



The Cutting Edge

June 19, 2009

The Cutting Edge Newsletter (June 19, 2009)

News for the OR Professional

Published by Surgical Information Systems

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Thinning Bones Could be Linked to Obesity Surgery

It isn't just the thunder thighs that shrink after obesity surgery. Melting fat somehow thins bones, too. Doctors don't yet know how likely patients' bones are to thin enough to break in the years after surgery. But one of the first attempts to tell suggests they might have twice the average person's risk, and be even more likely to break a hand or foot. The Mayo Clinic's finding is surprising, and further research is under way to see if the link is real. But with bariatric surgery booming and even teenagers in their key bone-building years increasingly trying it, specialists say uncovering long-term side effects takes on urgency. (Associated Press – June 18, 2009)

More at <http://www.suntimes.com/lifestyles/health/1626492.HOF-News-EasyObese18.article>

**Research Finds Air Traffic Control Tracking Method Decreases Errors in Trauma Management**

New research published in the June issue of the Journal of the American College of Surgeons shows that a method used by air traffic controllers tracks patient data more effectively and with fewer errors compared with current hospital methods, primarily the use of clipboards. Currently there is no standard practice for tracking the movement of patients from emergency rooms to the radiology suite, operating rooms, the intensive care unit, inpatient rooms or the discharge area. In addition, basic errors – such as misidentifying which extremity needs to be amputated – have resulted in increased mortality that could be prevented with basic safety measures. (JACS – June 11, 2009)

More at

http://www.redorbit.com/news/health/1704004/research_finds_air_traffic_control_tracking_method_decreases_errors_in/index.html

New American College of Surgeons Risk Calculator Determines Colorectal Surgery Risk

New research published in the June issue of the Journal of the American College of Surgeons shows that a risk calculator developed by the American College of Surgeons (ACS) can help surgeons provide patients with more detailed and accurate preoperative information about the risk of death and complications following colorectal surgery. The tool will also allow surgeons to adjust risk probabilities for patients based on their hospital's performance during prior years. Accurately predicting risk of postoperative adverse outcomes is central to the delivery of high-quality surgical care. (JACS – June 11, 2009)

More at <http://www.physorg.com/news163942604.html>

Research Team Formally Develops Quality Indicators to Assess Pancreatic Cancer Treatment

A groundbreaking study released today in the June 9 Journal of the National Cancer Institute reports on a set of expert consensus-based quality indicators to evaluate pancreatic cancer care across the United States. The research team not only discerned noticeable variances in treatment outcomes, but they were also able to use these new quality indicators to evaluate and identify areas for improvement. As there are no formal quality indicators already in place for this disease site, researchers from the American College of Surgeons' Pancreatic Cancer Quality Indicator Development Expert Panel set out to identify quality indicators from recognized sources including the medical literature, consensus guidelines, and interviews with experts. (NCDB – June 9, 2009)

More at <http://www.newswise.com/articles/view/553211/?sc=rsmn>

Is It Time To Consider A Role For MRI Before Prostate Biopsy?

The prevailing view is that MRI has a limited role in the management of prostate cancer. Currently, the threshold for requesting a pre-treatment staging MRI is variable with most advocating this for only those classified as high risk localized prostate cancer, although some also advocate men with intermediate risk disease. The rationale for this view is that verification of organ-confined cancer in men with a low risk of locally advanced disease using a test that is both expensive and time consuming is not warranted. It has arisen due to poor quality scans as a result of low-resolution magnetic field strengths combined with biopsy artifact. There is increasing evidence, however, that the threshold for requesting MRI should be lowered. (UroToday – June 8, 2009)

More at <http://www.medicalnewstoday.com/articles/152912.php>



GENERAL HEALTHCARE Articles

Teen Diagnoses Her Own Disease in Science Class

For eight years, Jessica Terry suffered from stomach pain so horrible, it brought her to her knees. The pain, along with diarrhea, vomiting and fever, made her so sick, she lost weight and often had to miss school. Her doctors, no matter how hard they tried, couldn't figure out the cause of Jessica's abdominal distress. Then one day in January, Terry, 18, figured it out on her own. In her Advanced Placement high school science class, she was looking under the microscope at slides of her own intestinal tissue -- slides her pathologist had said were completely normal -- and spotted an area of inflamed tissue called a granuloma, a clear indication that she had Crohn's disease. (CNN – June 11, 2009)

More at <http://www.cnn.com/2009/HEALTH/06/11/teen.self.diagnosis/index.html>

Cancer: The Cost of Being Smarter Than Chimps?

Are the cognitively superior brains of humans, in part, responsible for our higher rates of cancer? That's a question that has nagged at John McDonald, chair of Georgia Tech's School of Biology and chief research scientist at the Ovarian Cancer Institute, for a while. Now, after an initial study, it seems that McDonald is on to something. The new study is available online in the journal Medical Hypothesis and will appear in the forthcoming issue of the journal. "I was always intrigued by the fact that chimpanzees appear to have lower rates of cancer than humans," said McDonald. "So we went back and reanalyzed some previously reported gene expression studies including data that were not used in the original analyses." (Georgia Tech – June 8, 2009)

More at <http://newswise.com/articles/view/553145/>

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