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*Orders/Contracts will be honoured on the following conditions: - PROACT agree to the order size and regularity of the order. Agreement is also required on the start date of the contract. All orders/contracts must be finalised and with PROACT by the 31st of March 2007. The 10%+ guarantee is for a 10%+ overall saving on the order and not for individual products. This offer does not apply to Northern Ireland. This offer only applies to England, Scotland and Wales.
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An extensive use of proctoscope to retrieval large colonic polyps: a procto-colonoscopic method

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Abstract: Retrieval of polyps during colonoscopic procedures can be technically difficult and time consuming. This is particularly the case when attempts to retrieve large polyps intact through the anal canal of an anxious patient with a hypertonic sphincter. We describe a simple technique which permits the complete removal of large polyp intact using readily available theatre instrument. Success rate can be improved with the aid of simple instrument like a proctoscope.

INTRODUCTION
Colonoscopy is the gold standard for visualisation and removal of colonic polyps. Polypectomy is done both for diagnosis and therapeutic benefit; however specimen retrieval for histopathology examination can be technically difficult due to various factors including the size of the polyp. Despite the availability of various modified devices and techniques it is still a challenge for endoscopist to retrieve them. The method described here is a simple use of proctoscope to retrieve large polyps.

MATERIAL AND METHODS:
This technique has been used routinely in our patients during colonoscopy when difficulty in extracting a large colonic polyp is expected or anticipated. A proctoscope is placed over the colonoscope prior to the examination or following the presence of a large polyp in an accessible position in the rectum. The polyp is grasped firmly and the proctoscope advance over the colonoscope and into the anal canal. Simultaneously the colonoscope is withdrawn into the proctoscope and both the instruments are withdrawn with the polyp held intact within the proctoscope.

(1) The colonoscope is threaded through a proctoscope before the examination begins.1 The colonoscope is introduced in a usual manner. When a polyp is identified and snared it is held firmly with a grasper drawn to the rectum. (2) The proctoscope [20mm diameter Eschmann Proctoscope (small) SIMS Portex Limited, Hythe, Kent, CT21 6LJ, UK]4 is then lubricated with gel and now inserted into the anal canal.4 (3) The specimen is retrieved complete with the help of the proctoscope to keep the anal canal open preventing dislodgement when the colonoscope is withdrawn through the anus.

DISCUSSION:
Colonoscopic polypectomy reduces the incidence of colorectal cancer1. It is now a routine endoscopic procedure that is safe and uncomplicated to be done on an outpatient basis. All colonic polyps encountered during colonoscopy should be removed and submitted for histopathology analysis to determine (1) if the polyp is neoplastic and (2) if the polyp harbours carcinoma, which would subsequently help plan further management. Failure of retrieval of polyps has been recognised as a common set back in this procedure. Non retrieval of polyps is related to several factors including loss, fragmentation and size of the polyp.1 The polyp retrieved has to be undamaged to be suitable for accurate histopathological examination.

The probability of non retrieval of polyps is around 2%, while some literature has quoted it as high as 16.5%.2 A large study done by Webb et al experience has published a polyp retrieval rate of 97.9%.2 While with a use of special device Yasushi Sano et al have published a success rate of 97.8%.7 Polyps larger than 0.8mm have been particularly prone to be dislodged while the colonoscope is withdrawn through the anus while small polyps are lost with the aspiration of fluid. Clearly loss of large polyp with their greater malignant potential has serious implications in patient management.

Many devices have been developed to improve the retrieval rate but there is no one solution or technique.4 The method described by us is simple to use and cost effective technique requiring no additional devices than what are already available in the endoscopy room. Large polyps can easily be withdrawn without fear of the tissue being dislodged or damaged while removing it. As the colonoscope is withdrawn the proctoscope keeps the anal canal open and keeping the polyp in vision throughout the procedure.

REFERENCES:
**Dräger Medical introduces new patient-worn telemetry device**

With the introduction of Infinity® TeleSmart at this year’s Medica, Dräger Medical AG & Co. KG addressed the challenges of today’s busy telemetry environments.

Designed with the clinician in mind, Infinity TeleSmart provides the performance of a full-size patient monitor, packaged in a patient-worn telemetry device for adults and pediatric patients.

The built-in color display lets the user see view of all monitored ECG leads, heart rate, and pulse oximetry while at the patient’s side. Because the system offers alarm volume controls, alarms can be heard in the patient’s vicinity, and alarms can be paused without having to go to the central monitoring station. Infinity TeleSmart uses an environmentally conscious, rechargeable battery cell, which eliminates the need to store blood before transfusion and helps conserve dwindling donor blood supplies.

When rolled out to NHS hospitals nationwide, the ICS e-learning programme has the potential to save the NHS millions of pounds each year. Eliminating the costs of obtaining, screening, storing, screening and transfusing donor blood, one hospital alone saved 450 blood units during the pilot training period, representing a saving of around £20,000. Training was originally overseen by a committee called TACTICS (Training, Assessment and Competency in Trent Intra-operative Cell Salvage). TACTICS chose to work with Course-Source because the company provides the Learning Management System underpinning delivery of the NHS European Computer Driving Licence (ECDL), training to over 180,000 users nationwide.

Mike Leeson, Managing Director of Course-Source, says: “Course-Source is delighted to win acclaim at the National Training Awards and we are particularly pleased to be an overall winner for this project. I am sure the judges recognised that while our training has improved skills and saved money within the NHS, it also had the far more significant effects of saving lives, with the potential to save countless more. No training provider could wish for a better return on investment.”

Course-Source provides a multi-award winning hosted Learning Management System and offers the broadest range of UK produced e-learning content. Read the full story on the Health and Transplant web site. 

**Health Professions Council (HPC) responds to Government plans for UK healthcare regulation.**

HPC Chief Executive, Marc Seale said “We welcome the opportunity to respond to the Department of Health’s review and agree with many of the recommendations, particularly those around the regulation of new groups, the appointment of Council members, and the emphasis the report has placed on the role of regulation in protecting the public.”

“We see many of the proposals in the report as an endorsement of our current practices, particularly the areas of lay representation, accountability to Parliament, our approach to witness protection and the adoption of civil standards of proof.”

The HPC’s response to the consultation is wide ranging, but emphasises the need to further test the case for revalidation, particularly the potential cost to health professionals whether it could offer additional public protection, and the need for healthcare regulation to take account of the significant number of health professionals working outside the NHS. In addition, the HPC is recommending that statutory regulation would be useful for other groups of healthcare support workers, including for example emergency medical technicians and assistant practitioners.

The HPC’s response further highlights that health professionals are increasingly working in multi-disciplinary teams and emphasises the importance of consistent, targeted, UK-wide, risk based and proportionate healthcare regulation. An approach which the HPC believes would be welcomed by employers, members of the public and professionals themselves.

Marc Seale continued “We believe we are leading the way in delivering an effective model of healthcare regulation and will continue to work closely with the Department of Health and other stakeholders to ensure that our role in protecting the public continues to be strengthened and recognised.”

The Department of Health review into the regulation of non-medical professionals was published in July 2007. Copies can be downloaded from the Department of Health website: http://www.dh.gov.uk/Consultations/LiveConsultations/fs/en

To see the HPC’s response in full, http://www.hpc-uk.org/publications/
‘NHS-wide faults’ led to deficits

Mismanagement at all levels of the NHS in England has led to the current multimillion pound deficit, a committee of MPs has found.

The Commons health select committee said existing deficits were made worse by the cost of new staff pay deals and the expense of meeting NHS targets. But it added local financial mismanagement was also a factor. Last year’s NHS deficit was £547m. The government said it had increased NHS spending since it came to power.

Shifting targets

The committee said historic deficits, long hidden, were revealed when the government changed the rules so trusts could not underspend their capital budget to subsidise current spending. But it said the government fuelled the problem by agreeing to new pay deals for doctors and nurses using estimates of the cost which were “hopelessly unrealistic”. And far more staff have come in to the NHS than were proposed by the government.

In addition, meeting national targets such as the requirement that no patient should wait more than four hours in A&E had been costly. Changing targets at short notice also placed unnecessary financial costs on trusts, the report said.

It attacked short-term measures being used by the government to address deficits. And it said raiding staff training budgets was “unacceptable”, and warned such cuts were affecting staff morale and could damage the quality of the workforce.

Trusts criticised

MPs also warned other “soft targets” such as mental and public health service budgets should not be raided to ease trusts’ deficits. And they said the creation of a new contingency fund to help out failing trusts and top-slicing primary care trusts’ (PCTs) budgets should only be temporary measures.

However, the committee also said trusts should shoulder some of the blame for the current situation. It cited one hospital trust which recruited staff without knowing if it could afford to pay them, and a primary care trust which had failed to recruit key finance staff.

The report said: “The most basic errors have been made; there are too many examples of poor financial information, inadequate monitoring and an absence of financial control.” It said the NHS may well be in balance as a whole by the end of this financial year, but warned trusts with the highest deficits were unlikely to be in the black within the next five years.

The MPs say the government should change the NHS’s accounting system, which both reduces a trust’s income by the amount of its deficit while also asking it to repay the sum owed.

More funding

Kevin Barron, chairman of the committee, said: “I hope the rush for balancing all NHS budgets does not mean further top-slicing next year, particularly in areas of high health inequalities.”

Both the British Medical Association and the Royal College of Nursing condemned the decision to raid training budgets.

And Professor Stephen West, who is on the Council of Deans and Heads of UK Health and Nursing Professions, said: “The universities and statutory bodies were advised that this was a one-year blip where they needed to make some significant reductions.

“Unfortunately it would appear that this was not, and that in order to balance the books there is going to have to be a two or three-year period of reductions in education and training.”

However Dr Gill Morgan, chief executive of the NHS Confederation which represents managers, said: “It is a shame that the health select committee has taken the easy route of blaming NHS managers for all the financial problems in the NHS.”

Health Secretary Patricia Hewitt said the NHS budget had doubled since 1997 and would almost triple by 2008, when UK healthcare spending would reach the European average.

“As a result of this investment, backed by reform, the NHS has cut waiting times, built new hospitals and surgeries, paid for more doctors and nurses to work and train, and improved access to healthcare for millions of people. But she said a small number of trusts had built up deficits “due to overspending and inefficient use of their funding”.

Shadow health secretary Andrew Lansley warned financial problems were leading to cutbacks when reform should have led to service improvements.

Sandra Gidley, Liberal Democrat health spokeswoman, said targeting “soft targets” such as staff training and mental health services as a “false economy”, the effects of which would be felt for years to come.

Source: BBC NEWS:

6 MONTHLY BONUS

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Issue 196 JANUARY/FEBRUARY 2007 5
NEW LOUPE EXPORT DEVELOPMENT MANAGER

Barney Mitchell, Keeler's global loupe sales, with the exception of the UK and USA.

Barney, who has a degree in Physics from the University of Wales in Aberystwyth, has extensive sales experience in the optics and life science industries. He also has experience of managing distributor networks. Loupes not only greatly assist managing distributor networks.

The role will include managing and expanding Keeler's worldwide network of loupe distributors.

Barney has experience of optics and life science industries. He also has experience of managing distributor networks.

New Loupe Export Development Manager

Keeler Limited, the UK’s leading manufacturer of magnifying loupes, lights and accessories for dentists and surgeons, has appointed Barney Mitchell as its new Export Business Development Manager. He will be responsible for increasing Keeler’s global loupe sales, with the exception of the UK and USA.

Barney Mitchell, who has a degree in Physics from the University of Wales in Aberystwyth, has extensive sales experience in the optics and life science industries. He also has experience of managing distributor networks. Loupes not only greatly assist managing distributor networks. Operating Theatres are increasingly reliant on security and safety regulations.

The role will include managing and expanding Keeler’s worldwide network of loupe distributors.

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The role will include managing and expanding Keeler’s worldwide network of loupe distributors.
Ansell is a worldwide leader in hand protection for surgeons and healthcare staff. Our range of surgical and examination gloves covers virtually every medical application. You can rely upon Ansell and its team – with all the experience, the expertise and the innovation that Ansell stands for - to provide you with the best products and support. So you in turn can provide your patients with the best care.

The best protection for you and your patient
Health Professions Council launches Standards of Proficiency Consultation

The Health Professions Council (HPC) has launched a three month consultation about its Standards of Proficiency.

The HPC published the Standards of Proficiency for the first 12 professions it regulates in 2003. The standards are set at a threshold level and play a central role in entry to the Register. The HPC visits education providers to ensure that their courses achieve the learning outcomes set out in the standards. The standards are also used to consider cases of lack of competence as part of the HPC’s fitness to practise process.

A Professional Liaison Group (PLG) was established to review the standards. The group met to consider whether any changes to the standards were necessary. They considered information from a variety of sources, including education providers, registration assessors (who assess international and grandparenting applications against the standards) and professional bodies.

The HPC are now consulting on the revision of their standards and would welcome your response to this consultation, in particular:

1. Do you think the introduction clearly explains the role and purpose of the standards?
2. Do you agree with the changes the HPC have made to the existing standards?
3. Do you think any additional standards are necessary?
4. Do you think any standards are redundant?
5. Do you think there are any standards which might be reworded?

The Council is consulting with a variety of stakeholders, including professional bodies, employers, higher education institutions and others with an interest in the HPC’s work. The HPC would like to invite any individual or organisation with an interest in these issues to respond to this consultation.

Rachel Tripp, Director of Policy & Standards said “We are looking forward to listening to registrant and stakeholder views on the Standards of Proficiency consultation, and updating the standards to reflect the diverse roles and settings in which HPC registrants practise.

“Anyone who wishes to take part in the consultations and have their views heard, can write to us with their comments by post or email. We look forward to hearing a variety of views and ideas over the coming months.”

The consultation will run until Friday 12 January 2006

Responsives to the document can be made by writing to: Standards of Proficiency consultation, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU or emailing: consultation@hpc-uk.org

The full documents are available on-line and a copy can be downloaded from the HPC website: www.hpc-uk.org/aboutus/consultations/

You can access copies of the existing standards by going to the HPC website: http://www.hpc-uk.org/aboutregistration/standards/

The full documents are available on-line and a copy can be downloaded from the HPC website: www.hpc-uk.org/aboutregistration/standards/

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Fukuda Denshi’s DS 7300 monitor gets future-proofing and modular racking

Fukuda Denshi is a leading supplier of advanced patient monitoring and user-configurable clinical information management systems, which are renowned for their product functionality, reliability and cost effectiveness. The DS 7300 critical care monitor is now enhanced with a modular racking facility offering future-proofing to enable additional upgrades, with further modules, as they become available.

Certain parameters can now be measured using integral racks and these include the monitoring of transcutaneous blood gases and mainstream CO₂ levels. Further modules are being launched over the next 12 months, so they can simply be encompassed in the DS 7300’s racking facility.

Among the DS 7300’s practical features is a 3, 5 and 12 lead ECG with respiration facility, 4 multi-parameter universal ports, 24-hour trending, wireless remote control, plus DS-LAN II support.

For further information on the new DS 7300 racking system, or for details of current modules, please telephone the company on 01483 728065.

Fukuda Denshi:
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E-mail Service@fukuda.co.uk

Theatre Ted helps calm sick children

Kingston Hospital is hoping a new character called Theatre Ted will help to take children's minds off the ordeal of having an operation.

The journey from the paediatric ward to the theatre can be frightening and often involves lying down on a trolley.

Ted is part of a friendly trail of teddy bears on the way to the operating theatre, designed to reduce children's anxiety. Pictures of bears have been drawn on the corridor walls, and every time a child spots a picture they get a sticker and fill up a card during the journey.

When they get to theatre, they see a large photo of Theatre Ted, and alongside is a real version dressed in his very own set of operating scrubs. The unexpected sight of a familiar toy in strange surroundings has reassured a lot of children.

Dominic Rosevear, five, spent three weeks at the hospital after fracturing his leg playing football earlier this month.

His mother, Fiona Rosevear, praised the staff at Sunshine ward. She said: “For Dominic, the emotional side of his care was particularly important and Theatre Ted played a part in that. Ted acted as a perfect distraction for both Dominic and us. While Dominic was being wheeled along the corridors to the operating theatre. Ted helped to keep his mind off what might otherwise be a daunting prospect.”

Theatre Ted is part of a national 10-year initiative to improve hospital services for children and new mothers.

Source: WirralGlobe

Reducing risk in the patient environment at Leicester with The Lightman®

The Electrode Company Ltd specialises in non-invasive monitoring, optical sensors and high performance pulse oximetry. It markets The Lightman® portable microspectrometer for assessing pulse oximeter sensor properties, and has recently supplied three such instruments to University Hospitals of Leicester NHS Trust.

The Trust comprises Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.

The Lightman® was demonstrated to all three hospitals by Managing Director of The Electrode Company, Dr Geoff Mathews.

A persuasive case for enhanced patient care was made to the Trust Board and, as a result, funding was sanctioned for the benefit of patients across the whole Trust. At the beginning of 2006, a Lightman® was in place in each of the 3 EBME Units.

Speaking on behalf of the Trust, Service Manager at The General, Kevin Reader said that each Lightman® was used to detect both faulty pulse oximeter probes and cables. This involved routine checking for problems on new arrivals from suppliers and on any oximeters returned from the wards and care units.

To date, Kevin Reader’s use of the Lightman® has detected an out of box failure, poor performance, on a newly acquired probe – so distribution was stopped. Additionally he reports that there have been many instances of extension cables being identified as faulty and not the sensors. This is not surprising considering in some instances their poor strain relief and the stress on them. Previously, without the Lightman® it was difficult to ascertain the precise nature of the fault.

Kevin Reader commented: “Clear identification of anything which may be wrong with our equipment is potentially cost saving and it removes risk from the patient environment.” He added: “The Lightman® is a good investment which will pay increased dividends for us as time goes on.”

For more information on The Lightman® pulse oximeter test instrument, or for a copy of the latest ‘Pulse’ newsletter, please telephone The Electrode Company on 01291 650279.

The Electrode Company:
Ensuring accurate data for better clinical outcomes.

(please quote 'OTJ')
More mystery deaths than thought
The rate of sudden unexplained deaths in England is around eight times higher than previously thought, warn experts.

Around 500 people may die every year from sudden arrhythmic death syndrome, a study published in Heart shows.

SADS is linked to a genetic heart defect and family members should be screened to prevent more deaths, the researchers said.

The study also found that only one-third of cases had been correctly identified by post-mortem.

The researchers identified 56 cases of SADS from 115 coroners’ reports of unascertained causes of death.

None of those who died had a history of heart disease, and they had all last been seen alive within 12 hours of death.

The average age of death was 32 and 63% were men.

Four had had some heart symptoms in the 48 hours before death, and two-thirds had experienced cardiac symptoms at some point in the past.

From their sample, the researchers calculated that the total annual numbers of SADS cases per 100,000 of the population was 0.16.

This figure was higher than the number of SADS deaths listed in national statistics, at 0.10 per 100,000 of the population.

But, when the researchers added up all the unknown causes of death in national records that might have actually been SADS, they uncovered a potentially much bigger discrepancy.

They found the rate could be as high as 1.34 per 100,000 - up to eight times higher than they had estimated and equating to 500 deaths per year.

Underreporting of SADS could be due to deaths being misclassified, inconsistency in referral by coroners or families not agreeing to further expert cardiac examination, they explained.

Some of the deaths in the study were attributed to heart attack or other causes, such as epilepsy and drowning.

Genetic link
Almost one in five SADS cases had a family history of sudden unexplained deaths before the age of 45.

Previous research by the team showed a 22% incidence of underlying inheritable cardiac disease.

The team concluded that SADS should be a certifiable cause of death and that affected families should be screened by a specialist.

“Deaths from SADS occur predominantly in young males,” the researchers concluded. “When compared with official mortality, the incidence of SADS may be up to eight times higher than estimated.

“Families with SADS carry genetic cardiac disease, placing them at risk of further sudden deaths.”

Ellen Mason, a British Heart Foundation heart nurse, said:
“Clearer ways to identify possible victims of SADS are vital.

“If a person dies from SADS, specialist centres can offer genetic screening to their bereaved families. Monitoring people who could be at risk of SADS and giving them specialist treatment may prevent further tragic deaths.”

“By underestimating the number of deaths caused by SADS every year, families who might be at risk may slip through the net and this may result in further tragedies.”

Anne Jolly, from SADS UK, said the charity heard from many families left devastated and bewildered after the premature sudden and unexpected death of an apparently healthy child or spouse.

She added: “When there is no cause of death given this adds to their confusion and pain.

“Some of these conditions are genetic and it is important that other family members seek specialist advice as they too may be at risk of death from the same genetic condition.”

Source: BBC
Growing fears over the rapid spread of a new ‘killer superbug’ has spurred the UK’s top specialist medical chemicals manufacturer to speed up the launch and increase production of a new high-powered bio-security product in a bid to meet a surge in demand from hospitals for its new ‘anti-bacteria bunker bomb’.

Kent-based MediChem had scheduled a February release for its new nano technology-based bio-security formulation, TriGene ADVANCE. But increasing public and government concern about the mounting death toll amongst hospital patients caused by a new and highly aggressive strain of Clostridium difficile (C.diff) has caused MediChem to accelerate production of TriGene “Advance” with the aim of making supplies available at the beginning of January, a month earlier than planned.

The new C.diff superbug has been spreading at an alarming rate through hospitals, causing high temperature, inflammation, vomiting and severe diarrhea in patients. Experts say it has become even more dangerous than MRSA (Methicillin-resistant Staphylococcus Aureus), both of which are transmitted from patient to patient through poor hygiene in wards.

Cases of C.diff shot up by over 17 per cent this year, with $1,000 infections reported to the Health Protection Authority. The new strain of bug is feared to kill hundreds of hospital patients each year.

An investigation by the BBC’s Tonight programme into how NHS hospitals are dealing with the rapid spread of C.diff revealed that most had failed to put in place adequate hygiene precautions and that many nurses were not well enough trained in infection control. The programme concluded that nursing staff often contributed to the spread of C.diff by failing to take even the fundamental precaution of disinfecting their hands in between treating patients.

GPs have found it difficult to diagnose the new superbug when patients exhibit some of its symptoms, and often admit them to hospital for further examination, so passing it on to others. Dr Mark Enright, a microbiologist at Imperial College London, said: “Once a patient is admitted to hospital, the C.diff bacterium can spread like wildfire and everyone on the ward will have some degree of infection.”

MediChem’s Managing Director, Rick Hayman, says the new TriGene ADVANCE is set to be a crucial weapon in the fight to stem the onslaught of C.diff. Mr Hayman said: “TriGene ADVANCE is a ‘first’ in hygiene science, as it uses a faster and more effective solution delivered by micro-emulsion technology to target areas previously inaccessible to conventional, older-generation disinfectants. It is capable of going deeper and working faster in eradicating microorganisms. If it’s used correctly and frequently by ward nursing staff it will act as an effective bacteria barrier.”

“Concerns expressed at government minister level and amongst health experts about the spread of C. diff would appear to have contributed to a surge in early orders for TriGene ADVANCE, and we are working flat out to make supplies available sooner than originally scheduled, this together with TriGene, one of the few hand disinfectant products tested to be effective against C.diff.”

Fears over the spread of C. diff hit the headlines again last week, when the Torbay Hospital in Devon banned a 40-year tradition of a local choir and Salvation Army Band visiting its wards over Christmas to entertain patients with carols. The hospital’s Chief Executive blamed the ban on the increased risk of the singers spreading infection as they toured around the wards.

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**NEW MRSA STRAINS – WHAT CAN YOU DO?**

MÖNLYCKE HEALTH CARE

The emergence of new strains of community-acquired Methicillin-resistant staphylococcus aureus (MRSA) is worrying. The Health Protection Agency’s investigation into the Panton-Valentine Leukocidin-positive (PVL) strain and the subsequent deaths in the community and hospital settings, have received plenty of attention from the national press.

Staphylococcus aureus is a common organism implicated in surgical site infections —one of the reported deaths was undergoing a caesarean whilst the death two years ago of a young and fit Royal Marine was as a result of cuts on his legs becoming infected with the PVL strain of MRSA. MRSA is resistant to beta-lactam antibiotics (e.g. flucloxacillin), cephalosporins and many other antibiotic types, so how can you as a healthcare professional help with this ever-increasing threat?

Mölnlycke Health Care’s BARRIER® range of single-use drapes, gowns and wearing apparel will help you to reduce the risk of post-operative wound infections for your patients and provide protection in surgery for your staff and colleagues. In fact, this range already complies with the essential requirements of EN13775, which was ratified in April 2006 and will be published by the BSI in the UK in early 2007.

In addition, the Department of Health has recently issued new MRSA screening guidance (November 2006) that places greater emphasis on:

- surveillance
- decolonisation (going beyond high-risk patients in endemic situations)
- antibiotic stewardship (e.g. reducing use of broad spectrum 3rd generation cephalosporins)
- a more proactive approach to screening (the majority of cases can be identified via nose swabs)
- increased recognition of nursing workload as a factor influencing infection control
- “acceptance” of the emergence of new strains without accepting that this situation should be tolerated
- specific guidance for glycopeptide and vancomycin-resistant strains (VISA and VRS)
- improved patient management (e.g. reduced patient movement)

For further information on Mölnlycke Health Care’s products, please go to www.molnlycke.com or call 0870 6060766.

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Fukuda Denshi expand their regional office in Sheffield

Fukuda Denshi is a leading supplier of advanced patient monitoring and user-configurable clinical information management systems, which are renowned for their product functionality, reliability and cost effectiveness. These include the DS-series of bedside critical care monitors and central stations, plus the MetaVision Suite systems to improve patient outcomes. Recent company growth has resulted in the company expanding their regional office in Sheffield.

The Sheffield office for Fukuda Denshi is in Baker Street, Attercliffe, Sheffield, S9 3WJ. The expansion means Fukuda Denshi being able to hold educational programmes for up to 12 people, as well as providing additional space for workshop activities. In addition, this new enhanced facility will provide the opportunity for enhanced system training by the Fukuda Denshi team.

For more information on the regional Sheffield office or for details of forthcoming practical customer courses, please telephone Fukuda Denshi on: 01483 728065
Fax: 01483 728 066
E-mail Service@fukuda.co.uk

Fukuda Denshi: Healthcare bound by technology.
**Virtual medical skills set to improve doctors’ performance in the real world**

A groundbreaking initiative in the world of medical training, capable of boosting the knowledge and skills of trainee doctors and surgeons by up to 50% (1), is to be launched through two new broadband-based virtual training packages aimed at the ‘PlayStation’ generation of health professionals.

Developed by Medcom, an online medical publishing company, surgicalskills.net and foundationskills.net offer 3-D animation-based medical training, enabling young doctors and surgeons to hone their skills before attempting procedures on patients. The packages offer a unique opportunity for the medical profession to benefit from the kind of virtual learning that has been the basis of commercial pilot training for the past two decades. According to Chief Medical Officer, Liam Donaldson, the chances of dying from a medical error in hospital are one in 300, up to 33,000 times higher than the risk of dying in an air crash. (2)

Developed by doctors for doctors, foundationskills.net has recently been recommended by the Royal College of Surgeons, who plan to use the package as part of their STEPFoundation training. Surgicalskills.net, which has been successfully trialled in a number of leading teaching hospitals, could help to reduce operation times and surgical errors, improving patient care and saving the NHS millions of pounds a year.

The launch of the packages comes at a time when the government plans to streamline the training of consultants in line with recommendations by the Modernising Medical Careers (MMC) policy. However, changes to the working time directive have restricted the number of hours that doctors and surgeons can work, leaving modern medics with less time to put their training into practice.

Steve Leveson, Professor of Surgery at Hull and York Medical School said: “Surgical training is more regulated than at any time in the past. Changes in patterns of disease and work practices have resulted in a significant reduction in the practical surgical exposure for trainee surgeons. It is therefore important that every trainee has the opportunity to enhance their expertise in fundamental surgical procedures and fine tune their skills in a safe virtual environment.” Foundationskills.net and surgicalskills.net have been developed to conform to standard training programmes for doctors and surgeons. The packages include:

- 3D animation
- multiple choice questions
- up to 18 clinical or surgical procedures
- self-assessment
- step-by-step audio commentary
- certification
- explanatory text
- anytime access online

Warren Hobden, Chief Executive of Medcom said: “Surgicalskills.net and foundationskills.net will help to ensure that the doctors and surgeons of the future are competent and confident in their skills, improving care and treatment for patients. As part of their training, pilots have to complete up to 60 hours (3) in flight simulators before they qualify to carry passengers, so it’s only right that we should offer similar technology-based training to boost the skills of our medical professionals.”

The packages can be purchased by individuals or colleges and complement existing training methods for postgraduate level trainee surgeons and foundation level junior doctors. This enables tutors to track the progress of their students, helping to identify not only high fliers but those needing further assistance. A recent trial of surgicalskills.net found that 100% of users would recommend the product to a colleague. Surgicalskills.net and foundationskills.net can be licenced for as little as £29 for three-months unlimited access, or just £27 per day for a full 12 months.

Medcom is an award-winning national medical publishing business, based in York. Set up in 2003, the company specialises in providing technology-driven online training for junior doctors and trainee surgeons. Using a diverse team of top medical advisers, animators, software specialists, writers and designers, Medcom ensures its packages are scientifically robust, interactive, visually appealing and user-friendly.

(1) Medcom trial with Mersey Deane, involving ten hospitals and 100 trainee surgeons, 2005
(2) Liam Donaldson, The Guardian
(3) British Air Line Pilots Association

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**Opportunity for ENT surgical innovation draws closer**

Leading surgeons from the UK will exchange their expert knowledge about essential concepts and techniques in ENT with key surgeons in the Middle East at an international conference in Sharm el-Sheikh, Egypt, on March 6–7 2007.

Organised by the UK’s premier surgical instrument manufacturer, Downs Surgical and the Royal College of Surgeons of England, the event – ‘Current advances in ENT surgery: evidence based practice and educational initiatives’ will feature lecture sessions about current innovations in ENT surgery; including, rhinology, oculo, head and neck, and paediatrics.

The course will be led by Mr Ghassan Alusi, Consultant Otolaryngologist at the Royal Hospital in London and Specialty Tutor of the Royal College of Surgeons of England, and will see ten UK surgeons conduct presentations about the latest advances in surgical technique.

Attendees at the conference, to be held at the Ritz Carlton Hotel, will be given the opportunity to interact and offer their thoughts during lecture discussion panels and when they break out into groups to focus on ‘How do I do it’ cases.

Steve Spurgin, International Business Manager of Downs Surgical, said: “As this event draws closer, we are looking forward to seeing top surgeons from the UK and the Middle East meet to share quality information about pioneering surgical practices in ENT. It is important for us and the Royal College to hold an international event like this and to encourage the best possible advances in surgery.”

One of the speakers Mr Quentin Gardiner, a surgeon at Ninewells Hospital, in Dundee, Scotland, said: “All the speakers are greatly looking forward to this meeting which is being held in a fantastic location. We hope that the mixture of lectures and more informal workshops will allow everyone attending to discuss what has been happening recently in our rapidly changing specialty and achieve a consensus view on modern treatment.”

Contact Downs Surgical: Tel: 0114 2259000 E-mail: info@downs-surgical.com
UK experts say an artificial pump that rejuvenates dying hearts could save thousands of lives.

The new therapy has the potential to ease the pressure on the waiting list while also offering patients a better alternative to a donor heart. “It therefore takes pressure off the waiting list,” says Professor Sir Magdi Yacoub, from the Heart Science Centre at Imperial and the Royal Brompton and Harefield NHS Trust, who led the study.

The study raises several important questions which will need answering in future clinical studies - we need to know exactly what part of this treatment regimen is responsible for the recovery of heart function, and which patients can benefit from it.”

The LVAD takes on the work of one of the heart’s four chambers, the left ventricle, which pumps oxygen-rich blood from the heart around the body. The new division has been formed to address the growing concerns of airborne infections and viruses such as influenza in hospital environments and community facilities such as GP surgeries or nursing homes. The range of Clean Air Systems comprises standalone or integrated air purification units.

The innovative products are based on multifunction-ion (patented) technology from Finnish technical partner Genano. These systems have been developed to remove particles as small as 0.001µm from the air including dust, mould, bacteria and viruses leading to a safer and healthier working environment.

In a medical institution this can assist in reducing airborne micro-organisms helping to eliminate the risk of infection in patients and staff. It is of particular use in operating theatres, waiting areas, special care baby units and pathology. Used in these products in intensive care or isolation wards in hospitals, where immuno-suppressed patients are at risk from airborne pathogens, is also thought to be highly beneficial.

Within the commercial environment, Clean Air units can complement air conditioning systems in offices and industrial facilities by aiding a reduction in airborne pollutants linked to workforce allergies and asthma. This assists in reducing sickness and absenteeism.

“The risk of airborne infections, viruses and pollutants in community facilities and medical institutions is on the rise. This is particularly heightened by shortages of flu vaccines, avian flu fears and a rise in immigration and correlating TB rates,” states Peter Staff, Managing Director of Xograph Healthcare. “A rapid response by healthcare institutions in implementing proven air cleansing technologies will greatly reduce the impact of threats.”

The range of Clean Air Systems will complement Xograph Healthcare’s existing portfolio of innovative and award winning medical imaging solutions. Further information on the range of standalone or integrated Clean Air products can be accessed via www.xograph.com/cleanair/.

Source: BBC NEWS.
UK ‘brain bypass’ op breakthrough

A life-saving technique dubbed a “brain bypass” has been carried out for the first time in the UK.

The operation, which has been carried out abroad, was performed on four UK patients with brain tumours and aneurysms - blood vessel weakness. It works - like a heart bypass - by re-routing blood supply around the problem using a piece of grafted vein. All the operations were carried out successfully, the London King’s College Hospital team said.

The technique, known as Elana, was originally developed in Holland and has been used on about 300 patients worldwide so far. The main benefit is that it eliminates the need to temporarily clip the artery and cut off the blood supply, which increases the risk of stroke.

Neurosurgeon Christos Tolias, who headed the team, said the operations were a “real advancement in the field”. “In all operations performed no patient has died or suffered deterioration as a result of using this technique, as compared to conventional treatment. “The advancement will make a significant difference to the treatment we can offer these patients. “The traditional method will still be used for the majority of cases, but this gives us an option for people with large tumours or aneurysms where clipping is not sufficient.” The technique has been used on a patient with a tumour at the base of the skull and three with giant aneurysms.

Cut

It uses two specially designed tools, a laser catheter and an implanted ring. The catheter makes a hole in the affected vessel wall, and the ring prepares the connection between the artery and the graft vein. The ring is either directly attached to the artery, with the graft vein being attached afterwards or the graft and the ring can be attached simultaneously. This is done using microsurgical techniques. The laser catheter is then inserted into the graft vein, and cuts out a hole through the artery wall. Blood flow through the graft indicates that penetration of the artery has been successful. The tumour or aneurysm can then be cut away or isolated.

But Professor Tipu Aziz, a neurosurgeon at Oxford’s John Radcliffe Hospital, said the technique was not new. “As well as being used in other countries, the approach is used in other bypass operations. “I would also say that this form of surgery will only be relevant to a select few patients.”

Kirkham Young Gives Goats & Toilets!

Looking to do something different for their Corporate Christmas gifts this year, the team at Kirkham Young Ltd were delighted to send customers something rather out of the ordinary...

“Choosing a broad selection of gifts from Oxfam Unwrapped, including chickens, goats, trees, school dinners and even health workers and safe water was great fun and enables Kirkham Young as a company to support poor communities around the world in a very direct way” commented Director Sam Kirkham. “We hope that clients will appreciate these more unusual corporate gifts, and not be too disappointed the customary bottle of wine has been ousted!”

Fellow Director Tina Young added “We were delighted to support Oxfam in this ingenious scheme, providing desperately needed help to people across the globe. Specialising in medical and scientific sales, marketing and technical support roles, in some cases we were able to match the gift to the company’s specialist area – hopefully making it all the more appropriate!”

www.kirkhamyoung.co.uk
Tel: +44 (0)870 787 3134

Computerised Mannequins for medical training

The University of Portsmouth has opened a £4.85milion high-tech teaching facility with computerised mannequins to train the health-related scientist of tomorrow. The new facility - called the ExPERT Centre (Centre of Excellence in Teaching and Learning) - features state of the art mannequins in two fully-kitted out simulation suites (operating theatre and hospital ward). The life-like mannequins - or human patient simulators - have computerised sensors that react to any treatment students apply.

“You can hear their heartbeat and the sounds from their lungs and bowel,” the ExPERT Centre’s director Professor Lesley Reynolds said. “They breathe oxygen, drool, secrete fluids, blink, bleed and even react to drugs injected into their bodies - they are as real as can be.”

The facility will be used by students in the biomedical sciences, psychology, radiography, social work, and professions allied to medicine and dentistry.

It will also be used by health and allied health professionals for continuing professional development, as well as emergency workers such as ambulance officers, fireman and police officers who, in the course of their duties, may need some specialised knowledge to save lives.

Professor Reynolds explained how the mannequins are treated as real patients by staff and students at the facility. The ‘patients’ have names, biographies and complete medical histories. This suspension of belief, she said, is heightened when students realise that the computerised patients react to interventions without instructor input. “If the students provide the right treatment, the mannequin improves; if they provide the wrong treatment, the patient’s condition worsens,” Professor Reynolds said.

“For example, the mannequins can simulate cardiac arrest. The students can then administer a medicine such as epinephrine to try and get the heart going again. If they administer the right drug and the correct dose, the mannequin’s heart will start beating again. If they get it wrong, the patient dies.

“We are using technology to enhance learning, and in this example it’s the reality of life and death in a simulated environment.”

Everything happening inside the simulation suites is recorded with static and pan-and-tilt high-resolution cameras as well as discretely placed microphones. The recording is controlled in a one-way mirror shielded room overlooking the suites.

But technology-enhanced teaching and learning at the new facility is not confined to the simulation suites. Any activity in the suites can be streamed back to the centre’s techno-modern inspired teaching space so students and instructors can watch and critically appraise performances in real-time.

The ExPERT Centre also houses a biomedical sciences simulation laboratory. This laboratory has everything a private top of the line one has. It means students in the biomedical sciences learn the core professional competencies in an environment that better prepares them for the real life experience.

Find out more 020 7100 2867 • e-mail admin@lawrand.com
The researchers isolated the chemical in human saliva, although they believe it may also be present in other parts of the body. To study its pain-beating effects, they injected opiorphin into rats, who had either chemically-induced chronic pain or mechanically-induced acute pain.

Possible mechanisms
The researchers found injections of one milligram per kilogram (mg/kg) of opiorphin could suppress the rats’ pain to the same extent as injections of 6mg/kg of morphine, which is used to manage severe pain.

The researchers are not yet certain of the exact mechanism, but they believe opiorphin may be stopping enkephalins, chemicals found in the central nervous system that modify the body’s response to pain, from being destroyed.

Natural chemical ‘beats morphine’

The human body produces a natural painkiller several times more potent than morphine, research suggests.

When given to rats, the chemical, called opiorphin, was able to curb pain at much lower concentration than the powerful painkiller morphine.

The French team said their findings could be lead to new pain treatments. But other scientists were unsure of the significance of the work, which is published in the Proceedings of the National Academy of Sciences.

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Possible mechanisms
The researchers now hope to identify the conditions that trigger the release of the chemical, and lead researcher Professor Catherine Rougeot, of the Institut Pasteur in Paris, France, said their findings could potentially lead to new treatments for treating pain.

But she cautioned: “First we need to explore the pharmacological profile of opiorphin and to study its toxicological effects.”

John Wood, professor of molecular neurobiology, at University College London, said: “The discovery that human saliva contains a pain-killing protein is very interesting, and follows on from the discovery of related protein activities in rats and cows. These proteins all stop the breakdown of natural morphine-like proteins that block pain pathways in the brain.

“However, drugs that act in a similar way have not progressed to the clinic, and there is no strong evidence that these proteins play a role in the physiological control of pain perception.

The significance of these findings for pain control is thus still uncertain.”

Source: BBC NEWS

Outbreak of PVL-positive community-associated MRSA

Eight cases of Panton-Valentine Leukocidin (PVL)-positive community-associated MRSA have been identified among individuals in a hospital and their close household contacts in the West Midlands region. Four of these individuals developed an infection, two of whom subsequently died.

PVL-producing strains of MRSA have been seen in the UK before – however, the small numbers of cases reported have usually been in the community rather than a hospital setting. This outbreak is the first time transmission and deaths due to this strain are known to have occurred in a healthcare setting in England and Wales.

PVL-producing strains are more commonly contracted in the community and generally affect previously healthy young children and young adults – this contrasts with the so called ‘hospital-associated MRSA’ strains which do not produce PVL and are more commonly associated with causing wound infections and blood-poisoning in more elderly hospitalised patients.

Dr Angela Kearns, an MRSA expert with the Health Protection Agency, said: “When people contract PVL-producing strains of MRSA, they usually experience a skin infection such as a boil or abscess. Most infections can be treated successfully with everyday antibiotics but occasionally a more severe infection may occur.”

“The Health Protection Agency is advising the hospital on outbreak control measures, and will continue to monitor MRSA infection nationally.”

The infections are caused by strains of S. aureus which carry a toxin (PVL) that destroys white blood cells. The toxin is carried by less than 2% of S. aureus and can be carried by both those that are methicillin sensitive (S. aureus (MSSA)) and those that are mecthillin resistant S. aureus (MRSA). To date the majority of PVL-related infections in the UK have been caused by MSSA.

Infections caused by PVL-positive strains of S. aureus normally cause pus-producing skin infections (eg abscesses or boils) and occasionally cellulitis or tissue necrosis. However they can cause more severe invasive infections such as septic arthritis, bacteraemia (blood poisoning) or community-acquired necrotising pneumonia.

To see the full article on this outbreak in the Communicable Disease Report weekly publication, go to: http://www.hpa.org.uk/cdr/archives/archive06/News/news02006.htm

Stefan Dräger to provisionally take over as Chairman of the Executive Board of Dräger Medical AG & Co. KG

Lübeck, Germany, December 19, 2006 - Stefan Dräger, Chairman of the Executive Board of Drägerwerk Aktiengesellschaft, is to provisionally take over as Chairman of the Executive Board of the subgroup Dräger Medical AG & Co. KG. On the best of terms and by mutual agreement, Dr. Wolfgang Reim, the current Chairman of the Executive Board of Dräger Medical, and member of the Executive Board of Drägerwerk AG, has decided to leave the Company to take up a new professional challenge. In the words of Prof. Dr. Dieter Feddersen, Chairman of the Supervisory Board of Drägerwerk AG: “Dr. Reim made a considerable contribution to the growth of the Company”. The Shareholder Committee, comprising representatives of Siemens AG and Dragerwerk AG, and the Supervisory Board of the Company wish to expressly thank Dr. Reim for his outstanding work during his time at Dräger.

“We wish Dr. Reim all the very best for the future.”
Patients still denied prostate cancer therapy despite proven efficacy

The results of a study just published in the British Journal of Urology International add further support to the routine use of brachytherapy for the treatment of prostate cancer.

The study, carried out at St. Luke’s Cancer Centre in Guildford, prospectively followed 300 patients treated with low dose brachytherapy between March 1999 and April 2003. The results showed a survival rate of 93% after five years for early-stage prostate cancer which compared favourably to other treatment options such as surgery and hormone therapy. In addition, brachytherapy treatment was well tolerated and two thirds of patients with normal erectile function at the start of treatment maintained function at two years.

Brachytherapy involves inserting approximately 100 tiny radioactive seeds into the prostate gland to kill the cancer cells. This is typically done under a general anaesthetic either as a day case or an overnight stay, thereby reducing patient time in hospital and avoiding many of the side effects often associated with surgery.

The National Institute for Clinical Excellence (NICE) guidelines has previously stated that current evidence on the safety and efficacy of brachytherapy for localised prostate cancer is adequate to support the use of this procedure, provided that the normal arrangements are in place for consent, audit and clinical governance.

However, according to Professor Stephen Langley from St. Luke’s Cancer Centre, who led this study, patients are still being denied this treatment. "Although brachytherapy is a proven therapy for early stage prostate cancer, many PCTs are still not funding this procedure," explains Professor Langley. "This has resulted in a postcode lottery which denies patients access to an effective therapy option with a low side effect profile."

For further information please visit www.prostatecancercentre.com

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Sun powers ‘hospital-in-a-box’

A £25,000 solar-powered portable operating theatre which can be set up within 10 minutes has been unveiled by its Kent inventor.

The “hospital-in-a-box” can also run on pedal power and be used in developing countries and disaster zones.

The CompactOR operating theatre was invented by Alexander Bushell, 45, who is a design engineer from Medway.

“I got the idea... travelling around Kenya and seeing how people lived there,” he said.

There is space for two surgeons at a time in the portable theatre, which can be flown into disaster zones by helicopter.

It contains all the equipment found in a normal operating theatre, including a defibrillator, ECG monitoring, suction, an anaesthetic machine, and surgical lighting.

Award-winning invention

Doctors have flown out to Africa to drum up support for the award-winning invention, where it is due to be launched on 6 December.

Mr Bushell, from Sittingbourne-based Global Medical Systems, created the “pop-up” operating theatre with his partner Dr Seyi Oyesola.

He claims it is the first of its kind in the world.

“Originally I’d spent a lot of time in Kenya and obviously in some of the small rural villages they have absolutely nothing at all - not even a simple defibrillator.

“On many occasions we found that there were emergencies that could have been quite easily dealt with with just a defibrillator on its own - so that’s where I really came up with the idea,” he said.

Source: BBC NEWS

RYANAIR RAISES €46,000 FOR ORBIS TO ELIMINATE AVOIDABLE BLINDNESS IN THE DEVELOPING WORLD

Ryanair, who chose ORBIS as their charity of the year 2006, set up collections at Dublin and Stansted airports during World Sight Day on 12 October. This involved collection tins at all check in desks and on board all flights departing from these airports, with Ryanair matching pound for pound all donations made by Ryanair staff and passengers. Other Ryanair fundraising initiatives included car boot sales and Ryanair chief, Michael O’Leary dressing up as a female flight attendant.

The final count for the money raised came to €23,000 and with Ryanair matching that figure, the total amount donated to ORBIS comes to €46,000.

Michael O’Leary, Ryanair’s Chief Executive said: “ORBIS really makes a difference to the lives of thousands and everyone here at Ryanair is proud to help their campaign to fight preventable blindness in the developing world.”

ORBIS is known worldwide for its famous Flying Eye Hospital, a DC-10 aircraft, which operates as a fully equipped eye hospital, providing hands on training for local doctors and nurses in some of the world’s poorest nations.

Speaking recently, Pamela Williams-Jones, Chief Executive of ORBIS said: “ORBIS would like to thank Ryanair and its passengers for their generosity, which has exceeded all of our expectations. We had initially hoped to raise €30,000, but we are delighted to announce that this figure has been smashed by more than 50%. This €46,000 will now enable us to restore sight to over 2000 people in the developing world. Our work in some of the world’s poorest countries continues, so we ask the public to continue in this spirit of generosity and donate now on www.orbis.org.uk.”

PAS helps Surrey hospital cut waiting times

The 12 operating-theatre suites at Royal Surrey County Hospital in Guildford are now running at over 90% of available capacity, thanks to a new patient administration system (PAS).

The operating-theatre function of the new Oasis PAS, supplied by Capula Healthcare, has helped the hospital both improve its performance and cut waiting times for elective surgery.

"We started using the theatre element of Oasis suite in October 2005, and have rolled it out specialty by specialty", says hospital spokesperson Caroline Stewart-Breakey, “its flexibility allows the staff to manage the need to make changes to theatre lists. This includes the order of patients, booking of emergencies, changing the location of the list and changing the ownership.”

Capula Healthcare, with its HQ in London, has operated in the healthcare market since 1984 and is a provider of PAS, electronic patient record and care record solutions.

Source: bh&c&m December 2006

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Critical illness, including severe sepsis and mechanical ventilation itself, can lead to severe lung abnormalities, decreased effective lung volume and decreased efficiency of gas exchange between the lung and the blood. Those patients who would benefit most from lung function and cardiopulmonary tests are therefore the most difficult to assess by conventional means.

These patients will also most likely be dependent upon high oxygen concentrations in the inspired gases and will not tolerate brief periods of breathing lower inspired oxygen concentrations, as is required in some lung function tests.

Ventilated patients will additionally have a variety of ventilatory modes and this has an important influence on the ability to perform cardiorespiratory and lung function tests.

For these reasons, it is seldom possible to perform lung function tests on the ventilated patient in the ICU, except in certain centres of excellence or for detailed research purposes.

It is also not easily possible to measure lung function of the anaesthetised patient in the operating theatre, since the unconscious patient is unable to participate in volitional respiratory manoeuvres.

These measurements need to be able to be made non-invasively, with relatively simple equipment and gases that are routinely available.

The research proposal is to develop apparatus using oxygen as the measurement gas to measure lung volume, and ultimately also blood flow through the lung, in a way that does not require patient co-operation. It should also not interfere with the patient’s breathing pattern, whether the patient is breathing spontaneously or is being mechanically ventilated.

In a world first, infection control company Tristel Solutions has launched a system designed specifically for the decontamination of both non-invasive and invasive ultrasound equipment. Utilising several different chemistries, including Tristel’s patented chlorine dioxide technology, the new Tristel Ultra System provides a complete response to the risks of cross-contamination for all equipment used in ultrasound procedures. This includes non-invasive probes, probe holders and keyboards; transrectal and transvaginal probes and accessories.

The Tristel Ultra System comprises a number of different products – wipes, foams and solutions – the combination of which is configured according to the specific decontamination task. The system is based on the following chemistries: a highly effective enzymatic cleaning system used in the pre-clean wipe; a polymeric biguanide - a safe effective microbicidal - for non-invasive equipment; and chlorine dioxide for Tristel Ultra-Duo foam, Tristel Ultra-Sporicidal Wipes and Tristel Ultra-Fusion solutions (for use where immersion is the preferred method of decontamination).

Infection control risks in ultrasound are now widely recognised. The authors of a recent study “An investigation of the microbiological contamination of ultrasound equipment” published in the August 2006 issue of the British Journal of Infection Control, commented that: “The results reveal that ultrasound equipment was often significantly contaminated and therefore a potential vehicle for the spread of infection. The most significant results were recovered from the non-invasive equipment, which had the highest levels of clinically significant contamination”.

The Tristel Ultra System provides infection control and radiology teams with a comprehensive means of addressing these infection control challenges. For further information please contact Tristel Solutions Limited: Polly Oates, Marketing Manager Tristel Solutions Limited Lynx Business Park, Fordham Road, Snailwell, Cambridgeshire, CB8 7NY Tel: +44 (0) 1638 721500 Fax: +44 (0) 1638 721911 mail@tristel.com www.tristel.com
Drive to improve patient safety

The government has announced a shake-up of systems to improve patient safety as a study finds current safeguards are failing.

NHS staff should ensure incidents involving serious patient harm are reported within 24 hours, says the chief medical officer’s (CMO) report. It calls for a blame-free culture where staff feel confident to report, plus quicker and simpler reporting systems.

A British Medical Journal study says most are missed by the current system. The National Patient Safety Agency (NPSA) estimates that 900,000 incidents a year result in harm or near harm to NHS patients.

Earlier this year MPs said nearly a quarter of incidents and 39% of “near misses” go unreported, with doctors being the worst culprits. They criticised the National Patient Safety Agency for failing to provide enough advice on improving safety.

The CMO report recommends the NPSA refocus its efforts to concentrate on collecting and analysing patient safety information.

Plans are also afoot for a national campaign to encourage clinical staff to report incidents. These can include medication errors, equipment defects and patient accidents, such as falls.

Most incidents “missed”

The York University authors of the BMJ study analysed data from the local reporting system in a large NHS hospital trust in England as well as case notes for the same patients.

From a random sample of 1,006 admissions, 324 patient safety incidents were found - 136 (42%) resulting in patient harm. The 21 incidents missed by case note review were minor, whereas the 130 incidents missed by the reporting system led to patient harm.

Thus, the routine reporting system missed most patient safety incidents that were identified by case note review and detected only 5% of those incidents that resulted in patient harm.

Chief Medical Officer Sir Liam Donaldson said: “Improvements have been made across the NHS to embed patient safety into everyday practice. However, more needs to be done to accelerate the pace of change in this area.” He added: “Often it is systems that have failed, rather than any individual being at fault.”

A spokesman for the NPSA said: “We endorse the move to an open and fair culture where staff feel confident to report, as the more we know about the sort of incidents that occur, the more we can do to address problems. “We’re already seeing a change in reporting patterns.”

Source: BBC

FIRST PRIVATE HOSPITALS PUBLISH QUALITY OUTCOME DATA

London’s leading private hospital company, HCA International, has taken the ground breaking step to become the first in the independent sector to publish outcome data, giving patients the opportunity to see how they perform relative to other hospitals.

The ‘HCA Quality Report’, published this autumn, shows how their hospitals, including The Wellington, The Portland and The Princess Grace, perform in key areas such as cardiac surgery survival, MRSA, surgical site infections, intensive care survival rates and unplanned readmissions. Much of the data confirms that HCA hospitals outperform, or are on a par with, some of London’s most recognised acute hospitals.

The data is being made publicly available for the first time, in response to increased demand from private medical insurers, advisors and patients to have more information about quality of care. Some of the ‘performance indicators’ in the report can be directly checked against other hospitals, for example, cardiac surgery outcomes, whereas others are shown relative to a ‘predicted score’ based on factors such as patient history and surgical risk.

HCA hospitals believe that publishing their data will help position them as a company of choice within the highly competitive private healthcare market. HCA has invested more than £100 million to become the hospital of choice for acute medical procedures in London, and believes this is now being reflected in the successful outcome data.

HCA’s Commercial Director, Raj Vasudevan, said, “Increasingly, hospitals are being required by the Healthcare Commission to provide evidence of standards of care. Until recently this didn’t include independent hospitals’ outcome data, but we have been routinely collecting this data for years as part of our internal quality programmes and are now proud to deliver the results.”

He added, “Patient satisfaction surveys just aren’t enough. Anyone who is paying for private treatment has done so because they want to access ‘the best’. Patients expect this information to be available and we are delighted they will be able to receive it from HCA.”

HCA International is a leading private healthcare provider in London. Its six hospitals, and two outpatient centres, are some of the capital’s most respected and well-established private hospitals and hold national awards for achieving gold standard quality in healthcare.

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PHILIPS RANKS NUMBER ONE IN CUSTOMER SURVEY OF OVERALL SERVICE PERFORMANCE IN PATIENT MONITORING AND ULTRASOUND

Results mark 14th year in a row for top performance in ultrasound and eighth straight year ranked first in patient monitoring

Philips recently announced that customers have again rated its Medical Systems Division number one in overall service performance for Patient Monitoring Systems and Ultrasound All Systems, comprising Radiology OB-Gyn and Cardiology instruments, in the annual IMV ServiceTrakTM surveys. The results of the 2006 IMV analysis also show Philips earning top ranking in overall manufacturer satisfaction for patient monitoring and another first-place ranking for probability of repurchase for both ultrasound and patient monitoring.

In separate independent surveys by IMV Limited, customers were asked to rate ultrasound and patient monitoring systems manufacturers on a broad range of factors. For patient monitoring service and performance, Philips led with 20 number one rankings within the areas of system performance, satisfaction with manufacturer, OEM service performance, help desk telephone support, satisfaction with service engineer, and installation and training.

More than 100,000 of the market-leading Philips Intellivue patient monitors featuring sophisticated clinical decision support tools were in use in healthcare institutions worldwide by mid-year 2006. Earlier this year Philips introduced SureSigns VM vital signs monitors, designed with intuitive navigation and bright simplified display options for exceptional ease of use in a wide variety of care environments.

News from Philips is located at www.philips.com/newscenter

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Issue 196 JANUARY/FEBRUARY 2007
Post-op consultant check-ups to end

Patients will go to see their GP rather than a consultant for check-ups after an operation, under proposals drawn up by a key Government adviser.

The plans could signal an end to routine appointments with a consultant following surgery which usually take place about six weeks after an operation.

They also threaten to pile fresh pressure on hard-pressed family doctors.

The change has been proposed by Dr David Colin-Thome, the Department of Health's National Clinical Director for Primary Care, who believes it will free-up consultants' diaries so they can spend more time in the operating theatre.

He argued the current system of asking consultants to check-up patients was like “asking a Michelin-starred chef to cook microwave meals all day, a waste of their skills and resources”.

Officials estimate the move could save the NHS £1.9 billion.

While his blueprint has not been formally accepted, sources indicated that ministers are likely to press ahead with the change.

Dr Colin-Thome said: “We are wasting consultants’ precious time and expertise if we force them to spend hours sitting in a room simply telling patients they are recovering fine.

“Patients don’t need specialists to tell them they are fighting fit, most will know this themselves and those who want extra advice and reassurance would get this from their local GP.

“We are finding that most patients who are concerned about their recovery actually contact their GP within two weeks anyway.”

However, the plans were criticised today. Andrew Lansley, the Shadow Health Secretary, said it would be a “mistake” to ask GPs to do every check-up automatically and said it should be up to consultants to decide whether they saw particular patients.

Geoff Martin, of the campaign group Health Emergency, added: “This is just another example of the Government’s penny-pinching at the sharp end of the NHS. If I were under a consultant for an operation, I would want my follow-up to be with that consultant.”

£10m burns centre to ‘give hope’

A burns research centre which a charity says offers “hope to thousands” is to be set up in both Cardiff and Swansea.

The Healing Foundation UK Centre for Burns Research will examine physical and psychological effects of burns, and how to improve treatment and support.

The £10m centre, the UK’s first, is joint initiative by both cities’ universities and Morriston Hospital with the charity Healing Foundation.

Over 14,000 people are admitted to UK hospitals with serious burns each year. About half of those are children under 16.

The new centre will be located at the Heath Park campus of Cardiff University’s School of Medicine and the Centre for Burns and Plastic Surgery at Morriston Hospital.

It will look at the physical effects of burns, including inflammation and scar formation and the psychological and social aspects of living with burn scars, long-term rehabilitation and prevention.

Organisers said they had fought off competition from across the UK to win the award.

‘Prestigious’

Cardiff University said it would support the centre by making a £25m investment in new staff and a £4m investment in new and refurbished laboratories.

William Dickson, director of the Centre for Burns and Plastic Surgery at Morriston, said: “This prestigious award - the first and only chair of burn injury study in the UK - will put Wales at the international forefront of burns research.”

Brendan Eley, chief executive of the Healing Foundation, a charity which funds research into disfiguring conditions and has Falklands veteran Simon Weston as its “lead ambassador” said the centre would “provide hope to thousands”. He said: “This award represents a major step forward in our goal to improve the treatment, care and long-term understanding of burn injuries.

‘Great news’

“The Cardiff/Swansea centre will become a global leader, improving the outcome for patients, enhancing our understanding of burns and offering hope to thousands of people, worldwide.”

Health and Social Services Minister Brian Gibbons welcomed the award as “great news” for Wales. “It is a mark of how highly regarded the academic team in Cardiff University is and how respected the clinicians and care staff of the Welsh Centre for Burns and Plastic Surgery have become,” he said.

Source: BBC NEWS

Woman has double hand transplant

A Spaniard has become the first woman in the world to receive a double hand transplant.

A team of surgeons at Hospital La Fe in Valencia carried out the pioneering operation. After 10 hours in the operating theatre, doctors say Alba, 47, from Castellón, whose full name has not been released, is recovering well.

The woman faced the press recently, and looked happy and content despite heavy bandages on her hands. Alba said after waking up from the anaesthetic and seeing her new hands for the first time, she thought: “They look beautiful!”

The operation took place on 30 November after a suitable donor was found. It involved a team of more than 10 medical professionals, including surgeons and anaesthetists.

Arms matched

The surgeons performed the transplants on both arms simultaneously after adjusting Alba’s forearms to match the size of the donor’s. Bones were fixed with metal plates and screws, and microscopic surgery was used to attached the arteries, veins and nerves.

Alba had both her original hands amputated after an explosion in a laboratory where she was studying chemistry nearly 30 years ago.

Pedro Cavadas, the lead surgeon, said she should have sensitivity and movement in her new hands within five to six months.

Mr Cavadas has told the Spanish press that the intention of the surgery was to allow Alba to lead an independent and normal life with two useful hands.

He admitted that it was difficult to know exactly how much use Alba will be able to make of her hands. But he added: “In any case this is much better than any prosthesis.”

Six double-handed transplants have been carried out on men. The first was carried out on a 33-year-old man in France in 2000.

Source: BBC NEWS
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