8TH WORLD CONGRESS ON PUBLIC HEALTH AND GLOBAL WELLNESS

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Service delays between insertion of nephrostomy and subsequent stent insertion by Interventional Radiology- burden on patients and the NHS: A Quality Improvement Project in the Department of Urology at Queen's Hospital BHRUT

Aim

The project was conducted to highlight the delay in patient care once they have an acute or elective nephrostomy insertion and they have to wait for the subsequent insertion of an antegrade stent by the Interventional-Radiology team. This project highlights the duration of in-hospital stay, burden on the patients and on the NHS funds and services due to unnecessary bed blocking.

Method

The first cycle of this audit included patients from September 2020 to October 2020, during the COVID-19 period, who were admitted under Urology for the insertion of nephrostomy. The second cycle included patients from April 2024 to December 2024. A service evaluation was conducted, calculating the number of days from the initial admission to the insertion of a nephrostomy, the insertion of an antegrade stent, the subsequent nephrostogram, and the removal of the nephrostomy, until the time of patient discharge. An Excel sheet was generated to collect the relevant data.

Results

During the COVID-19 period in 2020, an average of 15 days of in-hospital stay was calculated per patient. The total cost of this admission per patient averaged to £3660. During 2024, no significant change was noted, and the delay averaged to 16 days in total, with the cost rising to £6300 per patient.

Conclusion

Long in-hospital stays, meaning large costs to the hospital & patients. Patients are at a higher risk of developing hospital-acquired infections. Unnecessary bed blocking after patients have been stabilised with nephrostomy insertion. Relevant SOPs to mitigate delays by expediting procedures have been generated after discussion with Interventional-Radiology.

Keywords

Urology, interventional radiology, patient care, NHS burden, cost reduction

Biography

I am currently working in Barking Havering Redbridge University Hospital NHS Trust since September 2023. I have rotated in Trauma and Orthopaedics and Urology as part of my core training. I have completed my MRCS from the Royal College of Surgeons England. I have completed my MSC in Neurosurgery from the University of Buckingham. I am applying for higher speciality training in Trauma & Orthopaedics this year. I am interested in doing spine surgery and aim to specialise in it.

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Role of microbiota in colorectal cancer: From pathogenesis to treatment

A balance between the gut bacteria is crucial for the development and management of cancer. An unhealthy gut microbial community leads to cancer growth by causing inflammation and DNA damage, and affecting the immune system response. Certain bacteria, such as Fusobacterium nucleatum , increase the risk of colorectal cancer (CRC), whereas microbial by-products influence inflammation and the spread of cancer cells. Recognizing these processes is vital in developing approaches to prevent and treat cancer. This review aims to comprehensively examine the role of gut microbiota in CRC pathogenesis, diagnosis, and treatment, with a focus on microbial-based interventions such as probiotics, prebiotics, and fecal microbiota transplantation (FMT). Recent studies have shown that microbial patterns could serve as indicators for detecting and predicting the stages of CRC without the need for invasive procedures, such as traditional screening. Specifically, Fusobacterium nucleatum levels have been found to increase in cancer cases, suggesting a direct connection between microbial presence and disease advancement. Treatments that focus on adjusting the gut microbiota through methods such as probiotics and FMT have the potential to improve treatment outcomes and minimize adverse reactions. Studies have shown that FMT can enhance the results of chemotherapy in cancer treatment programs for patients with colon cancer by incorporating microbiota-based strategies into the treatment protocols. Despite these possibilities, in this field of study and research on microbiota composition and environmental factors, there are still some hurdles owing to variations among individuals and diverse surroundings that require attention. Standardizing the investigative methods used to study microbiota is essential to achieve results that can be effectively replicated and applied in clinical settings. Moving forward, it would be beneficial for researchers to concentrate on conducting extensive validation studies and creating customized treatments based on microbiota analysis to seamlessly incorporate this aspect into regular CRC care routines. In conclusion, the study of gut bacteria is promising in the field of cancer research and therapy. Ongoing collaboration and research are crucial for maximizing the effectiveness of microbiota-focused treatments to enhance cancer prevention, detection, and treatment outcomes. This study offers an examination of the existing knowledge and future pathways for utilizing gut bacteria to manage cancer.

Biography

Dr. Yahia El-Tanani is a medical doctor who completed his studies at St George's University of London and currently works at the Royal Cornwall Hospital UK. He has 20 publications in national and international journals in the fields of pharmaceutical chemistry and oncology.

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