405384774&issn=0035-8843&isbn=&volume=94&issue=6&spage=e186&pages=e186-8&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Acquired+phimos+is+after+plastibell+circumcision%3A+a+preventable+consequence.&aulast=Kidger&pid=%3Cauthor%3EKidger+EA%3BHaider+N%3BQazi+A%3C%2Fauthor%3E%3CAN%3E22943316%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The plastibell device is used successfully for religious and cultural circumcisions in the community. The aim of this article is to highlight the recognition and management of iatrogenic phimosis.

**METHODS:** A retrospective study was performed of outcomes of plastibell circumcision in a community-based circumcision service provided by trained paediatric surgeons. The objective was to assess the complication of slipped plastibell rings and to ascertain the effectiveness of its management.



RESULTS: A total of 5 patients with a slipped plastibell ring were identified out of 560 plastibell circumcisions. Three patients presented with acquired phimosis. In two patients early diagnosis and management prevented any further complications and a second operation was avoided.

CONCLUSIONS: Plastibell circumcision in the community is safe and effective. Detection of minor bleeding due to a slipped ring is important. Early management can avoid the risk of acquired phimosis due to cicatrix formation and can save parents of undue anxiety.

115. Joy, P. J. and S. J. Bennet (2012).

**"The appropriateness of blood transfusion following primary total hip replacement."**

*Annals of the Royal College of Surgeons of England* 94(3): 201-203.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22507728&id=doi:10.1308%2F003588412X13171221501384&issn=0035-8843&isbn=&volume=94&issue=3&spage=201&pages=201-3&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+appropriate+ness+of+blood+transfusion+following+primary+total+hip+replacement.&aulast=Joy&pid=%3Cauthor%3EJoy+PJ%3BBennet+SJ%3C%2FAuthor%3E%3CAN%3E22507728%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: A significant proportion of all red cell transfusions are given to patients undergoing elective orthopaedic surgery. Concern over transfusion safety and cost, coupled with evidence showing that restrictive transfusion policies benefit patients, prompted us to audit our blood prescribing practice at Gloucestershire Hospitals NHS Foundation Trust in order to assess the appropriateness of every transfusion episode following elective primary total hip replacement.

METHODS: All patients undergoing a primary total hip replacement in our department over a six-month period were included in the study. Data were collected retrospectively using case note examination and transfusion service data. Standards were dictated by the British Orthopaedic Association guidelines on blood conservation in elective orthopaedic surgery.

RESULTS: Twenty-seven per cent of patients (39/143) were transfused. Forty-six per cent of these (18/39) were transfused inappropriately and twenty-three per cent (9/39) appropriately. Thirteen per cent (5/39) had a valid indication for transfusion but were over-transfused and in eighteen per cent (7/39) the quality of documentation did not allow an assessment to be made. Fifty-two per cent of patients who had surgical drains (29/56) were transfused. Reaudit following staff education and amendments to the local transfusion policy did not demonstrate a reduction in transfusion rates.

CONCLUSIONS: This audit showed that significant potential exists for reducing transfusion rates based on optimising prescribing practice alone. It also demonstrated that changing local practice based on audit data can be challenging.

116. Hussain, A., et al. (2012).

**"A simple aid to insertion of an irrigation catheter for flexor sheath washout."**

*Annals of the Royal College of Surgeons of England* 94(2): 137.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22497019&id=doi:10.1308%2Frcsann.2012.94.2.137&issn=0035-8843&isbn=&volume=94&issue=2&spage=137&pages=137&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+aid+to+insertion+of+an+irrigation+catheter+for+fleur+sheath+washout.&aulast=Hussain&pid=%3Cauthor%3EHussain+A%3BWallace+D%3BTitley+G%3C%2Fauthor%3E%3CAN%3E22497019%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

117. Chattopadhyay, D., et al. (2012).

**"Acute neck pain referred to the surgeon: Lemierre's syndrome as a differential diagnosis."**

*Annals of the Royal College of Surgeons of England* 94(3): e132-133.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22507711&id=doi:10.1308%2F003588412X13171221589414&issn=0035-8843&isbn=&volume=94&issue=3&spage=e132&pages=e132-3&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Acute+neck+pain+referred+to+the+surgeon%3A+Lemierre%27s+syndrome+as+a+differential+diagnosis.&aulast=Chattopadhyay&pid=%3Cauthor%3EChattopadhyay+D%3BMostafa+ML%3BCarr+M%3C%2Fauthor%3E%3CAN%3E22507711%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Lemierre's syndrome is usually reported in the young and in fit individuals. We report a case of an 81-year-old woman who presented with thrombophlebitis of the internal jugular vein with a pulmonary embolism.

118. Arul, G. S., et al. (2012).

**"Paediatric admissions to the British military hospital at Camp Bastion, Afghanistan."**

*Annals of the Royal College of Surgeons of England* 94(1): 52-57.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22524930&id=doi:10.1308%2F003588412X13171221499027&issn=0035-8843&isbn=&volume=94&issue=1&spage=52&pages=52-7&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Paediatric+admissions+to+the+British+military+hospital+at+Camp+Bastion%2C+Afghanistan.&aulast=Arul&pid=%3Cauthor%3EArul+GS%3BReynolds+J%3BDiRusso+S%3BScott+A%3BBree+S%3BTempleton+P%3BMidwinter+MJ%3C%2Fauthor%3E%3CAN%3E22524930%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: International humanitarian law requires emergency medical support for both military personnel and civilians, including children. Here we present a detailed review of paediatric admissions with the pattern of injury and the resources they consume.

**METHODS:** All paediatric admissions to the hospital at Camp Bastion between 1 January and 29 April 2011 were analysed prospectively. Data collected included time and date of admission, patient age and weight, mechanism of injury, extent of wounding, treatment, length of hospital stay and discharge destination.

**RESULTS:** Eighty-five children (65 boys and 17 girls, median age: 8 years, median weight: 20 kg) were admitted. In 63% of cases the indication for admission was battle related trauma and in 31% non-battle trauma. Of the blast injuries, 51% were due to improvised explosive devices. Non-battle emergencies were mainly due to domestic burns (46%) and road traffic accidents (29%). The most affected anatomical area was the extremities (44% of injuries). Over 30% of patients had critical injuries. Operative intervention was required in 74% of cases. The median time to theatre for all patients was 52 minutes; 3 patients with critical injuries went straight to theatre in a median of 7 minutes. A blood transfusion was required in 27 patients; 6 patients needed a massive transfusion. Computed tomography was performed on 62% of all trauma admissions and 40% of patients went to the intensive care unit. The mean length of stay was 2 days (range: 1-26 days) and there were 7 deaths.

**CONCLUSIONS:** Paediatric admissions make up a small but significant part of admissions to the hospital at Camp Bastion. The proportion of serious injuries is very high in comparison with admissions to a UK paediatric emergency department. The concentration of major injuries means that lessons learnt in terms of teamwork, the speed of transfer to theatre and massive transfusion protocols could be applied to UK paediatric practice.

119. Al-Zahid, S. and A. P. Davies (2012).

**"Closed suction drains, reinfusion drains or no drains in primary total knee replacement?"**

*Annals of the Royal College of Surgeons of England* 94(5): 347-350.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943232&id=doi:10.1308%2F003588412X13171221590098&issn=0035-8843&isbn=&volume=94&issue=5&spage=347&pages=347-50&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Closed+suction+drains%2C+reinfusion+drains+or+no+drains+in+primary+total+knee+replacement%3F.&aulast=Al-Zahid&pid=%3Cauthor%3EAl-Zahid+S%3BDavies+AP%3C%2FAuthor%3E%3CAN%3E22943232%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**INTRODUCTION:** Controversy still surrounds the use of drains after total knee replacement (TKR). We compared closed suction drains, reinfusion drains and no drains by studying haemoglobin (Hb) levels, blood transfusion requirements and functional knee outcome scores in a single surgeon series.

**METHODS:** A total of 102 consecutive primary TKRs were performed by the senior author between September 2006 and July 2008. All were cemented fixed bearing devices with patellar resurfacing. Of the 102 patients, 30 had closed suction drainage, 33 had an unwashed reinfusion drainage system and 39 had no drains. Data regarding pre and post-operative Hb and units transfused were gathered retrospectively. Pre and post-operative American Knee Society scores (AKSS) and Oxford knee scores (OKS) were recorded prospectively.

**RESULTS:** The pre-operative Hb levels were comparable among the groups. There was no statistically significant difference in Hb level reduction or autologous transfusion rates among the groups. Pre-

operative AKSS and OKS were statistically comparable in each group. There was no statistical difference between the improvement in AKSS knee and function scores in all three groups. There was a slightly smaller improvement in the OKS of the 'no drain' group. There were no complications of drain usage and no deep infections. No patient required manipulation under anaesthesia and range of movement outcomes were the same for each group.

**CONCLUSIONS:** Our study does not support the use of either closed suction drains or reinfusion drains in primary elective TKR.

**120.** Alsawadi, A. and M. Loeffler (2012).

**"Graduated compression stockings in hip fractures."**

*Annals of the Royal College of Surgeons of England* 94(7): 463-471.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:23031762&id=doi:10.1308%2F003588412X13171221592492&issn=0035-8843&isbn=&volume=94&issue=7&spage=463&pages=463-71&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Graduated+compression+stockings+in+hip+fractures.&aulast=Alsawadi&pid=%3Cauthor%3EAlsawadi+A%3BLoeffler+M%3C%2Fauthor%3E%3CAN%3E23031762%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Hip fractures are the most common cause of acute admissions to orthopaedics units and in the UK approximately 70,000-75,000 hip fractures occur annually. Hip fractures carry a significant risk of developing a venous thromboembolism. The National Institute for Health and Clinical Excellence (NICE) estimated that the risk of developing a venous thromboembolism in patients with hip fractures who do not receive thromboprophylaxis is 43%. In their recent guidelines, NICE recommended that combined mechanical and pharmacological thromboprophylaxis should be offered to patients undergoing hip fracture surgery and mechanical prophylaxis should be commenced at admission. The aim of this review was to search for available evidence that could support using graduated compression stockings combined with low molecular weight heparin (LMWH) in hip fracture patients.

**METHODS:** NICE guidelines and the reference list of the guidance were reviewed and a thorough literature search was performed on main electronic databases (MEDLINE( R), Embase TM and the Cochrane Library).

**RESULTS:** A literature search was unable to find sufficient evidence to support the use of graduated compression stockings combined with LMWH in hip fracture settings. The guidelines are critically reviewed and the available evidence is discussed.

**CONCLUSIONS:** The evidence supporting these recommendations is very limited and there is considerable concern regarding the safety and efficacy of the mechanical devices used in thromboprophylaxis. Further studies are needed urgently before specific guidelines can be agreed confidently for patients with hip fractures.

**121.** Ali, A. M., et al. (2012).

**"Transplant of kidneys with small renal cell carcinoma in incompatible, heavily immunosuppressed recipients."**



*Annals of the Royal College of Surgeons of England* 94(6): e189-190.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22943317&id=doi:10.1308%2F003588412X13373405384738&issn=0035-8843&isbn=&volume=94&issue=6&spage=e189&pages=e189-90&date=2012&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Transplant+of+kidneys+with+small+renal+cell+carcinoma+in+incompatible%2C+heavily+immunosuppressed+recipients.&aulast=Ali&pid=%3Cauthor%3EAli+AM%3BRajagopal+P%3BSayed+A%3BHakim+N%3BDavid+T%3BPapalois+P%3C%2Fauthor%3E%3CAN%3E22943317%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Renal cell carcinoma (RCC) is considered a contraindication for transplant. However, an increasing number of cases of transplant kidneys with RCC have been reported with encouraging results. We present our experience of two cases of transplanting kidneys with small RCCs. Donors and recipients were aware of the presence and possible consequences of RCC in the transplanted kidney before transplantation. Cases were discussed in the multidisciplinary team meetings. Regular, 6-12 monthly follow-up of donors and recipients was carried out with ultrasonography and/or computed tomography to detect recurrence of RCC or new tumours in the recipients' transplant kidneys or the donors' native kidneys. The outcome was recorded. There were no suspicious masses in the any of the kidneys during the follow-up period. The transplant kidneys are functioning.

122. Withers, D., et al. (2011).

**"Comment on: Venous thromboembolism prophylaxis following hip arthroplasty."**

*Annals of the Royal College of Surgeons of England* 93(4): 337.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21944821&id=doi:10.1308%2F003588411X572024&issn=0035-8843&isbn=&volume=93&issue=4&spage=337&pages=337&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Comment+on%3A+Venous+thromboembolism+prophylaxis+following+hip+arthroplasty.&aulast=Withers&pid=%3Cauthor%3EWithers+D%3BToolan+C%3BCope+M%3C%2Fauthor%3E%3CAN%3E21944821%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

123. Williamson, J. M., et al. (2011).

**"Pancreatic and peripancreatic somatostatinomas."**

*Annals of the Royal College of Surgeons of England* 93(5): 356-360.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21943457&id=doi:10.1308%2F003588411X582681&issn=0035-8843&isbn=&volume=93&issue=5&spage=356&pages=356-60&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Pancreatic+and+peripancreatic+somatostatinomas.&aulast=Williamson&pid=%3Cauthor%3EWilliamson+JM%3BThorn>

**BACKGROUND:** Somatostatinomas are rare neuroendocrine tumours with an annual incidence of 1 in 40 million. They arise in the pancreas or periampullary duodenum. Most are clinically non-secretory and do not cause the somatostatinoma syndrome. Many are metastatic at presentation and their management is typically multimodal.

**CASE HISTORIES:** Four cases of somatostatinoma are described. Two patients with periampullary disease presented with biliary obstruction, one with frank jaundice and one with incidental bile duct obstruction on investigation of hepatitis B. Each patient had type 1 neurofibromatosis and resection of the somatostatinoma by means of a pylorus-preserving proximal pancreaticoduodenectomy has resulted in long-term survival. Another two patients with metastatic pancreatic somatostatinomas presented with abdominal pain. Contrasting management illustrates current treatment strategies that are dependent in part on the distribution of the disease.

**DISCUSSION:** The pathophysiology, presentation, clinical associations and role of diagnostic imaging are discussed for periampullary and pancreatic neuroendocrine tumours. Operative treatment has an important role in both the curative and palliative settings in conjunction with appropriate medical treatments and these are described. Management options depend on the extent of the disease and the cases are used to illustrate the rationale of such strategies.

**124.** Veeramootoo, D., et al. (2011).

**"Prophylaxis of venous thromboembolism in general surgery: guidelines differ and we still need local policies."**

*Annals of the Royal College of Surgeons of England* 93(5): 370-374.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21943460&id=doi:10.1308%2F003588411X580926&issn=0035-8843&isbn=&volume=93&issue=5&spage=370&pages=370-4&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prophylaxis+of+v enous+thromboembolism+in+general+surgery%3A+guidelines+differ+and+we+still+need+local+policie s.&aulast=Veeramootoo&pid=%3Cauthor%3Eveeramootoo+D%3BHarrower+L%3BSaunders+R%3BRobinson+D%3BCampbell+WB%3C%2FAuthor%3E%3CAN%3E21943460%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Venous thromboembolism (VTE) prophylaxis has become a major issue for surgeons both in the UK and worldwide. Several different sources of guidance on VTE prophylaxis are available but these differ in design and detail.

**METHODS:** Two similar audits were performed, one year apart, on the VTE prophylaxis prescribed for all general surgical inpatients during a single week (90 patients and 101 patients). Classification of patients into different risk groups and compliance in prescribing prophylaxis were examined using different international, national and local guidelines.

**RESULTS:** There were significant differences between the numbers of patients in high, moderate and low-risk groups according to the different guidelines. When groups were combined to indicate simply 'at risk' or 'not at risk' (in the manner of one of the guidelines), then differences were not significant.

Our compliance improved from the first audit to the second. Patients at high risk received VTE prophylaxis according to guidance more consistently than those at low risk.

**CONCLUSIONS:** Differences in guidance on VTE prophylaxis can affect compliance significantly when auditing practice, depending on the choice of 'gold standard'. National guidance does not remove the need for clear and detailed local policies. Making decisions about policies for lower-risk patients can be more difficult than for those at high risk.

**125.** Ubee, S., et al. (2011).

**"Intraoperative red blood cell salvage and autologous transfusion during open radical retropubic prostatectomy: a cost-benefit analysis."**

*Annals of the Royal College of Surgeons of England* 93(2): 157-161.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22041147&id=doi:10.1308%2F003588411X561044&issn=0035-8843&isbn=&volume=93&issue=2&spage=157&pages=157-61&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraoperative+red+blood+cell+salvage+and+autologous+transfusion+during+open+radical+retropubic+prostatectomy+%3A+a+cost-benefit+analysis.&aulast=Ubee&pid=%3Cauthor%3EUbee+S%3BKumar+M%3BAthmanathan+N%3BSingh+G%3BVesey+S%3C%2Fauthor%3E%3CAN%3E22041147%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Open radical retropubic prostatectomy (RRP) has an average blood loss of over 1,000 ml. This has been reported even from high volume centres of excellence. We have looked at the clinical and financial benefits of using intraoperative cell salvage (ICS) as a method of reducing the autologous blood transfusion requirements for our RRP patients.

**MATERIALS AND METHODS:** Group A comprised 25 consecutive patients who underwent RRP immediately prior to the acquisition of a cell saver machine. Group B consisted of the next 25 consecutive patients undergoing surgery using the Dideco Electa (Sorin Group, Italy) cell saver machine. Blood transfusion costs for both groups were calculated and compared.

**RESULTS:** The mean postoperative haemoglobin was similar in both groups (11.1 gm/dl in Group A and 11.4 gm/dl in Group B). All Group B patients received autologous blood (average 506 ml, range: 103-1,023 ml). In addition, 5 patients (20%) in Group B received a group total of 16 units (average 0.6 units) of homologous blood. For Group A the total cost of transfusing the 69 units of homologous blood was estimated as 9,315, based on a per blood unit cost of 135. This cost did not include consumables or nursing costs.

**CONCLUSIONS:** We found no evidence that autologous transfusions increased the risk of early biochemical relapse or of disease dissemination. ICS reduced our dependence on donated homologous blood.

**126.** Thompson, S. M., et al. (2011).

**"The effect of sterile versus non-sterile tourniquets on microbiological colonisation in lower limb surgery."**

*Annals of the Royal College of Surgeons of England* 93(8): 589-590.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:22041233&id=doi:10.1308%2F147870811X13137608455334&issn=0035-8843&isbn=&volume=93&issue=8&spage=589&pages=589-90&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+effect+of+s+terile+versus+non-sterile+tourniquets+on+microbiological+colonisation+in+lower+limb+surgery.&aulast=Thompson&pid=%3Cauthor%3EThompson+SM%3BMiddleton+M%3BFarook+M%3BCameron-Smith+A%3BBone+S%3BHassan+A%3C%2FAuthor%3E%3CAN%3E22041233%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**INTRODUCTION:** Surgical tourniquets are commonplace in lower limb surgery. Several studies have shown that tourniquets can be a potential source of microbial contamination but have not compared the use of sterile versus non-sterile tourniquets in the same procedures.

**METHODS:** Patients undergoing elective orthopaedic lower limb surgery were randomised prospectively to use of non-sterile pneumatic tourniquet or sterile elastic exsanguination tourniquet (S-MART TM, OHK Medical Devices, haifa, Israel). Samples were taken from the ties of the non-sterile tourniquet prior to surgery and from the sterile tourniquets at the end of the operation in a sterile fashion. These were then sealed in universal containers and immediately analysed by the microbiology department on agar plates, cultured and incubated.

**RESULTS:** Thirty-four non-sterile tourniquets were sampled prior to surgical application, twenty-three of which were contaminated with several different organisms including coagulase-negative *Staphylococcus* spp, *Staphylococcus aureus*, *Sphingomonas paucimobilis*, *Bacillus* spp, and coliforms. Thirty-six sterile tourniquets were used, with no associated contamination.

**CONCLUSIONS:** There was significant contamination of 68% of orthopaedic surgical tourniquets. These are used regularly in procedures involving the placement of prosthesis and metalwork, and can act as a potential source of infection. We recommend the use of sterile single-use disposable tourniquets where possible. The availability of an alternative should now set the new standard of care and we recommend adopting this as a current NICE guideline for control of surgical site infection.

**127.** Scammell, S., et al. (2011).

**"Ultrasonography aids decision-making in children with abdominal pain."**

*Annals of the Royal College of Surgeons of England* 93(5): 405-409.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21943467&id=doi:10.1308%2F003588411X582672&issn=0035-8843&isbn=&volume=93&issue=5&spage=405&pages=405-9&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Ultrasonography+aids+decision-making+in+children+with+abdominal+pain.&aulast=Scammell&pid=%3Cauthor%3EScammell+S%3BLansdale+N%3BSprigg+A%3BCampbell+D%3BMarven+S%3C%2FAuthor%3E%3CAN%3E21943467%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E>



**INTRODUCTION:** Although regular clinical assessment of the acute abdomen is considered best practice, ultrasonography confirming the presence of appendicitis will add to the decision-making process. The aim of this study was to assess the accuracy of ultrasonography and its usefulness in diagnosing acute appendicitis in a regional paediatric surgical institution.

**METHODS:** Retrospectively and in this order, radiology, theatre and histopathology databases were searched for patients who had presented with acute abdominal pain, patients who had undergone an appendicectomy and all appendix specimens over a two-year period. The databases were cross-referenced against each other.

**RESULTS:** A total of 273 non-incidental appendicectomies were performed over the study period. The negative appendicectomy rate was 16.5% and the perforation rate 23.7%. Thirty-nine per cent of children undergoing an appendicectomy had at least one pre-operative ultrasound scan. Ultrasonography as a diagnostic tool for acute appendicitis in children had a sensitivity of 83.3%, a specificity of 97.4%, a positive predictive value of 92.1% and a negative predictive value of 94.0%.

**CONCLUSIONS:** Ultrasonography is used liberally to aid in the decision making process of equivocal and complicated cases of acute appendicitis and it achieves good measures of accuracy. As a diagnostic tool it is unique in its ability to positively predict as well as exclude. A high negative predictive value suggests that more patients could be managed on an outpatient basis following a negative scan.

**128.** Mishreki, A. P. and M. J. Bowles (2011).

**"A case of widespread aortic thrombosis secondary to acute severe pancreatitis."**

*Annals of the Royal College of Surgeons of England* 93(4): e17-18.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21944788&id=doi:10.1308%2F003588411X13008842578536&issn=0035-8843&isbn=&volume=93&issue=4&spage=e17&pages=e17-8&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+case+of+widespread+aortic+thrombosis+secondary+to+acute+severe+pancreatitis.&aulast=Mishreki&pid=%3Cauthor%3EMishreki+AP%3BBowles+MJ%3C%2Fauthor%3E%3CAN%3E21944788%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

We offer this case for publication as we believe that this is the first report of widespread aortic thrombosis secondary to acute severe pancreatitis.

**129.** Mason, L., et al. (2011).

**"Intraoperative cell salvage versus postoperative autologous blood transfusion in hip arthroplasty: a retrospective service evaluation."**

*Annals of the Royal College of Surgeons of England* 93(5): 398-400.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21943465&id=doi:10.1308%2F003588411X579801&issn=0035-8843&isbn=&volume=93&issue=5&spage=398&pages=398-400&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraoperative+cell+salvage+versus+postoperative+autologous+blood+transfusion+in+hip+arthroplasty:+a+retrospective+service+evaluation.>

cell+salvage+versus+postoperative+autologous+blood+transfusion+in+hip+arthroplasty%3A+a+retrospective+service+evaluation.&aulast=Mason&pid=%3Cauthor%3EMason+L%3BFitzgerald+C%3BPowell-Tuck+J%3BRice+R%3C%2Fauthor%3E%3CAN%3E21943465%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E

**INTRODUCTION:** A number of ways of reducing blood loss in arthroplasty have been explored, including preoperative autologous transfusion, intraoperative cell salvage and postoperative autologous transfusions. Both intraoperative blood salvage and postoperative retransfusion drains have been shown to be effective in reducing blood loss in total hip arthroplasty. In our department there was a change in practice from using postoperative retransfusion drains to intraoperative cell salvage. To our knowledge no study has directly compared using intraoperative blood salvage and postoperative retransfusion drains alone in total hip arthroplasty.

**METHODS:** This was a retrospective service evaluation including all primary hip arthroplasty performed under our care between January 2006 and December 2008. Patients were divided into two groups: Group A used a postoperative autologous blood transfusion (ABT) drain and Group B used intraoperative cell salvage.

**RESULTS:** A total of 144 patients were included in this study: 84 in Group A and 60 in Group B. The mean haemoglobin difference for Group A was 3.96g/dl (standard deviation [SD]: 1.52) and for Group B it was 3.46g/dl (SD: 1.42). The mean haematocrit difference for Group A was 0.12% (SD: 0.05) and for Group B it was 0.10% (SD: 0.04). Using an independent t-test for the comparison of means, a significant difference was found between Group A and B both in regards to haemoglobin difference (p=0.009) and haematocrit difference (p=0.046).

**CONCLUSIONS:** We feel that intraoperative cell salvage provides a more efficient method of reducing blood loss than postoperative retransfusion in primary total hip replacement. A prospective randomised study would be useful to ascertain any clinical difference between the two methods.

**130.** Gohel, M. S., et al. (2011).

**"Avoiding blood transfusion in surgical patients (including Jehovah's Witnesses)."**

*Annals of the Royal College of Surgeons of England* 93(6): 429-431.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21929910&id=doi:10.1308%2F147870811X589155&issn=0035-8843&isbn=&volume=93&issue=6&spage=429&pages=429-31&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Avoiding+blood+transfusion+in+surgical+patients+%28including+Jehovah%27s+Witnesses%29.&aulast=Gohel&pid=%3Cauthor%3EGohel+MS%3BBulbulia+RA%3BPoskitt+KR%3BWhyman+MR%3C%2Fauthor%3E%3CAN%3E21929910%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**131.** Aning, J. J. and J. S. McGrath (2011).

**"Intraoperative red blood cell salvage and autologous transfusion during open radical retropubic prostatectomy."**

*Annals of the Royal College of Surgeons of England* 93(6): 493-494.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21929934&id=doi:10.1308%2F147870811X591873&issn=0035-8843&isbn=&volume=93&issue=6&spage=493&pages=493-4&date=2011&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraoperative+re+d+blood+cell+salvage+and+autologous+transfusion+during+open+radical+retropubic+prostatectomy.&aulast=Aning&pid=%3Cauthor%3EAning+JJ%3BMcGrath+JS%3C%2Fauthor%3E%3CAN%3E21929934%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**132.** Aning, J. J. and J. S. McGrath (2011).

**"Comment on: Minimising perioperative homologous blood transfusions."**

*Annals of the Royal College of Surgeons of England* 93(4): 336.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:21944820&id=doi:10.1308%2F003588411X572259&issn=0035-8843&isbn=&volume=93&issue=4&spage=336&pages=336&date=2011&title=Annals+of+the+Royal+C ollege+of+Surgeons+of+England&atitle=Comment+on%3A+Minimising+perioperative+homologous+bl ood+transfusions.&aulast=Aning&pid=%3Cauthor%3EAning+JJ%3BMcGrath+JS%3C%2Fauthor%3E%3CAN%3E21944820%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**133.** Windhaber, R. A., et al. (2010).

**"Blood patch treatment of chylothorax following transthoracic oesophagogastrrectomy: a novel technique to aid surgical management."**

*Annals of the Royal College of Surgeons of England* 92(4): W10-11.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20501000&id=doi:10.1308%2F147870810X12659688852392&issn=0035-8843&isbn=&volume=92&issue=4&spage=W10&pages=W10-1&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+patch+tre a tment+of+chylothorax+following+transthoracic+oesophagogastrrectomy%3A+a+novel+technique+to+a id+surgical+management.&aulast=Windhaber&pid=%3Cauthor%3EWindhaber+RA%3BHolbrook+AG% 3BKrysztolik+RJ%3C%2Fauthor%3E%3CAN%3E20501000%3C%2FAN%3E%3CDT%3ECase+Reports%3C %2FDT%3E>

Chylothorax is a well-recognised complication of oesophagectomy, occurring in around 3% of cases. If managed conservatively, the mortality rate can be over 50%. We describe our experience of managing a patient with a chylothorax following oesophagectomy, and the use of a blood patch (a novel technique) to overcome persistent leakage following re-operation. The authors feel that this technique has the potential for a wider application in the treatment of chyle leak, especially if combined with minimally invasive or radiological techniques.

134. Shah, P. R. (2010).

**"Splenic injury following colonoscopy."**

*Annals of the Royal College of Surgeons of England* 92(3): 268; author reply 269.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20412679&id=doi:10.1308%2F003588410X12664192075413&issn=0035-8843&isbn=&volume=92&issue=3&spage=268&pages=268%3B+author+reply+269&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Splenic+injury+following+colonoscopy.&aulast=Shah&pid=%3Cauthor%3EShah+PR%3C%2Fauthor%3E%3CAN%3E20412679%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

135. Shah, M., et al. (2010).

**"Recognising anaemia and malnutrition in vascular patients with critical limb ischaemia."**

*Annals of the Royal College of Surgeons of England* 92(6): 495-498.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20513273&id=doi:10.1308%2F003588410X12664192075738&issn=0035-8843&isbn=&volume=92&issue=6&spage=495&pages=495-8&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Recognising+anaemia+and+malnutrition+in+vascular+patients+with+critical+limb+ischaemia.&aulast=Shah&pid=%3Cauthor%3EShah+M%3BMartin+A%3BMyers+B%3BMacSweeney+S%3BRichards+T%3C%2Fauthor%3E%3CAN%3E20513273%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Anaemia is a common problem in surgical patients. Patients with critical limb ischaemia (CLI) suffer chronic inflammation, repeated infection, require intervention, and can have a protracted hospital stay. The aims of this study were to assess anaemia and nutritional status in patients presenting with CLI.

**PATIENTS AND METHODS:** Two observational studies were undertaken, initially a retrospective series of 27 patients with CLI. Patient demographics, clinical details, transfusion status and in-patient laboratory haemoglobin values (Hb) were recorded. In a prospective series of 32 patients, laboratory markers to identify the cause for anaemia were assessed. Further nutritional status was assessed by records of height, weight, body mass index and a validated scoring system.

**RESULTS:** In the retrospective series, 15 patients (56%) were anaemic. Ten (37%) were transfused a median of 2 units (range, 2-13), a total of 35 units. Patients who were transfused had lower Hb on admission ( $P = 0.0019$ ), most were anaemic on admission (90%). At discharge, most patients were anaemic ( $n = 23$ ; 83%). In the prospective series of 32 patients, 20 (63%) were anaemic. Nutritional assessment was performed on 18, only seven patients were scored undernourished. This was increased to 23 by an independent assessor. Anaemia was associated with malnutrition ( $n = 17$ ;  $P = 0.049$ ) and an increased hospital stay (mean 25 days [SD 16] vs mean 12 days [SD 8],  $P = 0.0125$ ; total 513 vs 144 bed days).



CONCLUSIONS: Anaemia and poor nutrition are common and not recognised in vascular patients presenting with critical limb ischaemia. Anaemia is associated with and increased length of hospital stay.

136. Rogers, B. A., et al. (2010).

**"Is there adequate provision of venous thromboembolism prophylaxis following hip arthroplasty? An audit and international survey."**

*Annals of the Royal College of Surgeons of England* 92(8): 668-672.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20615303&id=doi:10.1308%2F003588410X12699663904952&issn=0035-8843&isbn=&volume=92&issue=8&spage=668&pages=668-72&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Is+there+adequate+provision+of+venous+thromboembolism+prophylaxis+following+hip+arthroplasty%3F+An+audit+and+international+survey.&aulast=Rogers&pid=%3Cauthor%3ERogers+BA%3BPhillips+S%3BFoote+J%3BDrabu+KJ%3C%2FAuthor%3E%3CAN%3E20615303%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: The peak incidence of venous thrombo-embolism (VTE) occurs 3 weeks following hip arthroplasty surgery and current guidelines proposing VTE prophylaxis continuing for 4 weeks after surgery. This study first compares the duration of treatment and satisfaction between patients prescribed low molecular weight heparin (LMWH) and rivaroxaban, a new oral Factor Xa inhibitor, following elective hip arthroplasty; and second, surveys the duration of LMWH use in other units.

SUBJECTS AND METHODS: An international survey detailing the use of LMWH was performed. A prospective audit was performed of 100 hip replacements, with 50 prescribed 40 mg once daily of subcutaneous enoxaparin and subsequently 50 patients prescribed 10 mg once daily of oral rivaroxaban. The duration of treatment, patient satisfaction and complications for both cohorts was quantified and compared against published evidence-based guidelines.

RESULTS: The survey demonstrated that four out of 39 (10.2%) units that routinely prescribe LMWH do so for at least 4 weeks following surgery. The audit demonstrated that rivaroxaban afforded a superior mean duration of postoperative VTE prophylaxis (35 days vs 5.4 days;  $P < 0.05$ ) and superior patient satisfaction. There was no difference in the incidence of bleeding, wound infection or thrombotic complications.

CONCLUSIONS: This study demonstrates that patients are exposed to an increased VTE risk following hip replacement surgery due to the inadequate prescription of LMWH. This is poor clinical practice, contrary to current evidence-based guidelines and has potential medicolegal implications. The prescription of rivaroxaban affords a superior patient compliance compared with subcutaneous LMWH, thus ensuring that patients receive VTE prophylaxis for the current recommend period of time.

137. Ray, K., et al. (2010).

**"A simple aid to wire localisation procedure in breast surgery: 'covering the hook -wire with a needle'."**

*Annals of the Royal College of Surgeons of England* 92(1): 78.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20063447&id=doi:10.1308%2Frcsann.2010.92.1.78&issn=0035-8843&isbn=&volume=92&issue=1&spage=78&pages=78&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+aid+to+wire+localisation+procedure+in+breast+surgery%3A+%27covering+the+hook-wire+with+a+needle%27.&aulast=Ray&pid=%3Cauthor%3ERay+K%3BChouhan+A%3BJohri+A%3C%2Fauthor%3E%3CAN%3E20063447%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**138.** Pattenden, C. J., et al. (2010).

**"Laparoscopic splenectomy: a personal series of 140 consecutive cases."**

*Annals of the Royal College of Surgeons of England* 92(5): 398-402.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20487598&id=doi:10.1308%2F003588410X12664192076133&issn=0035-8843&isbn=&volume=92&issue=5&spage=398&pages=398-402&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Laparoscopic+splenectomy%3A+a+personal+series+of+140+consecutive+cases.&aulast=Pattenden&pid=%3Cauthor%3EPattenden+CJ%3BMann+CD%3BMetcalfe+MS%3BDyer+M%3BLloyd+DM%3C%2Fauthor%3E%3CAN%3E20487598%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E>

**INTRODUCTION:** Laparoscopic splenectomy has emerged as a safe and effective treatment for a variety of haematological conditions. The objective was to review the results from a large personal series from the perspective of outcomes according to operative time, conversion to open operation, complications and mortality. The application of laparoscopic splenectomy to cases of splenomegaly without hand assistance is examined.

**PATIENTS AND METHODS:** A retrospective review of 140 patients undergoing laparoscopic splenectomy at a single university hospital by one surgeon during 1994-2006. Case notes were reviewed and data collected on operative time, conversion to open procedure, morbidity and mortality. Particular reference was made towards the results of cases of splenomegaly.

**RESULTS:** In total 140 laparoscopic splenectomies were performed with a complication rate of 15% and no mortality. The median operative time was 100 min and conversion to open procedure was necessary in 2.1%. Conversion for cases of splenomegaly was only 5.7%. The median hospital stay was 3 days.

**CONCLUSIONS:** Laparoscopic splenectomy is a safe procedure with acceptable morbidity. A laparoscopic approach for splenomegaly is feasible.

**139.** Nwachuku, I., et al. (2010).

**"New house or new limbs?!"**

*Annals of the Royal College of Surgeons of England* 92(5): W7-9.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20529452&id=doi:10.1308%2F147870810X12659688852356&issn=0035-8843&isbn=&volume=92&issue=5&spage=W7&pages=W7-9&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=New+house+or+n ew+limbs%3F%21.&aulast=Nwachuku&pid=%3Cauthor%3ENwachuku+I%3BObi+N%3BHousden+P%3B Winter+M%3C%2Fauthor%3E%3CAN%3E20529452%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FD T%3E>

We describe a rare case of end-stage haemophiliac joint disease with inhibitors to factor VIII. Using recombinant factor VIIa treatment, the patient was able to undergo major orthopaedic procedures not previously possible. Although the estimated cost of putting this patient through surgery, prosthetic fitting and rehabilitation is close to pound 500,000, we hope his overall care requirements will be reduced following the successful surgery and that he will require considerably less in the way of analgesics with an improved independent quality of life for many years.

140. Millner, R., et al. (2010).

**"Chitosan arrests bleeding in major hepatic injuries with clotting dysfunction: an in vivo experimen tal study in a model of hepatic injury in the presence of moderate systemic heparinisation."**

*Annals of the Royal College of Surgeons of England* 92(7): 559-561.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20522310&id=doi:10.1308%2F003588410X12699663903593&issn=0035-8843&isbn=&volume=92&issue=7&spage=559&pages=559-61&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Chitosan+arrests +bleeding+in+major+hepatic+injuries+with+clotting+dysfunction%3A+an+in+vivo+experimental+study +in+a+model+of+hepatic+injury+in+the+presence+of+moderate+systemic+heparinisation.&aulast=Mil lner&pid=%3Cauthor%3EMillner+R%3BLockhart+AS%3BMarr+R%3C%2Fauthor%3E%3CAN%3E205223 10%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**INTRODUCTION:** The purpose of this study was to explore the effectiveness of two chitosan formulations, Omni-Stat R granules and Celox Gauze R, in a model of major hepatic injury in the presence of clotting dysfunction.

**MATERIALS AND METHODS:** Major hepatic injuries in moderately heparinised swine were treated with either Omni-Stat R granules or Celox Gauze R as compared to control plain gauze.

**RESULTS:** Plain gauze control failed to stop the bleeding in 13 of 14 attempts. Omni-Stat R arrested the bleeding in 18 of 18 attempts, providing it was in contact with the bleeding surface. Celox Gauze R arrested bleeding in 5 out of 6 attempts initially, and with further pressure in the sixth.

**CONCLUSIONS:** The results support the evidence that chitosan-derived products act independently of classical clotting pathways and should be effective in patients who suffer major liver injury even in the presence of clotting dysfunctions.

141. Langdon, J., et al. (2010).

**"Vertebral compression fractures--new clinical signs to aid diagnosis."**

*Annals of the Royal College of Surgeons of England* 92(2): 163-166.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19995486&id=doi:10.1308%2F003588410X12518836440162&issn=0035-8843&isbn=&volume=92&issue=2&spage=163&pages=163-6&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Vertebral+compression+fractures--new+clinical+signs+to+aid+diagnosis.&aurlast=Langdon&pid=%3Cauthor%3ELangdon+J%3BWay+A%3BHeaton+S%3BBernard+J%3BMolloy+S%3C%2Fauthor%3E%3CAN%3E19995486%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E>

**INTRODUCTION:** Acute osteoporotic vertebral compression fractures are common and usually managed conservatively. However, a significant number will remain symptomatic, causing significant pain with considerable associated morbidity and mortality. These fractures can be effectively treated with cement augmentation. However, it is impossible to distinguish between an acute and a chronic healed fracture on plain radiographs. The definitive investigation is a magnetic resonance scan. The aim of this paper is to describe and evaluate two new clinical signs to help in the diagnosis of symptomatic fractures. A prospective study of 83 patients with suspected acute osteoporotic vertebral compression fractures was carried out. All patients had a full clinical assessment, which included closed-fist percussion of their spine and asking the patient to lie supine on the examination couch. All patients had a MRI scan.

**RESULTS:** The closed-fist percussion sign had a sensitivity of 87.5% and a specificity of 90%. The supine sign had a sensitivity of 81.25% and a specificity of 93.33%.

**CONCLUSIONS:** These tests will enable the practitioner to predict more accurately which patients have an acute fracture, guiding referral for further imaging.

**142.** Johari, Y. and M. L. Nicholson (2010).

**"Complete resolution of oral Kaposi's sarcoma achieved by changing immunosuppression: a case report."**

*Annals of the Royal College of Surgeons of England* 92(5): W45-46.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20529483&id=doi:10.1308%2F147870810X12699662980475&issn=0035-8843&isbn=&volume=92&issue=5&spage=W45&pages=W45-6&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Complete+resolution+of+oral+Kaposi%27s+sarcoma+achieved+by+changing+immunosuppression%3A+a+case+report.&aurlast=Johari&pid=%3Cauthor%3EJohari+Y%3BNicholson+ML%3C%2Fauthor%3E%3CAN%3E20529483%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A 38-year-old Afro-Caribbean woman, who was pre-dialysis with polycystic kidney disease, received a live-donor kidney transplant from her 55-year-old mother. This study documents her immunosuppression



therapy including resolution of an oral Kaposi's sarcoma and explores the many underlying problems with converting to an mTOR inhibitor.

143. Gill, I., et al. (2010).

**"Is peri-articular multimodal drug infiltration in knee arthroplasty safe when used in conjunction with autologous retransfusion drains?"**

*Annals of the Royal College of Surgeons of England* 92(4): 335-337.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20501020&id=doi:10.1308%2F003588410X12628812459733&issn=0035-8843&isbn=&volume=92&issue=4&spage=335&pages=335-7&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Is+peri-articular+multimodal+drug+infiltration+in+knee+arthroplasty+safe+when+used+in+conjunction+with+autologous+retransfusion+drains%3F.&aulast=Gill&pid=%3Cauthor%3EGill+I%3BGallagher+K%3BBusch+CA%3C%2FAuthor%3E%3CAN%3E20501020%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Adequate peri-operative analgesia following total knee arthroplasty (TKA) promotes earlier rehabilitation but remains problematic because of the drug side-effects. Peri-articular multimodal drug infiltration (PMDI) has been developed as an alternative strategy to avoid such complications. Autologous retransfusion drains reduce the need for peri-operative allogenic blood transfusions and the consequent risk. There is a theoretical risk of local anaesthesia toxicity when these systems are used concurrently. We performed a review of current practice to quantify this risk.

**PATIENTS AND METHODS:** A series of 10 patients undergoing TKA by the senior author (CAB) had drain fluid analysed for the concentration of ropivacaine. At the same time, the patients completed a questionnaire to establish the presence of ropivacaine-induced side-effects.

**RESULTS:** The ropivacaine level in the retransfusion blood was less than 10 mg in all patients. This concentration was a factor of 6 below the published safe level. Three patients had minor neurological disturbances which recovered spontaneously and quickly. There were no cases of significant cardiovascular compromise.

**CONCLUSIONS:** The theoretical risk of local anaesthesia toxicity when these systems are used together is negligible and we conclude that peri-articular multimodal drug infiltration is safe in conjunction with the use of autotransfusion drains.

144. Bigsby, E., et al. (2010).

**"Mesenteric and coeliac occlusions following heparin-induced thrombocytopenia after aortobifemoral bypass surgery."**

*Annals of the Royal College of Surgeons of England* 92(1): W15-17.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20056052&id=doi:10.1308%2F147870810X476629&issn=0035-8843&isbn=&volume=92&issue=1&spage=W15&pages=W15-17>

[7&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Mesenteric+and+coeliac+occlusions+following+heparin-induced+thrombocytopenia+after+aortobifurcated+bypass+surgery.&aulast=Bigsby&pid=%3Cauthor%3EBigsby+E%3BChaudhuri+A%3BWhiteway+A%3C%2Fauthor%3E%3CAN%3E20056052%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E](http://www.bjrs.com/7&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Mesenteric+and+coeliac+occlusions+following+heparin-induced+thrombocytopenia+after+aortobifurcated+bypass+surgery.&aulast=Bigsby&pid=%3Cauthor%3EBigsby+E%3BChaudhuri+A%3BWhiteway+A%3C%2Fauthor%3E%3CAN%3E20056052%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E)

A 56-year-old man developed mid-gut bowel ischaemia following an elective aortobifurcated bypass for short-distance claudication. The bowel was resected and he was commenced on lifelong total parenteral nutrition. He was found to have developed heparin-induced thrombocytopenia and thrombosis, confirmed by high levels of heparin-platelet factor 4-antibody on enzyme-linked immunosorbent assay (ELISA). He subsequently had foregut ischaemia with a second bout of thrombocytopenia despite not being on heparin. The case describes the first report of bowel ischaemia as a consequence of heparin-induced thrombocytopenia causing sequential superior mesenteric and coeliac arterial thrombosis in this scenario and highlights the importance of the awareness of the association of these pathological entities and subsequent management.

145. Bhatia, M., et al. (2010).

**"An audit of the role of vitamin K in the reversal of International Normalised Ratio (INR) in patients undergoing surgery for hip fracture."**

*Annals of the Royal College of Surgeons of England* 92(6): 473-476.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20487594&id=doi:10.1308%2F003588410X12664192075774&issn=0035-8843&isbn=&volume=92&issue=6&spage=473&pages=473-6&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+audit+of+the+role+of+vitamin+K+in+the+reversal+of+International+Normalised+Ratio+%28INR%29+in+patients+undergoing+surgery+for+hip+fracture.&aulast=Bhatia&pid=%3Cauthor%3EBhatia+M%3BTalawadekar+G%3BParihar+S%3BSmith+A%3C%2Fauthor%3E%3CAN%3E20487594%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

**INTRODUCTION:** The objective of this prospective audit was to compare two methods of anticoagulation reversal in the pre-operative period for hip fracture patients.

**PATIENTS AND METHODS:** In the first part of the audit, our current practice was analysed. Data relating to the number of days from admission to surgery and the reasons for delay to surgery were collected. Also, data concerning common reasons for which the patients were started on warfarin and the time required for INR to drop to 1.5 or below were collected. In the second part of the audit, 45 patients with INR above 1.5 were given a single dose of vitamin K (1 mg i.v.) in addition to stopping warfarin.

**RESULTS:** The mean difference in the time for INR < 1.5 in the two groups was 2 days (52 h; P < 0.05). The mean difference in wait for surgery since admission between the two groups was 4 days (91 h; P < 0.05). There was no significant difference between the two groups as regards the average number of co-morbidities in the patient groups.

**CONCLUSIONS:** A single 1 mg intravenous dose of vitamin K significantly reduces the time for the reversal of INR and the pre-operative delay to surgery, in patients on long-term warfarin. We conclude

that 1 mg of intravenous vitamin K on admission is a safe and effective treatment to avoid delay in the treatment in this group of patients.

146. Ahmad, Z., et al. (2010).

**"Complication of oesophagoscopy and anticoagulation."**

*Annals of the Royal College of Surgeons of England* 92(3): 268.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20412680&id=doi:10.1308%2F003588410X12664192075378&issn=0035-8843&isbn=&volume=92&issue=3&spage=268&pages=268&date=2010&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Complication+of+oesophagoscopy+and+anticoagulation.&aulast=Ahmad&pid=%3Cauthor%3EAhmad+Z%3BRepanos+C%3BKeogh+K%3C%2Fauthor%3E%3CAN%3E20412680%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

147. Young, A. J., et al. (2009).

**"Suction retractor: a useful aid for deep plane dissections."**

*Annals of the Royal College of Surgeons of England* 91(6): 524.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20301807&id=doi:10.1308%2Frcsann.2009.91.6.524a&issn=0035-8843&isbn=&volume=91&issue=6&spage=524&pages=524&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Suction+retractor%3A+a+useful+aid+for+deep+plane+dissections.&aulast=Young&pid=%3Cauthor%3EYoung+AJ%3BLibery+N%3BHettige+R%3C%2Fauthor%3E%3CAN%3E20301807%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

148. Yates, D. R., et al. (2009).

**"'Nephrostomy-free' percutaneous nephrolithotomy: experience in a UK district general hospital."**

*Annals of the Royal College of Surgeons of England* 91(7): 570-577.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19686613&id=doi:10.1308%2F003588409X432437&issn=0035-8843&isbn=&volume=91&issue=7&spage=570&pages=570-7&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=%27Nephrostomy-free%27+percutaneous+nephrolithotomy%3A+experience+in+a+UK+district+general+hospital.&aulast=Yates&pid=%3Cauthor%3EYates+DR%3BSafdar+RK%3BSpencer+PA%3BParys+BT%3C%2Fauthor%3E%3CAN%3E19686613%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Percutaneous nephrolithotomy (PCNL) is the first-line treatment for large and complex renal calculi. Accepted UK practice is to insert a nephrostomy tube at the end of the procedure to drain the kidney and reduce potential complications. 'Tubeless' or 'nephrostomy-free' PCNL has been advocated in selected patients as it is thought to reduce length of hospital stay, analgesia requirements and pain experienced. We present our outcomes of a consecutive series (n = 101) of 'nephrostomy-free' PCNLs compared to standard PCNL over a 4-year period.

**PATIENTS AND METHODS:** Between January 2004 and October 2006, we performed 55 standard (with nephrostomy tube) PCNLs (Group 1). From October 2006 onwards, we changed our technique and have performed 46 consecutive 'nephrostomy-free' PCNLs (JJ stent inserted), independent of patient and stone factors (Group 2). We have compared the two groups in terms of length of hospital stay (LOS), analgesia requirements, transfusion rates, haemoglobin (Hb) decrease and immediate, early and late complications.

**RESULTS:** 'Nephrostomy-free' PCNL significantly reduced the length of hospital stay (2.8 vs 5.1 days;  $P < 0.001$ ), morphine-based analgesia requirements (23% no morphine required vs 2.8%;  $P < 0.001$ ), transfusion rate (2.5% vs 7%;  $P < 0.01$ ) and mean Hb decrease (1.89 g/dl vs 2.25 g/dl;  $P > 0.05$ ). Overall, no patient experienced a serious complication. All attempted 'nephrostomy-free' PCNLs were completed (stone clearance 95%) and no patient needed an unplanned nephrostomy. Only 5% in Group 2 needed their ureteric JJ stent removing earlier than planned secondary to pain. Both groups were comparable in terms of immediate, early and late complications, though three patients in Group 1 developed chronic loin pain and one patient in the 'nephrostomy-free' group developed a delayed perirenal haematoma.

**CONCLUSIONS:** 'Nephrostomy-free' percutaneous nephrolithotomy is a safe, effective and feasible procedure independent of patient and stone factors. It decreases the length of hospital stay, the pain experienced and the need for morphine-based analgesia; we feel it should be the standard of care for patients undergoing a PCNL.

149. Venkatramani, V., et al. (2009).

**"Breast gangrene in an HIV-positive patient."**

*Annals of the Royal College of Surgeons of England* 91(5): W13-14.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19622255&id=doi:10.1308%2F147870809X401056&issn=0035-8843&isbn=&volume=91&issue=5&spage=W13&pages=W13-4&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Breast+gangrene+in+an+HIV-positive+patient.&aulast=Venkatramani&pid=%3Cauthor%3EVENKATRAMANI+V%3BPILLAI+S%3BMARATHE+S%3BREGE+SA%3BHANDIKAR+JV%3C%2FAuthor%3E%3CAN%3E19622255%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

**INTRODUCTION:** Breast gangrene has been reported as a complication following puerperal sepsis, breast surgery, nipple piercings, warfarin toxicity, etc. We report a case of primary breast gangrene in an HIV-positive individual which, to the best of our knowledge, is the first of its kind.

**CASE REPORT:** A 40-year-old previously healthy woman presented with fulminating left breast gangrene. She was detected to be HIV positive. Mastectomy was performed. The detailed management of the condition is discussed.



CONCLUSION: Severe necrotising infections may be initial manifestations of HIV infection and patients with such infections should be screened for HIV.

150. Thakar, C., et al. (2009).

**"A simple way to aid accurate guide-wire placement in dynamic screw fixation of femoral neck fractures."**

*Annals of the Royal College of Surgeons of England* 91(8): 715-716.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20077581&id=doi:10.1308%2Frcsann.2009.91.8.715b&issn=0035-8843&isbn=&volume=91&issue=8&spage=715&pages=715-6&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+way+to+aid+accurate+guide-wire+placement+in+dynamic+screw+fixation+of+femoral+neck+fractures.&aulast=Thakar&pid=%3Cauthor%3EThakar+C%3BDatta+A%3BAbbas+G%3BMcMaster+J%3C%2Fauthor%3E%3CAN%3E20077581%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

151. Skipworth, J., et al. (2009).

**"The management of multi-site, bleeding, visceral artery pseudoaneurysms, secondary to necrotising pancreatitis."**

*Annals of the Royal College of Surgeons of England* 91(3): 255-258.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19220939&id=doi:10.1308%2F003588409X359295&issn=0035-8843&isbn=&volume=91&issue=3&spage=255&pages=255-8&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+management+of+multi-site+bleeding+visceral+artery+pseudoaneurysms%2C+secondary+to+necrotising+pancreatitis.&aulast=Skipworth&pid=%3Cauthor%3ESkipworth+J%3BRaptis+D%3BBrennan+D%3BImber+C%3BShankar+A%3C%2Fauthor%3E%3CAN%3E19220939%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

We present the case of a 45-year-old man, who presented to his local casualty department with severe epigastric pain following an alcohol binge, and was subsequently diagnosed with acute pancreatitis. Pancreatic necrosis with multiple collections ensued, necessitating transfer to an intensive care unit (ITU) in a tertiary hepatopancreaticobiliary centre. Initially, the patient appeared to slowly improve and was discharged to the ward, albeit following a prolonged ITU admission. However, during his subsequent recovery, he suffered multiple episodes of haematemesis and melaena associated with haemodynamic instability and requiring repeat admission to the ITU. Computerised tomographic angiography, followed by visceral angiography, was used to confirm the diagnosis of multisite visceral artery pseudoaneurysms, secondary to severe, necrotising pancreatitis. Pseudoaneurysms of the splenic, left colic and gastroduodenal arteries were sequentially, and successfully, radiologically embolised over a period of 9 days. Subsequent sequelae of radiological embolisation included a clinically insignificant splenic infarct, and a left colonic infarction associated with subsequent enterocutaneous

fistula formation. The patient made a prolonged, but successful, recovery and was discharged from hospital after 260 days as an in-patient. This case illustrates the rare complication of three separate pseudoaneurysms, secondary to acute pancreatitis, successfully managed radiologically in the same patient. This case also highlights the necessity for multidisciplinary involvement in the management of pseudoaneurysms, an approach that is often most successfully achieved in a tertiary setting.

152. Robinson, T., et al. (2009).

**"Audit of anticoagulation after embolectomy for acute ischaemia."**

*Annals of the Royal College of Surgeons of England* 91(6): 470-472.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19558759&id=doi:10.1308%2F003588409X432329&issn=0035-8843&isbn=&volume=91&issue=6&spage=470&pages=470-2&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audit+of+anticoagulation+after+embolectomy+for+acute+ischaemia.&aulast=Robinson&pid=%3Cauthor%3ERobinson+T%3BHunter+I%3BWathes+R%3BKeeling+D%3BHands+L%3C%2FAuthor%3E%3CAN%3E19558759%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Intravenous unfractionated heparin (UFH) is routinely used in patients after arterial embolectomy. Achieving and maintaining therapeutic levels requires a co-ordinated approach which may be difficult for busy junior doctors and laboratories. There is no current evidence regarding the use of subcutaneous low molecular weight heparin (LMWH) as an alternative.

**PATIENTS AND METHODS:** The study retrospectively examined all patients who had undergone any form of embolectomy during 2006 and 2007 by review of their medical records, an electronic laboratory database, and the patients' drug charts.

**RESULTS:** Overall, 45 patients were studied. A total of 389 activated partial thromboplastin time (APTT) tests were performed of which 146 (37.6%) were in the therapeutic range (50-90 s), 40.4% were < 50 s and 22.1% were > 90 s. Five patients (11.1%) had further surgical procedures. Significant bleeding occurred in two patients.

**CONCLUSIONS:** The results indicate that many patients are not appropriately anticoagulated. Whilst a new UFH protocol is being developed by our hospital trust, the authors believe the use of LMWH could provide a more effective and user-friendly alternative to UFH.

153. Pfleiderer, A. G., et al. (2009).

**"The timing of calcium measurements in helping to predict temporary and permanent hypocalcaemia in patients having completion and total thyroidectomies."**

*Annals of the Royal College of Surgeons of England* 91(2): 140-146.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19317937&id=doi:10.1308%2F003588409X359349&issn=0035-8843&isbn=&volume=91&issue=2&spage=140&pages=140-6&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+timing+of+calcium+measurements+in+helping+to+predict+temporary+and+permanent+hypocalcaemia+in+patient>

s+having+completion+and+total+thyroidectomies.&aulast=Pfleiderer&pid=%3Cauthor%3EPfleiderer+AG%3BAhmad+N%3BDraper+MR%3BVrotsou+K%3BSmith+WK%3C%2Fauthor%3E%3CAN%3E19317937%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

**INTRODUCTION:** Postoperative hypocalcaemia commonly occurs after extensive thyroid surgery and may require calcium and/or vitamin D supplements to alleviate or prevent the symptoms. In this study, we determined the risk factors for developing hypocalcaemia and whether early serum calcium levels can predict the development of or differentiate between temporary or permanent hypocalcaemia.

**PATIENTS AND METHODS:** A total of 162 patients who either had a completion or total thyroidectomy formed the basis of this prospective study. Serial serum calcium measurements were recorded as well as details of the operation, pathology, indications for surgery, number of parathyroids identified at operation and any complications.

**RESULTS:** Eighty-four (52%) patients did not develop hypocalcaemia but 69 (43%) were found to have temporary hypocalcaemia and 9 (5%) had permanent hypocalcaemia. Hypocalcaemia was more common after total than completion thyroidectomies and the identification of parathyroids at operation appears to have a significant adverse effect on outcome. The calcium levels measured on day 1 postoperatively and the slope (serum calcium levels of day 1 postoperative minus day of operation) were statistically significant in predicting the development of hypocalcaemia and possibly to differentiate between temporary or permanent hypocalcaemia.

**DISCUSSION:** Although almost half the patients having extensive thyroid surgery developed hypocalcaemia (as defined by any postoperative corrected serum calcium level of < 2.12 mmol/l) only 24% had a serum calcium of < 2.12 mmol/l associated with clinical symptoms of hypocalcaemia or a calcium level of < 2.0 mmol/l. Only 5% had persistent hypocalcaemia defined as requiring exogenous supplements at 6 months' postoperatively. Patients having a completion thyroidectomy appear to be less likely to develop hypocalcaemia perhaps as a result of any iatrogenic effects on the parathyroids at the first operation being reversed before the second operation. Identification and, therefore, exposure of parathyroids at operation may have an adverse effect on the blood supply to the glands affecting their function.

**CONCLUSIONS:** Serum calcium levels measured 6 hours' post-surgery and on day 1 postoperatively can be useful in predicting if the patient will develop hypocalcaemia and the slope may indicate whether the hypocalcaemia will be temporary or permanent. Patients with toxic goitres and those having a one-stage total thyroidectomy are most at risk of developing hypocalcaemia.

154. Malhotra, K. and B. Axisa (2009).

**"Low plasma albumin linked to fluid overload in postoperative epidural patients."**

*Annals of the Royal College of Surgeons of England* 91(8): 703-707.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19909614&id=doi:10.1308%2F003588409X12486167522072&issn=0035-8843&isbn=&volume=91&issue=8&spage=703&pages=703-7&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Low+plasma+albumin+linked+to+fluid+overload+in+postoperative+epidural+patients.&aulast=Malhotra&pid=%3Cauthor%3EMalhotra+K%3BAxisa+B%3C%2Fauthor%3E%3CAN%3E19909614%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>



**INTRODUCTION:** Hypotension is commonly associated with epidural use in postoperative patients and is usually treated with fluid or vasopressor therapy. The former can result in fluid overload, associated with significant morbidity. This study aimed to identify factors increasing the likelihood of fluid overload in elective patients.

**PATIENTS AND METHODS:** A prospective audit of fluid therapy in elective, postoperative, epidural patients was carried out over a 6-week period in a teaching hospital in England. Demographic, biochemical, and fluid balance data were collected and analysed to determine which factors had the strongest correlation with fluid overload. Fluid overload was calculated as the percentage of net fluid input relative to pre-operative body weight (%FO).

**RESULTS:** Thirty-two patients were included in this study. An overload of 10% of the patients' pre-operative body weight was considered significant. The mean fluid overload incurred by patients in this study was 8.17 l (range, 2.89-14.62 l); %FO was 11.32% (range, 3.67-26.10%). The strongest independently correlating factor to fluid overload was initial, postoperative plasma albumin. Patients with a plasma albumin less than 27 g/l developed significant overload: mean overload 9.75 l (range, 2.89-14.62 l), %FO 15.12% (range, 4.81-26.10%), whilst those with an albumin level greater than 27 g/l did not: mean overload 6.77 l (range, 3.34-11.48 l), %FO 7.96% (range, 3.67-13.93%); P = 0.0001.

**CONCLUSIONS:** Patients receiving epidurals with initial, postoperative, plasma albumin levels below 27 g/l are at increased risk of significant fluid overload. Earlier instigation of vasopressor therapy in this subgroup of patients may help prevent this.

155. Gilbert, J. M. (2009).

**"The EndoAssist robotic camera holder as an aid to the introduction of laparoscopic colorectal surgery."**

*Annals of the Royal College of Surgeons of England* 91(5): 389-393.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19409150&id=doi:10.1308%2F003588409X392162&issn=0035-8843&isbn=&volume=91&issue=5&spage=389&pages=389-93&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+EndoAssist+robotic+camera+holder+as+an+aid+to+the+introduction+of+laparoscopic+colorectal+surgery.&aulast=Gilbert&pid=%3Cauthor%3EGilbert+JM%3C%2Fauthor%3E%3CAN%3E19409150%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E>

**INTRODUCTION:** Introducing laparoscopic colorectal surgery is a challenge to the whole surgical team. It is usual for an assistant to hold the laparoscope and be responsible for the surgeon's view of the operative field and a lack of expertise in the assistant can add significant difficulties. The EndoAssist is a robotic device that replaces the human assistant and ensures steady visualisation of the operative field and a view which can be controlled by the surgeon. This study describes its use in the introduction of laparoscopic colorectal surgery to a unit.

**PATIENTS AND METHODS:** The EndoAssist was employed for the introduction of laparoscopic colorectal surgery in a unit with previous experience of this device for laparoscopic cholecystectomy. It was used in a consecutive series of 77 laparoscopic colectomy operations.



RESULTS: The robotic device proved successful in the whole range of colorectal operations and a reliable assistant. No problems specific to the device were encountered.

CONCLUSIONS: The EndoAssist robot is a useful laparoscopic assistant and aided in the introduction of laparoscopic colorectal surgery.

156. Gambhir, R. P. (2009).

**"Another nail in the coffin for role of D-dimer in diagnosis of postoperative deep vein thrombosis!"**

*Annals of the Royal College of Surgeons of England* 91(4): 355.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19416595&id=doi:10.1308%2F003588409X428324&issn=0035-8843&isbn=&volume=91&issue=4&spage=355&pages=355&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Another+nail+in+the+coffin+for+role+of+D-dimer+in+diagnosis+of+postoperative+deep+vein+thrombosis%21.&aulast=Gambhir&pid=%3Cauthor%3EGambhir+RP%3C%2Fauthor%3E%3CAN%3E19416595%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

157. Elloy, M., et al. (2009).

**"A strategy to overcome the radiology lottery in the staging of head and neck cancer: an aid to attaining the 30-day rule."**

*Annals of the Royal College of Surgeons of England* 91(1): 74-76.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19126338&id=doi:10.1308%2F003588409X359042&issn=0035-8843&isbn=&volume=91&issue=1&spage=74&pages=74-6&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+strategy+to+overcome+the+radiology+lottery+in+the+staging+of+head+and+neck+cancer%3A+an+aid+to+attaining+the+30-day+rule.&aulast=Elloy&pid=%3Cauthor%3EElloy+M%3BJarvis+S%3BDavis+A%3C%2Fauthor%3E%3CAN%3E19126338%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Rapid access to radiological services is essential, if the British Association of Otolaryngologists - Head and Neck Surgeons Minimum Temporal Standards are to be met in the management of head and neck cancer patients. This study assesses a new initiative whereby the multidisciplinary team prioritises allocated imaging appointments rather than using the traditional radiological triage system.

PATIENTS AND METHODS: This study was a prospective audit of all patients referred over a 3-month period with suspected head and neck cancer. The main outcome measures were: (i) median interval in days from general practitioner (GP) referral to staging scan; and (ii) median interval in days from first clinic appointment to staging scan.

RESULTS: The new multidisciplinary team booking system led to a statistically significant reduction in the 'request-to-scan time' (from 12 days to 5 days). The time from 'GP to scan' also improved.

CONCLUSIONS: This new multidisciplinary team-led booking system, could, in the future, speed up access to radiology services for head and neck cancer patients, allowing earlier definitive treatment.

158. Deakin, D. and A. Mishreki (2009).

**"Use of a K-wire as an aid to ensuring an accurate neck cut during hip hemi-arthroplasty."**

*Annals of the Royal College of Surgeons of England* 91(6): 525.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20301810&id=doi:10.1308%2Frcsann.2009.91.6.525&issn=0035-8843&isbn=&volume=91&issue=6&spage=525&pages=525&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+a+K-wire+as+an+aid+to+ensuring+an+accurate+neck+cut+during+hip+hemi-arthroplasty.&aulast=Deakin&pid=%3Cauthor%3EDeakin+D%3BMishreki+A%3C%2Fauthor%3E%3CAN%3E20301810%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

159. Boralessa, H., et al. (2009).

**"National comparative audit of blood use in elective primary unilateral total hip replacement surgery in the UK."**

*Annals of the Royal College of Surgeons of England* 91(7): 599-605.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19686612&id=doi:10.1308%2F003588409X432464&issn=0035-8843&isbn=&volume=91&issue=7&spage=599&pages=599-605&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=National+comparative+audit+of+blood+use+in+elective+primary+unilateral+total+hip+replacement+surgery+in+the+UK.&aulast=Boralessa&pid=%3Cauthor%3EBoralessa+H%3BGoldhill+DR%3BTucker+K%3BMortimer+AJ%3BGrant-Casey+J%3C%2Fauthor%3E%3CAN%3E19686612%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Blood is a scarce and expensive product. Although it may be life-saving, in recent years there has been an increased emphasis on the potential hazards of transfusion as well as evidence supporting the use of lower transfusion thresholds. Orthopaedic surgery accounts for some 10% of transfused red blood cells and evidence suggests that there is considerable variation in transfusion practice.

PATIENTS AND METHODS: NHS Blood and Transplant, in collaboration with the Royal College of Physicians, undertook a national audit on transfusion practice. Each hospital was asked to provide information relating to 40 consecutive patients undergoing elective, primary unilateral total hip replacement surgery. The results were compared to indicators and standards.

RESULTS: Information was analysed relating to 7465 operations performed in 223 hospitals. Almost all hospitals had a system for referring abnormal pre-operative blood results to a doctor and 73% performed a group-and-save rather than a cross-match before surgery. Of hospitals, 47% had a transfusion policy. In 73%, the policy recommended a transfusion threshold at a haemoglobin concentration of 8 g/dl or less. There was a wide variation in transfusion rate among hospitals. Of patients, 15% had a haemoglobin concentration less than 12 g/dl recorded in the 28 days before surgery and 57% of these patients were transfused compared to 20% with higher pre-operative values. Of those who were transfused, 7% were given a single unit and 67% two units. Of patients transfused two or more units during days 1-14 after surgery, 65% had a post transfusion haemoglobin concentration of 10 g/dl or more.

CONCLUSIONS: Pre-operative anaemia, lack of availability of transfusion protocols and use of different thresholds for transfusion may have contributed to the wide variation in transfusion rate. Effective measures to identify and correct pre-operative anaemia may decrease the need for transfusion. A consistent, evidence-based, transfusion threshold should be used and transfusion of more than one unit should only be given if essential to maintain haemoglobin concentrations above this threshold.

160. Beckles, V. L., et al. (2009).

**"Pre-contouring plates using synthetic bone models as a template to aid minimal access fracture fixation."**

*Annals of the Royal College of Surgeons of England* 91(6): 523.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:20301805&id=doi:10.1308%2Frcsann.2009.91.6.523a&issn=0035-8843&isbn=&volume=91&issue=6&spage=523&pages=523&date=2009&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Pre-contouring+plates+using+synthetic+bone+models+as+a+template+to+aid+minimal+access+fracture+fixation.&aulast=Beckles&pid=%3Cauthor%3EBeckles+VL%3BBates+JH%3BHarrison+WJ%3C%2Fauthor%3E%3CAN%3E20301805%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

161. Willis-Owen, C. A. and J. P. Cobb (2008).

**"Total hip arthroplasty in Klippel-Trenaunay syndrome."**

*Annals of the Royal College of Surgeons of England* 90(8): W6-8.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18990275&id=doi:10.1308%2F147870808X303182&issn=0035-8843&isbn=&volume=90&issue=8&spage=W6&pages=W6-8&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Total+hip+arthroplasty+in+Klippel-Trenaunay+syndrome.&aulast=Willis-Owen&pid=%3Cauthor%3EWillis-Owen+CA%3BCobb+JP%3C%2Fauthor%3E%3CAN%3E18990275%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Klippel-Trenaunay syndrome patients often suffer degenerative joint disease at an early age. Performing arthroplasty in these patients is particularly difficult for a number of reasons. In this case report, we describe the second reported case of total hip replacement in Klippel-Trenaunay syndrome, using novel techniques to surmount the problems faced in this challenging condition.

**162.** Scurr, J. R., et al. (2008).

**"[www.Accurate information for varicose vein patients.com?](http://www.Accurateinformationforvaricoseveinpatients.com?)"**

*Annals of the Royal College of Surgeons of England* 90(7): 554-556.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18831866&id=doi:10.1308%2F003588408X318219&issn=0035-8843&isbn=&volume=90&issue=7&spage=554&pages=554-6&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=www.Accurate+in+formation+for+varicose+vein+patients.com%3F.&aulast=Scurr&pid=%3Cauthor%3EScurr+JR%3BHufto+n+A%3BJeffrey+V%3BVallabhaneni+SR%3C%2Fauthor%3E%3CAN%3E18831866%3C%2FAN%3E%3CDT%3EEvaluation+Study%3C%2FDT%3E>

**INTRODUCTION:** The aim of this study was to review the information available to the public regarding the treatment of varicose veins on dedicated UK-based websites.

**PATIENTS AND METHODS:** Websites were identified by using the Google search engine. All identified websites were examined, noting the range of treatments explained and their stated potential complications. Website ownership was also recorded.

**RESULTS:** A total of 49 websites were identified, belonging to individual physicians (21), private clinics or groups (15), national institutions (4) and device/drug manufacturers (4). Five websites were simply redirecting portals and, hence, were excluded from further analysis. Treatment methods discussed were conventional surgery (32), endovenous laser [EVLA] and/or radiofrequency ablation [RFA] (31), and ultrasound-guided foam sclerotherapy [UGFS] (27). Only 19 websites (43%) discussed all treatment methods. Complications mentioned following surgery were: cutaneous nerve damage (56%), recurrence (56%), infection (53%), bleeding (41%) and venous thrombo-embolism (38%). Complications following EVLA/RFA were: cutaneous nerve damage (42%), recurrence (42%), venous thrombo-embolism (39%) and burns (35%). Complications following UGFS were: pigmentation (59%), venous thrombo-embolism (48%), ulceration (41%), recurrence (41%), allergy (26%) and visual disturbance (26%).

**CONCLUSIONS:** Over 50% of the websites examined did not mention all the management methods now available for varicose veins. More importantly, the majority of the websites did not warn of the common complications of intervention. Currently, information on the Internet cannot be relied upon to supplement informed consent and may actually generate unrealistic patient expectations.

**163.** Rafee, A., et al. (2008).

**"D-Dimer in the diagnosis of deep vein thrombosis following total hip and knee replacement: a prospective study."**

*Annals of the Royal College of Surgeons of England* 90(2): 123-126.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18325211&id=doi:10.1308%2F003588408X261627&issn=0035-8843&isbn=&volume=90&issue=2&spage=123&pages=123-6&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=D-Dimer+in+the+diagnosis+of+deep+vein+thrombosis+following+total+hip+and+knee+replacement%3A+a+prospective+study.&aulast=Rafee&pid=%3Cauthor%3ERafee+A%3BHerlikar+D%3BGilbert+R%3BStoockwell+RC%3BMcLauchlan+GJ%3C%2Fauthor%3E%3CAN%3E18325211%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The merit of using D-dimer estimations in patients following total hip and knee replacement has been previously questioned. A survey of radiology protocols in 70 hospitals ascertained that the test continues to be mandatory in 51 prior to formal radiological investigation of suspected deep vein thrombosis (DVT) in this patient population.

**PATIENTS AND METHODS:** In this study, D-dimer levels were measured pre-operatively and during the first 7 days following primary total hip and knee replacement to estimate the range of normal values in these patients.

**RESULTS:** All 78 patients were ultrasonographically shown to be clear of DVT. D-Dimer levels were significantly raised in all patients at all measurements during the first week. Levels after total knee replacement were higher than after total hip replacement. Comparison was made with an age-matched group who had a proven DVT. There was no difference in D-dimer levels between patients with or without a DVT.

**CONCLUSIONS:** The use of this test in this patient group is a waste of resource and merely delays appropriate radiological investigation and treatment.

**164.** Mihai, R. (2008).

**"The calcium sensing receptor: from understanding parathyroid calcium homeostasis to bone metastases."**

*Annals of the Royal College of Surgeons of England* 90(4): 271-277.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18492387&id=doi:10.1308%2F003588408X286044&issn=0035-8843&isbn=&volume=90&issue=4&spage=271&pages=271-7&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+calcium+sensing+receptor%3A+from+understanding+parathyroid+calcium+homeostasis+to+bone+metastases.&aulast=Mihai&pid=%3Cauthor%3EMihai+R%3C%2Fauthor%3E%3CAN%3E18492387%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The cloning of the calcium sensing receptor (CaR) confirmed that parathyroid cells monitor extracellular calcium concentration ( $[Ca^{2+}]_{ext}$ ) via a receptor-type mechanism. This led to the hypothesis that abnormalities in the expression and/or function of the CaR could explain the biochemical abnormalities in primary hyperparathyroidism (PHPT). Cultured cells from parathyroid adenomas of patients operated for PHPT were used to monitor real-time changes in intracellular calcium concentration ( $[Ca^{2+}]_i$ ) as measured by fluorescent microscopy using the Fura-2/AM dye. We found that CaR agonists trigger release of intracellular calcium pools and such responses are amplified by increasing the affinity of IP3 receptors. Using confocal microscopy to monitor membrane trafficking in living parathyroid cells labelled with the fluorescent dye FM1-43, we found that a decrease in  $[Ca^{2+}]_i$  rather than an absolute

change in  $[Ca^{2+}]_{ext}$  is the main stimulus for exocytosis from human parathyroid cells. These data suggest that, in PHPT, a defective signalling mechanism from the CaR allows cells from parathyroid adenomas to maintain low  $[Ca^{2+}]_i$  with uninhibited PTH secretion in the face of hypercalcaemia. Over longer periods of time, CaR controls parathyroid proliferation via changes in tyrosine phosphorylation. We found that multiple proteins of molecular weight 20-65 kDa are phosphorylated within 10-60 min in response to CaR agonists. Further work demonstrated that high  $[Ca^{2+}]_i$  stimulates the expression of bcl-2 oncoprotein in cultured human parathyroid cells and that, in parathyroid adenomas, predominant expression of bcl-2 rather than bax oncoprotein might prevent apoptosis and explain the slow growth rate of these tumours. More recently, it became apparent that CaR stimulates cell proliferation in several cell types not involved in calcium homeostasis. Using archived histological material from 65 patients who died with metastatic breast cancer, we identified CaR expression predominantly in tumours from patients who developed bone rather than visceral metastases (35 of 49 versus 7 of 16;  $P < 0.01$ , chi-squared test). These data suggest that CaR expression has the potential to become a new biological marker predicting the risk of bone metastases in patients with breast cancer. A prospective study should investigate if patients with CaR-positive tumours are more likely to develop bone metastases and whether they could benefit more from prophylactic treatment with bisphosphonates or the newly developed CaR antagonists.

165. Malik, H., et al. (2008).

**"Audit of blood transfusion in elective breast cancer surgery--do we need to group and save pre-operatively?"**

*Annals of the Royal College of Surgeons of England* 90(6): 472-473.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18765025&id=doi:10.1308%2F003588408X301091&issn=0035-8843&isbn=&volume=90&issue=6&spage=472&pages=472-3&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audit+of+blood+transfusion+in+elective+breast+cancer+surgery--do+we+need+to+group+and+save+pre-operatively%3F.&aulast=Malik&pid=%3Cauthor%3EMalik+H%3BBishop+H%3BWinstanley+J%3C%2Fauthor%3E%3CAN%3E18765025%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Current guidelines on blood ordering in our hospital require all patients undergoing elective breast cancer surgery to have blood grouped, screened and saved as an part of a pre-operative assessment. The aim of this audit was to assess the need for, and cost effectiveness of, this approach in elective breast cancer surgery.

**PATIENTS AND METHODS:** Retrospective data collection was undertaken for a 2-year period using the theatre booking system. As a result, 497 consecutive elective breast surgery operations including mastectomies, wide local excisions and breast reconstruction procedures were identified for analysis. Using the hospital blood bank computer system, we established the blood group and save or cross-match status as well as the pre- and postoperative haemoglobin results and blood transfusion related data for each of the patients identified.

**RESULTS:** Of the 497 patients, 438 (88.1%) had blood sent for group-and-save. Of the total 497 patients identified, only 19 (3.82%) patients received a blood transfusion. From the 447 patients undergoing simple mastectomy or wide local excisions alone, 9 patients (1.81%) required transfusion. Fifty patients underwent an immediate reconstruction procedure of whom 10 (20%) required a transfusion.

CONCLUSIONS: This study demonstrates that reconstruction is more likely to be associated with the need for a postoperative transfusion. However, in the context of all breast surgery, blood transfusion is rarely requested. Given this, the time and cost involved in processing a group-and-save pre-operatively is not justified.

166. Mackain-Bremner, A. A., et al. (2008).

**"Adherence to recommendations designed to decrease intra-operative wound contamination."**

*Annals of the Royal College of Surgeons of England* 90(5): 412-416.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18634740&id=doi:10.1308%2F003588408X301028&issn=0035-8843&isbn=&volume=90&issue=5&spage=412&pages=412-6&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Adherence+to+recommendations+designed+to+decrease+intra-operative+wound+contamination.&aulast=Mackain-Bremner&pid=%3Cauthor%3EMackain-Bremner+AA%3BOWens+K%3BWylde+V%3BBannister+GC%3BBlom+AW%3C%2FAuthor%3E%3CAN%3E18634740%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: The incidence of wound infection following total hip and knee arthroplasty has fallen with the introduction of laminar vertical laminar airflow, occlusive clothing and prophylactic antibiotics. However, infection still occurs after prosthetic joint replacement and can have devastating consequences. Intra-operative wound contamination is the major source of infection. Measures proven to decrease intra-operative wound contamination include chlorhexidine lavage, removal of jewellery, covering old jewellery, ears, nose, mouth and hair and wearing theatre clothing in an occlusive manner.

PATIENTS AND METHODS: Posters explaining this practice were placed at eye level in the scrub area of orthopaedic theatres and adoption of these techniques was observed covertly before and after.

RESULTS: Eighty-two personnel were audited before the poster was erected and 90 afterwards. Only 2 of 12 observed standards were adhered to 100% of the time.

CONCLUSIONS: Education by posters did not significantly improve adherence to protocols. Compliance with protocols was worse amongst non-scrubbed theatre personnel.

167. Lumley, J. S., et al. (2008).

**"The impact of Creutzfeldt-Jakob disease on surgical practice."**

*Annals of the Royal College of Surgeons of England* 90(2): 91-94.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18325202&id=doi:10.1308%2F003588408X261726&issn=0035-8843&isbn=&volume=90&issue=2&spage=91&pages=91-4&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+impact+of+Creutzfeldt-Jakob+disease+on+surgical+practice.&aulast=Lumley&pid=%3Cauthor%3ELumley+JS%3BCJD+Incidents+Panel%3BEngineering+and+Scientific+Advisory+Committee->



Creutzfeldt-Jakob disease (CJD) is characterised by abnormal prion protein that can replicate and replace nervous tissue, with rapid lethal neurodegenerative consequences. The transmissible nature of CJD has been known for half a century and transmission has occurred through neurosurgical procedures. Variant Creutzfeldt-Jakob disease (vCJD) emerged in 1996, and the presence of abnormal prion in lymphatic tissue extended the number of surgical specialties dealing with infected material; transmission through blood transfusion raised the possibilities of a large carrier pool and spread of epidemic proportion. The abnormal prion is difficult to remove and this could influence future decontamination programmes. Contaminated instruments must be withdrawn from surgical practice, and this can interfere with the efficient running of a surgical unit and optimal patient care. There is an urgent need for reliable methods for the detection of abnormal prion, within and outside the body. These will help to clarify the epidemiology of CJD, and to reduce its transmission via blood and tissue. They will also allow determination of the efficacy of new decontamination products in surgical practice, and the value of any treatment of sufferers and carriers of CJD. In the meantime, continued vigilance and informed regulation of all aspects of CJD must remain. [References: 6]

168. Johnson, B. and W. Goude (2008).

**"Use of drill hole to aid hold of reduction forceps during open reduction and internal fixation of the ankle."**

*Annals of the Royal College of Surgeons of England* 90(7): 617.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18837124&id=doi:10.1308%2Frcsann.2008.90.7.617a&issn=0035-8843&isbn=&volume=90&issue=7&spage=617&pages=617&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+drill+hole+to+aid+hold+of+reduction+forceps+during+open+reduction+and+internal+fixation+of+the+ankle.&aulast=Johnson&pid=%3Cauthor%3EJohnson+B%3BGoude+W%3C%2Fauthor%3E%3CAN%3E18837124%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

169. Hoosein, M. M., et al. (2008).

**"Consenting practice for open inguinal hernia repairs - are we failing to warn patients of serious complications?"**

*Annals of the Royal College of Surgeons of England* 90(8): 643-646.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18796191&id=doi:10.1308%2F003588408X318165&issn=0035-8843&isbn=&volume=90&issue=8&spage=643&pages=643-6&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Consenting+practice+for+open+inguinal+hernia+repairs+-+are+we+failing+to+warn+patients+of+serious+complications%3F.&aulast=Hoosein&pid=%3Cauthor%3EHoosein%3E%3CAN%3E18796191%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>



**INTRODUCTION:** Open inguinal hernia repairs are one of the most commonly performed procedures in the UK. The procedure can sometimes result in considerable morbidity. It is imperative that the consenting process for this procedure is meticulous. This allows the patient to make a fully informed decision as they are aware of potential complications. In turn, this reduces the risk of future litigation. The aim of this study was to examine the adequacy of consenting for open inguinal hernia repairs, in particular, focusing on serious risks associated with the procedure.

**PATIENTS AND METHODS:** The notes of male patients who had undergone open inguinal hernia repair over a 6-month period were identified by the IT department. Inclusion and exclusion criteria were defined, giving a total of 97 male patients. Their consent forms were examined, focusing on: (i) the complications mentioned; and (ii) the grade of the consentor. A proforma was filled in for each of these patients and the data collated.

**RESULTS:** Of the 97 patients in the study, 25.7% of patients were consented by a consultant, 54.6% by a specialist registrar, and 19.6% by a senior house officer/FY2. The most commonly recorded risks included infection (100%) and bleeding (100%). Serious complications such as chronic pain (consented for at an average of 14%), testicular complications (45.3%) and visceral injury (52.1%) were poorly accounted for at all levels.

**CONCLUSIONS:** Consultants and juniors alike are not adequately consenting patients for inguinal hernia repairs, omitting serious complications such as chronic pain, recurrence and testicular complications. This leaves surgical teams vulnerable to claims for negligence. Good consenting practice may ultimately benefit both patient and surgeon.

**170.** Hameed, S., et al. (2008).

**"Henoch-Schonlein purpura with ischaemic bowel."**

*Annals of the Royal College of Surgeons of England* 90(7): W16-17.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18831864&id=doi:10.1308%2F147870808X303155&issn=0035-8843&isbn=&volume=90&issue=7&spage=W16&pages=W16-7&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Henoch-Schonlein+purpura+with+ischaemic+bowel.&auid=Hameed&pid=%3Cauthor%3EHameed+S%3BDua+S%3BTaylor+HW%3C%2Fauthor%3E%3CAN%3E18831864%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Henoch-Schonlein purpura is a vasculitis affecting small arterial vessels. Occasionally, cases are referred for a general surgical opinion due to bowel involvement in the form of abdominal pain with or without rectal bleeding. However, surgical intervention is rarely required. We describe a case of Henoch-Schonlein purpura in a young man who went on to develop ischaemic bowel requiring resection.

**171.** Dunbar, M. R., et al. (2008).

**"The use of warfarin as thromboprophylaxis for lower limb arthroplasty."**

*Annals of the Royal College of Surgeons of England* 90(6): 500-503.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18598596&id=doi:10.1308%2F003588408X300957&issn=0035-8843&isbn=&volume=90&issue=6&spage=500&pages=500-3&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+warfarin+as+thromboprophylaxis+for+lower+limb+arthroplasty.&aulast=Dunbar&pid=%3Cauthor%3EDunbar+MR%3BUpadhyay+PK%3BKarthikeyan+S%3C%2Fauthor%3E%3CAN%3E18598596%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Most orthopaedic surgeons in the UK use some form of prophylaxis against venous thromboembolic events. Warfarin has been recommended as one of the preferred methods to use. The period of in-hospital postoperative rehabilitation has reduced significantly since lower limb arthroplasty was introduced. We sought to identify and quantify any delay in discharge associated in using warfarin as chemical prophylaxis.

**PATIENTS AND METHODS:** During a 12-week period, all patients undergoing a lower limb arthroplasty procedure were identified and any delay in discharge related to their warfarin prophylaxis was recorded.

**RESULTS:** Of the 25 arthroplasties performed in this time period, 17 (68%) were subject to a delay. The total delay in discharge was 39 days. When the standard warfarin dosing protocol was followed, 33% of patients were still delayed. When the protocol was not followed, only 23% were delayed. The majority of deviations from the protocol led to a shorter hospital stay.

**DISCUSSION:** Patients using warfarin prophylaxis generate an additional cost of 417 pounds related to bed occupancy. There is considerable scope for significantly reducing this cost by moving the early postoperative anticoagulation monitoring into the community. Delayed discharge is an important consideration in the economic issues that surround the choice of thromboprophylaxis.

**172.** Cowen, R., et al. (2008).

**"The acute blue finger: management and outcome."**

*Annals of the Royal College of Surgeons of England* 90(7): 557-560.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18701013&id=doi:10.1308%2F003588408X318237&issn=0035-8843&isbn=&volume=90&issue=7&spage=557&pages=557-60&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+acute+blue+finger%3A+management+and+outcome.&aulast=Cowen&pid=%3Cauthor%3ECowen+R%3BRichards+T%3BDharmadasa+A%3BHanda+A%3BPerkins+JM%3C%2Fauthor%3E%3CAN%3E18701013%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The objective was to assess the management, and short- and longer-term outcome of patients presenting with an acute blue finger.

**PATIENTS AND METHODS:** This was a retrospective, case-note review and prospective follow-up by telephone and general practitioner enquiry. All patients who presented with sudden onset blue discolouration of a finger within the previous 72 h, with normal radial and ulnar pulses, were included.

RESULTS: From 2000 to 2006, 22 patients, 15 female, 7 male, were reviewed. Median age was 56 years (range, 19-88 years). Median time from onset of blue finger was 6 days (range 1 day to 3 months). In most cases (17), no underlying cause was identified. Five patients had an underlying cause; two had symptoms compatible with Raynaud's phenomenon, one patient had signs (later confirmed on MRA) of arterial thoracic outlet syndrome and two had polycythaemia (haemoglobin > 17 g/dl). Otherwise, all laboratory investigations were normal. Upper limb duplex, echocardiogram and 24-h cardiac tapes were normal in all cases. Median follow-up was 19 months. Three patients had recurrent symptoms in the finger. No patient suffered tissue loss or loss of digit(s), and none had stroke or arterial embolisation.

CONCLUSIONS: The acute blue finger is a benign condition not suggestive of arterial embolisation. Tissue or digit loss is not a threat and, in the longer term, there is no threat of embolisation to other vascular sites.

**173.** Cooke, N. J. and R. Burnett (2008).

**"An aid to tibial alignment in total knee replacement."**

*Annals of the Royal College of Surgeons of England* 90(1): 73-74.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18213743&id=doi:10.1308%2Frcsann.2008.90.1.73b&issn=0035-8843&isbn=&volume=90&issue=1&spage=73&pages=73-74&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aid+to+tibial+alignment+in+total+knee+replacement.&aulast=Cooke&pid=%3Cauthor%3ECooke+NJ%3BBurnett+R%3C%2Fauthor%3E%3CAN%3E18213743%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**174.** Chelladurai, A. J., et al. (2008).

**"A novel technique to aid urethral catheterisation in patients presenting with acute urinary retention due to urethral stricture disease."**

*Annals of the Royal College of Surgeons of England* 90(1): 77-78.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18210681&id=doi:10.1308%2Frcsann.2008.90.1.77&issn=0035-8843&isbn=&volume=90&issue=1&spage=77&pages=77-78&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+novel+technique+to+aid+urethral+catheterisation+in+patients+presenting+with+acute+urinary+retention+due+to+urethral+stricture+disease.&aulast=Chelladurai&pid=%3Cauthor%3EChelladurai+AJ%3BSrirangam+SJ%3BBalades+RA%3C%2Fauthor%3E%3CAN%3E18210681%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**175.** Brady, R. R., et al. (2008).

**"Fact or infection: do surgical trainees know enough about infection control?"**

*Annals of the Royal College of Surgeons of England* 90(8): 647-650.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18990279&id=doi:10.1308%2F003588408X321756&issn=0035-8843&isbn=&volume=90&issue=8&spage=647&pages=647-50&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Fact+or+infection%3A+do+surgical+trainees+know+enough+about+infection+control%3F.&aulast=Brady&pid=%3Cauthor%3EBrady+RR%3BMcDermott+C%3BGibb+AP%3BPaterson-Brown+S%3C%2Fauthor%3E%3CAN%3E18990279%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** There exists a high level of non-compliance with basic infection control measures by medical staff. One explanation may be a lack of familiarity with contemporary infection control guidelines. As surgical trainees represent a key group of stakeholders responsible for the delivery of recommended infection control practice, we assessed knowledge of infection control guidelines amongst current UK surgical trainees.

**MATERIALS AND METHODS:** Without warning, during the annual meeting of the UK Association of Surgeons in Training (ASiT), participating surgical trainees were asked to complete a questionnaire examining their basic knowledge of infection control and methicillin-resistant *Staphylococcus aureus* (MRSA) based on recently published guidelines.

**RESULTS:** A total of 52 trainees (13 higher surgical trainees [HSTs]; 39 basic surgical trainees [BSTs]) returned completed questionnaires in the study. BSTs demonstrated a higher level of knowledge of infection control, outperforming the HSTs in 7 out of 11 questions. Of surgical trainees, 61.5% were misinformed regarding the prevalence of MRSA blood-stream infections and 69% were unaware of policies for transfer of MRSA-positive patients. Analysis revealed areas of concern in regards to an adequate general level of knowledge of infection control in surgical trainees, particularly in some key areas.

**CONCLUSIONS:** To ensure patient safety and reduce hospital-acquired infections, it is vital that focused, co-ordinated programmes of education, in this rapidly changing field, are prioritised and formalised into surgical training, selection and assessment.

176. Attar, K. H., et al. (2008).

**"Kidney salvage using the fibrinogen- and thrombin-coated sponge TachoSil during nephron-sparing surgery for the resection of large renal tumours."**

*Annals of the Royal College of Surgeons of England* 90(5): W8-11.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18634721&id=doi:10.1308%2F147870808X303001&issn=0035-8843&isbn=&volume=90&issue=5&spage=W8&pages=W8-11&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Kidney+salvage+using+the+fibrinogen-+and+thrombin-coated+sponge+TachoSil+during+nephron-sparing+surgery+for+the+resection+of+large+renal+tumours.&aulast=Attar&pid=%3Cauthor%3EAttar+KH%3BNamasivayam+J%3BGreen+J%3BPeters+J%3C%2Fauthor%3E%3CAN%3E18634721%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>



Nephron-sparing surgery can permit functional preservation of the kidney in carefully selected patients. We report nephron-sparing surgery in two patients with renal tumours  $\geq 5$  cm. Both patients were successfully treated, with kidney salvage facilitated through the use of the fibrinogen- and thrombin-coated collagen sponge, TachoSil (Nycomed UK Ltd, UK).

177. Aderinto, J., et al. (2008).

**"Early syphilis: a cause of mono-arthritis of the knee."**

*Annals of the Royal College of Surgeons of England* 90(5): W1-3.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18634719&id=doi:10.1308%2F147870808X303065&issn=0035-8843&isbn=&volume=90&issue=5&spage=W1&pages=W1-3&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Early+syphilis%3A+a+cause+of+mono-arthritis+of+the+knee.&aulast=Aderinto&pid=%3Cauthor%3EAderinto+J%3BKnight+D%3BKeating+JF%3C%2Fauthor%3E%3CAN%3E18634719%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The number of syphilis cases has increased in the UK in recent years, but many clinicians have limited experience in the diagnosis and treatment of this disease. If early diagnosis is not made and treated promptly with antibiotics, the disease may remain latent until the more serious manifestations of tertiary syphilis develop. We present the case of a 27-year-old man who presented with an acute mono-arthritis secondary to syphilis. The condition responded to antibiotic therapy. Orthopaedic surgeons should be aware of the diagnosis and consider it in patients with an acute arthropathy.

178. Addla, S. K., et al. (2008).

**"A simple aid to improve patient positioning during percutaneous nephrolithotomy."**

*Annals of the Royal College of Surgeons of England* 90(5): 433-434.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18642430&id=doi:10.1308%2Frcsann.2008.90.5.433b&issn=0035-8843&isbn=&volume=90&issue=5&spage=433&pages=433-4&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+aid+to+improve+patient+positioning+during+percutaneous+nephrolithotomy.&aulast=Addla&pid=%3Cauthor%3EAddla+SK%3BRajpal+S%3BSutcliffe+N%3BAdeyoku+A%3C%2Fauthor%3E%3CAN%3E18642430%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

179. Adam, J. A., et al. (2008).

**"Patient decision aids in joint replacement surgery: a literature review and an opinion survey of consultant orthopaedic surgeons."**

*Annals of the Royal College of Surgeons of England* 90(3): 198-207.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18430333&id=doi:10.1308%2F003588408X285748&issn=0035-8843&isbn=&volume=90&issue=3&spage=198&pages=198-207&date=2008&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Patient+decision+aids+in+joint+replacement+surgery%3A+a+literature+review+and+an+opinion+survey+of+consultant+orthopaedic+surgeons.&aulast=Adam&pid=%3Cauthor%3EAdam+JA%3BKhaw+FM%3BThomson+RG%3BGregg+PJ%3BLlewellyn-Thomas+HA%3C%2Fauthor%3E%3CAN%3E18430333%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Patient decision aids could facilitate shared decision-making in joint replacement surgery. However, patient decision aids are not routinely used in this setting.

**METHODS:** With a view to developing a patient decision aid for UK hip/knee joint replacement practice, we undertook a systematic search of the literature for evidence on the use of shared decision-making and patient decision aids in orthopaedics, and a national survey of consultant orthopaedic surgeons on the potential acceptability and feasibility of patient decision aids.

**RESULTS:** We found little published evidence regarding shared decision-making or patient decision aids in orthopaedics. In the survey, 362 of 639 (57%) randomly selected consultant orthopaedic surgeons responded. Respondents appear representative of consultant orthopaedic surgeons in the UK. Of 272 valid responses, 79% (95% CI, 73-85%) thought patient decision aids a good or excellent idea. There was consensus on the potential helpfulness of patient decision aids and core content. A booklet to take home was the preferred medium/practice model.

**CONCLUSIONS:** Despite the increased emphasis on patient involvement in decision-making, there is little evidence in the medical literature relating to shared decision-making or the use of patient decision aids in orthopaedic surgery. Further research in this area of clinical practice is required. Our survey shows that consultant orthopaedic surgeons in the UK are generally positive about the use of patient decision aids for joint replacement surgery. Survey results could inform future development of patient decision aids for joint replacement practice in the UK. [References: 25]

180. Wallis, G. C., et al. (2007).

**"Perceptions of orthopaedic surgeons regarding hepatitis C viral transmission: a questionnaire survey."**

*Annals of the Royal College of Surgeons of England* 89(3): 276-280.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17394714&id=doi:10.1308%2F003588407X179053&issn=0035-8843&isbn=&volume=89&issue=3&spage=276&pages=276-80&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perceptions+of+orthopaedic+surgeons+regarding+hepatitis+C+viral+transmission%3A+a+questionnaire+survey.&aulast=Wallis&pid=%3Cauthor%3EWallis+GC%3BKim+WY%3BChaudhary+BR%3BHenderson+JJ%3C%2Fauthor%3E%3CAN%3E17394714%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Occupationally acquired hepatitis C viral infection is an important issue in surgery since there are no known vaccines or effective prophylaxis.

**MATERIALS AND METHODS:** An anonymous questionnaire survey was performed to determine the attitudes and perception of risks of occupational acquired hepatitis C viral transmission in orthopaedic surgeons.

**RESULTS:** A total of 763 questionnaires were posted to orthopaedic surgeons with various subspecialty interests and 261 surgeons responded (34.2%). Of respondents, 117 (47%) had sustained sharps injuries in the previous 12 months. Only 82 surgeons (33%) always reported such injuries, although 208 (84%) expressed concerns of occupationally acquired hepatitis C viral transmission. Orthopaedic surgeons were mostly unaware of the true prevalence of hepatitis C in high-risk groups, such as intravenous drug abusers.

**CONCLUSIONS:** Greater awareness of all aspects of hepatitis C infection and its risks to the practice of surgery is required. Further debate is necessary on the role of routine testing of surgeons and patients.

**181.** Sykes, E. and J. F. Cosgrove (2007).

**"Acute renal failure and the critically ill surgical patient."**

*Annals of the Royal College of Surgeons of England* 89(1): 22-29.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17316516&id=doi:10.1308%2F003588407X155536&issn=0035-8843&isbn=&volume=89&issue=1&spage=22&pages=22-9&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Acute+renal+failure+and+the+critically+ill+surgical+patient.&aulast=Sykes&pid=%3Cauthor%3ESykes+E%3BCosgrove+JF%3C%2FAuthor%3E%3CAN%3E17316516%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Acute renal failure can occur following major surgery. Predisposing factors include massive haemorrhage, sepsis, diabetes, hypertension, cardiac disease, peripheral vascular disease, chronic renal impairment and age. Understanding epidemiology, aetiology and pathophysiology can aid effective diagnosis and management. A consensus definition for acute renal failure has recently been developed. It relates to deteriorating urine output, serum creatinine and glomerular filtration rate. In the surgical patient, precipitants are often pre-renal, although intrinsic damage and obstructed urine flow can occur. Worsening renal function results in distal organ damage. Acute renal failure is a marker of disease severity, carrying a poor prognosis if associated with deteriorating respiratory and cardiovascular function. Acute renal failure in the critically ill surgical patient exerts a massive impact on the evolution of complications and prognosis. Management relates to treating life-threatening problems, maintaining effective ventilation and circulation, removal (or reduction) of nephrotoxins and, where appropriate, establishing either renal replacement therapy or palliative care. [References: 41]

**182.** Sturdee, S. W., et al. (2007).

**"Decreasing the blood transfusion rate in elective hip replacement surgery using an autologous drainage system."**

*Annals of the Royal College of Surgeons of England* 89(2): 136-139.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17346406&id=doi:10.1308%2F003588407X155518&issn=0035-8843&isbn=&volume=89&issue=2&spage=136&pages=136->

[9&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Decreasing+the+blood+transfusion+rate+in+elective+hip+replacement+surgery+using+an+autologous+drainage+system.&aulast=Sturdee&pid=%3Cauthor%3ESturdee+SW%3BBeard+DJ%3BNandhara+G%3BSonanis+SV%3C%2Fauthor%3E%3CAN%3E17346406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://www.bloodtransfusion.com/author/3ESturdee+SW%3BBeard+DJ%3BNandhara+G%3BSonanis+SV%3C%2Fauthor%3E%3CAN%3E17346406%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**INTRODUCTION:** This is a prospective study looking at the effectiveness of autologous postoperative drains in primary uncemented total hip replacement (THR) surgery.

**PATIENTS AND METHODS:** A total of 86 patients were studied, with 43 using standard suction drains (normal drain group) and 43 using autologous drains (autologous drain group).

**RESULTS:** Thirty-seven units of homologous blood were transfused in the normal drain group and 5 units in the autologous drain group. The mean number of units of homologous blood transfused per patient was reduced from 0.86 to 0.12 ( $P < 0.01$ ) with the use of autologous drains and the transfusion rate was reduced from 23% to 6% ( $P < 0.02$ ). The mean length of hospital stay was also reduced by two nights ( $P < 0.05$ ). There were no adverse effects from using the autologous system and it does reduce the need for a homologous blood transfusion.

**CONCLUSIONS:** The system is simple and easy to use and we have also found it to be cost effective. Previously, it has not been reported as being effective in hip arthroplasty surgery, unlike knee arthroplasty surgery. We would recommend using autologous postoperative drains in primary THR surgery.

**183.** Ritchie, R. W., et al. (2007).

**"Using an extracorporeal suture loop to aid retroperitoneal pelvi-ureteric anastomotic suturing during laparoscopic pyeloplasty."**

*Annals of the Royal College of Surgeons of England* 89(3): 313.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17695062&id=doi:10.1308%2Frcsann.2007.89.3.313a&issn=0035-8843&isbn=&volume=89&issue=3&spage=313&pages=313&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Using+an+extracorporeal+suture+loop+to+aid+retroperitoneal+pelvi-ureteric+anastomotic+suturing+during+laparoscopic+pyeloplasty.&aulast=Ritchie&pid=%3Cauthor%3ERitchie+RW%3BThiruchelvam+N%3BAdamson+A%3C%2Fauthor%3E%3CAN%3E17695062%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**184.** Praveen, C. V. and A. Martin (2007).

**"A rare case of fatal haemorrhage after tracheostomy."**

*Annals of the Royal College of Surgeons of England* 89(8): W6-8.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17999811&id=doi:10.1308%2F147870807X238258&issn=0035-8843&isbn=&volume=89&issue=8&spage=W6&pages=W6->



[8&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+rare+case+of+fatal+haemorrhage+after+tracheostomy.&aulast=Praveen&pid=%3Cauthor%3EPraveen+CV%3BMartin+A%3C%2Fauthor%3E%3CAN%3E17999811%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18213742&id=doi:10.1308%2Frcsann.2007.89.6.636b&issn=0035-8843&isbn=&volume=89&issue=6&spage=636&pages=636-7&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+rare+case+of+fatal+haemorrhage+after+tracheostomy.&aulast=Praveen&pid=%3Cauthor%3EPraveen+CV%3BMartin+A%3C%2Fauthor%3E%3CAN%3E17999811%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E)

Tracheo-arterial fistula after tracheostomy causing massive haemorrhage is fortunately rare, but can be serious and often fatal. Brachiocephalic trunk is commonly at risk of erosion because of its close relation with the trachea. Factors responsible for fistula are pressure from tube rubbing on the trachea and adjacent vessel, infection, malignant neoplastic invasion of a vessel near the trachea and low tracheostomy. We present a rare case of massive arterial bleeding which happened on the second day and recurred on fifth day, because of slippage of the ligature from the thyroid artery, causing aspiration and death. A low tracheostomy below the third ring should be avoided. If there is bleeding, as a first-aid measure the cuff should be over inflated without removing the tracheostomy tube.

**185.** Oates, J., et al. (2007).

**"The F-URS Screensaver - a cost-free aid to flexible ureterorenoscopy."**

*Annals of the Royal College of Surgeons of England* 89(6): 636-637.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18213742&id=doi:10.1308%2Frcsann.2007.89.6.636b&issn=0035-8843&isbn=&volume=89&issue=6&spage=636&pages=636-7&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+F-URS+Screensaver+-+a+cost-free+aid+to+flexible+ureterorenoscopy.&aulast=Oates&pid=%3Cauthor%3EOates+J%3BJenkinson+R%3BStubington+SR%3C%2Fauthor%3E%3CAN%3E18213742%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**186.** Mirza, S. B., et al. (2007).

**"Efficacy and economics of postoperative blood salvage in patients undergoing elective total hip replacement."**

*Annals of the Royal College of Surgeons of England* 89(8): 777-784.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17999819&id=doi:10.1308%2F003588407X209310&issn=0035-8843&isbn=&volume=89&issue=8&spage=777&pages=777-84&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Efficacy+and+economics+of+postoperative+blood+salvage+in+patients+undergoing+elective+total+hip+replacement.&aulast=Mirza&pid=%3Cauthor%3EMirza+SB%3BCampion+J%3BDixon+JH%3BPanesar+SS%3C%2Fauthor%3E%3CAN%3E17999819%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: Patients undergoing total hip replacement (THR) regularly receive allogenic blood transfusions. The infusion of allogenic blood exposes the recipient to significant risks including the transmission of infection, anaphylactic and haemolytic reactions. The purpose of this study was to

determine the effect of introducing a system to retransfuse salvaged drainage blood in patients undergoing primary THR.

**PATIENTS AND METHODS:** We reviewed records of 109 consecutive patients who underwent THR following the introduction of the ABTrans autologous retransfusion system at our institution in January 2000. For comparison, we reviewed the medical records of 109 patients who underwent the same procedure immediately before the introduction of the retransfusion system.

**RESULTS:** Overall, 9% of patients treated with blood salvage and 30% treated without blood salvage required allogenic blood transfusions. Patients treated with the salvage system had significantly smaller haemoglobin drops in the peri-operative period (difference 0.56 g/dl;  $P = 0.001$ ). The overall cost of using the retransfusion system was similar to that of routine vacuum drainage when the savings of reduced allogenic blood transfusion were taken into account.

**CONCLUSIONS:** The retransfusion of postoperative drainage blood is a simple, effective and safe way of providing autologous blood for patients undergoing primary THR.

**187.** Middleton, F. R. and D. R. Boardman (2007).

**"Total hip arthroplasty does not aid weight loss."**

*Annals of the Royal College of Surgeons of England* 89(3): 288-291.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17394717&id=doi:10.1308%2F003588407X179017&issn=0035-8843&isbn=&volume=89&issue=3&spage=288&pages=288-91&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Total+hip+arthr+oplasty+does+not+aid+weight+loss.&aulast=Middleton&pid=%3Cauthor%3EMiddleton+FR%3BBoardman+DR%3C%2Fauthor%3E%3CAN%3E17394717%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Increased body mass index (BMI) is associated with the development of osteoarthritis of the hip. Many overweight patients with an arthritic hip cite restricted mobility and pain as impeding factors in their attempts to lose weight. There is an assumption that weight loss will occur after their surgery due to increased mobility.

**PATIENTS AND METHODS:** The records of 180 patients who had undergone total hip arthroplasty (THA) were reviewed to identify BMI prior to, and 2 years after, surgery.

**RESULTS:** BMI significantly increased postoperatively, both in patients with a pre-operative BMI in the recommended range ( $P < 0.001$ ) and in those whose pre-operative BMI was indicative of obesity ( $P = 0.01$ ).

**CONCLUSIONS:** Irrespective of pre-operative BMI, reduction in body mass index did not occur following hip replacement surgery.

**188.** Mehrzad, H., et al. (2007).

**"A 5-year audit of rhinology procedures carried out in a district general hospital."**

*Annals of the Royal College of Surgeons of England* 89(8): 804-807.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17999825&id=doi:10.1308%2F003588407X209275&issn=0035-8843&isbn=&volume=89&issue=8&spage=804&pages=804-7&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+5-year+audit+of+rhinology+procedures+carried+out+in+a+district+general+hospital.&aulast=Mehrzad&pid=%3Cauthor%3EMehrzad+H%3BMrvine+M%3BKundu+S%3BBleach+N%3C%2Fauthor%3E%3CAN%3E17999825%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Although there has been many studies quoting ENT and rhinology complications, there have been none looking at the complication rates of one department with a single specialist rhinologist over a 5-year period.

**PATIENTS AND METHODS:** Over a 5-year period between 1998 and 2002, the number of operative procedures undertaken in the ENT department in a busy district general hospital was collected in a prospective manner.

**RESULTS:** A total of 10,768 ENT procedures were undertaken in the department which comprised four consultants and associated junior staff (SpRs/SASs/SHOs); 2507 of these procedures were rhinology cases. There were 39 recorded complications following nasal surgery, giving an overall rhinology complication rate of 1.56%. This included 12 postoperative nose bleeds (0.48%), 5 cases of infection following septal surgery (0.56%), 7 cases of septal perforation (0.75%) and various minor functional endoscopic sinus surgery (FESS) complications (2.17%). These figures are either below or within the quoted literature rates. There were no major complications or deaths recorded following nasal surgery.

**CONCLUSIONS:** These results compare favourably with those of other studies.

**189.** Lidder, P. G., et al. (2007).

**"Pre-operative oral iron supplementation reduces blood transfusion in colorectal surgery - a prospective, randomised, controlled trial."**

*Annals of the Royal College of Surgeons of England* 89(4): 418-421.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17535624&id=doi:10.1308%2F003588407X183364&issn=0035-8843&isbn=&volume=89&issue=4&spage=418&pages=418-21&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Pre-operative+oral+iron+supplementation+reduces+blood+transfusion+in+colorectal+surgery+-+a+prospective%2C+randomised%2C+controlled+trial.&aulast=Lidder&pid=%3Cauthor%3ELidder+PG%3BSanders+G%3BWhitehead+E%3BDouie+WJ%3BMellor+N%3BLewis+SJ%3BHosie+KB%3C%2Fauthor%3E%3CAN%3E17535624%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Allogeneic blood transfusion confers a risk to the recipient. Recent trials in colorectal surgery have shown that the most significant factors predicting blood transfusion are pre-operative haemoglobin, operative blood loss and presence of a transfusion protocol. We report a randomised, controlled trial of oral ferrous sulphate 200 mg TDS for 2 weeks' pre-operatively versus no iron therapy.

**PATIENTS AND METHODS:** Patients diagnosed with colorectal cancer were recruited from out-patient clinic and haematological parameters assessed. Randomisation was co-ordinated via a telephone randomisation centre.

**RESULTS:** Of the 49 patients recruited, 45 underwent colorectal resection. There were no differences between those patients not receiving iron (n = 23) and the iron-supplemented group (n = 22) for haemoglobin at recruitment, operative blood loss, operation duration or length of hospital stay. At admission to hospital, the iron-supplemented group had a higher haemoglobin than the non-iron treated group (mean haemoglobin concentration 13.1 g/dl [range, 9.6-17 g/dl] versus 11.8 g/dl [range, 7.8-14.7 g/dl]; P = 0.040; 95% CI 0.26-0.97) and were less likely to require operative blood transfusion (mean 0 U [range, 0-4 U] versus 2 U [range, 0-11 U] transfused; P = 0.031; 95% CI 0.13-2.59). This represented a cost reduction of 66% (47 U of blood = pound4700 versus oral FeSO<sub>4</sub> at pound30 + 15 U blood at pound1500). At admission, ferritin in the iron-treated group had risen significantly from 40 microg/l (range, 15-222 microg/l) to 73 microg/l (range, 27-386 microg/l; P = 0.0036; 95% CI 46.53-10.57).

**CONCLUSIONS:** Oral ferrous sulphate given pre-operatively in patients undergoing colorectal surgery offers a simple, inexpensive method of reducing blood transfusions.

**190.** Hunt, I., et al. (2007).

**"Using video-assisted thorascoscopy (VATS) to aid the anterior mediastinotomy approach to mediastinal masses."**

*Annals of the Royal College of Surgeons of England* 89(4): 435-436.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17539188&id=doi:10.1308%2Frcsann.2007.89.4.435&issn=0035-8843&isbn=&volume=89&issue=4&spage=435&pages=435-6&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Using+video-assisted+thorascoscopy+%28VATS%29+to+aid+the+anterior+mediastinotomy+approach+to+mediastinal+masses.&aulast=Hunt&pid=%3Cauthor%3EHunt+I%3BALwahab+Y%3BTreasure+T%3C%2Fauthor%3E%3CAN%3E17539188%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**191.** Dua, R. S., et al. (2007).

**"Impact of HIV and AIDS on surgical practice."**

*Annals of the Royal College of Surgeons of England* 89(4): 354-358.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17535610&id=doi:10.1308%2F003588407X183436&issn=0035-8843&isbn=&volume=89&issue=4&spage=354&pages=354-8&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Impact+of+HIV+and+AIDS+on+surgical+practice.&aulast=Dua&pid=%3Cauthor%3EDua+RS%3BWajed+SA%3BWinslet+MC%3C%2Fauthor%3E%3CAN%3E17535610%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>



**INTRODUCTION:** Surgical intervention has become a common component in the management of patients infected with the human immunodeficiency virus (HIV) or suffering from the clinical consequences of acquired immunodeficiency syndrome (AIDS). We investigated the evolution of this involvement at a tertiary referral centre for this condition over a 16-year period.

**PATIENTS AND METHODS:** Detailed retrospective examination of the medical records of HIV-positive patients treated at the Royal Free Hospital between 1986 and 2002 was undertaken. Clinical, pathological and operative details of those patients who underwent surgical intervention were recorded.

**RESULTS:** Of the 2100 cases reviewed, 477 patients underwent a combined total of 772 surgical procedures. Of the 772 operations, 95 (12.3%) were performed as emergencies. Anorectal surgery represented the highest group with a total of 195 procedures (25.26%) being undertaken. The majority of patients (59%) had AIDS at the time of surgery, and 27.04% had a significant co-existing medical problem. Overall postoperative complication rate was 10.1%, with the risk being significantly greater in those undergoing intra-abdominal surgery and emergency procedures.

**CONCLUSIONS:** This is the largest study to audit the impact of HIV/AIDS in general surgical practice in the UK retrospectively. Surgery for HIV patients can be safely conducted with a low complication rate for the diagnostic and anorectal procedures that comprise the vast majority of surgery in HIV/AIDS patients. Medical treatment for patients with HIV/AIDS has developed dramatically over the last two decades. In parallel, this has resulted in a heavy, new and varied workload for general surgeons, who have also had to adapt in order to deal with the challenging spectrum of this disease.

**192.** Donaldson, J., et al. (2007).

**"Rectus sheath haematoma associated with low molecular weight heparin: a case series."**

*Annals of the Royal College of Surgeons of England* 89(3): 309-312.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17394721&id=doi:10.1308%2F003588407X179152&issn=0035-8843&isbn=&volume=89&issue=3&spage=309&pages=309-12&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Rectus+sheath+haematoma+associated+with+low+molecular+weight+heparin%3A+a+case+series.&aulast=Donaldson&pid=%3Cauthor%3EDonaldson+J%3BKnowles+CH%3BClark+SK%3BRenfrew+I%3BLobo+MD%3C%2Fauthor%3E%3CAN%3E17394721%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A report of three cases of spontaneous rectus sheath haematoma within a 1-month period in a single hospital. The common feature was the recent treatment with low molecular weight heparin. In contrast to the perceived benign nature of the classically-described haematoma, the cases described were life-threatening and required aggressive intervention.

**193.** Davies, C. G., et al. (2007).

**"Blood and body fluid splashes during surgery--the need for eye protection and masks."**

*Annals of the Royal College of Surgeons of England* 89(8): 770-772.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17999818&id=doi:10.1308%2F003588407X209301&issn=0035-8843&isbn=&volume=89&issue=8&spage=770&pages=770-2&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+and+body+fluid+splashes+during+surgery--the+need+for+eye+protection+and+masks.&aulast=Davies&pid=%3Cauthor%3EDavies+CG%3BKhan+MN%3BGhauri+AS%3BRanaboldo+CJ%3C%2Fauthor%3E%3CAN%3E17999818%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** While most surgeons make an effort to avoid needlestick injury, some can pay little attention to reduce the potential route of infection occurring when body fluids splash into the eye. It has been shown that transmission of HIV, hepatitis B or C can occur across any mucous membrane. This study aims to quantify how frequently body fluids splash the mask and lens of wrap around protective glasses thus potentially exposing the surgeon to infection.

**PATIENTS AND METHODS:** A prospective study was carried out by a single surgeon on all cases performed over a 1-year period. Protective mask and glasses were examined before and after operations.

**RESULTS:** A total of 384 operations were performed with 174 (45%) showing blood or body fluid splash on the lens. A high incidence of splashes was found in vascular surgical procedures (79%). All amputations showed splash on the protective lens. Interestingly, 50% of laparoscopic cases resulted in blood or body fluid splash on the protective lens.

**CONCLUSIONS:** This study has shown a high incidence (45%) of blood and body fluid splashes found on protective glasses and masks. There was a very high incidence (79%) during vascular surgical procedures. With the prevalence of HIV and hepatitis increasing, it seems prudent to protect oneself against possible routes of transmission.

**194.** Amirfeyz, R., et al. (2007).

**"Theatre shoes - a link in the common pathway of postoperative wound infection?"**

*Annals of the Royal College of Surgeons of England* 89(6): 605-608.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:18201476&id=doi:10.1308%2F003588407X205440&issn=0035-8843&isbn=&volume=89&issue=6&spage=605&pages=605-8&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Theatre+shoes+-a+link+in+the+common+pathway+of+postoperative+wound+infection%3F.&aulast=Amirfeyz&pid=%3Cauthor%3EAmirfeyz+R%3BTasker+A%3BAlf+S%3BBowker+K%3BBlom+A%3C%2Fauthor%3E%3CAN%3E18201476%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Operating department staff are usually required to wear dedicated theatre shoes whilst in the theatre area but there is little evidence to support the beneficial use of theatre shoes.

**PATIENTS AND METHODS:** We performed a study to assess the level of bacterial contamination of theatre shoes at the beginning and end of a working day, and compared the results with outdoor footwear.

RESULTS: We found the presence of pathogenic bacterial species responsible for postoperative wound infection on all shoe groups, with outdoor shoes being the most heavily contaminated. Samples taken from theatre shoes at the end of duty were less contaminated than those taken at the beginning of the day with the greatest reduction being in the number of coagulase-negative staphylococcal species grown. Studies have demonstrated that floor bacteria may contribute up to 15% of airborne bacterial colony forming units in operating rooms. The pathogenic bacteria we isolated have also been demonstrated as contaminants in water droplets spilt onto sterile gloves after surgical scrubbing.

CONCLUSIONS: Theatre shoes and floors present a potential source for postoperative infection. A combination of dedicated theatre shoe use and a good floor washing protocol controls the level of shoe contamination by coagulase-negative staphylococci in particular. This finding is significant given the importance of staphylococcal species in postoperative wound infection.

195. Alexander, R. J. and A. M. Armstrong (2007).

**"A cuff of a flatus tube -- an aid to the endoscopic removal of small, sharp ingested foreign bodies."**

*Annals of the Royal College of Surgeons of England* 89(3): 315-316.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17694622&id=doi:10.1308%2Frcsann.2007.89.3.315&issn=0035-8843&isbn=&volume=89&issue=3&spage=315&pages=315-6&date=2007&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+cuff+of+a+flatus+tube+--+an+aid+to+the+endoscopic+removal+of+small%2C+sharp+ingested+foreign+bodies.&aulast=Alexander&pid=%3Cauthor%3EAlexander+RJ%3BArmstrong+AM%3C%2Fauthor%3E%3CAN%3E17694622%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

196. Thomas, A. D., et al. (2006).

**"Gastro-colonic anastomosis--a viable option in extensive small bowel infarction."**

*Annals of the Royal College of Surgeons of England* 88(1): 26.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16468135&id=doi:10.1308%2F147870806x83251&issn=0035-8843&isbn=&volume=88&issue=1&spage=26&pages=26&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Gastro-colonic+anastomosis--a+viable+option+in+extensive+small+bowel+infarction.&aulast=Thomas&pid=%3Cauthor%3EThomas+AD%3BRocker+MD%3BMorris-Stiff+G%3BLewis+MH%3C%2Fauthor%3E%3CAN%3E16468135%3C%2FAN%3E%3CDT%3ECase+Report%3C%2FDT%3E>

INTRODUCTION: We have previously presented a patient with massive small and large bowel infarction and demonstrated that even with only a few inches of remaining small bowel an almost normal life-style and diet is possible.

PATIENT: Recently, we have looked after a young and otherwise fit female patient who suffered mesenteric venous gangrene of the whole small bowel from the Ligament of Treitz to the caecum. In order to achieve gastro-intestinal continuity and to avoid the torrential fluid loss associated with high fistula, an anastomosis between the stomach and the transverse colon was formed.

RESULTS: We are surprised to find that despite the extensive resection our patient maintains a good quality of life and is able to look after her young family.

197. Rogers, B. A. and D. J. Johnstone (2006).

**"Audit on the efficient use of cross-matched blood in elective total hip and total knee replacement."**

*Annals of the Royal College of Surgeons of England* 88(2): 199-201.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16551419&id=doi:10.1308%2F003588406X82952&issn=0035-8843&isbn=&volume=88&issue=2&spage=199&pages=199-201&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audit+on+the+efficient+use+of+cross-matched+blood+in+elective+total+hip+and+total+knee+replacement.&aurlast=Rogers&pid=%3Cauthor%3ERogers+BA%3BJohnstone+DJ%3C%2Fauthor%3E%3CAN%3E16551419%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

INTRODUCTION: This prospective audit studies the use of cross-matched blood in 301 patients over a 1-year period undergoing total knee (TKR) and total hip replacement (THR) surgery in an orthopaedic unit.

PATIENTS AND METHODS: Analysis over the first 6 months revealed a high level of unnecessary cross-matched blood. The following interventions were introduced: (i) to cease routine cross-matching for THR; (ii) all patients to have a check full blood count on day 2 after surgery; and (iii) Hb < 8 g/dl to be considered as the trigger for transfusion in patients over 65 years and free from significant co-morbidity. These changes are in accordance with published national guidelines [Anon. Guidelines for the clinical use of red cell transfusions. Br J Haematol 2001; 113: 24-31].

RESULTS: In the next 6 months, the number of units cross-matched but not transfused fell by 96% for THR, and the cross-match transfusion (C:T) ratio reduced from 3.21 to 1.62. Reductions were also observed for the TKR cohort. These results provide evidence of a substantial risk and cost benefit in the use of this limited resource. A telephone survey of 44 hospitals revealed that 20 hospitals routinely cross-matched blood for THR and 11 do so for TKR.

CONCLUSIONS: Changes can be made to the Maximum Surgical Blood Ordering Schedules (MSBOS) in other orthopaedic units according to national guidelines.

198. Reilly, P., et al. (2006).

**"An aid to removal of cement during revision elbow replacement."**

*Annals of the Royal College of Surgeons of England* 88(2): 231.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17387824&id=doi:10.1308%2Frcsann.2006.88.2.231b&issn=0035->



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17002862&id=doi:10.1308%2F003588406X117016&issn=0035-8843&isbn=&volume=88&issue=2&spage=231&pages=231&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aid+to+removal+of+cement+during+revision+elbow+replacement.&aulast=Reilly&pid=%3Cauthor%3EReilly+P%3BRees+J%3BCarr+AJ%3C%2Fauthor%3E%3CAN%3E17387824%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**199.** Lavy, C. (2006).

**"Comments on: Increase in septic pathology is associated with increase in HIV seroprevalence."**

*Annals of the Royal College of Surgeons of England* 88(5): 515; author reply 515.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17002862&id=doi:10.1308%2F003588406X117016&issn=0035-8843&isbn=&volume=88&issue=5&spage=515&pages=515%3B+author+reply+515&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Comments+on%3A+Increase+in+septic+pathology+is+associated+with+increase+in+HIV+seroprevalence.&aulast=Lavy&pid=%3Cauthor%3ELavy+C%3C%2Fauthor%3E%3CAN%3E17002862%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**200.** Jayasekera, N., et al. (2006).

**"Use of a cortical screw to aid single piece excision of the trapezium: a simple technique."**

*Annals of the Royal College of Surgeons of England* 88(7): 680-681.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17396365&id=doi:10.1308%2Frcsann.2006.88.7.680&issn=0035-8843&isbn=&volume=88&issue=7&spage=680&pages=680-1&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+a+cortical+screw+to+aid+single+piece+excision+of+the+trapezium%3A+a+simple+technique.&aulast=Jayasekera&pid=%3Cauthor%3EJayasekera+N%3BGregory+JJ%3BLeggetter+P%3BAL-Ramadani+SS%3C%2Fauthor%3E%3CAN%3E17396365%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**201.** Clarke, D. L., et al. (2006).

**"The current standard of care in the periprocedural management of the patient with obstructive jaundice."**

*Annals of the Royal College of Surgeons of England* 88(7): 610-616.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:17132306&id=doi:10.1308%2F003588406X149327&issn=0035-8843&isbn=&volume=88&issue=7&spage=610&pages=610-6&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+current+stan>

<http://dx.doi.org/10.1186/1745-6215-8-46>  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1713230/>  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1713230/>

This review provides a literature-based guide to the optimal management of the patient with obstructive jaundice with emphasis placed on prevention of complications. [References: 47]

**202.** Cacala, S. R., et al. (2006).

**"Prevalence of HIV status and CD4 counts in a surgical cohort: their relationship to clinical outcome."**

*Annals of the Royal College of Surgeons of England* 88(1): 46-51.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16460640&id=doi:10.1308%2F003588406X83050&issn=0035-8843&isbn=&volume=88&issue=1&spage=46&pages=46-51&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevalence+of+HIV+status+and+CD4+counts+in+a+surgical+cohort%3A+their+relationship+to+clinical+outcome.&aulast=Cacala&pid=%3Cauthor%3ECacala+SR%3BMafana+E%3BThomson+SR%3BSmith+A%3C%2Fauthor%3E%3CAN%3E16460640%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** HIV positivity alone as a predictor of surgical outcome has not been extensively studied in regions of high prevalence. The aim was to determine the prevalence of HIV infection in surgical patients, and compare differences in their clinical course based on their serological status and CD4 counts.

**PATIENTS AND METHODS:** A prospective cohort of 350 patients, enrolled over 6 weeks, were studied. HIV status was determined in all patients. HIV-positive patients had CD4 counts. Clinical details were collated with HIV data after completion of enrollment.

**RESULTS:** Of the 350 patients, all but 6 were black South Africans. The median age was 31 years (range, 18-82 years). There were 143 trauma and 207 non-trauma patients. The male:female ratio was 1.4:1. The overall HIV seropositivity rate was 39% (females, 46%; males, 36%). Overall, 228 patients had surgical intervention and 96 patients had drainage of sepsis. The hospital stay (HIV negative, 11.9 +/- 15.9 days; HIV positive, 11.0 +/- 15 days) and mortality (HIV positive, 3.6%; HIV negative, 3.7%) did not differ by major diagnostic category. For HIV-positive patients, the male:female ratio was 1.2:1. There were 54 trauma and 83 non-trauma patients. An operation for the drainage of a septic focus was commoner in the HIV-positive admissions. Thirty-two (24%) patients had CD4 counts less than 200 cells/mm<sup>3</sup>, (i.e. AIDS). The hospital mortality, hospital stay and severity of sepsis were not related to CD4 counts.

**CONCLUSIONS:** HIV status does not influence the outcome of general surgical admissions and should not influence surgical management decisions. In HIV-positive surgical patients, CD4 counts have no relation to in-hospital outcome in a heterogeneous group of surgical patients. [References: 30]

**203.** Brophy, T., et al. (2006).

**"Quality of surgical instruments."**

*Annals of the Royal College of Surgeons of England* 88(4): 390-393.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16834861&id=doi:10.1308%2F003588406X98621&issn=0035-8843&isbn=&volume=88&issue=4&spage=390&pages=390-3&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Quality+of+surgical+instruments.&aulast=Brophy&pid=%3Cauthor%3EBrophy+T%3BSrodon+PD%3BBriggs+C%3BBarry+P%3BSteatham+J%3BBirch+MJ%3C%2Fauthor%3E%3CAN%3E16834861%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Many surgeons will have encountered the scissors that would not cut, and the artery clip that comes off in a deep difficult location, but it would be reasonable to assume that new instruments should be of assured quality. This study reports the surprising findings of a local quality control exercise for new instruments supplied to a single trust.

**MATERIALS AND METHODS:** Between January 2004 and June 2004, all batches of new surgical instruments ordered by the Central Sterile Supplies Department of St Bartholomew's and the Royal London Hospitals were assessed by three clinical engineers, with reference to British Standards (BS) requirements.

**RESULTS:** Of 4800 instruments examined, 15% had potential problems. These included 116 with machining burrs and debris in the teeth of the tissue-holding regions, 71 defects of ratcheted instruments, 34 scissors with deficient cutting action, and 35 tissue forceps protruding guide pins. In addition, 254 instruments did not have a visible manufacturer's mark.

**CONCLUSIONS:** This study demonstrates the value of local quality control for surgical instruments. This is of importance in an increasingly hazard-conscious environment, where there are concerns over instrument sterilisation, surgical glove puncture and the potential for transmission of blood-borne and prion diseases.

**204.** Allonby-Neve, C. L. and C. D. Okereke (2006).

**"Current management of facial wounds in UK accident and emergency departments."**

*Annals of the Royal College of Surgeons of England* 88(2): 144-150.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16551405&id=doi:10.1308%2F003588406X94977&issn=0035-8843&isbn=&volume=88&issue=2&spage=144&pages=144-50&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Current+management+of+facial+wounds+in+UK+accident+and+emergency+departments.&aulast=Allonby-Neve&pid=%3Cauthor%3EAllonby-Neve+CL%3BOKereke+CD%3C%2Fauthor%3E%3CAN%3E16551405%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** The objective of this study was to determine the current practice in the management of adult facial soft tissue injuries in patients presenting to UK accident and emergency departments.

**MATERIALS AND METHODS:** Questionnaire study to the lead clinicians of 217 UK emergency departments seeing over 30,000 new patients annually.

**RESULTS:** There was a 76% response rate. Suturing was the preferred method of closure, with the majority of clinicians preferring 6/0 or 5/0 non-resorbable sutures. Use of a regional nerve block would be considered by a quarter of clinicians, and adrenaline vasoconstrictor by a third. Referral rates ranged from 5-77% for a more complex wound. Maxillofacial services were preferred by 51% of respondents; on-site referral availability was indicated by only 28%, with an average journey of 16 miles for treatment. Up to 30% of clinicians considered prescribing antibiotics after wound closure, with flucloxacillin and co-amoxiclav most commonly suggested. Accident and emergency review rates ranged from 16% to 45%, with most wounds either being referred to the GP or no formal review being suggested.

**CONCLUSIONS:** The results of this survey suggest that there is considerable variation in the initial management, referral and review of facial wounds in the UK. Further work is required to formulate guidelines for optimal patient care, ideally in conjuncture with the receiving surgical specialties.

**205.** Al Hussainy, H. A. and S. Wong (2006).

**"Validated simple tip to aid eliminating light scatter in viewing overexposed radiographs."**

*Annals of the Royal College of Surgeons of England* 88(2): 136-139.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16551401&id=doi:10.1308%2F003588406X94995&issn=0035-8843&isbn=&volume=88&issue=2&spage=136&pages=136-9&date=2006&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Validated+simple+tip+to+aid+eliminating+light+scatter+in+viewing+overexposed+radiographs.&aulast=Al+Hussainy&pid=%3Cauthor%3EAl+Hussainy+HA%3BWong+S%3C%2Fauthor%3E%3CAN%3E16551401%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Overexposed radiographs can hinder the diagnostic performance of the examining physician. We describe a new, simple technique to aid eliminating light scatter in overexposed radiographs and examine its effect objectively.

**MATERIALS AND METHODS:** The new technique is simply manufacturing a monocular device out of another rolled up XR sheet and examining the object radiograph through it to mask the light scatter. Controlled environments were created to examine five different radiographs and register the light scatter reduction using a digital high resolution camera.

**RESULTS:** The light scatter reduction was noted to be statistically significant by using the new technique. ( $P < 0.001$ ).

**CONCLUSIONS:** This technique is simple, readily available and avoids the need to repeat radiographs with the associated increased cost, chronological delays and potential radiological harm.

**206.** Spencer, J., et al. (2005).

**"Are we overusing blood transfusing after elective joint replacement?--a simple method to reduce the use of a scarce resource."**

*Annals of the Royal College of Surgeons of England* 87(1): 28-30.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15720904&id=doi:10.1308%2F1478708051379&issn=0035-8843&isbn=&volume=87&issue=1&spage=28&pages=28-30&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Are+we+overusing+blood+transfusing+after+elective+joint+replacement%3F--a+simple+method+to+reduce+the+use+of+a+scarce+resource.&aulast=Spencer&pid=%3Cauthor%3ESpencer+J%3BThomas+SR%3BYardy+G%3BMukundan+C%3BBarrington+R%3C%2Fauthor%3E%3CAN%3E15720904%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**OBJECTIVES:** To determine the proportion of patients who received a blood transfusion after joint replacement, and to devise a simple method to ensure patients were transfused based on strict clinical and haematological need.

**DESIGN:** Prospective audit over 2 years.

**PATIENTS AND METHODS:** The study group was 151 patients who underwent total hip and knee arthroplasty in a typical district general hospital (Kettering) over a 2-year period. They were divided into three consecutive groups. Current practice was audited (producing the first group of 62 patients) and transfusion rates were compared to regional figures. Local guidelines were drawn up. A form was introduced on which the indications for any transfusion had to be documented prior to transfusion of the blood. This was designed to encourage transfusion only on strong clinical grounds or an haemoglobin (Hb) level < 8 g/dl. Transfusion practice was then re-audited (producing the second group of 44 patients) to assess whether practice had improved. A year later, all relevant staff were reminded by letter of the guidelines. The process was then re-audited (producing the third group of 45 patients) again to determine whether practice remained improved or not.

**RESULTS:** In the first audit (current practice) of 62 patients, the overall transfusion rate was 71%, with a higher rate in the hip replacement group (84%) ordered mainly by anaesthetic staff. Ward staff were reluctant not to transfuse patients whose Hb level fell below 10 g/dl. In the second audit, the transfusion rate fell by nearly 50% to 37%, with almost identical figures for knee and hip replacement. In the third audit of 45 patients, a year later, the transfusion rate was 40% overall.

**CONCLUSIONS:** Patients were being transfused routinely, generally without good clinical evidence of benefit to the patient. The audit process was successful in instituting change for the better in blood transfusion practice for elective joint replacement. The improved practice can be largely maintained provided staff are regularly reminded of appropriate guidelines and encouraged to transfuse for clinical need only. For absolute adherence to guidelines, we would recommend a compulsory form system be introduced for transfusion in the per-operative period, to ensure blood transfusion is only given when absolutely necessary.

**207.** Serracino-Inglott, F., et al. (2005).

**"The use of a cell saver during repair of ruptured abdominal aortic aneurysms increases early survival."**

*Annals of the Royal College of Surgeons of England* 87(6): 475.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16404778&id=doi:&issn=0035-8843&isbn=&volume=87&issue=6&spage=475&pages=475&date=2005&title=Annals+of+the+Royal+C>



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16263011&id=doi:10.1308%2F003588405X60696&issn=0035-8843&isbn=&volume=87&issue=6&spage=437&pages=437-8&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Should+HIV+patients+be+considered+a+high+risk+group+for+the+development+of+prostate+cancer%3F.&aulast=Quatan&pid=%3Cauthor%3EQuatan+N%3BNair+S%3BHarrowes+F%3BHay+P%3C%2Fauthor%3E%3CAN%3E16263011%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

**INTRODUCTION:** Only very few case reports exist regarding the incidence of prostate cancer in younger HIV-infected patients.

**PATIENTS AND METHODS:** Two incidences of HIV-infected men diagnosed with prostate cancer, from a cohort of about 200 men treated at St George's Hospital aged 40 years or more are reported.

**DISCUSSION:** On the basis of the evidence presented in both case reports and from the literature, clinicians should be aware that men with HIV infection should be considered a high-risk group for prostate cancer, and consider early PSA screening.

**210.** Morritt, D. G., et al. (2005).

**"Blood ordering protocol based on proposed surgical implant in fractured neck of femur patients."**

*Annals of the Royal College of Surgeons of England* 87(6): 445-448.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16263014&id=doi:10.1308%2F003588405X71036&issn=0035-8843&isbn=&volume=87&issue=6&spage=445&pages=445-8&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+ordering+protocol+based+on+proposed+surgical+implant+in+fractured+neck+of+femur+patients.&aulast=Morritt&pid=%3Cauthor%3EMorritt+DG%3BMorritt+AN%3BKelley+SP%3BStone+MH%3C%2Fauthor%3E%3CAN%3E16263014%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**INTRODUCTION:** Fractured neck of femur patients frequently require blood transfusion. To improve the efficiency of blood ordering, we present a protocol which orders blood specific for the proposed surgical implant.

**PATIENTS AND METHODS:** A retrospective audit over a 1-year period was performed. Patients were divided into six groups dependent on proposed surgical implant. The mean postoperative drop in haemoglobin concentration, the cross-match to transfusion ratio and transfusion indexes were calculated.

**RESULTS:** Statistically significant differences in blood loss were found dependent on implant used. Using guidelines created by the British Committee for Standards in Haematology on the implementation of a maximum surgical blood ordering schedule, a new protocol for blood ordering based on proposed surgical implant was created.

**CONCLUSIONS:** In fractured neck of femur patients awaiting operation, the type of implant can be used to anticipate blood loss and as a guide to blood ordering.

**211.** Logan, M., et al. (2005).

**"Intra-operative femoral nerve stimulation as an aid in tibial tuberosity transfer."**

*Annals of the Royal College of Surgeons of England* 87(4): 288-289.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16082741&id=doi:&issn=0035-8843&isbn=&volume=87&issue=4&spage=288&pages=288-9&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intra-operative+femoral+nerve+stimulation+as+an+aid+in+tibial+tuberosity+transfer.&aulast=Logan&pid=%3Cauthor%3ELogan+M%3BWilliams+A%3BMyers+P%3C%2Fauthor%3E%3CAN%3E16082741%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**212.** Lim, J. T. and M. F. Brown (2005).

**"A simple radiolucent drill guide to aid intramedullary nail locking."**

*Annals of the Royal College of Surgeons of England* 87(3): 213.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15920805&id=doi:&issn=0035-8843&isbn=&volume=87&issue=3&spage=213&pages=213&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple+radiolucent+drill+guide+to+aid+intramedullary+nail+locking.&aulast=Lim&pid=%3Cauthor%3ELim+JT%3BBrown+MF%3C%2Fauthor%3E%3CAN%3E15920805%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**213.** Khan, M. H. and P. J. Paterson (2005).

**"Lawrence Add-A-Cath--a simple aid for penile prosthesis insertion."**

*Annals of the Royal College of Surgeons of England* 87(6): 472.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16402449&id=doi:&issn=0035-8843&isbn=&volume=87&issue=6&spage=472&pages=472&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Lawrence+Add-A-Cath--a+simple+aid+for+penile+prosthesis+insertion.&aulast=Khan&pid=%3Cauthor%3EKhan+MH%3BPaterson+PJ%3C%2Fauthor%3E%3CAN%3E16402449%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**214.** Hynes, M. C., et al. (2005).

**"The use of tranexamic acid to reduce blood loss during total hip arthroplasty: an observational study."**



*Annals of the Royal College of Surgeons of England* 87(2): 99-101.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15826417&id=doi:10.1308%2F147870805X28118&issn=0035-8843&isbn=&volume=87&issue=2&spage=99&pages=99-101&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+tranexamic+acid+to+reduce+blood+loss+during+total+hip+arthroplasty%3A+an+observational+study.&aulast=Hynes&pid=%3Cauthor%3EHynes+MC%3BCalder+P%3BRosenfeld+P%3BScott+G%3C%2Fauthor%3E%3CAN%3E15826417%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

**INTRODUCTION:** To test the hypothesis that the fall in haemoglobin following total hip arthroplasty is reduced by tranexamic acid administration.

**PATIENTS AND METHODS:** A cohort of 64 patients were studied, 32 received tranexamic acid 20 mg/kg on induction. Surgery was performed by the senior author in a standardised fashion. Haemoglobin levels were measured 2 weeks pre- and 3 days postoperatively. Any complications were noted. The study group was matched using the bone and joint research database for age, sex, procedure, disease and pre-operative haemoglobin level.

**RESULTS:** In the group receiving no tranexamic acid, the mean fall in haemoglobin was 3.8 g/dl (CI of mean 3.4-4.3) and in the group treated with tranexamic acid 2.8 g/dl (CI of mean 2.5-3.2)  $P < 0.05$ . Complications included one non-fatal pulmonary embolus in the tranexamic acid group.

**CONCLUSIONS:** The administration of 20 mg/kg of tranexamic acid on induction of surgery is an effective method of reducing the haemoglobin fall following hip arthroplasty.

**215.** Gohel, M. S., et al. (2005).

**"How to approach major surgery where patients refuse blood transfusion (including Jehovah's Witnesses)."**

*Annals of the Royal College of Surgeons of England* 87(1): 3-14.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15720900&id=doi:10.1308%2F1478708051414&issn=0035-8843&isbn=&volume=87&issue=1&spage=3&pages=3-14&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=How+to+approach+major+surgery+where+patients+refuse+blood+transfusion+%28including+Jehovah%27s+Witnesses%29.&aulast=Gohel&pid=%3Cauthor%3EGohel+MS%3BBulbulia+RA%3BSlim+FJ%3BPoskitt+KR%3BWhyman+MR%3C%2Fauthor%3E%3CAN%3E15720900%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Jehovah's Witnesses do not permit the use of allogeneic blood products. An increasing number of patients are refusing blood transfusion for non-religious reasons. In addition, blood stores are decreasing, and costs are increasing. Transfusion avoidance strategies are, therefore, desirable. Bloodless surgery refers to the co-ordinated peri-operative care of patients aiming to avoid blood transfusion, and improve patient outcomes. These principles are likely to gain popularity, and become standard practice for all patients. This review offers a practical approach to the surgical management of

Jehovah's Witnesses, and an introduction to the principles of bloodless surgery that can be applied to the management of all patients. [References: 30]

**216.** Cotton, M. (2005).

**"Extrapulmonary tuberculosis."**

*Annals of the Royal College of Surgeons of England* 87(6): 490.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16263029&id=doi:10.1308%2F003588405X71171&issn=0035-8843&isbn=&volume=87&issue=6&spage=490&pages=490&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Extrapulmonary+tuberculosis.&aulast=Cotton&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E16263029%3C%2FAN%3E%3CDT%3E%3C%2FDT%3E>

**217.** Burchell, M., et al. (2005).

**"Appraisal of treatment for severe sepsis in intensive care units."**

*Annals of the Royal College of Surgeons of England* 87(4): 283-284.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16888847&id=doi:&issn=0035-8843&isbn=&volume=87&issue=4&spage=283&pages=283-4&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Appraisal+of+treatment+for+severe+sepsis+in+intensive+care+units.&aulast=Burchell&pid=%3Cauthor%3E%3CBurchell+M%3BRuiz+F%3BBarnett+D%3C%2Fauthor%3E%3CAN%3E16888847%3C%2FAN%3E%3CDT%3E%3C%2FDT%3E>

**218.** Banaszkiwicz, P. A., et al. (2005).

**"Use of a bone awl to aid removal of broken interlocking screws."**

*Annals of the Royal College of Surgeons of England* 87(5): 380.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16402460&id=doi:&issn=0035-8843&isbn=&volume=87&issue=5&spage=380&pages=380&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+a+bone+awl+to+aid+removal+of+broken+interlocking+screws.&aulast=Banaszkiwicz&pid=%3Cauthor%3E%3CBanaszkiwicz+PA%3BAbu-Omar+Y%3BSomerville+DW%3C%2Fauthor%3E%3CAN%3E16402460%3C%2FAN%3E%3CDT%3E%3C%2FDT%3E>

219. Ali, T. and S. Thrush (2005).

**"Foley catheter aids the treatment of traumatic vascular injuries."**

*Annals of the Royal College of Surgeons of England* 87(5): 382-383.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16402463&id=doi:&issn=0035-8843&isbn=&volume=87&issue=5&spage=382&pages=382-3&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Foley+catheter+aids+the+treatment+of+traumatic+vascular+injuries.&aulast=Ali&pid=%3Cauthor%3EAli+T%3BThrush+S%3C%2Fauthor%3E%3CAN%3E16402463%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

220. Ajulo, P., et al. (2005).

**"Lemierre's syndrome: the link between a simple sore throat, sore neck and pleuritic chest pain."**

*Annals of the Royal College of Surgeons of England* 87(4): 303-305.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16053693&id=doi:10.1308%2F1478708051757&issn=0035-8843&isbn=&volume=87&issue=4&spage=303&pages=303-5&date=2005&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Lemierre%27s+syndrome%3A+the+link+between+a+simple+sore+throat%2C+sore+neck+and+pleuritic+chest+pain.&aulast=Ajulo&pid=%3Cauthor%3EAjulo+P%3BQayyum+A%3BBrewis+C%3BInnes+A%3C%2Fauthor%3E%3CAN%3E16053693%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

An unusual case of tonsillitis which showed progression to this rare syndrome despite treatment with intravenous antibiotics. Lemierre's syndrome is a rare condition characterised by a triad of: sepsis, thrombophlebitis of the internal jugular vein along with pleuropulmonary and/or distant metastatic abscesses. Diagnosis rests on a high index of suspicion and is confirmed by culture of *Fusobacterium* spp. from blood or infected sites. Radiological investigations are established aids for confirmation of diagnosis. Treatment is with appropriate antibiotics for at least 6 weeks and surgical drainage of abscesses if required. This case has been presented to highlight the mode of presentation, diagnostic tools employed and the management of the complications that featured in this condition.

221. Wilson, J. R., et al. (2004).

**"The changing practice of transurethral prostatectomy: a comparison of cases performed in 1990 and 2000."**

*Annals of the Royal College of Surgeons of England* 86(6): 428-431.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15527580&id=doi:10.1308%2F147870804731&issn=0035-8843&isbn=&volume=86&issue=6&spage=428&pages=428-31&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+changing+p>

[ractice+of+transurethral+prostatectomy%3A+a+comparison+of+cases+performed+in+1990+and+2000  
&aulast=Wilson&pid=%3Cauthor%3EWilson+JR%3B+Urwin+GH%3B+Stower+MJ%3C%2Fauthor%3E%3C  
AN%3E15527580%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://www.ncbi.nlm.nih.gov/pubmed/15527580)

**OBJECTIVES:** Transurethral resection of the prostate (TURP) is considered by many to be the 'gold standard' treatment for benign prostatic enlargement. However, with the relatively recent introduction of pharmacological and other surgical treatment modalities, the performance of TURP appears to be in decline.

**METHODS:** A retrospective casenote analysis of 200 patients who underwent TURP in 1990 and the year 2000 with the aim of identifying changes in the incidence and practice of TURP.

**RESULTS:** There was a decline in the number of TURPs performed of 31.6% over the 10-year period, with more being carried out because of urinary retention. In 2000, the patient was older and the operative procedure took statistically longer than 10-years earlier, but the weight of prostate tissue resected, patient satisfaction and complication rates were similar.

**CONCLUSIONS:** At present, TURP is in decline, with urinary retention being the commonest indication. The population at present is older but this does not carry additional co-morbidity. The weight of resection has not altered, although surgery currently takes longer to perform.

**222.** Mehra, A., et al. (2004).

**"A safe, simple and cost-effective protocol for blood transfusion in primary total knee replacement."**

*Annals of the Royal College of Surgeons of England* 86(4): 260-262.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15239867&id=doi:10.1308%2F147870804551&issn=0035-8843&isbn=&volume=86&issue=4&spage=260&pages=260-2&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+safe%2C+simple+and+cost-effective+protocol+for+blood+transfusion+in+primary+total+knee+replacement.&aulast=Mehra&pid=%3Cauthor%3EMehra+A%3B+Murray+J%3B+deAlwis+C%3C%2Fauthor%3E%3CAN%3E15239867%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND:** Patients undergoing total knee replacement (TKR) in the UK usually have either blood cross-matched or have an auto-transfusion of drained blood postoperatively. A previous retrospective audit of blood requirements in patients who had undergone primary TKR showed that a large amount of cross-matched blood was wasted as the CT ratio (ratio of number of units of blood cross-matched to number of units transfused) of 4.9:1 was obtained. The range recommended by the Blood Transfusion Society is 2:1 to 3:1.

**METHODS:** A protocol was introduced to group and save plus antibody screen for all patients and to cross-match 2 units of blood pre-operatively in patients with either a haemoglobin of less than 12.5 g/dl or with multiple red cell antibodies in their blood. The trigger point for blood transfusion postoperatively was also reduced from 9.0 g/dl to 8.0 g/dl, unless the patient was clinically symptomatic.

**RESULTS:** A further prospective study involving 50 patients was carried out using the new protocol. Five patients required cross-matching pre-operatively, three with haemoglobin less than 12.5 g/dl and two



with multiple red cell antibodies. Postoperatively, the patients with haemoglobin of less than 12.5 g/dl required blood transfusion of 2 units each, reducing the CT ratio to 1.7:1. The patients with red cell antibodies did not require a blood transfusion.

**CONCLUSIONS:** The benefits from above protocol are 2-fold: patient safety, as risks of transfusion are avoided; and cost saving, in regards to haematology technician time and auto-transfusion sets which cost around pound 70 each.

**223.** Khan, A. M., et al. (2004).

**"Cross-match protocols for femoral neck fractures--finding one that can work."**

*Annals of the Royal College of Surgeons of England* 86(1): 11-14.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15005938&id=doi:10.1308%2F003588404772614614&issn=0035-8843&isbn=&volume=86&issue=1&spage=11&pages=11-4&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Cross-match+protocols+for+femoral+neck+fractures--finding+one+that+can+work.&aulast=Khan&pid=%3Cauthor%3EKhan+AM%3BMushtaq+N%3BGiannakas+K%3BSochart+DH%3BAndrews+JG%3C%2FAuthor%3E%3CAN%3E15005938%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND:** Cross-match practice for patients with femoral neck fractures continues to cause concern due to a failure of compliance to the existing protocols. To address this issue, a number of studies were conducted over a 3-year period.

**METHODS:** First, the existing cross-match practice for patients admitted with femoral neck fractures was reviewed to demonstrate the deficiencies within the system. Second, the opinion of anaesthetic and orthopaedic trainees was assessed regarding blood requirements for different femoral neck fractures following surgery and the justification of their perceptions.

**RESULTS:** A summation of the studies is reported which demonstrates the reasons for the poor compliance to previous protocols.

**CONCLUSIONS:** A simple and effective protocol is provided that has helped reduce pre-operative cross-matching of femoral neck fractures from 71% to 16.7% when assessed 2 years after its introduction.

**224.** How, P., et al. (2004).

**"Ruptured 'fem-pop' vein graft presenting as deep venous thrombosis."**

*Annals of the Royal College of Surgeons of England* 86(6): W20-21.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:16749958&id=doi:10.1308%2F147870804164&issn=0035-8843&isbn=&volume=86&issue=6&spage=W20&pages=W20-1&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Ruptured+%27fem-pop%27+vein+graft+presenting+as+deep+venous+thrombosis.&aulast=How&pid=%3Cauthor%3EHow>

+P%3BCheng+KS%3BSridhar+P%3BHamilton+HE%3C%2Fauthor%3E%3CAN%3E16749958%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E

The public is becoming increasingly aware of the symptoms of deep vein thrombosis (DVT) due to the so-called 'economy class' syndrome. However, arterial rupture can mimic these symptoms. We report of a misdiagnosis of a ruptured 'fem-pop' vein graft (previously unreported) presenting identically as a DVT. The patient received conventional anticoagulation treatment which could have resulted in disastrous consequences.

**225.** Dowson, H. M., et al. (2004).

**"A transparent drape aids abdominal aortic surgery."**

*Annals of the Royal College of Surgeons of England* 86(2): 129-130.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15127729&id=doi:&issn=0035-8843&isbn=&volume=86&issue=2&spage=129&pages=129-30&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+transparent+drap+e+aids+abdominal+aortic+surgery.&aulast=Dowson&pid=%3Cauthor%3EDowson+HM%3BGibbs+J%3BThomas+MH%3C%2Fauthor%3E%3CAN%3E15127729%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**226.** Bebbington, A. and J. Hardy (2004).

**"Shaving with the aid of static electricity."**

*Annals of the Royal College of Surgeons of England* 86(3): 226.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:15214350&id=doi:&issn=0035-8843&isbn=&volume=86&issue=3&spage=226&pages=226&date=2004&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Shaving+with+the+aid+of+static+electricity.&aulast=Bebbingt on&pid=%3Cauthor%3EBebbington+A%3BHardy+J%3C%2Fauthor%3E%3CAN%3E15214350%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**227.** Reddy, K. M., et al. (2003).

**"Postoperative stay following colorectal surgery: a study of factors associated with prolonged hospital stay."**

*Annals of the Royal College of Surgeons of England* 85(2): 111-114.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12648342&id=doi:10.1308%2F003588403321219894&issn=0035-8843&isbn=&volume=85&issue=2&spage=111&pages=111-4&date=2003&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Postoperative+stay+following+colorectal+surgery%3A+a+study+of+factors+associated+with+prolonged+hospital+stay.&aulast=Reddy&pid=%3Cauthor%3EReddy+KM%3BMeyer+CE%3BPalazzo+FF%3BConaghan+P%3BBlunt+MC%3BStebbing+WS%3BLeicester+RJ%3BCullen+PT%3C%2Fauthor%3E%3CAN%3E12648342%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

AIM: To study the factors that contribute to postoperative stay following colorectal surgery.

DESIGN: A prospective observational study.

SETTING: Three colorectal surgical units - a teaching hospital, a large district general hospital and a district general hospital.

PARTICIPANTS: 350 patients undergoing colorectal surgery.

MAIN OUTCOME MEASURES: 28 pre-, peri- and postoperative patient- and treatment-related factors.

RESULTS: Stepwise regression analysis suggests that the factors that significantly lengthen postoperative stay include a low albumin on admission, stoma formation, operative blood loss, urinary and respiratory complications, wound infections, postoperative ventilation and social delay at the time of discharge. The postoperative stay was not affected by patient age or by the seniority of the surgical team.

CONCLUSIONS: Factors have been identified that determine the postoperative length of stay. These data may allow better planning and treatment of patients undergoing colorectal surgery.

**228.** Prasad, S. S., et al. (2003).

**"A case report of a spinal epidural haematoma associated with warfarin therapy."**

*Annals of the Royal College of Surgeons of England* 85(4): 277-278.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12855034&id=doi:10.1308%2F003588403766275024&issn=0035-8843&isbn=&volume=85&issue=4&spage=277&pages=277-8&date=2003&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+case+report+of+a+spinal+epidural+haematoma+associated+with+warfarin+therapy.&aulast=Prasad&pid=%3Cauthor%3EPrasad+SS%3BO%27Malley+M%3BMachani+B%3BShackleford+IM%3C%2Fauthor%3E%3CAN%3E12855034%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Spinal epidural haematoma is an uncommon, but recognised, clinical entity that needs emergency management. The association of spinal epidural haematoma with warfarin therapy has been described and, in 1956, Alderman stated that this diagnosis should be entertained in any patient receiving anticoagulants presenting with low back pain or sciatic pain. The purpose of this case report is to increase the awareness of this entity among medical personnel and to stress the urgency of management.

**229.** McBride, A. R. and P. R. Black (2003).

**"An aid to external fixator application."**

*Annals of the Royal College of Surgeons of England* 85(4): 284-285.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12908476&id=doi:10.1308%2F003588403766275114&issn=0035-8843&isbn=&volume=85&issue=4&spage=284&pages=284-5&date=2003&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aid+to+external+fixator+application.&aulast=McBride&pid=%3Cauthor%3EMcBride+AR%3BBlack+PR%3C%2Fauthor%3E%3CAN%3E12908476%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**230.** Clarke, M. G., et al. (2003).

**"Serious consequences of a sore throat."**

*Annals of the Royal College of Surgeons of England* 85(4): 242-244.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12855025&id=doi:10.1308%2F003588403766274935&issn=0035-8843&isbn=&volume=85&issue=4&spage=242&pages=242-4&date=2003&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Serious+consequences+of+a+sore+throat.&aulast=Clarke&pid=%3Cauthor%3EClarke+MG%3BKennedy+NJ%3BKennedy+K%3C%2Fauthor%3E%3CAN%3E12855025%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Lemierre's syndrome, caused by *Fusobacterium necrophorum*, is a potentially fatal sequelae of a sore throat characterised by septicaemia, internal jugular vein thrombophlebitis and metastatic abscesses. The Chief Medical Officer reported in February 2001 that the incidence is increasing. Two cases seen in one year, with different presentations, are reported. The first patient presented with sepsis, jaundice, hepatic abscesses and portal vein/superior mesenteric vein thrombosis, whilst the second presented with sepsis, sore throat and internal jugular vein thrombophlebitis. Both patients were treated with antibiotics and anticoagulants with a favourable outcome.

**231.** Watters, G. (2002).

**"Use of the laryngeal mask airway in thyroid and parathyroid surgery as an aid in identification and preservation of the recurrent laryngeal nerves."**

*Annals of the Royal College of Surgeons of England* 84(2): 148; author reply 148.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11995765&id=doi:&issn=0035-8843&isbn=&volume=84&issue=2&spage=148&pages=148%3B+author+reply+148&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+the+laryngeal+mask+airway+in+thyroid+and+parathyroid+surgery+as+an+aid+in+identification+and+preservation+of+the+recurrent+laryngeal+nerve.&aulast=Watters&pid=%3Cauthor%3EWatters+G%3C%2Fauthor%3E%3CAN%3E11995765%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>



232. Warwick, D. (2002).

**"Thromboembolism in orthopaedics--observation and experiment."**

*Annals of the Royal College of Surgeons of England* 84(2): 118-121.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11995751&id=doi:&issn=0035-8843&isbn=&volume=84&issue=2&spage=118&pages=118-21&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Thromboembolism+in+orthopaedics--observation+and+experiment.&aulast=Warwick&pid=%3Cauthor%3EWarwick+D%3C%2Fauthor%3E%3CAN%3E11995751%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Surgical science has evolved from the meticulously recorded anatomical and pathological experiments applied by Hunter to the use of large observational studies and randomised clinical trials. These modern epidemiological techniques, supported by appropriate statistics, are helping us to answer many questions in surgery. Perhaps nowhere in surgery have these techniques been applied as thoroughly as in orthopaedic thromboembolism. [References: 34]

233. Wallace, H. C. and P. G. Harries (2002).

**"Epistaxis and conjunctival contamination--are our ENT trainees at risk?"**

*Annals of the Royal College of Surgeons of England* 84(5): 302-303.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12398118&id=doi:10.1308%2F003588402760452574&issn=0035-8843&isbn=&volume=84&issue=5&spage=302&pages=302-3&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Epistaxis+and+conjunctival+contamination--are+our+ENT+trainees+at+risk%3F.&aulast=Wallace&pid=%3Cauthor%3EWallace+HC%3BHarries+PG%3C%2Fauthor%3E%3CAN%3E12398118%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The aims of this study were to assess the risk of conjunctival contamination with blood during the treatment of epistaxis and to identify if certain patients and treatments may pose a higher risk. Protective eye-wear worn by ENT trainees during the ward management of epistaxis was examined for contamination with blood splashes. This occurred in 18% of cases. The incidence of contamination was higher when two treatment modalities were required and when treating elderly female patients.

234. Sharma, S., et al. (2002).

**"An audit on the blood transfusion requirements for revision hip arthroplasty."**

*Annals of the Royal College of Surgeons of England* 84(4): 269-272.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12215032&id=doi:10.1308%2F003588402320439720&issn=0035-8843&isbn=&volume=84&issue=4&spage=269&pages=269-72&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+audit+on+the+blood+transfusion+requirements+for+revision+hip+arthroplasty.&aulast=Sharma&pid=%3Cauthor%3ESharma+S%3BCooper+H%3Blvory+JP%3C%2Fauthor%3E%3CAN%3E12215032%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The hospital transfusion committee of Swindon and Marlborough NHS Trust had formulated a maximum surgical blood ordering schedule (MSBOS) which included the standard practice of 6 units of blood for revision hip arthroplasty. A retrospective audit of 73 patients who underwent revision hip arthroplasty over a year was undertaken to identify current practice and to ensure that the standard was adequate for patient safety. Information regarding the number of units requested, number of units transfused, pre-operative haemoglobin (Hb), lowest postoperative Hb and number of additional units of blood requested within 3 days postoperatively, was collected from patients' case-notes. Of the 73 patients, 80.3% received less than 6 units, 12.2% received 6 units and 7.5% received more than 6 units. Based on pre-operative Hb, blood usage was analysed. Of cross-matched units, 92.3% were used when pre-operative Hb was < 12 g/dl, 64.4% were used when Hb was between 12.1-13.0 g/dl, 54.3% were used when the Hb was between 13.1-14.0 g/dl, 38.9% were used when Hb was between 14.1-15.0 g/dl and 39.7% used with pre-operative Hb of > 15.0 g/dl. Of the total, 14 patients had a postoperative Hb of < 9 g/dl for whom additional units of blood were ordered and given to achieve a Hb of between 10.1-14.2 g/dl prior to discharge. This audit suggests that in patients with pre-operative Hb of 13 g/dl or more, the cross-match could be 4 units instead of 6 units for revisions.

**235.** Rosswick, P. (2002).

**"Use of the laryngeal mask airway in thyroid and parathyroid surgery as an aid in identification and preservation of the recurrent laryngeal nerves."**

*Annals of the Royal College of Surgeons of England* 84(2): 148; author reply 148.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11995766&id=doi:&issn=0035-8843&isbn=&volume=84&issue=2&spage=148&pages=148%3B+author+reply+148&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+the+laryngeal+mask+airway+in+thyroid+and+parathyroid+surgery+as+an+aid+in+identification+and+preservation+of+the+recurrent+laryngeal+nerves.&aulast=Rosswick&pid=%3Cauthor%3ERosswick+P%3C%2Fauthor%3E%3CAN%3E11995766%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**236.** Odili, J. and D. Gault (2002).

**"Laser depilation of the natal cleft--an aid to healing the pilonidal sinus."**

*Annals of the Royal College of Surgeons of England* 84(1): 29-32.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11890622&id=doi:&issn=0035-8843&isbn=&volume=84&issue=1&spage=29&pages=29-32&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Laser+depilation+of+the+natal+cleft--an+aid+to+healing+the+pilonidal+sinus.&aulast=Odili&pid=%3Cauthor%3EOdili+J%3BGault+D%3C%2Fauthor%3E%3CAN%3E11890622%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND:** Pilonidal disease is common. Excessive hair growth in the natal cleft is thought to be a factor in initiating these sinuses. It is chronic and intermittent in nature and treatment can be difficult. Hair removal by shaving or use of creams is often advised as a compliment to surgical treatments. However, access to the natal cleft can be difficult. Laser removal of hair in the natal cleft is considered as an aid to healing the pilonidal sinus.

**PATIENTS AND METHODS:** Over a 5-year period, 14 patients with recurrent pilonidal disease were treated in our unit with laser depilation. They were all contacted by postal questionnaire, and those with ongoing disease were asked to return to the clinic for evaluation and possible further treatment.

**RESULTS:** All patients returned the postal questionnaire. Of the 14 patients, 4 had on-going disease and received further depilation with the Alexandrite laser. All are now healed with no reported complications. All patients found the procedure painful and received local anaesthetic.

**CONCLUSIONS:** Laser depilation in the natal cleft is by no means a cure for pilonidal disease. Removal of hair by this method represents an alternative and effective method of hair removal and, although long lasting, is only temporary. However, it allows the sinuses to heal rapidly. It is relatively safe, and simple to teach, with few complications. It should thus be considered as an aid to healing the problem pilonidal sinus.

**237.** Maxwell-Armstrong, C. (2002).

**"Studies using the anti-idiotypic monoclonal antibody 105AD7 in patients with primary and advanced colorectal cancer."**

*Annals of the Royal College of Surgeons of England* 84(5): 314-318.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12398121&id=doi:10.1308%2F003588402760452402&issn=0035-8843&isbn=&volume=84&issue=5&spage=314&pages=314-8&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Studies+using+the+anti-idiotypic+monoclonal+antibody+105AD7+in+patients+with+primary+and+advanced+colorectal+cancer.&aulast=Maxwell-Armstrong&pid=%3Cauthor%3EMaxwell-Armstrong+C%3C%2Fauthor%3E%3CAN%3E12398121%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The mortality from colorectal cancer has not changed appreciably in the last 30 years and new treatment avenues, such as immunotherapy, are being explored. 105AD7 is a form of active specific immunotherapy that aims to stimulate specific T-cells to target tumour specific antigens on colorectal cancer cells. Results indicate that the cancer vaccine 105AD7 is non-toxic and is capable of stimulating T-cells to target tumour specific antigens, become activated, and kill tumour cells by apoptosis. These immune responses have no effect on survival on a cohort of immunosuppressed patients with advanced

disease, but results from a case-control study in patients with minimal residual disease suggest they may confer a slight survival advantage on patients receiving 105AD7. [References: 46]

**238.** MacFarlane, C. (2002).

**"Aide memoire for the management of gunshot wounds."**

*Annals of the Royal College of Surgeons of England* 84(4): 230-233.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12215024&id=doi:10.1308%2F003588402320439649&issn=0035-8843&isbn=&volume=84&issue=4&spage=230&pages=230-3&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Aide+memoire+for+the+management+of+gunshot+wounds.&aulast=MacFarlane&pid=%3Cauthor%3EMacFarlane+C%3C%2Fauthor%3E%3CAN%3E12215024%3C%2FAN%3E%3CDT%3ELecture%3C%2FDT%3E>

The hospitals in Johannesburg deal with about 4,000 gunshot wounds a year. Although most are from hand guns, a number are from high velocity, military-type weapons. Extensive experience has been built up and many lessons learned. Attention is directed to the actual damage inflicted rather than on theoretical predictions based on presumed velocity of the bullets involved, as this can often be misleading. Some patients are delayed in their presentation to emergency departments, in other cases several gunshot wound patients arrive at the same time, requiring appropriate triage and urgent management.

**239.** Khan, A. Z., et al. (2002).

**"Do we need to improve awareness about HIV post exposure prophylaxis?"**

*Annals of the Royal College of Surgeons of England* 84(1): 72-73.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11892732&id=doi:&issn=0035-8843&isbn=&volume=84&issue=1&spage=72&pages=72-3&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Do+we+need+to+improve+awareness+about+HIV+post+exposure+prophylaxis%3F.&aulast=Khan&pid=%3Cauthor%3EKhan+AZ%3BDuncan+KM%3BEscofet+X%3BMiles+WF%3C%2Fauthor%3E%3CAN%3E11892732%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**240.** Ismail, M. A. and M. A. Qureshi (2002).

**"Formalin dab for haemorrhagic radiation proctitis."**

*Annals of the Royal College of Surgeons of England* 84(4): 263-264.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:12215030&id=doi:10.1308%2F003588402320439702&issn=0035-8843&isbn=&volume=84&issue=4&spage=263&pages=263->



[4&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Formalin+dab+for+haemorrhagic+radiation+proctitis.&aulast=Ismail&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E12215030%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://www.bmjjournal.com/content/2002/1/148)

**BACKGROUND:** Haemorrhagic radiation proctitis frequently presents as a problem in management. We analysed the technique of formalin dab in its management.

**PATIENTS AND METHODS:** Twenty patients presenting with haemorrhagic radiation proctitis and treated with formalin dab were prospectively analysed.

**RESULTS:** Twelve patients ceased to bleed following one session of formalin dab. Six patients needed more than one session to effect haemostasis. Two of three patients with torrential bleeding failed to respond to formalin dab and required surgical excision of the rectum.

**CONCLUSION:** Formalin dab is a simple, effective and safe treatment modality in the management of chronic haemorrhagic radiation proctitis, and hence should be considered as the initial treatment modality for such a condition.

**241.** Dingle, A. F. (2002).

**"Use of the laryngeal mask airway in thyroid and parathyroid surgery as an aid in identification and preservation of the recurrent laryngeal nerves."**

*Annals of the Royal College of Surgeons of England* 84(2): 147; author reply 148.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11995764&id=doi:&issn=0035-8843&isbn=&volume=84&issue=2&spage=147&pages=147%3B+author+reply+148&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+the+laryngeal+mask+airway+in+thyroid+and+parathyroid+surgery+as+an+aid+in+identification+and+preservation+of+the+recurrent+laryngeal+nerve.&aulast=Dingle&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E11995764%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**242.** Brodbelt, A. R., et al. (2002).

**"Intraspinal oxidised cellulose (Surgicel) causing delayed paraplegia after thoracotomy--a report of three cases."**

*Annals of the Royal College of Surgeons of England* 84(2): 97-99.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11995773&id=doi:&issn=0035-8843&isbn=&volume=84&issue=2&spage=97&pages=97-99&date=2002&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraspinal+oxidised+cellulose+%28Surgicel%29+causing+delayed+paraplegia+after+thoracotomy--a+report+of+three+cases.&aulast=Brodbelt&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E11995773%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Oxidised regenerated cellulose (Surgicel) is a commonly used haemostatic agent in neurosurgery, thoracic surgery, and orthopaedics. We present three cases of paraplegia after thoracic surgery during which oxidised cellulose had been used during thoracotomy for haemorrhage control, and was later found to have passed through the intervertebral foramen causing spinal cord compression. In all intraspinal and perispinal procedures, the over-liberal use of Surgicel should be avoided, and attempts made to remove all excess Surgicel once adequate haemostasis is obtained.

**243.** Tsiotou, A. G. and G. H. Sakorafas (2001).

**"A simple, effective and safe method for central venous catheter replacement."**

*Annals of the Royal College of Surgeons of England* 83(1): 14.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11212441&id=doi:&issn=0035-8843&isbn=&volume=83&issue=1&spage=14&pages=14&date=2001&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+simple%2C+effective+and+safe+method+for+central+venous+catheter+replacement.&aulast=Tsiotou&pid=%3Cauthor%3ETsiotou+AG%3BSakorafas+GH%3C%2Fauthor%3E%3CAN%3E11212441%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

With the possible exception of pulmonary artery catheters, central venous catheters (CVCs) have the highest rates of infection of all intravascular catheters, accounting for up to 90% of all vascular catheter-related bloodstream infections. The frequency of CVC-related infections is between 10-30%.

**244.** Shah, E. F., et al. (2001).

**"Use of the laryngeal mask airway in thyroid and parathyroid surgery as an aid to the identification and preservation of the recurrent laryngeal nerves."**

*Annals of the Royal College of Surgeons of England* 83(5): 315-318.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11806554&id=doi:&issn=0035-8843&isbn=&volume=83&issue=5&spage=315&pages=315-8&date=2001&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+the+laryngeal+mask+airway+in+thyroid+and+parathyroid+surgery+as+an+aid+to+the+identification+and+preservation+of+the+recurrent+laryngeal+nerve.&aulast=Shah&pid=%3Cauthor%3EShah+EF%3BAllen+JG%3BGreathouse+RA%3C%2Fauthor%3E%3CAN%3E11806554%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A prospective study was carried out in patients undergoing thyroid and parathyroid surgery using a laryngeal mask airway (LMA) and electrical nerve stimulation to identify the recurrent laryngeal nerves. A total of 150 consecutive patients undergoing thyroid and parathyroid surgery by a single surgeon were assessed for suitability of anaesthesia via the LMA. Peroperatively, a fibre-optic laryngoscope was passed through the LMA to enable the anaesthetist to visualise the vocal cords while adduction of the

cords was elicited by applying a nerve stimulator in the operative field. In all, 144 patients were selected for anaesthesia via the LMA. Fibre-optic laryngoscopy and nerve stimulation were performed in 64 patients (42.7%). The trachea was deviated in 51 (34.0%) and narrowed in 33 (22.0%). The recurrent laryngeal nerves were identified in all patients. There were no cases of vocal cord dysfunction resulting from surgery. The LMA can be safely used for thyroid and parathyroid surgery even in the presence of a deviated or narrowed trachea. It can assist in identification and preservation of the recurrent laryngeal nerve and is, therefore, of benefit to both patient and surgeon.

**245.** McLaren, A., et al. (2001).

**"Issues of consent in renal transplantation."**

*Annals of the Royal College of Surgeons of England* 83(5): 343-346.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11806563&id=doi:&issn=0035-8843&isbn=&volume=83&issue=5&spage=343&pages=343-6&date=2001&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Issues+of+consent+in+renal+transplantation.&aulast=McLaren&pid=%3Cauthor%3EMcLaren+A%3BMorris-Stiff+G%3BCasey+J%3C%2FAuthor%3E%3CAN%3E11806563%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**BACKGROUND:** Renal transplantation is a semi-elective procedure. The specific risks of surgery are well-known. Obtaining informed consent is a complex process made more complicated in transplantation by the long-term nature of some of the risks involved.

**METHODS:** A questionnaire survey was conducted of consultant transplant surgeons to establish current practice regarding the levels of information and risks discussed as part of the consent process.

**RESULTS:** Responses were received from 47 (76%) of consultants. Risks were discussed by a range of individuals. Pre-assessment clinics were used by 70% of units to start the process. Only 74% routinely discussed malignancy and only 75% the risks of cytomegalovirus infection. Risks with individual organs were discussed by 32 (68%)--particularly HLA match, cold ischaemia, sensitisation, donor age and caused of donor death.

**CONCLUSIONS:** The current practice identified by this study falls broadly within General Medical Council guidelines on informed consent. There is wide variation in current practice which is highlighted and discussed in relation to case law and the levels of risk that a patient should expect to be informed of.

**246.** Din, R., et al. (2001).

**"The use of an aide-memoire to improve the quality of operation notes in an orthopaedic unit."**

*Annals of the Royal College of Surgeons of England* 83(5): 319-320.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11806555&id=doi:&issn=0035-8843&isbn=&volume=83&issue=5&spage=319&pages=319-20&date=2001&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+an+aide->

[memoire+to+improve+the+quality+of+operation+notes+in+an+orthopaedic+unit.&aulast=Din&pid=%3Cauthor%3EDin+R%3BJena+D%3BMuddu+BN%3C%2Fauthor%3E%3CAN%3E11806555%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11041052&id=doi:&issn=0035-8843&isbn=&volume=82&issue=5&spage=364&pages=364&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+review+of+alternative+approaches+in+the+management+of+iatrogenic+femoral+pseudoaneurysms.&aulast=Sabharwal&pid=%3Cauthor%3EDin+R%3BJena+D%3BMuddu+BN%3C%2Fauthor%3E%3CAN%3E11806555%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

247. Sabharwal, T. (2000).

**"A review of alternative approaches in the management of iatrogenic femoral pseudoaneurysms."**

*Annals of the Royal College of Surgeons of England* 82(5): 364.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11041052&id=doi:&issn=0035-8843&isbn=&volume=82&issue=5&spage=364&pages=364&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+review+of+alternative+approaches+in+the+management+of+iatrogenic+femoral+pseudoaneurysms.&aulast=Sabharwal&pid=%3Cauthor%3ESabharwal+T%3C%2Fauthor%3E%3CAN%3E11041052%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

248. Roberts, M., et al. (2000).

**"A one-centre prospective audit of peri- and postoperative blood loss and transfusion practice in patients undergoing hip or knee replacement surgery."**

*Annals of the Royal College of Surgeons of England* 82(1): 44-48.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10700768&id=doi:&issn=0035-8843&isbn=&volume=82&issue=1&spage=44&pages=44-8&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+one-centre+prospective+audit+of+peri-and+postoperative+blood+loss+and+transfusion+practice+in+patients+undergoing+hip+or+knee+replacement+surgery.&aulast=Roberts&pid=%3Cauthor%3ERoberts+M%3BAhya+R%3BGreaves+M%3BMaffulli+N%3C%2Fauthor%3E%3CAN%3E10700768%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

We prospectively audited peri-operative blood loss and blood transfusion practice in 42 elderly patients (mean age, 71.8 years, 68% female) undergoing hip or knee surgery in an orthopaedic unit. Only in 57% of all operations was blood loss recorded. Compliance with the Maximum Surgical Blood Ordering Schedule (MSBOS) was variable, and Cross-matching to Transfusion (C/T) ratios were low. In 86% of operations, blood had been issued pre-operatively (average three units, range = 1-61 units). Of these patients, 75% subsequently received a transfusion. In 26% of all the operations, the transfusion, although confirmed by the blood transfusion laboratory records, had not been recorded in the medical or nursing notes. The average pre-operative Hb in the transfusion group was 123 g/l (range, 80-144 g/l) and 112 g/l postoperatively and after a transfusion (range, 75-133 g/l). This compared to the non-transfusion group's value of 124 g/l (range, 86-186 g/l) and 113 g/l (range, 77-147 g/l) postoperatively. The high blood issuing and transfusion rates raise the concern that transfusions are being given in



response to habit or blood availability, and not medical indications. This would imply that some patients are exposed to unnecessary risks. Furthermore, inadequate documentation of the transfusion process opens the medical profession to criticism and medical, legal and ethical complications regarding patient care. Positive improvements suggested by regular medical audit may help address these problems.

**249.** Nash, G. F. and P. Goon (2000).

**"Current attitudes to surgical needlestick injuries."**

*Annals of the Royal College of Surgeons of England* 82(7 Suppl): 236-237.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11026851&id=doi:&issn=0035-8843&isbn=&volume=82&issue=7&spage=236&pages=236-7&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Current+attitudes+to+surgical+needlestick+injuries.&aulast=Nash&pid=%3Cauthor%3ENash+GF%3B+Goon+P%3C%2Fauthor%3E%3CAN%3E11026851%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**250.** Marsh, H. P., et al. (2000).

**"Successful treatment of Rhodococcus equi pulmonary infection in a renal transplant recipient."**

*Annals of the Royal College of Surgeons of England* 82(2): 107-108.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10743428&id=doi:&issn=0035-8843&isbn=&volume=82&issue=2&spage=107&pages=107-8&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Successful+treatment+of+Rhodococcus+equi+pulmonary+infection+in+a+renal+transplant+recipient.&aulast=Marsh&pid=%3Cauthor%3EMarsh+HP%3B+Bowler+IC%3B+Watson+CJ%3C%2Fauthor%3E%3CAN%3E10743428%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The rhodococcus is a mycobacterium-like organism which is normally a pathogen in foals. It usually spreads by direct contact or by aerosol from horse faeces and causes pyogranulomatous pulmonary infections. Occasionally, it acts opportunistically to infect immuno-compromised human hosts, most commonly those with the acquired immune deficiency syndrome (AIDS). Here we report a pulmonary infection by Rhodococcus equi in a renal transplant recipient who was successfully treated. The literature on this infection in transplant recipients is also reviewed with respect to manifestations and treatment.

**251.** Keenan, J., et al. (2000).

**"McIndoe's scissors--a simple technique to aid distal locking of an intramedullary nail."**

*Annals of the Royal College of Surgeons of England* 82(2): 143-144.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10743438&id=doi:&issn=0035-8843&isbn=&volume=82&issue=2&spage=143&pages=143-4&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=McIndoe%27s+scissors--a+simple+technique+to+aid+distal+locking+of+an+intramedullary+nail.&aulast=Keenan&pid=%3Cauthor%3EKeenan+J%3BStitson+D%3BCharnley+GJ%3C%2Fauthor%3E%3CAN%3E10743438%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Distal locking of intramedullary nails may be difficult and time consuming. We describe a simple technique using a readily available instrument (McIndoe's scissors) to aid start of this procedure and to locate both distal locking holes at one time. By holding the scissors out of the operative field and facilitating rapid incisions, the operative procedure time and, importantly, the radiation exposure time may be reduced.

252. Huang, A., et al. (2000).

**"Deep vein thrombosis prophylaxis protocol--needs active enforcement."**

*Annals of the Royal College of Surgeons of England* 82(1): 69-70.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10700773&id=doi:&issn=0035-8843&isbn=&volume=82&issue=1&spage=69&pages=69-70&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Deep+vein+thrombosis+prophylaxis+protocol--needs+active+enforcement.&aulast=Huang&pid=%3Cauthor%3EHuang+A%3BBarber+N%3BNortheast+A%3C%2Fauthor%3E%3CAN%3E10700773%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Each hospital department tends to have its own DVT prophylaxis protocol generally based on the recommendations of the THRIFT consensus group. This is developed to help the junior medical staff to prescribe the appropriate prophylaxis according to risk assessment. However, adherence to the protocol tends to be haphazard unless actively enforced. This study is aimed at determining whether active enforcement of the protocol improves the uptake of prophylaxis.

253. Hollingsworth, S. J., et al. (2000).

**"Delivery of low molecular weight heparin for prophylaxis against deep vein thrombosis using a novel, needle-less injection device (J-Tip)."**

*Annals of the Royal College of Surgeons of England* 82(6): 428-431.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11103165&id=doi:&issn=0035-8843&isbn=&volume=82&issue=6&spage=428&pages=428-31&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Delivery+of+low+molecular+weight+heparin+for+prophylaxis+against+deep+vein+thrombosis+using+a+novel%2C+needle-less+injection+device+%28J-Tip%29.&aulast=Hollingsworth&pid=%3Cauthor%3EHollingsworth+SJ%3BHoque+K%3BLinnard+D%3B>

Given daily, low molecular weight (LMW) heparins are established for prophylaxis against deep vein thrombosis (DVT). We describe delivery by a novel, needle-less device that is virtually painless in action. Its use could provide benefits for patients in terms of comfort both psychologically and physically, and for healthcare workers in terms of safety from needle-stick injury. Patients undergoing elective surgery received LMW heparin delivered subcutaneously by either a standard needle and syringe or by the needle-less injection device, J-Tip. Pain was scored at the time of injection and plasma anti-factor Xa levels compared between the two methods of drug delivery 4 h later: 29 patients received LMW heparin delivered by the J-Tip and 31 patients by standard needle and syringe. The J-Tip was significantly more comfortable for the patient as the method of drug delivery ( $P < 0.001$ ). When delivered by the J-Tip, LMW heparin was equally as efficacious, as plasma anti-factor Xa levels were similar for both methods of delivery ( $P < 0.42$ ). In summary, delivery of LMW heparin by the J-Tip device was both comfortable and effective. These findings, taken in conjunction with its ease of use and complete freedom from risk of needle-stick injury might encourage further examination and use of this type of product.

**254.** Gough, M. H. (2000).

**"Personality assessment techniques and ability testing as aids to the selection of surgical trainees."**

*Annals of the Royal College of Surgeons of England* 82(8 Suppl): 260.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:11045080&id=doi:&issn=0035-8843&isbn=&volume=82&issue=8&spage=260&pages=260&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Personality+assessment+techniques+and+ability+testing+as+aids+to+the+selection+of+surgical+trainees.&aulast=Gough&pid=%3Cauthor%3EGough+MH%3C%2Fauthor%3E%3CAN%3E11045080%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**255.** Clemenza, J. W., et al. (2000).

**"Pre-operative evaluation of the lower extremity prior to microvascular free fibula flap harvest."**

*Annals of the Royal College of Surgeons of England* 82(2): 122-127.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10743434&id=doi:&issn=0035-8843&isbn=&volume=82&issue=2&spage=122&pages=122-7&date=2000&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Pre-operative+evaluation+of+the+lower+extremity+prior+to+microvascular+free+fibula+flap+harvest.&aulast=Clemenza&pid=%3Cauthor%3EClemenza+JW%3BRogers+S%3BMagennis+P%3C%2Fauthor%3E%3CAN%3E10743434%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The microvascular free fibula flap, is currently one of the preferred methods for reconstruction of the oromandibular defect. The patency of the major vessels in the donor limb should be evaluated before the fibula is harvested because the blood supply can be inadequate to safely utilise this flap. The best method of evaluating, pre-operatively, the lower limb vasculature is controversial. Femoral angiography has been considered as the gold standard, however, the current literature advocates less invasive methods of assessment such as magnetic resonance angiography and colour flow Doppler. A postal questionnaire was sent to all members of The British Association of Head and Neck Oncologists asking details of the preferred method of lower limb vascular assessment prior to fibula flap harvest. Of 137 responses, 48 performed free fibula flaps. Of these 48 surgeons, the preferred method for evaluation was palpation of pulses combined with either angiography (40%) or Doppler on the ward (38%). None of this subgroup of surgeons utilised colour flow Doppler as a first line investigation despite this being available to 67% of responders. This survey highlights the diversity in pre-operative assessment amongst surgeons performing fibula flaps for head and neck malignancy. Few relied on clinical examination alone; however, the less invasive methods of vascular imaging were seldom utilised.

**256.** Drew, P. J., et al. (1999).

**"Heparin-induced skin necrosis and low molecular weight heparins."**

*Annals of the Royal College of Surgeons of England* 81(4): 266-269.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10615196&id=doi:&issn=0035-8843&isbn=&volume=81&issue=4&spage=266&pages=266-9&date=1999&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Heparin-induced+skin+necrosis+and+low+molecular+weight+heparins.&aulast=Drew&pid=%3Cauthor%3EDrew+PJ%3BSmith+MJ%3BMilling+MA%3C%2Fauthor%3E%3CAN%3E10615196%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Heparin-induced skin necrosis is a rare but potentially devastating side-effect of low molecular weight heparins. These agents are widely used in surgical practice and doctors prescribing them should be aware of the condition, as failure to recognise it may increase morbidity. An unusually severe case is presented with a review of the literature. [References: 22]

**257.** Wright, D. M., et al. (1998).

**"Influence of injection site for low-dose heparin on wound complication rates after inguinal hernia repair."**

*Annals of the Royal College of Surgeons of England* 80(1): 58-60.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9579130&id=doi:&issn=0035-8843&isbn=&volume=80&issue=1&spage=58&pages=58-60&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Influence+of+injection+site+for+low-dose+heparin+on+wound+complication+rates+after+inguinal+hernia+repair.&aulast=Wright&pid=%3Cauthor%3EWright+DM%3BO%27Dwyer+PJ%3BPaterson+CR%3C%2Fauthor%3E%3CAN%3E9579130%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>



A high incidence of complications related to bleeding was observed after open prosthetic inguinal hernia repair. The site of injection of low-dose heparin into the abdominal wall was thought to be a possible causal factor for these complications. The wound complication rate after repair of primary unilateral inguinal hernias was recorded for 51 patients who had been given abdominal wall injections of heparin. Subsequently the injection site was changed to the upper limb in a further 63 patients and the incidence of wound complications recorded. A significantly higher incidence of haematomas and seromas was found in the abdominal wall injection group (39.2% vs 17.5%,  $P = 0.01$ ). The role of low-dose heparin prophylaxis in inguinal hernia repair is discussed. We conclude that in those patients receiving heparin prophylaxis the injections should be given at a site remote from the operative area.

**258.** Richardson, N. G., et al. (1998).

**"Maximum surgical blood ordering schedule in a district general hospital saves money and resources."**

*Annals of the Royal College of Surgeons of England* 80(4): 262-265.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9771226&id=doi:&issn=0035-8843&isbn=&volume=80&issue=4&spage=262&pages=262-5&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Maximum+surgical+blood+ordering+schedule+in+a+district+general+hospital+saves+money+and+resources.&aulast=Richardson&pid=%3Cauthor%3ERichardson+NG%3BBradley+WN%3BDonaldson+DR%3BO%27Shaughnessy+DF%3C%2Fauthor%3E%3CAN%3E9771226%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A 6-month prospective audit was carried out in three surgical departments of a district general hospital. Over that period, 2720 units of red cells were electively cross-matched, 957 being transfused. The overall cross-match-to-transfusion ratio (CTR) was 2.8, but this varied from over 40 for some gynaecological procedures to 1.5 for major surgical procedures. The average CTR for general surgery was 2.2, orthopaedics 2.3, and obstetrics and gynaecology 5.7. A maximum surgical blood ordering system (MSBOS) was introduced and a second 6-month audit carried out. The number of units cross-matched had fallen by 36% to 1746, with a CTR of 1.8. The change in activity had led to a saving conservatively estimated at 11,616.00 Pounds per annum. Local audit and the introduction of a MSBOS in a district general hospital is an exercise which can demonstrate inefficiencies in blood ordering practices and can lead to large financial savings without detracting from standards of patient care.

**259.** Panchbhavi, V. K. (1998).

**"Simple aid in removal of a diastasis screw."**

*Annals of the Royal College of Surgeons of England* 80(5): 358.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9849340&id=doi:&issn=0035-8843&isbn=&volume=80&issue=5&spage=358&pages=358&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Simple+aid+in+removal+of+a+diastasis+screw.&aulast=Panchbhavi>

[bhavi&pid=%3Cauthor%3EPanchbhavi+VK%3C%2Fauthor%3E%3CAN%3E9849340%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10209417&id=doi:&issn=0035-8843&isbn=&volume=80&issue=6&spage=439&pages=439-441&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Glove+usage+and+reporting+of+needlestick+injuries+by+junior+hospital+medical+staff.&aulast=Hettiaratchy&pid=%3Cauthor%3EHettiaratchy+S%3BHassall+O%3BWatson+C%3BWallis+D%3BWilliams+D%3C%2Fauthor%3E%3CAN%3E10209417%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

260. Hettiaratchy, S., et al. (1998).

**"Glove usage and reporting of needlestick injuries by junior hospital medical staff."**

*Annals of the Royal College of Surgeons of England* 80(6): 439-441.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:10209417&id=doi:&issn=0035-8843&isbn=&volume=80&issue=6&spage=439&pages=439-441&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Glove+usage+and+reporting+of+needlestick+injuries+by+junior+hospital+medical+staff.&aulast=Hettiaratchy&pid=%3Cauthor%3EHettiaratchy+S%3BHassall+O%3BWatson+C%3BWallis+D%3BWilliams+D%3C%2Fauthor%3E%3CAN%3E10209417%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The use of gloves when conducting invasive procedures and the reporting of needlestick injuries have been strongly encouraged. Despite this, neither practice appears to be universal. In order to determine the rates of glove usage and needlestick injury reporting, we conducted a survey of junior doctors in three hospitals in the UK. Of the 190 respondents, the majority rarely wore gloves for venesection, insertion of intravenous cannulas or arterial blood gas sampling. For more major procedures (insertion of central venous lines, insertion of thoracostomy tubes, suturing) gloves were invariably worn. Only 17.5% of needlestick injuries were reported. The rates of glove usage and needlestick injury reporting were lower than previous studies have demonstrated in North America. Surgeons suffered the most needlestick injuries and were the least likely to report them. The low reporting rate may have serious implications, particularly in view of the new Government guidelines on needlestick injuries which involve HIV-infected blood. By failing to use gloves and report needlestick injuries, junior doctors, in particular surgeons, are placing themselves and patients at increased risk of blood-borne transmissible diseases.

261. George, B. D., et al. (1998).

**"Protocol violation in deep vein thrombosis prophylaxis."**

*Annals of the Royal College of Surgeons of England* 80(1): 55-57.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9579129&id=doi:&issn=0035-8843&isbn=&volume=80&issue=1&spage=55&pages=55-57&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Protocol+violation+in+deep+vein+thrombosis+prophylaxis.&aulast=George&pid=%3Cauthor%3EGeorge+BD%3BCook+TA%3BFranklin+IJ%3BNethercliff+J%3BGalland+RB%3C%2Fauthor%3E%3CAN%3E9579129%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

This study aimed to determine how closely deep vein thrombosis (DVT) prophylactic policies are adhered to in routine general surgical practice, to identify reasons for policy violations and to assess the effects of policy modification. Eight adult patients, sixty of whom had undergone an operation, under the care of six general surgeons, each with their own written DVT protocol, were studied on one weekday. Thirty patients (50%) did not receive DVT prophylaxis according to the policy of the relevant consultant. Most violations occurred for unacceptable reasons, mainly starting low-dose subcutaneous heparin or using thromboembolic stockings postoperatively. However, 43% of protocol violations occurred for acceptable clinical reasons. Following the initial study, a uniform departmental DVT prophylaxis policy was introduced. Nursing and medical staff were thoroughly appraised of the new policy. In a repeat study of 75 patients 1 year later, there were 15 protocol violations among 58 patients who had undergone an operation (27%). However, there were no violations for acceptable reasons. The number of unacceptable protocol violations in the two studies was similar (24/60 and 17/56). The number of patients at moderate or high DVT risk who received no preoperative prophylaxis was the same in both studies (8/48 in both audits). DVT protocol violations are common in routine general surgical practice. Policy modification and unification results in fewer violations, but made little impact on the level of thromboprophylactic care.

**262.** Ammori, B. J., et al. (1998).

**"Haemorrhagic complications of pancreatitis: presentation, diagnosis and management."**

*Annals of the Royal College of Surgeons of England* 80(5): 316-325.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9849330&id=doi:&issn=0035-8843&isbn=&volume=80&issue=5&spage=316&pages=316-25&date=1998&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Haemorrhagic+complications+of+pancreatitis%3A+presentation%2C+diagnosis+and+management.&aulast=Ammori&pid=%3Cauthor%3EAmori+BJ%3BMadan+M%3BAlexander+DJ%3C%2Fauthor%3E%3CAN%3E9849330%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Massive haemorrhage is an uncommon complication in pancreatitis. Most affected patients suffer from chronic disease with associated pseudocyst. We present five patients (four male) with a mean age of 41 years (range 34-48 years). All patients had alcohol-induced pancreatitis complicated either by haematemesis (3), intraperitoneal haemorrhage (1) or both haematemesis and intraperitoneal haemorrhage (1). Source of bleeding was pseudocyst wall (2), splenic artery pseudoaneurysm (2) and splenic artery rupture (1). Distal pancreatectomy and splenectomy was performed in two patients, intracystic ligation and drainage in two, and packing with subsequent external drainage in one. Rebleeding occurred in two patients and required subsequent distal pancreatectomy and splenectomy in one; the other patient died of splenic rupture. No rebleeding and no mortality occurred after resection. Primary pancreatic resection is recommended whenever possible. Other management options include embolisation and ligation.

**263.** Williams, H. R. and D. A. Macdonald (1997).

**"Audit of thromboembolic prophylaxis in hip and knee surgery."**

*Annals of the Royal College of Surgeons of England* 79(1): 55-57.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9038497&id=doi:&issn=0035-8843&isbn=&volume=79&issue=1&spage=55&pages=55-7&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audit+of+thromboembolic+prophylaxis+in+hip+and+knee+surgery.&aurlast=Williams&pid=%3Cauthor%3EWilliams+HR%3BMacdonald+DA%3C%2Fauthor%3E%3CAN%3E9038497%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

An audit of the departmental policy for thromboembolic prophylaxis was undertaken, examining the use of TED stockings, administration of subcutaneous low-dose heparin and inclusion into a multicentre pulmonary embolism prevention (PEP) trial for fractured neck of the femur. The results showed that despite an established unit policy, only 43% of patients undergoing primary hip replacement and 14% undergoing revision replacement received subcutaneous heparin. All patients undergoing primary and revision total knee replacement received subcutaneous heparin, but 75% of these patients received an incorrect dose. Use of TED stockings in patients who had sustained a fractured neck of the femur, ranged from 0% to 70% depending on the type of fixation. Use of subcutaneous heparin in these patients ranged between 0% and 20% and inclusion into the PEP trial from 0% to 20%. The results of this study were presented to the clinicians working in the orthopaedic department and 3 months later the audit cycle was completed by repeating the study. It was found there was a statistically significant improvement in the administration of subcutaneous heparin and in the wearing of TED stockings in the joint arthroplasty group as well as in the inclusion of hip fracture patients into the PEP trial. This study demonstrates that established protocols are of little value unless audited and that completion of the audit cycle is essential. It does not attempt to show that one prophylactic method is better than another.

**264.** Walker, R. W., et al. (1997).

**"Blood loss during primary total hip arthroplasty: use of preoperative measurements to predict the need for transfusion."**

*Annals of the Royal College of Surgeons of England* 79(6): 438-440.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9422872&id=doi:&issn=0035-8843&isbn=&volume=79&issue=6&spage=438&pages=438-440&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+loss+during+primary+total+hip+arthroplasty%3A+use+of+preoperative+measurements+to+predict+the+need+for+transfusion.&aurlast=Walker&pid=%3Cauthor%3EWalker+RW%3BRosson+JR%3BBland+JM%3C%2Fauthor%3E%3CAN%3E9422872%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The blood loss resulting from total hip arthroplasty was studied in 53 patients. Calculated blood loss exceeded measured blood loss in all cases. The most significant predictor of postoperative packed-cell volume (PCV) was the preoperative PCV. In a further 37 patients the preoperative PCV was used successfully to predict the postoperative PCV and the need for transfusion.

**265.** Sudhindran, S. (1997).

**"Perioperative blood transfusion: a plea for guidelines."**

*Annals of the Royal College of Surgeons of England* 79(4): 299-302.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9244078&id=doi:&issn=0035-8843&isbn=&volume=79&issue=4&spage=299&pages=299-302&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perioperative+blood+transfusion%3A+a+plea+for+guidelines.&aulast=Sudhindran&pid=%3Cauthor%3ESudhindran+S%3C%2Fauthor%3E%3CAN%3E9244078%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Red blood cells are still transfused inappropriately in spite of recent media attention and public awareness about the risks of blood products. A prospective audit was conducted to determine the avoidable blood transfusion rates in the elective perioperative setting utilising the guidelines issued by the American College of Physicians (ACP). Of 82 consecutive adult patients who were admitted for major elective surgery over a 3-month period, 28 were transfused a total of 94 units of homologous SAG-M blood, of which 50 (53%) were inappropriate as recommended by the ACP guidelines. Violations of the guidelines were perioperative transfusion in bleeding patients who were haemodynamically stable (31%) and transfusion in asymptomatic, stable patients solely to attain a haemoglobin level above 10 g% (22%). There is a need for objective, easily adaptable and widely disseminated consensus guidelines to the indications for red blood cell transfusion.

266. St John, P. (1997).

**"Morbidity of varicose vein surgery: auditing the benefit of clinical practice."**

*Annals of the Royal College of Surgeons of England* 79(1): 73.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9038504&id=doi:&issn=0035-8843&isbn=&volume=79&issue=1&spage=73&pages=73&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Morbidity+of+varicose+vein+surgery%3A+auditing+the+benefit+of+clinical+practice.&aulast=St+John&pid=%3Cauthor%3ESt+John+P%3C%2Fauthor%3E%3CAN%3E9038504%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

267. Praseedom, R. K. (1997).

**"Perioperative blood transfusion: a plea for guidelines."**

*Annals of the Royal College of Surgeons of England* 79(6): 469.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9422886&id=doi:&issn=0035-8843&isbn=&volume=79&issue=6&spage=469&pages=469&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perioperative+blood+transfusion%3A+a+plea+for+guidelines.&aulast=Praseedom&pid=%3Cauthor%3EPraseedom+RK%3C%2Fauthor%3E%3CAN%3E9422886%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

268. Norton, S. A. and C. P. Armstrong (1997).

**"Lower gastrointestinal bleeding during anticoagulant therapy: a life-saving complication?"**

*Annals of the Royal College of Surgeons of England* 79(1): 38-39.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9038493&id=doi:&issn=0035-8843&isbn=&volume=79&issue=1&spage=38&pages=38-9&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Lower+gastrointestinal+bleeding+during+anticoagulant+therapy%3A+a+life-saving+complication%3F.&aulast=Norton&pid=%3Cauthor%3ENorton+SA%3BArmstrong+CP%3C%2Fauthor%3E%3CAN%3E9038493%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Warfarin is commonly used in the prophylaxis or treatment of thromboembolic disease. Haemorrhage is a recognised complication which may be life-threatening. This paper describes eight cases in which lower gastrointestinal bleeding while on warfarin therapy resulted in the discovery of previously unrecognised large bowel malignancy. Diagnosis of an otherwise asymptomatic carcinoma in this way enabled surgery to be carried out at an earlier stage and so may have resulted in a better prognosis for these patients. Bleeding while on anticoagulant therapy is caused by a specific organic lesion in 30% to 50% of cases. This may be the case even when the prothrombin time is very prolonged. It is important, therefore, that such cases are fully investigated, especially in the elderly.

269. Lumley, J. (1997).

**"SHOT surveillance programme."**

*Annals of the Royal College of Surgeons of England* 79(2 Suppl): 72, 74.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9166011&id=doi:&issn=0035-8843&isbn=&volume=79&issue=2&spage=72&pages=72%2C+74&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=SHOT+surveillance+programme.&aulast=Lumley&pid=%3Cauthor%3ELumley+J%3C%2Fauthor%3E%3CAN%3E9166011%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

270. Lewis, D. R., et al. (1997).

**"Perioperative blood transfusion: a plea for guidelines."**

*Annals of the Royal College of Surgeons of England* 79(6): 468-469.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9422885&id=doi:&issn=0035-8843&isbn=&volume=79&issue=6&spage=468&pages=468-9&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perioperative+blo>

[od+transfusion%3A+a+plea+for+guidelines.&aulast=Lewis&pid=%3Cauthor%3ELewis+DR%3BNevin+M%3BLamont+PM%3C%2Fauthor%3E%3CAN%3E9422885%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311479&id=doi:&issn=0035-8843&isbn=&volume=79&issue=2&spage=157&pages=157&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hepatitis+B+vaccine+uptake+among+surgeons+at+a+London+teaching+hospital%3A+how+well+are+we+doing%3F.&aulast=Leow&pid=%3Cauthor%3ELeow+CK%3C%2Fauthor%3E%3CAN%3E19311479%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E)

**271.** Leow, C. K. (1997).

**"Hepatitis B vaccine uptake among surgeons at a London teaching hospital: how well are we doing?"**

*Annals of the Royal College of Surgeons of England* 79(2): 157.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311479&id=doi:&issn=0035-8843&isbn=&volume=79&issue=2&spage=157&pages=157&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hepatitis+B+vaccine+uptake+among+surgeons+at+a+London+teaching+hospital%3A+how+well+are+we+doing%3F.&aulast=Leow&pid=%3Cauthor%3ELeow+CK%3C%2Fauthor%3E%3CAN%3E19311479%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**272.** Karagkevrekis, B., et al. (1997).

**"Barrier methods in the operating room: surgical habits die hard."**

*Annals of the Royal College of Surgeons of England* 79(2): 121-123.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9135239&id=doi:&issn=0035-8843&isbn=&volume=79&issue=2&spage=121&pages=121-3&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Barrier+methods+in+the+operating+room%3A+surgical+habits+die+hard.&aulast=Karagkevrekis&pid=%3Cauthor%3EKaragkevrekis+B%3BWarwick+D%3BFreeman+B%3C%2Fauthor%3E%3CAN%3E9135239%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Transmission of viral infection, such as human immunodeficiency virus or hepatitis B and C, is a concern for both surgeon and patient. Published guidelines advise the regular use of barrier preventive measures in order to minimise the occupational exposure of surgeons. A telephone survey was conducted of 92 orthopaedic, cardiothoracic and general surgeons in the South West Region of England, regarding their use of barrier methods. This survey shows that only a minority of surgeons regularly use protective measures, although they are readily available.

**273.** Johnson, D. S. (1997).

**"Hepatitis B vaccine uptake among surgeons at a London teaching hospital: how well are we doing?"**

*Annals of the Royal College of Surgeons of England* 79(2): 157.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9135252&id=doi:&issn=0035-8843&isbn=&volume=79&issue=2&spage=157&pages=157&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hepatitis+B+vaccine+uptake+among+surgeons+at+a+London+teaching+hospital%3A+how+well+are+we+doing%3F.&aulast=Johnson&pid=%3Cauthor%3EJohnson+DS%3C%2Fauthor%3E%3CAN%3E9135252%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**274.** Goldspink, G. (1997).

**"Gene therapy and cell engineering."**

*Annals of the Royal College of Surgeons of England* 79(4): 245-249.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:9244065&id=doi:&issn=0035-8843&isbn=&volume=79&issue=4&spage=245&pages=245-9&date=1997&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Gene+therapy+and+cell+engineering.&aulast=Goldspink&pid=%3Cauthor%3EGoldspink+G%3C%2Fauthor%3E%3CAN%3E9244065%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**275.** Williams, B. T. and R. M. Grummitt (1996).

**"Blood transfusion requirements in femoral neck fractures."**

*Annals of the Royal College of Surgeons of England* 78(5): 477.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8881738&id=doi:&issn=0035-8843&isbn=&volume=78&issue=5&spage=477&pages=477&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+requirements+in+femoral+neck+fractures.&aulast=Williams&pid=%3Cauthor%3EWilliams+BT%3BGrummitt+RM%3C%2Fauthor%3E%3CAN%3E8881738%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**276.** Teanby, D. N., et al. (1996).

**"Failure of trochanteric osteotomy in total hip replacement: a comparison of two methods of reattachment."**

*Annals of the Royal College of Surgeons of England* 78(1): 43-44.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8659972&id=doi:&issn=0035-8843&isbn=&volume=78&issue=1&spage=43&pages=43-4&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Failure+of+trocha>



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A retrospective study was undertaken to assess the rate of trochanteric union after a primary Charnley total hip replacement. In one group the trochanter was reattached with Wroblewski spring wire, and in the second group with a Dall-Miles clamp. Non-union occurred in 29% of each group. The high rate of failure may have implications for morbidity and function. Alternative surgical approaches for total hip replacement should be considered.

277. Sudhindran, S. (1996).

"Blood transfusion requirements in femoral neck fractures."

*Annals of the Royal College of Surgeons of England* 78(2): 156-157.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8678459&id=doi:&issn=0035-8843&isbn=&volume=78&issue=2&spage=156&pages=156-7&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+requirements+in+femoral+neck+fractures.&aulast=Sudhindran&pid=%3Cauthor%3ESudhindran+S%3C%2Fauthor%3E%3CAN%3E8678459%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

278. Smith, E. R., et al. (1996).

"Hepatitis B vaccine uptake among surgeons at a London teaching hospital: how well are we doing?"

*Annals of the Royal College of Surgeons of England* 78(5): 447-449.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8881729&id=doi:&issn=0035-8843&isbn=&volume=78&issue=5&spage=447&pages=447-9&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hepatitis+B+vaccine+uptake+among+surgeons+at+a+London+teaching+hospital%3A+how+well+are+we+doing%3F.&aulast=Smith&pid=%3Cauthor%3ESmith+ER%3BBanatvala+JE%3BTilzey+AJ%3C%2Fauthor%3E%3CAN%3E8881729%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

In order to determine the perceptions of surgical staff of the risks of hepatitis B virus (HBV) infection and its prevention through vaccination, and to assess frequency of 'sharps' injuries and compliance with the Department of Health (DoH) recommendations on vaccination, a questionnaire was distributed to surgical staff in the Guy's and St Thomas' Hospital Trust. Only 52 of the 88 surgeons who responded (59%) had documented vaccine-induced immunity to HBV. Eighty-five (97%) had received at least one dose of vaccine but 15 of these (18%) had failed to complete the course. Of the 70 surgeons completing the course, only 56 (80%) had had their immune responses checked and only 44 (63%) admitted sustaining a 'sharps' injury at least once a month, yet only 17% consistently reported these injuries.

Those least likely to report were cardiothoracic and obstetric and gynaecology surgeons; these specialties also sustained the highest frequency of 'sharps' injuries. Ophthalmologists, who sustained the lowest rate of injury, were most likely to report. In conclusion, a significant number of surgeons appeared not to have completed a course of hepatitis B vaccine in the presence of a high frequency of 'sharps' injuries. Following the publication of DoH guidelines on protecting workers from HBV, it must be stressed that failure to comply with recommendations may have medicolegal implications.

**279.** Satur, C. M. and O. J. Lau (1996).

**"Removal of an inhaled needle from the mediastinum with the aid of a metal detector."**

*Annals of the Royal College of Surgeons of England* 78(4): 393-395.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8712662&id=doi:&issn=0035-8843&isbn=&volume=78&issue=4&spage=393&pages=393-395&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Removal+of+an+inhaled+needle+from+the+mediastinum+with+the+aid+of+a+metal+detector.&aulast=Satur&pid=%3Cauthor%3ESatur+CM%3BLau+OJ%3C%2FAuthor%3E%3CAN%3E8712662%3C%2FAN%3E%3CDT%3ECas e+Reports%3C%2FDT%3E>

**280.** Rhodes, E. G. (1996).

**"Thrombophilia and the surgeon."**

*Annals of the Royal College of Surgeons of England* 78(4): 331-335.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8712645&id=doi:&issn=0035-8843&isbn=&volume=78&issue=4&spage=331&pages=331-335&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Thrombophilia+and+the+surgeon.&aulast=Rhodes&pid=%3Cauthor%3ERhodes+EG%3C%2FAuthor%3E%3CAN%3E8712645%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**281.** Lavy, C. B., et al. (1996).

**"Comparative audit of blood transfusion during war and peace in Sarajevo."**

*Annals of the Royal College of Surgeons of England* 78(1): 56-58.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8659976&id=doi:&issn=0035-8843&isbn=&volume=78&issue=1&spage=56&pages=56-58&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Comparative+audit+of+blood+transfusion+during+war+and+peace+in+Sarajevo.&aulast=Lavy&pid=%3Cauthor%3ELavy+CB%3BKeene+GS%3BBegovic+M%3BStrauss+S%3C%2FAuthor%3E%3CAN%3E8659976%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

A comparative study was made between 146 patients receiving blood transfusion at the State Hospital, Sarajevo, in a 3-month period of peace (group 1) and 250 patients receiving transfusions in a 3-month period of war (group 2). In group 1, trauma accounted for only 7% of transfusions while it accounted for 99% in group 2. The threshold for transfusion was increased in war and the mean pretransfusion haematocrit in group 2 was 21%, compared with 27% in group 1 ( $P < 0.001$ ). Less blood was also transfused per patient in war with a mean transfusion volume of 1.1 units in group 2 compared with 2.6 units in group 1 ( $P < 0.001$ ). The reasons and justification for such a conservative transfusion practice in a besieged city are discussed.

**282.** Lagattolla, N. R., et al. (1996).

**"Twelve years experience of vena cava filtration."**

*Annals of the Royal College of Surgeons of England* 78(4): 336-339.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8712646&id=doi:&issn=0035-8843&isbn=&volume=78&issue=4&spage=336&pages=336-9&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Twelve+years+experience+of+vena+cava+filtration.&aulast=Lagattolla&pid=%3Cauthor%3ELagattolla+NR%3BBurnand+KG%3BIrvine+A%3BFerrari+D%3C%2Fauthor%3E%3CAN%3E8712646%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Fourteen patients have required vena caval interruption in a period of 12 years at St Thomas' Hospital. Half of these patients had an underlying malignancy. None of these patients have had clinical or lung scan evidence of recurrent emboli. There were no deaths related to filter insertion and no patient died of a pulmonary embolism. Vena caval interruption is a procedure that is rarely necessary but may be valuable in carefully selected patients.

**283.** Fon, L. J., et al. (1996).

**"An audit of thyroid surgery in a general surgical unit."**

*Annals of the Royal College of Surgeons of England* 78(3 ( Pt 1)): 192-196.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8779503&id=doi:&issn=0035-8843&isbn=&volume=78&issue=3&spage=192&pages=192-6&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+audit+of+thyroid+surgery+in+a+general+surgical+unit.&aulast=Fon&pid=%3Cauthor%3EFon+LJ%3BDeans+GT%3BLioe+TF%3BLawson+JT%3BBriggs+K%3BSpence+RA%3C%2Fauthor%3E%3CAN%3E8779503%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A total of 143 patients undergoing thyroid surgery in a general surgical unit over an 8-year period were reviewed. In only two patients did thoracic inlet views or thyroid function tests alter clinical management. Fine-needle aspiration failed to detect one well-differentiated follicular carcinoma (false-

negative rate 1.1%). The sensitivity for malignancy of fine-needle aspiration, ultrasound and radioisotope scan were 94%, 53% and 24%, respectively. The corresponding specificity was 59%, 72% and 58% and accuracy 65%, 70% and 49%, respectively. The specificity of fine-needle cytology for detecting neoplastic disease (adenoma or carcinoma) was 86% and accuracy 91%. Combinations of fine-needle cytology, ultrasound and radioisotope scanning increased the sensitivity for malignancy, so that fewer tumours were missed, but at the cost of reduced specificity, positive predictive value and accuracy. Hence, ultrasound was only recommended when fine-needle aspiration was inconclusive. Overall perioperative morbidity was 6.3% (one case of postoperative bleeding, two wound infections, four cases of prolonged hypocalcaemia). There were two proven cases of transient, but no permanent, recurrent laryngeal nerve injuries as a result of surgery. Thyroid surgery may be performed satisfactorily by general surgeons with an interest in thyroid disease. Fine-needle cytology is the most informative preoperative investigation. Although aspiration cytology, ultrasound, and scintigraphy all have appropriate indications and limitations, there is no single test or group of tests that can substitute for careful clinical assessment and follow-up.

**284.** Curley, P. J. (1996).

**"Endotoxin, cellular immune dysfunction and acute pancreatitis."**

*Annals of the Royal College of Surgeons of England* 78(6): 531-535.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8943639&id=doi:&issn=0035-8843&isbn=&volume=78&issue=6&spage=531&pages=531-5&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Endotoxin%2C+cellular+immune+dysfunction+and+acute+pancreatitis.&aulast=Curley&pid=%3Cauthor%3ECurley+PJ%3C%2Fauthor%3E%3CAN%3E8943639%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Clinical similarities between the sepsis syndrome seen in severe acute pancreatitis (AP) and that seen after burns, postoperative infection and trauma led to a series of investigations to elucidate the nature of immunological compromise in cases of severe AP. Significant alterations in lymphocyte surface marker antigen expression were demonstrated with reduced total T-lymphocyte (CD3), T-helper (CD4) and T-suppressor (CD8) cell numbers ( $P < 0.001$ , Mann-Whitney U test) during the acute phase of severe attacks compared with mild attacks. These abnormalities were reversible with increased CD3 ( $P < 0.005$ , Student's t test), CD4 ( $P < 0.01$ ) and CD8 ( $P < 0.05$ ) numbers in the convalescent phase of severe attacks. Experiments with a murine model of acute pancreatitis demonstrated further cellular immune abnormalities in AP as have previously been documented in models of burn, trauma and sepsis. Decreased interleukin-2 production by mononuclear cells ( $P < 0.005$ ) was associated with susceptibility to endotoxin challenge. Immunomodulatory therapy in the form of exogenous IL-2 therapy or with induction of endotoxin tolerance not only led to increased IL-2 production ( $P < 0.01$ ) but also to significantly reduced mortality after endotoxin exposure compared with control animals ( $P < 0.05$ , Wilcoxon-Gehan statistic). Cellular immune dysfunction in acute pancreatitis is seen in humans and in a murine model; it is associated with endotoxin exposure and with susceptibility to the deleterious effects of endotoxin and can be partially reversed by exogenous IL-2 therapy and by induction of endotoxin tolerance.

**285.** Clark, C. L. (1996).

**"The immune response in small bowel transplantation."**



*Annals of the Royal College of Surgeons of England* 78(2): 97-102.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8678466&id=doi:&issn=0035-8843&isbn=&volume=78&issue=2&spage=97&pages=97-102&date=1996&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+immune+response+in+small+bowel+transplantation.&aulast=Clark&pid=%3Cauthor%3EClark+CL%3C%2Fauthor%3E%3CAN%3E8678466%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The immunological problems of small bowel transplantation have not yet been overcome. Frequent severe rejection episodes are common in clinical practice, and GVHD may emerge as a significant complication once rejection is more effectively controlled. Both are caused by the large number of lymphocytes in the graft. There is extensive exchange migration of lymphocytes between graft and host even in the absence of rejection, and persisting donor cells in the host may carry the propensity for GVHD. Various techniques including analysis of host peripheral blood samples are being developed to enable earlier and easier diagnosis of rejection, which should facilitate early treatment and reduce infective complications. The balance between rejection and GVHD can be manipulated experimentally, and clinical trials are under way to determine whether such techniques can improve the outcome for human transplant recipients. [References: 22]

286. Weale, A. E., et al. (1995).

**"Is there a clinical interaction between low molecular weight heparin and non-steroidal analgesics after total hip replacement?"**

*Annals of the Royal College of Surgeons of England* 77(1): 35-37.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7717643&id=doi:&issn=0035-8843&isbn=&volume=77&issue=1&spage=35&pages=35-37&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Is+there+a+clinical+interaction+between+low+molecular+weight+heparin+and+non-steroidal+analgesics+after+total+hip+replacement%3F.&aulast=Weale&pid=%3Cauthor%3EWeale+AE%3BWarwick+DJ%3BDurant+N%3BProthero+D%3C%2Fauthor%3E%3CAN%3E7717643%3C%2FAN%3E%3CDT%3Eclinical+Trial%3C%2FDT%3E>

The benefits of parenteral non-steroidal analgesic drugs and low molecular weight heparin anticoagulants have been shown before, but there is concern that the use of these agents in combination may potentiate haemorrhagic side-effects because of simultaneous inhibition of the clotting cascade and platelet mechanisms of haemostasis. In a prospective controlled trial, 60 patients undergoing total hip replacement were randomised into two groups. Those in one group received intramuscular ketorolac and those in the other group opioid analgesia. All patients received enoxaparin subcutaneously, once daily. There were 34 patients in the NSAID group and 26 in the opiate group. There were no significant differences between the two groups for intraoperative blood loss, postoperative drainage, transfusion requirements, bruising, wound oozing and leg swelling. From this study it would appear that there is a low risk of significant haemostatic potentiation associated with concurrent use of low molecular weight heparin and a modest dose of ketorolac tromethamine.

287. Unwin, A. J., et al. (1995).

**"Current UK opinion on thromboprophylaxis in orthopaedic surgery: its use in routine total hip and knee arthroplasty."**

*Annals of the Royal College of Surgeons of England* 77(5): 351-354.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7486761&id=doi:&issn=0035-8843&isbn=&volume=77&issue=5&spage=351&pages=351-4&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Current+UK+opinion+on+thromboprophylaxis+in+orthopaedic+surgery%3A+its+use+in+routine+total+hip+and+knee+arthroplasty.&aulast=Unwin&pid=%3Cauthor%3EUnwin+AJ%3BJones+JR%3BHarries+WJ%3C%2Fauthor%3E%3CAN%3E7486761%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

We surveyed all surgically qualified members of the British Orthopaedic Association as to their views on thromboprophylaxis in routine total hip and knee replacement. The response rate was 92%. In total hip replacement, 13-15% of surgeons used no method of prophylaxis at all, 18-22% did not use a mechanical method of prophylaxis, while 26% did not use a pharmacological agent; 36% believed low-dose anticoagulant thromboprophylaxis to be a medicolegal necessity while 47% disagreed with this. In total knee replacement, 18-33% of surgeons used no method of prophylaxis at all, 20-26% did not use a mechanical method of prophylaxis, while 54-58% did not use a pharmacological agent; 12 believed low-dose anticoagulant thromboprophylaxis to be a medicolegal necessity, while 64% disagreed with this. We conclude that mechanical methods remain a popular method of thromboprophylaxis and pharmacological methods, while commonly used, are not seen as a medicolegal requirement in lower limb arthroplasty and are used less often in total knee replacement.

288. Thomas, M. G. (1995).

**"Luminal and humoral influences on human rectal epithelial cytokinetics."**

*Annals of the Royal College of Surgeons of England* 77(2): 85-89.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7793821&id=doi:&issn=0035-8843&isbn=&volume=77&issue=2&spage=85&pages=85-9&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Luminal+and+humoral+influences+on+human+rectal+epithelial+cytokinetics.&aulast=Thomas&pid=%3Cauthor%3EThomas+MG%3C%2Fauthor%3E%3CAN%3E7793821%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Multiple genetic and environmental steps may underpin the development of human colorectal neoplasia, and experimental evidence suggests that promoters of colorectal cancer also induce colorectal epithelial cell hyperplasia. In vitro crypt cell production rate (CCPR) was measured to determine the effect of calcium, epidermal growth factor (EGF), vitamin D3 metabolites and synthetic analogues on human rectal epithelial cell proliferation. In a double-blind trial of oral calcium supplementation, CCPR was reduced by 49% in patients with familial adenomatous polyposis (FAP), but there was no effect on established neoplasia. In control tissue, the active form of vitamin D3 (1,25(OH)2D3) reduced rectal CCPR by 57% at 1 microM, 55% at 10 nM and 45% at 100 pM. Likewise, in

tissue taken from patients with FAP, 1,25(OH)<sub>2</sub>D<sub>3</sub> reduced CCPR by 52%. Vitamin D<sub>3</sub> has profound effects on calcium metabolism, but synthetic analogues can avoid these. The effects of a synthetic analogue (MC-903) on human rectal CCPR were therefore studied. MC-903 (10<sup>-7</sup> M) reduced CCPR in control tissue by 51%, and in FAP tissue by 52% at 10<sup>-6</sup> M and 51% at 10<sup>-7</sup> M. In addition, MC-903 and a related analogue, EB 1089, produced a clear-cut dose-dependent inhibition of both HT-29 and Caco2 colorectal cancer cells maintained in culture. Hence, vitamin D<sub>3</sub> and its analogues can reduce the rate of cell proliferation in normal, premalignant and malignant colorectal epithelial cells and might therefore have future therapeutic uses as chemoprotective or chemotherapeutic agents. Lastly, EGF increases CCPR by 102% in FAP tissue that expresses the EGF receptor. Thus, human colorectal cell proliferation is influenced by a variety of luminal and humoral agents and a greater understanding of these actions should help plan future treatments.

**289.** Robertson, G. S., et al. (1995).

**"Does subclinical pancreatic inflammation occur after parathyroidectomy?"**

*Annals of the Royal College of Surgeons of England* 77(2): 102-106.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7540815&id=doi:&issn=0035-8843&isbn=&volume=77&issue=2&spage=102&pages=102-6&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Does+subclinical+pancreatic+inflammation+occur+after+parathyroidectomy%3F.&aulast=Robertson&pid=%3Cauthor%3ERobertson+GS%3BGibson+PJ%3BLondon+NJ%3BJohnson+PR%3BIqbal+SJ%3BBell+PR%3C%2Fauthor%3E%3CAN%3E7540815%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Pancreatitis is accepted as an uncommon complication of parathyroid surgery, but it has been suggested that up to 35% of patients may experience hyperamylasaemia after parathyroidectomy indicating subclinical inflammation of the pancreas. A series of 26 patients undergoing parathyroidectomy were studied by preoperative biochemical analyses repeated 24 and 48 h postoperatively allowing changes in calcium metabolism and serum and urinary amylase levels to be documented. Of the patients, 21 also underwent a CT scan of the pancreas between 24 and 48 h after operation. Despite highly significant changes in serum parathormone, calcium and phosphate levels postoperatively, there was no evidence in any patient of acute pancreatic inflammation or hyperamylasaemia. Twenty-one patients underwent unilateral neck exploration, and we suggest that the absence of any detectable amylase elevation supports the suggestion that such elevation may reflect an increase in salivary isoamylase as a result of extensive neck dissection, rather than reflecting a subclinical pancreatitis. The development of postparathyroidectomy pancreatitis appears to be an all or nothing phenomenon of unknown aetiology.

**290.** Price, A. J. and D. Obeid (1995).

**"Is there a clinical interaction between low molecular weight heparin and non-steroidal analgesics after total hip replacement?"**

*Annals of the Royal College of Surgeons of England* 77(5): 395.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7486773&id=doi:&issn=0035-8843&isbn=&volume=77&issue=5&spage=395&pages=395&date=1995&title=Annals+of+the+Royal+C>



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291. Muir, L. (1995).

**"Blood transfusion requirements in femoral neck fractures."**

*Annals of the Royal College of Surgeons of England* 77(6): 453-456.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8540667&id=doi:&issn=0035-8843&isbn=&volume=77&issue=6&spage=453&pages=453-456&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+requirements+in+femoral+neck+fractures.&aulast=Muir&pid=%3Cauthor%3EMuir+L%3C%2Fauthor%3E%3CAN%3E8540667%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Fractures of the femoral neck are common, and their incidence seems likely to increase. A prospective study in 1991 of 80 patients with such fractures suggested that not all need to be cross-matched preoperatively, a finding supported by the existing literature. At the same time, a survey of transfusion protocols in hospitals throughout the country suggested that much blood was being wasted daily in unnecessary cross-matching. This survey was repeated in 1995, and little appears to have changed. The implications of this are discussed.

292. Elem, B. and P. Ranjan (1995).

**"Impact of immunodeficiency virus (HIV) on Fournier's gangrene: observations in Zambia."**

*Annals of the Royal College of Surgeons of England* 77(4): 283-286.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7574321&id=doi:&issn=0035-8843&isbn=&volume=77&issue=4&spage=283&pages=283-286&date=1995&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Impact+of+immunodeficiency+virus+%28HIV%29+on+Fournier%27s+gangrene%3A+observations+in+Zambia.&aulast=Elem&pid=%3Cauthor%3EElem+B%3BRanjan+P%3C%2Fauthor%3E%3CAN%3E7574321%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The results of a prospective study in the University Teaching Hospital, Lusaka, Zambia, on the impact of Human Immunodeficiency Virus on the incidence and prognosis of Fournier's gangrene is presented; Zambia has been in the grip of an HIV epidemic since the early 1980s. A total of 10 patients with an average age of 32 years was observed during a 14-month period (March 1992-April 1993); eight patients had associated HIV infection. A contributory factor to the development of Fournier's gangrene was also present in seven patients, of which six involved the urinary tract. All patients were managed by early surgical debridement under antibiotic cover. Two patients died, only one of whom had associated HIV



disease. This study has recorded a significant rise in the prevalence of Fournier's gangrene in Zambia since the advent of the HIV epidemic. It has also been documented that provided aggressive treatment along established lines is initiated without delay, the coexisting HIV infection does not adversely affect the prognosis of Fournier's gangrene.

**293.** Watkin, D. S., et al. (1994).

**"Assessment of the common bile duct before cholecystectomy using ultrasound and biochemical measurements: validation based on follow-up."**

*Annals of the Royal College of Surgeons of England* 76(5): 317-319.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7979072&id=doi:&issn=0035-8843&isbn=&volume=76&issue=5&spage=317&pages=317-9&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Assessment+of+the+common+bile+duct+before+cholecystectomy+using+ultrasound+and+biochemical+measurements%3A+validation+based+on+follow-up.&aulast=Watkin&pid=%3Cauthor%3EWatkin+DS%3BHaworth+JM%3BLEAPER+DJ%3BThompson+MH%3C%2Fauthor%3E%3CAN%3E7979072%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The selective use of operative cholangiography with cholecystectomy is controversial. We have combined measurement of the serum bilirubin, alkaline phosphatase and alanine aminotransferase with ultrasound measurement of the bile duct diameter to assess the common bile duct before cholecystectomy. Direct contrast cholangiography was not performed if the results of these measurements were normal on the day before operation. There were 253 patients assessed in this way before laparoscopic cholecystectomy. Patients with known bile duct stones were excluded, but those with a previous history of jaundice, pancreatitis or abnormal liver function tests were included. In 47 cases abnormalities were found and X-ray cholangiograms were performed; only six patients were found to have bile duct stones. Follow-up of all 253 patients, including repeating the preoperative measurements after 12 months in 93, found only two patients with evidence that common duct stones had been missed and these two stones passed spontaneously. No bile duct injuries have occurred. We conclude that preoperative assessment of the bile duct using ultrasound and liver function tests safely obviates the need for 'routine' operative cholangiography.

**294.** Vipond, M. N., et al. (1994).

**"Experimental adhesion prophylaxis with recombinant tissue plasminogen activator."**

*Annals of the Royal College of Surgeons of England* 76(6): 412-415.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7702327&id=doi:&issn=0035-8843&isbn=&volume=76&issue=6&spage=412&pages=412-5&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Experimental+adhesion+prophylaxis+with+recombinant+tissue+plasminogen+activator.&aulast=Vipond&pid=%3Cauthor%3EVipond+MN%3BWhawell+SA%3BScott-Coombes+DM%3BThompson+JN%3BDudley+HA%3C%2Fauthor%3E%3CAN%3E7702327%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The deposition of fibrin in the peritoneal cavity leads to fibrous adhesion formation. Recombinant tissue plasminogen activator (rtPA), delivered locally, was investigated as a method of preventing adhesion formation. Six standardised areas of peritoneal ischaemia were formed in each of 36 male Wistar rats randomised to three intraperitoneal treatments: (A) no treatment control; (B) carboxymethylcellulose gel; (C) rtPA-carboxymethylcellulose gel combination. At 1 week all animals underwent relaparotomy and the number of ischaemic sites with an adhesion counted by an independent observer. rtPA-treated animals formed fewer adhesions compared with gel alone or controls (median number of adhesions 1.5 versus 2.5 versus 5,  $P < 0.001$ , ANOVA). Intraperitoneal rtPA in a slow-release formulation is able to reduce adhesion formation significantly in an animal model and may prove to have clinical benefit.

**295.** Quiney, N. F. and D. P. Coates (1994).

**"The inflatable wedge: an aid to bilateral hip arthroplasty."**

*Annals of the Royal College of Surgeons of England* 76(4): 251-252.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8074386&id=doi:&issn=0035-8843&isbn=&volume=76&issue=4&spage=251&pages=251-2&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+inflatable+wedge%3A+an+aid+to+bilateral+hip+arthroplasty.&aulast=Quiney&pid=%3Cauthor%3EQuiney+NF%3BCoates+DP%3C%2Fauthor%3E%3CAN%3E8074386%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A reusable inflatable wedge system is described for use during bilateral hip arthroplasty. It allows rapid repositioning during the procedure, with minimal interference to the surgical field. It is robust, cheap and provides minimal compromise to surgical asepsis. It has potential for use in a variety of procedures.

**296.** Keating, J. and K. Romeril (1994).

**"Abdominal tuberculosis."**

*Annals of the Royal College of Surgeons of England* 76(5): 352-353.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7979083&id=doi:&issn=0035-8843&isbn=&volume=76&issue=5&spage=352&pages=352-3&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Abdominal+tuberculosis.&aulast=Keating&pid=%3Cauthor%3EKeating+J%3BRomeril+K%3C%2Fauthor%3E%3CAN%3E7979083%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**297.** Fligelstone, L. J., et al. (1994).

**"Blood contamination of the feet during orthopaedic procedures."**

*Annals of the Royal College of Surgeons of England* 76(1): 66-67.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8117025&id=doi:&issn=0035-8843&isbn=&volume=76&issue=1&spage=66&pages=66-7&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+contamination+of+the+feet+during+orthopaedic+procedures.&aulast=Fligelstone&pid=%3Cauthor%3EFligelstone+LJ%3BJerwood+TE%3BThomas+JA%3BRees+RW%3C%2Fauthor%3E%3CAN%3E8117025%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**298.** Earnshaw, J. J. (1994).

**"Thrombolysis in acute limb ischaemia."**

*Annals of the Royal College of Surgeons of England* 76(4): 219-222.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8074380&id=doi:&issn=0035-8843&isbn=&volume=76&issue=4&spage=219&pages=219-22&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Thrombolysis+in+acute+limb+ischaemia.&aulast=Earnshaw&pid=%3Cauthor%3EEarnshaw+JJ%3C%2Fauthor%3E%3CAN%3E8074380%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**299.** Clunie, G. J. and D. G. Macleish (1994).

**"Neck swellings which mimic branchial cysts in HIV-positive patients."**

*Annals of the Royal College of Surgeons of England* 76(3): 212.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8017821&id=doi:&issn=0035-8843&isbn=&volume=76&issue=3&spage=212&pages=212&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Neck+swellings+which+mimic+branchial+cysts+in+HIV-positive+patients.&aulast=Clunie&pid=%3Cauthor%3EClunie+GJ%3BMacleish+DG%3C%2Fauthor%3E%3CAN%3E8017821%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**300.** Chan, P. (1994).

**"Cell biology of human vascular smooth muscle."**

*Annals of the Royal College of Surgeons of England* 76(5): 298-303.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7979067&id=doi:&issn=0035-8843&isbn=&volume=76&issue=5&spage=298&pages=298->

[303&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Cell+biology+of+human+vascular+smooth+muscle.&aulast=Chan&pid=%3Cauthor%3EChan+P%3C%2Fauthor%3E%3CAN%3E7979067%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://www.ncbi.nlm.nih.gov/pubmed/7979067)

Vascular smooth muscle is the cellular substrate of most significant arterial diseases. Restenosis after angioplasty and surgery mainly represents vascular smooth muscle reaction to trauma, a process which is also significant in the early stages of atherogenesis. Empirical approaches, based on findings in animal models of vascular injury, have notably failed to make any impact on human restenosis. We have developed and validated growth of the human VSMC in culture as a model of restenosis. Intimal hyperplastic lesions producing vascular restenosis contain cells that have reduced sensitivity to physiological growth inhibition by heparin in cell culture conditions, compared with cells from normal vascular tissue. Undiseased saphenous vein obtained from patients with intimal hyperplastic restenoses also contain cells that are relatively resistant to heparin inhibition. Arterial healing that progresses to restenosis may have distinct and fundamental differences at the cellular level from the normal process of arterial healing after injury. [References: 34]

**301.** Bennett, S. R. (1994).

**"Perioperative autologous blood transfusion in elective total hip prosthesis operations."**

*Annals of the Royal College of Surgeons of England* 76(2): 95-98.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8154822&id=doi:&issn=0035-8843&isbn=&volume=76&issue=2&spage=95&pages=95-98&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Perioperative+autologous+blood+transfusion+in+elective+total+hip+prosthesis+operations.&aulast=Bennett&pid=%3Cauthor%3EBennett+SR%3C%2Fauthor%3E%3CAN%3E8154822%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

The aim of this study was to determine if acute perioperative normovolaemic haemodilution with retransfusion of the autologous blood at the end of operation would reduce or eliminate the need for homologous (banked) blood. Forty patients scheduled for total hip prosthesis replacement (THPR) were randomly divided into two groups: Group A, 20 patients from whom 900 ml of blood was taken 20 min preoperatively, the volume being replaced with 1000 ml of gelatin solution (Haemaccel). Group B, 20 patients who were undergoing the same operation but from whom no blood was taken. Both groups were allowed a fall in haematocrit (Hct) to 0.25 before transfusion was started. A standard formula to calculate allowable blood loss plus intraoperative Hct measurements were used to achieve the haemodilution. There was no significant difference in blood loss between the two groups. Transfusion requirement was the same in the two groups. In this study, autotransfusion by the withdrawal of 900 ml of blood is inadequate to reduce the transfusion requirement further than that which can be achieved by haemodilution alone.

**302.** Bem, C. (1994).

**"Neck swellings which mimic branchial cysts in HIV-positive patients."**

*Annals of the Royal College of Surgeons of England* 76(4): 284.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8074395&id=doi:&issn=0035-8843&isbn=&volume=76&issue=4&spage=284&pages=284&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Neck+swellings+which+mimic+branchial+cysts+in+HIV-positive+patients.&aulast=Bem&pid=%3Cauthor%3EBem+C%3C%2Fauthor%3E%3CAN%3E8074395%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**303.** Ahmed, M. E. and M. A. Hassan (1994).

**"Abdominal tuberculosis."**

*Annals of the Royal College of Surgeons of England* 76(2): 75-79.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8154817&id=doi:&issn=0035-8843&isbn=&volume=76&issue=2&spage=75&pages=75-9&date=1994&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Abdominal+tuberculosis.&aulast=Ahmed&pid=%3Cauthor%3EAhmed+ME%3BHassan+MA%3C%2Fauthor%3E%3CAN%3E8154817%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The abdomen is involved in 10% to 30% of patients with pulmonary tuberculosis. The diagnosis is not difficult in societies where the disease is common and clinicians are aware of it. While previously rare in Western countries, the incidence is now rising among immigrants, and patients with AIDS. In HIV-infected patients, the disease is of a rapidly progressive nature, often fatal through usually treatable, but the diagnosis is difficult and often delayed. Treatment is essentially medical but occasionally surgical operation is necessary. [References: 60]

**304.** Whitworth, I. H., et al. (1993).

**"Neck swellings which mimic branchial cysts in HIV-positive patients."**

*Annals of the Royal College of Surgeons of England* 75(6): 417-421.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8054007&id=doi:&issn=0035-8843&isbn=&volume=75&issue=6&spage=417&pages=417-21&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Neck+swellings+which+mimic+branchial+cysts+in+HIV-positive+patients.&aulast=Whitworth&pid=%3Cauthor%3EWhitworth+IH%3BBirchall+MA%3BStafford+ND%3C%2Fauthor%3E%3CAN%3E8054007%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A retrospective review of over 700 HIV-positive patients referred to the ENT department at St Mary's Hospital was undertaken. This revealed nine patients whose initial presentation was due to an upper neck swelling. The clinical and cytological results are discussed as well as consideration of the similarity of these lesions to branchial cysts, and the implication of the involvement of lymphoid tissue in the

aetiology of branchial cysts. With the increasing incidence of HIV infection it is important that patients with these lesions are investigated appropriately before any surgery is contemplated.

**305.** White, A., et al. (1993).

**"Blood contamination of the feet during orthopaedic procedures."**

*Annals of the Royal College of Surgeons of England* 75(5): 333-334.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8215149&id=doi:&issn=0035-8843&isbn=&volume=75&issue=5&spage=333&pages=333-4&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+contamination+of+the+feet+during+orthopaedic+procedures.&aulast=White&pid=%3Cauthor%3EWhite+A%3BHoddinott+C%3BGrant+A%3C%2Fauthor%3E%3CAN%3E8215149%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Contamination of the feet with blood represents a potential hazard for the surgeon. The incidence of such contamination during major orthopaedic surgery has been shown in this study to be 54%. The use of protective leggings during surgery is recommended.

**306.** Stephenson, B. M. (1993).

**"Blood transfusion does not have an adverse effect on survival after operation for colorectal cancer."**

*Annals of the Royal College of Surgeons of England* 75(6): 451.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8135941&id=doi:&issn=0035-8843&isbn=&volume=75&issue=6&spage=451&pages=451&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+does+not+have+an+adverse+effect+on+survival+after+operation+for+colorectal+cancer.&aulast=Stephenson&pid=%3Cauthor%3EStephenson+B+M%3C%2Fauthor%3E%3CAN%3E8135941%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**307.** Singer, G. C. (1993).

**"Blood loss and transfusion requirements in total joint arthroplasty."**

*Annals of the Royal College of Surgeons of England* 75(1): 71-72.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8422157&id=doi:&issn=0035-8843&isbn=&volume=75&issue=1&spage=71&pages=71-2&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+loss+and+transfusion+requirements+in+total+joint+arthroplasty.&aulast=Singer&pid=%3Cauthor%3ESinger+GC%3C%2Fauthor%3E%3CAN%3E8422157%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

308. Sene, A., et al. (1993).

**"Blood transfusion does not have an adverse effect on survival after operation for colorectal cancer."**

*Annals of the Royal College of Surgeons of England* 75(4): 261-266; discussion 266-267.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8379630&id=doi:&issn=0035-8843&isbn=&volume=75&issue=4&spage=261&pages=261-6%3B+discussion+266-7&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusio n+does+not+have+an+adverse+effect+on+survival+after+operation+for+colorectal+cancer.&aulast=Se ne&pid=%3Cauthor%3ESene+A%3BJeacock+J%3BRobinson+C%3BWalsh+S%3BKingston+RD%3C%2Fau thor%3E%3CAN%3E8379630%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The effect of perioperative blood transfusion on cancer progression remains controversial because retrospective clinical studies have produced conflicting results. We have collected data prospectively on 379 patients undergoing curative surgery for colorectal adenocarcinoma and assessed the effect of variables, including blood transfusion, on survival. Univariate and multivariate survival analysis has been carried out. When the end-point for analysis used was death due to recurrent colorectal carcinoma and non-cancer deaths were censored, there was no difference in cancer-specific survival between transfused and non-transfused patients. Survival analysis was also carried out without censoring the non-cancer deaths and clearly demonstrated how the statistical analysis and data interpretation could be distorted by age-related non-cancer deaths. The incidence of recurrence of colorectal carcinoma was not greater in the transfused group than in the non-transfused group. We conclude that blood transfusion should not be withheld in colorectal surgery for fear of worsening the prognosis.

309. Pindborg, J. J. (1993).

**"Epidemiology and oral manifestations of HIV infection."**

*Annals of the Royal College of Surgeons of England* 75(2): 111-114.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8476177&id=doi:&issn=0035-8843&isbn=&volume=75&issue=2&spage=111&pages=111-4&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Epidemiology+an d+oral+manifestations+of+HIV+infection.&aulast=Pindborg&pid=%3Cauthor%3EPindborg+JJ%3C%2Fa uthor%3E%3CAN%3E8476177%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

310. Menzies, D. (1993).

**"Postoperative adhesions: their treatment and relevance in clinical practice."**

*Annals of the Royal College of Surgeons of England* 75(3): 147-153.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8323205&id=doi:&issn=0035-8843&isbn=&volume=75&issue=3&spage=147&pages=147-53&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Postoperative+adhesions%3A+their+treatment+and+relevance+in+clinical+practice.&aulast=Menzies&pid=%3Cauthor%3EMenzies+D%3C%2Fauthor%3E%3CAN%3E8323205%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**311.** Jones, D. R., et al. (1993).

**"Non-woven, disposable theatre gowns for 'high-risk' surgery."**

*Annals of the Royal College of Surgeons of England* 75(3): 154-156.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8323206&id=doi:&issn=0035-8843&isbn=&volume=75&issue=3&spage=154&pages=154-6&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Non-woven%2C+disposable+theatre+gowns+for+%27high-risk%27+surgery.&aulast=Jones&pid=%3Cauthor%3EJones+DR%3BHarris+R%3BWilson+K%3C%2Fauthor%3E%3CAN%3E8323206%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The ability to resist fluid penetration was measured in body fabric and forearm seams of standard and reinforced non-woven disposable theatre gowns. Six standard use, non-woven gowns showed water strike-through in the body area at pressures ranging between 12.1 +/- 0.8 cmH<sub>2</sub>O and 23.2 +/- 2.2 cmH<sub>2</sub>O (means +/- 95% confidence interval). Two products resisted fluid penetration of the forearm seam at pressures similar to that of the fabric alone (16.8 +/- 1.0 cmH<sub>2</sub>O and 18.6 +/- 0.9 cmH<sub>2</sub>O respectively) but other standard gowns leaked at significantly lower pressures (range 4.6-6.9 cmH<sub>2</sub>O). (P < 0.05, Mann-Whitney U test). Six of seven high-protection gowns proved fluid resistant at a pressure in excess of 50 cm in the reinforced body zone but four reinforced gowns leaked at stitched arm seams at a pressure of less than 10 cmH<sub>2</sub>O despite an inner impermeable layer of fabric covering the forearm. Three gowns with heat or adhesive sealed reinforced arm seams resisted fluid penetration up to a pressure of 50 cmH<sub>2</sub>O. Standard gowns and some reinforced gowns do not offer full protection against forearm contamination through stitched seams. A gown with sealed seams and impermeable fabric should be chosen for high-risk cases.

**312.** Deakin, M., et al. (1993).

**"Factors influencing blood transfusion during adult liver transplantation."**

*Annals of the Royal College of Surgeons of England* 75(5): 339-344.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8215151&id=doi:&issn=0035-8843&isbn=&volume=75&issue=5&spage=339&pages=339-44&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Factors+influencing+blood+transfusion+during+adult+liver+transplantation.&aulast=Deakin&pid=%3Cauthor%3EDeakin+M%3BGunson+BK%3BDunn+JA%3BMcMaster+P%3BTisone+G%3BWarwick+J%3BBuckels+JA%3C%2Fauthor%3E%3CAN%3E8215151%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>



From 1982 to 1990, 300 adults received liver transplants in Birmingham UK with a median intraoperative blood transfusion rate of 23.5 units for the first 50 patients falling to 8 units for the last 50. The major factors in the reduction of blood usage were the experience of the team, the use of venovenous bypass and the use of an argon beam coagulator. Univariate analysis of preoperative factors in an attempt to predict patients at risk of excessive intraoperative transfusion showed that levels of serum sodium, urea, creatinine, haemoglobin, patient weight and the presence of ascites were significantly related to the quantity of blood transfused, although stepwise discriminant analysis showed that only blood urea and platelet count had an independent association with transfusion. The final model was poorly predictive of intraoperative transfusion requirements. Technical factors rather than patient-related factors are more important in the control of intraoperative bleeding in newly established transplant programmes.

**313.** Corlett, M. P., et al. (1993).

**"Reduction in incidence of glove perforation during laparotomy wound closure by 'no touch' technique."**

*Annals of the Royal College of Surgeons of England* 75(5): 330-332.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8215148&id=doi:&issn=0035-8843&isbn=&volume=75&issue=5&spage=330&pages=330-2&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Reduction+in+incidence+of+glove+perforation+during+laparotomy+wound+closure+by+%27no+touch%27+technique.&aulast=Corlett&pid=%3Cauthor%3ECorlett+MP%3BEngland+DW%3BKidner+NL%3BAttard+AR%3BFraser+IA%3C%2Fauthor%3E%3CAN%3E8215148%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Intact surgical gloves provide an efficient barrier against the HIV and Hepatitis B viruses but glove perforations are common, particularly during mass closure of laparotomy wounds. Attempts to develop gloves immune to perforation have failed. A series of 100 consecutive laparotomy wounds were randomised to mass closure by either the 'hand in' technique currently favoured by many surgeons, or a 'no touch' technique manipulating the wound edges with instruments only. The two groups were similar with regard to grade of surgeon and assistant, proportion of routine and emergency cases, and proportion of clean or dirty cases. The wound lengths in each group were similar, and the time taken to close the abdominal wall was similar in both groups. Although a similar number of perforated gloves occurred in each group while the operative procedure was being performed ('hand in', 9 of 50 vs 'no touch', 12 of 50;  $P = 0.62$ ); a significantly reduced number of glove perforations occurred in the 'no touch' group during wound closure ('hand in', 16 of 50 vs 'no touch', 3 of 50,  $P = 0.0017$ ). No touch closure of the abdominal wall may provide protection to surgeons against blood-borne viruses such as HIV and hepatitis B.

**314.** Barber, N. D. and U. K. Hoffmeyer (1993).

**"Comparison of the cost-effectiveness of administering heparin subcutaneously or intravenously for the treatment of deep vein thrombosis."**

*Annals of the Royal College of Surgeons of England* 75(6): 430-433.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:8285546&id=doi:&issn=0035-8843&isbn=&volume=75&issue=6&spage=430&pages=430-433&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Comparison+of+the+cost-effectiveness+of+administering+heparin+subcutaneously+or+intravenously+for+the+treatment+of+deep+vein+thrombosis.&aulast=Barber&pid=%3Cauthor%3EBarber+ND%3BHoffmeyer+UK%3C%2Fauthor%3E%3CAN%3E8285546%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The cost-effectiveness of subcutaneous heparin (20,000 iu, twice daily, prefilled syringes), a continuous intravenous infusion of 24,000 iu heparin in 24 h, and the intravenous infusion of 48,000 iu heparin as two consecutive 12-h infusions of 24,000 iu, were compared. The costs were calculated by timing and observing staff in three hospitals, and by noting the costs of what they used. Cannulation of a vein by a doctor took a mean of 4 min 16 s and cost 2.61 pounds. To prepare and administer the 24,000 iu of heparin in a 24-h infusion took a mean of 22 min 42 s/day and cost 9.52 pounds. If a 48,000 iu in 24-h infusion was used it took a mean of 36 min 3 s/day and cost 16.81 pounds. The use of heparin syringes, 20,000 iu subcutaneously twice daily, took 2 min 53 s/day and cost 4.80 pounds. A generic cost formula was calculated to allow for variation in staff or drug costs. The subcutaneous and intravenous routes were assumed to be equally effective on the basis of the medical literature. This study shows that subcutaneous heparin therapy is significantly more cost-effective than intravenous heparin therapy. The reduction in cost and liberation of nursing time mean that the subcutaneous route should be preferred.

**315.** Adamson, A. S., et al. (1993).

**"Coagulopathy in the prostate cancer patient: prevalence and clinical relevance."**

*Annals of the Royal College of Surgeons of England* 75(2): 100-104.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7682795&id=doi:&issn=0035-8843&isbn=&volume=75&issue=2&spage=100&pages=100-104&date=1993&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Coagulopathy+in+the+prostate+cancer+patient%3A+prevalence+and+clinical+relevance.&aulast=Adamson&pid=%3Cauthor%3EAdamson+AS%3BFrancis+JL%3BWitherow+RO%3BSnell+ME%3C%2Fauthor%3E%3CAN%3E7682795%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Carcinoma of the prostate has historically been associated with the bleeding diathesis which accompanies disseminated intravascular coagulation. We have performed a prospective study into the prevalence of coagulopathy in patients with untreated prostate cancer using matched patients with benign prostatic hypertrophy (BPH) as controls. Haemostatic activation was assessed by measuring fibrinopeptide A (FpA) by an ELISA and D-dimer by a latex agglutination assay. FpA and D-dimer levels were correlated with serum prostate specific antigen (PSA) and bone scan status. Of the cancer patients, 40% had elevated FpA, levels being higher in those with bone scan positive disease ( $P < 0.05$ ). D-dimer was detectable in 24% of those with prostate cancer but in none with BPH. Neither FpA nor D-dimer were related to serum PSA but D-dimer appeared to be a predictor of bone scan status with a positive predictive value of 91%. It is concluded that changes compatible with subclinical DIC are common in patients presenting with prostate cancer and that measurement of FpA and D-dimer may have roles as tumour markers in this disease.

316. Wastell, C. (1992).

**"Glove punctures and wet gowns: no room for complacency."**

*Annals of the Royal College of Surgeons of England* 74(5): 305.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1416697&id=doi:&issn=0035-8843&isbn=&volume=74&issue=5&spage=305&pages=305&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Glove+punctures+and+wet+gowns%3A+no+room+for+complacency.&aulast=Wastell&pid=%3Cauthor%3EWastell+C%3C%2Fauthor%3E%3CAN%3E1416697%3C%2FAN%3E%3CDT%3EEditorial%3C%2FDT%3E>

317. Rowe-Jones, J. M. and M. B. Pringle (1992).

**"Prevention of occupational transmission of HIV in the ENT clinic."**

*Annals of the Royal College of Surgeons of England* 74(1): 5-8.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1736796&id=doi:&issn=0035-8843&isbn=&volume=74&issue=1&spage=5&pages=5-8&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevention+of+occupational+transmission+of+HIV+in+the+ENT+clinic.&aulast=Rowe-Jones&pid=%3Cauthor%3ERowe-Jones+JM%3BPringle+MB%3C%2Fauthor%3E%3CAN%3E1736796%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Much attention has been focused on the risks of inoculation with the human immune deficiency virus in the operating theatre. However, less emphasis has been placed on infection resulting from outpatient exposure to this pathogen. A survey of current protective measures undertaken by ENT consultants in the outpatient clinic in the United Kingdom is presented. The precautions employed by the majority of these subjects are inadequate and non-universal. A review of the risk factors and subsequent safety recommendations is detailed.

318. Rogers, S. N. and N. Violaris (1992).

**"Prevention of occupational transmission of HIV in the ENT clinic."**

*Annals of the Royal College of Surgeons of England* 74(3): 226-227.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1616272&id=doi:&issn=0035-8843&isbn=&volume=74&issue=3&spage=226&pages=226-7&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevention+of+occupational+transmission+of+HIV+in+the+ENT+clinic.&aulast=Rogers&pid=%3Cauthor%3ERogers+SN%3BViolaris+N%3C%2Fauthor%3E%3CAN%3E1616272%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

319. Robertson, G. S., et al. (1992).

**"Intraoperative parathyroid hormone estimation: a valuable adjunct to parathyroid surgery."**

*Annals of the Royal College of Surgeons of England* 74(1): 19-22.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1736788&id=doi:&issn=0035-8843&isbn=&volume=74&issue=1&spage=19&pages=19-22&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Intraoperative+parathyroid+hormone+estimation%3A+a+valuable+adjunct+to+parathyroid+surgery.&aulast=Robertson&pid=%3Cauthor%3ERobertson+GS%3BIqbal+SJ%3BBolia+A%3BBell+PR%3BVeitch+PS%3C%2Fauthor%3E%3CAN%3E1736788%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Serial measurements of serum intact parathyroid hormone (PTH) and adjusted total calcium levels were performed on 10 patients during unilateral neck exploration for a solitary parathyroid adenoma localised preoperatively by ultrasound scan. Frozen section was performed peroperatively to establish the presence of parathyroid tissue. Levels of PTH were shown to be within the normal range within 15 min of adenoma removal (a mean of 13.4% of their preoperative values), allowing clear early distinction from unsuccessful surgery where no change occurred. Frozen section wrongly identified thyroid tissue as parathyroid in one case leading to a failure of the initial neck exploration. Our findings show that intraoperative PTH measurements can accurately predict whether all hyperfunctioning parathyroid tissue has been removed. This is not always possible using frozen section techniques. The wider use of intraoperative PTH measurement, particularly in difficult cases, may avoid the need for prolonged explorations to identify all four glands and, perhaps, biopsy of normal glands, replacing the current standard use of frozen section as a more reliable indicator of the success of parathyroid surgery.

320. Murrell, G. A. (1992).

**"An insight into Dupuytren's contracture."**

*Annals of the Royal College of Surgeons of England* 74(3): 156-160; discussion 161.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1616255&id=doi:&issn=0035-8843&isbn=&volume=74&issue=3&spage=156&pages=156-60%3B+discussion+161&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+insight+into+Dupuytren%27s+contracture.&aulast=Murrell&pid=%3Cauthor%3EMurrell+GA%3C%2Fauthor%3E%3CAN%3E1616255%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Dupuytren's contracture is a deforming, fibrotic condition of the palmar fascia which has confounded clinicians and scientists since the early descriptions by Guillaume Dupuytren in 1831. It predominantly affects elderly, male caucasians, has a hereditary predisposition and has strong associations with diabetes, alcohol consumption, cigarette smoking and HIV infection. The major morphological features are an increase in fibroblasts, particularly around narrowed fibroblasts; a finding consistent with localised ischaemia. During ischaemia, adenosine triphosphate (ATP) is converted to hypoxanthine and



xanthine, and endothelial xanthine dehydrogenase to xanthine oxidase (alcohol also mediates this change, a finding of particular relevance given the association of Dupuytren's contracture with alcohol intake). Xanthine oxidase catalyses the oxidation of hypoxanthine to xanthine and uric acid with the release of superoxide free radicals (O<sub>2</sub><sup>-</sup>), hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) and hydroxyl radicals (OH<sup>•</sup>). These free radicals are highly reactive, with half-lives in the order of milliseconds and are toxic in high concentrations. A potential for free radical generation in Dupuytren's contracture was elicited by finding a sixfold increase in hypoxanthine concentrations in Dupuytren's contracture compared with control palmar fascia. In vitro studies affirmed the toxic effects of oxygen free radicals to Dupuytren's contracture fibroblasts, but also showed that, at lower concentrations (concentrations similar to those likely to occur in Dupuytren's contracture), free radicals had a stimulatory effect on fibroblast proliferation. Cultured fibroblasts were found to release their own O<sub>2</sub><sup>-</sup>. These endogenously released free radicals were also found to be important in fibroblast proliferation. The collagen changes of Dupuytren's contracture were examined. The results established that fibroblast origin was unimportant, but that inhibition of type I collagen production at high fibroblast density accounted for the increase in type III/I collagen ratios observed by previous investigators. These biochemical and morphological observations throw new light on Dupuytren's contracture. They suggest that age, genetic and environmental factors may contribute to micro vessel narrowing with consequent localised ischaemia and free radical generation. Endothelial xanthine oxidase derived free radicals may both damage the surrounding stroma and stimulate fibroblasts to proliferate. Proliferating fibroblasts lay down and contract collagen in lines of stress. Progressive fibroblast proliferation and deposition of collagen is likely to encourage further microvessel narrowing with a positive feedback effect consistent with the progressive nature of the condition.

**321.** Kerr, A. G. (1992).

**"Prevention of occupational transmission of HIV in the ENT clinic: Assessor's comment."**

*Annals of the Royal College of Surgeons of England* 74(1): 8.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311382&id=doi:&issn=0035-8843&isbn=&volume=74&issue=1&spage=8&pages=8&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevention+of+occupational+transmission+of+HIV+in+the+ENT+clinic%3A+Assessor%27s+comment.&aulast=Kerr&pid=%3Cauthor%3EKerr+AG%3C%2Fauthor%3E%3CAN%3E19311382%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**322.** Hamer, A. J. (1992).

**"Hazards to surgeons in trauma and elective orthopaedic surgery: use of an electronic device to warn of intraoperative glove perforations."**

*Annals of the Royal College of Surgeons of England* 74(5): 309-311.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1416699&id=doi:&issn=0035-8843&isbn=&volume=74&issue=5&spage=309&pages=309-311&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hazards+to+surgeons+in+trauma+and+elective+orthopaedic+surgery%3A+use+of+an+electronic+device+to+warn+of+i>

[ntraoperative+glove+perforations.&aulast=Hamer&pid=%3Cauthor%3EHamer+AJ%3C%2Fauthor%3E%3CAN%3E1416699%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1736797&id=doi:&issn=035-8843&isbn=&volume=74&issue=1&spage=59&pages=59-62&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion%3A+an+overused+resource+in+colorectal+cancer+surgery.&aulast=Hallersey&pid=%3Cauthor%3EHallersey+AJ%3C%2Fauthor%3E%3CAN%3E1416699%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

An electronic device intended to detect glove punctures as they occur peroperatively has been described previously. This study reports the experience of its use in 80 orthopaedic cases. The device detected all punctures, except one, where fluid could have contacted the surgeon's hand (n = 16). Wet gowns and drapes are potential routes for transmission of pathogens, and were responsible for the alarm sounding on 30 occasions. This device can minimise the exposure to potentially hazardous body fluids when glove punctures are not clinically apparent.

**323.** Hallissey, M. T., et al. (1992).

**"Blood transfusion: an overused resource in colorectal cancer surgery."**

*Annals of the Royal College of Surgeons of England* 74(1): 59-62.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1736797&id=doi:&issn=035-8843&isbn=&volume=74&issue=1&spage=59&pages=59-62&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion%3A+an+overused+resource+in+colorectal+cancer+surgery.&aulast=Hallersey&pid=%3Cauthor%3EHallersey+MT%3BCrowson+MC%3BKiff+RS%3BKington+RD%3BFielding+JW%3C%2Fauthor%3E%3CAN%3E1736797%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

The use of blood transfusion was examined in 476 patients who underwent curative surgery for large bowel cancer. Of these patients, 128 were not transfused while 348 received a total of 1174 units of blood. A patient was considered over-transfused if the predischage haemoglobin was more than 12 g/dl. Using this criteria and accepting that single unit transfusions should be avoided, transfusion could have been avoided in 30% of the patients and a total of 377 units were given unnecessarily. Major under-transfusion did not occur; no patient being discharged with a haemoglobin of less than 9 g/dl. This study shows that blood transfusion is overused and the reasons for its use rarely recorded. In view of the morbidity related to transfusion, it is suggested that surgeons and anaesthetists reappraise their transfusion policy and the first step in this must be to record the reason for transfusion.

**324.** Green, S. E. and R. H. Gompertz (1992).

**"Glove perforation during surgery: what are the risks?"**

*Annals of the Royal College of Surgeons of England* 74(5): 306-308.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1416698&id=doi:&issn=035-8843&isbn=&volume=74&issue=5&spage=306&pages=306-8&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Glove+perforation+during+surgery%3A+what+are+the+risks%3F.&aulast=Green&pid=%3Cauthor%3EGreen+SE%3BGompertz+RH%3C%2Fauthor%3E%3CAN%3E1416698%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Surgical gloves are important in protecting medical staff from exposure to pathogens during surgery, especially viruses such as hepatitis B and the human immunodeficiency virus. We have studied the incidence and circumstances of surgical glove perforation using a sensitive electronic device. The glove perforation rate during elective general surgery was compared with that seen during an anastomosis workshop, where surgical trainees operated in a laboratory setting. A total of 220 gloves were tested for perforations pre- and postoperatively during general elective surgical procedures. During the surgical training workshop 72 gloves were tested. Fifty-two gloves (24%) were perforated during surgical procedures. Among surgeons, consultants had a significantly lower perforation rate than trainees (26% vs 46%,  $P < 0.05$ , chi 2), that for assistants was much lower (9%). The perforation rate for scrub nurses was surprisingly high at 22%. Glove perforation among trainees was significantly lower during workshop procedures than at elective surgery (17% vs 46%,  $P < 0.05$ , chi 2), probably because glove perforation occurs commonly at wound closure. Glove perforation remains very common, particularly among surgical trainees. Glove perforation should be reduced by teaching better techniques, especially 'no-touch', particularly for wound closure.

**325.** Dixon, J. M. (1992).

**"Use of a breast template: an aid for orientation of breast biopsy specimens."**

*Annals of the Royal College of Surgeons of England* 74(2): 150.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1567138&id=doi:&issn=0035-8843&isbn=&volume=74&issue=2&spage=150&pages=150&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+a+breast+template%3A+an+aid+for+orientation+of+breast+biopsy+specimens.&aulast=Dixon&pid=%3Cauthor%3EDixon%3C%2Fauthor%3E%3CAN%3E1567138%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**326.** Clarke, A. M., et al. (1992).

**"Blood loss and transfusion requirements in total joint arthroplasty."**

*Annals of the Royal College of Surgeons of England* 74(5): 360-363.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1416710&id=doi:&issn=0035-8843&isbn=&volume=74&issue=5&spage=360&pages=360-363&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+loss+and+transfusion+requirements+in+total+joint+arthroplasty.&aulast=Clarke&pid=%3Cauthor%3EClarke+AM%3BDorman+T%3BBell+MJ%3C%2Fauthor%3E%3CAN%3E1416710%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

We report a prospective trial of 100 consecutive patients undergoing primary total hip or knee arthroplasty in order to assess their blood transfusion requirements amid recent fears of the transmission of viruses, particularly hepatitis C, from donor to recipient. Of the patients, 84% were

transfused one or more units of blood in the perioperative period and the mean percentage blood loss per replacement represented 30% or less of their estimated circulating blood volume. We suggest that with preoperative blood volume calculations and haemoglobin concentrations, a more cautious approach to blood transfusion should be employed when other blood volume expanders would suffice. We believe, firstly, that where blood losses of 30% or less of the blood volume occur, blood transfusion is not always required in patients with high haemoglobin concentrations and large blood volumes. Secondly, cross-matching should be undertaken according to the individual patient's estimated needs, rather than to a group as a whole.

**327.** Birchall, M. A. (1992).

**"Prevention of occupational transmission of HIV in the ENT clinic."**

*Annals of the Royal College of Surgeons of England* 74(3): 227.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311402&id=doi:&issn=0035-8843&isbn=&volume=74&issue=3&spage=227&pages=227&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevention+of+occupational+transmission+of+HIV+in+the+ENT+clinic.&aulast=Birchall&pid=%3Cauthor%3EBirchall+MA%3C%2Fauthor%3E%3CAN%3E19311402%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**328.** Barr, H., et al. (1992).

**"Management of synchronous arterial occlusions using intra-arterial thrombolysis."**

*Annals of the Royal College of Surgeons of England* 74(1): 29-30.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1736791&id=doi:&issn=0035-8843&isbn=&volume=74&issue=1&spage=29&pages=29-30&date=1992&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Management+of+synchronous+arterial+occlusions+using+intra-arterial+thrombolysis.&aulast=Barr&pid=%3Cauthor%3EBarr+H%3BTorrie+EP%3BGalland+RB%3C%2Fauthor%3E%3CAN%3E1736791%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Three patients presented with multiple acute arterial occlusions in separate limb vessels. The diagnosis was confirmed by angiography. Each patient was successfully treated by simultaneous infusion of low-dose intra-arterial streptokinase into each occlusion. All of the patients were improved clinically and in two patients completely normal pressure indices were restored.

**329.** Wastell, C. (1991).

**"Incidence and prevention of conjunctival contamination with blood during hazardous surgical procedures: Assessor's comment."**

*Annals of the Royal College of Surgeons of England* 73(4): 241-242.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311347&id=doi:&issn=0035-8843&isbn=&volume=73&issue=4&spage=241&pages=241-2&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Incidence+and+prevention+of+conjunctival+contamination+with+blood+during+hazardous+surgical+procedures%3A+Assessor%27s+comment.&aulast=Wastell&pid=%3Cauthor%3EWastell+C%3C%2Fauthor%3E%3CAN%3E19311347%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**330.** Sutton, G., et al. (1991).

**"Surgical debate. We still have insufficient evidence to support perioperative heparin prophylaxis against venous thromboembolism."**

*Annals of the Royal College of Surgeons of England* 73(2): 111-115.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2018313&id=doi:&issn=0035-8843&isbn=&volume=73&issue=2&spage=111&pages=111-5&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Surgical+debate.+We+still+have+insufficient+evidence+to+support+perioperative+heparin+prophylaxis+against+venous+thromboembolism.&aulast=Sutton&pid=%3Cauthor%3ESutton+G%3BHosking+S%3BJohnson+CD%3C%2Fauthor%3E%3CAN%3E2018313%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**331.** Ryan, J. M., et al. (1991).

**"Field surgery on a future conventional battlefield: strategy and wound management."**

*Annals of the Royal College of Surgeons of England* 73(1): 13-20.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1996857&id=doi:&issn=0035-8843&isbn=&volume=73&issue=1&spage=13&pages=13-20&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Field+surgery+on+a+future+conventional+battlefield%3A+strategy+and+wound+management.&aulast=Ryan&pid=%3Cauthor%3ERyan+JM%3BCooper+GJ%3BHaywood+IR%3BMilner+SM%3C%2Fauthor%3E%3CAN%3E1996857%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Most papers appearing in the surgical literature dealing with wound ballistics concern themselves with wound management in the civilian setting. The pathophysiology of modern war wounds is contrasted with ballistic wounds commonly encountered in peacetime, but it should be noted that even in peacetime the modern terrorist may have access to sophisticated military weaponry, and that patients injured by them may fall within the catchment area of any civilian hospital. Management problems associated with both wound types are highlighted; areas of controversy are discussed. The orthodox military surgical approach to ballistic wounds is expounded and defended. [References: 91]

**332.** Porteous, M. J. and A. J. Miller (1991).

**"Blood transfusion in total hip replacement: is it always necessary?"**

*Annals of the Royal College of Surgeons of England* 73(1): 44-45.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1996864&id=doi:&issn=0035-8843&isbn=&volume=73&issue=1&spage=44&pages=44-5&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+in+total+hip+replacement%3A+is+it+always+necessary%3F.&aulast=Porteous&pid=%3Cauthor%3EPorteous+MJ%3BMiller+AJ%3C%2Fauthor%3E%3CAN%3E1996864%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Routine blood transfusion was prospectively withheld from 10 patients undergoing routine elective total hip arthroplasty who fulfilled specific criteria. A standard anaesthetic regimen was used. The mean perioperative fall in haemoglobin concentration was 1.9 g/dl, and only one patient required a postoperative blood transfusion. There were no postoperative complications. The need for routine perioperative blood transfusion of patients undergoing total hip arthroplasty is questioned.

**333.** Millner, R. (1991).

**"Blood transfusion in total hip replacement: is it always necessary?"**

*Annals of the Royal College of Surgeons of England* 73(3): 199.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2042901&id=doi:&issn=0035-8843&isbn=&volume=73&issue=3&spage=199&pages=199&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+in+total+hip+replacement%3A+is+it+always+necessary%3F.&aulast=Millner&pid=%3Cauthor%3EMillner+R%3C%2Fauthor%3E%3CAN%3E2042901%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**334.** Majkowski, R. S., et al. (1991).

**"Postoperative collection and reinfusion of autologous blood in total knee arthroplasty."**

*Annals of the Royal College of Surgeons of England* 73(6): 381-384.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1759769&id=doi:&issn=0035-8843&isbn=&volume=73&issue=6&spage=381&pages=381-4&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Postoperative+collection+and+reinfusion+of+autologous+blood+in+total+knee+arthroplasty.&aulast=Majkowski&pid=%3Cauthor%3EMajkowski+RS%3BCurrie+IC%3BNewman+JH%3C%2Fauthor%3E%3CAN%3E1759769%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

A series of 40 patients undergoing primary unilateral total knee arthroplasty were entered into a randomised controlled trial to assess the safety and efficacy of postoperative autologous blood salvage and reinfusion. The mean volume of autologous blood reinfused was 520 ml per patient (51% of the mean total drainage). Homologous blood transfusion was required in only 35% of patients in the study group compared with 95% of patients in the control group (P less than 0.001). The mean volume of homologous blood transfused was 0.9 units per patient in the study group compared with 2.5 units in the control group (P less than 0.001), a saving of 64%.

**335.** Lucarotti, M. E., et al. (1991).

**"Control of presacral bleeding in rectal surgery."**

*Annals of the Royal College of Surgeons of England* 73(5): 289-290.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1929129&id=doi:&issn=0035-8843&isbn=&volume=73&issue=5&spage=289&pages=289-90&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Control+of+presacral+bleeding+in+rectal+surgery.&aulast=Lucarotti&pid=%3Cauthor%3ELucarotti+ME%3BArmstrong+CP%3BBartolo+DC%3C%2Fauthor%3E%3CAN%3E1929129%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

A technique for controlling life-threatening presacral bleeding is described. This consists of a sterilised metallic drawing pin pushed through the synthetic coagulant Surgicel (Johnson and Johnson) directly into the bleeding point in the sacrum. Two patients are described in which this technique was used with a successful outcome.

**336.** Loh, A., et al. (1991).

**"Use of a breast template: an aid for orientation of breast biopsy specimens."**

*Annals of the Royal College of Surgeons of England* 73(5): 276-277.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1929126&id=doi:&issn=0035-8843&isbn=&volume=73&issue=5&spage=276&pages=276-7&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Use+of+a+breast+template%3A+an+aid+for+orientation+of+breast+biopsy+specimens.&aulast=Loh&pid=%3Cauthor%3ELoh+A%3BSalman+A%3BArthur+GW%3C%2Fauthor%3E%3CAN%3E1929126%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**337.** Jones, D. R. (1991).

**"Audit of attitudes to and use of postoperative thromboembolic prophylaxis in a regional health authority."**

*Annals of the Royal College of Surgeons of England* 73(4): 219-221; discussion 222.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1863041&id=doi:&issn=0035-8843&isbn=&volume=73&issue=4&spage=219&pages=219-219%3B+discussion+222&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audit+of+attitudes+to+and+use+of+postoperative+thromboembolic+prophylaxis+in+a+regional+health+authority.&aulast=Jones&pid=%3Cauthor%3EJones+DR%3C%2Fauthor%3E%3CAN%3E1863041%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A survey of usage and attitudes to thromboembolic prophylaxis among 46 general surgeons in the Mersey Region found that 87% use either low-dose heparin, graduated compression stockings or both on a regular basis for their major cases. However, there was a wide variation of usage: 9 (19.6%) always used heparin in combination with thromboembolic stockings, 4 (8.7%) always used heparin alone, no surgeon used thromboembolic stockings alone. A total of 18 (39%) used thromboembolic stockings in combination with heparin, one-half of them selectively. A further 24% of surgeons used either low-dose heparin or thromboembolic stockings or both on selected patients. Current literature beliefs concerning the efficacy of low-dose heparin and thromboembolic stockings showed a similar variation, with 13% of surgeons believing that the efficacy of low-dose heparin against postoperative deep vein thrombosis has not been shown, 22% believing that thromboembolic stockings were ineffective against postoperative deep vein thrombosis, and 24% believing that low-dose heparin was of no value as a prophylactic agent against postoperative pulmonary embolism. Published meta-analysis has shown these beliefs to be wrong.

**338.** Jaffray, B., et al. (1991).

**"Efficiency of blood use and prospects for autologous transfusion in general surgery."**

*Annals of the Royal College of Surgeons of England* 73(4): 235-238.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1863046&id=doi:&issn=0035-8843&isbn=&volume=73&issue=4&spage=235&pages=235-235&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Efficiency+of+blood+use+and+prospects+for+autologous+transfusion+in+general+surgery.&aulast=Jaffray&pid=%3Cauthor%3EJaffray+B%3BKing+PM%3BBasheer+MM%3BGillon+J%3C%2Fauthor%3E%3CAN%3E1863046%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A 6-month retrospective audit of crossmatch and transfusion practice in a general surgical unit has been performed. Inefficiencies in blood ordering practices have been demonstrated and the value of performing a local audit to allow estimation of blood needs has been proven. Using criteria based on the suggested tariff for operations derived from this audit, only a small number of general surgical patients would be considered as potential autologous blood donors.

**339.** Hinton, A. E., et al. (1991).

**"Incidence and prevention of conjunctival contamination with blood during hazardous surgical procedures."**



*Annals of the Royal College of Surgeons of England* 73(4): 239-241; discussion 241-232.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1907443&id=doi:&issn=0035-8843&isbn=&volume=73&issue=4&spage=239&pages=239-41%3B+discussion+241-2&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Incidence+and+prevention+of+conjunctival+contamination+with+blood+during+hazardous+surgical+procedures.&aulast=Hinton&pid=%3Cauthor%3EHinton+AE%3BHerdman+RC%3BTimms+MS%3C%2Fauthor%3E%3CAN%3E1907443%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The incidence and risks of conjunctival contamination with patients' blood during a range of otolaryngological surgical procedures was assessed. Risks were found to be highest in three groups of procedures; tracheostomy, operations preceded by local anaesthetic injections and procedures involving the use of the air drill. A simple and effective method of protection using spectacles with large plain lenses is presented.

**340.** Halliday, A. W., et al. (1991).

**"The management of popliteal aneurysm: the importance of early surgical repair."**

*Annals of the Royal College of Surgeons of England* 73(4): 253-257.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1863048&id=doi:&issn=0035-8843&isbn=&volume=73&issue=4&spage=253&pages=253-7&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+management+of+popliteal+aneurysm%3A+the+importance+of+early+surgical+repair.&aulast=Halliday&pid=%3Cauthor%3EHalliday+AW%3BTaylor+PR%3BWolfe+JH%3BMansfield+AO%3C%2Fauthor%3E%3CAN%3E1863048%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

A total of 58 popliteal aneurysms were found in 40 patients presenting between June 1982 and May 1989. Of these, 51 were caused by atherosclerosis, and there were five post-stenotic aneurysms associated with entrapment, one mycotic and one post-traumatic aneurysm. There were 18 patients with bilateral aneurysms, and two others had the first side repaired elsewhere before referral to this hospital. Aneurysms were found at other sites in 16 patients. Urgent treatment was needed for 32 patients (80%). Two required streptokinase treatment to clear arteries distally. Three needed fasciotomy for compartment syndrome. Two patients had above-knee amputation. Of 36 urgent operations, 13 had postoperative complications (36%). Four grafts were later revised successfully. At mean follow-up of 23 months (range 3-96 months), three patients had claudication secondary to preoperative distal arterial occlusion, and one patient had residual mild foot drop. These operative results contrast sharply with the low complication rate after elective operation for popliteal aneurysm. In these patients, 14 asymptomatic aneurysms were repaired uneventfully. Four patients who did not undergo elective operation later developed acute thrombosis (3) and rupture (1). This experience supports our policy that early elective treatment for popliteal artery aneurysm is the most appropriate choice.

**341.** Davies, A. H., et al. (1991).

**"Effect of blood transfusion on survival after radiotherapy as treatment for carcinoma of the prostate."**

*Annals of the Royal College of Surgeons of England* 73(2): 116-118.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2018314&id=doi:&issn=0035-8843&isbn=&volume=73&issue=2&spage=116&pages=116-118&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Effect+of+blood+transfusion+on+survival+after+radiotherapy+as+treatment+for+carcinoma+of+the+prostate.&aulast=Davies&pid=%3Cauthor%3EDavies+AH%3BRamarakha+P%3BCranston+D%3BClarke+PJ%3C%2Fauthor%3E%3CAN%3E2018314%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Over a 14-year period, 71 patients underwent transurethral resection of the prostate with high dose radiotherapy. Eighteen patients required perioperative transfusion. The 5-year survival in the non-transfused group was 66% and in the transfused group 17% (P less than 0.001; chi 2 = 11.57). Recurrence of tumour in the transfused group was 72% compared with 21% in the non-transfused group (P less than 0.01; chi 2 = 9.1). When Cox's models and regression analysis were used, the disease state being controlled for grade and stage, only blood transfusion was seen to influence outcome. We conclude that careful thought should be given before transfusing patients undergoing transurethral surgery for prostatic carcinoma.

**342.** Cochrane, J. P., et al. (1991).

**"Teaching aid in skin surgery."**

*Annals of the Royal College of Surgeons of England* 73(5): 275.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1929125&id=doi:&issn=0035-8843&isbn=&volume=73&issue=5&spage=275&pages=275&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Teaching+aid+in+skin+surgery.&aulast=Cochrane&pid=%3Cauthor%3ECochrane+JP%3BKirk+RM%3BRamcharan+JE%3BSinnatamby+CS%3BPietroni+MC%3C%2Fauthor%3E%3CAN%3E1929125%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**343.** Brearley, S. and M. D. Goldman (1991).

**"The response of general surgeons to HIV in England and Wales."**

*Annals of the Royal College of Surgeons of England* 73(1): 64.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1996867&id=doi:&issn=0035-8843&isbn=&volume=73&issue=1&spage=64&pages=64&date=1991&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+response+of+general+surgeons+to+HIV+in+England+and+>

Wales.&aulast=Brearley&pid=%3Cauthor%3EBrearley+S%3BGoldman+MD%3C%2Fauthor%3E%3CAN%3E1996867%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E

**344.** Stotter, A. T., et al. (1990).

**"The response of general surgeons to HIV in England and Wales."**

*Annals of the Royal College of Surgeons of England* 72(5): 281-286.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2221760&id=doi:&issn=0035-8843&isbn=&volume=72&issue=5&spage=281&pages=281-6&date=1990&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+response+of+general+surgeons+to+HIV+in+England+and+Wales.&aulast=Stotter&pid=%3Cauthor%3EStotter+AT%3BVipond+MN%3BGuillou+PJ%3C%2Fauthor%3E%3CAN%3E2221760%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The prevalence of HIV in the UK has been estimated to be 1 in 1000 of the population. Surgeons are at particular risk of occupational transmission from infected blood. To determine the effect of HIV on surgical practice we sent a questionnaire to 681 general surgeons in England and Wales; 450 replied (66%). Of those who replied, 42% were aware of having operated on an HIV-infected patient at least once, and 28 had recognised self-injury in such circumstances; 79% attempted to identify HIV-infected patients preoperatively, though many depended on clinical suspicion alone, which is known to be unreliable. Of those who had operated on a seropositive patient, 90% reported taking special precautions to avoid blood contact and minimise sharps injuries for such cases. The majority wore double gloves, eye protection and fluid-resistant gowns, but only a minority reported changes in surgical technique. Half had made no changes in procedures or technique when operating on patients not identified as being at risk of HIV infection. Among a wide variety of comments made by the surgeons, the commonest was a call for facilitation of HIV testing prior to surgery. This survey indicates that surgery on HIV-infected patients is not restricted to specialist centres. We review the means of identifying HIV-infected patients, the precautions that can be taken to minimise HIV transmission during surgery, and the possible influences of HIV status on surgical decisions. We conclude that the prevalence of HIV among surgical patients is being underestimated at present, that several simple changes in surgical technique should be adopted generally, and that there is limited value in preoperative HIV testing, though this may become more useful in the foreseeable future.

**345.** Parrott, N. R., et al. (1990).

**"Blood transfusion and surgery: the effect on growth of a syngeneic sarcoma."**

*Annals of the Royal College of Surgeons of England* 72(2): 77-81.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2334101&id=doi:&issn=0035-8843&isbn=&volume=72&issue=2&spage=77&pages=77-81&date=1990&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+and+surgery%3A+the+effect+on+growth+of+a+syngeneic+sarcoma.&aulast=Parrott&pid=%3Cauthor%3EParrott+NR%3BLennard+TW%3BProud+G%3BShenton+BK%3BGivan+A%3BWhite+MD%3BTaylor%3E>



The effects of blood transfusion, blood components, and surgical trauma on the growth of an experimental sarcoma have been examined. Recipient animals were inbred adult female WAB rats, which received allogeneic transfusions from inbred adult female PVG rats, syngeneic blood from inbred colony-mates, or saline infusions. Small volume transfusions (1-4 ml) of whole blood had no effect on tumour growth, but growth of the MC7 sarcoma was significantly enhanced following allogeneic transfusions of 5 ml whole blood, or when 4 ml was combined with sham laparotomy. Maximal enhancement of tumour growth occurred when 4 ml transfusions of allogeneic washed cells were given, but allogeneic plasma was also able, to a lesser degree, to enhance tumour growth. These data confirm that blood transfusion may enhance growth of the MC7 sarcoma, that the effect may be dose dependent, and synergistic with the immunosuppression of surgery. Many components of an allogeneic transfusion may be responsible for this effect.

**346.** Cheslyn-Curtis, S., et al. (1990).

**"Large bowel cancer: the effect of perioperative blood transfusion on outcome."**

*Annals of the Royal College of Surgeons of England* 72(1): 53-59.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2405765&id=doi:&issn=0035-8843&isbn=&volume=72&issue=1&spage=53&pages=53-9&date=1990&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Large+bowel+cancer%3A+the+effect+of+perioperative+blood+transfusion+on+outcome.&aulast=Cheslyn-Curtis&pid=%3Cauthor%3ECheslyn-Curtis+S%3BFielding+LP%3BHittinger+R%3BFry+JS%3BPhillips+RK%3C%2Fauthor%3E%3CAN%3E2405765%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Perioperative blood transfusion has been reported to adversely affect survival in cancer patients, but the evidence is inconclusive and may be an epiphenomenon. From the Large Bowel Cancer Project, 961 patients who underwent curative resection and left hospital alive have been reviewed to compare the effect of perioperative blood transfusion on outcome; 591 patients (61%) had been given a blood transfusion while 370 (39%) had not been transfused. Some clinical variables were equally distributed between the two groups; ie age, sex, obstruction, perforation, tumour differentiation. Three other variables known to influence patient prognosis were not equally distributed, ie tumour site, Dukes' stage and tumour mobility. Patients with tumours of the rectum and rectosigmoid, with Dukes' stage C lesions and with some degree of tumour fixation were more likely to have received blood transfusions. Using the logrank method of multivariate analysis to allow for differences in distribution of all those variables known to affect prognosis, there was no survival disadvantage for those patients who had received perioperative blood transfusion. Furthermore, there were no overall differences between the two groups of patients in their risk of developing local tumour recurrence or distant metastases. The distribution of metastases differed: in the 'transfused' group only 37% of distant metastases were found in the liver, while 71% were found in this site in the 'not transfused' group (chi 2 = 18.46, d.f. = 1, P less than 0.001). By contrast, there was a larger proportion of patients with lung metastases in the transfused group (27% vs 11%) (chi 2 = 5.59, d.f. = 1, P less than 0.05). Therefore, these data do not support the concept of an overall deleterious effect of blood transfusion on patient survival, but suggest that blood given in the perioperative period may change the biology of the metastatic process.



**347.** Blyth, A. S., et al. (1990).

**"Comparison of enflurane and halothane in hypotensive eye surgery."**

*Annals of the Royal College of Surgeons of England* 72(4): 250-252.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2382949&id=doi:&issn=0035-8843&isbn=&volume=72&issue=4&spage=250&pages=250-2&date=1990&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Comparison+of+enflurane+and+halothane+in+hypotensive+eye+surgery.&aulast=Blyth&pid=%3Cauthor%3EBlyth+AS%3BHughes+RL%3BMiller+CD%3C%2Fauthor%3E%3CAN%3E2382949%3C%2FAN%3E%3CDT%3EClinical+Tria%3C%2FDT%3E>

Thirty patients undergoing elective eye surgery had anaesthesia induced with sodium thiopentone, suxamethonium and d-tubocurarine chloride. Patients were ventilated with nitrous oxide, oxygen and either halothane or enflurane. The volatile agents were used to decrease the systolic blood pressure to 80 mmHg. The volatile agent concentration in the blood was measured at 30 min intervals. Both agents were effective in producing hypotension, but enflurane was the more potent hypotensive agent in terms of MAC equivalents. There was no significant differences between the agents with respect to speed of recovery.

**348.** Anonymous (1990).

**"Blood transfusion and surgery: the effect of growth of a syngeneic sarcoma."**

*Annals of the Royal College of Surgeons of England* 72(5): 344-345.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2221774&id=doi:&issn=0035-8843&isbn=&volume=72&issue=5&spage=344&pages=344-5&date=1990&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+and+surgery%3A+the+effect+of+growth+of+a+syngeneic+sarcoma.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E2221774%3C%2FAN%3E%3CDT%3EComment%3C%2FDT%3E>

**349.** Miles, A. J., et al. (1989).

**"Protection for the left index finger whilst operating on HIV positive patients."**

*Annals of the Royal College of Surgeons of England* 71(4): 225.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311248&id=doi:&issn=0035-8843&isbn=&volume=71&issue=4&spage=225&pages=225&date=1989&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Protection+for+the+left+index+finger+whilst+operating+on+HIV+positive+patients.&aulast=Miles&pid=%3Cauthor%3EMiles+AJ%3BWastell+C%3BAllen->

Mersh+TG%3C%2Fauthor%3E%3CAN%3E19311248%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

**350.** Kashi, H., et al. (1989).

**"Recurrent pyogenic cholangiohepatitis."**

*Annals of the Royal College of Surgeons of England* 71(6): 387-389.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2604348&id=doi:&issn=0035-8843&isbn=&volume=71&issue=6&spage=387&pages=387-9&date=1989&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Recurrent+pyogenic+cholangiohepatitis.&aulast=Kashi&pid=%3Cauthor%3EKashi+H%3BLam+FT%3BGiles+GR%3C%2Fauthor%3E%3CAN%3E2604348%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Three cases of complicated oriental cholangiohepatitis are described in patients of Asian origin. The development of high biliary strictures in two patients required liver resection; in the third patient the process was complicated by a presumed bile duct malignancy. Oriental cholangiohepatitis may be expected in UK surgical practice given the increased frequency of migration from Asia.

**351.** Broughton, N. S. (1989).

**"Personality assessment techniques and aptitude testing as aids to the selection of surgical trainees."**

*Annals of the Royal College of Surgeons of England* 71(1): 73.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311234&id=doi:&issn=0035-8843&isbn=&volume=71&issue=1&spage=73&pages=73&date=1989&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Personality+assessment+techniques+and+aptitude+testing+as+aids+to+the+selection+of+surgical+trainees.&aulast=Broughton&pid=%3Cauthor%3EBroughton+NS%3C%2Fauthor%3E%3CAN%3E19311234%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**352.** Welsh, B. E. (1988).

**"A convenient aid for the extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(6): 397.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311224&id=doi:&issn=0035-8843&isbn=&volume=70&issue=6&spage=397&pages=397&date=1988&title=Annals+of+the+Royal+C>

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%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408139&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=44&pages=44-6&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Clinical+acute+cholecystitis+and+the+Curtis-Fitz-Hugh+syndrome.&aulast=Shanahan&pid=%3Cauthor%3EWelsh+BE%3C%2Fauthor%3E%3CAN%3E19311224%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**353.** Shanahan, D., et al. (1988).

**"Clinical acute cholecystitis and the Curtis-Fitz-Hugh syndrome."**

*Annals of the Royal College of Surgeons of England* 70(1): 44-46.

[http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408139&id=doi:&issn=0  
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Hugh+syndrome.&aulast=Shanahan&pid=%3Cauthor%3EShanahan+D%3BLord+PH%3BGrogono+J%3B  
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T%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408139&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=44&pages=44-6&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Clinical+acute+cholecystitis+and+the+Curtis-Fitz-Hugh+syndrome.&aulast=Shanahan&pid=%3Cauthor%3EShanahan+D%3BLord+PH%3BGrogono+J%3BWastell+C%3C%2Fauthor%3E%3CAN%3E3408139%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

When patients are admitted with clinically diagnosed acute cholecystitis, no cause will be found for their pain in 9-13% (4.5). Our retrospective study shows that women between 15-35 years are most likely to be in this group. Our prospective study of all patients in the 15-35 year age group admitted with clinical 'acute cholecystitis', showed that in 6 out of 7 patients with 'undiagnosed' pain, the Curtis-Fitz-Hugh syndrome was the cause. We suggest that screening for the Curtis-Fitz-Hugh syndrome is performed in all patients with right upper quadrant pain who have a normal ultrasound scan.

**354.** Philpott, B. (1988).

**"A convenient aid for extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(3): 186.

[http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311199&id=doi:&issn=  
0035-  
8843&isbn=&volume=70&issue=3&spage=186&pages=186&date=1988&title=Annals+of+the+Royal+C  
ollege+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroi  
dectomy.&aulast=Philpott&pid=%3Cauthor%3EPhilpott+B%3C%2Fauthor%3E%3CAN%3E19311199%3  
C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311199&id=doi:&issn=0035-8843&isbn=&volume=70&issue=3&spage=186&pages=186&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=Philpott&pid=%3Cauthor%3EPhilpott+B%3C%2Fauthor%3E%3CAN%3E19311199%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**355.** Paes, T. R. and A. E. Cameron (1988).

**"A convenient aid for extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(1): 8.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408149&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=8&pages=8&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=Paes&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E3408149%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**356.** Mudge, M., et al. (1988).

**"A prospective 10-year study of the post-thrombotic syndrome in a surgical population."**

*Annals of the Royal College of Surgeons of England* 70(4): 249-252.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3415175&id=doi:&issn=0035-8843&isbn=&volume=70&issue=4&spage=249&pages=249-52&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+prospective+10-year+study+of+the+post-thrombotic+syndrome+in+a+surgical+population.&aulast=Mudge&pid=%3Cauthor%3E%3CMudge+M%3BLEinster+SJ%3BHughes+LE%3C%2Fauthor%3E%3CAN%3E3415175%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A total of 564 patients undergoing laparotomy entered a prospective 10-year study to determine the influence of postoperative DVT relative to other thrombotic episodes on the subsequent development of post-thrombotic syndrome (PTS). Pre-existing venous thrombotic disease and postoperative thromboses were assessed at the initial hospitalisation. Subsequent thrombotic episodes and signs of PTS have been monitored at biennial review. Thirty-five patients had PTS by the tenth year but it was already present in 16 before the index operation. Twenty-six patients without previous thrombotic episodes developed spontaneous DVT or phlebitis during the 10-year follow-up. New leg ulcers developed in six patients. Although all thrombotic episodes, irrespective of the relation to the index operation, increased the risk of PTS, most PTS occurred in patients without recognised DVT, although most had lesser venous problems prior to operation. PTS should be seen as resulting from the summation of a number of incidents of damage to the leg veins rather than one postoperative incident. Direction of prophylactic effort to patients with pre-existing venous problems may best reduce PTS among patients undergoing abdominal surgery, but will not make a major impact on the total population incidence of PTS.

**357.** Lotz, J. C. (1988).

**"A convenient aid for extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(4): 258-259.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311205&id=doi:&issn=0035-8843&isbn=&volume=70&issue=4&spage=258&pages=258->



[9&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=Lotz&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E19311205%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408135&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=29&pages=29-33&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=Lotz&pid=%3Cauthor%3E%3C%2Fauthor%3E%3CAN%3E19311205%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**358.** Grant, I. R., et al. (1988).

**"Elective splenectomy in haematological disorders."**

*Annals of the Royal College of Surgeons of England* 70(1): 29-33.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408135&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=29&pages=29-33&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Elective+splenectomy+in+haematological+disorders.&aulast=Grant&pid=%3Cauthor%3EGrant+IR%3BParsons+SW%3BJohnstone+JM%3BWood+JK%3C%2Fauthor%3E%3CAN%3E3408135%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

We report on 106 elective splenectomies performed for haematological disorders between March 1979 and January 1986. The most common indications were immune thrombocytopenic purpura (30 patients) and Hodgkin's disease (19 patients). However, staging laparotomy is no longer performed routinely for patients with Hodgkin's disease and the reasons for this are discussed. Other indications for splenectomy included splenic pain (13 patients), autoimmune haemolytic anaemia (12 patients), hereditary spherocytosis (11 patients) and hypersplenism (9 patients). The overall morbidity and mortality was 48% and 5% respectively. The most common postoperative complication was thrombocytosis (defined as a platelet count greater than 800 X 10<sup>9</sup>/l) and occurred in 26 patients. This review confirms that splenectomy continues to have an important role in the management of certain haematological disorders.

**359.** Bowie, R. A. (1988).

**"A convenient aid for extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(3): 186-187.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311200&id=doi:&issn=0035-8843&isbn=&volume=70&issue=3&spage=186&pages=186-187&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=Bowie&pid=%3Cauthor%3EBowie+RA%3C%2Fauthor%3E%3CAN%3E19311200%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**360.** Anonymous (1988).

**"Personality assessment techniques and aptitude testing as aids to the selection of surgical trainees. Symposium. England, 18 November 1987."**

*Annals of the Royal College of Surgeons of England* 70(5): 265-279.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3190124&id=doi:&issn=0035-8843&isbn=&volume=70&issue=5&spage=265&pages=265-279&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Personality+assessment+techniques+and+aptitude+testing+as+aids+to+the+selection+of+surgical+trainees.+Symposium.+England%2C+18+November+1987.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E3190124%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**361.** Anonymous (1988).

**"A relationship between perioperative blood transfusion and recurrence of carcinoma of the sigmoid colon following potentially curative surgery."**

*Annals of the Royal College of Surgeons of England* 70(1): 53-54.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408142&id=doi:&issn=0035-8843&isbn=&volume=70&issue=1&spage=53&pages=53-54&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+relationship+between+perioperative+blood+transfusion+and+recurrence+of+carcinoma+of+the+sigmoid+colon+following+potentially+curative+surgery.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E3408142%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**362.** Anonymous (1988).

**"A convenient aid for the extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(3): 186-187.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3408182&id=doi:&issn=0035-8843&isbn=&volume=70&issue=3&spage=186&pages=186-187&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+the+extension+of+the+neck+during+thyroidectomy.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E3408182%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**363.** Anonymous (1988).

**"A convenient aid for extension of the neck during thyroidectomy."**

*Annals of the Royal College of Surgeons of England* 70(4): 258-259.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3415181&id=doi:&issn=035-8843&isbn=&volume=70&issue=4&spage=258&pages=258-9&date=1988&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+convenient+aid+for+extension+of+the+neck+during+thyroidectomy.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E3415181%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**364.** Uppington, J. and V. A. Goat (1987).

**"Anaesthesia for major craniofacial surgery: a report of 23 cases in children under four years of age."**

*Annals of the Royal College of Surgeons of England* 69(4): 175-178.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3631875&id=doi:&issn=035-8843&isbn=&volume=69&issue=4&spage=175&pages=175-8&date=1987&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Anaesthesia+for+major+craniofacial+surgery%3A+a+report+of+23+cases+in+children+under+four+years+of+age.&aulast=Uppington&pid=%3Cauthor%3EUppington+J%3BGoat+VA%3C%2Fauthor%3E%3CAN%3E3631875%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The problems of anaesthetising infants and small children for major craniofacial surgery are discussed. A series of 23 patients is presented to illustrate the practical difficulties.

**365.** Creasy, T. S., et al. (1987).

**"A relationship between perioperative blood transfusion and recurrence of carcinoma of the sigmoid colon following potentially curative surgery."**

*Annals of the Royal College of Surgeons of England* 69(3): 100-103.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3605994&id=doi:&issn=035-8843&isbn=&volume=69&issue=3&spage=100&pages=100-3&date=1987&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+relationship+between+perioperative+blood+transfusion+and+recurrence+of+carcinoma+of+the+sigmoid+colon+following+potentially+curative+surgery.&aulast=Creasy&pid=%3Cauthor%3ECreasy+TS%3BVeitch+PS%3BBell+PR%3C%2Fauthor%3E%3CAN%3E3605994%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Preoperative blood transfusions are used to improve graft survival in renal transplantation. If such an immunomodulating effect occurred in cancer surgery perioperative blood transfusion may be detrimental to patient outcome. A retrospective study of 68 patients undergoing potentially curative surgery for adenocarcinoma of the sigmoid colon, over a 10 year period was performed. Thirty-three patients (49%) had a perioperative blood transfusion of which two-thirds received either one or two units. Transfused patients had a poorer prognosis compared to non-transfused patients (0.28 and 0.53 five year product limit recurrence free fractions respectively; P less than 0.01 on generalised Savage test

of entire recurrence free curves). Perioperative transfusion was the most sensitive prognostic indicator of recurrence on Cox proportional hazards regression analysis (relative risk 2.6; P less than 0.01, after adjustment for histological stage). Although a causal relationship is not proven, prospective work is urgently needed.

**366.** Anonymous (1987).

**"A relationship between perioperative blood transfusion and recurrence of carcinoma of the sigmoid colon following potentially curative surgery."**

*Annals of the Royal College of Surgeons of England* 69(6): 303.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3426099&id=doi:&issn=0035-8843&isbn=&volume=69&issue=6&spage=303&pages=303&date=1987&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+relationship+between+perioperative+blood+transfusion+and+recurrence+of+carcinoma+of+the+sigmoid+colon+following+potentially+curative+surgery.&aulast=&pid=%3Cauthor%3Eanonymous%3C%2Fauthor%3E%3CAN%3E3426099%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**367.** Robertson, C. S. (1986).

**"An aid to the assessment of bowel preparation prior to colonic resection."**

*Annals of the Royal College of Surgeons of England* 68(3): 174-175.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19311090&id=doi:&issn=0035-8843&isbn=&volume=68&issue=3&spage=174&pages=174-5&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aid+to+the+assessment+of+bowel+preparation+prior+to+colonic+resection.&aulast=Robertson&pid=%3Cauthor%3ERobertson%3C%2Fauthor%3E%3CAN%3E19311090%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**368.** Percival, R. C. (1986).

**"Skeletal effects of carcinoma of the breast and prostate."**

*Annals of the Royal College of Surgeons of England* 68(5): 267-270.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3789624&id=doi:&issn=0035-8843&isbn=&volume=68&issue=5&spage=267&pages=267-70&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Skeletal+effects+of+carcinoma+of+the+breast+and+prostate.&aulast=Percival&pid=%3Cauthor%3EPercival%3C%2Fauthor%3E%3CAN%3E3789624%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>



Recent research has led to improved understanding of the pathology of skeletal metastases in carcinoma of the breast and prostate. Several humoral mechanisms have been identified which have both primary and secondary consequences on skeletal metabolism and probably depend on the complex interplay of a number of factors derived from tumour tissues. An improved understanding of these interactions may lead to new approaches in the management of these common disorders.

**369.** Makin, C. A. (1986).

**"Monoclonal antibodies raised to colorectal carcinoma antigens."**

*Annals of the Royal College of Surgeons of England* 68(6): 298-301.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2434014&id=doi:&issn=0035-8843&isbn=&volume=68&issue=6&spage=298&pages=298-301&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Monoclonal+antibodies+raised+to+colorectal+carcinoma+antigens.&aulast=Makin&pid=%3Cauthor%3EMakin+CA%3C%2Fauthor%3E%3CAN%3E2434014%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The search for tumour markers was intensified with the advent of monoclonal antibody technology. To date no tumour specific markers have been found. Despite this, monoclonal antibodies have helped to identify cells in terms of their origin and function and therefore added a different dimension to studies of both benign and malignant disease processes. Advances in molecular biology have made cooperation between scientists and clinicians in all branches of medicine essential in order to piece together a more complete picture of any disease. This article describes the production and characterisation of two epithelial specific monoclonal antibodies (CAM5.2 and CAM17.1) with potential clinical value by a surgeon temporarily transposed to a laboratory environment.

**370.** Groves, A. R. and J. C. Lawrence (1986).

**"Alginate dressing as a donor site haemostat."**

*Annals of the Royal College of Surgeons of England* 68(1): 27-28.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3511833&id=doi:&issn=0035-8843&isbn=&volume=68&issue=1&spage=27&pages=27-28&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Alginate+dressing+as+a+donor+site+haemostat.&aulast=Groves&pid=%3Cauthor%3EGroves+AR%3BLawrence+JC%3C%2Fauthor%3E%3CAN%3E3511833%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

An alginate fibre dressing has been used to reduce blood loss from skin graft donor sites. Significant haemostasis has been achieved in the immediate post surgery phase and no adverse reactions observed.

**371.** Gelister, J. S., et al. (1986).

**"Tumour angiogenesis."**

*Annals of the Royal College of Surgeons of England* 68(3): 172-173.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2425695&id=doi:&issn=0035-8843&isbn=&volume=68&issue=3&spage=172&pages=172-3&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Tumour+angiogenesis.&aulast=Gelister&pid=%3Cauthor%3EGelister+JS%3BLewin+MR%3BBoulos+PB%3C%2Fauthor%3E%3CAN%3E2425695%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**372.** Gatt, D., et al. (1986).

**"Curtis-Fitz-Hugh syndrome: the new mimicking disease?"**

*Annals of the Royal College of Surgeons of England* 68(5): 271-274.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2947532&id=doi:&issn=0035-8843&isbn=&volume=68&issue=5&spage=271&pages=271-4&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Curtis-Fitz-Hugh+syndrome%3A+the+new+mimicking+disease%3F.&aulast=Gatt&pid=%3Cauthor%3EGatt+D%3BHeafield+T%3BJantet+G%3C%2Fauthor%3E%3CAN%3E2947532%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Seven cases of the Curtis-Fitz-Hugh syndrome diagnosed over a six month period are reviewed with particular reference to the widely ranging modes of presentation. All presented as acute surgical emergencies but unlike other series, right upper quadrant pain was the presenting symptom in only one case. Right upper quadrant pain nonetheless, featured to a variable extent in all cases, being relatively shortlived in three. Conditions mimicked included left renal colic, acute appendicitis, pulmonary embolism, acute cholecystitis, chronic cholecystitis and urinary tract infection. In five cases symptoms dated back to a difficult or complicated termination of pregnancy and in one case a hysterectomy had been performed twelve years previously at which time the patient had documented evidence of pelvic inflammation. Diagnosis was made laparoscopically and all symptoms responded satisfactorily to a four week course of tetracycline.

**373.** Dale, R. F., et al. (1986).

**"Autotransfusion, an experience of seventy six cases."**

*Annals of the Royal College of Surgeons of England* 68(6): 295-297.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3545033&id=doi:&issn=0035-8843&isbn=&volume=68&issue=6&spage=295&pages=295-7&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Autotransfusion%2C+an+experience+of+seventy+six+cases.&aulast=Dale&pid=%3Cauthor%3EDale+RF%3BLindop+MJ%3E%3CAN%3E3545033%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

3BFarman+JV%3BSmith+MF%3C%2Fauthor%3E%3CAN%3E3545033%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

The use of autotransfusion with a centrifugal cell washer in a series of 76 cases is reviewed. The requirement for bank blood is reduced in patients with major operative haemorrhage, although it does not appear to be able to provide the main source of blood replacement in such cases. The major impact of autotransfusion may lie in reducing the amount of blood that needs to be crossmatched for elective operations. Nevertheless in certain cases its use can be life saving.

**374.** Clifford, P. C., et al. (1986).

**"The acute abdomen: management with microcomputer aid."**

*Annals of the Royal College of Surgeons of England* 68(4): 182-184.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3538984&id=doi:&issn=0035-8843&isbn=&volume=68&issue=4&spage=182&pages=182-4&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+acute+abdomen%3A+management+with+microcomputer+aid.&aulast=Clifford&pid=%3Cauthor%3EClifford+PC%3BChan+M%3BHewett+DJ%3C%2Fauthor%3E%3CAN%3E3538984%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

This paper describes the management consequences of the use of a microcomputer as a special investigation in patients with an acute abdomen. Results in 812 patients seen by 42 junior doctors are compared six monthly and with baseline data from 295 cases from the preceding 2 years. Improvement in diagnostic ability from 48.5% to 71.8% ( $X^2 = 25.8$ ,  $P$  less than 0.001) resulted in a fall in negative appendicectomy from 37.5% to 9.71% ( $X^2 = 16.2$ ,  $P =$  less than 0.001). Bad management errors were also reduced from 22% to 10% ( $P =$  less than 0.01). The number of emergency investigation fell from 4 to 2 and inpatient stay of patients with non-surgical abdominal pain was reduced from 3 to 2 days. These results demonstrate that the use of microcomputers as investigative tools improves the surgical management of patients with acute abdominal pain.

**375.** Billings, P. J. and E. Milroy (1986).

**"Autotransplantation of human parathyroid glands."**

*Annals of the Royal College of Surgeons of England* 68(1): 11-13.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3947009&id=doi:&issn=0035-8843&isbn=&volume=68&issue=1&spage=11&pages=11-3&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Autotransplantation+of+human+parathyroid+glands.&aulast=Billings&pid=%3Cauthor%3EBillings+PJ%3BMilroy+E%3C%2Fauthor%3E%3CAN%3E3947009%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Six patients with primary hyperparathyroidism have had glands autotransplanted into their forearm or deltoid region immediately after presumed total parathyroidectomy. Five hyperplastic glands were transplanted; two patients are normocalcaemic, two are hypercalcaemic and one is hypocalcaemic. The one normal transplanted gland did not show any evidence of function. We conclude that immediate transplantation of parathyroid tissue following total parathyroidectomy may not be the procedure of choice.

**376.** Armstrong, D. N. and A. N. Kingsnorth (1986).

**"Local anaesthesia in inguinal herniorrhaphy: influence of dextran and saline solutions on duration of action of bupivacaine."**

*Annals of the Royal College of Surgeons of England* 68(4): 207-208.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:2431648&id=doi:&issn=0035-8843&isbn=&volume=68&issue=4&spage=207&pages=207-8&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Local+anaesthesia+in+inguinal+herniorrhaphy%3A+influence+of+dextran+and+saline+solutions+on+duration+of+action+of+bupivacaine.&aulast=Armstrong&pid=%3Cauthor%3EArmstrong+DN%3BKingsnorth+AN%3C%2Fauthor%3E%3CAN%3E2431648%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Because recent clinical trials have shown that dextran solutions can prolong the local anaesthetic action of 0.25% bupivacaine, a prospective double blind trial was performed in patients (n = 50) undergoing uncomplicated elective inguinal herniorrhaphy under local anaesthesia alone. Patients were randomised prior to infiltration of local anaesthesia into 2 groups: 0.5% bupivacaine (30 ml) diluted with an equal volume of either 0.9% saline or an equal volume of dextran 110. There was no significant difference in duration nor degree of postoperative anaesthesia between the two groups. Dextran solutions were found to be significantly more acidic than saline solutions and the possible effects of this on bupivacaine kinetics are discussed.

**377.** Armitage, N. C. (1986).

**"The localization of anti-tumour monoclonal antibodies in colorectal cancer."**

*Annals of the Royal College of Surgeons of England* 68(6): 302-306.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3492956&id=doi:&issn=0035-8843&isbn=&volume=68&issue=6&spage=302&pages=302-6&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+localization+of+anti-tumour+monoclonal+antibodies+in+colorectal+cancer.&aulast=Armitage&pid=%3Cauthor%3EArmitage+NC%3C%2Fauthor%3E%3CAN%3E3492956%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The localization of antitumour monoclonal antibodies was studied in patients with colorectal cancer after intravenous injection. The monoclonal antibody 791T/36 was shown to localise in primary and secondary disease with a preferential uptake of 2.5:1 compared with normal colon. Improved imaging



properties were achieved by changing the radiolabel from  $^{131}\text{I}$  to  $^{111}\text{In}$  and by emission tomography. Using an anti-CEA antibody, C46, a preferential rate of uptake of 5.8:1 was achieved giving superior images and enhancing the prospects of effective targeting of antitumour agents.

**378.** Ambrose, N. S. and M. R. Keighley (1986).

**"An aid to the assessment of bowel preparation prior to colonic resection."**

*Annals of the Royal College of Surgeons of England* 68(1): 34-36.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3947012&id=doi:&issn=0035-8843&isbn=&volume=68&issue=1&spage=34&pages=34-6&date=1986&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+aid+to+the+assessment+of+bowel+preparation+prior+to+colonic+resection.&aulast=Ambrose&pid=%3Cauthor%3E Ambrose+NS%3BKeighley+MR%3C%2Fauthor%3E%3CAN%3E3947012%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The removal of solid and liquid faeces from the colon is a prerequisite for safe colonic resection. Previous studies attempting to quantify evacuation of the colon have relied on a subjective opinion on isolated areas of the colon at the time of surgery. In an attempt to validate the surgeon's opinion, we have studied the efficiency of bowel preparation in 55 patients undergoing elective surgery requiring bowel preparation. Efficiency of bowel preparation has been assessed by (i) the subjective evaluation of the operating surgeon, (ii) the weight of faecal residue in the resected colon, and (iii) the production of a 'granule index' based upon the removal of Portex granules from the colon by preparation as measured on plain abdominal X-rays before and after preparation. The correlation between weighed faecal residue and the subjective assessment was poor. In 7 of 20 patients assessed subjectively as having no residue, faecal loading was in excess of more than 0.1 g/cm. The surgical assessment did not correlate with the clearance of Portex granules and two patients who had complete clearance of granules were judged poorly prepared. Surgeons are generally poor judges at assessing success or failure of bowel preparation. Standardisation of success of bowel preparation is important in the comparison of clinical trials and Portex granules would appear to give an accurate preoperative assessment of the efficiency of bowel preparation.

**379.** Thomas, J. M., et al. (1985).

**"Hyperparathyroidism--patterns of presentation, symptoms and response to operation."**

*Annals of the Royal College of Surgeons of England* 67(2): 79-82.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3977263&id=doi:&issn=0035-8843&isbn=&volume=67&issue=2&spage=79&pages=79-82&date=1985&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hyperparathyroidism--patterns+of+presentation%2C+symptoms+and+response+to+operation.&aulast=Thomas&pid=%3Cauthor%3EThomas+JM%3BCranston+D%3BKnox+AJ%3C%2Fauthor%3E%3CAN%3E3977263%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Forty-three patients operated upon for hyperparathyroidism over a 7-year period are reviewed with reference to modes of presentation, symptoms and symptomatic response following operation (76% of symptoms cured or improved). The patterns of presentation are discussed in relation to the increasing use of routine biochemical screening; emphasis is given to the symptoms admitted by 17 so-called 'asymptomatic' patients diagnosed in this way and to their improvement following surgery (75% of symptoms). Symptomatic improvement among a similar group of seventeen 'asymptomatic' patients undergoing operations for thyroid swellings was observed in only 9% of symptoms. In the light of such subjective improvement following parathyroidectomy, the theoretical prophylactic benefit of operation and its lack of morbidity, an aggressive surgical approach to the disease is considered justified.

**380.** Negus, D. (1985).

**"Prevention and treatment of venous ulceration."**

*Annals of the Royal College of Surgeons of England* 67(3): 144-148.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3890671&id=doi:&issn=0035-8843&isbn=&volume=67&issue=3&spage=144&pages=144-8&date=1985&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prevention+and+treatment+of+venous+ulceration.&aulast=Negus&pid=%3Cauthor%3ENegus+D%3C%2Fauthor%3E%3CAN%3E3890671%3C%2FAN%3E%3CDT%3Eclinical+Trial%3C%2FDT%3E>

Venous ulcers are related to incompetence of the direct calf and ankle perforating veins, the majority of which follow deep vein thrombosis. Prevention of the latter by intravenous micro-dose heparin (1 unit/kg/hour) is effective, safe and inexpensive. Its efficacy has been proved in two controlled clinical trials. Venous ulcers have been treated by perforating vein ligation, with saphenous ligation and stripping where necessary, and with the addition of permanent knee-length elastic compression stockings in patients with femoro-popliteal incompetence. This regimen has achieved a 92% long-term success rate in patients without rheumatoid arthritis.

**381.** Howard, E. C., et al. (1985).

**"Prolonged release extradural morphine."**

*Annals of the Royal College of Surgeons of England* 67(1): 8-10.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3966787&id=doi:&issn=0035-8843&isbn=&volume=67&issue=1&spage=8&pages=8-10&date=1985&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prolonged+release+extradural+morphine.&aulast=Howard&pid=%3Cauthor%3EHoward+EC%3BMurray+GR%3BCalvey+TN%3BWilliams+NE%3C%2Fauthor%3E%3CAN%3E3966787%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The effects of extradural administration of a microcrystalline preparation of morphine (Duromorph) were studied in 5 patients with postoperative or malignant pain. As assessed by pain scores on a visual analogue scale, the effects of the analgesic were extremely variable; the best results were obtained in

patients with postoperative pain. Two patients with chronic pain due to malignant disease developed slow respiratory rates. The plasma concentration of morphine usually followed a biphasic pattern; an initial peak between 0.5 and 1.5 hours was succeeded by a second, large peak between 6 and 12 hours. There was little or no apparent relation between the plasma concentration of morphine and the relief of pain, suggesting that Duromorph may have a local effect on the spinal cord.

**382.** Harvey, M. H., et al. (1985).

**"Technetium labelled red blood cell scintigraphy in the diagnosis of intestinal haemorrhage."**

*Annals of the Royal College of Surgeons of England* 67(2): 89-92.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:3872094&id=doi:&issn=0035-8843&isbn=&volume=67&issue=2&spage=89&pages=89-92&date=1985&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Technetium+labelled+red+blood+cell+scintigraphy+in+the+diagnosis+of+intestinal+haemorrhage.&aulast=Harvey&pid=%3Cauthor%3EHarvey+MH%3BNeoptolemos+JP%3BWatkin+EM%3BCosgriff+P%3BBarrie+WW%3C%2FAuthor%3E%3CAN%3E3872094%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

99m-Technetium labelled red blood cell scintigraphy was used in the investigation of 15 adult patients with suspected small or large bowel bleeding requiring at least five units of blood (mean 14.3 units) and one neonate with rectal bleeding. Scintigraphy was found to be an accurate method of detecting the site of haemorrhage and was superior to angiography. This technique may be of particular value in patients with profuse colonic haemorrhage when the view at colonoscopy is poor.

**383.** Dennison, A. R., et al. (1985).

**"Simple mastectomy under local anaesthesia."**

*Annals of the Royal College of Surgeons of England* 67(4): 243-244.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4037637&id=doi:&issn=0035-8843&isbn=&volume=67&issue=4&spage=243&pages=243-4&date=1985&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Simple+mastectomy+under+local+anaesthesia.&aulast=Dennison&pid=%3Cauthor%3EDennison+AR%3BWatkins+RM%3BWard+ME%3BLee+EC%3C%2FAuthor%3E%3CAN%3E4037637%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Nine patients with locally advanced carcinoma of the breast underwent simple mastectomy under regional anaesthesia (1% lignocaine and 1:100,000 adrenaline). Preoperative sedation was provided by oral lorazepam. There were no technical problems, evidence of lignocaine toxicity or excessive operative blood loss and no wounds became infected.

**384.** Salam, I. M., et al. (1984).

**"A comparison of two types of vacuum drainage after cholecystectomy."**

*Annals of the Royal College of Surgeons of England* 66(3): 190-191.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6721407&id=doi:&issn=0035-8843&isbn=&volume=66&issue=3&spage=190&pages=190-1&date=1984&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+comparison+of+two+types+of+vacuum+drainage+after+cholecystectomy.&aulast=Salam&pid=%3Cauthor%3ESalam+IM%3BMcMullin+JP%3BO%27Higgins+NJ%3C%2Fauthor%3E%3CAN%3E6721407%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

Following cholecystectomy, 50 patients were randomly allocated for suction drainage by small (2.5 mm) Redivac or large calibre (6 mm) Redivac drains. There were 25 patients in each group. Subhepatic collection was detected by ultrasonic examination in 5 patients on the seventh postoperative day. The smaller drain was used in all of these patients. Of these 5 patients, one developed pulmonary infection, a second had internal bleeding requiring laparotomy, while the remaining 3 were asymptomatic. Subhepatic fluid was not detected in any patient who had the larger drain.

**385.** Metcalfe, S. M. and N. V. Jamieson (1984).

**"A new tumour marker tested in 98 patients with bladder carcinoma."**

*Annals of the Royal College of Surgeons of England* 66(6): 399-401.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6508158&id=doi:&issn=0035-8843&isbn=&volume=66&issue=6&spage=399&pages=399-401&date=1984&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+new+tumour+marker+tested+in+98+patients+with+bladder+carcinoma.&aulast=Metcalfe&pid=%3Cauthor%3EMetcalfe+SM%3BJamieson+NV%3C%2Fauthor%3E%3CAN%3E6508158%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A new, indirect marker of human tumour has been tested in 98 patients with urothelial bladder carcinoma. The marker is detected by B5, a monoclonal antibody which agglutinates erythrocytes from tumour-bearing patients. Patients admitted for cystoscopy for diagnosis of bladder tumour, or for follow-up of known disease, were chosen to enable comparison between (a) B5 results and (b) visual assessment of tumour growth. Ninety per cent of those with new tumour (20) and, overall, 80% of patients with tumour (74), were B5 positive. These results were independent of tumour size and include very small recurrences, implying that B5 is a sensitive marker of tumour presence. The background incidence of B5 positive individuals is 18% in controls; a similar incidence occurs in patients who have been tumour-free for 9 months or more. Patients who had no visible tumour in this study, but who had tumour within 9 months, were often B5 positive (6/11). This may be due to the lifespan of erythrocytes causing a delay in change from B5 positive to B5 negative in those patients who will remain disease-free.

**386.** McMeniman, W. J., et al. (1984).

**"Experience with barbiturate therapy for cerebral protection during carotid endarterectomy."**



*Annals of the Royal College of Surgeons of England* 66(5): 361-364.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6486674&id=doi:&issn=0035-8843&isbn=&volume=66&issue=5&spage=361&pages=361-4&date=1984&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Experience+with+barbiturate+therapy+for+cerebral+protection+during+carotid+endarterectomy.&aulast=McMeniman&pid=%3Cauthor%3EMcMeniman+WJ%3BFletcher+JP%3BLittle+JM%3C%2Fauthor%3E%3CAN%3E6486674%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Carotid endarterectomy was performed 28 times in 27 patients. All but one patient had symptomatic carotid artery disease, 59% had bilateral disease and 59% had associated intracranial disease. Barbiturate therapy was used as a means of cerebral protection during carotid artery cross-clamping. Neurological deficit occurred in two patients, being permanent in one patient (3.5%); both patients had bilateral carotid and intracranial disease and both had carotid stump pressures greater than 55 mmHg. No morbidity could be attributed to barbiturate usage.

**387.** Leach, R. D. (1984).

**"Venous ulceration, fibrinogen and fibrinolysis."**

*Annals of the Royal College of Surgeons of England* 66(4): 258-263.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6742738&id=doi:&issn=0035-8843&isbn=&volume=66&issue=4&spage=258&pages=258-63&date=1984&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Venous+ulceration%2C+fibrinogen+and+fibrinolysis.&aulast=Leach&pid=%3Cauthor%3ELeach+RD%3C%2Fauthor%3E%3CAN%3E6742738%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The effect of long and short-term venous hypertension upon lymph fibrinogen concentrations was studied in an attempt to explain the peri-capillary deposition of fibrin reported in patients with post-phlebitic syndromes. The clearance of radioactive fibrinogen/thrombin clots from the subcutaneous tissues of rats and human volunteers was also studied. Both long- and short-term venous hypertension were found to increase fibrinogen transport across the interstitial space by more than 600%. Not only was there evidence of fibrinolytic activity in the lymph but after long-term venous hypertension alpha 2 antiplasmin activity was also detectable. Skin biopsies from the venous hypertensive ankles showed deposition of interstitial fibrin. The clearance of radioactive fibrinogen/thrombin clots from the subcutaneous tissues of the rat was found to be delayed if the rats were given epsilon amino caproic acid but it could not be increased with stanozolol. In human subjects it was found that patients with lipodermatosclerosis had delayed clot clearance and retarded blood fibrinolytic activity when compared with normal volunteers and patients with uncomplicated varicose veins. The principle cause why tall men are more subject to ulcers than short men, Dr Young conceived to be then length of the column of blood in their veins; which by its pressure, renders the legs less able to recover when hurt by any violence.

**388.** Bose, B. (1984).

**"A common bile duct sound: an aid to sphincterotomy."**

*Annals of the Royal College of Surgeons of England* 66(2): 145.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19310922&id=doi:&issn=0035-8843&isbn=&volume=66&issue=2&spage=145&pages=145&date=1984&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+common+bile+duct+sound%3A+an+aid+to+sphincterotomy.&aulast=Bose&pid=%3Cauthor%3EBose+B%3C%2Fauthor%3E%3CAN%3E19310922%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**389.** Turk, J. L. and E. Allen (1983).

**"Bleeding and cupping."**

*Annals of the Royal College of Surgeons of England* 65(2): 128-131.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6338802&id=doi:&issn=0035-8843&isbn=&volume=65&issue=2&spage=128&pages=128-31&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Bleeding+and+cupping.&aulast=Turk&pid=%3Cauthor%3ETurk+JL%3BAllen+E%3C%2Fauthor%3E%3CAN%3E6338802%3C%2FAN%3E%3CDT%3EHistorical+Article%3C%2FDT%3E>

Bleeding and cupping have been used in medicine since ancient times in the treatment of fevers and local inflammatory disorders. Local bleeding, by 'wet cupping', was effected by a scarificator or by leeches. John Hunter recommended venesection in moderation but preferred leeches for local bleeding. Bleeding as an accepted therapeutic practice went out of vogue in the middle of the nineteenth century as a result of the introduction of modern scientific methods. Dry cupping and the use of leeches, as counter irritants, persisted until the middle of this century.

**390.** Tinckler, L. F. (1983).

**"A common bile duct sound: an aid to sphincterotomy."**

*Annals of the Royal College of Surgeons of England* 65(2): 119-120.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6830125&id=doi:&issn=0035-8843&isbn=&volume=65&issue=2&spage=119&pages=119-20&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+common+bile+duct+sound%3A+an+aid+to+sphincterotomy.&aulast=Tinckler&pid=%3Cauthor%3ETinckler+LF%3C%2Fauthor%3E%3CAN%3E6830125%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The use of a special bile duct sound to facilitate the operation of transduodenal sphincterotomy is described.

**391.** Smith, G. B., et al. (1983).

**"Ethamsylate in vaginal surgery under lumbar epidural anaesthesia."**

*Annals of the Royal College of Surgeons of England* 65(2): 103-104.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6338800&id=doi:&issn=0035-8843&isbn=&volume=65&issue=2&spage=103&pages=103-4&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Ethamsylate+in+vaginal+surgery+under+lumbar+epidural+anaesthesia.&aulast=Smith&pid=%3Cauthor%3ESmith+GB%3BELtringham+RJ%3BNightingale+JJ%3C%2Fauthor%3E%3CAN%3E6338800%3C%2FAN%3E%3CDT%3EInitial+Trial%3C%2FDT%3E>

Sixty patients scheduled for vaginal surgery under lumbar epidural block were randomly allocated into two groups, one of which received ethamsylate intravenously prior to induction of anaesthesia. Ethamsylate did not reduce the blood loss at operation in these patients. The possible factors underlying this observation are discussed.

**392.** Murley, R. (1983).

**"A common bile duct sound: an aid to sphincterotomy."**

*Annals of the Royal College of Surgeons of England* 65(4): 280.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19310888&id=doi:&issn=0035-8843&isbn=&volume=65&issue=4&spage=280&pages=280&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+common+bile+duct+sound%3A+an+aid+to+sphincterotomy.&aulast=Murley&pid=%3Cauthor%3EMurley+R%3C%2Fauthor%3E%3CAN%3E19310888%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**393.** Marks, C. (1983).

**"Immunobiological determinants in organ transplantation."**

*Annals of the Royal College of Surgeons of England* 65(3): 139-144.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6344730&id=doi:&issn=0035-8843&isbn=&volume=65&issue=3&spage=139&pages=139-44&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Immunobiologic>

[al+determinants+in+organ+transplantation.&aulast=Marks&pid=%3Cauthor%3EMarks+C%3C%2Fauthor%3E%3CAN%3E6344730%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](#)

The most important development in determining successful organ transplantation has been the improved understanding of the immune response and the interactions between antigens, antibody, immune complexes, complement component, lymphocytes and macrophages. The initiation and termination of an immune response, whether cellular or humoral depends upon cellular interaction between subsets of the lymphocyte cell series and macrophages. An equilibrium between helper and suppressor T cells determines protection of the host from non-self tissue invasion, infection and neoplasia. The role of mediators, immunosuppressants, hybridomas and recombinant DNA technology are briefly considered. The relative importance of tissue typing and blood transfusion in preventing allograft rejection is considered and the role of immunological monitoring in allograft transplantation is reviewed. [References: 26]

**394.** Feldman, M. A. (1983).

**"A common bile duct sound: an aid to sphincterotomy."**

*Annals of the Royal College of Surgeons of England* 65(4): 280.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:19310889&id=doi:&issn=0035-8843&isbn=&volume=65&issue=4&spage=280&pages=280&date=1983&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+common+bile+duct+sound%3A+an+aid+to+sphincterotomy.&aulast=Feldman&pid=%3Cauthor%3EFeldman+MA%3C%2Fauthor%3E%3CAN%3E19310889%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**395.** Simpson, P. J., et al. (1982).

**"Prolonged local analgesia for inguinal herniorrhaphy with bupivacaine and dextran."**

*Annals of the Royal College of Surgeons of England* 64(4): 243-246.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6178347&id=doi:&issn=0035-8843&isbn=&volume=64&issue=4&spage=243&pages=243-6&date=1982&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Prolonged+local+analgesia+for+inguinal+herniorrhaphy+with+bupivacaine+and+dextran.&aulast=Simpson&pid=%3Cauthor%3ESimpson+PJ%3BHughes+DR%3BLong+DH%3C%2Fauthor%3E%3CAN%3E6178347%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

In a randomised double-blind trial 40 patients undergoing unilateral inguinal herniorrhaphy were each locally anaesthetised with one of a series of 8 solutions. These contained bupivacaine, both with and without adrenaline, mixed with an equal volume of dextran 40, dextran 70, dextran 110, or saline. Significant prolongation of local analgesia was achieved with high-molecular-weight dextran and this



was most consistently obtained when the solution used contained adrenaline. The possible influence of the pH of the solutions used, together with the ways in which dextran may affect the duration of action of bupivacaine are discussed.

**396.** Hoile, R. W. (1982).

**"The technique and clinical application of the cytochemical section bioassay for gastrin-like activity."**

*Annals of the Royal College of Surgeons of England* 64(2): 96-104.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6175267&id=doi:&issn=0035-8843&isbn=&volume=64&issue=2&spage=96&pages=96-104&date=1982&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+technique+and+clinical+application+of+the+cytochemical+section+bioassay+for+gastrin-like+activity.&aulast=Hoile&pid=%3Cauthor%3EHoile+RW%3C%2Fauthor%3E%3CAN%3E6175267%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The technique and validation of the cytochemical section bioassay for gastrin-like activity are described. This assay utilises the measurement of hormone-induced changes of carbonic anhydrase activity in guinea-pig gastric parietal cells. The clinical use of the assay as identified elevated levels of fasting gastrin-like biological activity in the plasma of patients with duodenal ulcer and has also demonstrated discrepancies between radioimmunoactive gastrin levels, biological activity, and the clinical presentation of peptic ulcer disease.

**397.** Wright, D. J. (1981).

**"John Hunter and venereal disease."**

*Annals of the Royal College of Surgeons of England* 63(3): 198-202.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7018353&id=doi:&issn=0035-8843&isbn=&volume=63&issue=3&spage=198&pages=198-202&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=John+Hunter+and+venereal+disease.&aulast=Wright&pid=%3Cauthor%3EWright+DJ%3C%2Fauthor%3E%3CAN%3E7018353%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

John Hunter's contribution to the understanding of venereal disease is reviewed. Hunter's evidence for the unitary nature of these diseases is examined and the advances he made in diagnosis, pathology, and management are considered.

**398.** Rudowski, W. J. (1981).

**"Moynihan Lecture, 1980. Major surgery in haemophilia."**

*Annals of the Royal College of Surgeons of England* 63(2): 111-117.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6787973&id=doi:&issn=0035-8843&isbn=&volume=63&issue=2&spage=111&pages=111-7&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Moynihan+Lecture%2C+1980.+Major+surgery+in+haemophilia.&aulast=Rudowski&pid=%3Cauthor%3ERudowski+WJ%3C%2Fauthor%3E%3CAN%3E6787973%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

The experience of the Department of Surgery of the Institute of Haematology, Warsaw, in surgery in haemophilic patients is discussed. From 1961 to 1980 131 surgical procedures were carried out on 110 patients with a mortality of 4.5%. The principles of replacement therapy, advantages of factor VIII concentrates, and factors influencing the haemorrhagic complications are described. The management of patients with inhibitors of factor VIII and the effect of the 'Feiba' preparation is discussed. Finally the importance of new work on an antihaemophilic globulin-liposome compound for oral administration to haemophilic patients is emphasised.

**399.** MacLeod, G. F. and R. Wyatt (1981).

**"Dextran in local anaesthesia."**

*Annals of the Royal College of Surgeons of England* 63(1): 60-61.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6166234&id=doi:&issn=0035-8843&isbn=&volume=63&issue=1&spage=60&pages=60-1&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Dextran+in+local+anaesthesia.&aulast=MacLeod&pid=%3Cauthor%3EMacLeod+GF%3BWYatt+R%3C%2Fauthor%3E%3CAN%3E6166234%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**400.** Hauben, D. J., et al. (1981).

**"A burn formula in clinical practice."**

*Annals of the Royal College of Surgeons of England* 63(4): 293-294.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7247292&id=doi:&issn=0035-8843&isbn=&volume=63&issue=4&spage=293&pages=293-4&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=A+burn+formula+in+clinical+practice.&aulast=Hauben&pid=%3Cauthor%3EHauben+DJ%3BMahler+D%3BNeumann+L%3C%2Fauthor%3E%3CAN%3E7247292%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**401.** Dinmore, P. (1981).

**"Hip surgery: an aid to lateral positioning."**

*Annals of the Royal College of Surgeons of England* 63(5): 340-341.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7271192&id=doi:&issn=0035-8843&isbn=&volume=63&issue=5&spage=340&pages=340-1&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hip+surgery%3A+an+aid+to+lateral+positioning.&aulast=Dinmore&pid=%3Cauthor%3EDinmore+P%3C%2Fauthor%3E%3CAN%3E7271192%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A new operating table accessory is described, the object of which is to assist in restraining the pelvis in the lateral position for operations such as total hip replacement without impeding venous drainage from the site of operation.

**402.** Clarke, D. B. (1981).

**"Pulmonary embolectomy re-evaluated."**

*Annals of the Royal College of Surgeons of England* 63(1): 18-24.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7247257&id=doi:&issn=0035-8843&isbn=&volume=63&issue=1&spage=18&pages=18-24&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Pulmonary+embolotomy+re-evaluated.&aulast=Clarke&pid=%3Cauthor%3EClarke+DB%3C%2Fauthor%3E%3CAN%3E7247257%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Forty-two patients who had sustained massive pulmonary embolism were treated by emergency pulmonary embolectomy using normothermic venous inflow occlusion circulatory arrest. Of 26 patients who had not had cardiac arrest before surgery 25 survived the operation, but 7 later died from various causes. Only 1 of 16 patients who had sustained cardiac arrest survived. In all, 19 patients (45.2%) left hospital alive. This simple and widely applicable technique has enabled an emergency pulmonary embolectomy service to be offered to all the hospitals in a metropolitan area.

**403.** Anonymous (1981).

**"Fresh blood for massive transfusions."**

*Annals of the Royal College of Surgeons of England* 63(1): 61-62.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7247264&id=doi:&issn=0035-8843&isbn=&volume=63&issue=1&spage=61&pages=61-2&date=1981&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Fresh+blood+for+massive+transfusions.&aulast=&pid=%3Cauthor%3EAnonymous%3C%2Fauthor%3E%3CAN%3E7247264%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

404. Tolhurst, D. E. (1980).

**"The treatment of burns. A summary of ideas and opinions from the 5th International Congress on Burn Injuries, Stockholm, June 1978."**

*Annals of the Royal College of Surgeons of England* 62(2): 120-124.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6103685&id=doi:&issn=0035-8843&isbn=&volume=62&issue=2&spage=120&pages=120-124&date=1980&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+treatment+of+burns.+A+summary+of+ideas+and+opinions+from+the+5th+International+Congress+on+Burn+Injuries%2C+Stockholm%2C+June+1978.&aulast=Tolhurst&pid=%3Cauthor%3ETolhurst+DE%3C%2Fauthor%3E%3CAN%3E6103685%3C%2FAN%3E%3CDT%3ECongress%3C%2FDT%3E>

405. Proud, G. (1980).

**"Blood transfusion and organ transplantation."**

*Annals of the Royal College of Surgeons of England* 62(4): 271-279.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6156634&id=doi:&issn=0035-8843&isbn=&volume=62&issue=4&spage=271&pages=271-279&date=1980&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+transfusion+and+organ+transplantation.&aulast=Proud&pid=%3Cauthor%3EProud+G%3C%2Fauthor%3E%3CAN%3E6156634%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Blood transfusions given to patients before renal transplantation are associated with improved subsequent graft survival. Non-specific lymphocyte inhibitory activity of plasma is demonstrated in those patients who have received blood transfusions. The activity is directed against the patient's own lymphocytes and is mainly associated with the alpha-2 macroglobulin fraction of plasma. In an animal model blood transfusions are associated with improved graft survival, and the timing of the transfusions before transplantation is important. The administration of alpha-2 macroglobulin is also important in prolonging graft survival. The therapeutic implications of these findings in clinical transplantation are discussed.

406. Marsh, C. H. (1980).

**"Experiences with abdominal aortic aneurysms in a district general hospital."**

*Annals of the Royal College of Surgeons of England* 62(4): 294-296.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:7396359&id=doi:&issn=0035-8843&isbn=&volume=62&issue=4&spage=294&pages=294-296&date=1980&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Experiences+with>



[+abdominal+aortic+aneurysms+in+a+district+general+hospital.&aulast=Marsh&pid=%3Cauthor%3EMarsh%3C%2Fauthor%3E%3CAN%3E7396359%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6155099&id=doi:&issn=0035-8843&isbn=&volume=62&issue=2&spage=153&pages=153-4&date=1980&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Evaluation+of+dextran+with+local+anaesthesia+for+herniorraphy.&aulast=&pid=%3Cauthor%3EAnonymous%3C%2Fauthor%3E%3CAN%3E7396359%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

Fifty-four patients who presented with an abdominal aortic aneurysm at a district general hospital are reviewed. Survival was 100% in the 15 patients who underwent elective surgery and 41% in the 29 who presented as emergencies and were operable. In the latter group a coagulation disorder developed in 9 patients, of whom only 1 survived, and the importance of this complication is stressed. Screening of patients over 50 and early referral of all patients with asymptomatic aneurysms is urged if overall survival is to be increased.

**407. Anonymous (1980).**

**"Evaluation of dextran with local anaesthesia for herniorraphy."**

*Annals of the Royal College of Surgeons of England* 62(2): 153-154.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:6155099&id=doi:&issn=0035-8843&isbn=&volume=62&issue=2&spage=153&pages=153-4&date=1980&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Evaluation+of+dextran+with+local+anaesthesia+for+herniorraphy.&aulast=&pid=%3Cauthor%3EAnonymous%3C%2Fauthor%3E%3CAN%3E6155099%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E>

**408. Wade, J. S. (1979).**

**"The diagnosis of primary hyperparathyroidism."**

*Annals of the Royal College of Surgeons of England* 61(5): 362-365.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:496228&id=doi:&issn=0035-8843&isbn=&volume=61&issue=5&spage=362&pages=362-5&date=1979&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+diagnosis+of+primary+hyperparathyroidism.&aulast=Wade&pid=%3Cauthor%3EWade+JS%3C%2Fauthor%3E%3CAN%3E496228%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Certain clinical features arouse suspicion of primary hyperparathyroidism, but a firm diagnosis depends upon laboratory tests. Hypercalcaemia associated with a raised or detectable level of parathyroid hormone (PTH) in the serum is diagnostic. Facilities for obtaining PTH estimations are available everywhere in the United Kingdom through the Supraregional Assay Service.

**409. Thompson, D. H., et al. (1979).**

**"An open technique of pleural biopsy in the diagnosis of tuberculous effusions."**

*Annals of the Royal College of Surgeons of England* 61(3): 215-216.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:485048&id=doi:&issn=0035-8843&isbn=&volume=61&issue=3&spage=215&pages=215-6&date=1979&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=An+open+technique+of+pleural+biopsy+in+the+diagnosis+of+tuberculous+effusions.&aulast=Thompson&pid=%3Cauthor%3EThompson+DH%3BEDwards+A%3BMills+AE%3C%2Fauthor%3E%3CAN%3E485048%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

To assess an open technique of pleural biopsy as an aid to diagnosis in pleural disease 107 African patients with radiological evidence of pleural effusion underwent biopsy. In 87 there was radiological evidence of an effusion but not of underlying lung disease; 73 patients (84%) in this group were ultimately diagnosed as suffering from tuberculosis and of these 56 (77%) had a positive pleural biopsy. There was a heavy male predominance of tuberculous infection (male:female ratio approximately 5:1) and half of the patients were aged 21 to 30 years. In the 20 patients with radiological changes in the lung a diagnosis was established by biopsy in 13 cases. Four of these were tuberculous and a further two cases of tuberculosis were established on clinical grounds.

**410.** Qvist, G. (1979).

**"Hunterian oration, 1979. Some controversial aspects of John Hunter's life and work."**

*Annals of the Royal College of Surgeons of England* 61(3): 219-223.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:384885&id=doi:&issn=0035-8843&isbn=&volume=61&issue=3&spage=219&pages=219-23&date=1979&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hunterian+oration%2C+1979.+Some+controversial+aspects+of+John+Hunter%27s+life+and+work.&aulast=Qvist&pid=%3Cauthor%3EQvist+G%3C%2Fauthor%3E%3CAN%3E384885%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

**411.** Kingsnorth, A. N., et al. (1979).

**"Evaluation of dextran with local anaesthesia for short-stay inguinal herniorrhaphy."**

*Annals of the Royal College of Surgeons of England* 61(6): 456-458.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:496237&id=doi:&issn=0035-8843&isbn=&volume=61&issue=6&spage=456&pages=456-8&date=1979&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Evaluation+of+dextran+with+local+anaesthesia+for+short-stay+inguinal+herniorrhaphy.&aulast=Kingsnorth&pid=%3Cauthor%3EKingsnorth+AN%3BWijesinha+SS%3BGrixti+CJ%3C%2Fauthor%3E%3CAN%3E496237%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

A prospective randomised study of 40 patients undergoing unilateral inguinal herniorrhaphy under local anaesthesia was undertaken. Half the patients received the local anaesthetic (0.25% bupivacaine) mixed with dextran 40 solution. Subjective and objective assessments were made of the postoperative pain experienced in the first 48 h after operation. The use of 0.25% bupivacaine local inguinal block results in a postoperative pain-free period of approximately 10 h. Simple oral analgesics are adequate for postoperative pain relief in 87.5% of patients and are required relatively infrequently. The addition of dextran 40 to the local anaesthetic has no significant effect on its duration of action.

**412.** Bentley, P. G. and E. R. Howard (1979).

**"Surgery in children with homozygous sickle cell anaemia."**

*Annals of the Royal College of Surgeons of England* 61(1): 55-58.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:420496&id=doi:&issn=0035-8843&isbn=&volume=61&issue=1&spage=55&pages=55-8&date=1979&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Surgery+in+children+with+homozygous+sickle+cell+anaemia.&aulast=Bentley&pid=%3Cauthor%3EBentley+PG%3BHoward+ER%3C%2FAuthor%3E%3CAN%3E420496%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

During the 25 years 1952--77 31 surgical procedures were performed on children aged up to 16 years with sickle cell anaemia (SCA). Six emergency operations were carried out, all for complications of SCA indistinguishable from the acute surgical conditions they mimicked. Seventeen minor operations were well tolerated and major surgery was undertaken 8 times, including 5 splenectomies for hypersplenism and increased transfusion requirements. The preparation for surgery by planned multiple transfusions and the indications for splenectomy are discussed. Recommendations are made for the preparation of patients for acute and routine surgery.

**413.** Livesley, B. and G. M. Pentelow (1978).

**"The burning of John Hunter's papers: a new explanation."**

*Annals of the Royal College of Surgeons of England* 60(2): 79-84.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:345931&id=doi:&issn=0035-8843&isbn=&volume=60&issue=2&spage=79&pages=79-84&date=1978&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+burning+of+John+Hunter%27s+papers%3A+a+new+explanation.&aulast=Livesley&pid=%3Cauthor%3ELivesley+B%3BPentelow+GM%3C%2FAuthor%3E%3CAN%3E345931%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

It is commonly accepted that Sir Everard Home destroyed the Hunterian Manuscripts to hide the extent to which he had used them for his own publications. We suggest that his real reason for burning the

papers was to hide the identity of the person who had been the subject of John Hunter's famous inoculation experiment.

**414.** Barat, A. K., et al. (1978).

**"Cold injuries in Kashmir, December 1971."**

*Annals of the Royal College of Surgeons of England* 60(4): 332-335.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:27134&id=doi:&issn=0035-8843&isbn=&volume=60&issue=4&spage=332&pages=332-5&date=1978&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Cold+injuries+in+Kashmir%2C+December+1971.&aulast=Barat&pid=%3Cauthor%3EBarat+AK%3BPuri+HC%3B Ray+N%3C%2Fauthor%3E%3CAN%3E27134%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

A total of 847 cases of cold injury occurred within the short space of 2 weeks during the Indo-Pakistan conflict in Kashmir in December 1971. The management of these cases and their end results are described. A combination of drugs consisting of low-molecular-weight dextran, an anti-inflammatory agent, and a vasodilator was tried with encouraging results. A conservative attitude towards ablation of necrosed tissues paid good dividends.

**415.** Archampong, E. Q., et al. (1978).

**"Diverticular disease in an indigenous African community."**

*Annals of the Royal College of Surgeons of England* 60(6): 464-470.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:718074&id=doi:&issn=0035-8843&isbn=&volume=60&issue=6&spage=464&pages=464-70&date=1978&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Diverticular+disease+in+an+indigenous+African+community.&aulast=Archampong&pid=%3Cauthor%3EArchampong+EQ%3BChristian+F%3BBadoe+EA%3C%2Fauthor%3E%3CAN%3E718074%3C%2FAN%3E%3CDT%3ECas e+Reports%3C%2FDT%3E>

Sixteen cases of diverticular disease of the colon occurring in an urban hospital in Ghana are described. Ten of the patients had diffuse diverticulosis affecting the greater part of the colon. Apart from a high incidence of presentation with rectal bleeding the disease shows no particular differences in manifestation from what is encountered in the advanced countries. Sixty per cent of the patients belonged to the higher social classes, but all had lived on traditional African high-residue food. Other factors as yet unknown may contribute to the pathogenesis of this disorder.

**416.** Wheeler, M. H. (1977).

**"Dissolution of retained choledochal calculi."**

*Annals of the Royal College of Surgeons of England* 59(2): 153-157.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:843050&id=doi:&issn=0035-8843&isbn=&volume=59&issue=2&spage=153&pages=153-7&date=1977&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Dissolution+of+retained+choledochal+calculi.&aulast=Wheeler&pid=%3Cauthor%3EWheeler+MH%3C%2Fauthor%3E%3CAN%3E843050%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The history of the technique of promoting dissolution of retained gallstones in the biliary tree is briefly reviewed. Present methods are described in detail and our own experience recorded. We have treated six patients with retained calculi by means of heparinized saline and sodium cholate infusions of the common bile duct. Successful dissolution of calculi was achieved in five cases, but one patient developed severe pancreatitis and renal failure which responded to peritoneal dialysis. We believe that the method is a valuable alternative to re-exploration of the common bile duct, particularly when calculi are situated in the distal part of the duct.

**417.** Qvist, G. (1977).

**"John Hunter's alleged syphilis."**

*Annals of the Royal College of Surgeons of England* 59(3): 206-209.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:324336&id=doi:&issn=0035-8843&isbn=&volume=59&issue=3&spage=206&pages=206-9&date=1977&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=John+Hunter%2Fs+alleged+syphilis.&aulast=Qvist&pid=%3Cauthor%3EQvist+G%3C%2Fauthor%3E%3CAN%3E324336%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

The allegation that John Hunter suffered from syphilis is challenged. It is suggested that he was the subject of non-luetic vascular disease, evidence for which may be found by a study of his symptoms and autopsy report. It is further suggested that John Hunter's famous inoculation experiment was performed not on himself but on another subject. It is claimed that there is in fact no scientific evidence for attributing John Hunter's illness to syphilis and it is urged that the stigma of this diagnosis should be expunged from his image.

**418.** Browse, N. L. (1977).

**"Personal views on published facts. What should I do about deep vein thrombosis and pulmonary embolism?"**

*Annals of the Royal College of Surgeons of England* 59(2): 138-142.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:843046&id=doi:&issn=0035-8843&isbn=&volume=59&issue=2&spage=138&pages=138-42&date=1977&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Personal+views+on+published+facts.+What+should+I+do+about+deep+vein+thrombosis+and+pulmonary+embolism%3C%2FDT%3E>

[3F.&aulast=Browse&pid=%3Cauthor%3EBrowse+NL%3C%2Fauthor%3E%3CAN%3E843046%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1085119&id=doi:&issn=0035-8843&isbn=&volume=58&issue=4&spage=323&pages=323&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Proceedings%3A+Observations+on+acute+pancreatitis.&aulast=Williamson&pid=%3Cauthor%3EWilliamson+RC%3C%2Fauthor%3E%3CAN%3E1085119%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E)

**419.** Williamson, R. C. (1976).

**"Proceedings: Observations on acute pancreatitis."**

*Annals of the Royal College of Surgeons of England* 58(4): 323.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1085119&id=doi:&issn=0035-8843&isbn=&volume=58&issue=4&spage=323&pages=323&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Proceedings%3A+Observations+on+acute+pancreatitis.&aulast=Williamson&pid=%3Cauthor%3EWilliamson+RC%3C%2Fauthor%3E%3CAN%3E1085119%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

**420.** Postlethwaite, J. C. (1976).

**"The importance of plasma fibrinogen in vascular surgery."**

*Annals of the Royal College of Surgeons of England* 58(6): 457-464.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:984690&id=doi:&issn=0035-8843&isbn=&volume=58&issue=6&spage=457&pages=457-64&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+importance+of+plasma+fibrinogen+in+vascular+surgery.&aulast=Postlethwaite&pid=%3Cauthor%3EPostlethwaite+JC%3C%2Fauthor%3E%3CAN%3E984690%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The plasma fibrinogen concentration is directly related to blood viscosity, which in turn is inversely related to blood flow. The way in which the plasma fibrinogen level affects the clinical status of patients with peripheral vascular disease is discussed with reference to both retrospective and prospective studies of patients undergoing major arterial surgery. Animal experiments are described in which the effect of reducing the plasma fibrinogen level with oral clofibrate and parenteral Arvin (ancrod) on the patency of Dacron arterial grafts was studied.

**421.** O'Brien, B. M. (1976).

**"Replantation and reconstructive microvascular surgery. Part I."**

*Annals of the Royal College of Surgeons of England* 58(2): 87-103.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:817640&id=doi:&issn=0035-8843&isbn=&volume=58&issue=2&spage=87&pages=87-103&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Replantation+and+reconstructive+microvascular+surgery.+Part+I.&aulast=O%27Brien&pid=%3Cauthor%3EO%27Brien+BM%3C%2Fauthor%3E%3CAN%3E817640%3C%2FAN%3E%3CDT%3EHistorical+Article%3C%2FDT%3E>

Although the operating microscope was introduced more than 50 years ago, its use was at first confined to otolaryngology and, later, to ophthalmology. More recently its use in the development of microvascular techniques has led to spectacular advances in the field of replantation and reconstructive surgery. The organization of microsurgical research at St Vincent's Hospital, Melbourne, is briefly described and clinical experience at this hospital over the past 10 years is reviewed. This includes 86 cases of digital replantation, with survival rates of 58% for complete and 82% for incomplete amputation, and 14 cases of major replantation (amputations proximal to the metacarpophalangeal joints) with a survival rate of 71%. In the second part of the lecture the use of microsurgery for composite tissue transfer and one-stage toe-to-hand transfer is discussed and experimental and clinical experience in microlymphatic surgery described.

**422.** Kostrzewski, E. (1976).

**"Blood substitutes."**

*Annals of the Royal College of Surgeons of England* 58(2): 115-125.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:57736&id=doi:&issn=0035-8843&isbn=&volume=58&issue=2&spage=115&pages=115-25&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Blood+substitutes.&aulast=Kostrzewski&pid=%3Cauthor%3EKostrzewski+E%3C%2Fauthor%3E%3CAN%3E57736%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

With the development of modern methods of surgery, anaesthesia, and pre- and postoperative care the requirement for blood substitutes is continuously increasing. We present a review of the different blood substitutes which are already in clinical use or in an advanced stage of experimental investigation for possible practical administration. Our own clinical experience with dextrans and experimental studies on stroma-free haemoglobin and hydroxyethyl starch solutions are described.

**423.** Hadfield, G. J. (1976).

**"Audiovisual aids in teaching postgraduate students."**

*Annals of the Royal College of Surgeons of England* 58(5): 339-340.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:61734&id=doi:&issn=0035-8843&isbn=&volume=58&issue=5&spage=339&pages=339-40&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Audiovisual+aids>

[+in+teaching+postgraduate+students.&aulast=Hadfield&pid=%3Cauthor%3EHadfield+GJ%3C%2Fauthor%3E%3CAN%3E61734%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E](#)

**424.** Dupont, P. A. (1976).

**"The Mobin-Uddin umbrella filter in the management of proven and threatened pulmonary embolism."**

*Annals of the Royal College of Surgeons of England* 58(4): 318-321.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:942169&id=doi:&issn=0035-8843&isbn=&volume=58&issue=4&spage=318&pages=318-21&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+Mobin-Uddin+umbrella+filter+in+the+management+of+proven+and+threatened+pulmonary+embolism.&aulast=Dupont&pid=%3Cauthor%3EDupont+PA%3C%2Fauthor%3E%3CAN%3E942169%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

An umbrella filter was inserted into the inferior vena cava in 8 patients with proven or threatened pulmonary embolism. The technique was found to be simple and without major complication in this small series. Two patients died of their primary disease and a further 2 died of lung complications secondary to their initial embolism. The remaining 4 patients have been followed up for periods ranging from 2 to 11 months.

**425.** Anthony, P. P. (1976).

**"Primary carcinoma of the liver."**

*Annals of the Royal College of Surgeons of England* 58(4): 285-292.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:60075&id=doi:&issn=0035-8843&isbn=&volume=58&issue=4&spage=285&pages=285-92&date=1976&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Primary+carcinoma+of+the+liver.&aulast=Anthony&pid=%3Cauthor%3EAnthony+PP%3C%2Fauthor%3E%3CAN%3E60075%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Primary carcinoma of the liver is rare in Western countries but it is a common malignant tumour in many parts of the tropics. Much has been learnt in recent years about its pathology, manifestations, and aetiology that is relevant to the whole field of oncology. The important distinction between carcinomas of liver-cell and bile-duct origin, the phenomenon of alpha-fetoprotein production, and the role of cirrhosis are discussed in the context of newly discovered aetiological factors such as gonadal steroids, mycotoxins, and the hepatitis B virus.

**426.** Slapak, M. (1975).



**"Fulminant liver failure: clinical and experimental study."**

*Annals of the Royal College of Surgeons of England* 57(5): 234-247.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:812415&id=doi:&issn=0035-8843&isbn=&volume=57&issue=5&spage=234&pages=234-47&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Fulminant+liver+failure%3A+clinical+and+experimental+study.&aulast=Slapak&pid=%3Cauthor%3ESlapak+M%3C%2Fauthor%3E%3CAN%3E812415%3C%2FAN%3E%3CDT%3ECase+Reports%3C%2FDT%3E>

Clinical experience of some newer methods of hepatic support is described. The results are unpredictable and far from satisfactory. The need for an animal model in which potential therapeutic methods can be studied is emphasized. Such a model based on carefully imposed ischaemic insult to the liver in the absence of portacaval shunting is described. It is suggested that bacterial presence in the bowel together with a depression of the liver reticuloendothelial function plays an important part in the early and rapid mortality of acute liver failure. Temporary auxiliary liver transplantation using an allograft or a closely related primate heterograft seem to be the 2 best available methods of hepatic support for potentially reversible acute liver failure.

**427.** Melsom, M. A., et al. (1975).

**"Battle casualties."**

*Annals of the Royal College of Surgeons of England* 56(6): 289-303.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1147538&id=doi:&issn=0035-8843&isbn=&volume=56&issue=6&spage=289&pages=289-303&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Battle+casualties.&aulast=Melsom&pid=%3Cauthor%3EMelsom+MA%3BFarrar+MD%3BVolkers+RC%3C%2Fauthor%3E%3CAN%3E1147538%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Eighty casualties, mainly due to explosive devices, sustained over a period of 3 1/2 months by the armed forces of the Sultan of Oman in counterinsurgency operations are analysed and their management by a British field surgical team is described. Of the 73 who reached the surgical centre alive, 56 per cent had suffered major injuries, yet all but 2 survived, giving an overall survival rate of 88.75 per cent (71/80). The effects of first aid and rapid evacuation on survival and their influence on the surgical work load and on the facilities required for treatment are assessed, together with their relevance to the planning of military and civilian accident services.

**428.** Lloyd-Roberts, G. C. (1975).

**"Some aspects of orthopaedic surgery in childhood."**

*Annals of the Royal College of Surgeons of England* 57(1): 25-32.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1155893&id=doi:&issn=0035-8843&isbn=&volume=57&issue=1&spage=25&pages=25-32&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Some+aspects+of+orthopaedic+surgery+in+childhood.&aualast=Lloyd-Roberts&pid=%3Cauthor%3ELloyd-Roberts+GC%3C%2Fauthor%3E%3CAN%3E1155893%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The aetiological role of immunodeficiency in acute septic arthritis of the hip in infancy, the management of the condition after the acute infection has subsided, and the special hazards of infection in the region of the hip joint in the older child are discussed. The principles of treatment of congenital dislocation of the hip are examined in relation to the maintenance of acetabular growth potential. The factors determining the outcome of treatment in Perthes' disease are discussed and a comparison of the result in a series of cases treated by femoral osteotomy with those in untreated controls is presented.

**429.** Kester, R. C. (1975).

**"The intestinal phase of gastric secretion."**

*Annals of the Royal College of Surgeons of England* 56(5): 231-245.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1147535&id=doi:&issn=0035-8843&isbn=&volume=56&issue=5&spage=231&pages=231-45&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+intestinal+pase+of+gastric+secretion.&aualast=Kester&pid=%3Cauthor%3EKester+RC%3C%2Fauthor%3E%3CAN%3E1147535%3C%2FAN%3E%3CDT%3EComparative+Study%3C%2FDT%3E>

The intestinal phase hormone, elaborated by the jejunum in response to an intestinal meal or simple distension, produces profound gastric hypersecretion when it escapes hepatic degradation through a portacaval anastomosis. The hormone is released within 30 min of the application of the stimulus and rapidly reaches peak concentration in the portal blood. Intravenous infusion into a donor dog of active portal plasma from a shunted, intestinally fed dog stimulates gastric acid secretion after a delay of approximately 1 h, and requires a mean 1 1/2 h to stimulate peak secretion, which suggests that intermediate steps may be necessary before the hormone can effectively stimulate the parietal cell mass. The pig develops portacaval-shunt-related gastric acid hypersecretion in response to food comparable to that observed in the dog and in man. Porcine jejunal mucosa is thus an appropriate source for isolation of the intestinal phase hormone. Pig intestinal mucosal extract contains a heat-stable acidic peptide which is a potent stimulator of gastric acid secretion. Administration of crude intestinal mucosal extract elicits gastric acid secretion after a brief delay, again indicating that some intermediate reactions occur before the target organ--the parietal cell mass--is stimulated.

**430.** Ewing, M. (1975).

**"Jonathan Hutchinson FRCS."**

*Annals of the Royal College of Surgeons of England* 57(6): 296-308.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:813554&id=doi:&issn=0035-8843&isbn=&volume=57&issue=6&spage=296&pages=296-308&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Jonathan+Hutcinson+FRCS.&aulast=Ewing&pid=%3Cauthor%3EEwing+M%3C%2Fauthor%3E%3CAN%3E813554%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

**431.** Buley, R. and J. Lumley (1975).

**"Some observations on blood microfilters."**

*Annals of the Royal College of Surgeons of England* 57(5): 262-267.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:1200574&id=doi:&issn=0035-8843&isbn=&volume=57&issue=5&spage=262&pages=262-267&date=1975&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Some+observations+on+blood+microfilters.&aulast=Buley&pid=%3Cauthor%3EBuley+R%3BLumley+J%3C%2Fauthor%3E%3CAN%3E1200574%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

Under laboratory conditions 3 types of filter designed to prevent the passage of microemboli into the circulation during the transfusion of stored blood were compared with the standard Baxter BR10 filter, designed only to hold back macroemboli, in respect of resistance to blood flow and damage to the cellular elements of the blood. In both respects the Pall Ultipor microfilter proved more efficient than the Swank IL200 microfilter and the Bentley Polyfilter (PF-127) and, except with 3-week-old blood, was comparable to the Baxter filter.

**432.** Wyatt, A. P. (1974).

**"Diagnosis and management of acute pancreatitis."**

*Annals of the Royal College of Surgeons of England* 54(5): 229-235.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4829748&id=doi:&issn=0035-8843&isbn=&volume=54&issue=5&spage=229&pages=229-235&date=1974&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Diagnosis+and+management+of+acute+pancreatitis.&aulast=Wyatt&pid=%3Cauthor%3EWyatt+AP%3C%2Fauthor%3E%3CAN%3E4829748%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**433.** Till, A. S. (1974).

**"Gordon-Taylor, war surgeon and historian."**

*Annals of the Royal College of Surgeons of England* 54(1): 33-47.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4588536&id=doi:&issn=0035-8843&isbn=&volume=54&issue=1&spage=33&pages=33-47&date=1974&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Gordon-Taylor%2C+war+surgeon+and+historian.&aulast=Till&pid=%3Cauthor%3ETill+AS%3C%2Fauthor%3E%3CAN%3E4588536%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

**434.** Sweetnam, R. (1974).

**"Tumours of bone and their management."**

*Annals of the Royal College of Surgeons of England* 54(2): 63-71.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4594301&id=doi:&issn=0035-8843&isbn=&volume=54&issue=2&spage=63&pages=63-71&date=1974&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Tumours+of+bone+and+their+management.&aulast=Sweetnam&pid=%3Cauthor%3ESweetnam+R%3C%2Fauthor%3E%3CAN%3E4594301%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

The various types of primary tumour that may affect the bones are reviewed. No attempt is made to cover so wide a field in detail, but the more important clinical, radiological, and histological features of each type of tumour are emphasized and its management outlined. Mention is also made of a number of lesions which, while not strictly tumours, may resemble them radiologically.

**435.** Grave, G. F. (1974).

**"Proceedings: Kaposi sarcoma in African children."**

*Annals of the Royal College of Surgeons of England* 54(6): 270-271.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4833775&id=doi:&issn=0035-8843&isbn=&volume=54&issue=6&spage=270&pages=270-1&date=1974&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Proceedings%3A+Kaposi+sarcoma+in+African+children.&aulast=Grave&pid=%3Cauthor%3EGrave+GF%3C%2Fauthor%3E%3CAN%3E4833775%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**436.** Edwards, A. J. (1974).

**"Proceedings: Lymphocyte depressive factor produced by a gut cancer."**

*Annals of the Royal College of Surgeons of England* 54(6): 270.



<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4833774&id=doi:&issn=0035-8843&isbn=&volume=54&issue=6&spage=270&pages=270&date=1974&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Proceedings%3A+Lymphocyte+depressive+factor+produced+by+a+gut+cancer.&aulast=Edwards&pid=%3Cauthor%3EEdwards+AJ%3C%2Fauthor%3E%3CAN%3E4833774%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**437.** Thomson, J. M., et al. (1973).

**"Inhibition of gastric plasmin activity by epsilon-aminocaproic acid."**

*Annals of the Royal College of Surgeons of England* 53(6): 340-347.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4271260&id=doi:&issn=0035-8843&isbn=&volume=53&issue=6&spage=340&pages=340-7&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Inhibition+of+gastric+plasmin+activity+by+epsilon-aminocaproic+acid.&aulast=Thomson&pid=%3Cauthor%3EThomson+JM%3BTurner+L%3BPoller+L%3C%2Fauthor%3E%3CAN%3E4271260%3C%2FAN%3E%3CDT%3EClinical+Trial%3C%2FDT%3E>

**438.** Slawson, K. B. (1973).

**"Hazards in the operating theatre. Serum hepatitis."**

*Annals of the Royal College of Surgeons of England* 52(6): 365-368.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4720709&id=doi:&issn=0035-8843&isbn=&volume=52&issue=6&spage=365&pages=365-8&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hazards+in+the+operating+theatre.+Serum+hepatitis.&aulast=Slawson&pid=%3Cauthor%3ESlawson+KB%3C%2Fauthor%3E%3CAN%3E4720709%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**439.** Morris, P. J. (1973).

**"Histocompatibility in organ transplantation."**

*Annals of the Royal College of Surgeons of England* 53(6): 324-339.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4585779&id=doi:&issn=0035-8843&isbn=&volume=53&issue=6&spage=324&pages=324-39&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Histocompatibility>

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4686142&id=doi:&issn=0035-8843&isbn=&volume=52&issue=1&spage=53&pages=53-58&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+the+G+suit+in+the+control+of+bleeding+arising+from+hypocoagulation.&aulast=Lewis&pid=%3Cauthor%3EMorris+PJ%3C%2Fauthor%3E%3CAN%3E4585779%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

440. Lewis, D. G., et al. (1973).

**"The use of the G suit in the control of bleeding arising from hypocoagulation."**

*Annals of the Royal College of Surgeons of England* 52(1): 53-58.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4686142&id=doi:&issn=0035-8843&isbn=&volume=52&issue=1&spage=53&pages=53-58&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+use+of+the+G+suit+in+the+control+of+bleeding+arising+from+hypocoagulation.&aulast=Lewis&pid=%3Cauthor%3ELewis+DG%3BMackenzie+A%3BMcNeill+IF%3C%2Fauthor%3E%3CAN%3E4686142%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

441. Howe, G. L. (1973).

**"Oral surgical aids to prosthetic success."**

*Annals of the Royal College of Surgeons of England* 52(6): 369-379.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4578548&id=doi:&issn=0035-8843&isbn=&volume=52&issue=6&spage=369&pages=369-379&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Oral+surgical+aids+to+prosthetic+success.&aulast=Howe&pid=%3Cauthor%3EHowe+GL%3C%2Fauthor%3E%3CAN%3E4578548%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

442. Choudhury, A. (1973).

**"The pancreas as a transplantable organ."**

*Annals of the Royal College of Surgeons of England* 53(4): 218-236.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4583419&id=doi:&issn=0035-8843&isbn=&volume=53&issue=4&spage=218&pages=218-236&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=The+pancreas+as+a+transplantable+organ.&aulast=Choudhury&pid=%3Cauthor%3EChoudhury+A%3C%2Fauthor%3E%3CAN%3E4583419%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**443.** Barrett, N. R. (1973).

**"King Henry the Eighth."**

*Annals of the Royal College of Surgeons of England* 52(4): 216-233.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4572977&id=doi:&issn=0035-8843&isbn=&volume=52&issue=4&spage=216&pages=216-33&date=1973&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=King+Henry+the+Eighth.&aulast=Barrett&pid=%3Cauthor%3EBarrett+NR%3C%2Fauthor%3E%3CAN%3E4572977%3C%2FAN%3E%3CDT%3EBiography%3C%2FDT%3E>

**444.** Wade, J. S. (1972).

**"Clinical research in thyroid surgery."**

*Annals of the Royal College of Surgeons of England* 50(2): 112-127.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4622400&id=doi:&issn=0035-8843&isbn=&volume=50&issue=2&spage=112&pages=112-27&date=1972&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Clinical+research+in+thyroid+surgery.&aulast=Wade&pid=%3Cauthor%3EWade+JS%3C%2Fauthor%3E%3CAN%3E4622400%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**445.** Rowlands, B. C. (1972).

**"Hyperparathyroidism: an early historical survey."**

*Annals of the Royal College of Surgeons of England* 51(2): 81-90.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:5077791&id=doi:&issn=0035-8843&isbn=&volume=51&issue=2&spage=81&pages=81-90&date=1972&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Hyperparathyroidism%3A+an+early+historical+survey.&aulast=Rowlands&pid=%3Cauthor%3ERowlands+BC%3C%2Fauthor%3E%3CAN%3E5077791%3C%2FAN%3E%3CDT%3EHistorical+Article%3C%2FDT%3E>

**446.** Munster, A. M. (1972).

**"New horizons in surgical immunobiology. Host defence mechanisms in burns."**

*Annals of the Royal College of Surgeons of England* 51(2): 69-80.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4404014&id=doi:&issn=0035-8843&isbn=&volume=51&issue=2&spage=69&pages=69-80&date=1972&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=New+horizons+in+surgical+immunobiology.+Host+defence+mechanisms+in+burns.&aulast=Munster&pid=%3Cauthor%3EMunster+AM%3C%2Fauthor%3E%3CAN%3E4404014%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**447.** Monks, P. S. and J. Lumley (1972).

**"Anaesthetic aspects of renal transplantation."**

*Annals of the Royal College of Surgeons of England* 50(6): 354-366.

<http://sfxeu05.hosted.exlibrisgroup.com/44RCS?sid=OVID:medline&id=pmid:4261168&id=doi:&issn=0035-8843&isbn=&volume=50&issue=6&spage=354&pages=354-66&date=1972&title=Annals+of+the+Royal+College+of+Surgeons+of+England&atitle=Anaesthetic+aspects+of+renal+transplantation.&aulast=Monks&pid=%3Cauthor%3EMonks+PS%3BLumley+J%3C%2Fauthor%3E%3CAN%3E4261168%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E>

**448.** Marston, A. (1972).

**"Diagnosis and management of intestinal ischaemia."**

*Annals of the Royal College of Surgeons of England* 50(1): 29-44.

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The surgical commitment of No. 2 Field Hospital, R.A.M.C., during its stay in Jordan is presented. The majority of patients that were admitted had sustained war wounds, many of which were infected due to the delay in treatment. The difficulties encountered in their subsequent management are discussed. Special reference is made to the use of ketamine (Ketalar) and mafenide acetate (Sulphamylon) in the treatment of those burns cases under our care. It is the first time for many years that a British field hospital has been employed in an active role.

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