July 2014

University Hospitals of Leicester NHS
NHS Trust

GP Newsletter

Caring at its best

Welcome to the July edition of the GP Newsletter

Drug Substitutions

There was a recent incident when Predsol 0.5% eye drops were in short supply so a GP changed the prescription to PredForte 1% drops.

The patient continued to take the higher strength medication for a prolonged period without appropriate monitoring which may have contributed to raised intraocular pressures, optic disc damage and irreversibly reduced vision.

We would therefore like to remind you in the event of a drug shortage to:

- **confirm the alternative prescribed has no additional long term effects**
- **make substitutions on an acute prescription rather than repeat**
- **GPs should review repeat medication annually and confirm hospital follow up has occurred if appropriate**

Helen Jones
Patient Safety Lead - Corporate Nursing Directorate

Retained swabs or vaginal packs

Over the last year we have had two incidents where women have been found to have retained swabs or vaginal packs following the management of major post partum haemorrhage (PPH) or perineal suturing a number of weeks after giving birth. On both occasions the women presented to their GP early on with offensive lochia and were prescribed antibiotics but no internal examination took place. Whilst a number of actions have now been put in place to reduce the risk of this occurring, please be alerted to this as a possible root cause for offensive lochia if the women has experienced any intervention following delivery.

Nicky Savage
Quality and Safety Manager

Pass on Mobile Phone Numbers

FREE appointment reminder

UHL has been sending text messages to patients since April 2011 to remind them about their forthcoming outpatient appointment.

This has helped reduce the number of 'did not attends' (DNAs), both by reminding the patient of their appointment and encouraging them to make early contact to cancel if their appointment is no longer convenient/required.

New referrals to UHL, for whom we have no mobile number recorded, will not receive a text message reminder for their first appointment.

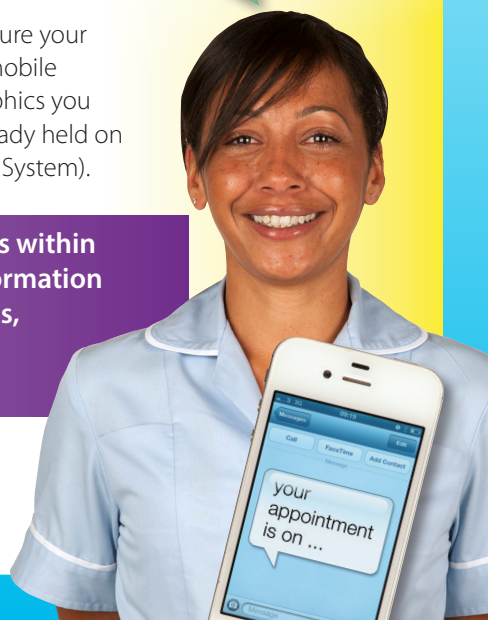
Once the patient attends, the demographic check conducted in clinic includes home and mobile numbers. Providing the patient does not opt out, they will receive text reminders for subsequent appointments across the Trust.

If you use Choose and Book, please ensure your patient's details (including home and mobile number) are up to date - the demographics you hold automatically overwrite those already held on our HISS (Hospital Information Support System).

Please include home and mobile numbers within your referral letters and consider this information to be part of the core demographic details, which is essential for us to keep patients informed about appointment bookings.

Thanks for your assistance

Helen Cave - Improvement Specialist



Design by UHL Medical Illustration 0116 258 5904

GP Refresher

Acute mastitis and breast abscess

Bacterial mastitis is the most common variety of mastitis and nearly always commences acutely.

It can be lactational and non-lactational mastitis. Most cases are caused by Staphylococcus aureus during lactation especially within the first month of breast feeding (1). Small cuts in the nipple region expose the underlying parenchyma containing abundant milk secretions to infection. Untreated mastitis can lead to an abscess which can rupture through the skin to form a fistula in rare cases.

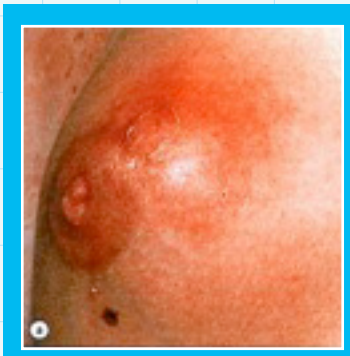
Non-lactational mastitis is also called periductal mastitis. It occurs when the ducts under the nipple become inflamed and infected. It is a benign condition which can affect all ages but is more common in younger women and smokers. If left untreated an abscess or a fistula can develop.

Clinical Features

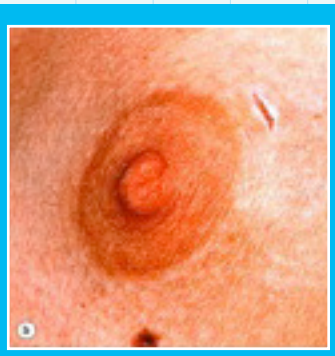
Lactational - The affected breast or more usually a segment of it, presents the classical signs of acute inflammation. Early on this is generalised cellulitis, but later an abscess will follow.

Periductal mastitis - The breast becomes tender and hot to touch. The skin may appear reddened. There may be a discharge from the nipple which may be bloody or non-bloody and the nipple may be inverted.

The patient may get systemic signs of sepsis like fever and tachycardia which is rare.



Periductal mastitis



Periductal mastitis after healing

Investigations

If a breast abscess is suspected, early referral is required. Ultrasound will show whether there is collection of pus and should also be used when infection does not settle after one course of antibiotics.

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Management

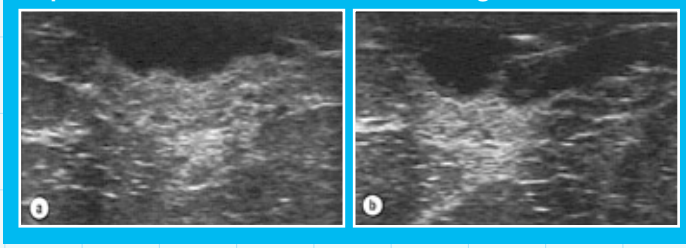
Many women will require emotional support.

- Assessment of breast-feeding technique by an appropriately trained, skilled person who can assess feeding pattern, positioning, attachment, sucking behaviour and breast fullness.
- Advice manual expression of milk to empty the breast after feeding; this allows proper drainage of abscess (2).
- Reassure the mother that continuing to breast feed does not present any risk to the infant.
- Suggest supportive therapy such as increased fluids, ice packs and use of simple analgesia.
- Advise the woman to stop breast feeding once an abscess develops although feeding is encouraged to restart once the abscess is treated.
- Antibiotics e.g flucloxacillin or erythromicin should be prescribed. Early prescription is associated with reduced risk of progression to an abscess.

In patients with periductal mastitis, antibiotic treatment is started early on and stop smoking advice is to be given as this can cause slow healing and can increase the chances of recurrences and fistula formation.

In the case of a breast abscess, repeated ultrasound guided aspirations is the gold standard treatment. Very rarely patients need a surgical incision and drainage if the skin over the abscess becomes necrotic and in cases of chronic fistulas.

Aspiration of abscess under ultrasound guidance



UHL Protocol for the Treatment of Breast Abscesses, Breast Care Unit, Glenfield Hospital

Patients with breast abscesses can be referred to the Symptomatic Clinic via Bed Bureau, the Breast Care Centre (0116 250 2503), via ward 23A (0116 250 2490) or through the on call consultant during weekdays. Patients will be assessed clinically and with ultrasound scan if needed. Treatment is mainly outpatient based.

Over weekends, the Breast Care Centre and the ward are closed so the on call consultant can be contacted directly for advice. Treatment with oral antibiotics can be started and unless the patient is septic, the patient will be seen in the next symptomatic clinic the following week.

In cases where a patient has systemic signs of sepsis and requires admission, the on call surgical registrar will be contacted and the patient will be admitted to a general surgical ward.

References

1) Eschenbach DA. Acute postpartum infections. Emerg Med Clin North Am 1985;3:87-115. **2)** Mastitis and breast abscess; NICE CKS, May 2010.

GP Education

Forthcoming GP Education Events

The 10th Leicester Dermatology Conference: Back to Basics
Thursday 18 September 2014
1pm - 7pm
Venue: European Suite, Leicester Tigers, Aylestone Road, Leicester, LE2 7TR

Cost: GP- £80 including food

Advanced Nurse Practitioners - Free (but application must be made to Lisa Elliott, Training Manager prior to course attendance)

Speakers include: Dr G Johnston, 'Eczema'; Dr A Alexandroff, 'psoriasis'; Dr R Graham-Brown, 'dermatology in children'; Dr N Stollery, 'Common dermatology problems in primary care'; Dr I Helbling, 'derm app'; M Coltman & C Waistell, 'emollient formulary'; Dr J McKenna, 'lesions' and Dr R Burd, 'acne/rosacea'

Contact: Christina Waistell, Dermatology Specialist Nurse, UHL, christina.waistell@uhl-tr.nhs.uk

Diabetes Update Event
Thursday 25 September 2014
12.15pm - 4.30pm
Venue: BEST WESTERN Leicester Stage Hotel, 299 Leicester Road, Wigston, Leicester, Leicestershire, LE18 1JW

Cost: Free open to all healthcare professionals

Speakers include: Dr Nigel Brunskill, 'Kidney and Diabetes: The Marriage of Inconvenience'; Dr Sam Seidu, 'Diabetes and the Elderly'; and Dr Ian Lawrence, 'Hot topics in Diabetes'.

Contact: eden@uhl-tr.nhs.uk with the event name, your details and practice code

Advance Care Planning: Leicestershire Palliative Care Group study day
Thursday 2 October 2014, 9am - 4pm
Venue: Leicester Racecourse

Cost: £45

Speakers include: Dr Simon Conroy and Dr Richard Wong, 'advance care planning for the frail elderly'; Dr Nicky Morgan, 'dementia'; Dr Caroline Cooke, 'pathways for end-stage renal failure'; Dr Mariam George, 'emergency health care plans', workshop: how to approach the conversations

Contact: Karen Mann, Palliative Care Team, Osborne Building, Leicester Royal Infirmary, 0116 258 7512, karen.mann@uhl-tr.nhs.uk

The second annual Sudden Arrhythmic Death Syndrome (SADS) Awareness Conference
Tuesday 14 October, starts 10am
Venue: Leicester Tigers Rugby Stadium, Aylestone Road, Leicester

Cost: £40 for nurses, technicians and paramedics and £70 for doctors.

The event opens with an address by Martin Johnson, ex-rugby international player and Patron of the charity and features a range of speakers including Professor Charles Deakin, Professor of Resuscitation and Pre-hospital Emergency Medicine at the University of Southampton NHS Trust, who will talk about how good we are in the UK at detecting SADS and reacting to cardiac arrest compared with other countries.

Workshops will cover topics such as recognising patterns in ECGs, the role of pre-hospital ambulance staff and setting up diagnostic services for suspected patients or bereaved families.

Contact Vicky Wills, fundraising and events co-ordinator, vickywills.jhmt@hotmail.co.uk

To book a place, please apply online at http://www.jhmt.org.uk

For further information about our GP educational events programme, please visit: www.leicestershospitals.nhs.uk/professionals/gp-education/

If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

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And finally...

For general information such as referring to us, GP education and previous editions of the GP newsletter, you can find it all (home or at work) by clicking here:

http://www.leicestershospitals.nhs.uk/professionals/