Contents

January / February 2017 - Volume 27 - Issues 1 & 2 - ISSN 1750-4589

Comment
2 FROM THE PRESIDENT
Hello my name is Adrian...
Adrian Jones

3 GUEST EDITORIAL
Safeguarding patients through good numeracy skills
Katherine MA Rogers

Regulars
4 OPEN FORUM
Readers’ letters, book reviews and Cochran review

6 NEWS
Recent nationwide developments on the health scene and forthcoming events

Features
9 CLINICAL FEATURE
Prophylactic amiodarone vs dronedarone for prevention of perioperative arrhythmias in off-pump coronary artery bypass grafting: A pilot randomized controlled trial
A Som, C Sen and A Goswami
The aim of this study was to compare the efficacy and safety of prophylactic oral dronedarone, one tablet (400mg) two times daily for three days preoperatively, with those of intraoperative amiodarone 3mg/kg intravenously as a single dose, in prevention of arrhythmias during and following off-pump coronary artery bypass grafting (OPCAB). The study concludes that dronedarone appears to be at least as effective as amiodarone in prophylaxis of intraoperative and postoperative arrhythmias in patients undergoing OPCAB, with a better control of ventricular response.

15 CLINICAL FEATURE
Challenges to the orthopaedic arthroplasty enhanced recovery programme
HL Kerr, LA Armstrong, L Beard, D Teichmann and J Mutimer
A retrospective study of patients undergoing total knee and hip arthroplasty on an enhanced recovery programme was performed to identify pre- and postoperative factors contributing to an increased length of hospital stay. Of 109 patients, only 61 (56%) were ready for discharge on the fifth postoperative day. The three most common reasons for delays were oozing wounds, postoperative medical problems and failure to reach physiotherapy goals.

20 CLINICAL FEATURE
Prolonged motor block following epidural anaesthesia: A proposed pathway for investigation and management to facilitate rapid MRI scanning to exclude vertebral canal haematoma
S Bamooe, S De Silva and M Scott
The authors present a summary of the evidence for indication, investigation and management of patients with suspected postoperative vertebral canal haematoma. A pathway for the investigation and management of this clinical situation, incorporating the MRI compatibility of the most commonly used surgical clips in the UK, is suggested.

25 OPEN LEARNING ZONE
Calculating drug infusion rates
J England
Operating Department Practitioners (ODPs) and Nurses, who work in anaesthetics, are routinely witness to the calculating of drugs by anaesthetists, but do not, generally, perform those calculations. However, making drug calculations is an important aspect of patient safety and, indeed, ODPs and Nurses are subject to their respective registration body requirement that they are able to calculate drug dosages, with accuracy.

27 CASE STUDY
Case report of a patient with myasthenia gravis requiring a caesarean section
S De Silva
The case of a 28-year old lady who presented in her first trimester to the high-risk obstetric clinic for review in view of her medical history of myasthenia gravis, the subsequent clinical management and evidence for best practice is discussed.
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