

KADOORIE OXFORD TRAUMA & EMERGENCY CARE

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COVID 19 Trials



Bringing hope and making a difference

Left to right, Tessa Sewdin, Maria Mestre, Kathryn Lewis and Sangeetha Prasath

A big thank you to all staff and patients who continued with the Trauma trials throughout the second wave of COVID 19. The trauma research nurses have also been working alongside Sally Beer, Paula Hutton and Wendy Bryne on the COVID -19 research studies.



RECOVERY is a randomised controlled trial led by Professors Peter Horby and Martin Landray, it looked at potential treatments for patients of all ages admitted to hospital with COVID-19.

<https://www.recoverytrial.net/>



REMAP - CAP is a Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for

Community-Acquired Pneumonia (REMAP-CAP). This study is led by Professor Anthony Gordon and is a platform for severely ill patients with COVID -19. It aims to generate evidence that can be used during the pandemic. They hope to reduce loss of life, reduce the use of critical care and reduce the severity of illness.

It is an international study of many factors that assess different aspects of treatment. Patients can be allocated to various treatments. The data gathered helps to provide evidence that can be used to improve care whilst patients are in hospital.

<https://www.remapcap.org/>

Emotional Wellbeing

Jenny Gould, a leader of Patient and Public Involvement in Trauma reminded us that looking after ourselves is important. Jenny is an experienced counsellor and shared her wisdom on how to keep going in challenging circumstances. A few reminders are to be kind to yourself. Let go of guilt. Remember to be aware

of your feelings and note how you are coping with anxiety.

Focus on what you can control. Do things that help you thrive rather than languish. Create new routines and rhythms in your life that help you switch off from work. If you are anxious seek help. Make connections with others and create enjoyable conversations.



Jenny Gould

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OUR RESEARCH THEMES:

Effectiveness of treatments

Rehabilitation

Patient/Staff Experience

Patient and Carer Experience

Tutton E, Saletti-Cuesta L, Langstaff D, Wright J, Grant R, Willett K. Patient and informal carer experience of hip fracture: A qualitative study using interviews and observation in acute orthopaedic trauma, BMJOpen, <https://bmjopen.bmj.com/content/11/2/e042040>

Patients (25) were interviewed in hospital after they suffered a hip fracture. Those with memory loss (11) took part in observations where the researcher sat with them for a period of time. Carers (25) were also interviewed.

Patients and carers shared the journey of recovery, and felt it was a challenging time of change.

Maintaining a relationship was crucial. Carers found it hard to contain their distress, particularly when the patient was ill or were confused.

"I mean she has deteriorated in a few days so rapidly from the person she was on Monday. It is quite scary really. It is horrible to see and know how much she is suffering and so yes I was finding it very hard and was very worried. She is a bit brighter in herself today and yesterday even though she still feels terrible, so I'm feeling a bit better". (C13, p4)

For patients, life had changed drastically. They were anxious about how they would manage to recover and live a normal life.

"What's it like, a bloody nightmare. I'm generally pretty active, I don't sit down for long and I'm known for always doing something ... I don't even know how long it will take, nobody's actually told me that yet either". (P29, p5)

Patients with memory loss often struggled to express themselves.

She cooperated but she had a bit of pain. She expressed it with her face or sounds. When the assistant washed her legs she complained more: "It always this leg"; "it is sore". She looked and touched her bruises on her leg and hip. (P31, observation, p7)

A time of great change for patients and carers.

Professor Xavier Griffin



We were sad Xavier Griffin has left his glass office at the Kadoorie Centre. We are however delighted he is Professor at Barts Health NHS Trust, and Barts and the London School of Medicine and Dentistry, at Queen Mary University London.

His studies continue in Oxford and a recent publication has caused a twitter storm.

We look forward to new studies coming from Professor Griffin.



The WHiTE 4 study was a randomised control trial of sliding hip screw (a traditional metal screw) versus the X-Bolt Hip System (a new design) for fixation of fractures of the hip in adults above 60.

Patients with and without capacity were included. Proxy consent was used for those without capacity in order to obtain a better representation of the hip fracture population.

The study was conducted in ten acute hospitals across the UK. A total of 1,128 patients were randomized, 564 participants were allocated to each group.

The findings show that there was no difference between the two groups in relation to the Disability Rating Index, (a measure of function), or infection rates or health related quality of life at 12 months. Differences found at 4 months in health related quality of life were small and were not clinically significant.

Griffin XL, Achten J, O'Connor HM, Cook J, Costa ML. 2021

Effect on health-related quality of life of the X-Bolt dynamic plating system versus the sliding hip screw for the fixation of trochanteric fractures of the hip in adults: the WHiTE Four randomized clinical trial. The Bone and Joint Journal. 3Jan2021.

<https://doi.org/10.1302/0301-620X.103B.BJJ-2020-1404.R1>

Classification of Open Fractures

Trompeter A, Knight R, Parsons N, Costa ML, 2020

Infographic: The Orthopaedic Trauma Society classification of open fractures. The Bone and Joint Journal. Vol 102B, no.11, 31Oct.

<https://doi.org/10.1302/0301-620X.102B11.BJJ-2020-1998>

The classification of open fractures (where the bone breaks

through the skin) has been reviewed. This has provided clarity for clinical practice and research. The Orthopaedic Trauma Society (OTS) open fracture classification provides a simple and concise approach to fracture classification which minimizes misclassification.

Development was possible due to the data provided by two large clinical trials (WHIST and WOLFF).

Patients in these trials had an open lower limb fracture. The OTS classification is based on the injury description following first surgical debridement (wound cleaning).

The injury is categorized as either simple or complex based on the need for reconstruction (skin grafting) to achieve wound closure.

Study Updates

The **WHiTE studies** are all going well. WHiTE 8 has recruited 203 patients in Oxford and over 100 at the Horton. WHiTE 9, cell salvage (to replace patient's red cells from blood loss) after hip fracture has now started recruiting to the main study.

Congratulations to the **AFTER** team who have got funding for the main study from NIHR Research for Patient Benefit. The AFTER study is assessing intensive physiotherapy versus self management advice after ankle fracture.

SCIENCE is looking at two treatments for a broken bone in the elbow in children. Recruitment is picking up as more outdoor sport is possible.

CRAFFT is looking at two treatments for wrist fracture in children. It has 30 sites and is now recruiting well.

Hipgen explores the impact of stem cells on recovery. We have three patients and this study has restarted as hospital visits are now possible.

CO-OLFF, Alex has had his DPhil viva and is now working on papers for his core outcome set for open fractures of the lower limb. Congratulations to Alex and thank you to the many staff, patients and PPI team who supported this project.

HUSH, treatments for the upper arm is now open at the John Radcliffe.

Welcome to Amie Coombes who joins the research nurse team.

Meetings: Trauma and Emergency Care, TEC.

Next meeting: 9th July 2021, 1.30-3pm, contact alison.monk@ouh.nhs.uk for a team invite.

Wolfson Trauma Cluster sessions, held at Wolfson College, all invited.

19th May 2021, email oxfordtrauma@ndorms.ox.ac.uk if you would like a teams invite.

Trauma Trials Day 9th June 2021, Contact oxfordtrauma@ndorms.ox.ac.uk

Hip fracture care



Hip fracture care can be improved by the use of National Standards.

This was a big study of 6,532 patients. Patients or their carers provided information about their quality of life.

A big thank you to all the patients and carers who took part. Staff at 20 Acute UK hospital trusts collected the data. The findings show that quality of life was better at four months, if the following happened:

- i) an orthogeriatrician (doctor for older people) cared for patients,
- ii) an assessment of delirium (mental health) and
- iii) a risk assessment for falls.

Griffin X, Achten J, Parsons N, Costa M, On behalf of the WHiTE collaborators, 2021. Does performance-based remuneration improve outcomes in the treatment of hip fracture? The Bone and Joint Journal May 2021, Vol.103-B, No 5. <https://doi.org/10.1302/0301-620X.103B5.BJJ-2020-1839.R1>

Listen to the podcast online at: <https://www.youtube.com/watch?v=hd07PbyCqSU&t=17s>

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**To find out more about our research studies and staff
visit our web pages:**

Nuffield Department of Orthopaedics, Rheumatology and
Musculoskeletal Science: www.ndorms.ox.ac.uk
www.ouh.nhs.uk/kadoorie

Useful Links

Injury Minimization Programme for Schools (I.M.P.S.):
www.impsweb.co.uk

Local Patient and Public Involvement opportunities:
<https://www.clahrc-oxford.nihr.ac.uk/public-involvement/public-involvement-newsletters#involvement-matters>
Clinical Research Network: www.crn.nihr.ac.uk/

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