Publications by Redcliffe, Caboolture and Kilcoy Staff (includes abstract)


Metro North Hospital and Health Service Board chair Dr Paul Alexander presented certificates to the graduates at a ceremony at Redcliffe Hospital last month and announced funding had been secured for the program next year.


Objective: Those with mental illness are at increased risk of physical health problems. The current study aimed to examine the information available online to the Australian public about the increased risk and consequences of physical illness in those with mental health problems and the services available to address these co-morbidities. Methods: A structured online search was conducted with the search engine Google Australia (www.google.com.au) using generic search terms 'mental health information Australia', 'mental illness information Australia', 'depression', 'anxiety', and 'psychosis'. The direct content of websites was examined for information on the physical co-morbidities of mental illness. All external links on high-profile websites [the first five websites retrieved under each search term (n = 25)] were examined for information pertaining to physical health. Results: Only 4.2% of websites informing the public about mental health contained direct content information about the increased risk of physical co-morbidities. The Australian Government's Department of Health and Ageing site did not contain any information. Of the high-profile websites, 62% had external links to resources about physical health and 55% had recommendations or resources for physical health. Most recommendations were generic.

Conclusions: Relative to the seriousness of this problem, there is a paucity of information available to the public about the increased physical health risks associated with mental illness. Improved public awareness is the starting point of addressing this health inequity. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Purpose: Consistent astigmatism correction with implantation of a toric intraocular lens (IOL) requires accurate preoperative keratometry. This article compares corneal astigmatism determined by an autokeratometer (Topcon KR-7100) and a partial coherence interferometry keratometer (IOLMaster 500) and considers if any discrepancy ultimately alters in final cylindrical power of the toric IOL for implantation.; Methods: Keratometry of 235 eyes was performed using both instruments. Corneal astigmatism was transformed into vector components J0 and J45 and cylindrical power at the IOL plane calculated. Comparisons were made using paired t test and correlation and Bland-Altman analyses.; Results: Although interinstrument differences for J0 (p = 0.013), J45 (p = 0.012), and toric IOL cylindrical power (p < 0.001) were statistically significant, a high correlation for these (R = 0.96, 0.90, and 0.90, respectively) was observed. IOLMaster tended to overestimate corneal astigmatism by 0.13 (±0.31) diopters and toric IOL cylinder by 0.11 (±0.18) diopters. Difference in calculated toric IOL cylindrical power correlated poorly with corneal curvature (R = 0.007) and astigmatism (R = -0.004); Conclusions: The two keratometers were generally concordant in measuring corneal astigmatism. However, the resultant choice of toric IOL cylinder power differed appreciably in 40% of eyes examined. Therefore, postoperative visual outcome with toric IOL implantation may be optimized by a thorough analysis of biometry data before IOL selection, paying special attention to any difference in corneal astigmatism as measured by more than one instrument;

Aim: To develop Australian and New Zealand (ANZ) recommendations for the investigation and follow-up of undifferentiated peripheral inflammatory arthritis (UPIA) using an evidence-based approach.

Methods: Ten questions pertaining to the investigation and follow-up of patients with UPIA in daily rheumatological practice were defined by clinicians using a modified Delphi approach. A systematic literature search was conducted for each of the final questions. The results were presented to a workshop of 54 ANZ rheumatologists in May 2009. Discussions were held to develop consensus statements for each question, based on published evidence and clinical experience/expertise.

Results: Ten recommendations were made on diagnostic value of clinical features in the patient’s history and examination, predictors of poor prognosis and persistence, synovial fluid analysis, serology, imaging and human leukocyte antigen B27 testing. The lack of specific research to inform recommendations presented a challenge. Dynamic discussion groups outlined individual experience in areas without good quality clinical trial evidence. The median strength of support for the final set of recommendations was 7/10 (interquartile range 6-8), ranging from 6 to 9 for individual statements.

Conclusion: Ten ANZ recommendations for the investigation and follow-up of UPIA were formulated, based on available evidence and extensive clinical experience. The systematic literature review was of limited value while animated discussion of individual experience, with subsequent information exchange, highlighted the importance of merging clinical expertise with published literature to establish practical recommendations that can improve quality of care in rheumatology.

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Background: Orthokeratology is a successful treatment for patients with myopia. There has been little research on its effects on accommodation and convergence. Methods: Eleven subjects presenting for orthokeratology had accommodative and convergence function assessed pre- and post-treatment. Based on the results, patients were categorised as normal or embedded. The pre- and post-treatment results were compared. Results: This pilot study found that of the 11 subjects, 10 (90.1%) demonstrated an improved accommodative convergence profile after treatment (p = 0.003). The subject who demonstrated no change was the only one that had a normal profile before treatment. No subject displayed a worse accommodative convergence profile post-treatment. Conclusion: This suggests that orthokeratology has a positive effect on accommodation and convergence function. More research with larger sample sizes is required to confirm this result. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Background: Australia uses a protocol combining human rabies immunoglobulin (HRIG) and rabies vaccine for post-exposure prophylaxis (PEP) of rabies and Australian bat lyssavirus (ABLV), with the aim of achieving an antibody titre of ≥0.5 IU/ml, as per World Health Organization (WHO) guidelines, as soon as possible. Methodology/Principal Findings: We present the course of PEP administration and serological testing for four men with complex requirements. Following dog bites in Thailand, two men (62 years old, 25 years old) received no HRIG and had delayed vaccine courses: 23 days between dose two and three, and 18 days between dose one and two, respectively. Both seroconverted following dose four. Another 62-year-old male, who was HIV-positive (normal CD4 count), also suffered a dog bite and had delayed care receiving IM rabies vaccine on days six and nine in Thailand. Back in Australia, he received three single and one double dose IM vaccines followed by another double dose of vaccine, delivered intradermally and subcutaneously, before seroconverting. A 23-year-old male with a history of allergies received simultaneous HRIG and vaccine following potential ABLV exposure, and developed rash, facial oedema and throat tingling, which was treated with a parenteral antihistamine and tapering dose of steroids. Serology showed he seroconverted following dose four. Conclusions/Significance: These cases show that PEP can be complicated by exposures in tourist settings where reliable prophylaxis may not be available, where treatment is delayed or deviates from World Health Organization recommendations. Due to the potentially short incubation time of rabies/ABLV, timely prophylaxis after a potential exposure is needed to ensure a prompt and adequate immune response, particularly in patients who are immune-suppressed or who have not received HRIG. Serology should be used to confirm an adequate response to PEP when treatment is delayed or where a concurrent immunosuppressing medical condition or therapy exists. © 2013 Conroy et al.


In the present study, we outline the evolution of a process-focused reflective practice group (RPG) model for nurses working in clinical settings. The groups were initiated at Redcliffe and Caboolture hospitals by the consultation liaison psychiatry nurse and author. An associated article provides an evaluation of these RPG. The literature review identifies the key themes and theories on which the model is based, and the article outlines the process and practicalities of facilitating RPG in critical care, midwifery, and oncology specialties over a 3-year period. The model proposes that the effectiveness and sustainability of RPG arises from adequate preparation and engagement with prospective participants. Group rules, based on principles of confidentiality, supportiveness, and diversity, were collaboratively developed for each group. Facilitation utilized a group-as-a-whole approach to manage process and stimulate reflection. While the purpose of RPG was a reflection on interpersonal aspects of nursing, contextual workplace issues were frequently raised in groups. Acknowledgement and containment of such issues were necessary to maintain clinical focus. The literature highlights facilitator credibility and style as crucial factors in the overall success of RPG, and it is proposed that reflective practice as a process-focused model for groups succeeds when nurse facilitators are trained in group process and receive concurrent supervision. [ABSTRACT FROM AUTHOR]

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This paper outlines an evaluation of reflective practice groups (RPG) involving nurses and midwives from three clinical nursing specialties at Redcliffe and Caboolture Hospitals, Queensland, Australia. The groups were facilitated by the consultation liaison psychiatry nurse and author using a process-focused, whole-of-group approach to explore clinical narrative in a supportive group setting. This was a preliminary evaluation utilizing a recently-developed tool, the Clinical Supervision Evaluation Questionnaire, along with externally-facilitated focus groups. Nurses and midwives responded favourably to RPG, reporting a positive impact on clinical practice, self-awareness, and resilience. The majority of participants considered RPG had positive implications for team functioning. The focus groups identified the importance of facilitation style and the need to address aspects of workplace culture to enable group development and enhance the capacity for reflection. Evaluation of the data indicates this style of RPG can improve reflective thinking, promote team cohesion, and provide support for nurses and midwives working in clinical settings. Following on from this study, a second phase of research has commenced, providing more detailed, longitudinal evaluation across a larger, more diverse group of nurses. [ABSTRACT FROM AUTHOR]

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Lipid emulsions have been used to treat cardiovascular collapse due to local anaesthetic toxicity. However, there are few data available on the comparative efficiency of the partitioning properties of available lipid emulsions in clinical use. This in vitro study compared the buffering properties of the lipid emulsions Clinoleic™ 20% (Baxter, Old Toongabbie, NSW) and Intralipid® 20% (Fresenius Kabi, Pymble, NSW) using both bupivacaine (Marcain® 0.5%, AstraZeneca, North Ryde, NSW) and ropivacaine (Naropin® 1%, AstraZeneca, North Ryde, NSW). The concentration of anaesthetic in buffer before and after mixing with lipid was quantified using chromatographic analysis. Ropivacaine was more effectively bound by the lipid agents, with a 40% reduction in initial concentration. Ropivacaine demonstrated a
Aside from lacerations, the majority of children sustained injuries related to ingress and egress from bunk beds, children lifted by an adult, and children jumping from a piece of furniture. There was a higher incidence in the warmer months. There were three common mechanisms; those related to ingress undertaken. Results During the study period there were 136 presentations with relevant injuries, with a sensitive search strategy. A Aim To explore clinical aspects of head injuries caused by ceiling fans in children. Methods Cases were identified using a sensitive search strategy of the Townsville Emergency Department information system from 1 December 2005 to 30 April 2010, and a retrospective structured medical record review was undertaken. Results During the study period there were 136 presentations with relevant injuries, with a higher incidence in the warmer months. There were three common mechanisms; those related to ingress and egress from bunk beds, children lifted by an adult, and children jumping from a piece of furniture. Aside from lacerations, the majority of children had unremarkable history and examination findings.


Background: A heterotopic pregnancy is defined as the presence of a concomitant intrauterine and extrauterine pregnancy. Its estimated incidence is 1/30,000 in spontaneous pregnancies. It is also reported to be as high as 1 in 3900 when the pregnancy is a result of assisted reproductive technology (ART). However, clomiphene citrate (CC) could be associated with a higher rate of heterotopic pregnancy as it amplifies the rate of twinning. Furthermore, heterotopic pregnancies are a diagnostic and therapeutic challenge for obstetricians. If undiagnosed, they are associated with significant maternal morbidity and mortality. Case presentation: We present two cases of coincidental intra and extra-uterine pregnancy. In the first case, heterotopic pregnancy was a result of induction of ovulation with CC. There was a delay in the diagnosis of the ectopic pregnancy component resulting in an emergency laparoscopy. Fortunately, after the laparoscopy the intrauterine pregnancy was not affected and it is progressing satisfactorily. Alternatively, the second case occurred spontaneously and was treated with methotrexate as the intrauterine pregnancy miscarried on its own accord. Conclusions: These cases highlight the fact that as clinicians, we should be aware of the possibility of a heterotopic pregnancy in any patient presenting with pelvic pain, even when an intrauterine pregnancy has been confirmed. This is even more imperative after induction of ovulation by CC or ART. We would also like to emphasise that an early diagnosis is critical to safeguard the intrauterine pregnancy and avoid maternal morbidity and mortality due to the ectopic pregnancy.


Introduction: Lymphangiomas are very rare benign tumors of the lymphatic system, appearing as unisepatate or multiseptate cystic masses, which are usually located in the cervical or axillary area. Postnatal outcome depends on the size and location of the lesion. An increasing number of such congenital abnormalities are detected on routine conventional prenatal ultrasonography. Although prenatal evaluation for the prognosis of fetal lymphangioma has been based on two-dimensional ultrasonography, magnetic resonance imaging may help in assessing the extent of a lesion. Isolated lymphangiomas generally have a favourable prognosis and sclerotherapy or surgical resection is effective in most of the cases. Case presentation: We present two cases of fetal axillary lymphangioma. In the first case, the lymphangioma was diagnosed antenatally, so parents were comprehensively counselled and post natal follow up was organised at a tertiary hospital. The second case remained undiagnosed until birth. This caused significant distress to both the parents and clinicians, especially after a coincident traumatic delivery. Conclusion: Both these cases emphasise that early diagnosis of fetal lymphangioma is critical and a combination of ultrasonography and magnetic resonance imaging can facilitate detection of lesions which are relatively limited and accessible to therapy in utero. This would also enable clinicians to perform a karyotype and comprehensively consult parents regarding the treatment and delivery options as well as outcome of the pregnancy.


Field efficacy trials comparing 2 formulations of deet against mosquitoes in Redcliffe, Queensland, Australia were conducted in February 2009. A formulation containing 35% deet in a gel (Australian Defence Force deet) provided > 95% protection for 3 h, while a formulation containing 40% deet in ethanol (Bushman) in a spray applicator provided > 95% for 6 h. A user acceptability study showed that 82% of soldiers using the Bushman formulation during contingency operations for 14-28 days in Timor-Leste would recommend this formulation to others and believed that the formulation provided protection against mosquitoes.


Aim To explore clinical aspects of head injuries caused by ceiling fans in children. Methods Cases were identified using a sensitive search strategy of the Townsville Emergency Department information system from 1 December 2005 to 30 April 2010, and a retrospective structured medical record review was undertaken. Results During the study period there were 136 presentations with relevant injuries, with a higher incidence in the warmer months. There were three common mechanisms; those related to ingress and egress from bunk beds, children lifted by an adult, and children jumping from a piece of furniture. Aside from lacerations, the majority of children had unremarkable history and examination findings.
There were 29 Computed Tomography (CT) scans of the head performed, four skull X-rays and no c-spine imaging. Forty-six children received sedation or anaesthesia as part of their management, 38 in the Emergency Department and eight in the operating theatre. Seven children sustained skull fractures and a total of 13 children were admitted to hospital for an average length of stay of 2.3 days. Conclusions Ceiling fans are a small but important source of paediatric head injury in tropical Australia. Significant injuries are possible with 5% of patients having a positive finding on CT scan. Most fractures are palpable, CT is recommended if fracture cannot be confidently excluded clinically. © 2013 The Authors. Journal of Paediatrics and Child Health © 2013 Paediatrics and Child Health Division (Royal Australasian College of Physicians).


Irukandji stings are a leading occupational health and safety issue for marine industries in tropical Australia and an emerging problem elsewhere in the Indo-Pacific and Caribbean. Their mild initial sting frequently results in debilitating illness, involving signs of sympathetic excess including excreting pain, sweating, nausea and vomiting, hypertension and a feeling of impending doom. Some cases also experience acute heart failure and pulmonary oedema. These jellyfish are typically small and nearly invisible, and their infestations are generally mysterious, making them scary to the general public, irresistible to the media, and disastrous for tourism. Research into these fascinating species has been largely driven by the medical profession and focused on treatment. Biological and ecological information is surprisingly sparse, and is scattered through grey literature or buried in dispersed publications, hampering understanding. Given that long-term climate forecasts tend toward conditions favourable to jellyfish ecology, that long-term legal forecasts tend toward increasing duty-of-care obligations, and that bioprospecting opportunities exist in the powerful Irukandji toxins, there is a clear need for information to help inform global research and robust management solutions. We synthesise and contextualise available information on Irukandji taxonomy, phylogeny, reproduction, vision, behaviour, feeding, distribution, seasonality, toxins, and safety. Despite Australia dominating the research in this area, there are probably well over 25 species worldwide that cause the syndrome and it is an understudied problem in the developing world. Major gaps in knowledge are identified for future research: our lack of clarity on the socio-economic impacts, and our need for time series and spatial surveys of the species, make this field particularly enticing.


Chronic Obstructive Pulmonary Disease (COPD) is a complex chronic disease which imposes a substantial social, health and economic burden in our community. The large burden of COPD in Queensland requires implementation of an evidence-based clinical care plan, to achieve sustainable high quality management for patients with COPD. Aim: Our initiative toward personalized care for COPD (the “COPD Snapshot”), proposes to test a structured clinical pathway for outpatients with COPD at The Prince Charles and Caboolture Hospitals. Method: A specialized COPD nurse collates comprehensive baseline clinical information on outpatients referred for COPD assessment, commences clinical assessment, identifies priority issues, and facilitates early intervention. The Thoracic Physician uses this pre-compiled information to support comprehensive assessment and management planning. The COPD Snapshot consists of evidence-based resource material and a structured management plan tailored to disease severity, designed to enhance effective communication among health care providers and patients, optimize lung health, minimize impact of COPD, prevent deterioration and complications and avoid admissions. Outcomes: Thoracic clinic patient flow, health service usage and patient, carer, physician and GP satisfaction will be analysed. Outcomes such as increased efficiency of outpatient COPD management, reduced COPD exacerbation rates, and cost savings in terms of reduced occupied bed days would provide rationale for a “roll-out” of the structured clinical pathway for COPD patients.


Background Evidence-based nutritional and swallowing guidelines were developed to identify patients at high risk of developing malnutrition during chemoradiation for head and neck cancer. These guidelines recommended a prophylactic gastrostomy and were actively implemented at our institution in January 2007. This study assesses the effect of this policy change on patient outcomes. Methods This retrospective cohort study was carried out for the years before (2005) and after (2007) implementation of these guidelines. Results In all, 165 patients were treated with radical chemoradiation for head and

A middle-aged man had deteriorated rapidly in hospital after being misdiagnosed with acute alcoholic hepatitis. Acute Legionnaires disease (Legionellosis) was subsequently diagnosed on rapid antigen urinary testing and further confirmed serologically. This led to appropriate antibiotic treatment and complete clinical resolution. Physicians caring for patients with alcohol-related liver disease should consider Legionella pneumophila in their differential diagnosis even with a paucity of respiratory symptoms.;


A 71-year-old lady presented with a symptomatic left cerebral occipital lobe infarct. With a history of paroxysmal atrial fibrillation a cardioembolic source was initially postulated. Prior significant bleeding while anticoagulated precluded warfarin therapy. Further investigations revealed a critical left internal carotid stenosis with a persistent fetal origin of the left posterior cerebral artery. She was successfully treated surgically and suffered no further ischaemic events. Physicians encountering posterior circulation stroke should be aware of this potentially treatable important diagnosis;


The majority of adult intussusceptions have a well-defined pathological abnormality as the lead point. We present the case of a 41-year-old female who presented to the Emergency Department on four different occasions with intermittent epigastric pain, associated with vomiting. On the fourth occasion, she was found to have a bowel obstruction caused by an ileocolic intussusception, diagnosed on CT. The lead point for her intussusception was a rare non-neoplastic submucosal lesion seldom found in the ileum, an inflammatory fibroid polyp.; Published by Oxford University Press and JSCR Publishing Ltd. All rights reserved. © The Author 2013.


Objective: The study aims to determine if a vaginal examination improves diagnostic accuracy when assessing women who present to the ED with vaginal bleeding in the first trimester of pregnancy.;

Methods: One hundred and thirty-five women with first trimester bleeding were randomised to have a vaginal examination (n = 61) or not (n = 74). They were given a provisional diagnosis, and then a final diagnosis after ultrasound, beta-human chorionic gonadotropin and gynaecological follow up. The provisional diagnosis was considered accurate if it matched the final diagnosis.;

Results: The provisional and final diagnoses matched in a little over half of the cases, and there was no statistical difference between the two groups (χ²(1) = 0.005, P = 0.94); Conclusion: In a stable patient presenting to the ED with first trimester bleeding, clinical diagnosis is highly inaccurate and is not improved by vaginal examination. Routine vaginal examination is not necessary as part of the initial patient assessment; © 2013 The Author. EMA © 2013 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.


Background: Accurate ascertainment and documentation of cause of perinatal death is imperative for counseling parents as to why their baby died and to formulate future prevention strategies. Inaccurate and incomplete data recorded on fetal and neonatal death certificates remains a significant problem. A multidisciplinary midwifery lead bereavement care service was established at the Mater Mothers’ Hospital to increase the uptake of the PSANZ Perinatal Mortality Guidelines, including perinatal audit to improve the accuracy of cause of death data. Method: A prospective study was undertaken to evaluate the impact of a dedicated service (which includes an educational focus for clinicians regarding PSANZ Guidelines) to examine i) the overall proportion of death certificates where the cause of death was
amended and ii) the proportion of stillbirths remaining unexplained. Two epochs were compared pre and post service implementation: 2005-2008 and 2009-2011. Results: The total number of perinatal deaths included was 736; 330 pre and 436 post implementation. Prior to implementation of the service 32% of death certificates required amendment compared to 20% post implementation (p < 0.01). The proportion of reported unexplained stillbirths declined from 43% to 28% (p 0.05). Conclusions: A dedicated service to support education and audit for perinatal death at this large maternity hospital has been associated with a significant improvement in the quality of data relating to causes of perinatal death. This model should be considered as an option for similar services and has the potential to reduce these deaths in Australia through appropriately focused prevention strategies.


The complexity of hospital operations ensures that one-size-fits-all solutions seldom work. As hospitals turn to evidence based strategies to redesign flow, it is critical that they tailor the strategies to suit their individual service. This paper analyses the effect of hospital occupancy on inpatient and emergency department patient flow parameters at the Caboolture hospital in Queensland, Australia, and identifies critical levels, or choke points, that result in performance decline. The effect of weekdays and weekends on patient flow is also investigated. We compare these findings to a previous study that has analysed patient flow across Queensland hospitals grouped by size, and discover several differences in the interaction between rising occupancy and patient flow parameters including rates of patient flow, length of stay, and access block. We also identify significantly higher choke points for Caboolture hospital as compared to other similarly sized Queensland hospitals, which suggest that patient flow here can be redesigned to operate at higher levels of occupancy without degrading flow performance. The findings support arguments for hospitals to analyse patient flow at a service level to deliver optimum service improvement;


Use of prenatal ultrasonography (US) has risen concomitantly with the increase in cesarean delivery (CD) rates. Sonographic overestimation of fetal macrosomia may be associated with a lower threshold for CD for labor arrest. If obtaining the US estimated fetal weight (US-EFW) near term increases the risk of CD, this could be a modifiable risk factor. This retrospective cohort study was undertaken to determine whether women with a US-EFW within 1 month of delivery are more likely to undergo CD compared with women without a US-EFW. The women had singleton live births

their demographic and delivery data were obtained from medical records, and the date, indication, and EFW were recorded. Patients were divided into those with a US-EFW within 1 month of delivery and women with no US-EFW. Logistic regression was used to analyze whether US-EFW was an independent risk factor for CD. The mode of delivery was the outcome variable. The statistical software package SPSS version 12.0 was used for all data analyses. Subsets created were groups at low risk, those with EFWs of less than 3000 g, those with EFWs greater than 3500 g, and those with actual birth weights of greater than 4000 g. This cohort included 2329 women with term pregnancies who met the inclusion and exclusion criteria, of whom 1168 (50.2%) had a US-EFW within 1 month of delivery. Of those with a US-EFW, 540 (46%), 276 (24%), 179 (15%), and 173 women (15%) had the US within 1 week of delivery and 1 to 2 weeks, 2 to 3 weeks, and 3 to 1 month before delivery, respectively. The most common indications were “postdates” (19%), uterine size less than dates (17%), uterine size greater than dates (14%), and older maternal age (16%). Women with a US-EFW within 1 month of delivery were significantly older and more likely to be white, be cared for by a physician rather than a midwife, be obese, undergo labor induction, and deliver at slightly later gestational ages. No differences in parity, previous CD, or actual birth weight were found between the 2 groups. The unadjusted CD rates showed that women with a US-EFW were 55% more likely to have a CD (15.7% vs 10.2% P < 0.01). The timing of US within the 1-month period before delivery had little impact. The CD rates were 16% with a US within 1 month of delivery and 16%, 15.5%, and 12% for a US within 3, 2, and 1 week(s) of delivery, respectively. The main indications for CD were failure to progress and nonreassuring fetal heart
tracings in both groups. Of 17 CDs performed for presumed macrosomia, all in the US-EFW group, only 3 deliveries had an EFW of greater than 5000 g. When controlling for birth weight, maternal age, race, body mass index, previous CD, parity, gestational age, induction versus spontaneous labor, and provider group, US-EFW was a statistically significant independent risk factor for CD. Women with a US-EFW within 1 month of delivery were 44% more likely to have a CD. Other independent predictors of CD were birth weight, advanced maternal age, black or Hispanic race, nulliparity, obesity, previous CD, and faculty provider group. In the entire cohort, US-EFW was associated with increased odds of CD (odds ratio [OR], 1.44).

95% confidence interval [CI], 1.1–1.9. For those with fetuses of less than 3000 g, US-EFW was not associated with an increased risk of CD (OR, 0.97).

95% CI, 0.45–2.1). With EFW greater than 3500 g, the OR was greater and statistically significant (OR, 1.8). 95% CI, 1.3–2.7) and was stronger still for the population with an actual birth weight greater than 4000 g (OR, 3.1). 95% CI, 1.2–8.3). For women with a US-EFW within 1 month of delivery, the association between the US and CD seems to be due to provider concern over larger US-EFWS because the risk of CD was not increased if the US-EFW was less than 3000 g. However, for women with a US-EFW of greater than 3500 g, an 85% increased risk of CD was apparent with US-EFW determination. The rising CD rate is a great concern, but many of the known reasons contributing to the rise are not readily modifiable. These results indicate that providers are concerned about the lower range of US-EFW, which may be associated with a higher rate of CD. Limiting the use of US examination to determine fetal weight near term may help to reduce the CD rate in the United States.


The human tissue Kallikrein family consists of 15 genes with the majority shown to be differentially expressed in cancers and/or indicators of cancer prognosis. We sought to elucidate the role of common genetic variation in four of the Kallikrein genes, KLK5, KLK6, KLK12, and KLK13, in prostate cancer risk and tumor aggressiveness. Genotyping of all 22 tagging single nucleotide polymorphisms (tagSNPs) in the KLK5, KLK6, KLK12, and KLK13 genes was performed in approximately 1,000 prostate cancer cases and 1,300 male controls from Australia. Data from any positive results were also accessed for 1,844 cases and 1,886 controls from a previously published prostate cancer genome-wide association study set from the United Kingdom. For one SNP in KLK12, rs3865443, there was evidence for association with prostate cancer risk of similar direction and magnitude in the replication set to that seen in the Australian cohort. We conducted genotyping of a further 309 prostate cancer cases, and combined analyses revealed an increased risk of prostate cancer for carriers of the rare homozygous genotype for rs3865443 (OR 1.28, 95% CI 1.04–1.57).

P = 0.018). No other tagSNPs in the KLK5, KLK6, and KLK13 genes were consistently associated with prostate cancer risk or tumor aggressiveness. Analysis of a combined sample of 3,153 cases and 3,199 controls revealed the KLK12 tagSNP rs3865443 to be marginally statistically significantly associated with risk of prostate cancer. Considering the total number of SNPs investigated in this study, this finding should be interpreted cautiously and requires additional validation from very large datasets such as those of the Prostate Cancer Association group to investigate cancer associated alterations (PRACTICAL) Consortium.


Background Women with young children (under 5 years) are a key population group for physical activity intervention. Previous evidence highlights the need for individually tailored programs with flexible delivery mechanisms for this group. Our previous pilot study suggested that an intervention primarily delivered via mobile phone text messaging (MobileMums) increased self-reported physical activity in women with young children. An improved version of the MobileMums program is being compared with a minimal contact control group in a large randomised controlled trial (RCT). Methods/design This RCT will evaluate the efficacy, feasibility and acceptability, cost-effectiveness, mediators and moderators of the MobileMums program. Primary (moderate-vigorous physical activity) and secondary (intervention implementation data, health service use costs, intervention costs, health benefits, theoretical constructs) outcomes are assessed at baseline, 3-months (end of intervention) and 9-months (following 6-month no contact: maintenance period). The intervention commences with a face-to-face session with a behavioural counsellor to initiate rapport and gather information for tailoring the 12-week text message program. During the program participants also have access to a MobileMums Participant Handbook, MobileMums refrigerator magnet, MobileMums Facebook © group, and a MobileMums website with a searchable, on-line exercise exercise directory. A nominated support person also receives text messages for 12-weeks encouraging them to offer their MobileMum social support for physical activity. Discussion Results of this trial will determine the efficacy and cost-effectiveness of the MobileMums program, and the feasibility of delivering it in a community setting. It will inform the broader literature of physical activity interventions for women with young children and determine whether further investment in the


Objective: To determine feasibility of gaming console exercise and its effect on endurance, gait and balance in people following acquired brain injury (ABI). Method: Twenty-one people following ABI were recruited to an 8-week randomized cross-over trial where 4 weeks of gaming console exercise in addition to usual therapy and 4 weeks of usual therapy alone were received. Feasibility measures included compliance, session duration and adverse events. Measures included endurance measured using a 6-minute walk test, spatiotemporal gait parameters (GAITRite) and balance using Balance Outcome Measure for Elder Rehabilitation (BOOMER). Motivation was measured using the Change Assessment Questionnaire. Results: Compliance with gaming console exercise was high (99%), the majority of sessions reached duration target (82%) and there were no adverse events. There were small, though non-significant increases in 6-minute walk distance (18 metres, 95% CI = −33 to 69), gait speed
(0.11 m s⁻¹, 95% CI = −0.18 to 0.29) and balance compared to after usual therapy after gaming console exercise. Conclusions: Gaming console exercise appears feasible in people with ABI. Four weeks of gaming console exercise in addition to usual therapy appears to result in similar improvements in endurance, gait and balance compared to usual therapy alone and may enhance active engagement in therapy. [ABSTRACT FROM AUTHOR]

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McCrow, J., et al. (2013). “Delirium knowledge and recognition: A randomized controlled trial of a web-based educational intervention for acute care nurses.” Nurse Education Today. Delirium is a significant problem for older hospitalized people and is associated with poor outcomes. It is poorly recognized and evidence suggests that a major reason is lack of education. Nurses, who are educated about delirium, can play a significant role in improving delirium recognition. This study evaluated the impact of a delirium specific educational website. A cluster randomized controlled trial, with a pretest-posttest time series design, was conducted to measure delirium knowledge (DK) and delirium recognition (DR) over three time-points. Statistically significant differences were found between the intervention and non-intervention group. The intervention groups’ DK scores were higher and the change over time results were statistically significant [T3 and T1 (t=3.78 p<0.001) and T2 and T1 baseline (t=5.83 p<0.001)]. Statistically significant improvements were also seen for DR when comparing T2 and T1 results (t=2.56 p=0.011) between both groups but not for changes in DR scores between T3 and T1 (t=1.80 p=0.074). Participants rated the website highly on the visual, functional and content elements. This study supports the concept that web-based delirium learning is an effective and satisfying method of information delivery for registered nurses. Future research is required to investigate clinical outcomes as a result of this web-based education.


Unaccredited registrar positions are a significant source of inefficiency in postgraduate medical training. Their educational value is debated due to a lack formal supervision, appraisal or assessment requirements. In the context of increasing numbers of trainees and escalating demand for public hospital services, the extent to which unaccredited registrar positions can be converted to accredited training posts warrants urgent examination. The major obstacle is meeting college standards, particularly with respect to caseload and supervision requirements. Notwithstanding the barriers to reform, this article describes how a coordinated process to accredit these posts would increase training capacity and enhance vertical integration in postgraduate medical education.


Background: Venous thromboembolism (VTE) represents a major public health problem in Australia and worldwide, contributing to hundreds of thousands of deaths each year. Aim: To assess adherence to recommended guidelines in a range of clinical settings. Methods: Retrospective, observational study of 955 medical (M), surgical (S) and orthopaedic (O) patient charts of all M, S and O patients admitted during March 2011. Patients on warfarin were excluded from the analysis. Appropriate or inappropriate prophylaxis was assessed according to high, medium and low risk stratification. Patient risk stratification for VTE, suitability of prophylaxis given, adverse events and length of stay were recorded. Results: Nine hundred and thirteen eligible patients were assessed, 54% male, mean age 57 ± 21 years. Regarding the 372M patients, 235 (63%) were on appropriate prophylaxis, compared with 84% (273/326) S and 78% (168/215) O patients (M to S, P < 0.0001; M to O, P = 0.0002; S to O, P = 0.113). High risk prevalence was 56% in M, 9% in S and 12% in O patients (P < 0.0001). Nine confirmed or possible VTE events occurred
(seven M, with five of these on inappropriate prophylaxis). All three bleeding events (one fatal) were in M patients, two of whom had appropriate prophylaxis. Average length of stay was 4.1 ± 5.0, 2.1 ± 3.3 and 2.1 ± 3.8 days (P < 0.001) for M, S and O patients respectively. Conclusion: Better adherence to prophylaxis guidelines is required, especially in M patients where the prevalence of high-risk VTE is greater. © 2012 Royal Australasian College of Physicians.


'Teamwork and communication failures are the leading cause of patient safety incidents in health care' (Canadian Patient Safety Institute 2011) Use of complementary and alternative medicine (CAM) in Australia is considerable (MacLennan 2006, McCabe 2005, Xue 2007), with more than two-thirds of the adult population using at least one form of CAM, and 44% reporting visiting a CAM practitioner in the previous 12 months (Xue 2007). The growth of CAM has raised many issues within the literature, the most common relating to safety, efficacy and regulation of CAM (MacLennan 2006, Shorofi and Arbon 2010, Robinson and McGrail 2004, Goldman 2008, Wardle 2012, Pinto 2008, Spinks and Hollingsworth 2012). However, despite this, the Australian public have continued to seek CAM as a component of their health care, spending in excess of $4 billion annually (Xue 2007).


The present study explored whether semantic and motor systems are functionally interwoven via the use of a dual-task paradigm. According to embodied language accounts that propose an automatic and necessary involvement of the motor system in conceptual processing, concurrent processing of hand-related information should interfere more with hand movements than processing of unrelated body-part (i.e., foot, mouth) information. Across three experiments, 100 right-handed participants performed left- or right-hand tapping movements while repeatedly reading action words related to different body-parts, or different body-part names, in both aloud and silent conditions. Concurrent reading of single words related to specific body-parts, or the same words embedded in sentences differing in syntactic and phonological complexity (to manipulate context-relevant processing), and reading while viewing videos of the actions and body-parts described by the target words (to elicit visuomotor associations) all interfered with right-hand but not left-hand tapping rate. However, this motor interference was not affected differentially by hand-related stimuli. Thus, the results provide no support for proposals that body-part specific resources in cortical motor systems are shared between overt manual movements and meaning-related processing of words related to the hand. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Introduction and Objectives: Nephron sparing surgery (NSS) is now the standard of care for small renal tumours. 1 Laparoscopic NSS (LNSS) is performed in large institutions with excellent oncological and functional outcomes. 2 Previously most data has been from large institutions in USA, with the largest LNSS series in Australia published in BJUI in 2012. 3 We report our series of LNSS performed in district general hospitals, and seek to determine if LNSS is a feasible option outside of a tertiary referral centre. Methods: We performed a retrospective review of records of 50 consecutive LNSS, performed between Sep 2006 & Sep 2012. All patients who had LNSS were included. All operations were performed in district
general hospitals by two senior surgeons. Endpoints were blood transfusion, complications, positive surgical margins, operation time, and warm ischaemic time. Results: Results are summarised in Table 1. Comparison is made with results from recent published Australian data and that of a large centre in the USA. There were 3 positive margins, two were benign tumours, one malignant RCC. There was no recurrence at 6–24 month follow-up. Nine patients required blood transfusion. Two patients returned to theatre due to bleeding. 1 patient had urine leak, which settled with a ureteric stent. Four patients were converted to open NSS. No patients had nephrectomy. No patients were lost to follow-up. Conclusions: Our results are comparable to results from larger tertiary centres. We believe LNSS can be feasibly and safely performed in a district general hospital setting, by experienced surgeons and careful patient selection. (Table Presented).


Nurse Practitioners exercise autonomous clinical decision making to provide advanced nursing care within their area of expertise. In response to the identification of unmet care needs for adult patients with airways disease, a respiratory NP role was set up at the Caboolture (community) Hospital in 2010 to provide inpatient and outpatient clinic consultations. Aim: Describe the processes and outcomes of asthma management in the respiratory NP clinic. Methods: Analysis of the respiratory NP database (completed during clinic) and retrospective review of clinic letters for all patients with asthma (Aug 2010-Sep 2012). Results: 93 asthma patients seen on 167 occasions (3.6/patient) and made up 35% of all patients and 32.3% of all visits. Mean (SD) age was 52(18) years, 67% were female, mean (SD) FEV1 and FVC (% predicted) were 77% (18%) and 91% (16%). Referrals came from physicians (71%), thoracic physicians (21%), acute care / clinic nurses (5.4%) and GPs/ED (3%). 40 (24%) smoked, 16 (10%) and 61 (37%) had quit within and longer than 3 months, respectively, and 50 (30%) never smoked. Spirometry and an Asthma Control Score (ACS) were recorded at 118 (71%) and 111 (67%) of visits. GP letters were sent for 147 (88%) visits with medication changes recommended in 37 (22%). Improvements from initial to most recent visit in self management efficacy, asthma control (% on target), proportion with written action plan and smoking status will be described. A brief exemplar will demonstrate the autonomous decision making utilized in the clinic and when referral to a specialist is warranted. Conclusions: Outcomes improved for a significant proportion of asthma patients attending the respiratory NP clinic.


Leflunomide, alone or in combination with other antirheumatic drugs, is an effective but potent immunosuppressive drug for patients with moderate to severe rheumatoid or psoriatic arthritis. Common adverse effects include diarrhoea, nausea, vomiting, mouth ulcers, skin rash, alopecia, minor infections, mild increase in blood pressure and elevated liver enzymes. Major adverse effects such as significant lung injury, severe infection and cytopenia may occur, and early recognition of these is crucial. The risk of adverse effects is increased with concurrent medications, particularly methotrexate, and patient factors such as alcohol consumption and low body weight. Regular monitoring with clinical assessment, blood counts and liver function tests is essential. Leflunomide is contraindicated in pregnancy and effective contraception is required for men and women during and after treatment. Live vaccines should be avoided for at least six months after stopping treatment. Leflunomide has a complicated pharmacological profile, including a long half-life that makes the management of toxicity difficult.


Introduction: Recently, implant manufacturers have made modifications to currently available implants in an attempt to improve postoperative flexion. The Low Contact Stress (LCS) RPS (DePuy Orthopaedics Inc., Warsaw, IN, USA) is one such prosthesis which is a modification of the established LCS RP design. Satisfactory results have been obtained without patella resurfacing in the original LCS RP design;

Methods: We report on a single surgeon series showing an alarmingly high incidence of patellofemoral crepitus when this new prosthesis, LCS RPS, is used without patella resurfacing. In addition, the outcomes for this prosthesis from the Australian National Joint Replacement registry will be reported. These results show a high revision rate with most revisions being patella resurfacing for patellofemoral pain;

Results: Affected patients who elected to have a revision procedure underwent either an arthroscopic patellaplasty procedure or revision to resurface the patella. Both of these procedures resulted in satisfactory resolution of symptoms in the majority of patients;

Discussion: Potential causes for this complication are discussed. It is the recommendation of the authors that when using this
prosthesis the patella is resurfaced.; © 2013 The Authors. ANZ Journal of Surgery © 2013 Royal Australasian College of Surgeons.


Paleopathologists have identified osteoporosis in ancient skeletons and modern physicians and scientists have identified risk factors for osteoporosis today, but they are not clearly linked, making it more difficult to clarify the causes of osteoporosis in the past. The evidence for osteoporosis in the remote past, its causes, and the management of this disease is reviewed in the light of evolving and improving diagnostic modalities, more precise definitions, and the recent rapid expansion of therapeutic options. While the specific effects of parity and lactation on the development of osteoporosis are still not entirely clear, duration of reproductive span and age at first pregnancy appear to be significant predisposing factors. © 2013 Royal College of Physicians of Edinburgh.


Left ventricular filling and thus diastolic function are frequently monitored and managed in critical care. However, scant data exist regarding possible screening tests for diastolic dysfunction in the intensive care unit (ICU). The present study aimed to evaluate plasma b-type natriuretic peptide (BNP) as a marker of diastolic dysfunction in a single-centre cohort of 'non-cardic' ICU patients. The ICU is non-cardiac in that it provides mixed medical/surgical services with the exception of cardiology, cardiac surgery and solid organ transplantation. Clinical data were recorded over the first 24 hours of ICU stay for 32 consecutive patients. Transthoracic echocardiogram and blood collection for BNP assay were then performed. Diastolic dysfunction was demonstrated in 34% (n=11). Mean ± standard deviation BNP values were higher with diastolic dysfunction (238 ± 195 vs 72 ± 78 pg/ml P=0.003). A BNP threshold of >43 pg/ml yielded a sensitivity of 80% and a specificity of 59% area under the receiver operating characteristic curve was 0.82. BNP correlated independently with E/e' (R=0.425 P=0.015) (E/e': peak early transmirtal velocity [E]/early diastolic mitral annular velocity [e']) but not left ventricular ejection fraction (P=0.8), illness severity (Acute Physiological and Chronic Health Evaluation II P=0.3) or fluid balance (P=0.4). Diastolic dysfunction was common in this cohort of non-cardiac ICU patients and was independently associated with a significantly higher BNP. The potential application as a screening test for diastolic dysfunction is likely to require a threshold lower than previously proposed for heart failure.


To evaluate the cytotoxicity of reusable cannulas for ophthalmic surgery after the cannulas were filled with an ophthalmic vicosurgical device (OVD) and cleaned with an enzymatic detergent.


Aims: To obtain national epidemiological data on the prevalence, aetiology, management and outcome of refractory convulsive status epilepticus (RCSE) in children. Methods: Data were collected from eight pediatric intensive care units (PICUs) between 31/12/2007 and 31/12/2009 using a standard proforma,in collaboration with PICANet. Results: The study included 245 (male, 179) patients aged <1 to 16.5 years (mean 3.8, median 2.8 years). Causes included acute symptomatic (12.4%), remote symptomatic (18.4%), epilepsy-related (22.4%), progressive encephalopathy (5.3%) febrile (14.7%) and nocause (23.7%). In the Emergency Department (ED), 219 patients (89%) received at least one benzodiazepine dose, 197 (80.4%) received phenytoin, 23 (9.3%) received phenobarbital. Subsequent anticonvulsants in ED included thiopentone (105 patients; 42.9%), midazolam (15; 6.12%), propofol (4; 1.63%). Only one-third were treated according to AdvancedPaediatric Life Support guidelines. Average length of admission to PICU was 3.71 days (range 1-45,median 2), with an average of 3.19 days ventilated (range 1-31, median2). Nine patients died (3.7%). Twenty-seven patients (11%) showed anew neurological deficit on discharge from PICU, persisting in 10 (4%) at the 30 day follow-up. Conclusions: Thiopentone was the most commonly used first-choice anticonvulsant to treat RCSE on admission to PICU. Mortality was low. Approximately 1 in 25 showed a new neurological deficit at30 days following discharge from PICU. These data could help design a randomized controlled trial of the treatment of pediatricRCSE.

Aims To obtain epidemiological data on the prevalence, aetiology, management and outcome of refractory convulsive status epilepticus (RCSE). Methods Data on children admitted with RCSE to eight paediatric intensive care units (PICUs) were collected retrospectively using a standard proforma designed and co-ordinated by PICAnet. Data were collected between 31/12/2007 and 31/12/2009. Results Data were collected on 245 (male, 179) patients aged <1 month to 16.5 years (mean 3.8, median 2.8 years). Causes included acute symptomatic (12.4%), remote symptomatic (18.4%), epilepsy- related (22.4%), progressive encephalopathy (5.3%) and febrile (14.7%); no cause was identified in 23.7%. Thirty nine patients received treatment (midazolam > diazepam) at home and 73 received treatment from paramedics (diazepam > midazolam). In the Emergency Department (ED), 219 patients (89%) received at least one benzodiazepine dose, 197 (80.4%) received phenytoin and 23 (9.3%) received phenobarbital. Subsequent anticonvulsants (Figer Presented) in ED included thiopentone (105 patients, 42.9%), midazolam (15, 6.12%) and midazolam and propofol (4, 1.63%). In ED the APLS guidelines were followed precisely in 90 patients (36.7%); 88 patients (35.9%) received an inappropriate dose of benzodiazepine (above guideline dose in 62, below guideline dose in 26). Thirty seven patients (15.1%) received anticonvulsants in the wrong sequence. The mean length of duration of admission to PICU was 3.7 days (range 1-45, median 2). The mean length of days ventilated (on PICU) was 3.2 days ventilated (range 1-31, median 2). Nine patients died (3.7%). Twenty seven patients (11%) demonstrated a new neurological deficit on discharge from PICU, of whom 10 (4% of the entire cohort) continued to show this deficit at 30 days. Conclusions: Approximately one third of the patients admitted to PICU with RCSE had been treated in the ED appropriately using the APLS algorithm. Thiopentone was the most commonly used first-choice anticonvulsant to treat RCSE on admission to PICU. Mortality was low and approximately 1 in 25 showed a new neurological deficit at the 30-day follow-up.


Background: Emergency medicine physicians and psychiatric staff face a challenging job in risk stratifying patients presenting with suicide attempts to predict which patients need intensive care unit admission, hospital admission or can be discharged with psychiatry follow up.; Aims: This study aims to analyse patients who were admitted to the intensive care unit or regular ward for suicide attempt, and the methods they employed in a rural Australian base hospital.; Method: We conducted a retrospective analysis of patients who presented with suicide attempts to the Rockhampton Base Hospital Emergency Department, Queensland Australia from 1 September 2007 to 31 August 2009. Multivariate logistic regression was undertaken to identify risk factors for ICU and regular ward admission, and predictors of suicide method.; Results: There were 570 patients presenting with suicide attempts, 74 of which were repeat suicide attempts. There was a 10- fold increase in the odds of intensive care unit or ICU admission (CI 1.45-81.9, p=0.02) for patients who presented with drug overdose. Increased age (OR=1.02, 95 per cent CI 1.00-1.03, p=0.05), drug overdose (OR=2.69, 95 per cent CI 1.37-5.29, p=0.004), and previous suicide attempt (OR=1.53, 95 per cent CI 1.03-2.28, p=0.03) were significantly correlated with hospital admission. Male patients (OR=2.76, 95 per cent CI 1.43-5.30, p=0.002) and Aboriginal patients (OR=3.38, 95 per cent CI 1.42-8.05, p=0.006) were more likely to choose hanging as a suicide method.; Conclusion: We identified drug overdose as a strong predictor of ICU admission, while age, drug overdose and history of previous suicide attempts predict hospital admission. We recommend reviewing physician practices, especially safe medication, in suicide risk patients. Our study also highlights the need for continued close collaboration by acute care and community mental health providers for quality improvement;


Antenatal hydronephrosis (ANH) is a common abnormality seen on routine prenatal ultrasound. Although this condition is invariably transient and benign, it can result in a deterioration in renal function and other significant co-morbidities. Once detected, careful ultrasound monitoring of the ANH is recommended during pregnancy. Postnatal antibiotic prophylaxis should be commenced after birth whilst investigating in a stepwise fashion in order to elucidate the underlying cause of the hydronephrosis. The aim is to preserve renal function, prevent urinary tract infection, and protect the upper tracts. © British Association of Urological Surgeons 2013.


Purpose: The JOINT I (United States) and JOINT II (Australia and Europe) studies evaluated the efficacy and safety of collagenase clostridium histolyticum (CCH) injection for the treatment of Dupuytren contracture. Methods: Both studies used identical open-label protocols. Patients with fixed-flexion contractures of metacarpophalangeal (MCP) (20° to 100°) or proximal interphalangeal (PIP) joints (20° to...
could receive up to three 0.58-mg CCH injections per cord (up to 5 total injections per patient). We performed standardized finger extension procedures to disrupt injected cords the next day, with follow-up 1, 2, 6, and 9 months thereafter. The primary end point (clinical success) was reduction in contracture to within 0° to 5° of full extension 30 days after the last injection. Clinical improvement was defined as 50% or more reduction from baseline contracture. Results: Dupuytren cords affecting 879 joints (531 MCP and 348 PIP) in 587 patients were administered CCH injections at 14 U.S. and 20 Australian/European sites, with similar outcomes in both studies. Clinical success was achieved in 497 (57%) of treated joints using 1.2 ± 0.5 (mean ± SD) CCH injections per cord. More MCP than PIP joints achieved clinical success (70% and 37%, respectively) or clinical improvement (89% and 58%, respectively). Less severely contracted joints responded better than those more severely contracted. Mean change in contracture was 55° for MCP joints and 25° for PIP joints. With average contracture reductions of 73% and improvements in range of motion by 30°, most patients (92%) were “very satisfied” (71%) or “quite satisfied” (21%) with treatment. Physicians rated change from baseline as “very much improved” (47%) or “much improved” (35%). The CCH injections were well tolerated, causing no tendon ruptures or systemic reactions. Conclusions: Collagenase clostridium histolyticum was an effective, minimally invasive option for the treatment of Dupuytren contracture of a broad range of severities. Most treated joints (625 of 879) required a single injection. Treatment earlier in the course of disease provided improved outcomes. Type of study/level of evidence: Therapeutic IV. © 2013 American Society for Surgery of the Hand. Published by Elsevier, Inc. All rights reserved.


Children with chronic and disabling medical conditions are increasingly surviving into adulthood. The Children’s Hospital has often become a second home, with staff who are familiar with their medical issues, care needs and family circumstances. At age 15-18, the Children’s Hospital indicates it will be time to move on, but the transition into a much larger and generally less personal adult hospital is challenging both for the child and the family. Substitute decision making for an intellectually disabled young adult, complex and often inadequate community supports and disability services, and high physical care needs make the hospital experience more difficult. The specialized and narrow focus of many hospital departments may result in poorly co-ordinated care. Families may feel there is little understanding of medical conditions relatively uncommon in adult medicine, and no continuity or consistent medical support to assist them as the young person encounters the ongoing or escalating challenges of their disease or disability. At times a geriatrician, who is familiar with chronic and complex conditions, the need for a multidisciplinary team approach, and with issues of substitute decision makers, may be asked to take a lead in the care of the younger person with complex medical conditions.