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"RE: at risk & surgery"

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14/03/2012 16:22	Refiled from GHP/008/012/003 Vol 3 to GHP/008/012/003 Vol 6

"Miles Allison"
<milesallison@ GRO-C GRO-C >
16/04/2009 21:38

To"'H Ward'" <H.Ward@ GRO-C >
ccMark Noterman/CQEG/DOH/GB@GRO-C, "'Charlie Mirrielees'" <Charlie.Mirrielees@ GRO-C >, "'D.J. Jeffries'" <d.j.jeffries@ GRO-C >, Elaine Gadd/ICB/DOH/GB@GRO-C, "'Helen Janecek'" <Helen.Janecek@ GRO-C >, "'Nicky Connor'" <Nicky.Connor@ GRO-C >, <david.pryer2@ GRO-C >
bcc
SubjectRE: at risk & surgery

Thanks Hester; we have to remember we are sending a circular to urological surgeons, so it needs to be concise! Those at risk of sCJD, for example, would not be harbouring abnormal prion protein in rectal lymphoid aggregates. Nonetheless I will print off your email for when we debate the draft to be circulated to the Panel, and will raise your comments if you happen not to be there on 20 May.

Cheers
Miles

-----Original Message-----
From: H Ward [mailto:H.Ward@ GRO-C]
Sent: 15 April 2009 23:16
To: Miles Allison
Cc: Mark.Noterman@ GRO-C ; 'Charlie Mirrielees'; 'D.J. Jeffries';

Elaine.Gadd@GRO-C; 'Helen Janecek'; 'Nicky Connor';
david.pryer2@GRO-C
Subject: RE: at risk & surgery

Dear Miles
My only comment to your useful guidance is in relation to the second paragraph. Most but not all the notified at risk groups are mentioned (eg. 'other' recipients of donors to vCJD cases & surgical contacts are not included) & the other at risk groups (eg. dura mater graft recipients, GH recipients, those at risk of genetic disease etc.) are not mentioned either. I think the list either has to be complete or, if only lisitng the main groups, make it clear that this is the case & where the source of a complete of the at risk groups can be found- ACDP TSE Working Group Guideleines.

Thank you
With best wishes
Hester

Quoting Miles Allison <milesallison@GRO-C>:

>
>
> Many thanks Mark for these helpful changes.
>
> Should we agenda this item for next month's Panel, circulate the draft alert
> with the meeting papers, and plan to contact the British Assn of Urological
> Surgeons in late May?
>
> Miles
>
> -----Original Message-----
> From: Mark.Noterman@GRO-C [mailto:Mark.Noterman@GRO-C]
> Sent: 15 April 2009 14:09
> To: Miles Allison
> Cc: 'Charlie Mirrielees'; 'D.J. Jeffries'; Elaine.Gadd@GRO-C;
> 'Hester Ward'; Helen Janecek; Nicky Connor; david.pryer2@GRO-C
> Subject: RE: at risk & surgery
>
>
> Miles
>
> With many thanks for your advice and help with this issues, a few
> suggestions in the attached:
>
> (See attached file: Alert re transrectal Bx MN amends.doc)
>
> Copied to CJDIP colleagues as they may also wish to comment.
>
> Kind regards
>
> Mark Noterman
> CJD & Branch Co-ordination
> Infectious Diseases and Blood Policy
> Department of Health
> 530, Wellington House,
> 135-155 Waterloo Road, London SE1 8UG

> tel. GRO-C
> ext GRO-C
> mark.noterman@ GRO-C
>
>
>
>
> "Miles Allison"
> <milesallison@GRO-C
> GRO-C To
> "'D.J. Jeffries'"
> <d.j.jeffries@ GRO-C
> 09/04/2009 21:33 cc
> "'Hester Ward'" <h.ward@ GRO-C ,
> Mark Noterman/CQEG/DOH/GB@GRO-C,
> Elaine Gadd/ICB/DOH/GB@GRO-C,
> "'Charlie Mirrielees'"
> <Charlie.Mirrielees@ GRO-C
> Subject
> RE: at risk & surgery
>
>
>
>
>
>
>
>
> Don
>
> Here is a starter for the alert to the urology community.
>
> I have discovered that the BK Medical kit where lumens could be
> contaminated costs up to £13k per reusable probe, so the potential issue
of
> quarantining does arise.
>
> Perhaps you could add a little on the at risk groups that would apply in
> these circumstances?
>
> We will need to address Annex F later
>
> Cheers
>
> Miles
>
>
> -----Original Message-----
> From: D.J. Jeffries [mailto:d.j.jeffries@ GRO-C]
> Sent: 06 April 2009 09:35
> To: Miles Allison
> Cc: 'Hester Ward'; Mark.Noterman@ GRO-C ; Elaine.Gadd@ GRO-C ;
> 'Charlie Mirrielees'
> Subject: RE: at risk & surgery
>
>
> Thanks Miles. This is very helpful and I think we should get on with this
> immediately after Easter. Regards. Don.
>
> Prof. D.J.Jeffries

>
>
> Quoting Miles Allison <milesallison@ GRO-C :
>
>
>
> Don
>
> Enforcement of Annex J should technically enable such patients to be
> identified, but I agree we need to do more at this point.
>
> I'm in the process of trying to find out the cost of the BK transrectal
> ultrasound probe, because this may affect the tone of the alert to the
> urological surgeon community.
>
> I suggest the following:
>
> 1) we get in touch with the British Association of Urological Surgeons
and
> ask them to issue an alert. If BK medical biopsy guns are
inexpensivethere
> won't be a big issue with disposal after biopsy of an at risk patient. If
> they are costly there is no reason why such patients needing biopsy
> couldn't be referred to a unit that uses Siemens, Philips or Toshiba kit.
>
> 2) we make mention of this procedure in the web version of Annex F
>
> We can certainly alert the UK Haemophilia Doctors Association as well,
but
> this may not help in flagging individual cases up in clinical practice.
>
> Best wishes,
> Miles
>
> -----Original Message-----
> From: D.J. Jeffries [mailto:d.j.jeffries@ GRO-C]
> Sent: 04 April 2009 09:20
> To: Miles Allison
> Cc: 'Hester Ward'; Mark.Noterman@ GRO-C ;
Elaine.Gadd@ GRO-C ;
> 'Charlie Mirrielees'
> Subject: RE: at risk & surgery
>
>
>
> Dear Miles
>
> Thank you for following up on this recent query over prostatic biopsy.
> There is clearly a way of obtaining prostatic tissue via the rectal route
> safely and avoiding the risk of nosocomial transmission. I feel strongly
> that the message needs to be disseminated as soon as possible, certainly
to
> the urologists and to any other groups who are likely to be involved. It
> would seem sensible to include the UK Haemophilia Doctors' Association,
> Hospital Infection Society and possibly the Primary Immunodeficiency
Group
> in the circulation (for information). I am not sure how best to do this.
> Although Urology does not seem to merit a separate annex in our Guidelines
> (although it would be an opportunity to answer some of the occasional
> queries about cystoscopy etc) it might be possible to flag it up somewhere

> on the website.
>
> Best wishes. Don.
>
> Prof. D.J.Jeffries.
>
> Quoting Miles Allison <milesallison@GRO-C:
>
> In some ways I'm glad this call gave us the opportunity to consider the
> scenario of transrectal prostatic biopsy. I'm slightly ashamed that I
> hadn't thought of this previously.
>
> I met my radiology colleague Richard Clements today. He is one of the
> pioneers of ultrasound-guided transrectal prostatic biopsy technique in
the
> late 1980s - it originated at the Royal Gwent, believe it or not! He
> kindly showed me the range of prostatic biopsy kit currently in use. It
> turns out that the kit used at Monklands (BK Medical) could potentially
> result in an invasive procedure with instrument channel contamination.
Most
> use other techniques employing single use biopsy needles alongside
> ultrasound probes that are covered with large "condoms".
>
> I wonder whether we need to flag this issue up to the urology community
> somehow. If people with haemophilia or other at risk factors undergo
> prostatic biopsy with BK Medical kit then the kit needs to be quarantined.
> To avoid this scenario it would be advisable that such patients needing
> prostatic biopsy should be referred to units that employ single use biopsy
> needles alongside other ultrasound probes.
>
> Opinions please.
>
> Best wishes,
>
> Miles
>
> -----Original Message-----
> From: Hester Ward [mailto:h.ward@GRO-C
> Sent: 02 April 2009 13:55
> To: Mark.Noterman@GRO-C; Elaine.Gadd@GRO-C; Dr Miles
> Allison; d.j.jeffries@GRO-C; 'Charlie Mirrielees'
> Subject: Fw: at risk & surgery
>
> For your info re. refurbishment monies in Scotland (see below)
>
> Hester
>
> ----- Original Message -----
>
> From: Gareth.Brown@GRO-C
>
> To: h.ward@GRO-C ; Andrew.Riley@GRO-C
>
> Cc: john.logan@GRO-C ; b.smith-bathgate@GRO-C ;
> R.Knight@GRO-C ; Martin.Donaghy@GRO-C ;
> Oliver.Blatchford@GRO-C ; Joan.Sneddon@GRO-C
>
> Sent: Thursday, April 02, 2009 1:37 PM
>
> Subject: Re: at risk & surgery

>
> Hester
>
> Have just discussed with Andrew - don't yet have mechanisms in place for
> refurb - something we are working on - but have agreed the principle of
> dealing with refurb on a case by case basis and so in the interim would
> support any procedures on a case by case basis that come to our attention
> to ensure someones CJD risk does not compromise care.
>
> Sorry don't have anything more organised than that yet!
>
> Gareth
>
> _____
>
> From: Hester Ward <h.ward@ GRO-C
> To: Riley A (Andrew) Dr
> Cc: Brown GJ (Gareth); Logan, John Dr
> <john.logan@ GRO-C ;
> b.smith-bathgate@ GRO-C <b.smith-bathgate@ GRO-C ; Richard Knight
> <R.Knight@ GRO-C ; Donaghy, Martin <Martin.Donaghy@ GRO-C ;
> Oliver Blatchford <Oliver.Blatchford@ GRO-C ; Joan Sneddon
> <Joan.Sneddon@ GRO-C
> Sent: Thu Apr 02 13:35:19 2009
> Subject: at risk & surgery
>
> Dear Andrew
>
> Following our conversation this morning, this is a summary of the info I
> have:-
>
> The surgeon, Mr. De Souza, met with the family at 12.30pm today & was
going
> to tell them that prostatic biopsy was not clinically indicated.
>
> Past history- the cases's PSA was 18 & was fast-tracked under 60 day
> waiting time initiative to have a prostate biopsy- admitted last week for
> this. During the list the surgical team apparently realised that the case
> was at risk of CJD and so cancelled the procedure as only had one piece of
> equipment, which they didn't want to contaminate.
>
> A PSA had been done pre-op which has now come back as 10. 5 yrs ago the
> PSA for this person was 10 and a biopsy was done, which turned out to be
> benign.
>
> Therefore,with result of second PSA and previous biopsy result, the
surgeon
> thinks that a biopsy is not clinically indicated.
>
> There is also some mention of where the pathology would be sent if the
> biopsy was done- this needs to be clarified for potential future surgery.
> John, would you be able to look into this for me? In addition, it would be
> useful to know how surgeons access refurbishment monies and what they
> cover.
>
> Gareth, can you help me with this please?
>
> We are unsure how the family will react to this news.
>
> Thank you

>
> Best wishes
>
> Hester
>
> Dr. Hester Ward
> Consultant & Honorary Reader in Epidemiology & Public Health
> Director
>
> National CJD Surveillance Unit
> Western General Hospital
> Edinburgh
> EH4 2XU
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>
>
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