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Preoperative skin antiseptics for preventing surgical wound infections after clean surgery
Use of plastic adhesive drapes during surgery for preventing surgical site infection

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1. Title: A survey of assessment and management of velopharyngeal incompetence (VPI) in the UK and Ireland
Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, April 2015, vol./is. 68/4(485-491), 1748-6815;1878-0539 (01 Apr 2015)
Author(s): Hodgins N., Hoo C., McGee P., Hill C.
Language: English
Abstract: A questionnaire designed to survey methods of assessment and management of velopharyngeal incompetence (VPI) was circulated to all surgical members of the Craniofacial Society of Great Britain and Ireland. 45 questionnaires were distributed yielding 30 respondents (66.6% response rate). 27 respondents performed surgery for both cleft and non-cleft forms of VPI. Multi-planar videofluoroscopy and nasendoscopy were the most frequently used methods of assessing and diagnosing VPI. The most frequently utilised corrective surgical procedure was palatal re-repair, followed by the Hynes pharyngoplasty and the Furlow double opposing z-plasty technique. Orticochea and Jackson pharyngoplasties were less commonly performed. Splitting the palate during pharyngoplasty procedures was an inconsistent practice. 20 palatal surgeons referred patients to an otolaryngology specialist when tonsillectomy and/or adenoidectomy was indicated prior to their corrective palatal procedure. This was most frequently performed 3 months prior to palatal surgery. This survey identified normal patient speech as the criterion of success after correctional surgery for VPI. Assessment and management of VPI in Great Britain and Ireland is a highly varied practice. When a palatal procedure is indicated, surgical approaches are tailored to address each individual's pattern of velopharyngeal closure deficiency. The surgeons surveyed reported this as being most accurately demonstrated by direct nasendoscopic visualisation and dynamic multi-planar videofluoroscopic studies.
Publication type: Journal; Review
Source: EMBASE
Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Journal of Plastic, Reconstructive and Aesthetic Surgery
Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Salisbury District Hospital Healthcare Library

2. Title: A systematic review of post-surgical pyoderma gangrenosum: Identification of risk factors and proposed management strategy
Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, March 2015, vol./is. 68/3(295-303), 1748-6815;1878-0539 (01 Mar 2015)
Author(s): Zuo K.J., Fung E., Tredget E.E., Lin A.N.
Language: English
Abstract: Background Post-surgical pyoderma gangrenosum (PSPG) presents as a rapidly expanding cutaneous ulcer at a site of surgery with potentially devastating consequences. We systematically reviewed the English and foreign language literature to identify risk factors for PSPG and propose a management strategy. Methods A systematic review was completed in PubMed, Medline, Embase, and Cochrane Database for all published reports of PSPG from...
January 1946 to June 2013. We manually examined bibliographies for relevant references and used Google Translate for articles in foreign languages, including Italian, Japanese, German, Dutch, Turkish, Spanish, Chinese, Dutch, Russian, Portuguese, and Czech. Results We identified 220 cases of PSPG (mean age 52.8 years, range 5-85 years). Thirty-seven patients (16.8%) had a history of pyoderma gangrenosum, nineteen (8.6%) had a hematologic disorder such as leukemia or lymphoma, thirteen (5.9%) had inflammatory bowel disease, and eight (3.6%) had rheumatoid arthritis. PSPG occurred most commonly after breast (25%), cardiothoracic (14%), abdominal (14%), and obstetric (13%) surgeries. The most common breast procedures were bilateral reduction mammoplasty (45%), breast reconstruction (25%), and lumpectomy or mastectomy (11%). Signs of wound complication occurred on average 7.0 days after surgery. Nineteen patients (8.6%) at risk for PSPG received perioperative corticosteroids during skin grafting or later surgeries with a favorable outcome. Conclusions Patients with a history of pyoderma gangrenosum, rheumatoid arthritis, inflammatory bowel disease, or hematologic malignancy who are undergoing breast, cardiothoracic, or abdominal surgeries should be carefully observed for post-operative ulceration at incision sites. Debridement should not be performed before dermatologic consultation to assess for PSPG. Patients at risk of PSPG undergoing breast surgery may benefit from perioperative prednisone to prevent PSPG which can lead to destructive wound enlargement and significant scarring.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available *JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY)* at Journal of Plastic, Reconstructive and Aesthetic Surgery

3. **Title:** A systematic review of utilities in hand surgery literature  
**Citation:** Journal of Hand Surgery, May 2015, vol./is. 40/5(997-1005), 0363-5023;1531-6564 (01 May 2015)  
**Author(s):** Li Y.K., Alolabi N., Kaur M.N., Thoma A.  
**Language:** English  
**Abstract:** Purpose To systematically review the literature to determine if utilities (a quantitative way to express patient preferences for health outcomes) have been measured in hand surgery studies. Methods A literature search was conducted using Cochrane, EMBASE, HealthSTAR, MEDLINE, and CINAHL electronic databases (1966-2013). This search was supplemented by cited and manual reference searches and expert consultation to retrieve all relevant studies. Studies were selected by 2 independent reviewers if they pertained to hand or wrist surgery, were published in English, and measured utilities as an outcome. Descriptive data were extracted, including the hand surgery procedure investigated, study design, value of utilities, and methodology of utilities measurement. Results Eleven studies were included after reviewing 989 studies. Most hand conditions were associated with utilities less than 0.8. Utilities in the reviewed studies were measured using different methods and from different subjects. Three studies paradoxically mapped greater utilities for poorer health states. Conclusions Hand conditions cause impairment, as evidenced by their utilities. Measurement of utilities remains uncommon in hand surgery literature. Future studies should not only measure utilities but also do so with consistent and appropriate methodology to ensure that mapped values are valid and comparable. Type of study/level of evidence Economic/decision analysis III.  
**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available *The Journal of hand surgery* at Journal of Hand Surgery

4. **Title:** Asymmetry in upper blepharoplasty: A retrospective evaluation study of 365 bilateral upper blepharoplasties conducted between January 2004 and December 2013  
**Citation:** Journal of Plastic, Reconstructive and Aesthetic Surgery, April 2015, vol./is. 68/4(464-468), 1748-6815;1878-0539 (01 Apr 2015)  
**Author(s):** Pool S.M.W., Van Der Lei B.  
**Language:** English  
**Abstract:** Background This study was undertaken to evaluate dermatochalasis, eyebrow position, and (a)symmetry in both sides in patients before and after bipolar coagulation-assisted orbital (BICO) septo-blepharoplasty, so as to carry out further investigation if these aforementioned aspects improve, persist, or even worsen after this procedure. Methods The preoperative and postoperative photographs of 365 patients were evaluated for the (asymmetry in) degree of skin surplus, eyebrow height, and eyelid fissure height (EFH). The degree of skin surplus was scored using a five-point grading scale (0 = no, 1 = minimal, 2 = moderate, 3 = evident, and 4 = severe skin surplus). For eyebrow height and EFH, respectively, the distance was measured between the lower bound of the eyebrow and the center of the pupil and between the upper and lower lash line. Results On both the right and left upper eyelids, the skin
surplus was significantly lesser postoperatively than preoperatively ($p = 0.000$). Furthermore, the asymmetry in skin surplus between the right and left upper eyelid was significantly lesser postoperatively ($p = 0.000$). The eyebrow height was significantly lower on both the right and left sides postoperatively than preoperatively ($p = 0.000$). EFH was significantly higher postoperatively than preoperatively in both the right and left eyes ($p = 0.000$). Therefore, the asymmetry in EFH between the right and left eyes was significantly lesser postoperatively ($p = 0.000$). Conclusions A significant decrease in skin surplus and eyebrow height and a significant increase in EFH were observed in patients after BICO septo-blepharoplasty. However, a significant reduction in the prevalence of asymmetry in skin surplus and EFH was observed after the procedure. Level of evidence Level IV, case series.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available *JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY)* at Journal of Plastic, Reconstructive and Aesthetic Surgery  
**Full text:** Available *JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY)* at Salisbury District Hospital Healthcare Library

**5. Title:** Breast implant-associated anaplastic large cell lymphoma: a systematic review  
**Citation:** Plastic and reconstructive surgery, March 2015, vol./is. 135/3(713-720), 1529-4242 (01 Mar 2015)  
**Author(s):** Gidengil C.A., Predmore Z., Mattke S., van Busum K., Kim B.  
**Language:** English  
**Abstract:** BACKGROUND: There is substantial evidence that a type of anaplastic large cell lymphoma (ALCL) is associated with breast implants. However, the course in patients with breast implants seems to be unusually benign compared with other systemic ALCL. The purpose of this study was to identify and analyze recently published cases of breast implant-associated ALCL, with an emphasis on diagnosis, staging, treatment, and outcomes. METHODS: The authors conducted a systematic literature review of reported cases of ALCL in patients with breast implants. Publications were identified with a search algorithm and forward searches. Case-based data were abstracted independently and reconciled by multiple investigators. RESULTS: Of 248 identified articles, only 102 were relevant to breast implant-associated ALCL, and 27 were included in this study. Fifty-four cases of ALCL in patients with breast implants were identified. Detailed clinical information was lacking in many cases. Most presented with a seroma (76 percent), and approximately half were associated with the capsule (48 percent). Most presented as stage IE (61 percent). All but one case were ALK-negative. Most received chemotherapy (57 percent) and radiation therapy (48 percent), and 11 percent received stem cell transplants. Approximately one-quarter recurred, and 9 percent died. CONCLUSIONS: Since the publication of guidance related to breast implant-associated ALCL in 2010, a number of cases have been reported. Despite the typically benign course, many of the cases have been treated with radiation therapy and/or chemotherapy. Increasing awareness of this disease entity among clinicians would be helpful, along with standardizing an approach to diagnosis, staging, and treatment.  
**Risk, V.**  
**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available *Ovid* at Plastic and Reconstructive Surgery  
**Full text:** Available *Ovid* at Plastic and Reconstructive Surgery

**6. Title:** Characteristics of women who have had cosmetic breast implants that could be associated with increased suicide risk: A systematic review, proposing a suicide prevention model  
**Citation:** Archives of Plastic Surgery, March 2015, vol./is. 42/2(131-142), 2234-6163;2234-6171 (01 Mar 2015)  
**Author(s):** Manoloudakis N., Labiris G., Karakitsou N., Kim J.B., Sheena Y., Niakas D.  
**Language:** English  
**Abstract:** Literature indicates an increased risk of suicide among women who have had cosmetic breast implants. An explanatory model for this association has not been established. Some studies conclude that women with cosmetic breast implants demonstrate some characteristics that are associated with increased suicide risk while others support that the breast augmentation protects from suicide. A systematic review including data collection from January 1961 up to February 2014 was conducted. The results were incorporated to pre-existing suicide risk models of the general population. A modified suicide risk model was created for the female cosmetic augmentation mammoplasty candidate. A 2-3 times increased suicide risk among women that undergo cosmetic breast augmentation has been identified. Breast augmentation patients show some characteristics that are associated with increased suicide risk. The majority of women reported high postoperative satisfaction. Recent research indicates that the Autoimmune syndrome induced by adjuvants and fibromyalgia syndrome are associated with silicone implantation. A thorough surgical, medical and psycho-social (psychiatric, family, reproductive, and occupational) history should be included in the preoperative assessment of women seeking to undergo cosmetic breast augmentation.
Breast augmentation surgery can stimulate a systematic stress response and increase the risk of suicide. Each risk factor of suicide has poor predictive value when considered independently and can result in prediction errors. A clinical management model has been proposed considering the overlapping risk factors of women that undergo cosmetic breast augmentation with suicide.

**Publication type:** Journal: Review

**Source:** EMBASE

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**Title:** Diabetes mellitus and burns. Part I-basic science and implications for management

**Citation:** International Journal of Burns and Trauma, 2015, vol./is. 5/1(1-12), 2160-2026 (2015)

**Author(s):** Goutos I., Nicholas R.S., Pandya A.A., Ghosh S.J.

**Language:** English

**Abstract:** The number of diabetic patients presenting to burn services is predicted to increase significantly over the next decades. Diabetes mellitus represents an independent risk factor for sustaining burn injuries and mediates alterations to key physiological systems including the vascular, renal, nervous, gastrointestinal and immune system. The effects of the pathophysiological permutations need to be carefully considered during both the acute as well as the long-term rehabilitation phase of injury. The purpose of the first part of this review is to outline the metabolic permutations observed in diabetes mellitus pertinent to the clinical presentation and management of burn patients.

**Publication type:** Journal: Review

**Source:** EMBASE

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**Title:** Diabetes mellitus and burns. Part II-outcomes from burn injuries and future directions

**Citation:** International Journal of Burns and Trauma, 2015, vol./is. 5/1(13-21), 2160-2026 (2015)

**Author(s):** Goutos I., Nicholas R.S., Pandya A.A., Ghosh S.J.

**Language:** English

**Abstract:** Diabetes mellitus is an increasingly prevalent comorbidity in patients presenting to burn facilities. Diabetic patients tend to be older and present in a delayed manner with deeper injuries predominantly affecting the lower limb. Morbidity from burns is higher in this cohort including a longer length of hospital stay, greater need for surgical interventions and increased rate of infective complications. Nevertheless, there seems to be little effect of diabetes on associated mortality. The second part of this review article concentrates on the epidemiological profile of diabetic burn patients and the effect of the disease on morbidity and mortality. In addition, we present a review of therapeutic adjuncts, which may hold promise for the future management of this cohort of burn patients.

**Publication type:** Journal: Review

**Source:** EMBASE

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**Title:** Effects of pharmacological interventions on muscle protein synthesis and breakdown in recovery from burns

**Citation:** Burns, June 2015, vol./is. 41/4(649-657), 0305-4179;1879-1409 (01 Jun 2015)

**Author(s):** Diaz E.C., Herndon D.N., Porter C., Sidossis L.S., Suman O.E., Borsheim E.

**Language:** English

**Abstract:** Objective The pathophysiological response to burn injury disturbs the balance between skeletal muscle protein synthesis and breakdown, resulting in severe muscle wasting. Muscle loss after burn injury is related to increased mortality and morbidity. Consequently, mitigation of this catabolic response has become a focus in the management of these patients. The aim of this review is to discuss the literature pertaining to pharmacological interventions aimed at attenuating skeletal muscle catabolism in severely burned patients. Data selection: Review of the literature related to skeletal muscle protein metabolism following burn injury was conducted. Emphasis was on studies utilizing stable isotope tracer kinetics to assess the impact of pharmacological interventions on muscle protein metabolism in severely burned patients. Conclusion Data support the efficacy of testosterone, oxandrolone, human recombinant growth hormone, insulin, metformin, and propranolol in improving skeletal muscle protein net balance in patients with severe burns. The mechanisms underlying the improvement of protein net balance differ between types and dosages of drugs, but their main effect is on protein synthesis. Finally, the majority of studies have been conducted during the acute hypermetabolic phase of the injury. Except for oxandrolone, the effects of drugs on muscle protein kinetics following discharge from the hospital are largely unknown.

**Publication type:** Journal: Review

**Source:** EMBASE

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**Title:** Fat grafting for treatment of burns, burn scars, and other difficult wounds

**Citation:** Clinics in Plastic Surgery, April 2015, vol./is. 42/2(263-283), 0094-1298;1558-0504 (01 Apr 2015)
Author(s): Piccolo N.S., Piccolo M.S., Piccolo M.T.S.
Language: English
Abstract: This article presents the authors' 3-year experience with the use of fat grafting, via the Coleman technique, for the adjuvant treatment of burn wounds, venous ulcers, diabetic ulcers, and burn scars. It demonstrates the regenerative effects of fat injected under the scar, and of fat injected under the wound, in the periphery of the wound, and within a bone fracture line or space, and of fat deposited over the wound.
Publication type: Journal: Review
Source: EMBASE

11. Title: Free and pedicle flaps in lower extremity trauma
Citation: European Journal of Plastic Surgery, February 2015, vol./is. 38/3(171-182), 0930-343X;1435-0130 (18 Feb 2015)
Author(s): Aho J.M., Sen M.K., Saint-Cyr M.
Language: English
Abstract: Improvements in microsurgical techniques and perioperative management have led to more attempts at limb salvage surgery after severe extremity trauma. Although some microsurgery-trained orthopedic surgeons will perform extremity soft tissue reconstruction, many rely on plastic surgeons or hand surgeons. However, the orthopedic trauma surgeon often remains the principle decision maker in the follow-up of these patients. Therefore, orthopedic surgeons should have a clear understanding of the planning and execution of flap reconstruction of the traumatized extremities. Collaboration with the microsurgery team will also improve planning of orthopedic procedures and facilitate a better understanding of the expected outcomes after tissue transfer. This becomes especially important when considering, debridement, early amputation versus extensive soft tissue reconstruction and when discussing these alternatives with patients and family as well as postoperative course. The goals of this article are to provide orthopedic trauma surgeons with an understanding of the selection, planning, and execution of tissue transfers for posttraumatic extremity reconstruction and to review their successes and outcomes in the literature. Communication between teams involved in reconstruction of the traumatized extremity and an understanding of limitations are paramount to successful outcomes after reconstruction. Level of Evidence: Not ratable.
Publication type: Journal: Review
Source: EMBASE

12. Title: How does fat survive and remodel after grafting?
Citation: Clinics in Plastic Surgery, April 2015, vol./is. 42/2(181-190), 0094-1298;1558-0504 (01 Apr 2015)
Author(s): Mashiko T., Yoshimura K.
Language: English
Abstract: Autologous fat grafting has become an important procedure for volumization and revitalization, although clinical outcomes depend greatly on technique. It was revealed recently how grafted fat tissue survives, regenerates, or dies. Experimental results provided the underlying mechanism and clinical implications for therapeutic strategies to maximize the effects of fat grafting, minimize necrosis, and avoid oil cyst formation.
Publication type: Journal: Review
Source: EMBASE

13. Title: Infection after hand surgery
Citation: Hand Clinics, May 2015, vol./is. 31/2(355-360), 0749-0712;1558-1969 (01 May 2015)
Author(s): Eberlin K.R., Ring D.
Language: English
Abstract: Postoperative infections are uncommon after hand surgery. Infection can delay recovery and contribute to scarring and stiffness. Measures intended to reduce the risk of infection after hand surgery include hand washing, skin preparation, sterile technique, and prophylactic antibiotics. The role of prophylactic antibiotics for small, clean, elective hand surgery procedures lasting less than 2 hours is debated.
Publication type: Journal: Review
Source: EMBASE
Full text: Available Elsevier at Hand Clinics

14. Title: Influence of diabetes mellitus on postoperative complications and failure in head and neck free flap reconstruction: A systematic review and meta-analysis
Citation: Head and Neck, April 2015, vol./is. 37/4(615-618), 1043-3074;1097-0347 (01 Apr 2015)
Author[s]: Rosado P., Cheng H.-T., Wu C.-M., Wei F.-C.

Language: English

Abstract: We performed a systematic review and meta-analysis to determine whether diabetic patients have an increased rate of postoperative complications compared to nondiabetic patients after head and neck free flap reconstruction. A systematic review of PubMed Database between 1966 and 2012 was performed. RevMan 5.0 was used for meta-analysis. A retrospective medical chart review of 7890 patients to identify those who had a failed microsurgical reconstruction of the head and neck region at Chang Gung Memorial Hospital was also carried out. The result revealed that patients with diabetes mellitus have a 1.76 increased risk of complications (odds ratio [OR] = 1.76; 95% confidence interval [CI] = 1.11-2.79) with minimal heterogeneity ($I^2 = 22%$; $p = .28$). The prevalence of diabetes mellitus in patients with failed free flaps for head and neck reconstruction is 15%. The incidence of diabetes mellitus in these patients with failed free flaps is 2.3 times higher than in the general population.

Publication type: Journal: Review
Source: EMBASE

15. Title: Is there an ideal outcome scoring system for facial reanimation surgery? A review of current methods and suggestions for future publications

Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, April 2015, vol./is. 68/4(447-456), 1748-6815;1878-0539 (01 Apr 2015)

Author[s]: Niziol R., Henry F.P., Leckenby J.I., Grobbelaar A.O.

Language: English

Abstract: Facial reanimation is the surgical process of attempting to restore dynamic, spontaneous symmetry to the paralysed face. We undertook to review the most frequently used scoring systems and discuss a universal set of assessments which every facial palsy surgeon can use to standardize the outcome of surgical intervention and allow a comparison to be drawn when comparing different operative techniques. A literature review was performed using PubMed and Cochrane databases to identify scoring systems for facial palsy, facial nerve regeneration and facial reanimation. The scoring systems were broken down into the following broad categories: observational, mathematical and computer-graphical measurements. More than 20 scoring systems were identified and included in the study. The scoring systems were analysed and assessed for reproducibility and inter-observer reliability. The current trend in the literature is to use the House-Brackmann Score due to its historical longevity, brevity and ease of understanding. However, this was never designed to assess outcomes of facial reanimation and there are clear limitations. Other more appropriate methods such as 3-D facial analysis are prohibitively expensive to widely implement. The quest continues to develop an ideal system. From this review it is clear that a quick, simple to use system should be used which incorporates the patient’s own views. Therefore a combination of pre- and post-operative photographs of the patient should be assessed by an independent panel as well as the patient. We propose a universal set of photographs that can be used to standardize the outcome of surgical intervention when publishing results in the literature. This will allow a comparison to be drawn when comparing different operative techniques and help surgeons work collectively towards the same goal while improving patient outcomes.

Publication type: Journal: Review
Source: EMBASE

Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Journal of Plastic, Reconstructive and Aesthetic Surgery

Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Salisbury District Hospital Healthcare Library


Citation: Plastic and reconstructive surgery, March 2015, vol./is. 135/3(918-928), 1529-4242 (01 Mar 2015)

Author[s]: Davis C.R., Rosenfield L.K.

Language: English

Abstract: BACKGROUND: Google Glass has the potential to become a ubiquitous and translational technological tool within clinical plastic surgery. Google Glass allows clinicians to remotely view patient notes, laboratory results, and imaging; training can be augmented via streamed expert master classes; and patient safety can be improved by remote advice from a senior colleague. This systematic review identified and appraised every Google Glass publication relevant to plastic surgery and describes the first plastic surgical procedures recorded using Google Glass.

METHODS: A systematic review was performed using PubMed National Center for Biotechnology Information, Ovid MEDLINE, and the Cochrane Central Register of Controlled Trials, following modified Preferred Reporting Items
for Systematic Reviews and Meta-Analyses guidelines. Key search terms "Google" and "Glass" identified mutually inclusive publications that were screened for inclusion.RESULTS: Eighty-two publications were identified, with 21 included for review. Google Glass publications were formal articles (n = 3), editorial/commentary articles (n = 7), conference proceedings (n = 1), news reports (n = 3), and online articles (n = 7). Data support Google Glass’ positive impact on health care delivery, clinical training, medical documentation, and patient safety. Concerns exist regarding patient confidentiality, technical issues, and limited software. The first plastic surgical procedure performed using Google Glass was a blepharoplasty on October 29, 2013.CONCLUSIONS: Google Glass is an exciting translational technology with the potential to positively impact health care delivery, medical documentation, surgical training, and patient safety. Further high-quality scientific research is required to formally appraise Google Glass in the clinical setting.

Publication type: Journal: Article
Source: EMBASE
Full text: Available Ovid at Plastic and Reconstructive Surgery

17. Title: Management of complications with flap procedures and replantation
Citation: Hand Clinics, May 2015, vol./is. 31/2(339-344), 0749-0712;1558-1969 (01 May 2015)
Author(s): Sammer D.M.
Language: English
Abstract: Replantation and flap procedures employ microvascular techniques to salvage or reconstruct a severely damaged limb or digit. The most devastating complications include complete or partial flap loss, or replantation failure due to vascular complications. Often, these complications can be prevented by appropriate patient selection, careful surgical planning, meticulous technique, and proper postoperative management. This article discusses complications related to replantation and flap procedures in the upper limb, focusing on preventing and managing these complications.
Publication type: Journal: Review
Source: EMBASE
Full text: Available Elsevier at Hand Clinics

18. Title: Microsurgical scalp reconstruction in the elderly: a systematic review and pooled analysis of the current data
Citation: Plastic and reconstructive surgery, March 2015, vol./is. 135/3(856-866), 1529-4242 (01 Mar 2015)
Author(s): Sosin M., Schultz B.D., De La Cruz C., Hammond E.R., Christy M.R., Bojovic B., Rodriguez E.D.
Language: English
Abstract: CONCLUSIONS: Microvascular reconstruction in complex scalp defects is associated with successful outcomes, and chronologic age does not increase mortality or catastrophic flap complications. The most common flaps used to repair scalp defects are anterolateral thigh and latissimus dorsi, but a superior flap type could not be identified.BACKGROUND: Microvascular reconstruction is the mainstay of treatment in complex scalp defects. The rate of elderly patients requiring scalp reconstruction is increasing, but outcomes in elderly patients are unclear. The purpose of this study was to systematically review the literature pertaining to free tissue transfer for scalp reconstruction in patients older than 65 years to compare outcomes among different free flaps and determine the safety profile of treatment.METHODS: A systematic review of the available literature of patients undergoing microvascular scalp reconstruction was completed. Details for patients 65 years and older were extracted and reviewed for data analysis.RESULTS: A total of 45 articles (112 patients) were included for analysis. Mean age of the patients was 73.3 +/- 6.3 years (men, 69.4 percent; women, 23.4 percent; not reported, 7.2 percent). Mean flap size was 598 cm2 (range, 81 to 2500 cm2). The mean age of patients developing a complication was 72.8 +/- 6.4 years and patients that did not develop a complication was 73.4 +/- 5.5 years (p = 0.684). Overall, perioperative mortality was 0.9 percent. Flap failures occurred in two cases (1.8 percent). The overall complication rate was 22.3 percent (n = 25). Complications by flap type varied without reaching statistical significance.
Publication type: Journal: Review
Source: EMBASE
Full text: Available Ovid at Plastic and Reconstructive Surgery

19. Title: Oncoplastic and reconstructive breast surgery in the elderly
Citation: The British journal of surgery, April 2015, vol./is. 102/5(480-488), 1365-2168 (01 Apr 2015)
Author(s): James R., McCulley S.J., Macmillan R.D.
BACKGROUND: The recommendations of the UK All Party Parliamentary Group on Breast Cancer (2013) have been endorsed recently by the UK Association of Breast Surgeons and are in line with the 2007 Cancer Reform Strategy, which states that treatment in older British women should be equivalent to that in younger patients unless precluded by co-morbidity or patient choice. Oncoplastic and reconstructive techniques are increasingly available to women with breast cancer. A review of the literature was carried out to investigate use of these techniques in older patients.

METHODS: A MEDLINE search was conducted to identify studies relating to oncoplastic and reconstructive surgery in the elderly.

RESULTS AND CONCLUSION: Nine studies were identified and included in the review. Older patients undergoing reconstruction, particularly autologous reconstruction, have outcomes that are at least as good as those achieved in younger patients, yet are far less likely to be offered these techniques. Issues influencing oncoplastic and reconstructive surgery in the elderly include: lack of standard pathways of care, concerns regarding higher operative risk, lack of evidence regarding outcomes, preconceptions regarding body image and lack of engagement with the decision-making process. A minority of older women are likely to accept reconstruction, but those who do are pleased with the results and experience good quality of life. There is now a range of safe oncoplastic and reconstructive options that could be considered as an alternative to standard mastectomy or wide local excision in older patients.
separately the treatment options and indications are discussed having been broken down into static and dynamic modalities. Based on our unit’s experience of more than 35 years and 1000 cases of facial palsy, we have developed a detailed approach to help manage these patients optimally. The aim of this article is to provide the reader with a systematic algorithm that can be used when consulting a patient with eye problems associated with facial palsy.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Journal of Plastic, Reconstructive and Aesthetic Surgery  
**Full text:** Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Salisbury District Hospital Healthcare Library

22. Title: Serum procalcitonin as a diagnostic biomarker for sepsis in burned patients: A meta-analysis  
**Citation:** Burns, May 2015, vol./is. 41/3(502-509), 0305-4179;1879-1409 (01 May 2015)  
**Author(s):** Ren H., Li Y., Han C., Hu H.  
**Language:** English  
**Abstract:** Background Sepsis is one of the main causes of mortality in severe burns. However, it is difficult to diagnose early. Procalcitonin (PCT) has been reported as a biomarker for sepsis with controversial results. The aim of the study is to assess the diagnostic value of serum PCT for sepsis in burn patients through a meta-analysis of published studies. Methods A comprehensive literature search of PubMed, Embase, Web of Science and the Cochrane Library databases for studies published up to 1st March 2014 that evaluated PCT as a marker for diagnosing sepsis in burn patients was conducted. The summary receiver operating characteristic curves served to evaluate overall test performance. Meta-Disc 1.4 software and Stata 12.1 were used to analyze the data. Results A total of 566 patients (samples) from nine trials were identified and analyzed. The pooled sensitivity and specificity were 0.74 and 0.88, respectively. No threshold effect was found among studies. The area under the SROC curve (AUC) was 0.92. Conclusion The results suggest that serum PCT is a useful biomarker (AUC = 0.92) for early diagnosis of sepsis in burn patients. However, the results should be used with caution, because of obvious heterogeneity among those studies. Further large-scale research should regard more attention to the uniform cut-off value, and laboratories test methods.  
**Publication type:** Journal: Article  
**Source:** EMBASE

23. Title: Should pyogenic granulomas following burns be excised?  
**Citation:** Burns, May 2015, vol./is. 41/3(431-436), 0305-4179;1879-1409 (01 May 2015)  
**Author(s):** Zhao H., Huang S., Fu X.  
**Language:** English  
**Abstract:** Background Patients with pyogenic granuloma following burns (PGB) presents dramatic clinical features which are different from those with classic pyogenic granuloma. This review aims to discuss whether pyogenic granuloma following burns (PGB) need excision or not. Methods Using the PubMed, EMBASE, Cochrane Library and web of science databases. All articles which discussed diagnosis and treatment of pyogenic granuloma following burns with histological results were included from 1978 to 2013. Reports from meetings were not included. Only articles published in English were included. Results Twenty one articles excluded from a total of 32 studies. One study was excluded from the 11 descriptive studies because of typical histological results. The rest, 10 studies were case reports. Only one article was published in French, whose abstract was published in French and English. Patients with PGB presented six distinctive clinical features. First, all the patients had burns initially. The second, PGB acutely erupted between 1 and 4 weeks in patients' burned area, which may be infected by bacteria, fungus and virus. The fourth, PGB can be classified into proliferative and shrivelling stages. The fifth, three histological characteristics including hyperkeratosis or acanthosis, numerous newly formed proliferative vascular, edematous stroma with infiltration by plasma cells and lymphocytes. Finally, recurrence, 6 out of 16 patients with PGB involuted spontaneously with no recurrence. Three out of 16 patients were conservatively managed with no recurrence, neither patients (5) who had surgery and 2 patients treated with electro coagulation had recurrence. Conclusions PGB lesions are benign based on clinical features and histological examinations. The clinical process of PGB could be divided into proliferative and shrivelling stages. Conservative treatment including wound management and antibiotic could be chosen firstly, especially when large PGBs are on the face or other important area of one’s body. When conservative treatment is ineffective, a surgery could be chosen.  
**Publication type:** Journal: Review  
**Source:** EMBASE
24. Title: Systematic review of seat-belt trauma to the female breast: A new diagnosis and management classification  
Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, March 2015, vol./is. 68/3(382-389), 1748-6815;1878-0539 (01 Mar 2015)  
Author(s): Song C.T., Teo I., Song C.  
Language: English  
Abstract: Background Legislation, education and technology have led to a rise in the use of seat belts. This has significantly reduced automobile accident-related mortality, but it has increased seat belt-associated injuries. The aim of this study was to review all publications on seat-belt injury to the female breast and to analyse patterns of presentation, management and outcomes. Methods A literature search was performed by two independent reviewers using the PubMed, Scopus and EMBASE databases. The MeSH terms included 'seat belt breast' or 'breast traffic accident' or 'safety belt breast'. This study was supported by Level V evidence. Results In this review, 26 articles describing 42 patients were included. A total of 13 patients (31.0%) presented immediately after the road traffic accident (RTA) with pain, swelling, open wounds and/or haemorrhage of the breast. Active arterial extravasations were treated with angiographic embolization while wounds were mostly treated with dressings. Twenty-nine (69.0%) patients presented late, with a mean time of 6.77 months (3 weeks-5 years) after the RTA. This ranged from a palpable lump in the area of trauma to a worsening cleft deformity. Most late presentations were diagnosed with fat necrosis while five patients (17.2%) were found to have breast cancer. From this review, we propose a four-tier classification system that categorizes patients based on timing to presentation and symptoms, with recommended investigation and management options for each category. Conclusion This is the most comprehensive systemic review to date of seat-belt injuries to the female breast, and our proposed classification may be useful in the management of such patients.  
Publication type: Journal: Review  
Source: EMBASE  
Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Journal of Plastic, Reconstructive and Aesthetic Surgery  
Full text: Available JOURNAL OF PLASTIC, RECONSTRUCTIVE & AESTHETIC SURGERY (formerly BRITISH JOURNAL OF PLASTIC SURGERY) at Salisbury District Hospital Healthcare Library

25. Title: The best of tendon and nerve transfers in the upper extremity  
Citation: Plastic and reconstructive surgery, March 2015, vol./is. 135/3(617e-630e), 1529-4242 (01 Mar 2015)  
Author(s): Giuffre J.L., Bishop A.T., Spinner R.J., Shin A.Y.  
Language: English  
Abstract: LEARNING OBJECTIVES: After reading this article, the participant should be able to: 1. Identify the prerequisite conditions to perform a tendon or a nerve transfer. 2. Detail some of the current nerve and tendon transfer options in upper extremity peripheral nerve injuries. 3. Understand the advantages and disadvantages of tendon and nerve transfers used in isolation and in combination. 4. Appreciate the controversies that surround the nerve/tendon transfers. 5. Realize the treatment outcomes of peripheral nerve injuries.SUMMARY: Traditional treatment of a Sunderland fourth- or fifth-degree peripheral nerve injury has been direct neurorrhaphy, nerve grafting, or tendon transfers. With increasing knowledge of nerve pathophysiology, additional treatment options such as nerve transfers have become increasingly popular. With an array of choices for treating peripheral nerve injuries, there is debate as to whether tendon transfers and/or nerve transfers should be performed to restore upper extremity function. Often, tendon and nerve transfers are used in combination as opposed to one in isolation to obtain the most normal functioning extremity without unacceptable donor deficits. The authors tend to prefer reconstructive techniques that have proven long-term efficacy to restore function. Nerve transfers are becoming more common practice, with excellent results; however, the authors are wary of using nerve transfers that sacrifice possible secondary tendon reconstruction should the nerve transfer fail.  
Publication type: Journal: Review  
Source: EMBASE  
Full text: Available Ovid at Plastic and Reconstructive Surgery  
Full text: Available Ovid at Plastic and Reconstructive Surgery

26. Title: The discordant histology of grafted fat: a systematic review of the literature  
Citation: Plastic and reconstructive surgery, March 2015, vol./is. 135/3(542e-555e), 1529-4242 (01 Mar 2015)  
Author(s): Harrison B.L., Malafa M., Davis K., Rohrich R.J.  
Language: English  
Abstract: BACKGROUND: All combinations of harvesting, processing, and injection have been attempted to maximize
Fat graft take following transplantation. Two theories behind fat transplantation have been proposed: cell survival and host replacement. Although the cell survival theory states that fat cells survive and undergo neovascularization following transfer, host replacement theory predicts adipocyte necrosis and replacement of cells by host tissues. Whether or not transferred fat survives, proliferates, or is replaced by fibrous tissue is relevant for the investment of future resources into this thriving field of research. METHODS: A literature search of the MEDLINE and Cochrane databases was performed for studies focusing on the histology of grafted fat after transplantation up to December of 2013. Histologic examinations of grafted fat were reviewed and compared in humans and animals. RESULTS: Sixty-six articles met inclusion criteria, and eight of them were human studies. There was widespread diversity in the method of fat harvest and transfer among the studies, and the date of examination after transfer. Many studies reported the presence of viable adipocytes, although an extensive amount of fibrosis and inflammatory infiltration was also seen, depending on the period of examination. CONCLUSIONS: Free fat grafts show a variable response following transplantation, with significant disagreement in the reported evidence. Although neovascularization and preservation of adipocyte architecture appear possible, other fat grafts are completely replaced by necrotic ghost cells and fibrotic ingrowth. Adipocyte survival likely contributes to volume maintenance, but fibrosis may also play a role.

**Publication type:** Journal: Review

**Source:** EMBASE

**Full text:** Available Ovid at Plastic and Reconstructive Surgery

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**Title:** The efficacy of postoperative antithrombotics in free flap surgery: a systematic review and meta-analysis

**Citation:** Plastic and reconstructive surgery, April 2015, vol./is. 135/4(1124-1139), 1529-4242 (01 Apr 2015)

**Author(s):** Lee K.-T., Mun G.-H.

**Language:** English

**Abstract:** BACKGROUND: Although the efficacy of postoperative antithrombotics in free flap survival is well demonstrated through animal studies, debate remains in the clinical literature. This review estimates the benefits and risks of each antithrombotic drug and evaluates whether antithrombotics can produce better outcomes than nonantithrombotic treatment. METHODS: English-language articles evaluating the efficacy of antithrombotics in free flap surgery through comparisons with control groups were analyzed. The outcome measures were total flap failure, pedicle thrombosis, and hematoma formation. RESULTS: Twelve articles representing 4984 cases were analyzed. None of the antithrombotics showed significant benefits for flap survival. Heparin reduced the risk of flap loss by 35 percent, but the difference was not significant (relative risk, 0.65; 95 percent CI, 0.25 to 1.69). Dextran and aspirin showed little protective effects on pedicle thrombosis and flap failure. All antithrombotics showed increased risks of hematoma, and aspirin raised the risk of hematoma significantly (relative risk, 1.91; 95 percent CI, 1.05 to 3.47). In an analysis combining six studies comparing outcomes between the antithrombotic group and the nonantithrombotic group, antithrombotic administration did not reduce the risk of total flap loss (relative risk, 0.99; 95 percent CI, 0.72 to 1.35) or thrombosis (relative risk, 1.00; 95 percent CI, 0.74 to 1.36) but significantly increased the risk of hematoma (relative risk, 1.78; 95 percent CI, 1.20 to 2.63). CONCLUSIONS: There is little evidence suggesting that the use of antithrombotics reduces the risk of thrombosis and total flap failure. Although randomized controlled studies would be required, the risks of routine administration of antithrombotics may outweigh the benefits.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available Ovid at Plastic and Reconstructive Surgery

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**Title:** The use of mesh versus primary fascial closure of the abdominal donor site when using a transverse rectus abdominis myocutaneous flap for breast reconstruction: a cost-utility analysis

**Citation:** Plastic and reconstructive surgery, March 2015, vol./is. 135/3(682-689), 1529-4242 (01 Mar 2015)

**Author(s):** Chatterjee A., Ramkumar D.B., Dawli T.B., Nigriny J.F., Stotland M.A., Ridgway E.B.

**Language:** English

**Abstract:** BACKGROUND: During breast reconstruction using the transverse rectus abdominis myocutaneous (TRAM) flap, the use of mesh for abdominal donor-site closure provides for a technology that potentially offers clinical benefit yet incurs an added cost. The authors’ goal was to determine whether it is cost effective to use mesh during abdominal donor-site closure when performing a TRAM flap for breast reconstruction. METHODS: A literature review was conducted to identify and collect published hernia and bulge rates at abdominal TRAM flap donor sites closed either primarily or with mesh. A decision tree analysis was performed. Outcome probabilities, costs of complications, and expert utility estimates were populated into the decision tree model to evaluate the cost-utility of using mesh in
TRAM abdominal donor-site closure. One-way sensitivity analyses were performed to verify the robustness of the results. RESULTS: The authors' literature review resulted in 10 articles describing 1195 patients who had TRAM abdominal donor-site closure primarily and 696 patients who had donor-site closure performed with mesh. Pooled hernia/bulge complication rates for these two groups were 7.87 percent and 4.45 percent, respectively. The use of mesh was more clinically effective based on total quality-adjusted life-years gained of 30.53 compared with 30.41 when performing primary fascial closure alone. The incremental additional cost incurred by the mesh arm when running the decision tree model was $693.14. This difference in cost, divided by the difference in clinical efficacy (0.12), results in an incremental cost-utility ratio value of $5776.17 per quality-adjusted life-year gained when using mesh, making it cost effective (when using a willingness-to-pay threshold of $50,000). One-way sensitivity analysis revealed the following: (1) using mesh was a cost effective option, provided that the price of mesh was less than or equal to $5970; (2) mesh was cost effective when its use led to a hernia/bulge rate less than or equal to 7.25 percent; and (3) primary facial closure was cost effective when its use led to a hernia/bulge rate less than or equal to 4.75 percent. CONCLUSION: The use of mesh when repairing the abdominal donor site during a pedicled or free TRAM flap breast reconstruction is cost effective compared with primary fascial closure alone.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Ovid at Plastic and Reconstructive Surgery

Full text: Available Ovid at Plastic and Reconstructive Surgery

29. Title: Vaginal labiaplasty: current practices and a simplified classification system for labial protrusion
Citation: Plastic and reconstructive surgery, March 2015, vol./is. 135/3(774-788), 1529-4242 (01 Mar 2015)
Author(s): Motakef S., Rodriguez-Feliz J., Chung M.T., Ingargiola M.J., Wong V.W., Patel A.
Language: English
Abstract: BACKGROUND: Vaginal labiaplasty has been described for the management of functional and aesthetic problems associated with protrusion of the labia minora. Despite increasing numbers of procedures performed, there is a paucity of data to guide treatment paradigms. This systematic review aims to establish a simple, unifying classification scheme for labial protrusion and summarize current labiaplasty techniques and practices. METHODS: A systematic literature review was performed using the PubMed database. Additional articles were selected after reviewing references of identified articles. RESULTS: The search returned 247 articles. After applying inclusion criteria to identify prospective and retrospective studies evaluating different techniques, outcomes, complications, and patient satisfaction, 19 articles were selected. Labiaplasty of the labia minora was described in 1949 patients. Seven different surgical techniques were used for labiaplasty, including deepithelialization, direct excision, W-shaped resection, wedge resection, composite reduction, Z-plasty, and laser excision. Patient satisfaction rates for each technique ranged from 94 to 100 percent. The most common postoperative complication for all techniques was wound dehiscence (4.7 percent). Key areas for perioperative patient management were defined. CONCLUSIONS: Labiaplasty is safe and carries a high satisfaction rate. However, current practices remain exceedingly diverse. The authors propose a simplified classification system based on the distance of the lateral edge of the labia minora from that of the labia majora, rather than from the introitus. Key areas for perioperative patient management include patient anesthesia, resection technique used, wound closure, and postoperative care. Further randomized studies using a standardized classification system are required to better compare different techniques and establish best practices.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Ovid at Plastic and Reconstructive Surgery

Full text: Available Ovid at Plastic and Reconstructive Surgery

30. Title: Which factors influence the development of post-traumatic stress disorder in patients with burn injuries? A systematic review of the literature
Citation: Burns, May 2015, vol./is. 41/3(421-430), 0305-4179;1879-1409 (01 May 2015)
Author(s): Hobbs K.
Language: English
Abstract: Introduction This article aims to discover which variables influence the development of post-traumatic stress disorder in patients with burn injuries. It will also consider whether it is possible to predict which burns patients will develop PTSD. Background Post-traumatic stress disorder is an important psychopathology for burned patients as it can affect both physical outcomes and quality of life for those affected. Research states that PTSD may be identified in up to 30% of burns patients, making it relatively common. Methods A systematic review of the literature was carried out using four databases. Eleven articles were identified from these searches, and were then
analysed thematically to draw out common ideas. Results Gender, extraversion and neuroticism, attribution of blame, capacity for forgiveness, the event as a disaster or non-disaster, alcohol consumption and peri-traumatic emotional response were all found to influence burns patients' risk of developing PTSD. Conclusion While it is possible to identify the factors that put burns patients at greater risk of developing PTSD, it is not possible to accurately predict who will go on to develop PTSD due to the interplay between variables and individual differences. Focus should instead be on screening for PTSD and timely recognition of intrusive symptoms.

**Publication type:** Journal: Review  
**Source:** EMBASE

### News

**NHS Choices**

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Monday Apr 13 2015

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