Blackpool Teaching Hospitals NHS Foundation Trust

Staff Publications

JULY 2019

INSIDE THIS ISSUE:

Articles published by members of staff from Blackpool Teaching Hospitals NHS Foundation Trust and indexed between April and June 2019

Balloon-assisted tracking technique as 'a way forward' for transradial intervention

Wojciuk J, Beijk MA**, Goode G, Brack M, Galasko G, More R, Roberts D, Eichhöfer J, Patel B, Chauhan A, Wiper A.**

BACKGROUND: In percutaneous coronary interventions, use of the radial artery may be limited by vascular anatomy or vascular complications, such as radial artery spasm, dissection or perforation. The balloon-assisted tracking (BAT) technique is a novel and innovative method to successfully perform transradial procedures in patients with difficult vascular anatomy, severe tortuosity or radial artery spasm. In addition, the BAT technique can serve as a bail-out technique when vascular complications such as artery dissection or perforation occur.

OBJECTIVE: We analysed data of all percutaneous coronary intervention patients in whom the BAT technique was undertaken in daily practice and report acute and long-term outcomes.

RESULTS: A total of 62 patients were included and, in most patients, the BAT technique was performed for radial spasm. Most patients were administered benzodiazepines or nitrates before the BAT technique was performed. The primary end point, defined as successful passage of the catheter through the artery of the arm using the BAT technique, was 98%. 11% of patients developed a complication within 24 h (haematoma, prolonged pain or visible vascular damage at the end of procedure); all completely recovered at follow-up. No complications occurred during long-term follow-up.

CONCLUSION: BAT is a low-risk and easy-to-use technique that increases the success rate of radial artery access and may prevent vascular complications.

Outcome domains and outcome measures used in studies assessing the effectiveness of interventions to manage non-respiratory sleep disturbances in children with neurodisabilities: a systematic review

McDaid C, Parker A, Scantlebury A, Fairhurst C, Dawson V, Elphick H, Hewitt C, Spiers G, **Thomas M5**, Beresford B.

OBJECTIVES: To assess whether a core outcome set is required for studies evaluating the effectiveness of interventions for non-respiratory sleep disturbances in children with neurodisabilities.

PTO

Blackpool Teaching Hospitals NHS Foundation Trust

Staff Publications

JULY 2019

RESULTS: Thirty-nine studies assessed five core outcome areas: child sleep, other child outcomes, parent outcomes, adverse events and process measures. There were 54 different measures of child sleep across five domains: global measures; sleep initiation; maintenance; scheduling; and other outcomes. Fifteen non-pharmacological (58%) and four pharmacological studies (31%) reported child outcomes other than sleep using 29 different measures.One pharmacological and 14 non-pharmacological (54%) studies reported parent outcomes (17 different measures). Eleven melatonin studies (85%) recorded adverse events, with variation in how data were collected and reported. One non-pharmacological study reported an explicit method of collecting on adverse events. Several process measures were reported, related to adherence, feasibility of delivery, acceptability and experiences of receiving the intervention.

CONCLUSIONS: There is a lack of consistency between studies in the outcome measures used to assess the effectiveness of interventions for non-respiratory sleep disturbances in children with neurodisabilities. A minimum core outcome set, with international consensus, should be developed in consultation with parents, children and young people, and those involved in supporting families.

The use of a single chamber leadless pacemaker for the treatment of cardioinhibitory vasovagal syncope

Roberts PR, Pepper C, Rinaldi CA, Bates MGD, Thornley A, Somani R, **Abozguia K**, Harris S, Rao A, Pedersen M, McComb JM, Shepherd E, Moore P, Segal OR, Schilling RJ, Zaidi A1.

Background: The use of pacemakers in the treatment of cardioinhibitory vasovagal syncope is controversial with a mixed message from the limited evidence base. Single chamber leadless pacemakers have been shown to be an effective alternative option to conventional pacemakers.

Objective: This study examines the use of leadless pacemakers in a cardioinhibitory vasovagal population in the United Kingdom.

Methods: Observational data on 32 patients implanted with the Micra

NHS Blackpool Teaching Hospitals NHS Foundation Trust

Library & Knowledge Service

BLACKPOOL TEACHING HOSPITALS

RESEARCH & DEVELOPMENT
TODAY'S RESEARCH I TOMORROW'S CARE

SUPPORTING YOUR RESEARCH:

The Library can help you with your research…

We can get copies of articles for you

We provide access to lots of different evidence based resources

We can help with literature searching

See the Library's webpage for more information:

www.bfwh.nhs.uk/our-services/hospital-services/library/

Contact the R&D Team…

01253 655547

bfwh.researchideas@nhs.net

Transcatheter Pacemaker System for vasovagal syncope are presented. Data was collected on implant indications, implant procedure and follow up data from 12 centres across the United Kingdom that had elected to use a Micra leadless pacemaker in this patient population.

Results: 32 patients aged 37 ± 14 years (range 18 to 64 years) with 62% of the patients being female were recruited to the study. Vasovagal syncope was diagnosed clinically and with the support of Holter monitoring, tilt table testing and implantable loop recorders. The duration of symptoms was 8 ± 8 yrs. with an average frequency of syncope being 4 ± 6 times/year. The Micra pacemaker was successfully implanted in all patients with a major complication rate of 3.1%. Patients were followed up for 404 ± 237 days (range 63-928 days). At follow up 28 (87%) patients were free from symptoms.

Conclusions: This observational study suggests that the use of a single chamber leadless pacemaker in the treatment of cardioinhibitory vasovagal syncope might be a reasonable clinical option.

Uninterrupted edoxaban vs. vitamin K antagonists for ablation of atrial fibrillation: the ELIMINATE-AF trial

Hohnloser SH, Camm J, Cappato R, Diener HC, Heidbüchel H, Mont L, Morillo CA, **Abozguia K**, Grimaldi M, Rauer H, Reimitz PE, Smolnik R, Mönninghoff C, Kautzner J.

AIMS: Edoxaban is a direct factor Xa inhibitor approved for stroke prevention in atrial fibrillation (AF). Uninterrupted edoxaban therapy in patients undergoing AF ablation has not been tested.

CONCLUSION: Uninterrupted edoxaban therapy represents an alternative to uninterrupted VKA treatment in patients undergoing AF ablation.

If you have recently had an article published and you would like it to appear in future issues of this bulletin please email the details to : laura.sims2@nhs.net