
Gallbladder torsion is a rare condition of increasing prevalence in recent years. Two types of anatomical predispositions have been described: a gallbladder mesentery that is long and inelastic vs. a gallbladder that lacks a mesenteric attachment and “floats” in the abdomen. Classically, a “triad of triads” has been described to aid in the clinical diagnosis of gallbladder torsion. Gallbladder torsion is difficult to diagnose clinically and radiologically. However, delayed recognition and intervention can lead to fatal sequelae including gangrene and perforation. Introduction

Gallbladder torsion is a rare condition of increasing prevalence in recent years. It is often difficult to diagnose pre-operatively and delayed intervention can lead to significant complications. Presentation of Case

We present a case of an 81 year old lady who presented with symptoms of cholecystitis for 24 hours with no evidence of cholelithiasis on imaging. She deteriorated within 24 hours of admission despite intravenous antibiotics; Emergency laparoscopy was performed which showed the gallbladder malrotated 180 degrees with features of necrosis. Laparoscopic cholecystectomy was performed without complications.

Discussion

The cause of gallbladder torsion are thought to be due to underlying anatomical variations or loss of elasticity associated with aging. Diagnosis is difficult clinically and radiologically, however, features such as “whirl sign” and “cystic duct knot sign” have been described. Due to ischemia associated with torsion, clinical vigilance and early intervention is recommended to prevent potential fatal sequelae particularly in the elderly population. Conclusion

Gallbladder torsion is a rare finding that can be difficult to diagnose clinically, we are hoping to promote awareness to prevent complications associated with delayed therapy.


Highlights

- Foreign body ingestion is a common clinical presentation with less than 1% of the cases requiring surgical intervention.
- Laparoscopic appendicectomy is recommended for the removal of appendiceal foreign bodies.
- Small, sharp objects can cause acute appendicitis or perforation whereas large, round objects may cause appendicitis later in life.

Abstract

Introduction
Foreign body ingestion is a common clinical presentation with less than 1% of the cases requiring surgical intervention. In this report, we present a rare case of razor blades lodged in the appendix as a result of intentional ingestion.

Presentation of case

A 25 year old male prisoner presented to our hospital with persistent right iliac fossa pain after razor blade ingestion. After 5 days of conservative management, there was no sign of transition on serial X-Rays. Laparoscopy with intraoperative image intensification confirmed the presence of the razor blades in the appendix and appendicectomy was subsequently performed without complications.

Discussion

Most ingested objects with diameter less than 2.5 cm and length less than 6 cm can pass through the gastrointestinal tract spontaneously in less than one week. The entry of foreign objects into the appendix is thought to be due to relative low motility of the caecum, the dependent position of the appendix and the size of the appendiceal orifice. Radiographic localisation to the appendiceal lumen was complicated by metallic artefact, but was consistent with failure to transit. Appendicectomy was felt to be the safest mode of retrieval.

Conclusion

Ingested foreign body lodged in the appendix is a rare event. Once the exact location is confirmed, a simple laparoscopic appendicectomy can be performed to facilitate the removal.


INTRODUCTION: This case series highlights the challenges faced in general surgery when encountering patients who use multiple false identities and provide unreliable histories. PRESENTATION OF CASES: We present two patients both with a background of mental health disorders and previous abdominal surgeries. After extensive workup with one patient almost proceeding to surgery, it was noted that these patients have had multiple presentations under different aliases to multiple different hospitals and had given inconsistent medical and surgical histories. DISCUSSION: In such patients, history and clinical examinations are unreliable. Medical records are also not helpful given the patients' multiple aliases. Particularly in surgery, inaccurate knowledge of the patients' previous operative details can lead to significant harms. Extensive investigations are usually performed in assessing these patients, resulting in excessive radiation exposure and incurring significant costs to the health system. It is also important to recognise the potential legal repercussions and harms to the patients who have had their identities stolen. CONCLUSION: Identity fraud poses significant challenges to patient care, vigilance from clinicians and implementing strategies to reduce system error can help to limit harms to the patient and the health care system.


•Mesenteric venous thrombosis (MVT) can be fatal with the superior mesenteric vein being the most common site of thrombus formation. •Intestinal
ischemia often accompanies MVT in the acute setting, complicating its management. Patients who present with MVT should be screened for conditions that cause disruption to Virchow’s Triad. Introduction: Acute mesenteric venous thrombosis is a rare but potentially fatal condition with superior mesenteric vein being the most common site of thrombosis development [1]. It is more common in patients with underlying disorders which cause disruptions to Virchow’s Triad of hypercoagulability, stasis and endothelial injury. The disease is often associated with intestinal ischemia in its acute form, further complicating its management. Presentation of case: We present a case of acute superior mesenteric venous thrombosis resulting in jejunal ischemia in a 60-year-old Caucasian male with possible ulcerative colitis. A computed tomography (CT) scan demonstrated features of intestinal infarction. However, the patient was stable after initial resuscitation with a non-peritonitic abdomen and was subsequently managed with conservative measures. Discussion: We have illustrated a case of a patient with acute mesenteric venous thrombosis with potential bowel compromise. Despite concerning CT features, the patient was clinically stable and responded to conservative management. We hope to emphasise that although radiology plays a crucial role in modern medicine, it is important to make therapeutic decisions based on clinical findings. Conclusion: Acute mesenteric venous thrombosis is a complex entity. It requires a multidisciplinary team approach to plan for the most appropriate treatment strategy suitable for each patient as all options are associated with significant risks. The underlying cause should be established as this will determine any long-term management necessary to prevent recurrence.


Introduction: Acute appendicitis in older adults is relatively uncommon and could be the first presentation of an underlying colorectal carcinoma. Colonoscopy in these individuals affords the opportunity for earlier diagnosis and treatment. The finding of increased rates of colorectal cancer (CRC) with older patients who have had appendicitis was supported by a number of small studies and case reports in the early 1980s. With the advent of CT scanning and laparoscopic appendicectomy, increased ability to visualize the caecum has been achieved. Purpose: A retrospective 12-month study of all patients presenting with acute appendicitis aged 50 years and over from 1st May 2017 to 31st May 2018, and review of post operative screening colonoscopy findings. Results: Forty-three patients met inclusion criteria. The patients' median age was 62 years (range 50-85 years). 47% of the patients were male. 86% of patients had abdominal CT scans prior to surgery with acute appendicitis visualized in 97% of these cases. Acute appendicitis was found in 100% of cases with no clinical suggestion of CRC operatively or pathologically. 46% of patients had pertinent findings on colonoscopy. This included a malignant obstructing tumour at the hepatic flexure and a tubular adenoma in the transverse colon in a second patient. The remaining findings in this cohort of patients included diverticular disease and benign polyps. Conclusion: Despite the advancement in visualization of anatomy with CT scan and laparoscopic appendicectomy there is still a role for screening colonoscopy in patients greater than 50 years of age with appendicitis particularly if they have associated bowel symptoms or risk factors for CRC.
Introduction: Pneumatosis Intestinalis (PI) can present with a broad range of presentations from chronic and non-specific to acute and life threatening. It is paradoxically one of the few conditions where a pneumoperitoneum found in the diagnostic workup is not necessarily an indication for laparotomy.

Presentation Of Cases: The first case is of a 75 year old gentlemen who attended the emergency department after several weeks of worsening abdominal pain and weight loss. At laparotomy, two segments of nodular, abnormal-looking small bowel were identified with bubbles of air seen in the small bowel mesentery. The second case is of an 86 year old man with of a 5-month history of abdominal pain, weight loss, nausea and diarrhoea. A subsequent endoscopy revealed diffuse gastritis with a small antral gastric ulcer with a small amount of blood. The CT scan demonstrated free air within the bowel wall, with a follow up scan performed 3 weeks later revealing an increase in the amount of free air.

Discussion: PI is a rare condition characterised by the presence of subserosal and submucosal gas filled cysts occurring anywhere in the gastrointestinal tract from the oesophagus to the anus. Numerous conditions have been associated with PI including bowel obstruction, infections, ischemia and there have been reported cases suggesting as association with Crohn’s disease.

Conclusion: PI is a condition that may manifest with a wide range of symptoms from mild abdominal pain to acute peritonitis. Its treatment is generally medical and even with radiological evidence of perforation laparotomy may not be indicated if the patient is clinically well.

INTRODUCTION: Cutaneous lymphomas represent a unique group of lymphomas. Cutaneous lymphomas are the second most frequent extra nodal involvement; gastrointestinal involvement being the most frequent (Malkan et al. [1]). To the best of our knowledge few cases of cutaneous relapse of Non-Hodgkin Lymphoma (NHL) have been reported where there was an absence of primary cutaneous involvement. CASE PRESENTATION: A case study of a 70-year-old woman who was referred for an excisional biopsy of a lesion on her left cheek in 2017. She had previously been diagnosed with NHL in 2009; disease involved the right groin lymph nodes. The patient completed a course of chemotherapy and was in remission. An excision of the lesion on the left upper cheek confirmed low-grade follicular lymphoma. A PET scan was performed after the histology from the lesion was confirmed which demonstrated moderate fluorodeoxyglucose (FDG) uptake in left cheek, left external iliac lymph nodes and left tonsil consistent with recurrence of lymphoma. DISCUSSION: The majority of relapses of NHL occur in the first 2 years after the completion of treatment. Extra nodal lymphomas comprise 24-48 percent of cases. The reason for multifocal extra nodal lymphoma or preferential involvement of specific extra nodal sites at recurrence is not clear Extra nodal involvement involving skin accounts for 10 percent of cases. NHL typically relapses in the same involvement sites. First line treatment for solitary lesions includes surgical excision, antibiotics and radiotherapy. CONCLUSION: Disease relapse was not present in the primary involvement site. Furthermore, there was a cutaneous relapse where there was no primary
cutaneous disease. Treatment involved systemic therapy for this patient given the nodal involvement found on the PET scan.


INTRODUCTION: Tumour heterogeneity is important in the management of breast cancer. Hormone receptors are established biomarkers for treatment and prognosis of patients with breast cancer. There are three immunohistochemical biomarkers: estrogen receptor (ER), progesterone receptor (PR) and human epidermal growth factor 2 (HER2). We explore whether heterogeneity in hormone receptor status in synchronous bilateral breast alters therapeutic management. CASE PRESENTATION: This case details a 54 year old woman who was referred to our clinic by her general practitioner for investigation of bilateral breast pain that she had for 6 months. On clinical examination pathological nodes were palpated in bilateral axilla. There was left sided nipple inversion with a palpable mass in the upper outer quadrant of approximately 3 cm diameter. On examination of the right breast there was skin tethering of the nipple and 3 masses were palpated, the largest being in the upper inner quadrant at 5 cm diameter. Ultrasound and mammography of bilateral breasts demonstrated advanced bilateral breast cancer with axillary node metastases. Core biopsies demonstrated invasive carcinoma. The right breast lesion was ER negative whilst the left breast lesion was ER positive. DISCUSSION: In patients with synchronous bilateral breast cancer ER discordance in patients have been associated with higher mortality than ER concordant positive patients and lower mortality than ER concordant negative patients within the first 5 years of surveillance [1]. CONCLUSION: Heterogeneity in hormone receptor status alters the therapeutic management of patients with synchronous bilateral breast cancer. Both hormone therapy and chemotherapy should be considered in these patients. It is of utmost importance to evaluate the tumor receptor status in cases of synchronous bilateral breast tumour and to assess for change in relation to tumour progression or treatment. Further study in the status change of receptors could open up new treatment modalities.


There is much debate between neonatologists and paediatricians about appropriate oxygen saturation targets for babies with chronic neonatal lung disease (CNLD). Overnight oximetry is used to guide the fraction of inspired oxygen to use. We did this literature review to examine the current literature on the use of overnight oximetry in term infants, preterm infants and babies with CNLD (especially relevant to ex-preterm babies with CNLD going home on oxygen). We reviewed the literature from January 1990 to October 2017 by searching the following databases: Cochrane Central Register of Controlled Trials, The Joanna Briggs Institute, CINAHL, MEDLINE, Scopus, EMBASE, ProQuest and Science Direct. Sixteen articles were included in the review. The literature available on overnight oximetry in neonates is limited, it is not contemporary, and it reports studies that did not use oximeters with modern software for data collection and analysis. It is imperative that reference ranges be defined for overnight oximetry parameters so that babies are not inadvertently administered inappropriate amounts of oxygen.

BACKGROUND: Children with chronic health conditions have better health-related outcomes when their care is managed in a personalised and coordinated way. However, increased demand on Australian ambulatory care hospital services has led to longer waitlist times to access specialists and appropriate intervention services; placing vulnerable children at increased risk of poorer short-term (e.g. social difficulties) and long-term (e.g. convictions) health and social outcomes. Traditional approaches to increasing frequency and service of delivery are expensive and can have minimal impact on caregiver burden. A community based service-integration approach, rather than self-directed care is proposed as increased service linkages are more likely to occur and improve the health outcomes of children with a chronic health condition. METHODS: An open, unblinded, multi-centre randomised controlled trial in two Australian public hospitals. 112 children (0-16 years) fulfilling the inclusion criteria will be randomised to one of two clinical pathways for management of their chronic health condition: (1) integrated children's care clinic (ICCC) or (2) self-directed care pathway. All children and caregivers will be interviewed at 1 week, and 3, 6 and 12 month time intervals. Primary outcome measures include the Pediatric Quality of Life (PedQOL) questionnaire, Subjective Units of Distress Scale, Child Behaviour Checklist (CBCL) and Rotter's Locus of Control Scale. Secondary outcome measures include the total number of medical appointments, school days missed and quantity of services accessed. Our main objectives are to determine if the ICCC results in better health and economics outcomes compared to the self-directed care pathway. DISCUSSION: The success of a health systems approach needs to be balanced against clinical, mortality and cost-effectiveness data for long-term sustainability within a publicly funded health system. A clinical pathway that is sustainable, cost-effective, provides efficient evidence-based care and improves the quality of life outcomes for children with chronic health conditions has the potential to reduce waitlist times, improve access to health services, increase consumer satisfaction; and prevent costs associated with poorly managed chronic health conditions into adulthood. This study will be the first to provide clinical and health economics data on an integrated care pathway for the management of chronic health conditions in children. On a broader scale, results from this study will help guide care coordination frameworks for children with chronic health conditions; particularly with the introduction and implementation of a National Disability Insurance Scheme (NDIS) across Australia. TRIAL REGISTRATION: Australia and New Zealand Clinical Trials Register (ANZCTR) ACTRN12617001188325 . Registered: 14th August, 2017.

Hall, K. K., et al. (2018). "Health service utilisation amongst urban Aboriginal and Torres Strait Islander children aged younger than 5 years registered with a primary health-care service in South-East Queensland." Journal Of Paediatrics And Child Health.

Aim: The majority of Australia's Aboriginal and/or Torres Strait Islander children live in urban areas; however, little is known about their health service use. We aimed to describe health service utilisation amongst a cohort of urban Aboriginal and/or Torres Strait Islander children aged <5 years.; Methods: We analysed health service utilisation data collected in an ongoing prospective cohort study of children aged <5 years registered with an Aboriginal-owned and operated primary health-care service. Enrolled children
were followed monthly for 12 months, with data on health service utilisation collected at baseline and at each monthly follow-up. Health service utilisation rates, overall and by service provider and reason for presentation, were calculated and reported as incidence rates per 100 child-months with the corresponding 95% confidence intervals (CIs). Results: Between February 2013 and November 2015, 180 children were enrolled, and 1541 child-months of observation were available for analysis. The overall incidence of health service utilisation was 52.5 per 100 child-months (95% CI 48.7-56.5); 81% of encounters were with general practitioners. Presentation rates were the highest for acute respiratory illnesses (30.7/100 child-months, 95% CI 27.8-33.9). Conclusions: In this community, acute respiratory illnesses are predominant causes of health service utilisation in young children. The healthcare utilisation profile of these children presents important opportunities for health promotion and intervention.; © 2018 Paediatrics and Child Health Division (The Royal Australasian College of Physicians).

Objective:: The objective of this study was to explore attitudes and decision-making by pregnant women regarding antidepressant and anxiolytic use during pregnancy.
Method:: An observational study at an outer metropolitan hospital in Brisbane, Queensland. Pregnant women presenting for their first antenatal clinic visit were invited to complete a questionnaire. Participants were asked about current or previous antidepressant/anxiolytic use, influences on drug decision-making and the adequacy of information received. Perceptions were measured on a 7-point Likert scale.
AResults:: A total of 503 pregnant women were surveyed. The background prevalence of anxiety and depression was 30.0% (151), with 9.3% (47) respondents using antidepressant or anxiolytic medications during the current pregnancy. Of these 47 women, 68% ceased these medications during or while trying to become pregnant, most commonly due to potential side effects to the baby (16), health professional advice (8) and symptomatology that was under control (7). While the effect was modest, decision-making was most strongly influenced by general practitioners, family and the internet.
AConclusions:: Most women cease antidepressant/anxiolytic medication before and during pregnancy for reasons other than stability of condition. This study reveals an unmet need for accessible reliable information to guide pregnant women and their care providers.

BACKGROUND:
Some university students consume pharmaceutical stimulants without a medical prescription with the goal of improving their academic performance. The prevalence of this practice has been well documented in the US, but less so in other countries. The potential harms of using prescription stimulants require a better understanding of the prevalence of this practice within Australian universities.

METHODS:
An internet survey of 1136 Australian students was conducted in 2015 in three large Australian universities. Students were asked about their personal use of prescription stimulants, attitudes and experiences with prescription stimulants. They were also asked about their use of caffeine, energy drinks and illicit drugs to enhance their academic performance.

RESULTS:
Lifetime self-reported use of stimulant medication to improve academic performance was 6.5, and 4.4% in the past year. Students were far more likely to report using coffee and energy drinks (41.4 and 23.6% respectively, lifetime use) than prescription stimulants to help them study and complete university assessments. Non-medical use of prescription stimulants was strongly associated with a history of illicit drug use.

CONCLUSION:
The prevalence of nonmedical prescription stimulant use to improve academic performance is low among university students in Australia, especially when compared with their use of coffee and energy drinks.

BACKGROUND: Pre-labour rupture of membranes (PROM) at term is a common event with early induction of labour reducing infectious morbidity without increasing the caesarean rate. Syntocinon is commonly used for induction but prostaglandins are also routinely used. Large studies have shown no difference in the maternal and neonatal outcomes with either method. AIM: To assess the safety and efficacy of vaginal prostaglandin (PG) compared to syntocinon for induction of labour in term-PROM. METHOD: This was a single-centre randomised controlled trial at Ipswich Hospital of women presenting at >/=37 weeks gestation with PROM. Women were randomised and managed in labour as per local guidelines. Analysis was by intention to treat. RESULTS: One hundred and eighty-four women were recruited, 90 in the PG group and 94 in the oxytocin group. Women in both arms were of similar demographics and 53% of women in the PG group did not require any oxytocin. There was a statistically significant lower incidence of fetal heart rate abnormality in the PG group, 4.4% versus 12.8%. There was no difference in epidural use, caesarean section, maternal infection, admission to special care nursery or neonatal sepsis. Time to onset of labour was significantly longer in the PG group, 25.7 h versus 19.7 h but with no difference in the length of first stage. Maternal satisfaction was high in both groups with no significant difference in breastfeeding rates. CONCLUSION: Induction of labour with oxytocin or vaginal prostaglandins are safe and efficacious options for women in the context of PROM at term.

Objectives: To evaluate the effect of ICU diaries on posttraumatic stress disorder symptoms in ICU survivors and their relatives. Secondary objectives were to determine the effect on anxiety, depression, and health-related quality of life in patients and their relatives.
Data Sources: We searched online databases, trial registries, and references of relevant articles.
Study Selection: Studies were included if there was an ICU diary intervention group which was compared with a group without a diary.

Data Extraction: Titles, abstracts, and full-text articles were reviewed independently by two authors. Data was abstracted using a structured template.

Data Synthesis: Our search identified 1,790 articles and retained eight studies for inclusion in the analysis. Pooled results found no significant reduction in patients’ posttraumatic stress disorder symptoms with ICU diaries (risk ratio, 0.75 [0.3-1.73]; p = 0.5; n = 3 studies); however, there was a significant improvement in patients’ anxiety (risk ratio, 0.32 [0.12, 0.86]; p = 0.02; n = 2 studies) and depression (risk ratio, 0.39 [0.17-0.87]; p = 0.02; n = 2 studies) symptoms. Two studies reported significant improvement in posttraumatic stress disorder symptoms of relatives of ICU survivors; however, these results could not be pooled due to reporting differences. One study reported no significant improvement in either anxiety (risk ratio, 0.94; 95% [0.66-1.33]; p = 0.72) or depression (risk ratio, 0.98; 95% [0.5-1.9]; p = 0.95) in relatives. There was a significant improvement in health-related quality of life of patients with a mean increase in the Short Form-36 general health score by 11.46 (95% CI, 5.87-17.05; p ≤ 0.0001; n = 2 studies). No studies addressed health-related quality of life of relatives.

Conclusions: ICU diaries decrease anxiety and depression and improve health-related quality of life, but not posttraumatic stress disorder among ICU survivors and may result in less posttraumatic stress disorder among relatives of ICU patients. Multicenter trials with larger sample sizes are necessary to confirm these findings.


out-patient services need to be addressed for long-term sustainable improvement. This paper provides a conceptual framework grounded in rigorous qualitative data analysis for understanding the internal and external factors that affect waiting times for specialist out-patient services. The results of this qualitative research indicate that there are five core domains that may influence waiting times in the public out-patient setting. When these domains are addressed at the strategic, tactical and operational levels, they have the potential to provide significant improvement in the delivery of out-patient services. This paper guides the attention of relevant stakeholders towards the five core domains identified (culture, stakeholders, resources, demand and system reform) that influence the performance of waiting times at the operational, tactical and strategic levels within the public hospital setting.

Jane Orbell-Smith, Health Librarian for Redcliffe and Caboolture Hospital Libraries, discusses the role that librarians might play in a scoping review, helpfully articulating differences between them and systematic reviews, and clearly detailing the steps involved in ensuring that they meet client needs.

Medication errors can have deleterious effects on patient safety and care. Interruptions, patient acuity and time pressures have all been cited as contributing factors in the incidence of medication errors. Yet, despite the number of different strategies that can be taken to reduce the incidence of medication errors, they still occur. The strategies often focus on refining systems and processes, depending on the root cause of the error. However, less recognised as contributory elements are human factors such as anger, hunger or tiredness. The aim of this quality improvement initiative was to reduce medication errors by 25% on a medical ward, through the introduction of the hunger, angry, lonely, tired (HALT) model to address the human factors associated with medication errors. Post-implementation, the HALT model appeared to have resulted in a total reduction in medication errors over a 2-month period by 31%. Mistakes related to human error were reduced by 25%, and those linked to communication and documentation errors by 22%. While this was a small-scale study, this is a significant reduction in medication errors. However, caution should be used when addressing other contributing factors associated with medication errors as using HALT alone will not address these.

Background: Hypoxemia and anemia are common findings in critically ill patients admitted to Intensive Care Units. Both are independently associated with significant morbidity and mortality. However, the interaction between oxygenation and anemia and their impact on mortality in critically ill patients has not been clearly defined. We undertook this study to determine whether hemoglobin (Hb) level would modify the association between hypoxemia and mortality in mechanically ventilated critically ill patients. Methods: We performed a retrospective cohort study of all mechanically ventilated adult patients (aged >16 years) in the Australian and New Zealand Intensive Care
Society Adult Patient Database (APD) admitted over a 10-year period. Multivariate hierarchical logistic regression was used to assess the relationship between hypoxemia and hospital mortality stratified by Hb. Results: Of 1,196,089 patients in the APD, 219,723 satisfied our inclusion and exclusion criteria. There was a linear negative relationship between hypoxemia and hospital mortality which was significantly modified when stratified by Hb. Hb independently increased the risk of mortality in patients with arterial oxygen tension <102. Conclusions: Hb is an effect modifier on the association between oxygenation and mortality.


The infiltration of local anesthetic has been shown to reduce postoperative pain in knee arthroscopy. Several studies have shown that the addition of agents such as magnesium and nonsteroidal antiinflammatory drugs (NSAIDs) result in an increased time to first analgesia and overall reduction in pain. The aim of this systematic review and meta-analysis was to determine whether the addition of an alpha-2 agonist (A2A) to intra-articular local anesthetic, results in a reduction in postoperative pain. Four major databases were systematically searched for relevant randomized controlled trials (RCTs) up to July 2017. RCTs containing a control group receiving a local anesthetic and an intervention group receiving the same with the addition of an A2A were included in the review. The included studies were assessed for level of evidence and risk of bias. The data were then analyzed both qualitatively and where appropriate by meta-analysis. We reviewed 12 RCTs including 603 patients. We found that the addition of an A2A resulted in a significant reduction in postoperative pain up to 24 hours. The addition of the A2A increased time to first analgesia request by 258.85 minutes (p < 0.00001). Total 24-hour analgesia consumption was analyzed qualitatively with all included studies showing a significant reduction in total analgesia requirement. Interestingly, none of the studies found an increase in side effects associated with the A2A. This study provides strong evidence for the use of A2As as a means to reduce postoperative pain post arthroscopic knee surgery, without a corresponding increase in side effects.


CONTEXT: Scapular taping can offer clinical benefit to some patients with shoulder pain; however, the underlying mechanisms are unclear. Understanding these mechanisms may guide the development of treatment strategies for managing neuromusculoskeletal shoulder conditions.

OBJECTIVE: To examine the mechanisms underpinning the benefits of scapular taping. DESIGN: Descriptive laboratory study. SETTING: University laboratory. PATIENTS OR OTHER PARTICIPANTS: A total of 15 individuals (8 men, 7 women; age = 31.0 +/- 12.4 years, height = 170.9 +/- 7.6 cm, mass = 73.8 +/- 14.4 kg) with no history of shoulder pain. INTERVENTION(S): Scapular taping. MAIN OUTCOME MEASURE(S): Surface electromyography (EMG) was used to assess the (1) magnitude and onset of contraction of the upper trapezius (UT), lower trapezius (LT), and serratus anterior relative to the contraction of the middle deltoid during active shoulder flexion and abduction and (2) corticomotor excitability (amplitude of motor-evoked potentials from transcranial magnetic stimulation) of these muscles at rest and during isometric abduction. Active shoulder-flexion and shoulder-abduction
range of motion were also evaluated. All outcomes were measured before taping, immediately after taping, 24 hours after taping with the original tape on, and 24 hours after taping with the tape removed. RESULTS: Onset of contractions occurred earlier immediately after taping than before taping during abduction for the UT (34.18 +/- 11.81 milliseconds and 93.95 +/- 106.33 milliseconds, respectively, after middle deltoid contraction; P = .02) and during flexion for the LT (110.02 +/- 109.83 milliseconds and 5.94 +/- 92.35 milliseconds, respectively, before middle deltoid contraction; P = .06). These changes were not maintained 24 hours after taping. Mean motor-evoked potential onset of the middle deltoid was earlier at 24 hours after taping (tape on = 7.20 +/- 4.33 milliseconds) than before taping (8.71 +/- 5.24 milliseconds, P = .008). We observed no differences in peak root mean square EMG activity or corticomotor excitability of the scapular muscles among any time frames. CONCLUSIONS: Scapular taping was associated with the earlier onset of UT and LT contractions during shoulder abduction and flexion, respectively. Altered corticomotor excitability did not underpin earlier EMG onsets of activity after taping in this sample. Our findings suggested that the optimal time to engage in rehabilitative exercises to facilitate onset of trapezius contractions during shoulder movements may be immediately after tape application.


INTRODUCTION: Subcutaneous emphysema (SE) is a frequent and often self-limiting complication of tube thoracostomy or other cardiothoracic procedures. On rare occasions, severe and extensive surgical emphysema marked by palpable cutaneous tension, dysphagia, dysphonia, palpebral closure or associated with pneumoperitoneum, airway compromise, "tension phenomenon" and respiratory failure require treatment. PRESENTATION OF CASE: A 67-year-old lady presented with a large spontaneous pneumothorax on the background of end-stage chronic obstructive pulmonary disease (COPD) and newly diagnosed lung cancer, developed extensive surgical emphysema following insertion of a chest drain. Immediate improvement was observed after insertion of a large-bore, 26 French (Fr.) intercostal catheter, subcutaneous drain which was maintained under low suction (-5 cm H2O) for a further 24h. DISCUSSION: Several methods have been described in the literature for the treatment of extensive subcutaneous emphysema, including: emergency tracheostomy, multisite subcutaneous drainage, infraclavicular "blow holes" incisions and subcutaneous drains or simply increasing suction on an in situ chest drain. Here a large-bore, fenestrated, subcutaneous drain maintained on low negative pressure also provided the necessary decompression. CONCLUSION: In the absence of a comparative study to identify the most effective method to manage extensive subcutaneous emphysema, this case highlights an effective, simple and safe management option.


INTRODUCTION: Silent metastatic gastric adenocarcinoma presenting as appendicitis is very rare. Rare pathologies may be encountered during common operations such as appendicectomy and an awareness of possible alternative pathological entities would be helpful in a surgeon's wealth of knowledge. PRESENTATION OF CASE: A 63-year-old man presented with a
a macroscopically inflamed and perforated appendix was found. There were however some atypical features, which included multiple inflamed ulcerated lesions throughout the small bowel mesentery and along the terminal ileum. Appendicectomy was performed and biopsies of these lesions were taken. Subsequent histopathology revealed that there were metastatic deposits of poorly differentiated adenocarcinoma in the appendix and mesenteric biopsies, as well as a neuroendocrine (carcinoid) tumour of the appendix. Upper endoscopy confirmed a gastric primary leading to peritoneal dissemination. The patient was scheduled to undergo a course of palliative chemotherapy. DISCUSSION: Metastatic gastric adenocarcinomas with peritoneal dissemination have a very poor prognosis and often the first choice of treatment is chemotherapy as a complete cure through surgery is often not feasible. As for classical carcinoid tumours smaller than 2cm towards the tip of the appendix with low proliferative index and without angiolymphatic or mesoappendiceal extension, then appendicectomy alone is indicated. Synchronous neoplastic pathologies presenting as appendicitis is largely unknown. CONCLUSION: To our knowledge, this is the first report in the literature of synchronous carcinoid tumour and metastatic gastric cancer co-existing within an inflamed appendix.

Marilyn Umney, Clinical Nurse, Endoscopy at Caboolture Hospital, provides her refection of GENCA 2017 National Conference.


Buprenorphine appears to have a ceiling effect on respiratory depression, but not analgesia in healthy young patients. However, the efficacy and side-effects of buprenorphine in the setting of acute pain are poorly characterized. The aim of this study was to characterize the analgesic efficacy and adverse effects of buprenorphine compared with morphine in the acute pain setting. A systematic review of five databases was performed. Randomised controlled trials (RCTs) comparing buprenorphine with morphine in acute pain management were included. Studies performed outside of the hospital setting were excluded. The a priori primary outcomes included pain, respiratory depression, and sedation. Secondary outcomes included requirement for rescue analgesia, time to rescue analgesia, nausea, vomiting, dizziness, hypotension, and pruritus. Twenty-eight RCTs with 2210 patients met the inclusion criteria. There was no difference in pain [visual analogue scale weighted mean difference (WMD)=−0.29; 95% confidence interval (CI)=−0.62 to 0.03; I²=99%; P=0.07], incidence of respiratory depression [odds ratio (OR)=2.07; 95% CI=0.78–5.51; I²=30%; P=0.14], or sedation (OR=1.44; 95% CI=0.76–2.74; I²=23%; P=0.26). There was only one secondary outcome with an overall significant difference; buprenorphine use was associated with significantly less pruritus (OR=0.31; 95% CI=0.12–0.84; I²=6%; P=0.02). Whilst a theoretical ceiling effect may exist with respect to buprenorphine and respiratory depression, in a clinical setting, it can still cause significant
adverse effects on respiratory function. However, given that buprenorphine is
an equally efficacious analgesic agent, it is a useful alternative opioid because
of its ease of administration and reduced incidence of pruritus.

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weighted mean difference (WMD)=-0.29; 95% confidence interval (CI)=-0.62
to 0.03; I(2)=99%; P=0.07], incidence of respiratory depression [odds ratio
(OR)=2.07; 95% CI=0.78-5.51; I(2)=30%; P=0.14], or sedation (OR=1.44;
95% CI=0.76-2.74; I(2)=23%; P=0.26). There was only one secondary
outcome with an overall significant difference; buprenorphine use was
associated with significantly less pruritus (OR=0.31; 95% CI=0.12-0.84;
I(2)=6%; P=0.02). Whilst a theoretical ceiling effect may exist with respect to
buprenorphine and respiratory depression, in a clinical setting, it can still
cause significant adverse effects on respiratory function. However, given that
buprenorphine is an equally efficacious analgesic agent, it is a useful
alternative opioid because of its ease of administration and reduced incidence
of pruritus.