

+ RefHelp

Of interest this March

Welcome Back
A bumper issue!

Gynaecology
Guidance on vague but serious symptoms

Colorectal
A new treatment available to GPs

Medicine of the Elderly
Great resources, relevant for all specialities

COVID-19 Updates
Collaboration in the face of change

Respiratory
What's hot?!

Rheumatology
Get in quick with your referral

Forensic Psychiatry
Bringing clarity to difficult situations

+ Gynaecology

Welcome back!

We are back for round two of Clinical Updates! Thank you so much to everyone who has fed back so far and expressed interest in what the RefHelp team are doing – we really appreciate seeing your thoughts. This bulletin brings access to new medications, educational resources suitable for all (medical students, trainees and the veterans), clarity to gynae USS.

UPDATE from last issue and good reason to have another look at the **Dermatology** pages – a friendly reminder from the team that if indicated a referral may be returned directing the referrer back to the relevant RefHelp page.

<https://apps.nhsllothian.scot/refhelp/News/Pages/Grand-RoundRefHelpTalk071020.aspx>

Ovarian cancer update

Approximately 610 ovarian cancers are diagnosed in Scotland each year and often patients are diagnosed late with the disease.

The ovarian cancer guidelines have recently been updated on RefHelp to reflect the Scottish Referral Guidelines for suspected cancer. For anyone with suspected ovarian cancer we advise **both** a CA125 and urgent pelvic USS, prior to referral to secondary care, to avoid potential delays in the patient pathway.

The page on management of **ovarian cysts** in primary care has also been updated! This has been split into pre-menopausal and post-menopausal women, and has advice on what to do if you get an abnormal USS report.

Reminder of when to consider the ovaries!

New IBS-like symptoms in the last 12 months in women >50 y/o
1 or more of the following symptoms which are unexplained and happening most days (especially if over the age of 50):

- **Persistent bloating/abdominal distension**
- **Early satiety or loss of appetite**
- **Pelvic or abdominal pain**
- **Increased urinary urge or frequency**
- **Change in bowel habit**



<https://apps.nhsllothian.scot/refhelp/Gynaecology/ovarian-pathology/ovarian-cancer>

Many thanks to Dr C Pedder and the Dermatology team for their reminder, and to Dr S Maxwell and the Gynaecology team for this clear guidance on potentially challenging presentations!

Sort out that pain in the butt (not the patient, ofcourse!)

+ Colorectal



The Lothian Joint Formulary Committee has approved 2% Diltiazem cream for use in treating anal fissures. Now if you have a clear fissure, with no red flags, that just isn't clearing you have something to offer patients. There is good information on the Primary Care Management tab on how to counsel people around its use and also lifestyle advice (like never ignoring a bodily function!).

Common side effects to let people know about include headache (usually mild), lightheadedness and local itching/tenderness. It should go in the fridge to maintain its shelf-life long as possible – which has the added bonus of feeling nice on the area it's applied!

<https://apps.nhsllothian.scot/refhelp/colorectal/fissure-in-ano#tabs-2>

Supporting our aging population

In the last 6 months the MoE RefHelp pages have been extensively updated. There is useful guidance on several common presentations, seen not only in primary care but also hospital settings. These include:

- **Dizziness**
- **Weight-loss**
- **Falls**
- **Delirium**
- **Parkinsons-(MoE)**



Alongside up-to-date medical advice, there are some great patient resources and practical tips to help manage our patients. To give you a flavour of what you can expect to find on some of these pages, within the dizziness guidance there is some easy to implement lifestyle advice to share with patients:

- Taking a large glass of water (400-500mls) before getting out of bed in the morning
- Elevating the head of the bed at night by 10-20 cm to reduce nocturnal diuresis and fluid loss
- Frequent, small meals to prevent post prandial hypotension

Back-up your advice with the excellent leaflet under the resource tab and have a browse whilst you are there – you never know what you might learn (like NICE recommending treating the standing BP in postural hypotension, rather than the sitting one).

Not only that, specific service pages are in development for the different localities of Lothian – the **East Lothian** and **West Lothian** pages are now live, and give a taster of what to look forward to for the Edinburgh and Midlothian pages.

<https://apps.nhsllothian.scot/refhelp/MedicineofElderlyGeriatrics>

+ MoE

Thanks to Dr G Evans and the Colorectal team for sharing this new update, and to Dr S Maxwell, with the Medicine of the Elderly team for this excellent upgrade to their RefHelp pages!

Witness innovation in action

+ COVID-19

Insight into RefHelp

From Dec 20 to Feb 21 there has been 63,000 visitors to the RefHelp pages! If we carry on at this pace traffic to the RefHelp pages will have increased by about 20% compared to before the bulletin was released!



17% are returning visitors and 83% are new to us!

Quick, accessible information!

Visitors are spending on average, about 2 minutes per page. This is hopefully indicative that the information you are looking for is easy to access once on the right page – but if that's not true we still want to hear from you!



Post COVID Syndrome or "Long COVID" services are being developed in Lothian - keep an eye on the RefHelp COVID 19 page for updates as and when new pathways are created for this often difficult condition.



Plans for new Post COVID Neurology referral pathway - many people have noticed ongoing problems with memory, concentration and decision making after COVID 19 infection. Which is why we are excited about the development of this new referral pathway for these troublesome symptoms. This service will be funded by the University of Edinburgh as a study into new cognitive problems that persist for at least 3 months after COVID 19 infection. Although some patients may not be suitable for the study this pathway will accept and triage any other **new** onset neurological problems caused by COVID 19. This is still a work in progress but we felt we couldn't keep it to ourselves so watch out for this in the near future!

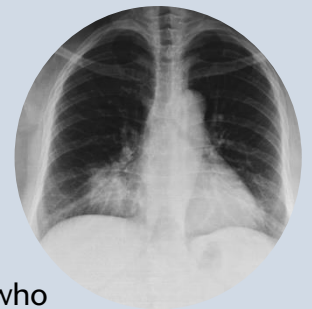
COVID Assessment Service (CAC): There is a new page explaining the place of CAC in the primary care pathway for patients with proven or suspected acute COVID 19 infection. Another useful way to help reduce potential spread of COVID within the GP practice and avoid exposure to our colleagues and patients.

The team are hopeful that more specific support services will emerge with time and if you are working on a Post COVID Syndrome service we would be happy to hear from you – contact Dr Richardson to share this with the team (david.x.richardson@nhslothian.scot.nhs.uk).

<https://apps.nhslothian.scot/refhelp/guidelines/Pages/COVID-19.aspx>

Not all that coughs is COVID

The RIE respiratory team have created a 'hot clinic' in order to rapidly assess acute respiratory presentations in patients who don't need to be in hospital. Mild exacerbations of airway diseases, LRTI which isn't resolving, small pleural effusions and pulmonary fibrosis are amongst their referral criteria.



More information can be found on RefHelp, including who not to refer and the process for referring. It is currently a project but there are plans for it to become a permanent service – another excellent way to potentially limit patients' time in hospital!

<https://apps.nhslothian.scot/refhelp/Respiratory/RapidAccessRespiratoryClinicRIE>

Many thanks to Dr D Richardson for keeping us up to date in the ever changing field of COVID 19, and Dr G Evans and the Respiratory team for introducing us to their new service!



Getting the right care
at the right time
in the right place

No Rheum for doubt

+ Rheum



The highest accessed pages on RefHelp in the last 3 months have included Neurology, GI, Dermatology and Haematology. Let's see who tops the charts in the next 3 months!

Rheumatology is one of a very small number of specialties who aren't normally referred suspected cancer so the USOC option has been removed – this has been replaced with **Urgent Suspicion of Giant Cell Arteritis**.

GCA is suspected in a small but significant number of patients and Rheumatology want to know about it ASAP. If you are concerned but the diagnosis is not clear they are an approachable team who will give advice about whether further investigation is needed, via email or phone.

Instead of invasive tests (temporal artery biopsy), USS is now used and diagnosis is made on the appearance of the artery. These changes to the artery start **to fade within 72hr of starting steroids** which is why coordination needs to be done quickly. You don't need to call the Rheumatology team, but they ask you to send them an email with the patient's CHI, alongside a SCI-GW referral and not delay in starting steroid treatment.

Also of interest - the dosing of the starting dose of prednisolone is different depending on the presenting symptom – for just headache start on 40mg prednisolone OD, but if there is visual symptoms/jaw claudication start on 60mg prednisolone OD. Please note, for patients with visual symptoms, this needs to be referred to the ophthalmology on-call team.

<https://apps.nhslothian.scot/refhelp/Rheumatology/GiantCellArteritis>

Orchard Clinic advice access

The RefHelp Page for Forensic Psychiatry has been updated! For context, Forensic Psychiatry is a subspecialty that provides assessment and treatment to people with mental disorders who pose a significant risk to the safety of others as a result of these disorders, or where it appears to be associated with offending behaviour.

There is advice on referral/exclusion criteria, and on the referral process, and the update has brought clarification to this (please see the updated referral form and email point of contact). It's worth a look at in general as it gives a good overview of forensic psychiatry provision in Lothian, a speciality that Docs may not otherwise get a lot of exposure to!

<https://apps.nhslothian.scot/refhelp/guidelines/Pages/ForensicPsychiatry.aspx>



+ Forensic Psych

Many thanks to Dr G Evans with the Rheumatology team for this useful update and to Dr C O'Shea, with the Forensic Psychiatry team for their insight into the speciality and how to seek their advice!



Editors, Mrs H Levy and Dr N Dockar hope you've enjoyed the second edition of the bulletin. We will see you again in the summer, where we have hopefully all benefited from longer days and slightly warmer temperatures!

How did we do?

Was this still useful and interesting? We would love to hear your feedback or suggestions for future updates and content! Email us at RefHelp@nhslothian.scot.nhs.uk or even send us a tweet @RefHelp_Lothian