

Women and Children's

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April 2024

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Children's mental health services 2022-23.

Children's Commissioner for England; 2024.

This report contains findings on children's access to mental health services in England during the 2022-23 financial year, based on new analysis of NHS England data. This data underlines that demand for children's mental health services continues to outstrip the availability of support. Despite welcome increases in investment in Children and Young People's Mental Health Services (CYPMHS, commonly known as CAMHS) the inflation adjusted growth of investment has slowed

Final draft guidance on new breast cancer drug published

NICE News

We've published final draft guidance that does not recommend Enhertu (also called trastuzumab deruxtecan) for treating advanced HER2-low breast cancer in adults. Our decision follows the conclusion of negotiations between NHS England and the manufacturer that sought to agree a commercial arrangement to make Enhertu available at a cost-effective price for the NHS.

Assessing the familial and genetic risk of ovarian cancer

NICE Talks

In this month's podcast, we talk to Dr Ranjit Manchanda, consultant gynaecological oncologist at Barts Health NHS Trust, Dr Judith Hayward, a GP with a special interest in genetics, and Joanne Stanford, a patient with personal experience of genetic testing. They discuss our new guideline on ovarian cancer: identifying and managing familial and genetic risk.

1. Analgesic efficacy of erector spinae plane block in patients undergoing major gynecologic surgery: A randomized controlled study

Authors: Bang, Yu Jeong;Lee, Eun Kyung;Jeong, Heejoon;Kang, RyungA;Ko, Justin Sangwook;Hahm, Tae Soo;Seong, You Jin;Lee, Yoo-Young and Jeong, Ji Seon

Publication Date: 2024

Journal: Journal of Clinical Anesthesia 93, pp. N.PAG

2. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional

Authors: Barbera, Julie P.;Cichon, Bridget;Ankam, Nethra and Schwartz, Beth I.

Publication Date: 2024

Journal: Obstetrics and Gynecology 143(4), pp. 475-483

Abstract: All patients deserve high-quality health care. Patients with disabilities have historically experienced discrimination in health care and subsequently detrimental health outcomes. Health care professionals often lack confidence and preparedness in treating patients with disabilities effectively. Barriers such as communication difficulties, biased assumptions, and inadequate equipment hinder comprehensive care. These barriers to care lead to health inequalities and a diminished overall quality of life for individuals with disabilities. Existing clinical guidelines for care of this underserved population are lacking. This article establishes a comprehensive educational framework and accessible reference tools for gynecologic health care professionals to enhance their ability to offer inclusive and effective care to patients with disabilities. Insights in this article stem from expert consensus among clinicians experienced in this field and ongoing dialog with community-based disability care partners. We present actionable steps to cultivate an open, adaptable, and patient-centric method to actively engage patients and to provide suitable accommodations when needed.; Competing Interests: Financial Disclosure The

3. Gynecological cancer during pregnancy-From a gyne-oncological perspective

Authors: Bohlin, Katja Stenström;Brännström, Mats and Dahm-Kähler, Pernilla

Publication Date: 2024

Journal: Acta Obstetricia Et Gynecologica Scandinavica 103(4), pp. 761-766

Abstract: Gynecological cancer diagnosed during pregnancy requires accurate diagnosis and staging to determine optimal treatment based on gestational age. Cervical and ovarian cancers are the most common and multidisciplinary team collaboration is pivotal. Magnetic resonance imaging and ultrasound can be used without causing fetal harm. In cervical cancer, early-stage treatments can often be delayed until fetal lung maturation and cesarean section is recommended if disease prevails, in combination with a simple/radical hysterectomy and lymphadenectomy. Chemoradiotherapy, the recommended treatment for advanced stages, is not compatible with pregnancy preservation. Most gestational ovarian cancers are diagnosed at an early stage and consist of nonepithelial cancers or borderline tumors. Removal of the affected adnexa during pregnancy is often necessary for diagnosis, though staging can be performed after delivery. In selected cases of advanced cervical and ovarian cancers, neoadjuvant chemotherapy may be an option to allow gestational advancement but only after thorough multidisciplinary discussions and counseling. (© 2024 The Authors. Acta Obstetricia et Gynecologica Scandinavica published by John Wiley & Sons Ltd on behalf of Nordic Federation of Societies of Obstetrics and Gynecology (NFOG).)

4. Quality of life in long-term cervical cancer survivors compared with healthy women and women with benign gynecological disorders

Authors: Cea García, Jorge;Rodríguez Jiménez, Inmaculada;Márquez Maraver, Francisco;Ríos-Pena, Laura and Carmen Rubio Rodríguez, M.

Publication Date: 2024

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 297, pp. 78-85

Abstract: Objective: The impact of cervical cancer treatment on the quality of life of long-term survivors compared with the general female population is controversial, and no studies have been conducted comparing patients with benign gynecological diseases. The aim of this study was to compare the quality of life of cervical cancer survivors with that of healthy controls.; Study Design: A case-control study was conducted to compare the quality of life of 106 cervical cancer survivors from a tertiary hospital and 185 women admitted to a gynecological outpatient clinic from the same health area for a healthy woman check-up (n 46) or for a benign gynecological disorder (symptomatic, n 113; asymptomatic, n 26). To measure quality of life, self-administered questionnaires, such as the Functional Assessment Cancer Therapy-cervix and World Health Organization quality of life-brief version, were employed. Baseline scores were collected when patients first reported, and further evaluations were completed at 0-6, 7-12, 13-24, 25-60, and more than 60 months. For the contrastive analysis hypothesis, we employed R statistical software.; Results: Except for the environment domain at 0-6, 7-12, and 13-24 months (51.52 vs. 60.73, $p < 0.0001$; 52 vs. 60.73, $p < 0.0001$; 49.81 vs. 60.73, $p < 0.0001$, respectively), we found no statistically significant differences in the quality of life between cervical cancer survivors and controls. We did find differences in the physical health domain scores at 0-6 months (60.22 vs. 72.42, $p = 0.039$) and the social relationships domain scores at 13-24 months (54 vs. 71.42, $p = 0.017$) between cases and asymptomatic controls.; Conclusion: Except for physical well-being, environment and social relationships, which were substantially better for controls, especially in the asymptomatic, long-term cervical cancer survivors' quality of life did not vary from that of controls.; Competing Interests: Declaration of competing interest The authors declare that they have no known

competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

5. Environmental sustainability in obstetrics and gynaecology: A systematic review

Authors: Cohen, Eva Sayone;Kouwenberg, Lisanne H. J. A.;Moody, Kate S.;Sperna Weiland, Nicolaas,H.;Kringos, Dionne Sofia;Timmermans, Anne and Hehenkamp, Wouter J. K.

Publication Date: 2024

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 131(5), pp. 555-567

Abstract: Background: The healthcare sector is responsible for 4%-10% of global greenhouse gas emissions. Considering the broad range of care that obstetricians and gynaecologists provide, mitigation strategies within this specialty could result in significant reductions of the environmental footprint across the whole healthcare industry.; Objectives: The aim of this review was to identify for what services, procedures and products within obstetric and gynaecological care the environmental impact has been studied, to assess the magnitude of such impact and to identify mitigation strategies to diminish it.; Search Strategy: The search strategy combined terms related to environmental impact, sustainability, climate change or carbon footprint, with the field of obstetrics and gynaecology.; Selection Criteria: Articles reporting on the environmental impact of any service, procedure or product within the field of obstetrics and gynaecology were included. Included outcomes covered midpoint impact categories, CO 2 emissions, waste generation and energy consumption.; Data Collection and Analysis: A systematic literature search was conducted in the databases of MEDLINE (Ovid), Embase (Ovid) and Scopus, and a grey literature search was performed on Google Scholar and two websites of gynaecological associations.; Main Results: The scope of the investigated studies encompassed vaginal births, obstetric and gynaecological surgical procedures, menstrual products, vaginal specula and transportation to gynaecological oncologic consultations. Among the highest yielding mitigation strategies were displacing disposable with reusable materials and minimising content of surgical custom packs. The lowest yielding mitigation strategy was waste optimisation, including recycling.; Conclusions: This systematic review highlights opportunities for obstetricians and gynaecologists to decrease their environmental footprint in many ways. More high-quality studies are needed to investigate the environmental impact of other aspects of women's and reproductive health care. (© 2023 The Authors. BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.)

6. Effects of intraoperative sodium oxybate infusion on post-operative sleep quality in patients undergoing gynecological laparoscopic surgery: A randomized clinical trial

Authors: Cui, Meiyong;Xing, Tianyi;Zhao, Anqi;Zheng, Lanlan;Zhang, Xinping;Xue, Hang;Wu, Ziyi;Wang, Fang and Zhao, Ping

Publication Date: 2024

Journal: Journal of Clinical Anesthesia 93, pp. N.PAG

7. Quality of Life After Extended Pelvic Surgery with Neurovascular or Bony Resections in Gynecological Oncology: A Systematic Review

Authors: Denys, Andreas;Thielemans, Sofie;Salihi, Rawand;Tummers, Philippe and van Ramshorst, Gabrielle,H.

Publication Date: 2024

Journal: Annals of Surgical Oncology 31(5), pp. 3280-3299

Abstract: Background: Extended pelvic surgery with neurovascular or bony resections in gynecological oncology has significant impact on quality of life (QoL) and high morbidity. The objective of this systematic review was to provide an overview of QoL, morbidity and mortality following these procedures.; Methods: The registered PROSPERO protocol included database-specific search strategies. Studies from 1966 onwards reporting on QoL after extended pelvic surgery with neurovascular or bony resections for gynecological cancer were considered eligible. All others were excluded. Study selection (Rayyan), data extraction, rating of evidence (GRADE) and risk of bias (ROBINS-I) were performed independently by two reviewers.; Results: Of 349 identified records, 121 patients from 11 studies were included-one prospective study, seven retrospective studies, and three case reports. All studies were of very low quality and with an overall serious risk of bias. Primary tumor location was the cervix (n = 78, 48.9%), vulva (n = 30, 18.4%), uterus (n = 21, 12.9%), endometrium (n = 15, 9.2%), ovary (n = 8, 4.9%), (neo)vagina (n = 3, 1.8%), Gartner duct/paracolpium (n = 1, 0.6%), or synchronous tumors (n = 3, 1.8%), or were not reported (n = 4, 2.5%). Bony resections included the pelvic bone (n = 36), sacrum (n = 2), and transverse process of L5 (n = 1). Margins were negative in 70 patients and positive in 13 patients. Thirty-day mortality was 1.7% (2/121). Three studies used validated QoL questionnaires and seven used non-validated measurements; all reported acceptable QoL postoperatively.; Conclusions: In this highly selected patient group, mortality and QoL seem to be acceptable, with a high morbidity rate. This comprehensive study will help to inform eligible patients about the outcomes of extended pelvic surgery with neurovascular or bony resections. Future collaborative studies can enable the collection of QoL data in a validated, uniform manner. (© 2024. Society of Surgical Oncology.)

8. Evidence-based brief interventions targeting acute mental health presentations for children and adolescents: systematic review

Authors: Eapen, Valsamma;Gerstl, Brigitte;Ahinkorah, Bright Opoku;John, James Rufus;Hawker, Patrick;Nguyen, Thomas P.;Brice, Febe;Winata, Teresa and Bowden, Michael

Publication Date: 2024

Journal: BJPsych Open 10(3), pp. e78

Abstract: Background: Brief intervention services provide rapid, mobile and flexible short-term delivery of interventions to resolve mental health crises. These interventions may provide an alternative pathway to the emergency department or in-patient psychiatric services for children and young people (CYP), presenting with an acute mental health condition.; Aims: To synthesise evidence on the effectiveness of brief interventions in improving mental health outcomes for CYP (0-17 years) presenting with an acute mental health condition.; Method: A systematic literature search was conducted, and the studies' methodological quality was assessed. Five databases were searched for peer-reviewed articles between January 2000 and September 2022.; Results: We synthesised 30 articles on the effectiveness of brief interventions in the form of (a) crisis intervention, (b) integrated services, (c) group therapies, (d) individualised therapy, (e) parent-child dyadic therapy, (f) general services, (g) pharmacotherapy, (h) assessment services, (i) safety and risk planning and (j) in-hospital treatment, to improve outcomes for CYP with an acute mental health condition. Among included studies, one study was rated as providing a high level of evidence based on the National Health and Medical Research Council levels of evidence hierarchy scale, which was a crisis intervention showing a reduction in length of stay and return emergency department visits. Other studies, of moderate-quality evidence, described multimodal brief interventions that suggested beneficial effects.; Conclusions: This review provides evidence to substantiate the benefits of brief interventions, in different settings, to reduce the burden of in-patient hospital and readmission rates to the emergency department.

9. Presurgical vaginal preparation regimens for antisepsis in gynecologic surgery: a systematic review and meta-analysis

Authors: Farabee, E.;Manning, M.;Stuart, A.;Gaskins, J.;Gupta, A.;Francis, S. and Lenger, S.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. S1203

10. A systematic review of association between use of hair products and benign and malignant gynecological conditions

Authors: Farooq, Hajra;Mhatre, Pauras;Aggarwal, Riya;Robinson, Mahalia T.;Joseph, Emily;Segars, James and Singh, Bhuchitra

Publication Date: 2024

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 295, pp. 160-171

Abstract: Hair products often contain chemicals like para-phenylenediamine (PPD) and endocrine-disrupting chemicals (EDCs); giving rise to concerns about the possible adverse effects such as hormonal disturbances and carcinogenicity. The objective of this systematic review was to evaluate the association between the use of different hair products and benign and malignant gynecological conditions. Studies were identified from three databases including PubMed, Embase, and Scopus, and evaluated in accordance with PRISMA guidelines. The risk of bias was assessed using the Newcastle-Ottawa Scale. A total of 17 English-language studies met the inclusion criteria. Associations of hair relaxer or hair dye use with breast and ovarian cancer were observed in at least one well-designed study, but these findings were not consistent across studies. Further sub-analysis showed 1.08 times (95 % CI: 1.01-1.15) increased risk of breast cancer in females with permanent hair dye use. Chang et al. reported strong association between uterine cancer risk and hair relaxer use (HR 1.8, 95 % CI: 1.12-2.88), with no observed association with hair dye use. Studies conducted by Wise et al. and James-Todd et al. for benign gynecological conditions; including uterine leiomyoma (IRR 1.17, 95 % CI: 1.06-1.30), early onset of menarche (RR 1.4, 95 % CI: 1.1-1.9), and decreased fecundability (FR 0.89, 95 % CI: 0.81-0.98) revealed positive associations with hair relaxer use, but these findings were based on small sample sizes. In summary, the available evidence regarding personal use of hair products and gynecological conditions is insufficient to determine whether a positive association exists.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

11. The power of art and the powers of adolescents with cancer: Age-specific projects at Italian pediatric oncology centers

Authors: Ferrari, Andrea;Perillo, Teresa;Maria Milano, Giuseppe;Silva, Matteo;Rutigliano, Chiara;Salvo, Andrea;Livellara, Virginia;Conte, Massimo;Coccoli, Luca;Amore, Elena;Pierobon, Marta;Vietina, Francesco;Pagani Bagliacca, Elena;Spinelli, Marco;Speranza Massei, Maria;Masseti, Valentina;Legnani, Elena;Puglisi, Ilaria;Zucchetti, Giulia and Quarello, Paola

Publication Date: 2024

Journal: Tumori , pp. 3008916241245005

Abstract: This article describes the oncology programs developed in Italy for adolescents and young adults with cancer, with a specific focus on the local projects created in pediatric oncology centers. A common feature of such projects is the emphasis on creative and artistic activities and laboratories (involving music, photography, novel writing, fashion design, and so on) designed to give young patients innovative means of expression. This article highlights the amazing powers of adolescents involved in these projects: the power to produce beautiful things in a place that is not normally associated with the idea of beauty; the power to make their doctors smile and grasp the profound sense of life; the power to make hospitals become places for producing culture.; Competing Interests:

Declaration of conflicting interests The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

12. Leveraging electronic alerts to enhance the detection of post-operative complications in the emergency department after gynecologic surgery

Authors: Geng, B.;Pondugula, N.;Sangal, R.;Lundsberg, L.;Zurich, H. and Fan, L.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. S1171

13. Patient-centered respectful maternity care: a factor analysis contextualizing marginalized identities, trust, and informed choice

Authors: Glover, Annie;Holman, Carly and Boise, Patrick

Publication Date: 2024

Journal: BMC Pregnancy and Childbirth 24(1), pp. 267

Abstract: Background: Increasing rates of maternal mortality and morbidity, coupled with ever-widening racial health disparities in maternal health outcomes, indicate that radical improvements need to be made in the delivery of maternity care. This study explored the provision of patient-centered maternity care from the perspective of pregnant and postpartum people; experiences of respect and autonomy were examined through the multi-dimensional contexts of identity, relational trust, and protection of informed choices.; Methods: We conducted primary data collection among individuals who experienced a pregnancy in the five years preceding the survey (N = 484) using the validated Mothers on Respect Index (MORi) and Mothers Autonomy in Decision Making (MADM) scale. We conducted an exploratory factor analysis (EFA) which produced three factor variables: trust, informed choice, and identity. Using these factor variables as dependent variables, we conducted bivariate and multivariate analysis to examine the relationship between these factor variables and social marginalization, as measured by race, disability, justice-involvement, and other social risk factors, such as food and housing insecurity.; Results: Results of our bivariate and multivariate models generally confirmed our hypothesis that increased social marginalization would be associated with decreased experiences of maternity care that was perceived as respectful and protective of individual autonomy. Most notably, AI/AN individuals, individuals who are disabled, and individuals who had at least one social risk factor were more likely to report experiencing identity-related disrespect and violations of their autonomy.; Conclusions: In light of the findings that emphasize the importance of patient identity in their experience in the healthcare system, patient-centered and respectful maternity care must be provided within a broader social context that recognizes unequal power dynamics between patient and provider, historical trauma, and marginalization. Provider- and facility-level interventions that improve patient experiences and health outcomes will be more effective if they are contextualized and informed by an understanding of how patients' identities and traumas shape their healthcare experience, health-seeking behaviors, and potential to benefit from clinical interventions and therapies. (© 2024. The Author(s).)

14. Melatonin: Current evidence on protective and therapeutic roles in gynecological diseases

Authors: Hosseinzadeh, Azam;Alinaghian, Nazila;Sheibani, Mohammad;Seirafianpour, Farnoosh;Naeini, Ali Jamshidi and Mehrzadi, Saeed

Publication Date: 2024

Journal: Life Sciences 344, pp. 122557

Abstract: Melatonin, a potent antioxidant and free radical scavenger, has been demonstrated to be effective in gynecological conditions and female reproductive cancers. This review consolidates the accumulating evidence on melatonin's multifaceted protective effects in different pathological contexts. In gynecological conditions such as endometriosis, polycystic ovary syndrome (PCOS), and uterine leiomyoma, melatonin has shown promising effects in reducing oxidative stress, inflammation, and hormonal imbalances. It inhibits adhesion molecules' production, and potentially mitigates leukocyte adherence and inflammatory responses. Melatonin's regulatory effects on hormone production and insulin sensitivity in PCOS individuals make it a promising candidate for improving oocyte quality and menstrual irregularities. Moreover, melatonin exhibits significant antitumor effects by modulating various signaling pathways, promoting apoptosis, and suppressing metastasis in breast cancers and gynecological cancers, including ovarian, endometrial, and cervical cancers. Furthermore, melatonin's protective effects are suggested to be mediated by interactions with its receptors, estrogen receptors and other nuclear receptors. The regulation of clock-related genes and circadian clock systems may also contribute to its inhibitory effects on cancer cell growth. However, more comprehensive research is warranted to fully elucidate the underlying molecular mechanisms and establish melatonin as a potential therapeutic agent for these conditions.; Competing Interests: Declaration of competing interest The authors declare that they have no conflict of interest. (Copyright © 2024 Elsevier Inc. All rights reserved.)

15. Editorial: Pandemics Interact With and Amplify Child Mental Health Disparities: Further Lessons From COVID-19

Authors: Karnik, Niranjana S.

Publication Date: 2024

Journal: Journal of the American Academy of Child & Adolescent Psychiatry 63(5), pp. 505-506

16. Metronidazole and cefazolin versus cefazolin alone for surgical site infection prophylaxis in gynecologic surgery at a comprehensive cancer center

Authors: Knisely, Anne;Iniesta, Maria D.;Marten, Claire A.;Chisholm, Gary;Schmeler, Kathleen M. and Taylor, Jolyn S.

Publication Date: 2024

Journal: American Journal of Obstetrics and Gynecology

Abstract: Background: Surgical site infection (SSI) is one of the most common complications of gynecologic cancer surgery. Current guidelines recommend the administration of cefazolin pre-operatively to reduce SSI rates for patients undergoing clean-contaminated surgeries such as hysterectomy.; Objective: To evaluate the impact of a quality improvement project adding metronidazole to cefazolin for antibiotic prophylaxis on SSI rate for women undergoing gynecologic surgery at a comprehensive cancer center.; Study Design: This retrospective, single-center, cohort study included patients who underwent surgery in the Gynecologic Oncology department from 5/2017 to 6/2023. Patients with penicillin allergies and those undergoing concomitant bowel resection(s) and/or joint cases were excluded. The pre-intervention group patients had surgery from 5/2017 to 4/2022, and the post-intervention group patients had surgery from 4/2022 to 6/2023. The primary outcome was 30-day SSI rate. Sensitivity analyses were performed to compare SSI rates based on actual antibiotic(s) received and for those who had a hysterectomy. Factors independently associated with SSI were identified using a multivariable logistic regression model adjusting for confounding variables.; Results: Of 3343 patients, 2572 (76.9%) and 771 (23.1%) were in the pre- and post-intervention groups, respectively. Most patients (74.7%) had a hysterectomy performed. Thirty four percent of cases were for non-oncologic (benign) indications. Pre-intervention patients were more likely to receive appropriate pre-operative antibiotics (95.6% vs 90.7%; $p < 0.001$). The overall SSI rate prior to the intervention was 4.7% compared to 2.6% after the intervention ($p = 0.010$). The SSI rate for all patients who underwent

hysterectomy was 4.9% (pre-intervention) vs. 2.8% (post-intervention) ($p=0.036$); a similar trend was seen for benign cases (4.4% vs 2.4%; $p=0.159$). On multivariable analysis, the odds ratio for SSI was 0.49 (95% CI 0.38-0.63) for the post- compared to pre-intervention group ($p<0.001$). In a sensitivity analysis ($n=3087$), SSI rate was 4.5% for those who received cefazolin alone compared to 2.3% for those who received cefazolin plus metronidazole, with significant decreased odds of SSI for the cefazolin plus metronidazole group (adjusted OR 0.40, 95% CI 0.30-0.53; $p<0.001$). Among only those who had a hysterectomy performed, the odds of SSI was significantly reduced for those in the post-intervention group (adjusted OR 0.63, 95% CI 0.47-0.86; $p=0.003$).; Conclusion: The addition of metronidazole to cefazolin before gynecologic surgery decreased the SSI rate by half, even after accounting for other known predictors of SSI and differences in practice patterns over time. Providers should consider this combination regimen in women undergoing gynecologic surgery, especially for cases involving hysterectomy. (Copyright © 2024 Elsevier Inc. All rights reserved.)

17. Are prophylactic antibiotics required for combined intracavitary and interstitial brachytherapy of gynecologic cancers?

Authors: Kumazawa, Takuya;Ohkubo, Yu;Mochida, Keishiro;Kondo, Saori;Oguchi, Osamu and Yoshida, Daisaku

Publication Date: 2024

Journal: Journal of Radiation Research

Abstract: The purpose of this study is to evaluate the need for prophylactic antibiotic treatment prior to combined intracavitary and interstitial (hybrid) brachytherapy for gynecologic cancer. A total of 105 gynecologic cancer patients received 405 brachytherapy sessions, including 302 sessions of intracavitary brachytherapy and 103 sessions of hybrid brachytherapy. Prophylactic antibiotics were administered before 35% of the hybrid brachytherapy sessions. The incidence of postbrachytherapy fever and the frequency of subsequent antibiotic use for infection were compared between treatment groups. Among patients treated with hybrid brachytherapy, fever $\geq 37.5^{\circ}\text{C}$ occurred in 16.4% of those not receiving prophylactic antibiotics and 16.7% of those receiving prophylactic antibiotics ($P > 0.05$). Similarly, fever $\geq 38.0^{\circ}\text{C}$ occurred in 4.9% of patients not receiving prophylactic antibiotics and 2.4% of those receiving prophylactic antibiotics ($P > 0.05$). Additional antibiotics were used to treat postbrachytherapy infections in 4.8% of the group receiving prophylactic antibiotics and 0% of those not receiving prophylactic antibiotics, again without statistically significant difference. There were also no significant differences in posttreatment fever incidence and antibiotics use for infection between intracavitary brachytherapy and hybrid brachytherapy sessions. In conclusion, the incidences of infection and fever are low following hybrid brachytherapy, so prophylactic antibiotics are generally unnecessary. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Japanese Radiation Research Society and Japanese Society for Radiation Oncology.)

18. Effectiveness of a Digital Decision Aid for Nutrition Support in Women with Gynaecological Cancer: A Comparative Study

Authors: Kuo, Hoi-Chen;Lee, Wen-Ying;Hsu, Hui-Chun;Creedy, Debra K. and Tsao, Ying

Publication Date: 2024

Journal: Nutrition & Cancer 76(4), pp. 325-334

Abstract: This study aimed to examine the effects of an animated Patient Decision Aid (PtDA) about dietary choices on decisional conflict and decision regret. A prospective, observational, two-group comparative effectiveness study was conducted with patients ($n = 90$) from a southern Taiwan oncology inpatient unit. Data included the Malnutrition Universal Screening Tool (MUST), laboratory results, 16-item Decisional Conflict Scale (sf-DCS), and 5-item Decision Regret Scale (DRSc). Data were collected at admission (T0), after the first-cycle of chemotherapy but before discharge (T1), and

after the six-cycle chemotherapy protocol (T2) (around 3 months). Group A received standardized nutrition education and a printed brochure, while Group B watched a 10-minute information video during a one-on-one inpatient consultation and engaged in a values clarification exercise between T0 and T1. The percentage of women with a MUST score ≥ 1 in Group A sharply increased over time, but not in Group B. Decision aid usage significantly increased patients' hemoglobin and lymphocyte values over time ($p < 0.05$). The digital PtDA contributed to less decisional conflict and decision regret in at-risk patients and improved their nutritional well-being. Decision-aids help patients make healthcare decisions in line with their values, and are sustainable for use by busy clinicians.

19. Risk of thrombosis and bleeding in gynecologic noncancer surgery: systematic review and meta-analysis

Authors: Lavikainen, Lauri I.;Guyatt, Gordon H.;Kalliala, Ilkka E. J.;Cartwright, Rufus;Luomaranta, Anna L.;Vernooij, Robin W. M.;Tähtinen, Riikka M.;Tadayon Najafabadi, Borna;Singh, Tino;Pourjamal, Negar;Oksjoki, Sanna M.;Khamani, Nadina;Karjalainen, Päivi K.;Joronen, Kirsi M.;Izett-Kay, Matthew;Haukka, Jari;Halme, Alex L. E.;Ge, Fang Zhou;Galambosi, Päivi J. and Devereaux, P. J.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. 390-402

20. Risk of thrombosis and bleeding in gynecologic cancer surgery: systematic review and meta-analysis

Authors: Lavikainen, Lauri I.;Guyatt, Gordon H.;Luomaranta, Anna L.;Cartwright, Rufus;Kalliala, Ilkka E. J.;Couban, Rachel J.;Aaltonen, Riikka L.;Aro, Karoliina M.;Cárdenas, Jovita L.;Devereaux, P. J.;Galambosi, Päivi J.;Ge, Fang Zhou;Halme, Alex L. E.;Haukka, Jari;Izett-Kay, Matthew;Joronen, Kirsi M.;Karjalainen, Päivi K.;Khamani, Nadina;Oksjoki, Sanna M. and Pourjamal, Negar

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. 403-416

21. Virtual appointments: current practices and perspectives of gynecologic surgeons

Authors: Mickelsen, R.;Triplett, C.;Wong, M. and Yamamoto, M.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. S1233-S1234

22. Excess use of surgical supplies in minimally invasive benign gynecology surgery: an observational study

Authors: Mohr-Sasson, A.;Aycock, M.;Higgason, N.;Hui, M.;Bhalwal, A.;Jalloul, R.;Dziadek, O.;Leon, M. and Montealegre, A.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. S1162

23. Imaging the post-treatment pelvis with gynecologic cancers

Authors: Moradi, Behnaz;Hejazian, Seyyed Sina;Tahamtan, Mohammadreza;Ghorani, Hamed and Karami, Shaghayegh

Publication Date: 2024

Journal: Abdominal Radiology 49(4), pp. 1248-1263

Abstract: Gynecological malignancies, such as ovarian cancers, cervical cancers, and endometrial cancers, have a significant global impact. Women with gynecologic malignancies may receive a single or a combination of treatments, including surgery, chemotherapy, and radiation-based therapies. Radiologists utilize various diagnostic imaging modalities to provide the surgeon with relevant information about the diagnosis, prognosis, optimal surgical strategy, and prospective post-treatment imaging. Computerized Tomography (CT) and magnetic resonance imaging (MRI) may be used initially to evaluate and detect post-treatment complications. Although CT is primarily used for staging, MRI is commonly used for a more accurate evaluation of a tumor's size and detection of local invasion. Complications such as hematoma, abscess, inclusion cyst, seroma, tumor thrombosis, anorectovaginal fistula, and gossypiboma may occur after the three primary treatments, and systems such as the genitourinary, gastrointestinal, neurological, and musculoskeletal may be affected. In order to distinguish between early-onset and late-onset complications following gynecological treatment, radiological findings of the most common post-treatment complications will be presented in this review.

24. Multidisciplinary evidence-based tools for improving consistency of care and neonatal nutrition

Authors: Morris, Mindy;Bennett, Stacie;Drake, Liz;Hetherington, Maria C.;Clifton-Koeppel, Robin;Schroeder, Holly;Breault, Courtney and Larson, Kimberly

Publication Date: 2024

Journal: Journal of Perinatology : Official Journal of the California Perinatal Association

Abstract: Background: Extrauterine growth restriction from inadequate nutrition remains a significant morbidity in very low birth weight infants. Participants in the California Perinatal Quality Care Collaborative Quality Improvement Collaborative, Grow, Babies, Grow! developed or refined tools to improve nutrition and reduce practice variation.; Method: Five Neonatal Intensive Care Units describe the development and implementation of nutrition tools. Tools include Parenteral Nutrition Guidelines, Automated Feeding Protocol, electronic medical record Order Set, Nutrition Time-Out Rounding Tool, and a Discharge Nutrition Recommendations. 15 of 22 participant sites completed a survey regarding tool value and implementation.; Results: Reduced growth failure at discharge was observed in four of five NICUs, 11-32% improvement. Tools assisted with earlier TPN initiation (8 h) and reaching full feeds (2-5 days). TPN support decreased by 5 days. 80% of survey respondents rated the tools as valuable.; Conclusion: Evidence and consensus-based nutrition tools help promote standardization, leading to improved and sustainable outcomes. (© 2024. The Author(s), under exclusive licence to Springer Nature America, Inc.)

25. Does the presence of abdominal wall adhesions make gynecologic robotic surgery difficult?

Authors: Nozaki, Takahiro;Matsuda, Kosuke;Kagami, Keiko and Sakamoto, Ikuko

Publication Date: 2024

Journal: Journal of Robotic Surgery 18(1), pp. 173

Abstract: This study aimed to assess the status of abdominal wall adhesions resulting from prior

surgeries and their impact on the outcomes of robotic surgery. We retrospectively reviewed clinical information, surgical outcomes, and the status of abdominal wall adhesions in patients who underwent gynecologic robotic surgery at Yamanashi Central Hospital, between April 2018 and March 2023. Abdominal wall adhesions were classified into seven locations and their presence was assessed at each site. Among the 768 cases examined, 196 showed the presence of abdominal wall adhesions. Notably, patients with a history of abdominal surgery exhibited a significantly higher incidence of abdominal wall adhesions than those without such surgical history, although no significant difference was observed in the frequency of adhesions in the upper left abdomen. Patients with a history of gynecologic, gastrointestinal, or biliopancreatic surgeries were more likely to have adhesions at the umbilicus or upper abdomen sites where trocars are typically inserted during robotic surgery. Although cases with abdominal wall adhesions experienced longer operative times than those without, there was no significant difference in estimated blood loss. In 13 cases (1.7%), adjustments in trocar placement were necessary due to abdominal wall adhesions, although none of the cases required conversion to open or conventional laparoscopic surgery. Abdominal wall adhesions pose challenges to minimally invasive procedures, emphasizing the importance of predicting these adhesions based on a patient's surgical history to safely perform robotic surgery. These results suggest that the robot's flexibility proves effective in managing abdominal wall adhesions. (© 2024. The Author(s), under exclusive licence to Springer-Verlag London Ltd., part of Springer Nature.)

26. Investigating question-answer sequences in child mental health assessments: Engaging children and families through declarative question design

Authors: O'Reilly, Michelle and Kiyimba, Nikki

Publication Date: 2024

Journal: Patient Education and Counseling 121, pp. 108105

Abstract: Objective: In mental health settings, before a child can be diagnosed with a mental health condition, they must initially be assessed. These assessments are characterised by question-answer sequences with the child and family members, and our objective is to explore the function of declarative questions.; Methods: Video recordings of mental health assessments from 28 families were collected, each being approximately 90 min. Referred children were aged 6-17-years. Data were transcribed using the Jefferson approach and conversation analysis was used.; Results: Attention to question-answer sequences identified that one common type was the declarative question. We focus on three identifiable forms: clean language short declaratives, declaratives with extreme case formulations, and reformulation declaratives.; Conclusions: The response to these three types of declaratives formed the basis for subsequent question-answer elaboration sequences. The question functioned both to engage the child directly and align with other family members.; Practice Implications: Implications for practitioners are that these types of declarative questions offer a resource to engage in fact-checking in a way that is non-face-threatening. Conversation analysis provides a methodological tool for practitioners to engage in reflective practice to enhance their clinical skills in relation to question design.; Competing Interests: Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2023. Published by Elsevier B.V.)

27. Prognostic Communication Between Parents and Clinicians in Pediatric Oncology: An Integrative Review

Authors: Ouyang, Na;Feder, Shelli L.;Baker, Justin N. and Knobf, M. T.

Publication Date: 2024

Journal: The American Journal of Hospice & Palliative Care 41(5), pp. 545-557

Abstract: Background: Prognostic communication between clinicians and parents in pediatric oncology

is complex. However, no review has exclusively examined research on prognostic communication in pediatric oncology. In this review, we synthesize the evidence on prognostic communication in pediatric oncology and provide recommendations for future research. **Methods:** We conducted an integrative review searching six databases for studies on prognostic communication in pediatric oncology as of August 2022. We applied descriptive and narrative approaches to data analysis. **Results:** Fourteen quantitative and five qualitative studies were included. All studies were conducted in Western developed countries. In total, 804 parents of 770 children with cancer were included. Across studies, parents were predominately female, Non-Hispanic White, and had high school or higher levels of education. Most parents reported that prognostic communication was initiated in the first year after their children's diagnosis. High-quality prognostic communication was positively associated with trust and hope and negatively associated with parental distress and decisional regret. In qualitative studies, parents suggested that prognostic communication should be open, ongoing, and delivered with sensitivity. Most studies were of moderate quality. The main gaps included inconsistent definitions of prognostic communication, and a lack of comprehensive and validated measurements, high-quality longitudinal studies, and diverse settings and participants. **Conclusions:** Clinicians should initiate high-quality prognostic communication early on in clinical practice. Future research should consider conducting high-quality longitudinal studies, developing prognostic communication definitions and measurements, and conducting studies across settings with diverse populations.; **Competing Interests:** Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

28. Randomized controlled trials: not always the "gold standard" for evidence in obstetrics and gynecology

Authors: Oyelese, Yinka

Publication Date: 2024

Journal: American Journal of Obstetrics and Gynecology 230(4), pp. 417-425

Abstract: Randomized controlled trials are considered the "gold standard" for therapeutic interventions, and it is not uncommon for sweeping changes in medical practice to follow positive results from such trials. However, randomized controlled trials are not without their limitations. Physicians frequently view randomized controlled trials as infallible, whereas they tend to dismiss evidence derived from sources other than randomized controlled trials as less credible or reliable. In several situations in obstetrics and gynecology, there are no randomized controlled trials to help guide the clinician. In these circumstances, it is important to evaluate the entire body of evidence including observational studies, rather than dismiss interventions altogether simply because no randomized controlled trials exist. Randomized controlled trials and observational studies should be viewed as complementary rather than at odds with each other. Some reversals in widely adopted clinical practice have recently been implemented following subsequent studies that contradicted the outcomes of major randomized controlled trials. The most notable of these was the withdrawal from the market of 17-hydroxyprogesterone caproate for preterm birth prevention. Such reversals could potentially have been averted if the inherent limitations of randomized controlled trials were carefully considered before implementing these universal practice changes. This Clinical Opinion underscores the limitations of an exclusive reliance on randomized controlled trials while disregarding other evidence in determining how best to care for patients. Solutions are proposed that advocate that clinicians adopt a more balanced perspective that considers the entirety of the available medical evidence and the individual patient characteristics, needs, and wishes. (Copyright © 2023 Elsevier Inc. All rights reserved.)

29. Watch Me Play!: protocol for a feasibility study of a remotely delivered intervention to promote mental health resilience for children (ages 0-8) across UK early years and children's services

Authors: Randell, Elizabeth;Nollett, Claire;Henley, Josie;Smallman, Kim;Johnson, Sean;Meister, Lena;McNamara, Rachel;Wilkins, David;Segrott, Jeremy;Casbard, Angela;Wakelyn, Jenifer;McKay,

Publication Date: 2024

Journal: Pilot and Feasibility Studies 10(1), pp. 55

Abstract: Background: Half of mental health problems are established by the age of 14 years and 75% by 24 years. Early intervention and prevention of mental ill health are therefore vitally important. However, increased demand over recent years has meant that access to child mental health services is often restricted to those in severest need. Watch Me Play! (WMP) is an early intervention designed to support caregiver attunement and attention to the child to promote social-emotional well-being and thereby mental health resilience. Originally developed in the context of a local authority mental health service for children in care, it is now also delivered online as a low intensity, scalable, preventative intervention. Although WMP shows promise and is already used in some services, we do not yet know whether it is effective.; Methods: A non-randomised single group feasibility study with embedded process evaluation. We propose to recruit up to 40 parents/carers of children aged 0-8 years who have been referred to early years and children's services in the UK. WMP involves a parent watching the child play and talking to their child about their play (or for babies, observing and following signals) for up to 20 min per session. Some sessions are facilitated by a trained practitioner who provides prompts where necessary, gives feedback, and discusses the child's play with the caregiver. Services will offer five facilitated sessions, and parents will be asked to do at least 10 additional sessions on their own with their child in a 5-week period. Feasibility outcomes examined are as follows: (i) recruitment, (ii) retention, (iii) adherence, (iv) fidelity of delivery, (v) barriers and facilitators of participation, (vi) intervention acceptability, (vii) description of usual care, and (viii) data collection procedures. Intervention mechanisms will be examined through qualitative interview data. Economic evaluation will be conducted estimating cost of the intervention and cost of service use for child and parents/carers quality-adjusted life years.; Discussion: This study will address feasibility questions associated with progression to a future randomised trial of WMP.; Trial Registration: ISRCTN13644899 . Registered on 14th April 2023. (© 2024. The Author(s).)

30. Sexual Health in Women Affected by Gynecologic or Breast Cancer

Authors: Robison, Katina;Kulkarni, Amita and Dizon, Don S.

Publication Date: 2024

Journal: Obstetrics and Gynecology 143(4), pp. 499-514

Abstract: Sexual health problems are prevalent among women affected by gynecologic or breast cancer. It is important to understand the effects cancer treatment can have on sexual health and to have the tools necessary to identify and treat sexual health problems. This Clinical Expert Series discusses practical methods for routinely screening for sexual dysfunction and reviews sexual health treatment options for women affected by cancer. We review the limitations of the current literature in addressing sexual health problems among sexually and gender minoritized communities. Finally, we discuss appropriate timing of referrals to sexual health experts, physical therapists, and sex therapists. Multiple resources available for both patients and clinicians are included.; Competing Interests: Financial Disclosure : Don S. Dizon reports receiving payment from Astra Zeneca, GlaxoSmithKline, and Kronos Biotech. The other authors did not report any potential conflicts of interest. (Copyright © 2024 by the American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.)

31. The impact of virtual preoperative visits on complications of gynecologic surgery

Authors: Schneyer, R.;Meyer, R.;Hamilton, K.;Truong, M.;Wright, K. and Siedhoff, M.

Publication Date: 2024

Journal: American Journal of Obstetrics & Gynecology 230(4), pp. S1184-S1185

32. Mental Health Apps for Children and Adolescents: A Clinician-Friendly Review

Authors: Schueller, Stephen M.;Wasil, Akash R.;Bunyi, John;DeRubeis, Robert J. and Weisz, John R.

Publication Date: 2024

Journal: Journal of the American Academy of Child and Adolescent Psychiatry 63(4), pp. 389

Abstract: Mobile apps for mental health and wellness (MH apps) have the potential to support youth mental health, expanding access to the large proportion of youth with mental health concerns who do not access formal treatment. Survey data suggest that young people are highly interested in MH apps, with minoritized youth (eg, LGBTQ individuals) and youth with elevated depressive symptoms reporting especially high rates of downloading MH apps. 1 In addition, systematic reviews and meta-analyses suggest that MH apps can be effective. 2 Although many popular MH apps do not have direct empirical evidence supporting their efficacy, 3 they often include elements of empirically supported treatments for children and adolescents. 4 The MH app space moves at a fast pace, making it difficult to stay up-to-date. More than 10,000 MH apps exist, with hundreds released each year. 5 Even interested clinicians may, understandably, not have time to sort through the large number of apps, scientific papers, and app directories. Furthermore, these resources are rarely designed to offer clear, actionable advice for clinicians. Clinicians could benefit from information and guidance to help patients safely navigate MH apps and to best use MH apps in treatment. Here, we provide 3 key points about youth MH apps ("takeaways"), each with an actionable implication for clinicians ("action items"). We also provide examples of specific questions for clinicians to support their use of MH apps with children and adolescents (Table 1). More information regarding where we derived these recommendations is available in Supplement 1, available online. (Copyright © 2023 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.)

33. Gender affirming care for the minimally invasive gynecologic surgeon

Authors: Simko, Sarah;Popa, Otilia and Stuparich, Mallory

Publication Date: 2024

Journal: Current Opinion in Obstetrics & Gynecology

Abstract: Purpose of Review: Given the current political climate and the release of an updated version of the World Professional Association for Transgender Health's guidelines, this review assesses recent updates in the care of transgender and gender diverse (TGD) patients, specifically related to care provided by gynecologists.; Recent Findings: The number of people identifying as TGD and pursuing gender affirming care is increasing. Contraception for these patients is underdiscussed and high rates of pelvic pain and irregular bleeding were identified. Rates of regret are low following gender affirming surgeries, and studies have repeatedly shown their benefits for gender dysphoria. A minimally invasive approach is recommended for gender affirming hysterectomy, and the decision to proceed with bilateral salpingo-oophorectomy should be based on shared decision making. Surgical techniques include ensuring an adequate margin when taking the infundibulopelvic ligament, and consideration for two-layer vaginal cuff closure.; Summary: Gynecologists play a key role in the care of TGD patients. Recent reviews have found extensive gaps in our knowledge, including a lack of guidelines for cancer prevention, effects of testosterone on benign conditions, and the long-term effects of bilateral salpingo-oophorectomy on health outcomes for patients on testosterone. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

34. Environmental sustainability and gynaecological surgery: Which factors influence behaviour? An interview study

Authors: van Nieuwenhuizen, Kim,E.;Both, Ingena G. I. A.;Porte, Petra J.;van der Eijk, Anne,C. and Jansen, Frank Willem

Publication Date: 2024

Journal: BJOG : An International Journal of Obstetrics and Gynaecology 131(5), pp. 716-724

Abstract: Objective: To assess the various factors that influence environmentally sustainable behaviour in gynaecological surgery and examine the differences between gynaecologists and residents.; Design: An interview study.; Setting: Academic and non-academic hospitals in the Netherlands.; Population: Gynaecologists (n = 10) and residents (n = 6).; Methods: Thematic analysis of semi-structured interviews to determine the various factors that influence environmentally sustainable behaviour in gynaecological surgery and to examine the differences between gynaecologists and residents. By using the Desmond framework and the COM-B BCW, both organisational and individual factors related to behaviour were considered.; Main Outcome Measures: Factors that influence environmentally sustainable behaviour.; Results: Awareness is increasing but practical knowledge is insufficient. It is crucial to integrate education on the environmental impact of everyday decisions for residents and gynaecologists. Gynaecologists make their own choices but residents' autonomy is limited. There is the necessity to provide environmentally sustainable surgical equipment without compromising other standards. There is a need for a societal change that encourages safe and open communication about environmental sustainability. To transition to environmentally sustainable practices, leadership, time, collaboration with the industry and supportive regulatory changes are essential.; Conclusion: This study lays the groundwork for promoting more environmentally sustainable behaviour in gynaecological surgery. The key recommendations, addressing hospital regulations, leadership, policy revisions, collaboration with the industry, guideline development and education, offer practical steps towards a more sustainable healthcare system. Encouraging environmentally sustainable practices should be embraced to enhance the well-being of both our planet and our population, driving us closer to a more environmentally sustainable future in healthcare. (© 2023 The Authors. BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.)

35. Increasing physical activity among older adults with gynecologic cancers: a qualitative study

Authors: Vega, Brenda;Desai, Ria;Solk, Payton;McKoy, June M.;Flores, Ann Marie;Phillips, Siobhan M. and Barber, Emma L.

Publication Date: 2024

Journal: Supportive Care in Cancer : Official Journal of the Multinational Association of Supportive Care in Cancer 32(5), pp. 282

Abstract: Purpose: The purpose of this study was to gain an understanding of older gynecologic cancer patients' preferences and opinions related to physical activity during chemotherapy, including interventions to promote physical activity.; Methods: Gynecologic cancer patients 60 years or older receiving chemotherapy at a single institution within the last 12 months completed questionnaires and a semi-structured interview asking about their preferences for physical activity interventions aimed at promoting physical activity while receiving treatment.; Results: Among the 30 gynecologic cancer patients surveyed and interviewed, a majority agreed with the potential usefulness of a physical activity intervention during chemotherapy (67%) and most reported they would be willing to use an activity tracker during chemotherapy (73%). They expressed a preference for an aerobic activity intervention such as walking, indicated a desire for education from their clinical team on the effects physical activity can have on treatment symptoms, and stated a need for an intervention that could be accessed from anywhere and anytime. Additionally, they emphasized a need for an intervention that considered their

treatment symptoms as these were a significant barrier to physical activity while on chemotherapy.; Conclusion: In this study of older gynecologic cancer patients receiving chemotherapy, most were open to participating in a virtually accessible and symptom-tailored physical activity intervention to promote physical activity during chemotherapy. (© 2024. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

36. Art therapy is associated with a reduction in restrictive practices on an inpatient child and adolescent mental health unit

Authors: Versitano, Sarah;Shvetcov, Artur;Paton, Joy and Perkes, Iain

Publication Date: 2024

Journal: Journal of Mental Health (Abingdon, England) , pp. 1-9

Abstract: Background: The elimination of restrictive practices, such as seclusion and restraint, is a major aim of mental health services globally. The role of art therapy, a predominantly non-verbal mode of creative expression, is under-explored in this context. This research aimed to determine whether art therapy service provision was associated with a reduction in restrictive practices on an acute inpatient child and adolescent mental health services (CAMHS) unit.; Methods: The rate (events per 1,000 occupied bed days), frequency (percent of admitted care episodes with incident), duration, and number of incidents of restrictive practices occurring between July 2015 and December 2021 were analysed relative to art therapy service provision. The rate, frequency and number of incidents of intramuscular injected (IM) sedation, oral PRN (as-needed medication) use, and absconding incidents occurring in conjunction with an episode of seclusion or restraint were also analysed.; Results: The rate, frequency, duration, and total number of incidents of seclusion, the frequency and total number of incidents of physical restraint, and the rate, frequency and total number of incidents of IM sedation showed a statistically significant reduction during phases of art therapy service provision.; Conclusions: Art therapy service provision is associated with a reduction in restrictive practices in inpatient CAMHS.

37. Research Review: Grandparental care and child mental health - a systematic review and meta-analysis

Authors: Wang, Yihang;Chen, Xintai;Wang, Anzhuo;Jordan, Lucy Porter and Lu, Shuang

Publication Date: 2024

Journal: Journal of Child Psychology and Psychiatry, and Allied Disciplines 65(4), pp. 568-586

Abstract: Background: The number of children residing in grandfamilies is growing worldwide, leading to more research attention on grandparental care over the past decades. Grandparental care can influence child well-being in various forms and the effects vary across contexts. In this systematic review and meta-analysis, we synthesize the evidence on the relation between grandparental care and children's mental health status.; Methods: We identified 5,745 records from seven databases, among which 38 articles were included for review. Random effects meta-analyses were used to synthesize evidence from eligible studies. We also examined the variability across study and participant characteristics, including study design, recruitment method, child age, child gender, study region, family type, comparison group, and outcome rater.; Results: The meta-analysis consisted of 344,860 children from the included studies, whose average age was 10.29, and of which 51.39% were female. Compared with their counterparts, children being cared for by their grandparents had worse mental health status, including more internalizing problems ($d = -0.20$, 95% CI $-0.31, -0.09$], $p = .001$), externalizing problems ($d = -0.11$, 95% CI $-0.21, -0.01$], $p = .03$), overall mental problems ($d = -0.37$, 95% CI $-0.70, -0.04$], $p = .03$), and poorer socioemotional well-being ($d = -0.26$, 95% CI $-0.49, -0.03$], $p = .03$). The effects varied by study design and child gender.; Conclusions: The findings highlight that grandparental care is negatively associated with child mental health outcomes with trivial-to-small effect sizes. More supportive programs and interventions should be delivered to grandfamilies, especially in

38. Is continuous wound infiltration non-inferior to continuous intravenous fentanyl for pain control following gynaecological surgery?

Authors: Xue, Fu-Shan;Li, Xin-Yue and Li, Xin-Tao

Publication Date: 2024

Journal: BJOG: An International Journal of Obstetrics & Gynaecology 131(6), pp. 872-873

39. SARS-CoV-2 Infection in the Pediatric Oncology Population: The Definitive Comprehensive Report of the Infectious Diseases Working Group of AIEOP

Authors: Zama, Daniele;Zanaroli, Andrea;Corbelli, Agnese;Lo Vecchio, Andrea;Del Bene, Margherita;Colombini, Antonella;Compagno, Francesca;Barone, Angelica;Fontanili, Ilaria;Rosaria D'Amico, Maria;Papa, Maria Rosaria;Petris, Maria Grazia;Calore, Elisabetta;Montalto, Shana;Meneghello, Linda;Brescia, Letizia;Mura, Rosamaria;La Spina, Milena;Muggeo, Paola;Rinieri, Simona, et al

Publication Date: 2024

Journal: The Journal of Infectious Diseases 229(4), pp. 1050-1058

Abstract: Objective: The objective of this study was to assess the clinical impact and outcome of the SARS-CoV-2 infection on children with cancer or those who received a hematopoietic stem cell transplantation.; Methods: AIEOP (Italian Association of Pediatric Hematology and Oncology) performed a nationwide multicenter observational cohort study, including consecutive patients between April 2020 and November 2022.; Results: Twenty-five Italian centers participated and 455 patients were enrolled. We reported a significant increasing trend of symptomatic cases over the years, while the number of nonmild infections remained stable. Early infection after oncologic diagnosis (<60 days) and severe neutropenia were identified as independent risk factors for developing moderate, severe, or critical infections. The percentage of patients who were asymptomatic and mildly symptomatic and who stopped chemotherapy reduced over the years of the pandemic. Nine patients died, but no death was attributed to SARS-CoV-2 infection.; Conclusions: SARS-CoV-2 infection presented a self-limiting benign course in the Italian pediatric oncohematology population during the pandemic, and its main consequence has been the discontinuation of cancer-directed therapies. The rate of patients who were asymptomatic and stopped chemotherapy reduced over the years, suggesting that the continuation of chemotherapy is a feasible option.; Competing Interests: Potential conflicts of interest. All authors: No reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. (© The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

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