Operating Services Critical Care and Anaesthesia research output for 2014/15:

Ongoing and recently (2014) completed portfolio research studies (n = 15):

1. **BALANCED**: UK lead for a comparison of 2 levels of BIS to see if outcome is improved by a less deep anaesthesia in older patients undergoing major surgery. Multicentre study in UK, Australia, NZ, Hong Kong and USA. **Professor GH Mills**

2. **PREVENTT**: Principle Investigator Sumayer Sanghera (Consultant Anaesthetist) Preoperative intravenous iron to treat anaemia in major surgery. A randomised double-blind controlled phase III study to compare the efficacy and safety of intravenous ferric carboxymaltose with placebo in patients with anaemia undergoing major open abdominal surgery. **One of the only centres in the study to recruit more than 10 patients.**


4. **PROBESE**: UK lead for a study of protective ventilation, plus moderate v high PEEP in overweight patients undergoing major surgery. Pan European Study. **Professor GH Mills**

5. **HIT-AAA** (High Intensity Training in those with an Abdominal Aortic Aneurysm for intervention). **Karen Kerr (Consultant Anaesthetist)**. Recruitment targets for Sheffield have been met. This study is intended to be the feasibility pilot before submission for the multicentre multi million pound portfolio grant.

6. **PROVENT**: UK lead for multi-centre study study of protective ventilation in Europe. Now in analysis phase. **Professor GH Mills**

7. **SALVO** – A randomised trial of cell salvage in Obstetrics supported by a £2million plus grant from the HTA. **Matt Wilson and Ian Wrench** (Consultant Anaesthetists) were part of the team who prepared and submitted the grant application. Sheffield is one of the leading recruiters for this study with 220 women recruited so far. The SALVO team have provided a research midwife to Sheffield to aid recruitment in view of the success of the project thus far.

9. **Randomised controlled trial of warming during elective caesarean section** – Bair Hugger/Inditherm/Normal care. **Chief Investigator Mel Woolnough** (Consultant Anaesthetist) Recruited 60 out of 132 so far. Funded by £5000 grant from the Obstetric Anaesthetists Association.

10. **POISE 2** Principal Investigator for Sheffield – Multicentre study looking at the effect of clonidine and aspirin on peri-operative cardiovascular outcomes and mortality. Ten patients recruited as per target. This study is now closed and the results published. **Ian Wrench – Principle Investigator** for Sheffield.


12. **BREATHE**: steering group member. Study of NIV as a method of weaning from invasive mechanical ventilation on ICU. 2014-15 **Professor GH Mills**

13. **LAS VEGAS steering committee member 2014-15. STH CI**: recruited 120 subjects

14. **BALANCED** – A Multinational study looking at the use of different depths of anaesthesia for surgery. Sheffield is the lead centre for the UK and **Professor Gary Mills is the Principle Investigator** for the UK.

15. **PLETH VARIABILITY INDEX AND CAESAREAN SECTION.** Ian Wrench Chief Investigator: Can the patient monitor “Masimo Rainbow Set®” be used for the timely detection of hypotension induced by spinal anaesthesia for caesarean section? Funded by the OAA - £5000. Study completed and paper in preparation.

**Portfolio studies with the trainee led network SHARC**

(n = 3):

**SHARC is an open trainee-led network** that has been in existence for about 2 years. It continues to facilitate access to research for interested individuals, irrespective of their experience or seniority. SHARC has run several home-grown regional projects but is also providing access to national and international projects. For details please visit [http://www.sharcgroup.org.uk](http://www.sharcgroup.org.uk)

Furthermore, SHARC has been a founding member of RAFT (Research and Audit Federation of Trainees, [http://www.raftrainees.com](http://www.raftrainees.com)), a national umbrella research group facilitating collaboration between regional networks.

**POPULAR** (14 trainees, study in progress at the time of writing)

**SNAP-1** was a research project which involved a two day evaluation of patient reported outcomes after anaesthesia: specifically, patient satisfaction after anaesthesia and patient reported awareness. 22 trainees - 208 recruited. **Principle Investigators – S Sanghera and I Wrench**

**ISOS**, acronym for International Surgical Outcomes Surgery, was a prospective observational multi-center international 7 day cohort study. Its aim is to confirm the incidence of 30-day in-hospital complications following elective inpatient surgery. The trials secondary objectives are to confirm the 30-day in-hospital mortality associated with these complications, to describe the relationship between critical care admission and postoperative complications and to describe the effect of post-operative complications on duration of hospital stay. 12 trainees 204 recruited. **Principle Investigators – S Sanghera and I Wrench**
Grant applications in progress (n = 6):

POSTER (Peri Obstetric Surgery Trial of Enhanced Recovery) – Matt Wilson Chief Investigator and Ian Wrench Chief Clinical Investigator for a grant application to HS&DR concerning enhanced recovery for elective caesarean section. Preliminary application has been submitted for £1.2million. Planned to start June 2016.

ANALYSIS OF PULSE OXIMETER WAVEFORM MORPHOLOGY DURING CAESAREAN. Ian Wrench Chief Investigator. Grant application to the National Institute of Academic Anaesthesia – Obstetric Anaesthesia, small grant £15,000

Physical treatment strategies in critical pulmonary illness: a systems medicine approach to therapeutic optimisation and personalised treatment. £900,000. (Welcome) Professor GH Mills

The PROBESE Randomized Controlled Trial (UK). PRotective Ventilation with Higher versus Lower PEEP during General Anesthesia for Surgery in OBESE Patients –NIAA/AAGBI £10,000 Professor GH Mills

Evaluation of the microstructure and functional changes in the lung before and after major non-cardiac surgery, anaesthesia and mechanical ventilation, using functional hyperpolarized helium and xenon magnetic resonance imaging. BJA/NIAA grant £25,000 Professor GH Mills

Cloud-based intelligent stress and heart disease prevention and management decision support system. EU grant

Other research activity:

Karen Kerr:

POMS (Post operative morbidity survey) we participated in this non-portfolio study that aimed to validate POMS as a post operative morbidity score which would then make it viable as an outcome measure. Presently length of stay and ready for discharge are used as outcome measures but they are influenced by so many different factors that can be institution related thus squewing comparisons between centres. The aim with POMS would be to compare POMS scores for instance on a specific day and record when the POMS was 0, essentially with a POMS of 0 there is no morbidity that would keep you in hospital so if you could be discharged post procedure you would be.

PREDICTING SURVIVAL

Sheffield along with Newcastle and South Tees submitted data to Dr John Carlisle in Torbay. The aim is to validate his prediction calculator as a tool that can be used in predicting outcome with and without intervention for patients contemplating a AAA repair. It manuscript is written and has been returned for review; the stats is quite complicated and that needed simplifying. We wait to hear if the re-submitted manuscript has been successful. If it is, it would be a ground breaker as it shifts focus from predicting poor outcome to predicting increased survival.

STILL UNDER CONSIDERATION

Fitness trajectory, we all have one. Can we slow decline by having a higher starting point?

How do we get our potential patients interested in exercise? We struggled to turn screened patients into recruits for HIT-AAA. The minute you mentioned the possibility of being randomised to exercise!

Can be take pre-assessment from secondary to primary care? Essentially sorting patients at the time of referral.
International, National and Regional meeting presentations:

Critical Care:

Presented at 34th ISICEM in Brussels March 2014

A retrospective review of mortality and complications following oesophagectomy in a large UK teaching hospital.
N Pawley, CM Ball, K Wickenden, B Riley, M Clapham, B Eltayeb, AJ Glossop, AH Raithatha
Presented at 34th ISICEM in Brussels March 2014

Outcomes of patients with acute respiratory failure of mixed aetiology treated with non-invasive ventilation in a large teaching hospital critical care unit
MC Faulds, S Lobaz, AJ Glossop
Presented at 34th ISICEM in Brussels March 2014

Outcomes of patients with acute respiratory failure of mixed aetiology treated with non-invasive ventilation in a large teaching hospital critical care unit
MC Faulds, S Lobaz, AJ Glossop
Presented at 34th ISICEM in Brussels March 2014
Also presented at 34th ISICEM in Brussels March 2014

Outcomes of patients with Pre-existing Pulmonary Hypertension
ESICM 2015

Critically ill patients with faecal peritonitis: a 5-year review in a tertiary centre
V Paul1, A Tridente2, P Kaur1, M Mahmood1, R Mellors1 and AH Raithatha1

Long-term renal and survival outcomes in acute kidney injury patients receiving renal replacement therapy in intensive care
I Elsayed1, N Pawley1, J Rosser1, MJ Heap1, GH Mills1, A Tridente2 and AH Raithatha1

A retrospective review of mortality and complications following oesophagectomy in a large UK teaching hospital.
N Pawley*, CM Ball, K Wickenden, B Riley, M Clapham, B Eltayeb, A Glossop and A Raithatha

Other meetings:

A PaO2/FiO2 ratio of less than 30 kPa predicts longer critical care stay following major head and neck surgery with laryngectomy and can be improved with CPAP
J Bramwell, AJ Glossop
Presented at AAGBI Winter Scientific Meeting January 2015

Long-term survival in end stage renal disease patients admitted to intensive care for renal replacement therapy.
I Elsayed, A Tridente, N Pawley, J Rosser, AH Raithatha.
Accepted for presentation at National Renal Association meeting July 2015
Acute Kidney Injury and Long-term prognosis and degree of dialysis dependency.
I Elsayed, A Tridente, N Pawley, J Rosser, AH Raithatha

Accepted for presentation at National Renal Association meeting July 2015

Is Glutaric Aciduria Type 3 really a benign disorder?
Scott CAB, Gillette GT, Scott CJ, Manning NJ, Olpin SE, Wright J, Pollitt RJ.

Closed loop intelligent ventilation systems: do we need them?
GH Mills
ESA Stockholm 2014

Chairs: Luciano Gattinoni (Milan, Italy), Marcus Schultz (Amsterdam, Netherlands)
PEEP during general anaesthesia is a must.

Pro-Con debate ESA Berlin 2015
PRO
Gary Mills (Sheffield, United Kingdom)
PEEP during general anaesthesia is a must
CON
Nuzhet Mert Sentürk (Istanbul, Turkey)

ESA Berlin 2015

Fundamentals of respiratory mechanics. Chair GH Mills
Speaker Luciano Gattinoni

ESA Berlin 2015

Respiratory mechanics and physiology - the essentials for safe practice during ventilatory support GH Mills
Seminar “Can our mechanical ventilation strategies in anaesthesia and intensive care influence post hoc outcomes?” Mills, Pelosi and Spieth

College of Anaesthetists of Ireland Annual Congress 2015

Obstetric anaesthesia:

Yorkshire Society of Obstetric Anaesthetists Annual Meeting, March 2014

Planning an EXIT procedure service.
Gordon J, Roberts F, Wilson V, Diacon M
Yorkshire Society of Obstetric Anaesthetists Annual Meeting, March 2014

Anticipated difficult neonatal airways – planning an EXIT strategy
Gordon J, Roberts F, Wilson V, Diacon M
Association of Paediatric Anaesthetists of Great Britain and Ireland Annual Conference, Leeds. May 2014

Urdu learning package for anaesthetists on labour ward
Gordon J, Gill R.
Best oral presentation prize at Yorkshire Society of Obstetric Anaesthetists Annual Meeting, Barnsley, April 2014.

SAFE Obstetrics Course: Education Aimed at Reducing Maternal Mortality in Zambia
Rory Colhoun and Phil Bonnett
Presented at The Society for Education in Anaesthesia's ASM in March 2015
Obstetric Anaesthetist Association annual meeting – Torquay:


**Oral presentation prize for Poster at OAA annual meeting Torquay 2015- published in IJOA**


**Poster at OAA annual meeting Torquay 2015- published in IJOA**

Enhanced recovery after elective caesarean section delayed discharge from the post-operative recovery unit is associated with delayed discharge from hospital. A Panickar, R Pothireddy, I Wrench.

**Poster at OAA annual meeting Torquay 2015- published in IJOA**

Estimated blood loss: Does the exact amount matter? ME Walters, IJ Wrench.

**Poster at OAA annual meeting Torquay 2015**

Changes in pulse oximeter wave morphology during the onset of spinal anaesthesia for caesarean section. Wrench I, Hammon L, Handa S, Mahajan R.

**Anaesthetic Research Society – London 01/10/2014: ORAL presentation – accepted for publication.**

The pleth variability index and blood pressure during spinal anaesthesia for caesarean section. S Handa, I Wrench, L Hammon, R Mahajan.

**Oral presentation: OAA annual meeting in Torquay May 22nd and 23rd 2015**

Changes in the morphology of the pulse oximeter waveform during the onset of spinal anaesthesia for caesarean section. L Hammon, S Handa, R Mahajan, I Wrench.

**Top 10 poster OAA annual meeting in Torquay May 22nd and 23rd 2015**

Perfusion index and hypotension during spinal anaesthesia for caesarean section. L Hammon, S Handa, R Mahajan, I Wrench.

**Top 10 poster OAA annual meeting in Torquay May 22nd and 23rd 2015**


**Eposter presented at the Obstetric Anaesthetic Association’s annual meeting on 22/05/2014. Abstract published in the International Journal of Obstetric Anaesthesia.**

A multifaceted approach to reducing obstetric failed intubations; a completed audit cycle. L Hammon, S Asif, F Roberts, M Woolnough

**Accepted abstract for poster presentation at OAA Torquay**

Neuroanaesthesia:

Assessment of an alternative position for siting a bispectral index monitor in neurosurgery. Gordon J, Thirunavukkarasu S, Wiles M, Andrzejowski J.

**Best oral presentation prize at the Annual Scientific Meeting of the Neuroanaesthesia Society of Great Britain and Ireland in May 2014, Sheffield.**


**Journal of Neurosurgical Anesthesiology 2014; 26: 427-440.**
Sustained Elevation in Bispectral Index Following Ketamine Administration During Total Intravenous Anaesthesia for Spinal Surgery.
R. Pothireddy, K. Bauchmuller, J.C. Andrzejowski, M.D. Wiles.
*Journal of Neurosurgical Anesthesiology* 2014; 26: 427-440.

Validation of the Infraorbital Positioning of a Bispectral Index Sensor in Patients Undergoing Intracranial Neurosurgery.
J. Gordon, S. Thirunavukkarasu, J.C. Andrzejowski, M.D. Wiles.
*Journal of Neurosurgical Anesthesiology* 2014; 26: 427-440.

Correlation between end-tidal and arterial carbon dioxide measurements in neurosurgical patients.
Wiles M, Harclerode Z, Leeson A, Andrzejowski J.
*British Journal of Anaesthesia* 2014; 112 : 181P-199P.

Evaluation of Plasmalyte 148 as a maintenance solution in elective craniotomies: Ryan, L; Vinogradovs, A; Eapen, G.
*AAGBI GAT annual scientific meeting.
Anaesthesia, Volume 69, Issue supplements3;pages 1-12, June 2014*

OTHER:

A multi agent sedation sequence for difficult airway management in noma patients with communication barriers
Gordon J, Hamlin G, Nishikawa, H, Ball D.


Communication within operating theatres: a multicentre service evaluation.
ARS Oct 2013

Single dose intravenous paracetamol is ineffective in early extubation coronary artery surgical patients in a prospective randomised placebo controlled double blind trial. Sebagh R, Gray B, Sarkar P, Marks R
*Presentation at the Anaesthetic Research Society November 2014*

Frailty Predicts Increased Resource Use and Postoperative Care Requirements after Revision Hip Surgery.
*Accepted for as poster + presentation in front of 3 member jury at the International Society of Intensive Care and Emergency Medicine Conference, Brussels 16-20 March, 2015 Abstract published Critical Care 2015, 19(Suppl 1):P544 (16 March 2015)*

Perioperative anaphylaxis – an audit against NICE guidance.
R. Sriraman, A. Nair.
Presented at the AAGBI’s annual scientific meeting on 20/09/2013.
*Abstract published in a supplement to the Anaesthesia journal.*

A survey of airway management in adult acute epiglottitis.
R. Sriraman, A.Nair.
*Presented at the annual scientific meeting of the Difficult Airway Society, Stratford-upon-Avon, on 13/11/2014.*
Choice of anaesthetic technique for airway management in acute epiglottitis: a retrospective review. R. Sriraman, A. Thomas, S. Keating, S. Thoms, M. James, R McNab, 
*Presented at the Royal College of Anaesthetists Annual Congress, Cardiff, on 15/05/2014.*

Pain relief and related outcomes following injection therapy for chronic non-cancer pain: a service evaluation. 
S Yeung, S Gupta 
*British Pain Society ASM in April 2014:*

Deprivation - the association with functional capacity. 
S Paravastu, K Kerr 
*Presented at VASGBI in Glasgow 2014*

*Presented at the Digestive disorders Federation Conference, 22-25 June 2015; London*

**Oral Presentation** A PROSPECTIVE COMPARISON OF SAFETY AND TOLERABILITY OF PROPOFOL VERSUS STANDARD SEDATION FOR DOUBLE BALLOON ENTEROSCOPY - TIME FOR A PUSH FORWARD? Federica Branchi; George Eapen; David Turnbull; David Sanders; Reena Sidhu.

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**Tom Bendinger:**

**ABSTRACTS:**

Psychological factors as outcome predictors for spinal cord stimulation. 
*T Bendiger, D Poole, N Plunkett. British Journal of Pain, 2015; 9(2), supplement 1.*

The impact of spinal cord stimulation (SCS) on psychological factors and relationship with pain relief - long term follow up. 
T. Bendiger, D Turnbull, D Poole, N Plunkett. 
*Regional Anaesthesia and Pain Management, 2014, Vol39, Number5, Sup 1*

Long term analgesic efficacy of spinal cord stimulation (SCS) - time response relationship. 
T. Bendiger, D Turnbull, D Poole, N Plunkett. 
*Regional Anaesthesia and Pain Management, 2014, Vol39, Number5, Sup 1*

The impact of spinal cord stimulation on psychological factors and the relationship with pain relief. 
T. Bendiger, D. Turnbull, D. Poole, N. Plunkett. 
*Pain Practice 2014, May, Volume 14, Issue Supplement s1*

Long term analgesic efficacy of spinal cord stimulation: a five year follow up. 
T. Bendiger, D. Turnbull, D. Poole, N. Plunkett. 
*Pain Practice 2014, May, Volume 14, Issue Supplement s1*

**INTERNATIONAL PRESENTATIONS - ORAL:**

The impact of spinal cord stimulation on psychological factors and the relationship with pain relief. 
*Oral presentation at World Institute of Pain Congress in Maastricht, The Netherlands, May 2014.*

**INTERNATIONAL PRESENTATIONS POSTERS:**

Psychological factors as outcome predictors for spinal cord stimulation. 
*Annual Scientific Meeting of Britishh Pain Society in Glasgow, April, 2015*

Analgesia post cardiac surgery - survey. 
*37th Society of Cardiovascular Anaesthesiologists Annual Meeting & Workshops in Washington D.C., USA, 2015*
The impact of spinal cord stimulation (SCS) on psychological factors and relationship with pain relief - long term follow up.  
*European Society of Regional Anaesthesia Annual Congress, Seville, Spain. Sept. 2014*

Long term analgesic efficacy of spinal cord stimulation (SCS) - time response relationship.  
*European Society of Regional Anaesthesia Annual Congress, Seville, Spain. Sept. 2014*

Long term analgesic efficacy of spinal cord stimulation: a five year follow up.  
*World Institute of Pain Congress in Maastricht, The Netherlands. May 2014.*

**NATIONAL PRESENTATIONS POSTERS** :

Psychological factors as outcome predictors for spinal cord stimulation.  
Annual Scientific Meeting of British Pain Society, Glasgow, April, 2015

Pain relief following interventional procedures for common chronic pain conditions - service evaluation.  
*British Pain Society SIG Meeting, Manchester, UK. Oct 2014*
Audit/ Service evaluation projects not published externally (completed and on-going):

**Project ref. 5395 - Evaluation of Anaesthetic chart design and content**
Dr Alex Bell, Dr Kay Hawley
Initially presented to Anaesthetic M+M meeting on November 13th 2013 and report submitted February 2014
At the invitation of the CEU we submitted a poster for the “Sharing Good Practice” event at NGH on Wednesday 2 July 2014 and Alex was able to attend (poster now in NGH dept on wall)
This survey helped to inform the redesign of the new anaesthetic pilot chart which was introduced in June 2014.

**Management of perioperative anaphylaxis- Closing the Audit Loop. Audit against NICE guidance.**
A. Panickar, R. Sriraman, A. Nair Anaesthetics, Sheffield Teaching Hospitals.
Presented at STH M&M Meeting January 2015

**Timing of consultant review of critical care admissions:**
C. Anderson, S. Reynolds, D. Bryden, A. Raithatha

**Outcome of Pulmonary fibrosis patients admitted to critical care:**
Faizan Ahmad, Kris Bauchmuller, A Raithatha

**Outcome of oncology patients with a palliative diagnosis admitted to critical care:**
Rachel Marshall, Tom Gilpin, A Raithatha

**Reducing starvation times for emergency theatre at Sheffield Children’s Hospital**  
July 2014 Gordon J, Shepherd L.
Rewrote & implemented the new starvation guidelines for children for emergency theatre. Reaudit showed we had increased those starved of clear fluids for <6hrs from 51% to 79%. We had increased those starved of solids for <10hrs from 22% to 47%. We reduced the proportion of children starving of clear fluids for >14hrs from 13% to 0% and those starved of solids for >18hrs from 27% to 0%.
Submitted to APAGBI annual conference Aberdeen, May 2015 (pending).

**Charity work in developing countries**

**Improving the use of intraoperative fluid management in colorectal surgeries.**
Sumayer Sanghera, Liz puddy and Duncan miller
QI Project to achieve 80%- standard almost achieved.

**Handover in recovery between anaesthetist and nurse regarding whether we meet the NCEPOD recommendations.**
Holly Jeffries, Sumayer Sanghera.
In progress as a QI project.
Management of perioperative anaphylaxis – a re-audit against NICE guidance.
A.Panickar, R.Sriraman, A.Nair.
Presented at a departmental M&M meeting on 27/01/2015.

Cancellation of elective surgery on the day due to hypertension.
R. Sriraman, A.Dennis.
Presented at a departmental M&M meeting on 11/07/2014.

Karen Kerr CPET:
The service evaluation continues with the number of referrers using the service still expanding. The vascular cohort, the largest with over 1030 individuals tested, has been closed for analysis. With mortality updated we now have to look at whether functional capacity assessment is predictive of outcome in patients treated in Sheffield as it is in other parts of the country and what is the level of fitness that determines who is a fit patient from who is unfit. In this vascular group Prof Mills is also going to look at frailty as recorded in pre-op to see what effect it may have upon outcome.
The data for the hepatobiliary cohort was reviewed by Dr Holly Jeffries but the numbers where too small to draw any conclusion other than we are not worse than those centres that have so far published data on similar small datasets.

Separate to the CPET undertaken as part of pre-assessment for main theatre work is that undertaken for cardiothoracic. Traditionally the MVO2 has been the variable of interest Dr Sailaja Pothuneedi is working with Cardiothoracic to review CPET and outcomes to determine if MVO2 is the only variable that is predictive of outcome. With CPET for this speciality being undertaken in centres outside Sheffield the data for this analysis is still being accumulated.

Richard Marks:
The first abstract from my cardiac research was finally presented at the November 2014 London Anaesthetic Research Society. The results are very interesting. The work was a repeat of the previous RCT which showed a marked effect with parecoxib in fast track cardiac patients. The question was could the same thing be achieved with paracetamol? The study was an identical RCT but with a larger sample size. The results show no significant effect of paracetamol and we conclude that it is of no measurable benefit in cardiac patients at 6 hours post surgery. I suspect that the same applies to other major surgical procedures and this is something we should think about in our practice. The paper was very well received at the ARS with a general feeling that IV paracetamol is over prescribed. Rather controversial perhaps but there is also quite a big study of paracetamol in back pain in the Lancet with no significant effect. Our real conclusion is that IV paracetamol is no substitute for a non steroidal.

Other projects: Lisa Walton has acquired £25,000 of funding for my Real Time Live Update communication system to improve communications between the wards and the theatres. It will be a bit like the information on monitors in train stations or at airports giving up to date information about the surgical pathway for patients.

Possibly of interest; I am involved in organising the medical school Phase 2 pharmacology teaching and took on board four other anaesthetists with pharmacology interests to lecture to the second years in their pharmacology lecture block. There is huge potential to expand the input of anaesthetists to the medical school and again if there was an academic opportunity this is something which might be of interest. I am also organising the Prescribing Skills Assessment (PSA) exam for final year students. Steve Webber and I are looking at ways to establish some continuity of pharmacology teaching between phase 2A and anaesthesia in phase 3b.
Publications for members of OSCCA in 2015:

Papers in peer reviewed journals (n = 10):

Patients with faecal peritonitis admitted to European intensive care units: an epidemiological survey of the GenOSept cohort

Validation of long-term survival prediction for scheduled abdominal aortic aneurysm repair with an independent calculator using only pre-operative variables
J. B. Carlisle, G. Danjoux, K. Kerr, C. Snowden and M. Swart

LiDCO-based fluid management in patients undergoing hip fracture surgery under spinal anaesthesia: a randomized trial and systematic review.
Moppett IK, Rowlands M, Mannings A, Moran CG, & Wiles MD.

Cumulative radiation dose due to diagnostic investigations in seriously injured trauma patients admitted to critical care.

Trends in Demand for Acute Medical Care at Two Football Clubs over an Eighteen-Year Period.
TP Heinrick, WP Fogarty, MD Wiles.


An Audit of Fibreoptic Intubation Training Opportunities in a UK Teaching Hospital.
MD Wiles, RA McCahon, JAM Armstrong.
*Journal of Anesthesiology* 2014; doi:10.1155/2014/703820

Introduction of enhanced recovery for elective caesarean section enabling next day discharge: a tertiary centre experience.

Perioperative aspirin and clonidine and risk of acute kidney injury: a randomized clinical trial.
POISE-2 Investigators (including Wrench IJ.)
*JAMA.* 2014 Dec 3;312(21):2254-64.

Aluri S, Wrench IJ.

T Bendinger, S Gupta.
*Journal of Observational Pain Medicine – Volume 1, Number 4 (2014)*

Papers – educational (n = 2):

Aspiration under anaesthesia: risk assessment and decision-making
Michael Robinson and Andrew Davidson

Percutaneous tracheostomy
B Batuwitage, S Webber, AJ Glossop
*Continuing Education in Anaesthesia, Critical Care & Pain* 14 (6), 268-272, 2014

Case reports (n = 1)

Accepted for publication- BMJ Case Reports 2015- Multiple endocrine related complications of Lithium therapy in patient with low grade meningioma. Srujana Ganti, Andrew Davidson, George Eapen, Marcel Ivanov, Sabapathy Balasubramaniam

Editorials (n = 2)

Was NAP5 ‘NICE’ enough; where next for depth of anaesthesia monitors?  
Andrzejowski JC, Wiles MD.  
*Anaesthesia*. 2015 May;70(5):514-8

Cell salvage for vaginal delivery - is it time we considered it?  
Wilson MJ, Wrench IJ.  

Books (n = 1)

Critical Care MCQs: A Companion for Intensive Care Exams  
Steven Lobaz, Mika Hamilton, Alastair J. Glossop, Ajay H. Raithatha  
Publisher: TFM Publishing Ltd. ISBN/EAN: 9781903378991  
Publication Date: 01/12/2014

Letters (n = 3)

Limited benefit of prophylactic continuous positive airway pressure following lung resection surgery  
AJ Glossop, AM Esquinas  
*British Journal of Anaesthesia* 114 (3), 523-524, 2015

Noninvasive ventilation strategy for weaning from mechanical ventilation for underlying COPD: How to get to be great being little?  
AM Esquinas, AJ Glossop
Extended roles for video laryngoscopy.
Gordon J, Ball D, Grant R,
Anaesthesia. 69(7): 793. July 2014