

Read all about it... It can be awkward when a patient asks you about a report in their favourite tabloid detailing an amazing research breakthrough or a 'cutting-edge' new treatment / test and you don't know what they are talking about! So this section fills you in on the facts.

1,500 patients wake up during operation

The Sun – 15 July 2015

This, sadly, is something of a scare story and will quite possibly worry patients who are soon to undergo an operation. The story reports that 10 times as many patients as previously thought may experience accidental awareness during general anaesthesia (AGAA) and quotes this figure as potentially being as high as 1500 patients a year in the UK. The story explains this figure is higher than previously recognised, because most victims do not report their experience.

I will explain how I believe the author reached this figure. Last year, the Royal College of Anaesthetists published the findings of a three-year national audit of anaesthetics: the 'NAP5' Audit. This audit looked at around three million anaesthetics. The audit found that 1 in 19,000 patients spontaneously report AGAA after an

anaesthetic. A quick bit of Maths gives you a figure of around 150 AGAAs from those three million GAs, over three years.

The newspaper story references a review article in July's edition of the *British Journal of Anaesthesia* (compiled by two well-published anaesthetists / anaesthesiologists from the United States) which notes that the rate of AGAA is always lower when relying on patients self-reporting as compared to a structured postoperative interview to specifically detect a potential AGAA. The NAP5 audit had the same finding. The review article cites several studies which used structured interviews to detect AGAA; one paper from China identified 'possible' AGAA episodes with their interview at a rate 10 times higher than similar papers from other centres. It seems this '10 times higher'

is then applied to the 150 AGAAs to reach the 1500 patients in the headline.

The interesting points to take away from the review article were that total intravenous anaesthetic (TIVA) is a risk factor for AGAA and the use of paralysing agents correlates with a slightly higher risk of AGAA (you won't notice if the patient is becoming 'light'). AGAA with a paralysing agent in action is also recognised as being far more traumatising to the patient. Two-thirds of AGAA episodes occur at induction and emergence from the anaesthetic though and not 'during' the operation. Therefore, if your patient is undergoing a GA for a routine procedure such as a stent or cystoscopy, you can safely reassure them that the risk of them spontaneously reporting being aware mid-operation is less than 0.00005%.

The freezing needles that turn prostate cancer into ice cubes: Treatment that destroys tumours being offered to men as alternative to surgery

The Daily Mail – 11 July 2015

This story is a report on the use of focused cryotherapy for the treatment of prostate cancer and heavily references a review article in *Expert Review of Anticancer Therapy* that was written by Mr Taimur Shah and Mr Mani Arya of UCL, among others. The review article gives an excellent explanation of the science behind cryotherapy and then examines the results of seven published studies of focal cryotherapy as a primary treatment and two case series of salvage focal cryotherapy.

These nine studies included a total of 1582 men. The majority had disease with low risk of progression. Follow-up after treatment was all

short to medium term (ranging 9-70 months). As a primary treatment, biochemical disease-free survival ranged from 71-93% across the seven studies, comparable with results from alternative treatment modalities. Side-effects were low with incontinence in 0-5% and erectile dysfunction (ED) in 60-71%, far better results than the significant complications of whole-gland cryotherapy. As a salvage treatment, biochemical disease-free survival was 68-79% at approximately three years, as compared to previously published figures of 30-43% at 10 years for salvage prostatectomy following radiation.

As an alternative to radical surgery in the primary setting, cryotherapy is really contending with radiotherapy. Whilst focal cryotherapy mitigates some of the adverse effects of radiation, there is still some way to go before cryotherapy can demonstrate or surpass the long-term oncological outcomes of radiotherapy, and meanwhile radiotherapy techniques are constantly improving. As a salvage treatment though, cryotherapy could well become a very useful tool in the armamentarium, but longer term data is needed.

The ultimate kidney stone! Drunk man tucks into a bucket of CONCRETE after mistaking it for sesame paste on the way home from bar

The Daily Mail – 20 June 2015

This story details the exploits of a dangerously inebriated man in China's Jiangsu Province. Whilst making his way home after a night of libations, the gentleman mistook a bucket of concrete on a building site for a bucket of delicious sesame paste. Feeling 'snacky', he

helped himself. Fortunately, he survived the surgical removal of the concrete from his gastro-intestinal tract. This story is entirely worthy of mention here, because of the medical inaccuracy in the headline, i.e. this is not how kidney stones form.

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