

National Institute of Health Sciences

Research Bulletin

Volume 2
Issue 3

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The Role of Tacrolimus in
the Management of Chronic
Otitis Externa

Hospital Care of Children in
Four Countries

Waste in Total Hip
Replacement Surgery

Are Nurses in a Position to
Influence the Health Policy
Agenda in the Republic of
Ireland?



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**Volume 2
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If you wish to contribute to future editions of the National Institute of Health Sciences Research Bulletin, please contact:



National Institute of Health Sciences

St. Camillus' Hospital
Shelbourne Road
Limerick

t: 061-483975

f: 061-328042

e: info@nihs.ie

w: www.nihs.ie

The National Institute of Health Sciences

The NIHS operates in direct response to the national health research strategy *Making Knowledge Work for Health: A Strategy for Health Research* (2001). Its remit is to develop a health-related educational and research infrastructure in the mid-western region, build a culture that fosters health research, and support people in quality research for health. It is now in its fifth year of publishing and promoting research.

The core of the NIHS is the alliance between the Mid-Western Health Board and the University of Limerick, formally launched in 2003. This alliance is bridging the gap between the academic world and the various professions in the health care sector, adopting a partnership approach to developing a thriving research culture. The NIHS promotes and facilitates advances in health-related post-graduate education and research, and provides information resources to support research.

The NIHS invites all MWHB staff members to acquaint themselves with its resources and activities. Membership of the NIHS e-library is open to all MWHB staff. The NIHS looks forward to assisting in the continuing consolidation of the research culture of this region.

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Foreword

The National Institute of Health Sciences Research Bulletin is now in its fifth year of publication. Beginning in 1999 with the publication of the Health Sciences and Management Bulletin, it continues to function as a pivotal and vibrant vehicle for disseminating the findings of health-related research.

This year sees an ever-increasing demand for the services of the NIHS, with steady growth in registration for the e-library facility. The e-library itself continues to develop, with the addition of new online resources. The NIHS library and information services are expanding with the provision of research guidelines and links to critical high-quality information sources.

At this time of change in our health- and information-delivery structures, the growth of the NIHS is an encouraging testimony of the commitment to quality research-related activities in the mid-western region. It has made, and continues to make, marked contribution to the evolution of informational services such as those offered by the immanent Health Services Portal. The launch of this portal at the European e-health conference in May 2004 was a major national step towards the delivery of first-class information services to both health professionals and the public. One function of this resource, and one closely associated with the foundational principles and role of the NIHS, will be the support and facilitation of health research.

I gratefully acknowledge the dedication and efforts of the wide range of busy practitioners and health professionals engaged in research and who contributed to this issue. Their contributions are an invaluable asset to the excellence of our health services and research culture, and a major contribution to the health board as a learning organisation.

I am indebted to the work of the editorial team Professor Pierce Grace, Professor John Fenton, Mr Pat Brosnan, and Mr Aidan Hickey, for their continuing dedication and professionalism.

Stiofán de Búrca Ph.D.

Príomh Oifigeach Feidhmeacháin

The health sector is an information intensive sector that increasingly depends on information and communication technologies. These technologies support progress in medical research, better management and diffusion of medical knowledge, and a shift towards evidence-based practice.

One of the key requirements for a strong research culture is access to information technology, high quality information systems, and sophisticated databases and biological banks. Portals (commonly perceived as electronic gateways or doorways), as central delivery points of e-health services, are key to the delivery of this access. Capabilities of portals include:

- Streamlining the possibilities opened up by the internet for local, national, and international dialogue via online communities, electronic newsgroups, collaboration and information exchange, and discussion groups.
- Provision of electronic libraries, allowing 24-hour access to world-class data sources.
- Furthering of evidence-based practice by easier access to medical reference tools, delivery of evidence-based decision support systems, online development and dissemination of clinical guidelines, and online discussions about management of given clinical problems.
- Access to routinely collected information, providing a powerful resource for research and monitoring.
- Facilitating hospital based research by web-based clinical trials, online factual databases, online registries of patient data, morbidity data etc.
- Online continuing medical education (CME) and e-learning, revolutionising the development, training, and research capabilities of health organisations.
- Instant dissemination of knowledge, further supporting research activity.

The e-health conference in Cork (May 2004) occasioned the launch of Ireland's first national Health Services Portal. This portal contains the genuine potential to build the people-centred, health services that are the goal of the current reforms. The associated major benefit for our research community, as indicated above, will be facilitating the collaborative working and the exchange of information between the wide range of healthcare professionals.

Current national and international e-health developments are having a profound impact on health research cultures. The knowledge community around which this Research Bulletin is built needs to follow these developments closely and take advantage of e-health services and technologies in the pursuit of research- and practice-related excellence.

Aidan J. Hickey

Director

National Institute of Health Sciences

Introduction

This research was conducted against the background of a commitment in the National Health Strategy (2001) to the use of Public Private Partnerships (PPP) in contributing to the provision of the health service physical infrastructure. A PPP is ‘an agreement between a public authority and a private sector business for the purpose of designing, building, and possibly financing and operating, a capital asset or its associated service, where it has been traditionally been provided by the public sector’ (*Quality and Fairness: A Health system for You*, 2001).

Rationale

This research addresses the following question: What are the expectations of health board National Development Plan (NDP) Managers regarding the use of the PPP process in capital investment procurement in the health service?

Methodology

A literature review was conducted to identify key issues in the PPP process (e.g. definition, risk allocation, value for money, long-term implications) upon which to base the primary research.

Primary research was carried out using participant-observation interviews with NDP Managers in a number of health boards. The interviews examined the implications of PPP use for the NDP Managers’ business processes and roles.

Results

The research findings demonstrate that NDP Managers have considerable interest in the use of PPP in the provision of the health service physical infrastructure.

Specific findings include:

- NDP Managers demonstrate a significant awareness of, knowledge of, and interest in, the PPP process.
- PPP, while not being a panacea, has the potential to make a major contribution towards meeting the infrastructural needs of the health service.
- The emphasis in PPP on infrastructure life-cycle costs could contribute, in the future, to resolving the problem of inadequate facility upkeep.
- NDP Managers show an appreciation of the changing role which widespread use of PPP would entail for them, together with the new business processes which would arise.

Conclusions

The following recommendations emerged from the research in the context of significant future use of PPP:

- The Department of Health and Children (DoHC) would need to consider the future role of the Hospital Planning Office (HPO) by putting less emphasis on project delivery and more on design quality and standardisation.
- The DoHC should take a lead role in PPP policy formulation, PPP project selection criteria, and standardisation of PPP contracts.
- NDP Managers, among others, will need to acquire new skills and techniques in using the PPP model, e.g. financial modelling, contract negotiations, and risk assessment.

Chlamydia Trachomatis Prevalence in Men in the Mid-West of Ireland

Powell, J.,¹ O'Connor, C.,² Ó'h Iarlaithe, M.,³ Saunders, J.,⁴ de Freitas, J.¹
 Microbiology Department, Mid-Western Regional Hospital, Limerick ¹
 Department of GU-STD, Mid-Western Regional Hospital, Limerick ²
 Department of Medicine, Mid-Western Regional Hospital, Limerick ³
 Department of Mathematics and Statistics, University of Limerick ⁴

Introduction

Chlamydia, the genital infection due to *Chlamydia trachomatis*, is the most common curable sexually transmitted infection in the Western world, with an estimated 89 million new cases occurring worldwide each year. It is also the most economically important sexually transmitted infection in the industrialized world. Paradoxically, treatment of the initial infection of *Chlamydia trachomatis* is cheap and effective, and can be given in a single dose.

Rationale

To estimate the prevalence of chlamydial infection in young men in the Mid-Western Health Board region of Ireland, and to determine risk factors for its acquisition.

Methodology

Consecutive men attending an orthopaedic clinic's Out-Patients Department (OPD) and a University sports arena (University of Limerick) were recruited to a chlamydial prevalence study. All men aged 17-35 who had been sexually active and had not passed urine in the last hour were eligible. Information about Chlamydia was given, informed consent obtained, and a self-administered questionnaire was completed. A first-void-urine (FVU) sample was collected and tested by Ligase Chain Reaction (LCR).

Results

82% (207/252) of men from OPD, and 60% (186/310) from UL participated. 6.3% (13/207) from the OPD and 5.4% (10/186) from UL tested LCR positive, giving an overall prevalence of 5.9% (23/393). Proven risk factors for chlamydial positivity were: (a) > 1 sexual partner in previous 6 months, (b) > 8 lifetime sexual partners, and, (c) current symptoms (dysuria or discharge). No statistical significance was found for age, condom-use, smoking, days since last sexual intercourse, and previous Genito-Urinary Medicine (GUM) clinic attendance. No statistically significant difference to cost-effective prevalence of 6% was shown.

Conclusions

A 5.9% prevalence of *Chlamydia trachomatis* was found which is cost-effective to screen and treat. Non-invasive screening of men in the community was possible. Number of sexual partners and current symptoms were significant risk factors. Since only 25% of men in this laboratory were diagnosed with chlamydia outside the GUM clinic, compared to 59% of women, it is important that community screening of men is promoted.

Published

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Presented

As a poster presentation at the 2nd Joint Meeting of the British Association for Sexual Health and HIV (BASHH) and American Sexually Transmitted Diseases Association (ASTDA), in Bath, UK, on May 19-21, 2004.

Is Secondary Care Paediatrics Evidence-Based? An Evaluation in a County Hospital (S.P.E.E.C.H.)

Ryan, J.,¹ Ryan, A.C.,¹ McGrath, E.²
 Department of Paediatrics and Child Health, University College Cork ¹
 St. Joseph's Hospital, Clonmel, Co. Tipperary ²

Introduction

Evidence-based medicine (EBM) highlights the gap between good practice and clinical research, and helps physicians cope with the deluge of information on clinical research.

Rationale

The object of this study was to see whether treatment of children in a county hospital in Ireland was evidence-based. Previous studies had shown hospital medicine, paediatric surgery, and community paediatrics, to be evidence based 82%, 77%, and 38%, of the time, respectively.

Methodology

Two hundred and fourteen paediatric attendances in a county hospital over a 6-week period were examined for primary diagnosis (condition most responsible for attendance) and primary intervention. The interventions were evaluated to determine if they were evidence-based. Type A indicated treatment supported by randomised controlled trials. Type B indicated treatment based on convincing, non-experimental evidence. Type C indicated treatment based on no substantial evidence. Evidence-based treatment was classified as Type A or Type B.

Results

84% of treatments of 214 patients were evidence-based. All neonatal treatments were evidence-based. There were no differences related to gender, referral practice, or patient category (public versus private), in whether infants were treated by EBM or not. Of the 214 children, 48% (103/214) received Type A treatment, 36% (78/214) received Type B treatment, and 13% (27/214) were treated with non-substantiated treatments.

Conclusion

This study suggests that a large proportion of paediatric care in county hospitals is evidence-based. All asthmatics and diabetics were treated according to EBM protocols. A significant number of children were managed in hospital for constipation: these cases could perhaps have been dealt with more appropriately in the community. The strong evidence base for neonatology is largely due to the presence of protocols. Guidelines are needed in more areas of paediatrics to further strengthen the evidence base.

Introduction

There is an increasing awareness that nurses need to become more political, and to contribute nursing insights to health policy. This does not mean that all nurses have to stand for public office, but Irish nurses need to recognise the role that health policy plays in the delivery of care and how best they can participate in its formation. The new direction of healthcare in Ireland is that of providing an equitable and quality service: this highlights the responsibilities of nurses/midwives to influence the delivery of these objectives.

Rationale

The Irish Government announced The Health Service Reform Programme in 2003. This has been the first move in 30 years to reform the health service, with the recognition that the current system was designed to meet different demands. As a result of the changing environment of Irish healthcare, it is appropriate to examine whether Irish nurses/midwives are in a position to influence health policy.

Methodology

A systematic review of literature was conducted using a range of sources, and using the search fields of 'Irish health policy' combined with 'Irish nursing'. A variety of databases were accessed. The database search was limited to publications between the years 1995 and 2003. It delivered map headings of 'health policy', 'nursing', and 'Ireland'. The search yielded 49 citations and one research study. The review also included Internet searches, and a hand search of archival material in libraries across the Republic of Ireland.

Results

- Irish nursing/midwifery culture has truly changed, from a traditional model to a professional practice model.
- Changes in healthcare, society, legislation, and technology, have affected the role of the Irish nurse/midwife.
- In exploring the evolution of Irish nursing, it is clear that structures and processes in advancing the profession were established late.
- The nursing profession has evolved more in the last five years than over the last fifty. Future developments will continue to be guided by its fundamental principle of improving patient care.

Conclusion

The focus of Irish nursing/midwifery has changed. Irish nurses/midwives are beginning to recognize that as major contributors to the delivery of healthcare, their voices need to be heard in influencing the health policy agenda.

References

Available on Request

Introduction

The world of nursing has changed almost beyond recognition over the last 40-50 years. It has become a respected profession, meeting other health service providers on equal terms. Public expectations of the nursing service have dictated rapid responses to user needs. In Ireland, significant changes have occurred in terms of nurse education. Nurse education is in a transitional process, having evolved from certificate, to diploma, to degree level. In order to meet service needs a Clinical Nurse Specialist (CNS) role has evolved. The function existed hitherto, but was without a recognised framework of support or accreditation. Anecdotal evidence suggested that staff nurses absorbed the role to meet local needs.

As a response to The Report of the Commission of Nursing: A Blueprint for the Future (Government of Ireland, 1998), the National Council for the Professional Development of Nursing and Midwifery (NCNM), in 2001, formally established a framework for the recognition and support of CNS. Some staff nurses were appointed to CNS via an 'Immediate Pathway' based on years of experience in the specialty. Others are currently in the process of undertaking academic study programmes to sustain their appointment as CNS via the 'Intermediate Pathway'.

The literature clearly describes the role of the CNS (Bousfield, 1997; Bamford and Gibson, 1998; Cutts, 1998; Dowling, 2000). However, there is a paucity of information on the factors that facilitate or impede transition from Staff Nurse (SN) to CNS via these pathways in Ireland. This is clearly an area in need of research.

Rationale

The purpose of this study is to describe the experience of a group of nurses as they moved through the process of transition from SN to Palliative Care CNS in a hospice home care team.

Methodology

A descriptive qualitative approach was utilised and a group of 10 CNSs were purposefully sampled for interview. Ethical approval was obtained from the University of Dublin, Trinity College (this study being carried out as research thesis towards award of M.Sc. Nursing), and each participant gave consent. Confidentiality was assured throughout the research. Taped semi-structured interviews were conducted with each participant. Data analysis was facilitated by Burnard's framework for data analysis (1991). Measures to ensure the rigour of the research process were incorporated throughout the study, including Sandelowski's (1996) methods of achieving auditability. Documentation to facilitate an audit was presented.

Results

The findings of this study are discussed within the context of the 4 significant themes that emerged from the data: beginning the transition process, implementing the new role, systems of support, and education.

Several factors have influenced the transition process from SN to Palliative Care CNS. These include previous transition experiences, level of preparation and awareness, level of support, educational experiences, and the route taken to CNS accreditation, i.e. via the 'Immediate' or 'Intermediate' pathway.

Conclusions

Findings concur with Nicholson's theory of work role transition (1984) in that it is possible to predict the outcome of a work role transition. This knowledge can inform the organization and the individual, and in doing so, can offer control over the eventual outcome of the transition process. This research also supports the contention that preparation for transition is essential to a positive transition outcome.

References

Available on Request

Presented

At the Irish Association of Palliative Care (IAPC) Education and Research Seminar, in Dublin, on February 5th, 2004, by Ms. M. Bailey.

Introduction

While parent and staff perceptions of care of hospitalised children have been explored in developed countries, little research has examined these in developing countries. Assumptions about family-centred care are often based on Western values, with little examination of how cultural constructs affect care delivery in developing nations.

Rationale

This paper reports a study whose objective was to provide evidence from which culturally appropriate hospital care for children can be delivered.

Methodology

Using a rigorously devised and trial-led questionnaire, attitudes of staff and parents towards the way children are cared for in children's hospitals in four countries were examined. These attitudes were subjected to a 4-way analysis: parents and staff within and between developed and developing countries.

Results

There were no questions where all parents and staff in both developed and developing country groups were in complete agreement. However, there was some indication that while culture plays a major role in paediatric care delivery, basic concepts of family-centred care are similar across cultures.

Conclusions

The findings are limited by the sampling strategy. Nevertheless, while differences were found between parent and staff expectations of care delivery to children in hospitals, similarities existed, and the influence of culture cannot be ignored. Education programmes for staff and parents should reflect these influences in order to ensure the optimum delivery of family-centred care, regardless of where the hospital is situated.

Published

Shields L, Nixon J. 'Hospital care of children in four countries', *Journal of Advanced Nursing*, 2004;45(5): 475-486. Published with permission of Blackwell Publishing Ltd.

Presented

- At the 55th Annual Scientific Meeting of the Paediatric Society of New Zealand, in Bay of Plenty, New Zealand, on November 26-29th, 2002, (Keynote Address) by Professor L. Shields.
- At the Centre for Nursing and Allied Health Professions Research, in Great Ormond Street Hospital for Children, London, on September 15th, 2003, (The Annual Betty Barchard Lecture) by Professor L. Shields.
- At the 7th International Conference for Paediatric and Child Health Nurses: Caring for Kids, in Sydney, on May 1st-3rd, 2002, by Professor L. Shields.

References

Available on Request

Introduction

The diversity of cultures now resident in Ireland, and the increased numbers of refugees and asylum-seeking women accessing hospital services, places an onus of multicultural sensitivity on public service providers. For many asylum-seeking women, the maternity hospital represents their first encounter with the Irish health care services. A retrospective view of statistics in the Regional Maternity Hospital, Limerick, demonstrates that 10% of all births there in 2000 were to non-national women. In 2002, this figure increased to 20%. At present the mix of nationalities attending the hospital for maternity services continues. There are no clear guidelines for staff on how to care for or communicate with non-nationals in a manner sensitive to their cultural norms.

Rationale

To present a series of recommendations towards increasing multicultural awareness, so that all maternity services users from all cultures receive the highest level of equitable care.

The objectives of this study were to:

- Identify staff needs and make recommendations respecting ways of bridging the identified multicultural gaps.
- Identify the needs of all new cultures utilizing maternity services.
- Make recommendations and implement changes in light of these recommendations. The recommendations were to be practical in terms of their implementation, using cost, priority, and resource considerations.

Methodology

A sample of 30 post-natal mothers and 40 midwives were randomly selected for this study. Questionnaires were distributed for the purpose of gathering and collating the views of these 2 groups in the following 4 areas: communication, food and diet, antenatal screening, and religious beliefs. A focus group within each of the above groups was conducted. A literature review within each of the 4 research areas was conducted.

Results

From the service providers' perspective, the questionnaires and the focus groups identified the following: the need for training, the need for structures that allow for ongoing development, and the integration of systems to enhance service delivery to all women inclusive of non-Irish nationals.

From the service users' perspective the level of satisfaction with the service was high. The service succeeded in addressing user needs in the majority of cases. The principle difficulty identified for this user was the lack of information regarding blood tests performed, especially for Hepatitis B and C, and Sickle Cell.

Conclusions

The following were the recommendation made and later implemented:

- Provision of staff cultural awareness training. A most successful training day was organized for 50 staff members from the hospital. Recommendations for future seminars were proposed in the training evaluation.
- Creation of linkages to national working groups. A midwife from the hospital agreed to act as the link person with the

Irish Nurses Organisation (INO) Cultural Awareness Task Force.

- Provision of additional information leaflets. An information leaflet outlining Sickle cell was researched and developed by the research team in conjunction with other staff at the hospital. It will be used within the information pack given to mothers at the hospital.

The following are the areas of recommendation for further action:

- Development of food and diet recommendations. A submission is to be drawn up and forwarded to hospital management regarding the dietary needs of various service user groups.
- Provision of multilingual educational material
- Availability of interpreters
- Further development of policies and procedures in relation to HIV, Hepatitis B and C, and Sickle Cell
- Research into the viability of creating an advocacy service within the hospital
- Provision of adequate time for first booking-in visit at ante-natal clinic
- Provision of secure fax lines for blood result transmission between maternity hospitals
- Delivery of cultural awareness training for student midwives.

Presented

At the Project Presentation Meeting (Regional Maternity Hospital Executive Team, and representatives of the Mid-Western Health Board Corporate Team and the Institute of Public Administration), in Limerick, March 2003, by the authors.

Funding

Part-funded by the Nursing and Midwifery Planning and Development Unit, Mid-Western Health Board, Limerick.

Introduction

There is a drive to improve the quality of the Irish health services and to make them more sensitive to client needs and desires. Successive health strategies (1994, 2001) have stressed the importance of achieving quality throughout the health services both technically (in terms of outcomes), and in terms of service (customer satisfaction) (O'Sullivan, 1995). This paper discusses the influence that quality has played on Irish public sector service modernisation, placing specific emphasis on the Principles of Quality Customer Service that were introduced in May 1997 and on the approaches to quality adopted by the public health nursing service.

Rationale

Internationally, public health nurses (PHN) have adopted a more structured and formalised approach to service quality than in Ireland, drawing on an extensive body of available research material. To help address this imbalance in relation to Ireland, this research focuses on the issue of service quality and examines, from the mother's perspective, the quality of service provided by the PHN.

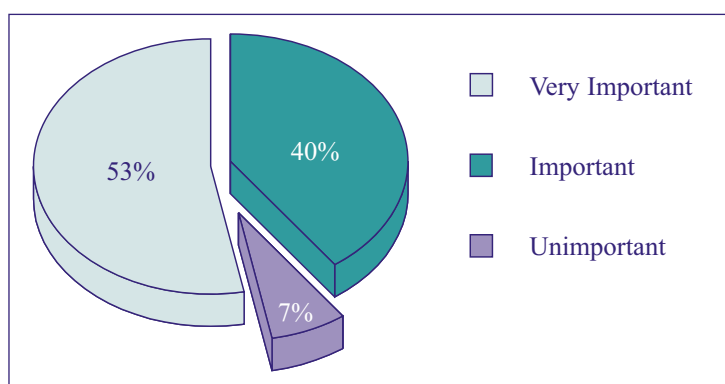
Methodology

A stratified random sample of 150 mothers was chosen. This sample was drawn from all mothers within the Limerick Community Care Area, recorded in the Child Health Database, who had children between the ages of 12 and 18 months at the beginning of March 2003 (born between September 2001 and end of February 2002). The sample population was subdivided into rural and urban subsets. The research instrument was a semi-structured questionnaire.

Results

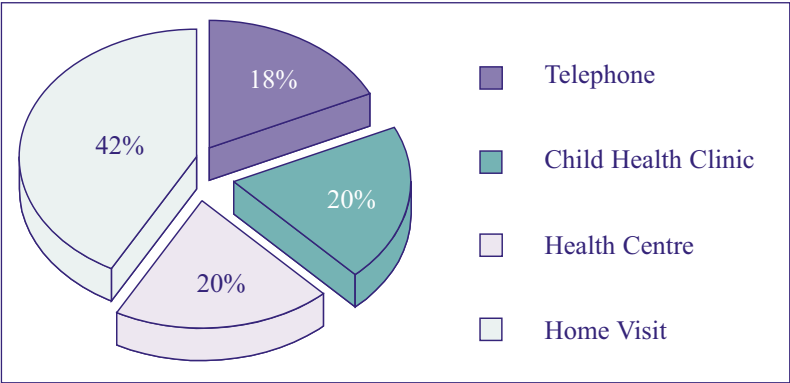
The research findings were analysed from both a quantitative and qualitative perspective. There was a response rate of 66.6%, with 51% of the respondents having a rural background and 49% an urban. 93% of mothers consider the public health nursing service to be important or very important (Figure 1).

Figure 1 - Importance of Public Health Nursing Service to Sample of Mothers in the Limerick Community Care Area, 2003 (n=98)



The majority of mothers (87.5%) reported that they had seen their PHN often enough since the birth of their baby, with the remaining 12.5% preferring more home visits. The most important means of contact with the PHN service for mothers was the home visit (Figure 2). The most important means of support was identified by 18.4% of mothers as the telephone. However, 47% of mothers reported receiving no support for their baby via telephone. 93% of mothers received no support for themselves via this method.

Figure 2 - Most Important Means of Contact with public Health Nurse (PHN) among Sample of mothers in the Limerick Community Care Area, 2003 (n=98)



Regarding service aspects that mothers were most satisfied with, the 3 key areas of PHN competence reported were: professional advice and knowledge, personal attributes, and skills and services. The majority of mothers reported the advice and professional knowledge provided by the nurse as the aspect of the service that they were most satisfied with. Respondents were satisfied with: ‘help and guidance’, ‘ability to deal with concerns’, ‘practical advice’, ‘feeding advice’, and ability to ‘get questions answered’, and knowledgeable. Regarding the personal attributes of the PHN, the attributes viewed as most important were: being caring, gentle, approachable, courteous, friendly, and knowledgeable.

Regarding the 3 service aspects that mothers were most dissatisfied with: over a third of mothers reported that they had no problems with or that they could not identify any problems with the service. Among the remaining responses, some common themes were identifiable, such as: lack of support, workload, health centre quality and opening times. Mothers highlighted the issue of lack of support from a number of perspectives. Some perceived home visits as being too infrequent. Some viewed personal support for mothers as disappointing. Another group of mothers believed that the availability of written information to support verbal information needed improvement. Regarding the informational support provided to mothers on what the public health nursing service had to offer: 33% had received a verbal explanation, 69% had not received a written explanation, and 86% would have liked a verbal and written explanation. In relation to PHN workload, mothers used phrases such as ‘very busy’, ‘always busy’, ‘under-resourced’, ‘overworked, needs support’, and ‘workload too heavy’.

Quality of health centres was a problem for a number of mothers. In general, they reported that health centres were ‘rundown’, ‘drab’, and ‘could do with a makeover’. Problems were related to lack of comfortable waiting areas, and the general condition of the health centres. In addition, mothers commented on the shortness of clinic times, delays at clinics, clinics being too busy and crowded, and having to wait too long at the clinic in crowded waiting rooms.

A number of mothers were disappointed with the opening hours of the clinics and the hours of service. Mothers felt that the hours of contact were too limited, and noted the lack of weekend service. They also reported inaccessibility of nurses within the limited clinic hours, and telephone access difficulties. Regarding the area of complaints and appeals: 30% of mothers did not know how to make a complaint, 91.5% were not aware of the appeals process, and 95 % felt that the process was inaccessible.

Conclusion

Overall, the public health nursing service is viewed as important to mothers. However, there are some quality variables that are not being addressed, even though consumers view them as important. To ensure that the consumers of the public health nursing service view it as being quality-driven, it is imperative that these dimensions of the service are addressed in the future.

Presented

At the Annual Meeting of the Limerick Public Health Nurses, in Limerick, on December 11th, 2003, by Ms. Paula Cussen Murphy.

Assessment of the Availability and Appropriateness of Commercial Weight Loss Programmes in Ennis

Benson, S.E.,¹ Sugrue, S.,¹ Griffin, A.C.²
 Department of Biological Sciences, Dublin Institute of Technology ¹
 Clare Heart Health Team, Mid-Western Health Board, Ennis, Co. Clare ²

Introduction

Despite Irish public health targets of reducing overweight and obesity prevalence among adults by 10% by 2005, prevalence rates actually rose by 67% between 1990-2000, particularly among men. Currently, access to a clinical dietetic consultation, either community- or hospital-based, is limited by staff capacity, waiting lists, and referral procedures.

Rationale

Current evidence suggests that reduction of serious health risks associated with obesity, including Type 2 diabetes and cardiovascular disease, should be prioritised above tackling body weight. Evidence-based guidelines recommend a multi-component weight loss programme of diet, physical activity, behaviour modification, and support schemes. Information is needed by health professionals about the availability and appropriateness of commercial programmes in Ennis, which could form an alternative community-based service to overweight individuals.

Methodology

An audit was carried out of commercial weight loss programmes to assess their availability. Programme leaders were invited to respond to a specifically designed questionnaire that assessed their programme against evidence-based recommendations. Programme clients, where leader permission was given, responded to a separate questionnaire specifically designed to assess client knowledge of and use of these programmes.

Results

Three commercial weight loss programmes (Weight-watchers, Uni-slim, and Easi-slim) of 6 audited, met the evidence-based recommendations. There were no male members in any programme identified. 25% (n = 9) and 38% (n = 14) of current clientele were unaware of the exercise and behavioural components, respectively, of their attended programmes.

Conclusion

Commercial weight loss programmes that adhere to evidence-based recommendations offer an alternative community-based treatment for overweight and obese individuals who do not have risk factors of chronic disease. Clients must be made aware of the importance of following all programme components essential for successful weight loss. Initiatives to encourage men to participate in weight loss programmes need to be researched.

References

Available on Request

A Study of the Role of Ultrasonography in Equivocal Cases of Suspected Acute Appendicitis over a 12-Month Period

Noor, M., McGrath, J.P., Cunningham, F.O., McGee, J., Towers, M.
Department of Gastrointestinal Surgery, Our Lady's Hospital, Navan, Co. Meath

Introduction

The increasing use of ultrasonography for acute abdomen evaluation has resulted in greater recognition of appendicular abnormalities.

Rationale

This study was conducted to study the role of ultrasonography in equivocal cases of suspected acute appendicitis over a period of 12 months from July 2001 to July 2002. The aim of the study was to determine the accuracy of ultrasonography in evaluating acute appendicitis in equivocal cases.

Methodology

All patients admitted to Our Lady's Hospital, Navan, with equivocal signs and symptoms of acute appendicitis over a 12-month period were retrospectively studied. All patients had a clinical examination, FBC, U&E, and MSU measurements. Patients requiring surgical intervention underwent laproscopic appendicectomies and results were confirmed on pathological reports.

Results

A total of 44 patients underwent ultrasonography in equivocal cases of suspected acute appendicitis: 33 female and 11 male patients. The results show a sensitivity rate of 94.24% and a specificity rate of 45.45%.

Table 1 - Results of Ultrasonography and Histopathology Examinations on 44 Patients in Equivocal Cases of Suspected Acute Appendicitis

Examination	Positive Result (Acute Appendicitis)	Negative Result (Normal Appendicitis)
Ultrasound	37	7
Histopathology	32	12

Discussion

Patients with acute lower abdominal pain are a great challenge to the surgeon and radiologist. A clinical diagnosis is classically unreliable, resulting frequently in both negative appendicectomies and ill-advised surgical delays. Ultrasonography offers a non-invasive way of decreasing both false negative and false positive diagnoses within this patient category.

Ultrasonography seems to be useful for detecting acute appendicitis. It is a valuable tool in confirming as well as ruling out this surgical illness. In our study it appears even more important: most of our patients were female and it is observed that diagnosis of lower abdominal pain is more complicated in female patients than in male. Ultrasonography is being used as an emergency investigative procedure by surgeons to confirm diagnosis of acute appendicitis, although it is not as accurate as when done by radiologists.

Conclusion

Ultrasonography increases diagnostic influence, can change clinical treatment decision for lower abdominal pain, and can decrease the rate of negative appendicectomies.

References

Available on Request

Outcomes Following Achilles Tendon Ruptures

*O'Grady, P.M.,¹ O'Connell, P.,² O'Driscoll, C.,¹ O'Farrell, D.¹
Department of Trauma and Orthopaedic Surgery, Mid-Western Regional Hospital, Limerick ¹
Department of Physiotherapy, Mid-Western Regional Hospital, Limerick ²*

Introduction

Complete rupture of the Achilles tendon is a well-described injury. Operative repair is the management of choice in active and healthy patients.

Rationale

Assessment of post-surgery outcome and rehabilitation is difficult to quantify objectively. Decisions regarding fitness to return to sport are made clinically and are also difficult to objectively assess.

Methodology

This study undertook a prospective evaluation of 53 patients who underwent ruptured Achilles tendon surgical repair at the Mid-Western Regional Hospital, Limerick, over a 5-year period. All patients underwent clinical and functional assessment. Objective function was evaluated using isokinetic testing on a Biodex dynamometer. Measurements included peak torque/body weight, average power, deficits, total work, and range of movement. Studies were repeated at 60, 120, and 240 degrees per second. This was correlated with average time off work and time of return to and level of sporting activities.

Results

Although 53 patients were entered into the study, only 24 returned for full isokinetic testing. Males (16) were more commonly affected by Achilles tendon rupture than females (9). In all patients' cases, peak incidence was in the fourth and fifth decades of life. Mean hospital stay was 1.8 days. There were no problems with wound healing, and there were no infections. Twenty-two of 24 patients returned to their pre-injury level of activity after an average of 6 months. Time off work averaged 14 weeks. Comparing peak torque/body weight, average power, maximum average peak torque, and total work/body weight, of the affected with the unaffected limb: 16 of 24 patients showed the same or better post-surgery results.

Conclusion

Rehabilitation following Achilles tendon repair can be monitored clinically. However, isokinetic testing can provide a more objective assessment of progress.

Plantar Fasciitis: Correlation of Clinical and Radiographic Findings*O'Grady, P.,¹ Mubashar, M.,¹ Stack, R.,² Egan, M.,³ Hession, P.,³ D'Souza, L.¹**Department of Trauma and Orthopaedic Surgery, Mid-Western Regional Orthopaedic Unit, Croom, Co. Limerick ¹**Department of Physiotherapy, Mid-Western Regional Hospital, Limerick ²**Department of Radiology, Mid-Western Regional Hospital, Limerick ³***Introduction**

Many patients with plantar fasciitis develop persistent and often disabling symptoms. Standard treatment options include heel stretching, cushioned pads, corticosteroid injections, and surgical release. Extracorporeal shock wave lithotripsy (ECSWL) has become an accepted method of treatment, with recent articles reporting good results.

Rationale

It is difficult to predict which patients will be refractory to conservative management and which patients will respond well to ECSWL.

Methodology

In this prospective study, 9 patients with chronic plantar fasciitis were treated with a session of ECSWL. All patients were assessed using the Maryland Foot Score, McGill pain and functional scores, visual analogue scale (VAS) score, and Short Form 36. Plain radiographs were performed on all patients. Ultrasound (US) was used to measure thickness of the plantar fascia. Magnetic resonance imaging (MRI) was performed to evaluate the plantar fascia, the surrounding soft tissue structures, and bone marrow oedema of the calcaneus. US and MRI imaging was performed on 9 patients with a clinical diagnosis of plantar fasciitis, prior to and after ECSWL. Response to treatment was correlated with both clinical and imaging findings. The study discusses the value of using both imaging modalities in predicting patient selection for, and outcome to, treatment.

Results

The age range among the 9 patients was 22 to 75 years, the average age being 51. Average thickness of the plantar fascia was 6.2mm (range 3-10mm). Oedema of the plantar fascia was noted in 6 of 9 MRI scans, and calcaneal marrow oedema in 5 of 9 MRI scans. Maryland Foot scores increased by an average of 6.11 points. Pain and functional scores improved by 1.4 and 3.2 points, respectively. McGill pain scores dropped by an average of 4 points. The procedure was tolerated well by all patients.

Conclusions

Although it has been reported that evidence of calcaneal bone marrow oedema on pretherapeutic MRI is a good predictive variable for a satisfactory clinical outcome of ECSWL, we did not find a correlation in our group. There was no significant difference between the effectiveness of MRI and US imaging in the measurement of plantar fascia thickness. US assessment of these patients (in comparison with MRI) has significant benefits in these days of cost effectiveness and patient care management.

References

Available on Request

Reduction in Orthopaedic Trauma Following Introduction of the Penalty Points System

O'Grady, P.M., Mooney, S., Currams, N., Masterson, E.L.
Department of Trauma and Orthopaedic Surgery, Mid-Western Regional Hospital, Limerick

Introduction

Road traffic accidents result in a high mortality and morbidity rate, and have serious consequences for health care provision in Ireland. A total of 376 people were killed on Irish roads in 2002. This represents a decrease of 35 fatalities on the 2001 figure. The reduction in fatalities coincided with the introduction of the penalty points system on October 31, 2002.

Rationale

The impact of this on acute emergency services is welcome. However, it remains to be seen if this has resulted in a decreased workload for in-hospital trauma and orthopaedic services.

Methodology

A review of road traffic accidents (RTA) and orthopaedic admissions between 2001 and 2003 was undertaken in the Mid-Western Health Board region in Ireland. Theatre logbooks were reviewed for the total number of operations in trauma theatre. Long bones (humerus, femur, tibia) are commonly fractured in motor vehicle accidents: a review of the quantity of intramedullary nails that were used in the same time frame was undertaken.

Results

Admissions for RTA have fallen from 190 in 2002 to 155 in 2003. Orthopaedic trauma admissions have also decreased in the same time frame. The number of intramedullary nails used and the overall number of trauma cases has also decreased.

Table 1 - Numbers of RTA and Orthopaedic Admissions to, and Intramedullary Nails used in, the Orthopaedic Trauma Theatre, Mid-Western Health Board Region, Ireland, 2001 - 2003

	Year 2001	Year 2002	Year 2003
No. of RTA admissions	166	190	155
No. of orthopaedic admissions	2000	2143	2131
No. of femoral nails	273	257	244
No. of tibial nails	362	505	349
No. of humeral nails	192	115	93
No. of theatre operations	1843	1828	1765

Conclusion

We report a decreased trauma workload on our regional service from 2002 and 2003. This corresponds to the time frame before and after introduction of the penalty points system. Although trauma figures are multi-factorial, it is likely that improved road safety has had a positive impact.

References

Available on Request

Management of Distal Radial Tumours using Fibular Autograft*O'Grady, P.M., Chan, L.P., Moore, A., Masterson, E.L.**Department of Trauma and Orthopaedic Surgery, Mid-Western Regional Hospital, Limerick***Introduction**

Management of tumours involving the distal radius has always been difficult. After resection to eradicate a primary or recurrent lesion, the next challenge is to reconstitute a functionally useful wrist.

Rationale

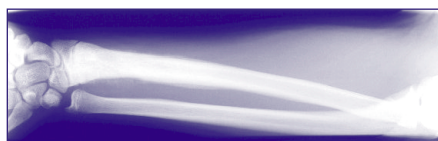
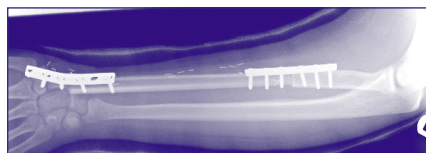
Several reconstructive procedures have been described for the radius after a wide excision of an aggressive bone tumour. These include fibular autografting, arthrodesis, and amputation.

Methodology

We reviewed a series of tumours of the distal radius. Ten patients presented, all of who were preoperatively assessed by plain radiograph (Figure 1), isotope bone scan, and magnetic resonance imaging (MRI). Hematological and biochemical indices, including full blood count and bone profile, were also included. Of the 10 patients, only 2 (aged 14 and 15) were suitable for a non-vascularised fibular autograft (Figure 2). Both of these patients had local tumours, which were excised and reconstructed using a fibular osteoarticular autograft. Both patients underwent clinical and radiological review, which included review of their perceived satisfaction with the procedure, donor site morbidity, and postoperative hand function.

Results

Both patients tolerated the procedure well and there were no early postoperative complications. The average time for incorporation of the graft was 8 weeks. The surgical technique of using a radiofibular plate and K-wire through the wrist resulted in low nonunion rate, no early graft-related complications, a good range of movement, and good hand function. Patients were satisfied with the procedure. There was no evidence of tumour recurrence in the patients.

Figure 1 - Preoperative Radiograph of Distal Radial Tumour**Figure 2 - Postoperative Radiograph of Distal Radial Tumour with Fibular Graft In Situ****Conclusion**

Resection followed by a fibular autograft is an effective way to manage patients with a distal radial tumour.

References

Available on Request

Waste in Total Hip Replacement Surgery*O'Grady, P.M., Moore, A, Currams, N, Masterson, E.L.**Department of Trauma and Orthopaedic Surgery, Mid-Western Regional Hospital, Limerick***Introduction**

Waste disposal is an issue that affects us all. Medical waste disposal has posed difficulties, with the appearance of needles, syringes, and other similar items on our beaches. The amount and toxicity of medical waste has increased in line with the increasing numbers of and advances in medical facilities and diagnostic and therapeutic procedures. Over-demand for landfill sites along with increasing household and hospital waste loads have made the current situation untenable. New thinking and strategies must be employed.

Rationale

Significant volumes of waste are produced in operating departments as a result of primary total hip arthroplasties.

Methodology

A prospective observational study was carried out of the waste from packaging and non-clinical materials in 50 consecutive total hip replacements over a 4-week period in the Mid-Western Health Board region in Ireland. Total weight and volume of waste, cost of disposal, and percentage of recycled items, were recorded for each case. Inappropriate segregation of waste was recorded and the associated hazards were discussed.

Results

The average weight of domestic waste was 3kg per hip replacement. This was compressed and disposed of in a local landfill site at a cost of €222 per tonne. This extrapolates into a cost of about €1,500 yearly in the Mid-Western Health Board region, and over €10,000 annually on a national level.

More important is the damage to the environment, with 2.6 tonnes of surgical waste produced locally on an annual basis, and 18.9 tonnes nationally. Currently, all this waste is buried in our countryside; none of it is being recycled. Biological (or hazardous) waste is processed, sterilized, and compacted by a private company at a cost of €880 per tonne. Disposal is by deep burial locally. An average of 3.8kg of this biological waste is produced per case.

Table 1 - Hip Replacement Surgery Waste: Annual Weights, Volumes, Costs of Disposal, and Recycled Percentages, in Limerick and Ireland

Measurement Indicator	Domestic Waste	Biological Waste	Limerick / Year (No. of Hips = 393) Totals	Ireland / Year (No. of Hips = 2785) Totals
Weight/Kg	3.0	3.8	2672.40	18938.00
Volume/L	2.9	2.4	2082.90	14754.12
Landfill volume/L	1.4	0.3	668.10	4734.50
Disposal/Tonne/€	222.0	880.0	1575.93	11167.85
% Recycling	0.0	0.0	0.00	0.00

Conclusions

Reduce, Reuse, and Recycle are the cornerstones of waste management. Medical staff need to understand how best to segregate waste and take advantage of opportunities for reuse and recycling. We must revisit, for example, the packaging of implants and the use of recycled paper.

We did not inherit our environment from our parents; we are only minding it for our children.

An Investigation of the Effect of Electrode Size and Electrode Location on Comfort during Stimulation of the Gastrocnemius Muscle

Lyons, G.M.,¹ Leane, G.E.,³ Clarke-Moloney, M.,² O'Brien, J.V.,³ Grace, P.A.²

Department of Vascular Surgery, Mid-Western Regional Hospital, Limerick²

Biomedical Electronics Laboratory, Department of Electronic and Computer Engineering, University of Limerick¹

Department of Physical Education and Sport Sciences, University of Limerick³

Introduction

Neuromuscular electrical stimulation (NMES) of calf muscles could potentially have a role in the management of patients with venous insufficiency.

Rationale

This pilot study investigated the influence of various electrode sizes and their positioning on perceived pain and discomfort during NMES.

Methodology

Twelve subjects ($n = 12$), 5 females and 7 males, with a mean age of 23 years (SD 3.2), and 4 elderly subjects ($n = 4$), 2 females and 2 males, with a mean age of 60.5 years (SD 4.65), all suffering from the condition of chronic venous insufficiency, participated in the pilot study. Each participant attended the trial centre for testing, which consisted of electrical stimulation to 4 different electrode placement sites using various sizes of electrodes (8.04 cm², 19.63 cm², and 38.48 cm²). Each of the placements produced a contraction of the gastrocnemius muscle. Pain and discomfort was assessed by the participants' intensity rating on an 11-point scale. A visual analogue scale (VAS) was also used to indicate the intensity of discomfort and pain. Statistical analysis was carried out using SPSS, Version 9. For all test conditions, 95% confidence intervals with p-value at 0.05 were calculated.

Results

Of the 4 placement sites tested, 2 were deemed unsuccessful, as it was very difficult to obtain a muscle contraction. The remaining 2 sites elicited good muscle contraction. The most comfortable placement was achieved by placing the cathode electrode high on the calf (below the proximal end of the muscle heads), and the anode electrode towards the end of the muscle belly. This stimulated the gastrocnemius longitudinally. This site, in combination with the 19.63cm² electrode site, was deemed to provide greater comfort than the other configurations ($p = <0.001$). The 4 elderly subjects experienced less discomfort and pain than the 12 healthy young subjects.

Conclusion

Electrical stimulation applied to the gastrocnemius muscle is most comfortable when electrode placement stimulates longitudinally using an electrode area of 19.63 cm². Elderly subjects with venous insufficiency comfortably tolerated higher levels of stimulation, indicating the possibility of general suitability of treating this group of patients with NMES.

Local Anaesthetic Flush of the Long Saphenous Vein Tunnel Reduces Postoperative Pain and Haematoma Formation after Varicose Vein Surgery: Results of a Double Blind, Randomised, Controlled Trial

Nisar, A.,¹ Tubassam, M.A.,² Sabbir, J.,² Shah, A.R.,² Khan, N.,² Kavanagh, E.G.,¹ Grace, P.A.,^{1,3} Burke, P.E.^{1,2}
 Department of Vascular Surgery, Mid-Western Regional Hospital, Limerick ¹
 Department of Vascular Surgery, St. John's Hospital, Limerick ²

Introduction

Operations for varicose veins are some of the most frequently performed operations in surgery. Pain and haematoma formation are recognised as potential postoperative complications. The use of local anaesthetic flush along the long saphenous vein (LSV) tunnel is not accepted standard procedure for reducing these risks.

Rationale

To test the hypothesis that local anaesthetic (bupivacaine + adrenaline 0.25%) flushed through the long saphenous vein tunnel after stripping would reduce postoperative pain and haematoma formation.

Methodology

Ethic approval was received for this double blind, randomized, controlled study. In the study, one hundred (n = 100) patients were assigned to receive either 20mls of local anaesthetic flush (L.A. group) or normal saline flush (control group) through the LSV tunnel after stripping. A standardised compression dressing was applied postoperatively to the leg. Visual analogue pain scores were used to measure post-operative pain on days 1 to 7, 21, and 42. Patients were also examined in the first, third, and sixth week for haematoma formation. All postoperative data was collected by an observer who was unaware of the group to which the patients had been assigned. Student's t-Test (quantitative) and X² Test (qualitative) were used for data analysis.

Results

In the immediate postoperative period, the control group returned a mean (\pm SD) of 4.2 ± 1.1 , compared to a return of 1.2 ± 1.1 by the L.A. group ($p < 0.01$). The mean pain score on day 4 was 3.6 ± 1.1 (control group) vs. 0.7 ± 0.8 (L.A. group) ($p < 0.01$). On day 7, the pain score was 1.0 ± 0.1 (control group) vs. 0.4 ± 1.1 (L.A. group) ($p < 0.05$). There was no significant difference in the pain scores between the 2 groups after the first week. Twelve patients in the control group developed a haematoma in the LSV tunnel (n = 12/50) (24%), in comparison to 3 patients (n = 3/50) (6%) in the L.A. group ($p < 0.015$). All the haematomas resolved with conservative treatment.

Conclusion

Flushing of the LSV tunnel with bupivacaine plus adrenaline significantly reduces postoperative pain and haematoma formation after varicose vein surgery. It should be considered in all patients undergoing LSV stripping for varicose veins.

The Role of Tacrolimus in the Management of Chronic Otitis Externa*Harney, M.,² Ahmed, I.,¹ Ramsay, B.,² Keogh, P.,² Fenton, J.E.²**Department of Otolaryngology, Mid-Western Regional Hospital, Limerick²**Department of Dermatology, Mid-Western Regional Hospital, Limerick¹***Introduction**

The treatment of chronic otitis externa can be a frustrating experience. It can be resistant to multiple treatments.

Rationale

The aim of this study was to present the outcome among a small number of patients with chronic otitis externa who were treated with 0.1% topical tacrolimus, a new immunomodulator. This study represents the first investigation worldwide into the use of this agent for the treatment of chronic otitis externa.

Methodology

Ten patients were identified with a diagnosis of chronic otitis externa. Any persistent infection was first treated. Approximately 1-2mls of 0.1% topical tacrolimus (protopic) was then instilled into the ear canal with a syringe under microscopic control. Each patient was then reviewed in 3 weeks, with the procedure repeated if symptoms were still present. This was repeated at regular intervals (approximately every 3 weeks) until the symptoms subsided. Patients were contacted by telephone after their treatment, and asked to describe their symptoms of itch, discharge, pain and blockage, before and after treatment with tacrolimus. A symptom scale of 0 to 3 was applied. (0 = no symptoms, 1 = symptom present some of the time, 2 = symptom present most of the time, 3 = symptom present all of the time). Patients were asked not to simply describe their symptoms just before and just after their treatment with tacrolimus, but rather to give an approximation of their average symptom levels for the entire duration of their disease before the treatment, and for the entire duration since treatment was applied.

Results

The average duration of disease was 60 months (range 3-274 months) prior to treatment with tacrolimus. The average number of different types of medications applied to the ear before tacrolimus instillation was 5 (range 2-7). Ten patients were treated, 2 were excluded (1 was uncontactable, 1 could not tolerate ear blockage sensation), 2 reported no improvement, and the remaining 6 reported complete or almost complete resolution of their symptoms. This translates into a success rate of 75%.

Conclusions

Tacrolimus may be beneficial for patients with chronic otitis externa who are unresponsive to multiple treatments, or for whom patch testings indicate an allergy to steroids. Tacrolimus, however, is as yet not licensed specifically for treatment of ear conditions. Widespread use of this treatment should ideally, therefore, take place within the framework of a clinical trial.

Published

Submitted for publication to *Journal of Laryngology and Otology*.

Presented

At the Irish Otolaryngology Society Meeting in Kilkenny, October, 2003, by Dr. Michael Harney.

Incisional Hernia Repair using Porcine Dermal Collagen Graft

Ahmad, K.,² Hamdan, F.,² Waldron, D.J.,² Grace, P.A.¹
 Department of Surgery, Mid-Western Regional Hospital, Limerick²
 Surgical Science, University of Limerick¹

Introduction

Incisional hernia is a common complication of abdominal surgery, occurring in 10-20% of patients after laparotomy. There are various surgical methods for repairing incisional hernia, but results are often disappointing.

Rationale

Prosthetic mesh repair is one of the most common methods, with some limitations and complications. This study reports the surgical management of incisional hernias using a new biological graft. Porcine dermal collagen (Permacol™) is a sterile, moist, tough but flexible graft, which contains acellular, cross-linked porcine dermal collagen and its constituent elastin fibres. It is non-allergenic, non-toxic, and does not elicit a foreign body response.

Methodology

Between August 2002 and February 2004, 12 incisional hernias were repaired using porcine dermal collagen grafts. The median patient age was 60 years (range 42-82 years), with a male to female ratio of 1:1. All operations were performed under general anaesthesia.

Results

Three patients had an emergency repair for obstructed incisional hernia and 9 patients had an elective procedure. Previous attempts at hernia repair had been made in 5 patients; 1 had 3 repairs, 1 had 2 repairs, and 3 had 1 repair each. In 9 patients a single graft (10 x 15cm) was used, in 2 patients 2 grafts were used, and in 1 patient 7 grafts were used, to repair a giant incisional hernia. The median postoperative hospital stay was 9 days (range 8-36 days). The patient in hospital for 36 days was an elderly patient awaiting placement. Follow up was at a median of 10 months (range 3-18 months) with no recurrence. One patient had a localised wound infection that settled with oral antibiotics. One patient with active Crohn's disease and on steroids had a wound dehiscence on day 7 after an emergency laparotomy for intestinal obstruction. The patient with the giant incisional hernia developed necrosis of the edges of the skin flaps without recurrence of the hernia.

Conclusion

Porcine dermal collagen graft is a safe biological material that is readily incorporated into the host tissue resulting in a permanent repair. It is especially useful in hostile wounds. The advantages of this graft emphasise the potential use of this biomaterial in a wider range of surgical applications. The only disadvantage of this graft is that it is only available in a single size of 10 x 15 cm and is very expensive at €2073.83 per graft.

Tension-Free Vaginal Tape Procedure under General Anaesthesia for Treatment of Stress Urinary Incontinence: A Prospective Study

Giri, S.K.,¹ Aziz, R.,¹ Skehan, M.,² O'Riordan, J.,¹ Flood, H.D.,¹ Drumm, J.¹
 Department of Urology, Mid-Western Regional Hospital, Limerick ¹
 Department of Obstetrics and Gynaecology, Regional Maternity Hospital, Limerick ²

Introduction

Various sling procedures have been successfully used for the treatment of stress urinary incontinence (SUI) in females. Originally, Ulmsten performed tension-free vaginal tape (TVT) procedure under local anaesthesia and sedation for the treatment of SUI.

Rationale

To evaluate the effectiveness and safety of TVT procedure performed under general anaesthesia in the surgical management of SUI.

Methodology

Between January 2002 and March 2003, 40 women with SUI were recruited for this prospective study. All patients underwent TVT procedure under general anaesthesia. Patients underwent preoperative evaluation with history, physical examination, urodynamic study, and cystoscopy. The objective cure rate was determined by a clinical examination and urodynamic study. The subjective cure rate was determined using the King's Health Questionnaire and patient satisfaction on a linear analogue scale score.

Results

Follow-up ranged from 6 to 18 months (mean 12 months). Objectively, SUI was cured in 38 patients (95%). Subjectively, 34 (85%) patients were cured and 4 patients (10%) were improved, whereas 2 patients (5%) were classified as failures. Four patients (10%) developed postoperative (denovo) detrusor instability. Twenty-five women (62.5%) were discharged on the day of surgery. On a scale of 0 to 6 (0 = completely satisfied, 6 = completely dissatisfied), the mean satisfaction score was 0.59. There were no bladder perforations or other major intraoperative and postoperative complications.

Conclusion

Tension-free vaginal tape procedure can be safely and effectively performed under general anaesthesia for the treatment of SUI.

References

Available on Request

Presented

At the Irish Society of Urology (ISU) Annual Meeting, Killarney, Ireland, in October, 2003, by Dr. S.K. Giri.

Tension-Free Vaginal Tape Procedure for Stress Urinary Incontinence: Predictors of Patient Satisfaction

Giri, S.K.,¹ Aziz, R.,¹ Skehan, M.,² Darcy, F.,¹ Flood, H.D.,¹ Drumm, J.¹
 Department of Urology, Mid-Western Regional Hospital, Limerick ¹
 Department of Obstetrics and Gynaecology, Regional Maternity Hospital, Limerick ²

Introduction

Urinary incontinence remains an important issue. It can have a potentially devastating impact on women's quality of life, which many are no longer willing to live with. In most continence surgery the benefit of restoring continence is often at the expense of developing new symptoms, or exacerbating existing lower urinary tract symptoms. There is little available data on factors influencing patient satisfaction after tension-free vaginal tape (TVT) procedure.

Rationale

The aim of our study was to evaluate factors influencing patient satisfaction after TVT procedure.

Methodology

One hundred and four women with urodynamically proven stress incontinence were recruited for this study. Prior to surgery, each patient had a full history, physical examination, urinalysis, and urodynamic study. Outcome following surgery was assessed by history, physical examination, and stress test. Patient satisfaction was assessed by a visual analogue scale (VAS) for quality of life due to urinary incontinence with a score range of 0 to 6 (0 = fully satisfied, 6 = completely dissatisfied). Preoperative and postoperative complications were also recorded. Postoperative urodynamic studies were performed in selected cases. The mean follow-up period was 24 months (range 6-38 months).

Results

Patient characteristics are shown in Table 1. The TVT procedure was performed under local anaesthesia and sedation in 38 women (36%), under general anaesthesia in 52 women (50%), and under spinal anaesthesia in 14 women (13%). Preoperatively, 40% of the women were found to have symptoms of sensory urgency. The principal peri-operative complications were bladder perforation in 2 cases. Peri- and post-operative complications are shown in Table 2. The overall objective and subjective cure rates were 90% and 70%, respectively.

The mean postoperative satisfaction score in women with and without new onset urge symptoms was 2.1 and 0.1, respectively ($p = 0.001$, Student's t Test, Figure 1). The mean postoperative satisfaction score in women with Mixed Urinary Incontinence (MUI) and Stress Urinary Incontinence (SUI) was 1.5 and 0.3, respectively ($p = 0.01$). Similarly, the mean postoperative satisfaction score in patients with and without preoperative sensory urgency was 1.8 and 0.2, respectively ($p = 0.003$, Figure 1). There was no difference in satisfaction scores relating to local, general and epidural, or spinal anaesthetic methods.

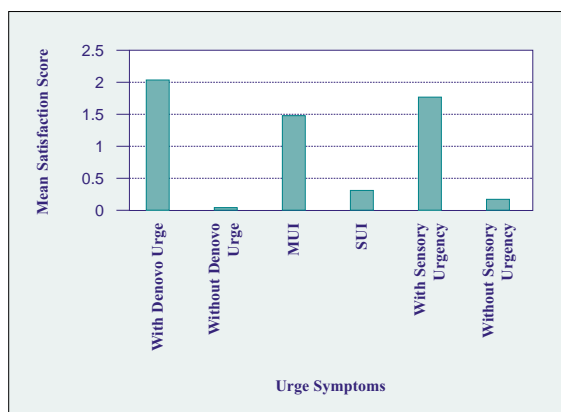
Table 1 - Patient Characteristics in Study on TVT Procedure for Stress Urinary Incontinence (SUI)

Characteristic	No. of Patients
Mean age (range)	52 (28–80)
Mean parity (range)	2 (1–9)
Vaginal delivery	94 (90)
Postmenopausal (%)	57 (55)
Hysterectomy (%)	22 (21)
Prior incontinence surgery (%)	25 (24)
Stress urinary incontinence (SUI) (%)	80 (77)
Mixed urinary incontinence (MUI) (%)	24 (23)
No. using HRT (%)	35 (34)

Table 2 - Peri- and Post-Operative Complications in Study on TVT Procedure for Stress Urinary Incontinence (SUI)

Peri- and Post-Operative Complications	No of Patients
Bladder injury (%)	2 (2)
Urinary tract infection (%)	8 (7)
Urinary retention (%)	8 (7)
Voiding disorders (%)	11 (10)
Denovo urge symptoms (%)	14 (13)

Figure 1 - Comparison of Patient Satisfaction between Groups With and Without Urge Symptoms in Study on TVT Procedure for Stress Urinary Incontinence (SUI)



Predictors of Patient satisfaction:
MUI = Mixed Urinary Incontinence
SUI = Stress Urinary Incontinence

Conclusion

Lower patient satisfaction after this procedure was related to the presence of preoperative symptoms of sensory urgency, urodynamic mixed urinary incontinence, and development of new onset urge symptoms.

Presented

At the International Continence Society (ICS) Meeting, Florence, Italy, in October, 2003, by Dr. S.K. Giri.

Evaluation of Risk Factors for Infection after Transrectal Ultrasound Guided Prostate Needle Biopsy

Giri, S.K., Aziz, R., O'Riordan, J., Azali, A., Drumm, J., Flood, H.D.
Department of Urology, Mid-Western Regional Hospital, Limerick

Introduction

With the advent of prostate specific antigen (PSA) testing, transrectal ultrasound (TRUS) guided prostate needle biopsy has become one of the most common urological procedures performed. Although it is now technically possible to screen for prostate cancer, screening remains a debatable issue. Its value in reducing mortality and its effects on quality of life remain uncertain. Infection is a well-known complication of TRUS guided prostate biopsy, and various antibiotic regimens have been used in an attempt to reduce this complication.

Rationale

To evaluate possible risk factors for infection after TRUS guided prostate biopsy.

Methodology

Between January 2001 and August 2002, 155 patients underwent TRUS guided prostate biopsy at the Mid-Western Regional Hospital, Limerick. In this study, infection after TRUS biopsy was defined as fever of any duration and frequency or dysuria of more than 48 hours' duration. Information on infection complications and possible risk factors was collected from patient interview and chart review. All patients received antibiotic prophylaxis, but 2 different regimens were used. One group (Group 1) received ofloxacin (200mg orally twice daily for 3 days, beginning 1 day prior to the procedure) along with single dose of gentamicin (240mg intravenously) during the procedure. The other group (Group 2) received gentamicin (240mg intravenously) and metronidazole (500mg intravenously) intraoperatively, followed by oral clavulanic acid (125mg) with amoxycillin (500mg) orally, twice daily for 5 days post-biopsy. The significance of differences was assessed using the Chi-Squared Test and Fisher's Exact Test where appropriate.

Results

Complete data were available in 140 patients (90.3%). There were 64 patients in Group 1 and 76 patients in Group 2. Group 1 had a significantly lower rate of infection (7.8%) compared to Group 2 (17.1%, $p < 0.05$, Figure 1). Patients who underwent simultaneous flexible cystoscopy had significantly higher symptoms of dysuria (20.4%) than those who did not (10.4%, $p < 0.05$, Figure 2). No difference in the infection rate was detected according to patient age, past history of urinary tract infection, or diabetes. Prostate cancer was not a risk factor for infection after TRUS guided prostate biopsy.

Figure 1 - Comparison of Infection Rate between Group 1 and Group 2 in an Evaluation Study of Infection Risk Factors after TRUS Guided Prostate Biopsy

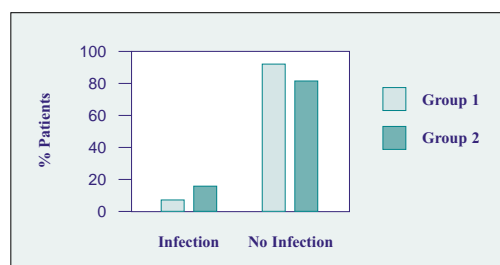
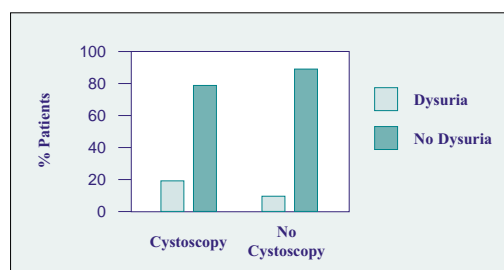


Figure 2 - Comparison of Dysuria Rates between Cystoscopy and No Cystoscopy Groups in an Evaluation Study of Infection Risk Factors after TRUS Guided Prostate Biopsy



Conclusion

Antibiotic regimen choice and simultaneous cystoscopy have a clear impact on the risk of developing infection after TRUS guided prostate biopsy.

Presented

At the Sylvester O'Halloran Surgical Scientific Meeting, at the University of Limerick, Ireland, March, 2003, by Dr. S.K. Giri.

An Audit of Transrectal Ultrasound Guided Biopsy of the Prostate

Giri, S.K., Cronin, J., Desmond, A., Ryan, S., Flood, H.D., Drumm, J.
Department of Urology, Mid-Western Regional Hospital, Limerick

Introduction

According to the National Cancer Registry (1997), prostate cancer has become the second most common cause of cancer death in men in Ireland. Although there is no screening programme on prostate cancer in the Republic of Ireland, more and more men are having Prostate Specific Antigen (PSA) tests. Transrectal prostate biopsy is now, therefore, being increasingly performed in diagnosing prostate cancer in Irish hospitals.

Rationale

To review patient acceptability of and satisfaction with transrectal ultrasound (TRUS) guided prostate biopsies undertaken with and without sedation. We also retrospectively evaluated the safety and morbidity of this procedure in our hospital.

Methodology

Attempts were made to contact all patients for a telephone interview who had undergone TRUS guided prostate biopsy between January 2001 and December 2001. A total of 104 men were successfully contacted. Information on anaesthesia type, pain levels, and acceptability levels was obtained on a questionnaire. Patient charts were also reviewed. Levels of pain and satisfaction were scored on a linear analogue scale of 0 to 10 (0 = least discomfort and least satisfaction). Post-discharge complications were also recorded.

Results

The mean score for pain with sedation was 1.0, compared with 4.0 without sedation. The mean satisfaction score improved from 7.5 without sedation to 9.0 with sedation. The most common complication was haematuria (61%), and in 9.6% cases it persisted for more than 1 week. The other complications in decreasing order of frequency were: dysuria (21%), proctalgia (13%), haematospermia (12%), haematochezia (10%), urinary tract infection (6%), fever (3.8%), painful testes (3.8%), and urinary retention (3.8%).

Conclusions

TRUS guided prostate biopsy is safe with few major but frequent minor complications. Sedation would significantly reduce patient discomfort and make the procedure more acceptable to the patient.

Presented

At the XXVIIth Sir Peter Freyer Surgical Symposium in association with the Irish Society of Surgical Oncology, at NUI Galway, September 5, 6th, 2002, by Dr. S.K. Giri.

Impact of Laparoscopy through Appendicectomy Incision on the Management of Acute Right Iliac Fossa Pain

Giri, S.K., Burke, P., Aziz, R., Grace, P., Flood, H.D., Drumm, J.
Department of Surgery, Mid-Western Regional Hospital, Limerick

Introduction

Acute right iliac fossa (RIF) pain is the most common cause of emergency surgical admissions. Appendicectomy is still the most common emergency surgical operation performed in most hospitals. Diagnosis of appendicitis can at times be extremely difficult. McBurney's operation is well tolerated by the young and healthy population, and so the benefits of routine laparoscopic appendicectomy have been difficult to establish. Moreover, due to reluctance in compliance by some theatre-staff and a shortage of laparoscopic sets in some hospitals - especially outside office hours -, laparoscopic appendicectomy is not being practiced widely in Ireland.

Rationale

Prospective evaluation of the selective use of the novel technique of laparoscopy through appendicectomy incision, following open appendicectomy, in the management of acute RIF pain and suspected appendicitis.

Methodology

Sixty consecutive patients presenting with acute RIF pain and clinical diagnosis of acute appendicitis were studied prospectively from January 2002 to April 2003. All patients underwent open appendicectomy for suspected appendicitis through either McBurney's or Lanz incision. Laparoscopy was performed through appendicectomy incision only when the appendix was found to be normal. A purse-string suture using 2/0 PDS was placed at the peritoneal edge of the appendicectomy incision. A blunt 10mm port with an inflatable balloon (Auto Suture BTT™) was used to maintain pneumoperitoneum. Standard laparoscopy was then performed to identify pathology.

Results

Patient characteristics are shown in Table 1. Ten of 60 patients underwent laparoscopy through appendicectomy incision because of normal-looking appendix during appendicectomy. Laparoscopy helped to identify intra-abdominal pathology in 6 of the 10 patients (Table 2 and Figure 1). In 1 case, histological examination showed acute appendicitis despite a normal macroscopic appearance. In 3 cases, the etiology of the acute RIF pain was unclear.

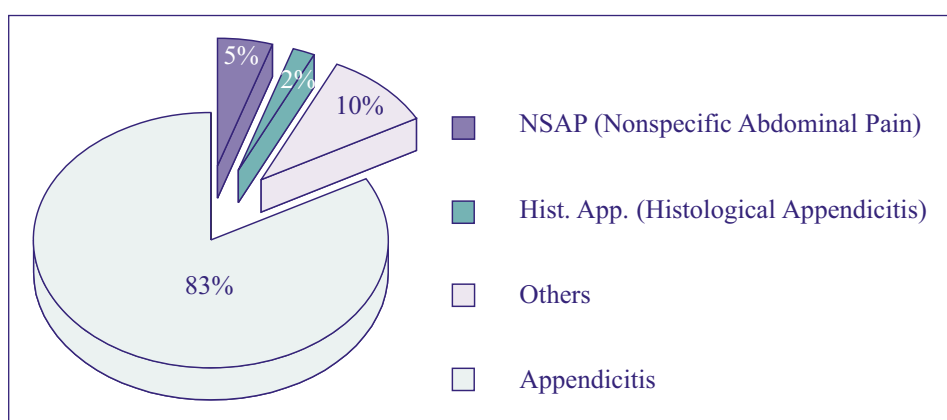
Table 1 - Patient Characteristics in Prospective Study of 60 Patients with Suspected Appendicitis

Patient Characteristics	No. of Patients
No. of patients who had appendicectomy	60
Median (range) age (years)	21(2-68)
Peak age incidence (years)	10-19
Male: Female	1.4:1

Table 2 - Distribution of Additional Pathology Detected by Laparoscopy in Prospective Study of 60 Patients with Suspected Appendicitis

Additional Pathology	No. of Patients
Perforated anterior duodenal ulcer	1
Twisted left ovarian cyst	1
Ruptured follicular ovarian cyst	2
Torsion of appendices epiploicae	1
Sigmoid diverticulitis	1

Figure 1 - Final Aetiology of RIF Pain in Prospective Study of 60 Patients with Suspected Appendicitis



Conclusion

We propose a novel technique of laparoscopy through appendicectomy incision in selected patients in whom noninflamed appendix or no other pathological findings are seen. This may help to identify the correct pathology in patients who are operated on for acute RIF pain and suspected appendicitis.

Presented

At the XXVIIIth Sir Peter Freyer Memorial Lecture and Surgical Symposium in association with the Irish Society of Surgical Oncology, at NUI Galway, September 5, 6th, 2003, by Dr. S.K. Giri.

A Systematic Review of ENT Consultant Postal Questionnaires*Ramphul, N.,¹ Saunders, J.,² Ahmed, I.,¹ Fenton, J.E.¹**Department of Ear, Nose, Throat, Head and Neck Surgery, Mid-Western Regional Hospital, Limerick¹**Statistical Consultative Unit, University of Limerick²***Introduction**

Consultant Postal Questionnaires (CPQs) are increasingly used for information retrieval and assessment of trends. A 19-point quality score has been developed to evaluate the scientific suitability of an individual postal survey.

Rationale

This study aims to analyse the methodology of a sample of CPQs published recently in ENT literature, and to establish the validity of the data obtained.

Methodology

A systematic review of all CPQs published in the *Journal of Laryngology and Otology* and *Clinical Otolaryngology* from January 1998 to December 2002, inclusive, yielded 17 studies. A percentage quality score was assigned to each of the 17 study papers, using specific statistical and scientific criteria to evaluate the methodology used. These included sample assessment, response evaluation, data type presented, and use of statistical analysis. For descriptive purposes we selected a quality score of 60% to be satisfactory.

Result

Methodology scores ranged from 5.26% to 52.63% (mean 30.64%, and median 26.31%). Fifteen studies scored less than 50%.

Conclusion

Conclusions derived from CPQs should be interpreted with caution. Those who aim to use this system of data collection should, in order to certify the validity of the study, ensure that the methodology is sound. None of the articles in this series satisfied the criteria and it behoves the specialty of ENT to educate researchers in the basic tenets of CPQ practice.

Presented

At the Irish Otolaryngology/Head and Neck Surgery Society Meeting, in Kilkenny, in October, 2003, by Dr. N. Ramphul.

The Management of Major Maxillofacial Infections: A Retrospective Review of 60 Patients

Biabani, A., Kearns, G.

Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limerick

Introduction

Odontogenic infections are frequently encountered in oral and maxillofacial surgery practice. The majority of patients respond to treatment with antibiotics and drainage. On occasion, however, these infections have the ability to spread through the fascial planes of the head and neck with potential compromise to the airway and adjacent vital structures. These infections are termed major maxillofacial infections (MMI). There have been rare reports of fatalities associated with MMI. Management of these patients requires close collaboration between anaesthetist and surgeon.

Rationale

This is a retrospective study of 60 patients presenting with MMI to the Mid-Western Regional Hospital, Limerick, between September 1997 and August 2003. All patients were admitted and treated under the oral and maxillofacial surgery service.

Methodology

The study population included 60 patients (32 male, 28 female), mean age 23 (3-58) years. Referral sources were as follows: 18 (30%) by medical practitioner, 18 (30%) by general dentist, 17 (28.3%) by emergency department, 7 (11.6%) by hospital referral. No patient reported an immunosuppressive illness. Twenty-seven (45%) patients were treated with antibiotics prior to referral for treatment. The source of infection was odontogenic in 59 (98.3%) cases, and cutaneous in 1 (1.6%). Plain radiographic examination was performed in all cases, 15 patients (25%) also had computerised tomography (CT). All patients were admitted to hospital, treated with intravenous antibiotics, and underwent incision and drainage of the infection under general anaesthesia. The most commonly used antibiotic regimens were metronidazole and augmentin (31 patients, 51.6%).

Results

The following intubation techniques were used: laryngeal mask (35) (58.3%), orotracheal intubation (14) (23.3%), fiberoptic intubation (9) (15%: 3 oral, 6 nasal), blind nasal intubation (2) (3.3%). No patients required a surgical airway. Drainage was achieved via an extra oral and/or intra oral route. Penrose drains were placed in 36 (60%) patients. One patient was admitted to the intensive care unit postoperatively. Five (8.3%) patients had positive bacteriology cultures. Organisms cultured were as follows: alpha haemolytic streptococci (5), beta haemolytic streptococci (2), bacteroides (3), prevotella melaninogenus (1), staphylococcus (1). The mean pre- and post-operative hospital stay was 1.9 (0-8) and 4.4 (1-11) days, respectively. All patients recovered uneventfully: mean follow-up was 46 days (range 10-180 days).

Conclusions

MMI are largely odontogenic in origin. The empiric choice of antibiotics is critical in these patients because of the high number (91.7%) of patients with negative culture. Laryngeal mask airway can provide airway control for incision and drainage of infection in a large percentage of these patients in the hands of an experienced anaesthetist. These patients are not to be treated out of hours. Close collaboration with the anaesthetist is required due to the potential airway complications that can arise from these MMI.

Audit of Diabetes Care in One General Practice

O'Connor, R.

Mid-Western Health Board Training Scheme in General Practice, University of Limerick

Introduction

Diabetes mellitus is a common, important, and often badly treated condition. Its prevalence is dramatically increasing worldwide. It has been estimated that the numbers suffering from the condition are set to reach 239 million by the year 2010. Poorly controlled diabetes substantially increases a patient's risk of developing complications. An average glycosylated haemoglobin (Hb A1c) level of 7% or less is regarded as good control.

Rationale

It has been shown that good control of diabetes will prevent or defer its complications. Because of the significant numbers involved, this control cannot be achieved by hospital care alone. General practitioners need to take responsibility for their patients' care and follow-up the disease proactively. Newly diagnosed diabetics that are not insulin-dependant make up the majority of cases seen. These can and should be diagnosed and cared for by their general practitioner who provides structured regular care to an agreed protocol.

Methodology

In April 2003, a computerised search was undertaken for all diabetics in 1 single-handed general practice that provides structured regular care to an agreed protocol for its diabetic patients. The practice employs a full-time secretary and practice nurse. Aspects of diabetes care were retrospectively analysed over the previous 2-year period. Glycosylated haemoglobin (Hb A1c) values, averaged over the previous 2 years for each patient, were studied.

Results

- The total practice population was estimated at 1800.
- The total number of diabetics found was 66. Of these, 7 were insulin-dependant (Type 1), and 59 were non-insulin dependant (Type 2).
- 76% (45/59) of all Type 2 diabetics were cared for exclusively in the practice, with referral only for ophthalmic care.
- 89.5% (17/19) of all the diabetics diagnosed in the last 2 years were diagnosed within the practice.
- 83.5% (55) of all the diabetics had an average Hb A1c level of less than or equal to 7% over the previous 2 years.

Conclusion

Diabetes care can be conducted in general practice to a high standard. The policy of concentrating their care in hospital under specialist supervision needs to be reviewed.

Presented

At the WONCA Europe Regional Conference, in Amsterdam, June 1-4, 2004, by Dr. R. O'Connor.

At the North Cork Faculty Meeting of the Irish College of General Practitioners, in Mallow, Co. Cork, on November 23rd, 2003, by Dr. R. O'Connor.

References

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Introduction

The National Health Strategy *Quality and Fairness: A Health System for You* (Department of Health and Children, 2001), the *Report on the National Task Force on Suicide* (Department of Health and Children, and National Taskforce on Suicide, 1998), and the *Response to the Report on the National Task Force on Suicide: Mid-Western Health Board Action Plan* (1999), set out key recommendations for the provision of formal training in suicide risk assessment and management. S.T.O.R.M (Skills Training on Risk Management) is a practical, evidence-based programme designed to improve the confidence, skills, and knowledge, of staff in both the assessment and management of clients at risk of self-harm and suicide. Established educational theory suggests that improving attitudes to suicide prevention and confidence in clinical management skills should help to develop and sustain skills and knowledge in assessment and management. The impact of the STORM programme upon mental health staff's level of confidence and skill was formally evaluated through this project.

Rationale

A diverse range of suicide prevention strategies and interventions has been developed. However, there is a lack of evidence upon which the efficacy of such approaches may be based. The objective of this study is to evaluate the impact of STORM training on both suicide risk assessment and management skills of mental health professionals in the Mid-Western Health Board.

Methodology

A prescribed course of training, focusing on the assessment and management of persons at risk of self-harm and suicide, was offered to all frontline multidisciplinary mental health staff (n = 306) working in the board's area. The training intervention consisted of a 1-day workshop for 10-12 staff, delivered over a period of 10 consecutive weeks. A flexible 'facilitator' approach was adopted, and the timing and content of the training was tailored to meet the needs of the participants. Category 1 approval was granted to the programme by An Bord Altranais. Five internal CPD points were offered to consultant psychiatrists by the Irish College of Psychiatrists for completion of the training programme. Data collection in this controlled pre-post test evaluation took place at 4 time-points: pre-training, on recruitment, immediately post-training, and 4 to 6 months post-training. Qualitative and quantitative tools were employed to assess the following: the need for training, feasibility, attitudes towards suicide prevention, confidence, knowledge of suicide-related issues and risk factors, impact on assessment and management skills, impact on clinical practice, and satisfaction.

Preliminary Findings*

Uptake of training was high. A total of 275 mental health professionals attended for training, 90% of those eligible. This included 191 psychiatric nurses, 17 psychiatrists (consultants, registrars, and senior house officers (SHOs)), 18 psychologists, 14 social workers, 8 occupational therapists, 6 counsellors and 10 addiction counsellors, and 11 'other' mental health professionals (Figure 1).

Results indicate a significant overall reduction in scores (3.27 ± 0.3 , $p < 0.05$), i.e. attitudes became less negative after training. Those with 1 to 10 years' experience exhibited the greatest mean change score and displayed the most positive attitudes post-training (Figure 2).

Overall, significant increases in confidence scores were recorded ($p = 0.0005$, $n = 196$). Confidence values significantly increased ($p = 0.0005$) whether or not any previous training had been received.

Respondents reported that the skills and techniques taught on the course were useful or relevant to their work (92.6% = ‘definitely’, 2.5% = ‘somewhat’ useful/relevant). Feedback on specific components of the training (role-play, use of video and group feedback) was also extremely positive. 96.6% said that they would recommend the course to a colleague, while satisfaction was higher among those who had received no previous training.

Overall, training was perceived as relevant and useful in the workplace. Counsellors, social workers, and those with over 1 year’s experience, were the most likely to feel that they could use the elements gained from the course in their everyday clinical practice. Similarly, counsellors, social workers, and those with 1 to 5 years’ experience, were most likely to feel that they would utilise the method of rating the degree of suicidal risk in their everyday clinical practice.

Future Directions

All public health nurses, primary care staff, and accident and emergency staff, will be trained in a step-down programme (Phase 2). Furthermore, it is anticipated that the training will be available on an ongoing basis for SHOs and other professionals. It is expected that a long-term collaborative model for staff training and practice in the area of suicidal behaviours will be developed, which will allow for universal guidelines in the assessment and management of suicidal behaviours among all health professional within the Irish mid-western region.

Conclusion

Training in the assessment and management of suicide risk can be delivered to 90% of targeted mental health professionals. The training package can improve confidence and attitudes and is well accepted.

Figure 1 - Uptake of STORM Training by Front-line Mental Health Professionals by Discipline

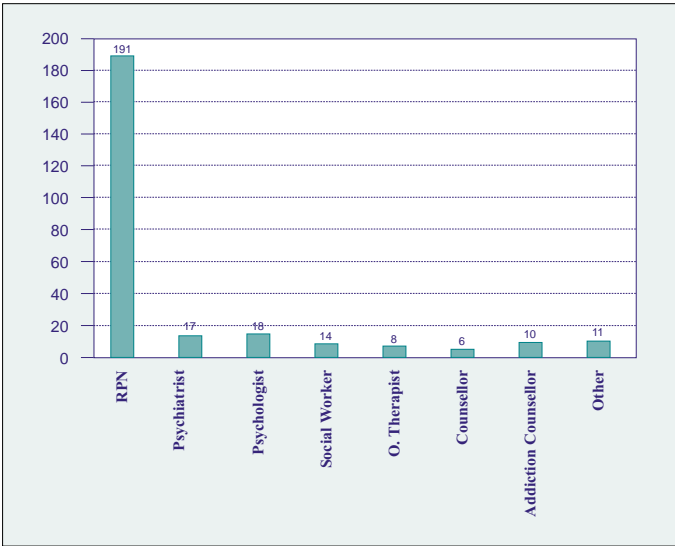
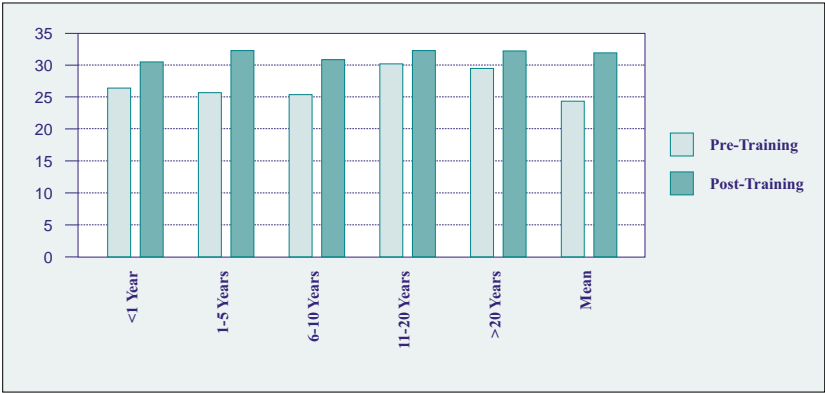


Figure 2 - Mean Pre and Post-Training Attitudes towards Suicide Prevention among STORM-Trained Clinicians by Number of Years’ Post-Qualification Clinical Experience



Presented

At the 34th Annual Psychological Society of Ireland (PSI) Conference in Bunratty, Co. Clare, on November 23rd, 2003, by Dr. Simon Wale.

References

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Acknowledgements

Begley, M., St. Joseph's Hospital, Limerick

Brosnan, P., Mental Health Directorate, St. Joseph's Hospital, Limerick

Carroll, B., Suicide Prevention Office, St. Joseph's Hospital, Limerick

Kennedy, R., Suicide Prevention Office, St. Joseph's Hospital, Limerick

* Results presented are provisional. Further data analysis is currently being undertaken.

Introduction

Cervical cancer is the third most common cancer affecting women in Ireland. The Irish mortality rate for cervical cancer in 1998 was 4.3 per 100,000. This is higher than the E.U. average of 2.7 per 100,000. Sixty-five women died from cervical cancer in Ireland in 2000. The first phase of the Irish Cervical Screening Programme (ICSP) was formally launched in October 2000. The programme is part of the National Cancer Strategy and aims to reduce the incidence of and death rate from cervical cancer. This is to be achieved through the provision of free screening to women at minimum intervals of 5 years. The first phase of the programme operates in the Mid-Western Health Board area and targets approximately 67,000 women living in the region who are between the ages of 25 and 60.

Rationale

In 2003, the Women's Health Council was asked by the Mid-Western Health Board to undertake a review of the first phase of the ICSP 'from the woman's perspective'. The purpose of the review is to investigate the programme's effectiveness and accessibility from the perspective of the women it aims to target and with reference to the ICSP's *Charter for Women*. In this context, all service aspects of the ICSP, such as information materials, administrative and operational processes, will be evaluated.

The objectives of the review are to:

- Identify gaps in the current phase of the programme in terms of effectiveness and accessibility to the women it seeks to target.
- Identify improvements that could be made to address the gaps highlighted. Particular emphasis will be placed on improvements that would be of relevance to expansion of the programme from regional to national level.

Methodology

Documentary methods are being used to analyse the literature distributed to women by the ICSP, such as letters, leaflets, and forms. One-to-one interviews have been conducted with a limited number of service providers involved in the programme to identify issues that women commonly raise with them with regard to the ICSP. Issues identified in this context will be used to inform interviews with participants. Women who are on the ICSP register (that is women in the target age group of between 25 and 60 years, and living in the Mid-Western Health Board area) are the participants in this review. Groups and sub-groups of women have been identified within the target population on the basis of varying degrees of contact with and experience of the ICSP. Semi-structured telephone interviews will be conducted with participants from each of the identified groups and sub-groups. Focus group discussions will be held with participants from some of the sub-groups to facilitate more detailed exploration of themes and issues emerging from telephone interviews. A grounded theory approach will be applied to the analysis of data gathered in telephone interviews and focus groups, whereby themes arising from initial research will inform the research process and be used as part of later exploration.



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- Methodology
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National Institute of Health Sciences, St. Camillus Hospital, Shelbourne Road, Limerick

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m. 086-3812926

f. 061-328042

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