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**Are perioperative interventions effective in preventing chronic pain after primary total knee replacement? A systematic review.**
Beswick AD. *BMJ Open* 2019;9(9):e028093.
[Good-quality research provided generally weak evidence for small reductions in long-term pain with local infiltration analgesia (three studies), ketamine infusion (one study), pregabalin (one study) and supported early discharge (one study) compared with no intervention. For electric muscle stimulation (two studies), anabolic steroids (one study) and walking training (one study) there was a suggestion of more clinically important benefit.]
*Freely available online*

**Monitoring quality of care for peripheral intravenous catheters; feasibility and reliability of the peripheral intravenous catheters mini questionnaire (PIVC-miniQ).**
[Peripheral intravenous catheters (PIVCs) account for a mean of 38% of catheter associated bloodstream infections (CABSI) with Staphylococcus aureus, which are preventable if deficiencies in best practice are addressed. There exists no feasible and reliable quality surveillance tool assessing all important areas related to PIVC quality. Thus, we aimed to develop and test feasibility and reliability for an efficient quality assessment tool of overall PIVC quality.]

**Student ODP Reflections on Interprofessional Working.**
Barlow, Clare, Operating Theatre Journal; Sep 2019 (no. 348); p. 14-16
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**Comparison of Forced-air Warming Systems and Intravenous Fluid Warmers in the Prevention of Pediatric Perioperative Hypothermia.**
Erdoğan, Hüseyin; İşil, Canan Tülay; Türk, Hacer Şebnem; Ergen, Gülben; Oba, Sibel, Medical Bulletin of Haseki / Haseki Tip Bulteni; Sep 2019; vol. 57 (no. 3); p. 225-231
[Aim: We aimed to compare the efficacy of intravenous bloodfluid warming and forced-air warming systems for the prevention of perioperative hypothermia in pediatric patients under six years of age. Methods: Two-hundred children aged 0-6 years, who underwent elective surgery, were included in the study. Group 1 patients were warmed with forced-air warming system at the operating room.]
Group 2 patients were warmed with intravenous fluid and blood warming systems at the operating room. During the entire operation, heart rate, SpO2, end Tidal CO2 and esophagus temperature values were recorded at 10-minute intervals. The number of patients, who needed rescue warming, the starting time and duration of rescue warming were recorded. The duration of the anesthesia, the duration of the operation, and the time of recovery were recorded. Results: The groups were compared in terms of mean operating room temperature and body temperature and no statistically significant difference was found between the groups. There was no statistically significant difference between the groups for additional rescue warming need and time to rescue warming. The time to recovery was longer in the patients who needed rescue warming. There was a statistically significant positive correlation between the duration of the operation and the duration of the need for rescue warming with a confidence of 99%. Conclusion: In pediatric patients, i.v. fluid warming systems are as effective as forced-air warming systems in avoiding perioperative hypothermia.

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Wijk, Lena; Udumyan, Ruzan; Pache, Basile; Altman, Alon D.; Williams, Laura L. et al. American Journal of Obstetrics & Gynecology; Sep 2019; vol. 221 (no. 3); p. 237.e1

Background: Enhanced Recovery After Surgery Society publishes guidelines on perioperative care, but these guidelines should be validated prospectively. Objective: To evaluate the association between compliance with Enhanced Recovery After Surgery Gynecologic/Oncology guideline elements and postoperative outcomes in an international cohort. Study Design: The study comprised 2101 patients undergoing elective gynecologic/oncology surgery between January 2011 and November 2017 in 10 hospitals across Canada, the United States, and Europe. Patient demographics, surgical/anesthesia details, and Enhanced Recovery After Surgery protocol compliance elements (pre-, intra-, and postoperative phases) were entered into the Enhanced Recovery After Surgery Interactive Audit System. Surgical complexity was stratified according to the Aletti scoring system (low vs medium/high). The following covariates were accounted for in the analysis: age, body mass index, smoking status, presence of diabetes, American Society of Anesthesiologists class, International Federation of Gynecology and Obstetrics stage, preoperative chemotherapy, radiotherapy, operating time, surgical approach (open vs minimally invasive), intraoperative blood loss, hospital, and Enhanced Recovery After Surgery implementation status. The primary end points were primary hospital length of stay and complications. Negative binomial regression was used to model length of stay, and logistic regression to model complications, as a function of compliance score and covariates. Results: Patient demographics included a median age 56 years, 35.5% obese, 15% smokers, and 26.7% American Society of Anesthesiologists Class III-IV. Final diagnosis was malignant in 49% of patients. Laparotomy was used in 75.9% of cases, and the remainder minimally invasive surgery. The majority of cases (86%) were of low complexity (Aletti score ≤3). In patients with ovarian cancer, 69.5% had a medium/high complexity surgery (Aletti score 4-11). Median length of stay was 2 days in the low- and 5 days in the medium/high-complexity group. Every unit increase in Enhanced Recovery After Surgery guideline score was associated with 8% (IRR, 0.92; 95%
confidence interval, 0.90–0.95; P<.001) decrease in days in hospital among low-complexity, and 12% (IRR, 0.88; 95% confidence interval, 0.82–0.93; P<.001) decrease among patients with medium/high-complexity scores. For every unit increase in Enhanced Recovery After Surgery guideline score, the odds of total complications were estimated to be 12% lower (P<.05) among low-complexity patients.

Conclusion: Audit of surgical practices demonstrates that improved compliance with Enhanced Recovery After Surgery Gynecologic/Oncology guidelines is associated with an improvement in clinical outcomes, including length of stay, highlighting the importance of Enhanced Recovery After Surgery implementation.

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Predictive factors for category II pressure ulcers in older patients with hip fractures: a prospective study.

Gazineo, Domenica; Chiari, Paolo; Chiarabelli, Matteo; Morri, Mattia; D’Alessandro, Fabio et al. Journal of Wound Care; Sep 2019; vol. 28 (no. 9); p. 593-598

Objective: To identify the incidence of category II or higher hospitalacquired pressure ulcers (HAPU) and significantly associated factors in older patients with hip fractures. PUs are a frequent complication in hip fracture patients, negatively impacting patients’ quality of life, the health-care system and society. Method: A prospective cohort study was conducted. A consecutive sample of patients with pertrochanteric, femoral neck or subtrochanteric fractures requiring surgical treatment, were included. A stepwise, multiple regression was performed to identify factors associated with PU development. Results: A total of 761 patients aged ≥65 years were sampled. The incidence of category II or higher PUs was 12%. The study identified five factors that were significantly, independently associated with category II or higher PU development, including a higher preoperative Braden score (Hazard Ratio [HR]: 0.884; 95% confidence interval [CI]: 0.806–0.969), surgical procedure with osteosynthesis (HR 1.876; 95%CI: 1.183–2.975), a higher percentage of days with the presence of foam valve before surgery (HR: 1.010; 95%CI: 1.010–1.023) and a urinary catheter (HR: 1.013; 95%CI: 1.006–1.019) and diaper (HR: 1.007; 95% CI 1.001–1.013) in the postoperative period. Conclusion: Attention should be given by clinical staff to avoiding the use of foam valves, to limiting the use of diapers and to early removal of urinary catheters. Declaration of interest: The authors have no conflicts of interest.

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*Multidisciplinary approaches to common surgical problems / Lim, Robert. (2019) WO200*

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