Prioritising pressure care in operating theatres

Advanced surgical positioning with built-in protection to minimise the risk of pressure sores and subsequent infection

Evidence suggests that any patient undergoing surgery for more than three hours faces a risk of developing pressure sores caused by the immobility during the operation and the use of anaesthesia. This obviously increases the risk of infection – so theatre practitioners welcome any measures that can aid prevention. Anetic Aid’s pressure care products are designed to do exactly that:

K8 mattresses – fitted as standard on QA3 and QA4 trolleys and available for almost all makes of operating table:

- covered in a unique flexi-fabric and made of weight distributing gel-feel memory foam which moulds to the patient’s body (in the science of Kinetics, there are eight points of contact the human body makes when lying on a hard surface – hence K8), these mattresses relieve pressure by distributing the patient’s weight as evenly as possible. They also have welded seams, antibacterial and microbial fungistatic properties which all help to reduce the risk of cross infection

Exclusive UK distributor for Azure and Oasis gel pad and positioning products:

- Azure uses two unique silicone materials which replicate skin and body tissue – it conforms to each individual’s shape to provide maximum pressure relief, shear reduction and protection against nerve damage
- Oasis and Oasis Elite ranges consist of both silicone gel pads and positioning devices, which evenly distribute body weight and don’t ‘bottom out’ – qualities essential for the relief of pressure during surgery
  - Light weight, durable positioners and supports for any surgical procedures
  - Foam and silicone gel combinations which can be heated or cooled
  - Latex free and skin compatible protection that is X ray translucent
Transient Teams in the Operating Theatre is an Economic and Social Research Council (ESRC) funded project that explores communication between healthcare professionals within the operating theatre environment. The study addresses a key challenge for the National Health Service (NHS) in the United Kingdom (UK) and other major organizations across the world by investigating professional communication in ‘transient’ teams -that is, communication between professionals who work on recurring tasks, such as surgical operations, in teams that exist only for the duration of the task, or even only for parts of it. Increasingly healthcare professionals step in and out of such newly formed teams, participating in the performance of complex tasks, often with colleagues whom they have never met before. This can have a profound effect on their work.

Members of transient teams do not always know each other well as they used to when teams were much more stable. Recent observational research funded by the London Deanery (2009-2011) has shown a glimpse of how this can impact on the communication between healthcare professionals in the operating theatre. For example, misunderstandings can arise when an instrument is requested from a nurse but the surgeon’s own “idiolect” to name a particular instrument or their preferences is not familiar to the nurse (Bezemer et al., 2011). Occasionally, such misunderstandings can result in interactional challenges and have real consequences for teamwork, patient-safety and the overall quality of healthcare.

However, teamwork in theatres does not simply encompass talk; non-vocal communication, such as the use of body movement, eye-gaze and gestures, has a crucial role in this work. Indeed, much of what nurses and surgeons do during an operation is instantiated in their eye-gaze, hand, arm and body movements, and the timing of these actions. The photograph below illustrates this multimodality of communication at the moment when an instrument passing is underway. Sometimes these moments of collaboration might not need any talk from nurses and surgeons. Rather, by carefully monitoring the procedure and the movements of the surgeon, the nurse is able to produce anticipatory arm movements, often resulting in very seamless and effective instrument transfer.

Consequently, team interactions can be understood as being multimodal; insofar as talk is only one dimension of communication while the body produces a further resource that is used concurrently with, or instead of, talk. In our two-year study at a major teaching hospital in the UK, we aim to examine the organization of collaborative work in theatres from this multimodal perspective. We are particularly interested in the implications of transient teams for communication, for example, how professionals from diverse linguistic and cultural backgrounds who also have varying histories of collaboration can draw on multimodal resources to interact, often highly effectively, during complex tasks in the theatres. We will audio and video record operations and compare patterns of communication between healthcare professionals who have worked together for long and short periods of time.

The research team is a unique collaboration between surgeons, nurses, and a range of social science researchers with professional experience and expertise in communication and education in clinical settings. For more information and to keep updated on the project progress, please go to www.transientteams.wordpress.com or follow us on twitter @Transient_Teams

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The Team: Sharon-Marie Weldon, Imperial College London Dr Terhi Korkiakangas, Imperial College London Dr Jeff Bezemer, Institute of Education Professor Roger Kneebone, Imperial College London Kathryn Nicholson, Imperial College London Kathlyn Nicholson, Imperial College London


Powerpoles are tops in operating theatre refurbishment

Ease of installation, first class aesthetics and a trusted brand name are reasons why Marshall-Tufflex Powerpoles are the specified ceiling-mounted power delivery system within seven refurbished operating theatres at the Plymouth NHS Trusts Derriford Hospital.

Derriford Hospital is an acute general hospital offering a full range of services to around 450,000 people. Refurbishment of the operating theatres is just one of many on-going upgrades the trust is undertaking to continually improve the safety, quality and efficiency of its healthcare facilities.

Project mechanical and electrical engineering consultants Hoare-Lea required pendant style containment for the delivery of additional data cabling in order to expand and co-ordinate existing services. We chose Marshall-Tufflex as it is a proven specified brand and we have used its Powerpoles successfully before, said Steven Libralon, Hoare-Lea. We also chose them for ease of installation, technical suitability and neatness of profile.

Newey and Eyre, Plymouth, supplied the Marshall-Tufflex ceiling mounted inverted hanging Powerpoles in 1100mm lengths for on-site installation by Mitie Engineering. The architects for the project was Stride Treglown.

Peter Addesley, Estates Department, Derriford Hospital, confirmed the requirement for a ceiling-mounted cable management system: Switching from wall-mounted to ceiling mounted containment eliminates trailing cables and is preferable for health and safety reasons in operating theatres where power services need to be delivered in a convenient and accessible manner.

Cable management expert Marshall-Tufflex manufactures a versatile range of Powerpoles and Powerposts for the management of power, data and communication services to island and non-perimeter work stations. They provide a visual impact to pathways on the floor and ceiling where none has previously existed and are flexible enough to suit varying layouts. Made from fine tolerance extruded aluminium alloy and finished with silver anodised or white powder coating as standard, they are attractive in appearance, complementary to interior design schemes and offer greater efficiency in cable management control, also eliminating unsightly and potentially hazardous trailing cables.

Image courtesy of Plymouth Hospitals NHS Trust

When responding to articles please quote ‘OTJ’
Anna Bradley confirmed as Chair of Healthwatch England

Anna Bradley has been appointed as Chair of Healthwatch England. She is also being appointed as a member of the board of the Care Quality Commission (CQC). Healthwatch is the new consumer champion for health and social care in England. It will exist in two distinct forms - Healthwatch England, at national level, and local Healthwatch, at local level.

Healthwatch England will be a national body representing the views of service users and the public. It will use these views to influence national policy and provide advice to Monitor, the NHS Commissioning Board, the Secretary of State and English local authorities, as well as providing leadership and support to local Healthwatch organisations.

Healthwatch England will be a statutory committee of CQC, launching on 1 October 2012, followed by local Healthwatch on 1 April 2013. The CQC is the independent regulator of all health and social care services in England. Their role is to ensure that care provided by hospitals, dentists, ambulance services, care homes and services in peoples own homes and elsewhere meets government standards of quality and safety.

Anna Bradley said: “I am very excited about this opportunity to represent and amplify the voices of people who use the health and care system. I am clear that those who run, commission, and regulate services need to learn from the people who use those services.

Healthwatch England will act as a champion for those who sometimes struggle to be heard. I am privileged to be determining the future shape of the organisation - and determined that it will make a genuine difference where it matters most. My immediate focus will be to identify strategic priorities for action, and then to ensure that these inform real change to the future of service delivery.”

Anna took up her post as Chair of Healthwatch England and Non-Executive Director of the Care Quality Commission on 16 July 2012

Medical Polymer-Based Nanocomposites Could Revolutionise Surgical Implants

From medical implants to new drug treatments, nanotechnology is the big hope for the future of healthcare but how to manufacture and scale up the production of nanoparticles and nanocomposites from an engineering point of view remains a major challenge. Scientists at The University of Nottingham believe that they could transform the global healthcare industry and have recently won a £1.2 million grant for research into the engineering of nanomaterials. While nanotechnology is already being used in the healthcare sector, for instance in fabrics with silver nanoparticle coatings for an anti-bacterial and anti-fungal effect, this new research aims to develop a way to produce medical polymer-based nanocomposites for use as surgical implants that eventually break down, being absorbed safely by the body when they have done their job. In this way they could replace metal implants in bone surgery, for example.

The project has been awarded this significant funding by the Engineering and Physical Sciences Research Council and will run for four years from October 2012. By the end of the research, scientists expect to be able to manufacture demonstration models so the research can progress to the clinical trials stage. Specific challenges in nanotechnology that the new research will tackle include:

• How to produce nanoparticles of consistent size and shape. Award-winning University spin-out company Promethean Particles will use its unique method of manufacturing nanoparticles suspended in water to achieve this, including new nanoparticles of a material similar to the mineral component of bone for use in orthopaedics.

• How to control the degradation of the nanocomposite. Researchers will work with industry partners who are experts in the manufacture of degradable polymers and composites for medical use.

• How to scale up manufacture to commercially-viable industry levels. Few laboratory nanocomposites have been translated into real products because of difficulties in ensuring consistency of quality in mass production. The close collaboration with several industry partners will ensure scalability will be achievable from the start of the design process.

The global industry partners contributing equipment and consultancy to the research project are: Promethean Particles, Biocyt, Nottingham UK. Promethean Particles possess unique hydrothermal synthesis facilities for producing large quantities of shaped nanoparticles.

Source: University of Nottingham

Hip, knee replacements tied to heart attack risk: study

Older patients who have a hip or knee replaced face an increased risk of heart attack in the two weeks after the procedure, according to an international study.

Researchers, whose findings appeared in the Archives of Internal Medicine, said that people having joint surgery had up to 31 times the risk of a heart attack shortly afterward.

“The risk of acute myocardial infarction is substantially increased in the first 2 weeks after total hip replacement (25-fold) and total knee replacement surgery (31-fold) compared with controls,” wrote Arief Lalmohamed from Utrecht University in the Netherlands, who led the study.

The link between joint surgeries and heart problems was especially high for patients aged 80 or older, they found. But those under the age of 60 weren’t at any higher risk.

Although it’s not clear that the hip and knee procedures themselves triggered the heart attacks, researchers said it’s reasonable to think they would have some role.

“Surgery is a risk, because surgery and anesthesia that you need to have the surgery increase stress levels for patients,” said William Hozack, an orthopedic surgeon at the Rothman Institute in Philadelphia, who wasn’t involved in the study.

The findings come from hospital records for 95,000 people who had a hip or knee replaced in Denmark between 1998 and 2007. The researchers compared each patient with three people, of the same age and gender, who didn’t have a joint replaced.

Over the six weeks after their surgeries, one in 200 patients who had a hip replaced and one in 500 who underwent knee replacement had a heart attack.

The researchers couldn’t account for everything about patients that might affect both their risk of needing a joint replaced and having a heart attack, such as being overweight or obese, or having high blood pressure.

Lalmohamed expects the procedures do have some direct impact on heart risk. Cutting into bones could promote clot formation in the bone marrow, especially in hip surgery, his team said.

Blood loss and oxygen deprivation can also happen during any major surgery, he told Reuters Health.

“These stressors are known to increase the risk of heart attack. Furthermore, the perioperative period itself is a very stressful time for the patient,” he said, adding that patients should discuss their heart history with their doctor before surgery.

SOURCE: bit.ly/MbBLlb6 (Genevra Pittman Elaine Lies & Michael Perry)
20 Year Celebrations Include 20% Off Badgemaster Orders

Badgemaster, the UK's largest name badge manufacturer, celebrated its 20th anniversary in July 2012, and to mark the occasion is offering a 20% discount off list prices for all orders placed by 20th September 2012.

Many changes have happened since Badgemaster started trading from a portable cabin in July 1992. Most notably, founders John and Vicky Bancroft have steadily grown their workforce to 88 full-time staff at the company's state-of-the-art 12,500 sq. ft. facility in Newstead, Nottinghamshire.

The Bancroft's are delighted that their first employee still remains on the team and this year collects his 20-year long service award.

"From the outset, our mission has always been to invest in our people and processes to make the highest quality badges at the lowest cost for customers, and to deliver products fast", explains John Bancroft, Badgemaster's Managing Director.

This goal, relentlessly pursued throughout the challenging economic ups and downs of two decades, has driven a multi-million Pound ongoing investment in production, printing and order processing technology and has earned the Badgemaster team numerous awards for design, innovation and service.

In 1996 Badgemaster received Nottinghamshire County Council's first 'Back to Work' award for its training and in 2007 the company was granted the Royal Warrant for the supply of staff name badges to Her Majesty The Queen.

Not content to rest on their laurels, the pioneering Bancroft's implemented further quality management procedures to gain ISO 9001 accreditation in 2010 and the company is currently working towards the ISO 14001 Environmental Management standard.

To receive the 20% anniversary discount off list prices for name badges, customers just need to quote 20YEARS on their order before 20th September 2012.

For more information, contact Badgemaster's Customer Services team on 01623 723112 or visit www.badgemaster.co.uk.

Anaesthetic gases pumped out by hospital operating theatres leaving dangerous carbon footprints

THOUSANDS of tons of greenhouse gases are being pumped out by hospital operating theatres every year.

Anaesthetics used to put people to sleep are up to 5000 times worse for the environment than carbon dioxide – and 95 per cent of them escape into the atmosphere.

The emissions are the equivalent of 3500 extra cars on Scotland's roads.

Green MSP Alison Johnstone said: "Public bodies should be doing what they can to reduce their carbon footprints.

"Some anaesthetics contain compounds similar to those that have already been banned from aerosols and fridges.

"It would be wise of the NHS and ministers to explore how the use of these gases can be improved to ensure minimal impact on the environment.""

Patients having a general anaesthetic are typically sedated by three gases used in Scotland each year – the equivalent emissions of 15,539 tons of CO2.

Sevoflurane – 1800 times more damaging than CO2 – is falling out of favour but is still widely used. Also popular among medics is cheap, fast-acting desflurane with a GWP20 of 5090.

Not only is it 1800 times more damaging than CO2 – it has fewer side-effects for the patient but has a GWP20 of 720.

Isoflurane – 1800 times more damaging than CO2 – is falling out of favour but still widely used. Also popular among medics is cheap, fast-acting desflurane with a GWP20 of 5090.

NHS figures show around 7160 litres of the three gases are used in Scotland each year – the equivalent emissions of 15,539 tons of CO2.

The Scottish Government said an inquiry is under way.

"It would be wise of the NHS and ministers to explore how the use of these gases can be improved to ensure minimal impact on the environment."

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Source: Daily Record.co.uk

B|BRAUN

SHARING EXPERTISE

Double time B. Braun Medical Ltd hosts two simultaneous events at Royal College of Surgeons

Sheffield-based B. Braun Medical Ltds educational arm, Aesculap Academia, hosted two orthopaedic courses simultaneously at the Royal College of Surgeons (RCS) of England.

Aesculap Academia organised Primary and Revision Knee Replacement Surgery, a two-day event which attracted speakers and faculty members from Germany, the US, New Zealand and across the UK.

The course covered subjects including cartilage restoration, implant options and dealing with bone loss.

B. Braun Medical Ltds products include OrthoPilot®, a computer-aided navigation system which offers physicians precise, accurate and reproducible implant positioning in knee replacement surgery.

Alberto Gregori, Course Chairman and a Glasgow-based Consultant Orthopaedic Surgeon, said: Knee replacement surgery has seen many advances in the past few years with improved rehabilitation, better bearings, enhanced implant designs and fixation. But this progress has been met with an increase in demand - as well as patient expectations.

With this in mind, the course was designed to equip delegates with the essential expertise required to plan the best treatment option on an individual patient level.

Meanwhile at the same time and in the same building, Aesculap Academia also hosted a separate event Modern Management of Hip Fractures which covered subjects such as pre and post-operative patient care, complications of surgery and rehabilitation.

Delegates attending the workshop session also saw practical demonstrations of B. Braun Medical Ltds Targon® PTFN nailing system, designed to treat fractures via a fast and safe procedure.

Orthopaedic Research Fellow Martyn Parker was course convenor and said: The recent development of the National Hip Fracture Audit, as well as the Hip Fracture Tariff, mean all hospitals are under increasing scrutiny of their care of hip fracture patients.

Surgeons need to be aware of what is necessary to achieve this best practice tariff.

Aesculap Academia, part of B. Braun Medicals global medical and surgical education network, runs a wide range of CPD accredited courses and enjoys a world-wide reputation for providing continuing education for health care professionals including surgeons, physicians, nurses and anaesthetists.

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HEALTHCARE INNOVATION EXPO
2013: HELPING TO CREATE A WORLD-CLASS NHS

Healthcare Innovation Expo 2013, the largest and most exciting showpiece of its kind in Europe, returns to London next March as a key element in the NHS’s drive to transform its health care services.

The event, featuring such keynote speakers as Health Secretary Andrew Lansley and NHS Chief Executive Sir David Nicholson, will showcase game-changing ideas, processes and technologies designed to make major improvements to patient care and service productivity.

Now in its third year and already an integral part of the health care calendar, it is expected to draw an international audience of 10,000 delegates from the public, private, academic, scientific and business communities.

“Now, more than ever, innovation has a vital role to play in delivering higher quality care and value for money while at the same time driving economic growth,” says Miles Ayling, Director of Innovation and Service Improvement at the Department of Health (DH).

FOCUS ON PROCUREMENT
“These are proven approaches and technologies which are already having a significant impact on health care worldwide. This year’s event will also see a particular focus on commissioning and procurement, coinciding with the NHS goal of developing a world-class procurement system.”

The Expo, staged at the ExCeL exhibition and convention centre on March 13-14, will feature over 250 organisations as well as 100 seminars led by international experts.

The target audience is primarily the NHS, ranging from nurses and GPs to clinicians, procurement staff, chief executives, Clinical Commissioning Groups and board members as well as its partner organisations from the UK and overseas.

Other headline speakers will include Parliamentary Under-Secretary of State for Quality Lord Howe, the Department of Health’s Director for Improvement and Efficiency Jim Easton and FutureMed Executive Director Daniel Kraft, a physician-scientist and leading thinker and innovator.

CUTTING EDGE TECHNOLOGIES
As at the 2009 and 2011 Expos, exhibitors will showcase technologies and devices ranging from surgical robotics to the use of telemetry equipment to help assess heart attack patients in ambulances.

“The bar has been set very high again,” says Ayling. “This is not a trade fair. Each application for space on the main floor is considered by a panel committed to approving only the very best innovations, with the capability to transform the quality of health care or offer exceptional value for money.

“Innovation is not just about inventions and laboratory professors in white coats. It is about diffusion and adoption, about processes and best practice. It involves everyone in the NHS.

“The Expo is a huge undertaking, occupying a 10,000-square-metre arena, and it has clearly made its mark. It attracts a very different audience compared to most traditional conferences, all of whom are united by a passion and enthusiasm for improving standards of care. And it should be cost-neutral to the public purse.”

EFFICIENCY THROUGH INNOVATION
The NHS is currently committed to producing £20bn of efficiency savings by 2015. The key role of innovation in achieving this, while crucially continuing to improve patient services at the same time, was outlined in the influential 2011 report, “Innovation, health and wealth; accelerating adoption and diffusion in the NHS”.

Commissioned by Sir David Nicholson, it spells out a clear programme for the NHS in establishing a more systematic and unified approach towards the uptake of innovation, developing better procurement and ensuring “a major shift in culture” throughout the organisation.

Previous exhibitors have included NASA, BlackBerry, Imperial College London, The British Lung Foundation, IBM, Boots, Toshiba, Panasonic, GSK, Philips, AstraZeneca and Vodafone among others.

For more information about the Healthcare Innovation Expo and to register, please visit: www.healthcareinnovationexpo.com
First 3D Panoramic X-ray Unit for the Isle of Wight

Whilst the local media will rightly be focusing on the latest news that planning permission has been granted for a new hospital at St. Mary’s Hospital, Islanders may be just as keen to learn that the island’s main hospital has just installed a new digital 3D panoramic X-ray imaging system, the ‘Planmeca ProMax 3D MID’, from Gloucestershire-based independent medical equipment supplier Xograph Healthcare.

The new ProMax 3D MID is an extremely compact system taking up no more space than a conventional panoramic X-ray unit. It can meet routine and advanced panoramic imaging requirements, provide cephalometric imaging whilst majoring on its core speciality: cone beam CT (CBCT) of the skull including jaws, dentition, sinuses, airways and the inner ear.

Simon Pike, Product Manager for Dental Imaging at Xograph Healthcare said: “I am so pleased that St. Marys have purchased this unit, as panoramic imaging and cephalometry performed with the ProMax is even easier and imaging for implants and facial 3D rendering.”

Liam Neill, Territory Manager at Xograph Healthcare Ltd with Amanda Shaw, Superintendent Radiographer at St Mary’s Hospital

Amanda Shaw, Superintendent Radiographer at St Mary’s Hospital said: “We are very pleased to be the first hospital in the south of England to have the ProMax 3D MID imaging system. The Radiographers are looking forward to fully utilising the equipment’s huge range of clinical applications including imaging for implants and facial 3D rendering.”

Sickness absence rate among NHS workers falls to 4.12 per cent

- Rate for England falls for a second year

NHS staff had a sickness absence rate of 4.12 per cent in 2011/12 slightly lower than in the previous two years.

This equates to about 15.56 million days lost to sickness (which will include non-working days if they fall within a reported absence period) according to new analysis published today for the first time by the Health and Social Care Information Centre (HSCIC).

The 2011/12 rate compares to 4.16 per cent recorded in 2010/11 (about 15.95 million days) and 4.40 per cent recorded in 2009/10 (about 16.75 million days).

Today’s report presents sickness absence information recorded by the English NHS for the last three financial years and covers about 1.04 million full time equivalent workers (excluding GPs and practice staff).

Total days lost to sickness will include non-working days if they fall within a reported absence period. Considering sickness absence rates in 2011/12, the report shows:

- Qualified ambulance workers recorded the highest rate of any main staff group at 6.18 per cent (405,000 days) and also the highest rate in the previous two years (6.18 per cent or 401,000 days in 2010/11 and 6.38 per cent or 404,000 days in 2009/10).

- Doctors (excluding GPs) recorded the lowest rate of any main staff group at 1.19 per cent (427,000 days) and also the lowest rate in the previous two years (1.16 per cent or 410,000 days in 2010/11 and 1.21 per cent or 415,000 days in 2009/10).

- Rates generally decrease with increasing pay grade when considering the Agenda for Change scale (the main payment and grading system for NHS staff excluding doctors, dentists and some managers). Band two, the second lowest grade of nine, recorded the highest rate at 5.91 per cent (3.03 million days) and also the highest rate in 2010/11 (5.97 per cent or 3.13 million days). This band had the second highest rate in 2009/10 (6.33 per cent or 3.35 million days), after band one.

- Regionally, of England’s 10 Strategic Health Authority (SHA) areas; the North East SHA area had the highest rate at 4.55 per cent (1.03 million days) in 2011/12. It had the joint highest rate in 2010/11 at 4.60 per cent (1.05 million days) along with North West SHA (although the North West, which has a larger workforce, had a greater number of days lost at 2.73 million). The North East also had the highest rate in 2009/10 at 4.98 per cent (1.12 million days).

- London SHA had the lowest rate at 3.51 per cent (2.10 million days) and also the lowest rate in the previous two years (3.47 per cent or 2.10 million in 2010/11 and 3.64 per cent or 2.15 million days in 2009/10).

HSCIC chief executive Tim Straughan said: Although we have been publishing quarterly figures about sickness absence in the NHS workforce for the last three years, this is the first time we have presented an annual time series.

This information is vital to estimating lost days within the country’s largest workforce. Today’s report shows that generally, sickness absence has fallen compared to three years ago, with the sickness absence rate falling from 4.40 per cent in 2009/10 to around 4.12 per cent in 2011/12.

Qualified ambulance workers have the highest rate of sickness absence of any NHS staff group; while the other doctors in training group has the lowest. The data also points to the North East as having the highest sickness absence rate among its NHS workers, while London has the lowest.

The report is at: http://www.ic.nhs.uk/pubs/absenceraresmar12

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In September, two brave teams from The STR Group will be rowing The English Channel, hoping to raise over £10,000 in aid of its chosen charity, Naomi House.

For many of the STR rowers, this is the first time they have picked up an oar and certainly one of the most challenging events they have undertaken in their lifetime. There are two boats (gigs) with six rowers in each and it will take between 5 and 9 hours to complete the grueling 22 miles! The team, led by Richard Crawley CEO, has started a rigorous training programme to ensure they are fully prepared for the big day, which will take place between 16-22 September depending on weather conditions and tides.

Lauren Shields, Corporate Fundraiser, Naomi House said; “We are overwhelmed by the Fundraiser, Naomi House said; Lauren Shields, Corporate conditions and tides.

September depending on weather

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New Mobile X-ray system for Darlington Memorial Hospital

Darlington Memorial Hospital take delivery of Easy Mover analogue Mobile X-ray system from leading independent medical equipment supplier Xograph Healthcare Ltd.

The Mobile system exhibits cordless, battery-powered operation allowing it to be used independent of the mains electrical supply and its user friendly anatomical programming means that occasional and regular users alike can quickly recall optimised X-ray exposures at the touch of a button.

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Reprieve for intraoperative nitrous oxide

A large analysis challenges the view that intraoperative nitrous oxide use should be avoided.

A team from the Cleveland Clinic in Ohio, USA, led by Alparslan Turan, found reduced mortality and morbidity in patients given the anesthetic.

The findings conflict with those of the randomized ENIGMA (Evaluation of N2O [nitrous oxide] in Gas Mixture for Anesthesia) trial, which found that avoiding nitrous oxide reduced the rate of major complications. The current study is a retrospective, registry-based analysis; however, it includes more than 20,000 patients matched for propensity to receive nitrous oxide.

The 10,755 patients given nitrous oxide were 33% less likely to die within 30 days of surgery than 10,755 propensity-matched patients not given the anesthetic. They also had a 17% reduction in rates of in-hospital mortality and major morbidity.

Because the propensity-matched analysis excluded many patients from the original cohort (n=37,609), Turan et al also conducted a multivariate analysis that included all patients, obtaining essentially the same result.

"N2O is the longest serving anesthetic," they write in Anesthesia and Analgesia. "Aside from its specific and well-known contraindications, the results of this study do not support eliminating N2O from anesthetic practice."

In the propensity-matched analysis, patients given nitrous oxide had a 41% reduction in rates of pulmonary/respiratory complications. The researchers say that this “surprising” finding may be due to selection bias, in that nitrous oxide may have been avoided in patients with pre-existing pulmonary disease. But they say that nitrous oxide could also have a direct beneficial effect on the lung, through its interaction with N-methyl-D-aspartate receptors.

Rates of neurologic, infectious, urinary, hemorrhagic, wound, and peripheral vascular complications were unaffected by nitrous oxide use. Cardiac complications were also no more or less frequent in patients given nitrous oxide than those not, and intraoperative blood pressure, heart rate, and need for vasoactive drugs were not influenced by nitrous oxide use. The ENIGMA trial found a trend toward more cardiac complications in patients given nitrous oxide, leading to the ongoing ENIGMA-2 trial, to address this specific question.

"In the meantime, our results do not suggest that N2O should be avoided for fear of cardiovascular complications, especially since interventions to reduce plasma homocysteine concentrations do not reduce cardiovascular events in nonsurgical settings," say Turan et al.

Source: News Medical By Eleanor McDermid
Surgical oncologist Calvin Law highlighted the importance of access to patients in the context of technological advancement. He mentioned the need for better access to medical records and the potential for improved patient care through the use of technology. Law emphasized the importance of empowering patients to participate in their own healthcare, which can be facilitated through the use of technology.

Dr. Tan plans to use the proceeds from the sale of his product, which is one of the first hacks to emerge after Kinect was released on the market. The hack is designed to be used with the hardware as well as launch an accelerator program for businesses based on Kinect technology. Ms. Jones said. The businesses worked with mentors, participated in pitch sessions and refined their products with input from the Microsoft engineers who developed the Kinect technology.

“How is that these are such basic errors — they are so easily avoidable through routine checks. The only thing to be thankful of is that the number of surgical procedures carried out every year this is thankfully very small.”

WWL’s data revealed that although not common, drill bits can snap off and in some cases it was reported that consultants advise that “more trauma would be caused by trying to get them out.”

However, an incident to repair a damaged arm meant that the drill bit could not be recovered and that the surgeon informed the patient once they were fully conscious on the ward.

In another operation to repair a broken knee joint, a drill bit was lost and said by consultants to be irretrievable.

Blood-spattered surgeons intent on maintaining operating theatre sterility can hardly be expected to drop everything, strip off their gloves and type madly on a PC to dig up urgent patient data. But what if they could just wave their hands in the air — with no fear of touching anything potentially smeared with bacteria — and navigate medical records on a computer screen using simple gestures?

Such a scenario is already helping to make that a reality, with the businesses working with mentors, participating in pitch sessions and refining their products with input from the Microsoft engineers who developed the Kinect technology.

“With the hardware as well as launch an accelerator program for businesses based on Kinect technology. Ms. Jones said. The businesses worked with mentors, participated in pitch sessions and refined their products with input from the Microsoft engineers who developed the Kinect technology.”

Peter Biaggi has been appointed as Integration Specialist following Fujifilm’s recently awarded ‘All Wales PACS Managed Service Solution contract’. The Agreement, for around £20 million, covers a 7 year period from 2012 to 2019, and this new role has been created to assist in this long-term project.

Pete is qualified with an HNC in Business IT and an NVQ3 in IT, providing him with the knowledge and experience that Fujifilm were looking for. He joined Fujifilm in May 2012 and brings a wealth of previous experience to his role, including five years as an IT Officer at St Joseph’s Private Hospital in Newport, where Pete gained valuable experience within the healthcare environment.

Commenting on his new appointment, Pete said: “My IT career started in 1998 as an IT Support Technician for Newsquest, where I spent nine years developing my skills before joining St Joseph’s Private Hospital in Newport, where Pete gained valuable experience within the healthcare environment.”

He added: “Fujifilm have an innovative product range, some of which I have been familiar with through my previous employment, and this position seemed to fit my requirements perfectly. Joining Fujifilm at the time when they’ve just won the ‘All Wales PACS Managed Service Solution contract’ is great, as I’ve been able to get involved in this exciting project.”

Pete lives with his partner and children, and enjoys playing five-a-side football in his spare time.

Fujifilm – pioneers in diagnostic imaging and information systems.

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Fujifilm – pioneers in diagnostic imaging and information systems.

Fujifilm appoint a new Integration Specialist to their expanding team

Fujifilm is a pioneer in diagnostic imaging and information systems for healthcare facilities, with a range of constantly evolving clinically proven products and technologies designed to assist medical professionals perform more efficiently and effectively. The company is pleased to announce the appointment of a new Integration Specialist to add to their expanding Integration Specialist Team.

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Fujifilm provides much needed support to Tiggywinkles - the world’s busiest Wildlife Hospital

Fujifilm is a pioneer in diagnostic imaging and information systems for healthcare facilities, with a range of constantly evolving clinically proven products and technologies designed to assist medical and veterinary professionals perform more efficiently and effectively.

The company has recently provided substantial support to Tiggywinkles - the world’s busiest wildlife hospital who treat over 10,000 animal casualties, free of charge, every year. The hospital receives no government funding relying entirely on charitable donation to continue its work.

Commenting on Fujifilm’s support, Tim Moran, Operations Manager for Tiggywinkles Wildlife Hospital said;

“Thanks to substantial support from Fujifilm we were able to invest in the Company’s state-of-the-art X-ray processing system which will allow us to diagnose casualties more efficiently. The equipment has arrived just in time to help during the busy spring and summer months when thousands of sick and injured animals are brought to our busy Aylesbury facilities.”

Mark van Rossum for Fujifilm, presented Tiggywinkles with their highly acclaimed Fujifilm PRIMA CR system saying: “Fujifilm are pleased to be able to support the world renowned work that the animal hospital does by making this latest imaging technology available to them. As a result their patients will be diagnosed and treated much faster, increasing the hospital’s capacity.”

Fujifilm – pioneers in diagnostic imaging and information systems.

“Please quote ‘OTJ’”

Optical coherence tomography gives detailed look inside arteries and procedures

Journal of Endovascular Therapy - Our ability to see inside the arteries of vascular disease patients in stunning high resolution before and during stenting procedures can offer a wealth of valuable information. A new study of optical coherence tomography (OCT) confirms the safety and feasibility of this imaging technique in the carotid arteries. However, because of cost issues, OCT still has a long road to travel to become widely utilized.

The current issue of the Journal of Endovascular Therapy presents a study of OCT use in carotid stent patients and two commentaries on the topic. A number of physicians lend their support to OCT as a means of gaining more knowledge of cardiac disease and improving the stenting procedure.

OCT is an invasive intravascular imaging system that produces high-resolution images using light rather than ultrasound. Its resolution is 10 times higher than that of any other clinically available diagnostic imaging method, and it can provide images of tissues at nearly histological resolution. Limitations of OCT include interference by blood flow and the degree of tissue penetration it can achieve.

In the current study, 25 patients undergoing carotid artery stenting also underwent OCT before stent deployment, immediately after stent placement, and following postdilation of the stent. The OCT technique had a success rate of 97.3 percent, and no complications occurred for the patients during the procedures or in the hospital.

Through the use of OCT in this study, physicians were able to see, among other details, rupture of the fibrous cap, plaque prolapse, and stent malapposition in patients. As the authors of the commentaries note, future applications could reveal further details that increase our understanding of carotid stenting and influence clinical policies regarding its use.

Carotid artery stenting has not reached its predicted potential, in part owing to lack of reimbursement in the United States and mixed results from European trials. OCT may provide evaluation of critical aspects of carotid artery stenting. Additionally, more evidence from OCT clinical research could help health authorities realize the value of the carotid artery stenting procedure.


AfpP awards - transforming lives through training Siobhan Rankin Award now inviting entries

As the application deadline nears for AfpP’s Siobhan Rankin Award, the charity has revealed how lives of disadvantaged people overseas have been improved thanks to the work facilitated by its awards and bursaries.

The series of awards offered by AfpP (The Association for Perioperative Practice) enables perioperative practitioners to enhance and develop their skills by providing funds for training, sabbaticals or a new qualification. AfpP is now calling for perioperative team entries for the Siobhan Rankin Award which closes on 19 August.

This annual award is open to teams of up to 15 working in anaesthetics, scrub, surgery or recovery, at any level or role. Entry categories fall into three areas - Innovation, Best Practice and Safety and the winning team will receive a £2,000 grant to be spent within a designated 12 month period on an educational event, resource, course or programme which will enable the team members listed to meet personal development goals. Each team member will be sent a commemorative certificate.

Potential entrants can be inspired by this years successful applicants for the Hilda Winifred Mears Award, who will use their grants to travel overseas, putting their skills to good use by assisting in a voluntary medical capacity.

Yasmin Seasy will use her award to volunteer for Mercy Ships, an organisation which provides free medical and surgical care to people in disadvantaged areas. She said; “I want to volunteer my time so that the knowledge and skills I have gained not only through these last years but through my whole life can be used to help make a difference.”

Irena Mazur, who will spend two weeks working for Operation Smile, an organisation which operates on children and young adults with facial deformities in undeveloped countries, added: Operation Smile aims to give a gift to poorer children a smile which will transform their lives for ever. I hope that the Hilda Winifred Mears Award could help not only me but someone else’s dream come true.

AfpP’s Chief executive, Dawn Scott, explained: To achieve the best levels of patient care our perioperative teams need to be kept motivated and inspired. Dozens of practitioners have benefited from our bursary awards and grants, not only in the field of overseas volunteering but also by simply improving their knowledge and skills in a day-to-day surgical environment.

The Siobhan Rankin Award is about real team effort and provides the opportunity to enhance expertise, best practice and communication within an entire surgical team.

Full details and an application form can be downloaded from: http://www.afpp.org.uk/careers/awards/AfPP-Siobhan-Rankin-Perioperative-Team-of-the-Year

ADVANCED SAFETY IN TIVA-TCI

Global Components Medical Ltd are pleased to announce the launch of their new dedicated range of TIVA-TCI Multiple-Infusion Administration Sets. In the light of the SALG Report (2009) ‘Safety Anaesthesia Liason Group’ and Project Orcadian (UK Department of Health) several important safety issues were raised. Some medical-device manufacturers have addressed some of these safety issues which is to be commended.

At GCM though we took the view that we should spend time thoroughly researching these safety issues and find solutions. The result, many months later, is impressive! We have addressed all of the safety concerns and, in fact, exceeded them in this new generation of dedicated TIVA-TCI sets.

The key points are listed below but for an overview then visit www.globalmedical.co.uk

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- U-Guard™-Tamperproof absolutely secure distal section of tubing.
- i-Loks™—to secure patients’ eye(s) during surgery and non traumatic on removal.
- Red end caps to comply with request from DOH on ‘migration of end caps into patients breathing circuit’

Alan Walton, Sales & Marketing Director, Global Components Medical Ltd
www.globalmedical.co.uk

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When responding to articles please quote ‘OTJ’
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Further reading:


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**Scalpel**

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**Find out more about CAVI from Fukuda Denshi at ARTERY 2012 in Vienna**

Fukuda Denshi is a leading supplier of advanced patient monitoring and user-configurable clinical information management systems, as well as cardiac monitoring and imaging technology. The company will be attending Artery 2012, being held from 18th to 20th October in Vienna, with their Cardio-Ankle Vascular Index (CAVI) technology, VaSera VS-1500N.

Artery 2012 is being held at Tech Gate in Vienna, and is targeted at clinical researchers as well as biomedical engineers working on arterial structure and function and its interaction with various organs. The meeting will cover topics related to large artery structure and function through keynote lectures, abstract presentations and practical demonstrations, and this year’s emphasis is being given to ventriculo-arterial coupling, arterial aging, the meaning of reference values for central pressures and arterial stiffness, as well as the interplay of heart rate and arterial properties. This makes it an ideal opportunity for Fukuda Denshi to showcase their VaSera VS-1500N with CAVI.

CAVI measures the degree of artery stiffness between the heart and ankle and has been derived by the constant parameter β, providing a consistent result that can help to predict ischemic disease and future cardiovascular complications.

Measuring a patient’s CAVI is quick and easy, and is not dependent on a qualified technician. Measurement can be undertaken by trained personnel, and a comprehensive report of the key parameters is available in less than ten minutes.

The VS-1500N, Fukuda Denshi’s lightweight and compact vascular screening device, has an array of features including CAVI and kCAVI. In less than 10 minutes it can measure a patient and provide a comprehensive report of key parameters that reflect the vascular age, the accumulation of coronary risks in the artery, and the effectiveness of the therapies and modifications of lifestyle.

For more information on Fukuda Denshi’s attendance at Artery 2012 in Vienna, contact the company on 01483 728065.

Fukuda Denshi: Healthcare bound by technology.

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Fukuda Denshi: Healthcare bound by technology.
A £1.5MILLION centre for major vascular surgery opened in Colchester last month.

From July 9, patients from across north east Essex, the Colne Valley and east Suffolk who need emergency or planned blood vessel surgery will have it at Colchester.

The state-of-the-art operating theatre and 14-bed vascular in-patient unit have been put together by the Five Rivers Vascular Network, comprising local health experts.

Staff from Ipswich are expected to travel to Colchester to carry out the surgery.

Chris Backhouse, consultant vascular surgeon at Colchester, said: “The vascular surgeons at Ipswich and Colchester have worked together as a single team to establish this new centre because we believe it will result in even better clinical outcomes for patients.

“We are driven by clinical excellence and giving patients the best possible treatment and care.”

“Clinical evidence shows hospitals which perform greater numbers of complex vascular surgery have better patient outcomes, including significantly lower mortality. “Although both hospitals have good outcomes already, we want to achieve even better results for our patients.”

The new centre, at Colchester General Hospital, will carry out surgery to major arteries.

Annually, it is expected to carry out up to 80 abdominal aortic aneurysm procedures, which correct a bulging, weakened area in the largest artery in the body.

Although patients across east Suffolk and the Colne Valley will travel to Colchester for the surgery, out-patient appointments and some post-surgery recovery will take place at Ipswich.

Source: Essex County Standard

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Baby charity slams Government screening review for ignoring evidence from other countries and condemning more families to suffer the agony of seeing their newborn baby struggle for life.

On 19th July 2012 the UK National Screening Committee opened the public consultation on screening for group B Strep (GBS) during pregnancy. However the negative conclusions of the initial external review are in direct conflict with the report launched at the House of Commons last month by the UK charity, Group B Strep Support (GBSS). This report concludes that the evidence from across the globe makes the compelling case that routine screening during pregnancy for GBS prevents infant death and long term disability.

Group B Strep is the most common cause of life-threatening infection in newborn babies and caused septicaemia, pneumonia and meningitis in a reported 302 babies in England, Wales & Northern Ireland in 2010 and the incidence is rising up by 32% since 2003 - 10% of these babies die and many survivors will suffer serious long term disabilities.

Group B Strep Support gave a cautious welcome to the initial review by the National Screening Committee, and is now both surprised and disappointed that the review is ignoring the compelling evidence from other countries and finding against the introduction of routine GBS screening in the UK. This flies in the face of the experience from other countries where routine screening has resulted in massive reductions in the number of newborn babies suffering GBS infection whilst the numbers are steadily rising in the UK.

Jane Plumb MBE, Group B Strep Supports Chief Executive, said, “I am surprised and disappointed by the reviews initial findings. The overwhelming evidence from other countries demonstrates that routine screening for GBS in pregnancy is the most effective way to prevent these infections in newborn babies. In the UK the number of reported GBS infection is on the increase while in countries that have routine testing the numbers have plummeted.

However, perhaps I should not be surprised since the reports production was overseen by the same intrageneric people who for a number of years have been determined that the UK adheres to a strategy that clearly isnt working. Too many babies are still suffering from eminently preventable group B Strep infections and their families are living with the consequences.

The case for screening is strong and combined with the previous support for GBS screening from the Prime Minister and the Secretary of State for Health while in Opposition means the environment is right for the introduction of a GBS screening programme. And the time for its introduction is now.

The current risk based strategy was introduced in 2003; since when the number of GBS infections reported to the Health Protection Agency in England, Wales & Northern Ireland increased by almost a third more families than ever are now suffering the impact of GBS, including death and disability - whilst countries which screen have seen the incidence of these infections drop dramatically. In the USA, Spain, Australia and France, the incidence of GBS infection in newborn babies has fallen by 71-86% since screening was introduced.

GBSS fears that the National Screening Committee is preparing again to decide against screening, so consigning families across the UK to a risk-based prevention approach that has failed to stem the rising tide of these potentially devastating but usually preventable infections.

Craig & Alison Richards first child, Owen, died 10 years ago this September from GBS infection.

Alison said, Tragically, despite new guidelines and all the new research evidence, nothing would be done differently today than it was 10 years ago. The only way Owens life could have been saved is if I had been tested for GBS late in pregnancy its highly likely GBS would have been found and I would have been offered antibiotics once my labour started. Those antibiotics could have kept my baby safe, but we were offered that chance in 2002, it simply wasnt national policy. 10 years on, its still not national policy in the UK, although all countries which screen have seen the number of babies sick with GBS infection fall dramatically. The UK figures are rising - I just cant understand why, despite clear evidence that screening is better than anything else, the UK is choosing to be behind the rest of the western world on this.

Publicly funded research over the last 5 years has repeatedly found that, not only is screening better at preventing GBS infection in newborn babies than the UKs risk-based strategy, it is also more cost effective and targets the use of antibiotics on those women most likely to be carrying GBS in labour. In contrast, the current strategy regularly means women not carrying GBS are given antibiotics while ignoring many who are carrying the bacterium.

A recent survey showed that women in the UK would welcome the opportunity to be tested for GBS in pregnancy and, when GBS is found, offered intravenous antibiotics during labour to minimise the risk of GBS infection in their newborn baby. An online petition launched recently calling for better prevention of group B Strep infection in babies in the UK currently has over 14,000 signatures http://www.gbss.org.uk/epetition.

Heartened by the unstinting support from politicians across the UK, GBSS welcomes the opportunity the public consultation gives for families, health professionals and others to make their views known to the National Screening Committee. GBSS will be encouraging everyone to submit their comments by 23 October 2012 when the consultation closes.
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