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UCD Intern Audit Day 2026

Friday, April 24, 2026
4:30pm
The Pillar Centre for Transformative Healthcare
Mater Misericordiae University Hospital

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Audit of the Appropriateness and Clinical Value of Abdominal X-ray (AXR) and Subsequent CT Abdomen–Pelvis (CTAP) in Adult Patients attending the Emergency Department

S. Morrin[1], J. Leunbach[2], A. Foster[1].

1. Department of Radiology, St. Vincent's University Hospital, Elm Park, Dublin 4, Ireland.
2. Department of Emergency Medicine, St. Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

Abdominal X-rays (AXR) are frequently requested in the emergency department (ED) despite evidence of limited diagnostic utility and are often followed by CT abdomen–pelvis (CTAP) for definitive diagnosis[1]. This audit assessed AXR appropriateness against Royal College of Radiologists (RCR) iRefer guidelines, diagnostic yield, and influence on CTAP use.

Methods

A retrospective audit of all AXRs performed on initial ED presentation over three months (September–December 2025) was conducted using NIMIS and Syngo PACS (n=214). Indication, radiological findings, subsequent CTAP, time to CTAP, and concordance of findings were recorded.

Results

88.3% of AXR requests met RCR-approved indications. 53.3% showed no findings. 66.4% provided no clinically useful information. 29.9% required subsequent CTAP (n=64), all with justified indications. 76.6% of CTAPs provided additional diagnostic information. Mean time to CTAP from was 11.05 hours. Of AXRs with no findings, 20.2% proceeded to CTAP, with just 65.2% yielding significant results.

Discussion

Two-thirds of AXRs provided no clinically useful information, indicating AXR is likely an ineffective screening tool prior to CTAP. The mean 11-hour delay to CTAP prolongs diagnosis and may result in adverse outcomes, while concurrent AXR/CTAP ordering generates unnecessary radiation without diagnostic benefit. Recommended next steps include ED display of RCR indications, education for requesting and vetting clinicians, a policy discouraging simultaneous AXR/CTAP ordering, and re-audit in November 2026.

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1. James, B. and B. Kelly, The abdominal radiograph. Ulster Med J, 2013. 82(3): p. 179-87.

No declarations of conflicts of interest declared.

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Audit of Phlebotomy Practices in an Urban GP Practice

C. O'Farrell, A. Bourke, F. Brophy, L. Puglia.

The Brophy Family Practice, Navan Road, Dublin.

Abstract

Aims

To assess adherence to guideline-based, indication-driven blood testing in an urban general practice and identify patterns of low-value or inappropriate phlebotomy.

Methods

A retrospective audit of blood tests performed in Brophy General Practice between 01/10/2025 and 31/12/2025 was conducted using OneHealth electronic records. Patients requiring repeat monitoring tests were excluded. Data from 597 patients were analysed using a standardised collection template.

Results

Routine blood panels were performed in 537/597 (90%) patients. Ferritin/iron studies were ordered in 43%, vitamin B12 in 32%, and PSA testing in 40% of male patients. Thyroid function tests were performed in 90% of patients aged under 45, with only 9/115 abnormal results, most previously known. HbA1c testing in younger patients similarly demonstrated low diagnostic yield. CRP and ESR were co-ordered in 79% of ESR requests.

Discussion

The audit demonstrated extensive use of routine, non-indication-based testing with low clinical yield, particularly in younger patients. Several investigations were frequently performed outside guideline recommendations, including PSA testing in younger men, routine TFT screening, and duplicate inflammatory marker testing. Findings suggest a system-driven rather than clinician-driven approach to phlebotomy, contributing to unnecessary workload, healthcare costs, and potentially avoidable follow-up. Proposed interventions include removal of routine panels, mandatory GP review prior to testing, and staff education.

No Declarations of Conflicts of Interest declared

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Audit of Perioperative Analgesia Requirements for Mastectomy with Axillary Dissection (SNB or Clearance)

N. Parkinson-Coombs[1], D. McCartan[2], C. Burlacu[3].

1. Department of Anaesthesia, St. Vincent's University Hospital, Elm Park, Dublin 4.
2. Department of Breast Surgery, St. Vincent's University Hospital, Elm Park, Dublin 4.
3. Department of Anaesthesia, St. Vincent's University Hospital, Elm Park, Dublin 4.

Abstract

Aims

Breast surgery is associated with significant postoperative pain and risk of persistent pain syndromes1. This audit aimed to determine the perioperative analgesia regimens used for mastectomy with axillary surgery, and whether PECS blocks were associated with reduced postoperative pain and opioid requirements.

Methods

A retrospective audit was conducted of 37 patients who underwent mastectomy with axillary surgery between January and July 2025. Postoperative pain scores and breakthrough opioid requirements over the first 48 hours were compared between patients who received PECS blocks and those who did not. Opioid consumption was measured using oral morphine equivalent (OME) doses. A mixed-effects model analysed repeated pain scores while adjusting for adjunct analgesic use and inter-patient variability.

Results

Patients receiving PECS blocks demonstrated consistently lower postoperative pain scores at all measured timepoints. Pain scores in the non-PECS group peaked at 12 hours postoperatively. The non-PECS cohort also required higher breakthrough opioid consumption over 48 hours. Model-adjusted pain trajectories remained lower in the PECS cohort.

Discussion

PECS blocks appear to provide meaningful early analgesic benefit following mastectomy with axillary surgery, with reduced opioid exposure and more stable postoperative pain trajectories. Further evaluation should assess longer-term pain outcomes and rates of chronic post-mastectomy pain.

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References:

1. Vadivelu N, Schreck M, Lopez J, Kodumudi G, Narayan D. Pain after mastectomy and breast reconstruction. American Surgeon 2008; 74: 285–96.

No Declarations of Conflicts of Interest

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Audit abstract for assessment of quality of life in vulval dermatoses: More than skin deep

R. McLoughlin, C. Howard-James, E. Gilhooley.

Dermatology Department, Mater Misericordiae University Hospital.

Aims

This audit evaluates adherence to British Society for the Study of Vulval Disease Guidelines1 for patient reported measures of vulval dermatoses impact on quality-of-life, either informally or through the use of the validated Dermatology Life Quality Index (DLQI).

Methods

We retrospectively identified patients attending dermatology clinic over six months for management of vulval dermatoses. A chart review was carried out. These records were anonymised and analysed to identify demographics, diagnosis and patient reported outcomes.

Results

In total, 25 female patients were included. The most common diagnoses were lichen sclerosus (64%) and lichen planus (12%).

Quality-of-life outcomes were reported in 24% (n=6). 16% had documented DLQI scores. Median DLQI score 20.

Discussion

Vulval dermatoses are recognised to have a significant impact on mood and quality-of-life, which is often overlooked. VLQI is a validated dermatology QOL index tool introduced in 2019 by Felminghamet al. Quality-of-life measures were infrequently utilised and documented in our cohort. In cases where DLQI were documented it shows these conditions have a large impact on patients quality of life. We have presented findings and proposed the implementation of a more targeted strategy by using the Vulvar Life Quality Index (VLQI)2 to optimise care. Our aim is to implement an annual assessment of quality of life in these patients.

References:

1. BSVVD. The British Society for the Study of Vulval Disease: Standards of Care for Patients with Vulval Conditions. 2022.

2. Saunderson RB, Harris V, Yeh R, Mallitt K, Fischer G. Vulvar quality of life index (VQLI) – A simple tool to measure quality of life in patients with vulvar disease. Australasian Journal of Dermatology. 2020 May 27;61(2):152–7.

No Declarations of Conflicts of Interest declared

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Re-audit of completion of pre-operative risk assessment in cardiac surgery

D. Hanlon, R. Walsh, L. Casey, J. Walsh, A. Chinoy, W. Ahmed.

1. Department of Cardiothoracic Surgery, Mater Misericordiae University Hospital, Eccles Street Dublin 7, Ireland.

Abstract

Aims

The aim of this audit cycle was to evaluate the calculation of the EuroSCORE1 as part of the cardiac surgery admission process. The EuroSCORE is a risk stratification tool used to estimate the risk of in hospital mortality in patients undergoing adult cardiac surgery.

Methods

A retrospective audit was performed of all admission pro-formas in November 2025 following an initial audit in June 2025, for completion of the EuroSCORE. The scores were compared against the values available in the case database. The total number of cases missing the EuroSCORE on admission, and the number of scores which differed from the database scores were recorded.

Results

42 patients were included in the re-audit. 100% of admission pro-formas had EuroSCORE completed. 78% of cases had identical EuroSCOREs on the admission pro-forma when compared to the case database.

Discussion

There was a significant improvement in completion of the EuroSCORE compared to the initial audit in June 2025 (100% vs 52%). Following the initial audit, teaching was performed on how to calculate the EuroSCORE, as well as the importance of scoring systems with pre-operative decision making for both surgeons and patients. The accuracy of the scores improved from 60% to 78%. This audit did not identify whether the accuracy difference was clinically significant.

References:

1. Nashef SAM, Roques F, Sharples LD, Nilsson J, Smith C, Goldstone AR, Lockowandt U. EuroSCORE II. European Journal of Cardio-Thoracic Surgery (2012) 41:734–745.

No Declarations of Conflicts of Interest declared

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Audit of Antimicrobial Prescribing in Community Acquired Intra-Abdominal Infections

M. Ryan, D. Murphy, S. McNicholas.

Microbiology Department, St Vincent's University Hospital, Dublin.

Abstract

Aims

To assess adherence to local empiric antimicrobial prescribing guidelines in patients presenting with community-acquired intra-abdominal infections and identify targets for antimicrobial stewardship intervention.

Methods

A retrospective audit was conducted in a tertiary referral hospital between September and November 2025. Adult patients admitted with community-acquired intra-abdominal infections were identified from medical records. Antimicrobial prescriptions at presentation and after 48 hours were compared with local prescribing guidelines. Data regarding antimicrobial choice, escalation practices, and gentamicin prescribing were analysed.

Results

Fifty-six patients were included. The commonest diagnoses were diverticulitis (35%), cholecystitis (32%), appendicitis (23%), and cholangitis (23%). Correct empiric antimicrobial prescribing occurred in 16.4% of patients at presentation and 3.8% after 48 hours. Piperacillin-tazobactam was prescribed as first-line therapy in 21.2% initially and 42.9% after 48 hours. Gentamicin was frequently omitted despite guideline recommendations. Antimicrobial escalation within 24–48 hours commonly occurred without documented clinical indication.

Discussion

This audit demonstrated poor adherence to local antimicrobial guidelines, with excessive broad-spectrum prescribing and incomplete empiric coverage. These findings support focused antimicrobial stewardship rounds and targeted education for surgical and emergency department teams, with planned re-audit in 3–6 months.

No Declarations of Conflicts of Interest declared

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Targeted temperature management in ICU post-cardiac arrest: a clinical audit of guideline adherence

K. McCarthy, J. Kelliher, P. Ó Scanaill.

Department of Critical Care, Mater Misericordiae University, Dublin, Ireland.

Abstract

Aims

Cardiac arrest remains a major cause of mortality and neurological injury. We aimed to evaluate adherence to targeted temperature management (TTM) guidelines (1) in post-cardiac arrest patients in ICU following return of spontaneous circulation (ROSC).

Methods

A retrospective clinical audit was conducted in the ICU of a tertiary Irish hospital. All consecutive adult patients admitted following cardiac arrest with ROSC between January and June 2024 were included. Data was obtained from electronic ICU records. Outcomes assessed included documentation of TTM decisions, initiation and duration of TTM, use of core temperature monitoring and febrile episodes within 72 hours.

Results

Twenty-nine patients were included. Documented decisions regarding TTM were recorded in 22/29 (76%) cases. TTM was initiated in 12/29 (41%) overall and in 12/22 (55%) of those with documented decisions. Of patients receiving TTM, 11/12 (92%) received minimum 24 hours of TTM or therapy until death. Core temperature monitoring was documented in 8/12 (67%) cases. Febrile episodes within 72 hours occurred in 8/11 (72%) patients undergoing TTM.

Discussion

TTM adherence remained high once initiated, with strong compliance with duration targets. However, variability in documentation and inconsistent escalation pathways continue to limit initiation. These findings highlight opportunities to improve standardisation of post-ROSC pathways, temperature monitoring, and documentation of decision-making at ICU admission.

References:

1. Perman SM, Elmer J, Maciel CB, Uzendu A, May T, Mumma BE, et al. 2023 American Heart Association Focused Update on Adult Advanced Cardiovascular Life Support: An Update to the American Heart Association Guidelines for Cardiopulmonary

Resuscitation and Emergency Cardiovascular Care. Circulation [Internet]. 2023 Dec 18;149(5). Available from: https://www.ahajournals.org/doi/10.1161/CIR.0000000000001194

No Declarations of Conflicts of Interest Declared

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Fit to Operate? Frailty Assessment and Team Education in the Older Urology Patient

L. Murphy, S. O'Meara, K. Gallagher, A. Looney, E. O'Connor, D. Moran, M. Murphy, K. Breen, N. Bhatt, D. Galvin, B.McGuire.

Dept. of Urology, St. Vincent's University Hospital, Elm Park, Dublin, Ireland.

Abstract

Background

Frailty predicts adverse outcomes in older surgical patients [1], including prolonged length of stay (LOS), delirium, and postoperative complications[2]. Despite this, routine frailty screening is not consistently performed in urology patients. We conducted a full-cycle audit to compare outcomes in urology patients aged ≥65 years before and after the implementation of frailty screening and a team education programme.

Methods

A prospective full-cycle audit was conducted from September to November 2025, including all urology admissions aged ≥65 years. Data on co-morbidities, length of stay, complications, and multidisciplinary team input were collected before and after the intervention.

Results

A total of 88 patients were included over a 2-month period with a mean age of 74 years (range 65-101) and a median clinical frailty score of 4 (range 2-7). The median LOS was shorter post-intervention with a median of 3 vs. 4 days (p=0.651). A higher number of patients were referred for MDT in the second cycle (11 (22%) vs 4 (10%)), however this was not statistically significant (p=0.389).

Discussions

The implementation of frailty screening enhanced the identification of frail inpatients with increased MDT referrals and a shorter LOS. Future research should focus on optimising the integration of comprehensive geriatric assessment with frailty screening to refine prognostication and tailor perioperative management strategies.

References:

1. Panayi AC, Orkaby AR, Sakthivel D, Endo Y, Varon D, Roh D, Orgill DP, Neppl RL, Javedan H, Bhasin S, Sinha I. Impact of frailty on outcomes in surgical patients: A systematic review and meta-analysis. Am J Surg. 2019 Aug;218(2):393-400. doi: 10.1016/j.amjsurg.2018.11.020. Epub 2018 Nov 27. PMID: 30509455; PMCID: PMC6536365.
2. Chan R, Ueno R, Afroz A, Billah B, Tiruvoipati R, Subramaniam A. Association between frailty and clinical outcomes in surgical patients admitted to intensive care units: a systematic review and meta-analysis. Br J Anaesth. 2022 Feb;128(2):258-271. doi: 10.1016/j.bja.2021.11.018. Epub 2021 Dec 17. PMID: 34924178.

Declarations of Conflicts of Interest: None declared.

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Service Evaluation of Acute Dizziness and Vertigo Presentations and Pathway of Care at the Mater Misericordiae University Hospital (MMUH)

S. Vaughan, J. Leunbach, Z. Sarwar, E. Finegan.

1. Department of Neurology, Mater Misericordiae University Hospital, Dublin, Ireland.

Abstract

Aims

Dizziness and vertigo are common hospital presentations. Differentials range from benign vestibular disorders to stroke.[1] Bedside assessment is challenging, resulting in 'precautionary' investigations.[2] This evaluation assessed dizziness admissions and resource utilisation at MMUH, exploring the need for a rapid-access specialist pathway.

Methods

This retrospective service evaluation included all patients admitted with dizziness or vertigo over 13 weeks (Aug–Nov 2025). Cases were identified from admission lists, and data extracted from electronic records.

Results

There were 173 admissions with mean length of stay of 6.2 days (~4,290 bed-days annually). 84% (n=146) underwent CT brain and 35% (n=60) MRI brain. Mean MRI wait was 6.3 days. Physiotherapy reviewed 64% of cases and audiology 18%. Acute medicine managed 34%, stroke 18% and neurology 14%. Stroke/TIA was diagnosed in 9% (n=15), BPPV in 12% (n=21), vestibular migraine in 11% (n=19) and vestibular neuritis in 6% (n=10). Diagnosis was uncertain in 20% (n=34). Among BPPV cases, a clinically diagnosed condition, 38% (n=8) underwent MRI brain and 95% (n=20) CT brain.

Discussion

Dizziness admissions are frequent and resource-intensive. A consultant-led pathway with early specialist assessment may improve diagnostic accuracy, reduce unnecessary investigations and prioritise high-risk patients. Re-evaluation is planned post-pilot completion.

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References:

1. Bailey Tysland T, Ajmi SC, Goplen FK, Wathne N, Rezai M, Mjelva ØR, et al. Acute dizziness in the emergency department: trends, diagnostic challenges and stroke mimics among thrombolysed patients. Frontiers in Neurology. 2026 Feb 17;17.
2. Bierrum W, Haider S, Balaratnam M, Alim-Marvasti A, Chandratheva A, Simister R, et al. Hyperacute vestibular syndrome: the role of an acute vertigo service. Frontiers in Stroke. 2023 Aug 24;2.

Declarations of Conflicts of Interest: None declared.

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Audit of compliance with (NICE) NG158 Guidelines for Deep Vein Thrombosis (DVT) Ultrasound referrals and Timelines of Diagnosis in the Mater University Hospital (MMUH) Emergency Department

M. Walsh[1], S. McArdle[2], K. O'Rourke[3], A. Farrelly[3], R. Costigan[3].

1. Emergency and Radiology Department, Mater Misericordiae University Hospital, Eccles street, Dublin 7, Ireland.

Abstract

Aims

Assess compliance with NICE guidelines (1) and local policy in emergency department (ED) referrals for suspected deep vein thrombosis (DVT); evaluate the completeness of ultrasound (US) referral documentation; analyse diagnostic timelines; and determine the appropriateness of interim anticoagulation where imaging delays exceeded four hours.

Methods

Retrospective audit conducted at Mater Misericordiae University Hospital. ED DVT ultrasound referrals were identified via NIMIS database over a 10-week period (12/09/2026 – 27/11/2026). Sixty-five patients were identified, with four excluded due to scan cancellation or non-attendance. Data collected included Wells score documentation, D-dimer testing, referral completeness, and time intervals from presentation to scan request, performance, and reporting.

Results

Wells score documentation was present in approximately 50% of referrals. Compliance with D-dimer testing and anticoagulation practices was high. Mean time from patient registration to scan request was 10.4 hours (median 7; range 1–46). Mean time from scan to report was 7 hours (median 3; range 0.45–96). Diagnostic delays were more pronounced at weekends.

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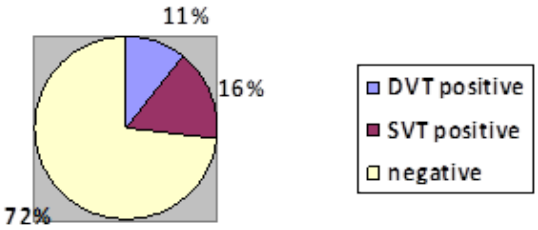

(2)

Discussion

While adherence to anticoagulation and D-dimer protocols was satisfactory, deficiencies in referral documentation and significant delays—particularly in imaging and reporting—were identified. Weekend service limitations contributed to prolonged diagnostic timelines. Targeted investment in staffing and workflow optimisation is required to improve efficiency and patient safety.

References:

1) National Institute for Health Care Excellence. Venous thromboembolism in over 16's:reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NG89). London: NICE; 2018. [updated 2019 Aug 13; cited 2026 Jun 1]. Available from: https://www.nice.org.uk/guidance/ng89
2) Figure: Distribution of ultrasound outcomes among patients referred for suspected DVT during the audit period. Source: Author's own data.

Declarations of Conflicts of Interest: None declared.

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Evaluating the Cost Effectiveness and Radiation Safety of Omitting Routine Postoperative Hip X-Rays Following Hemiarthroplasty and Total Hip Arthroplasty

J. O'Carroll, I. Mirza, R. Doyle, J. Broderick, C. Hurson.

Department of Orthopaedics, St Vincent's University Hospital.

Abstract

Aims

Routine postoperative hip X-rays following hemiarthroplasty and total hip arthroplasty (THA) may be unnecessary when adequate intraoperative imaging is obtained [1,2]. This audit evaluated the cost-effectiveness and radiation safety of discontinuing routine postoperative departmental hip X-rays.

Methods

A retrospective and prospective audit was conducted over a two-months in a tertiary orthopaedic centre. All patients undergoing hemiarthroplasty or THA were included. Data from theatre lists and imaging systems included intraoperative imaging, post-operative departmental X-rays, radiation dose per AP pelvis X-ray, and imaging cost. Outcomes before and after implementation of the change were compared.

Results

Sixty-two patients were included: 38 pre-intervention and 24 post-intervention. Following intervention, 100% of patients did not receive routine departmental X-rays. This reduced radiation exposure by approximately 0.7mSv per patient and saved €100 per case. No increase in postoperative complications, including dislocation or reoperation, was identified.

Discussion

Omission of routine departmental postoperative hip X-rays after hemiarthroplasty or THA appears to be safe and cost-effective when intraoperative imaging is adequate. Based on current volumes, this could lead to a cost saving of approximately €26,400 per annum while reducing unnecessary radiation exposure. These findings support a more selective, patient-specific approach to postoperative imaging, with further re-audit recommended to assess long-term safety and compliance.

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References:

1. Niskanen RO. Routine postoperative radiographs after hip arthroplasty: unnecessary? *Acta Orthop Belg*. 2005;71(6):692–695.
2. Lecoultre B, et al. Intraoperative imaging in total hip arthroplasty: a systematic review. *Arthroplasty*. 2023;5:20.

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Lost in transition? An audit of medicines reconciliation

D. Moran[1], D. O'Callaghan[2], A. Singh[2].

1. UCD Intern, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.
2. Department of Respiratory Medicine, Mater Misericordiae University Hospital, Eccles Street, Dublin, Ireland.

Abstract

Aims

Accurate medication prescribing is vital for patient safety. This study aimed to assess whether medicines reconciliation (MR) is completed in vulnerable patients, within recommended timeframes (<24 hours as per HIQA), and to evaluate the association between absent MR and medication prescribing errors.

Methods

A two-week retrospective audit was conducted on patients aged ≥65 years with hospital stays >5 days (n=25). Patient charts were reviewed for MR completion, timing, and responsible staff members. In cases without documented MR, reconciliation was performed and discrepancies recorded. Data was analysed using descriptive statistics.

Results

MR was completed in 50% of eligible patients. Only 6% had MR completed within 24 hours of admission. Absence of MR was associated with medication discrepancies, with an average of 3.4 errors per patient. Pharmacists completed 56% of all MRs. In cases without MR, there was no documentation found regarding medication sources, MR status, or outstanding MR requirements.

Discussion

MR completion and timeliness were suboptimal, with only half of patients reconciled and very few within recommended timeframes. There was a clear association between absent MR and increased prescribing errors, highlighting a significant patient safety risk. Improved documentation, education and implementation of a standardised MR tracking proforma are recommended. Future steps include a re-audit and exploring system-level supports to improve compliance.

References:

1. Health Information and Quality Authority. Principles of Good Practice in Medication Reconciliation. Dublin: HIQA; 2014.
2. National Institute for Health and Care Excellence. Medicines optimisation in hospitals. London: NICE; 2015.
3. Mueller SK, et al. Hospital-based medication reconciliation practices: a systematic review. Arch Intern Med. 2012;172(14):1057–69.
4. Dillon L, et al. Inpatient Medicines History and Medicines Reconciliation Procedure, MMUH: April 2022.

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Urinary Testing and Antimicrobial Prescribing in Older Adults: Assessing Guideline Compliance in a Post Acute Care Service

E. McGrady Hogan[1], B. Lynch[2].

1. Department of Medicine for the Elderly, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

2. Department of Microbiology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

Abstract

Aims

This audit aims to evaluate compliance with guidelines on indications for urinary testing, and subsequent antimicrobial prescribing1, 2, 3. It assessed documentation of clinical reasoning, diagnostic accuracy, and diagnostic stewardship in the post-acute care setting.

Methods

A retrospective audit was conducted from 02/03/2026 to 23/03/2026. Patients >65 years who underwent urine dipstick testing and/or midstream urine (MSU) culture were identified through retrospective chart review and electronic laboratory records (n=40). Data collected included documentation of clinical indication, location of documentation, type of urinary investigation performed, diagnosis, and antimicrobial prescribing (agent, route, duration).

Results

Clinical indication for testing was documented in 22/40 (55%) cases; 18/40 (45%) had no documented indication. Only 9/40 (22.5%) met guideline criteria for urinary testing; 27/40 (67.5%) did not. Diagnostic concordance with guidelines was observed in 7/10 (70%) UTI cases. All diagnosed patients (10/10) received antibiotics; 8/10 (80%) were initiated for presumed urinary sources. Prescribing was guideline-compliant in agent and route in 8/8 (100%) cases and duration in 7/8 (87.5%). No patients with asymptomatic bacteriuria (0/6) received antibiotics.

Discussion

Urinary investigations were frequently undertaken without appropriate clinical indication, with suboptimal documentation. Although antimicrobial prescribing was largely compliant with guidelines, findings highlight potential over investigation and underscore the need for improved diagnostic stewardship and documentation.

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References:

1. Health Service Executive Community Antimicrobial Pharmacists Group. *SKIP THE DIP for urinary tract infections in over 65s: staff handbook*. Version 1.0. Dublin: Health Service Executive; 2023 Sep.
2. National Institute for Health and Care Excellence. *Urinary tract infection (lower): antimicrobial prescribing (NG109)*. London: NICE; 2018 Oct 31.
3. Mater Misericordiae University Hospital. *Urinary Tract Infection (UTI): antimicrobial treatment of UTIs*. Protocol version 4.2 (MMG), Q Pulse PPC-PHARM-291. Dublin: Mater Misericordiae University Hospital; 2024 Oct.

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VTE Risk Assessment and Prophylaxis in MMUH Inpatients

O. Kelly[1], B. Kevane[2], L. Soloman[2], O. Comerford[2].

1. UCD Intern, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.
2. Department of Haematology, Mater Misericordiae University Hospital, Eccles Street Dublin 7, Ireland.

Abstract

Aims

To assess adherence to VTE risk assessment and prophylaxis guidelines in adult inpatients and determine the proportion of patients receiving appropriate VTE prophylaxis.

Methods

A retrospective audit was conducted in the Mater Misericordiae University Hospital between 28/08/2025 and 24/02/2026. Medical records and kardexes of randomly selected inpatients were reviewed (n=139). Data were collected using the MEG clinical audit tool, focusing on documentation of VTE risk assessment and appropriateness of VTE prophylaxis prescribing.

Results

VTE risk assessment was documented in 34/139 (24%) patients, while 105/139 (76%) had no documented assessment. Pharmacological VTE prophylaxis was prescribed in 82/139 (59%), and not prescribed in 57/139 (41%). 131/139 (94%) prescribing decisions were appropriate. 4/139 (3%) were inappropriate. The appropriateness of 4/139 (3%) were unknown.

Discussion

Although the rate of VTE risk assessment documentation was low, the vast majority of VTE prophylaxis prescribing decisions were appropriate. This highlights a discrepancy between clinical decision making and documentation. Increasing documentation through structured admission templates, education, and reminders from seniors may enhance adherence to guidelines. Re-auditing following introduction of these interventions is recommended to assess improvement.

No Declarations of Conflicts of Interest declared

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An Audit of Urinary Toxicology Screening in PR3 ANCA Positive Vasculitis

A. Hume, P. Harkins.

Rheumatology Department, The Mater Misericordiae, Eccles Street Phibsborough, Dublin 7, Ireland.

Abstract

Aims

Cocaine use, particularly cocaine laced with levamisole, is a recognised cause of anti-neutrophil cytoplasmic antibody (ANCA) positive vasculitis that can closely mimic primary ANCA associated vasculitis in its clinical, serological and often histological presentation. [1]
The 2025 British Society of Rheumatology (BSR) management recommendations for ANCA associated vasculitis recommend that urine toxicology is sent on all individuals with sino-nasal involvement at diagnosis, and those with destructive nasal lesions and treatment refractory sino-nasal disease on follow-up.[2]

Methods

The following variables were collected; patient demographics (age and sex), ANCA subtype (PR3 and/or MPO), clinical features including organ involvement (with specific attention to sinonasal disease), treatment details, and documentation of drug history. Urinary toxicology data were recorded where available, including whether testing was performed, the presence or absence of substances, type of substances detected and timing of testing relative to ANCA diagnosis.

Results

A total of 128 patients with a positive ANCA result were included in the retrospective audit. Of these 65/128 (51%) were female, with a median age of 61 years (IQR 46-71). A total of 19 (14.8%) of these patients had predominant sinonasal involvement. This subgroup had a median age of 45 years (IQR 35-53) with 13/19 (68.4%) female. The majority of these patients were PR3-ANCA positive (16/19; 84.2%).Urine toxicology screening was performed in 4/19 (21.1%) of patients within this subgroup. These patients had a median age of 27 years (IQR 24.5-48), and 2/4 (50%) were female. All 4 (100%) of urine toxicology tests performed were positive for cocaine.

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Discussion

Adherence to guideline recommended urine toxicology screening in ANCA positive patients with sino-nasal involvement was low, with just over 20% of patients undergoing testing. These findings highlight the need for increased clinical awareness and systematic implementation of toxicology screening to avoid misdiagnosis and inappropriate immunosuppression.

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No declarations of conflicts of interest declared.

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Serum Tryptase Ordering and Follow-Up in Suspected Allergic Reactions: A Service Evaluation of 248 Patients in MMUH ED

T. Heffernan[1], K. Conachy[2], N. Henault[1], I. Paulikaityte[1], N. Ozoani[1], B. Alkhereiji[2], C. Prior[1], S. McArdle[1,2], V. Redenbaugh[1,2].

1. Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.
2. School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland.

Abstract

Aims

To evaluate management of suspected allergy in MMUH ED, and assess serum tryptase ordering in suspected anaphylaxis. EAACI guidelines recommend at least two samples: the first 0.5-2 hours after onset and the second ≥24 hours after resolution. An acute tryptase rise expedites diagnosis (1).

Methods

A retrospective chart review of patients coded '? Allergy' at MMUH ED triage (01/01 – 24/11/2025) was conducted.

Results

In total, 248 patients were included; 164 (66.1%) female. Allergy symptoms were present in 220 (88.7%). The most frequent allergens were foods (n=71, 28.6%) and medications (n=62, 25.0%). Treatment was provided to 176 (71.0%) while 36 (14.5%) were admitted. Anaphylaxis was suspected in 31 (12.5%), in whom an initial tryptase was ordered in 17/31 (54.8%) with just four (12.9%) having repeat samples. Median initial timing was 1.0 hour (EAACI-compliant). Median repeat timing was 5.8 hours versus ≥24 hours required. Of the 31 tryptases ordered in 2025, 18 (58%) had no referral documented.

Discussion

Allergy management in MMUH ED is broadly appropriate. However, tryptase ordering in anaphylaxis was infrequent. Repeat sampling was rare and performed too early. Referral rates were poor. A standardised proforma, in-house guideline and re-audit are required.

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No Declarations of Conflicts of Interest declared

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An evaluation of the current surgical management of acute distal radial fractures in a Major Trauma Centre

A. Ghori[1], A. Mohamedali[2], C. McCartney[2], K. Hamid[2], F. Kenny[2], D. Rasidovic[2].

1. University College Dublin Intern Network, Belfield, Dublin 4, Ireland.
2. Department of Trauma & Orthopaedics, Mater Misericordiae University Hospital, Eccles Street, Dublin, Ireland.

Abstract

Aims

Distal radial fractures are among the most common fractures presenting to orthopaedic services[1]. Timely intervention optimises reduction and minimises complications of prolonged immobilisation[1]. This audit aimed to evaluate the surgical management of distal radius fractures in a Major Trauma Centre, assess compliance with British Orthopaedic Association Standards for Trauma (BOAST) guidelines, and identify areas for improvement[2].

Methods

A retrospective review of 50 consecutive adult patients who underwent operative management for distal radius fractures in 2025 was conducted. Data were collected from theatre logbooks, trauma databases, imaging systems, and clinic records. Compliance with BOAST standards was assessed against targets of surgery within 72 hours for intra-articular fractures and within seven days for extra-articular fractures.

Results

The cohort had a mean age of 53.4 years, with females comprising 58% of cases. Intra-articular fractures accounted for 86% of injuries. Volar plate fixation was used in 98% of cases. Overall compliance with BOAST timing standards was 64.0%. Compliance was achieved in 62.8% of intra-articular fractures and 71.4% of extra-articular fractures. Limited theatre capacity was the principal cause of delay.

Discussion

While most patients underwent surgery within recommended timeframes, compliance with national standards remains suboptimal. Improved escalation pathways, standardised documentation, and protected trauma theatre capacity may improve timely surgical management.

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Compliance with Royal College of Radiologists Standards for the Documentation and Management of Motion Artefact in Neuro-MRI Examinations

S. Whelehan[1], J. Hunter[2], B. Hutchinson[2].

1. University College Dublin, Dublin, Ireland.
2. Department of Radiology, Mater Misericordiae University Hospital, Dublin, Ireland.

Abstract

Aims

To evaluate compliance with Royal College of Radiologists (RCR) standards for the documentation and management of motion artefact in neuro-MRI examinations and identify areas for quality improvement.

Methods

A retrospective clinical audit of 200 consecutive MRI brain examinations performed between September and December 2025 at a tertiary referral centre was conducted. Radiology reports were reviewed for documentation of motion artefact, severity grading, diagnostic impact, and management, including repeat imaging or alternative recommendations. Cases with documented artefact were analysed against RCR standards.

Results

Motion artefact was documented in 8/200 cases (4.0%). Severity was mild in 4 (50%), moderate in 2 (25%), and severe in 2 (25%). In 4 cases (50%), artefact introduced diagnostic uncertainty. All such cases (100%) met RCR standards through explicit acknowledgement in reports. However, repeat imaging was not documented in any case, and alternative imaging was recommended in 1 case (12.5%). Artefact reporting was more consistently included in findings than impressions.

Discussion

This audit demonstrates full compliance with minimum RCR standards for artefact acknowledgement but identifies a systematic gap in documenting management decisions. Lack of recorded repeat imaging rationale may limit clinical transparency. Standardised reporting prompts and improved documentation practices are recommended. Re-audit following implementation will assess impact and support sustained quality improvement.

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BMI Measurement in Arthroplasty Clinics

R. Kenyon, R. Roodt, L. Conway.

Department of orthopaedics, Midlands Regional Hospital Tullamore.

Abstract

Aims

To assess the extent and consistency of Body Mass Index (BMI) documentation among patients attending orthopaedic elective clinics at a regional hospital centre and identify opportunities for quality improvement.

Methods

A retrospective audit of 50 consecutive patient charts from four elective orthopaedic clinics (September 2025) was conducted. Charts were systematically reviewed for BMI documentation across all sections: GP referral letters, nursing notes, clinical correspondence, and physiotherapy records. The target standard was 90–100% documentation compliance.

Results

BMI was documented in only 22 of 50 files (44% compliance), substantially below target. Documentation was inconsistently recorded: nursing notes (17 patients, 34%), GP referral letters (11, 22%), GP correspondence (8, 16%), and physiotherapy letters (5, 10%). Notably, 28 patients (56%) had no BMI recorded in any section. Among documented cases, mean BMI was 29.96 (overweight/borderline obese class I).

Discussion

BMI documentation in MRHT elective arthroplasty clinics is poor and inconsistently recorded. Standardised documentation protocols, routine anthropometric measurement during nursing triage, and staff education are essential. Implementation of these quality improvements will enable future obesity trend assessment and support development of structured weight-management services. Re-audit is scheduled for August 2026.

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Clinical Utility of Bronchoscopy in Cough & Recurrent LRTI: A Retrospective Chart Review

C. Greally, A. Basirat, A. Deegan, S. O'Beirne.

Department of Respiratory Medicine, St. Vincent's Healthcare Group, Dublin, Ireland.

Abstract

Aims

Cough and recurrent lower respiratory tract infection (LRTI) are common presentations in respiratory practice, often prompting investigation for an underlying cause such as structural lung disease, malignancy, or chronic infection. Evaluation often includes bronchoscopy to obtain diagnostic samples and to exclude endobronchial lesions. However, bronchoscopy is an invasive procedure, and its diagnostic value and impact on management decisions vary [1] [2] [3]. This audit aims to evaluate whether bronchoscopy performed for cough and recurrent LRTI leads to meaningful changes in diagnosis or patient management, using the British Thoracic Society (BTS) flexible bronchoscopy guidelines as a standard for comparison.

Methods

Data were retrospectively extracted from patient charts and hospital information systems, on 45 patients who underwent bronchoscopy at a single centre during the last 6 months of 2025. Data collected included demographics, imaging, indication, bronchoscopy report, management plan, microbiology and histopathology results.

Results

Indications included cough (n=23), radiological abnormality (n=15), LRTI (n=12), and haemoptysis (n=10). Bronchoscopy led to a new/ altered diagnosis in 17 of 45 patients (38%), and a change in clinical management in 25 of 45 patients (56%). No major complications were observed.

Discussion

These findings show that bronchoscopy, performed in appropriately selected patients with cough, recurrent LRTI, or related respiratory symptoms, has a significant diagnostic and therapeutic impact and is safely delivered within the service.

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Timeliness of Care in the Pancreatic Oncology MDT: An Audit of Referral-to-Decision Times and Repeat Imaging/Biopsy Rates

E. Lacey, G. O' Kane.

Department of Medical Oncology, St Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

Pancreatic Cancer is a time-sensitive malignancy requiring prompt multidisciplinary assessment and diagnostic work-up. This audit evaluated the efficiency of the Pancreatic Oncology MDT pathway in SVUH, focusing on referral timelines and repeat investigations.

Methods

A prospective study was conducted for all patients referred to the Pancreatic Oncology MDT during 2024. Data collected included referral-to-MDT discussion time, referral-to-diagnosis time, repeat MDT discussion, repeat imaging and repeat biopsy rates. Standards were based on local referral pathway timelines(1), ESMO 2023 pancreatic cancer guidelines(2) , and the UK National Pancreatic Cancer Audit(3).

Results

Of 792 patients, 48.9% (n=387/792) were diagnosed with a malignancy. Median referral-to-MDT discussion time was 13 days (IQR 8-19), with 13.6% (n=108/792) discussed within 7 days. 21.7% (n=84/387) received a malignant diagnosis within 14-21 days. Repeat MDT discussion occurred in 30.1% (n=238/792) of cases. Repeat imaging and biopsy were required in 30.4% (n=118/387) and 26.8% (n=104/387) of the malignant cohort, respectively.

Discussion

Significant delays were identified within the diagnostic pathway, particularly relating to repeat investigations and repeat MDT discussion.Standardisation of referral imaging requirements, improved early triage of incomplete referrals, and streamlined access to EUS-guided biopsy may improve pathway efficiency and reduce delays. Re-audit following implementation of these measures is recommended. There are no conflicts of interest to declare.

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Diagnostic Outcomes of Glaucoma Referrals to a Tertiary Long-Wait Clinic: A One-Year Review

E. Tallon, M. King, C. Connolly, P. Agrawal, E. Silke, C. O'Brien.

Ophthalmology Department, Mater Misericordiae University Hospital, Dublin, Ireland.

Abstract

Aims

To evaluate diagnostic outcomes in patients attending our institution's long wait glaucoma clinic.

Methods

A retrospective review was conducted of patients who attended the clinic from September 2024-August 2025. Medical record numbers were used to retrieve electronic patient records.

Results

298 patients without known glaucoma attended the clinic over the 12 month period *(n=298)*. Most referrals originated from community optometrists *(85.6%, n=255)*. The median time from referral to review was 16 months. Referral quality was variable: 75 referrals *(25.2%)* included all four relevant investigations of intraocular pressure, visual fields, optic disc assessment, and optical coherence tomography. In contrast, 24 referrals *(8%)* contained no preliminary investigations. The most common outcome following assessment was no pathology *(40.6%, n=121)*, followed by glaucoma suspects *(21.8%, n=65)*, glaucoma *(15.1%, n=45),* other pathologies (13.9%, n=39), and ocular hypertension *(9.7%, n=29).* Furthermore, of patients diagnosed with glaucoma, 27% *(n=15)* had advanced disease in at least one eye.

Discussion

The diagnostic yield of glaucoma in our institution is in line with previous studies highlighting the growing challenge of meeting service demand[1,2,3]. With glaucoma prevalence predicted to increase by 44% between 2015 and 2035, service improvement is essential[4]. Proposed optimisation strategies include expanding optometrist scope and implementing referral refinement systems to improve efficiency and reduce hospital burden.

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An Analysis of the Rotation of the Chairperson in Oncology MDTs within the Acute Hospital Setting

S.A. Kelly, G. O'Kane, F. Keane, S. Lochrin, T. Bracken, P. Carroll, D. Fennelly.

Department of Medical Oncology, Saint Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

Irish and European guidelines recommend the regular rotation of the oncology MDT chairperson[1,2,3], leading to more effective multi-disciplinary communication.[4] We aim to audit existing oncology MDTs, whilst determining the discipline and sex of the current chairs. Additionally, we will analyse MDT SOP use and whether these allow for identification of clinical trial patients.

Methods

A cross sectional audit was carried out from February – March 2026 utilising purposive sampling of 11 MDTs in SVUH. Data was collected via an excel spreadsheet shared amongst MDT co-ordinators, with subsequent descriptive analyses.

Results

Of 11 MDTs, 8 (73%) did not have a rotating chair, with 1 rotating between 2 representatives weekly. Breast and Neuroendocrine rotated on a weekly and monthly basis respectively. Surgery represented 7 (64%) chairs, of which one rotated regularly. 5 (71%) surgical chairs held a permanent position. Males represented 7 (64%) chairs, with 6 (86%) holding a permanent position. All MDTs followed an SOP for meetings, with no mechanism for clinical trial identification in place.

Discussion

The majority of oncology MDTs within SVUH did not meet the guidelines. There was no inter-disciplinary chair rotation within any MDT, with females in the minority amongst all chairs. This highlights scope for improvement within the MDT leadership process, with pathways to achieve this through existing MDT SOPs.

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'Sip Safe' — A Preoperative Fasting Audit at St. Columcille's Hospital

M.K. Kelly, A. Eeusepi-Harris, K.K. Joha, C. Burlacu.

Anaesthetics Department, St. Columcille's Hospital, Bray Road, Loughlinstown, Dublin 18, Ireland.

Abstract

Aims

Excessive preoperative fasting causes dehydration, nausea, headache and anxiety.1 Despite European Society of Anaesthesiology and Intensive Care (ESAIC) 2023 guidelines recommending clear liquids up to two hours and solids up to six hours pre-anaesthesia, no standardised fasting protocol existed at St. Columcille's Hospital. This audit aimed to quantify fasting practices, assess patient education, and measure ESAIC guideline adherence.

Methods

A prospective questionnaire-based audit was conducted over four weeks (February–March 2026); n=63, 100% response rate. Patients self-completed a preoperative questionnaire on fasting duration, instruction type, and symptoms, assessed against ESAIC 2023 guidelines (Grade A evidence).

Results

Median solid fasting duration was 13 hours (guideline: 6 hours) and median liquid fasting 9 hours (guideline: 2 hours); 82% exceeded solid and 78% exceeded liquid guidelines. Preoperative discomfort was reported by 84%, including thirst, hunger, headache, and light-headedness. Instructions were verbal (87%), written (2%), or both (11%); 95% found them clear and 97% complied as instructed or longer.

Discussion

Findings demonstrate significant over-fasting relative to ESAIC guidelines, causing high preoperative discomfort. As 95% found instructions clear and 97% complied, the issue lies with fasting targets rather than patient adherence. The 'Sip til Send' protocol — proven to improve satisfaction without compromising aspiration safety2 — was subsequently implemented. Next steps include a patient education leaflet on the new protocol and re-audit within three months.

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Pre-operative Medication Compliance

R.D. Farrelly, B. Kukreja, T.P. Wall.

Department of Anaesthesia, Mater Misericordiae University Hospital

Abstract

Aims

This audit evaluated patient adherence to preoperative medication instructions provided at pre-operative assessment clinic (POAC), and identified specific medications and reasons associated with non-compliance.

Methods

A prospective study was conducted, which recruited patients admitted prior to planned elective surgery. Individualised medication instructions provided to each patient at a prior POAC visit served as the reference standard. Patients were interviewed on the morning of surgery to verify adherence to their instructions.

Results

Of 73 patients reviewed, 16 (22%) were not fully compliant with POAC instructions. Of a total of 270 medications for which instructions were provided, 45 (17%) were not taken/held as instructed. The most common medications involved in non-compliance were aspirin, mirtazapine, doxazosin, sitagliptin, bisoprolol, and amlodipine. Non-compliance was primarily attributed to patient uncertainty, misinterpretation of guidance, and limited medication awareness. Notably, no surgical cancellations or delays occurred within this cohort.

Discussion

These findings demonstrate significant discordance between POAC instructions and patient-reported use, rooted in communication barriers and uncertainty. While the immediate risk in this audit was rated as minor, the 22% non-compliance rate indicates potential patient safety vulnerability. To enhance adherence, surgical teams should reiterate medication instructions during scheduling calls and include medication advice sheets in surgery notification letters. These interventions aim to bridge the uncertainty gap and reduce avoidable perioperative risks. A follow-up audit is scheduled to evaluate the effectiveness of these revised communication strategies.

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Intra-Coronary Imaging Utilisation in Complex PCI

M. Cleary[1], B. McGrath[2].

1. Intern, Cardiology Department, Mater Misericordiae University Hospital, Eccles St., Dublin 7, Ireland.
2. Consultant Cardiologist, Cardiology Department, Mater Misericordiae University Hospital, Eccles St., Dublin 7, Ireland.

Abstract

Aims

To evaluate the adherence of a Primary PCI unit, to the ESC 2024 Class IA recommendation for the use of intravascular imaging (IVI) in complex PCI.

Methods

PCI's from 1st January to 1st March 2025 were included for selection. Cases with the following were deemed complex: multivessel disease, left main disease, long lesions (>60mm), bifurcation disease, chronic total occlusions (CTO), disease requiring calcium modification (lithotripsy, atherectomy) or stent failure (thrombosis or restenosis).

The subtype of complex lesion was documented, alongside IVI use.

Results

In 117 PCI's, 47 (40%) were complex, with IVI used in 43%. There were 9 bifurcation lesions (IVI in 44%), 7 left main lesions (IVI in 86%), 1 CTO (IVI in 100%), 5 severe calcific lesions (IVI in 80%), 8 long lesions (IVI in 63%), 13 multivessel PCI's (IVI in 46%), 2 stent thromboses (IVI in 100%) and 5 stent re-stenoses (IVI in 0%).

Discussion

A growing body of evidence has demonstrated reduced target vessel failure with IVI guided PCI.[2-4] However, in a single Primary PCI centre, imaging rates varied greatly by lesion subtype, and were notably low in multivessel disease, long lesions, ISR and bifurcation disease.
Barriers to use include operator training and equipment availability. A greater provision of both is needed to increase imaging rates, and consequently optimise outcomes.

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Pneumothorax & Chest Drain Insertion Incidence Rates Following CT-Guided Lung Biopsies in 2025

K. Timon, D. Murphy.

Radiology department, St Vincent's University Hospital, Belfield, Dublin, Ireland.

Abstract

Aims

Pneumothorax is a common complication of CT-guided lung biopsy, with a small proportion requiring chest drain insertion. This re-audit assessed pneumothorax and chest drain rates following CT-guided lung biopsy at St. Vincent's University Hospital in 2025, compared with Royal College of Radiologists (RCR) standards of <20% for pneumothorax and <3% for chest drain insertion[1].

Methods

This retrospective audit reviewed CT-guided lung biopsies performed in 2025. Data were obtained from CRIS EVO, identifying 167 scheduled procedures. Primary outcomes were pneumothorax and chest drain insertion, recorded from chest X-rays performed 1 and 3 hours post-procedure. Data were analysed using JAMOVI software.

Results

147 procedures were performed. Median patient age was 71 years. Pneumothorax occurred in 38 cases (25.9%), with 12 patients (8.2%) requiring chest drain insertion. Median number of core biopsies taken was 2. Among pneumothoraces, 30 (78.9%) occurred following upper lobe biopsy and 8 (21.1%) following lower lobe biopsy (p=0.005).

Discussion

Rates of pneumothorax and chest drain insertion exceeded RCR standards but were comparable with those quoted in a large systematic review (25.9% and 6.8% respectively)[2]. Potential contributing factors include procedure volume, patient co-morbidity, lesion complexity and the departmental practice of obtaining multiple core biopsies to optimise oncological management and reduce repeat biopsy. Re-audit with further lesion and patient risk characterisation is warranted to monitor trends and identify risk factors.

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2. Huo YR, Chan MV, Habib AR, Lui I, Ridley L. Pneumothorax rates in CT-guided lung biopsies: a comprehensive systematic review and meta-analysis of risk factors. Br J Radiol. 2020;93(1108):20190866. doi:10.1259/bjr.20190866.

No Declarations of Conflicts of Interest declared

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An audit of discharge summaries of patients admitted under Infectious Diseases in St Vincent's University Hospital: assessed against the National Standard for Patient Discharge Summary Information

K. Davies, T. Ramsbottom, E. Feeney.

Department of Infectious Diseases, St. Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

This audit aims to assess the quality of discharge summaries in St. Vincent's University Hospital (SVUH) in comparison to the National Standard for Patient Discharge Summary Information and to promote communication of discharge plans which are clear, timely and patient-centred between primary and secondary care.

Methods

The chosen population included patients discharged from the SVUH Infectious Diseases' inpatient service during the period of May 2025 to July 2025 (n=20). The findings from the initial audit in 2024 were compared to this re -audit.

Results

The average length of time between date of discharge and completion of discharge summary in this audit was 7.7 days, decreased from 14.4 days in the initial audit. There was a total of 10 (50%) ideal discharge summaries. When compared to the National Standards, the number of ideal discharge summaries had increased by 50%, when compared to the initial audit. 11 (55%) discharge summaries with complete clinical courses compared to the initial audit, which had 7 (35%). 20 (100%) discharge summaries contained the primary diagnosis, relevant investigations and treatment.

Discussion

There was an objective increase in the quality of discharge summaries produced by the SVUH Infectious Diseases team when re-audited against the National Standards. There are areas for improvement specifically with regards to the inclusion of complete discharge medication lists to ensure quality and continuity of patient care.

No Declarations of Conflicts of Interest declared

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Intravenous Iron Prescribing Practices

A. Connolly[1,2], O. O'Grady[1,2], A. Flynn[1,2]

1. Midland Regional Hospital (RHM), Mullingar, Westmeath, Ireland.
2. Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

Abstract

Aims

Iron deficiency is a common clinical issue, with iron deficiency anaemia affecting 43% of hospital inpatients[1]. In RHM, previous adverse events with intravenous iron including extravasation have occurred. A safety alert issued by the Irish Medication Safety Network has highlighted caution around intravenous iron prescribing as a priority. Owing to the potential for high-consequence adverse events, documented consent is recommended by the State Claims Agency. In this context, we sought to audit intravenous iron prescribing to enhance patient safety.

Objectives

1) Is Intravenous Iron prescribed correctly (dose, diluent)
2) Is consent documented for Intravenous Iron
3) Has the relevant IV Iron infusion document been completed
4) Is there an indication for Iron replacement
5) Is there a clear indication for Intravenous Iron

Methods

Data was collected retrospectively and pseudo-anonymously by checking charts from September for IV Iron administration. If identified, the chart was included for data collection.

Results

Compliance with: Objective 1, 78% (n=9); Objective 2, 33% (n=6); Objective 3, 33% (n=6); Objective 4, 75% (n=8); Objective 5, 56% (n=9).

Discussion

A limited sample size suggests cautious generalisation of results. Areas of strength were diagnosis of iron deficiency and correct prescribing. Areas for improvement were documentation of consent, completion of the IV Iron infusion document, and choice of IV over oral iron.

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Audit of adherence to local guidelines for prescribing diabetes medications on transition from critical care to ward level care

G. Connolly, C. Connery, D. Hadzic, J. Hastings.

Department of Critical Care Medicine, Mater Misericordiae University Hospital, Eccles St, Dublin 7.

Abstract

Aims

Assess compliance with insulin prescribing guidelines during transition from critical care to ward-level care.

Methods

Following audit committee approval, a retrospective review of records for patients discharged from critical care to the ward from 26/11/25 to 9/12/25 was conducted to assess insulin prescribing and specialist referral practices.

Results

Fifty-one (94.4%) of 54 patients discharged were included, three (5.6%) were excluded as charts were unavailable. Twenty-nine (57%) patients were discharged outside routine hours. Fifteen patients (29%) required variable rate insulin infusion (VRII) or subcutaneous insulin within the week prior to discharge, eight (53%) of whom did not require insulin on discharge as per the guideline. All of these patients had insulin appropriately discontinued. Seven (47%) required insulin on discharge, six (86%) of whom had insulin correctly prescribed. Of the seven patients with ongoing insulin requirements, appropriate specialist referrals were completed for two (29%) and one patient (14%) had an insulin alert sticker placed in the chart.

Discussion

All VRII were discontinued where indicated and majority of patients with ongoing insulin requirements had it appropriately prescribed. In those patients requiring insulin on discharge, compliance with placement of insulin alert stickers in the drug chart and referral to the endocrinology team was poor. Areas identified for improvement include earlier referral to endocrinology and improved use of insulin alert stickers.

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Smoking Habits and AREDS Supplementation Patterns in Patients with Neovascular Age-Related Macular Degeneration Attending an Intravitreal Injection Clinic: A Cross-Sectional Survey

E. Blennerhassett[1], R. Layden[1], D. Hughes[2], L. Edwards[1], N. Horgan[1,2].

1. St Vincent's University Hospital Dublin
2. Royal Victoria Eye and Ear Hospital Dublin

Abstract

Aims

To evaluate smoking habits, awareness of smoking-related ocular risk, and use of oral supplementation among patients with neovascular age-related macular degeneration (nAMD) receiving intravitreal injections.

Methods

A prospective cross-sectional survey was conducted among adults with intermediate or advanced nAMD attending intravitreal injection clinics at St. Vincent's University Hospital and the Royal Victoria Eye and Ear Hospital over 6 months. Nursing staff administered a structured questionnaire before treatment. Data collected included demographics, smoking history, awareness of smoking-related ocular risk, and use of nutritional supplementation. Descriptive statistics were used for analysis.

Results

Forty-seven patients were surveyed. Fifteen percent (n = 7) were current smokers, 38% (n = 18) former smokers, and 47% (n = 22) never smokers. Mean smoking duration among ever-smokers was 33 years. All current smokers with available data (n = 6) were aware of the adverse effects of smoking on ocular health. Overall, 66% (n = 31) reported taking AREDS-type supplementation, most commonly MacuShield (69%, n = 18/26). Thirty-four percent (n = 16) were not taking supplements; four met AREDS criteria for supplementation. Among those with available reasons for non-use (n = 11), the commonest was not being advised to take supplements (55%, n = 6).

Discussion

Most patients demonstrated awareness of smoking-related ocular risk and reported AREDS-type supplement use. However, many eligible patients were not taking supplementation, most commonly because it had not been recommended, highlighting an opportunity for improved patient education and secondary prevention in injection clinics.

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Treatment and Follow up of Tuberculosis Cases from 2020 to 2025– An Audit of Current Hospital Practice in the Mater Misericordiae University Hospital, Dublin

A. Walsh[1], P. McGettrick[1,2].

1. Department of Infectious Disease, Mater Misericordiae University Hospital, Phibsborough, Dublin 7 Ireland.
2. Centre for Experimental Pathogen Host Research, University College Dublin, Dublin, Ireland.

Abstract

Aims

To evaluate compliance with 2017 and 2022 World Health Organisation Tuberculosis (TB) guidelines1,2, identify gaps in care and inform quality improvement.

Methods

A retrospective audit of 61 culture-positive Mycobacterium tuberculosis cases (2020–2025) was performed using data from electronic patient records after excluding duplicates and transferred cases.

Results

Pulmonary TB accounted for 45 (74%) of cases, with 21 (34%) from high multidrug-resistant TB burden countries. All 61 cases underwent microbiological and drug-sensitivity testing indicating high diagnostic compliance. 19 (31%) were auramine- stain negative but culture-positive. Imaging was universal with 56 (92%) receiving a CT thorax. 80% of cases underwent HIV testing, with 8 (13%) of tested patients having concurrent infection. 51 (84%) TB cases were drug-sensitive, 7 (11%) monoresistant and 3 (5%) multidrug-resistant. 53% (27/51) of drug-sensitive pulmonary TB cases completed standard 6-month therapy. All complex cases were managed according to guidelines. Treatment success was high with a 95% cure rate.

Discussion

This audit demonstrates guideline-adherent TB care. However, suboptimal HIV testing despite high diagnostic yield represents an important gap. Variability in treatment duration and inconsistent documentation further limit standardisation. Embedding routine HIV electronic testing prompts, clinician education, and introducing structured treatment documentation are key next steps with re-audit to assess improvement and sustained adherence.

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A 5-Year Retrospective Audit Comparing Length of Stay & Postoperative Air Leak Occurrence in Robotic vs Video-Assisted vs Open Thoracic Surgery

M. Calton[1], K. Mulryan[1], M. Tolan[1], D. Healy[1].

1. Cardiothoracic Department, St Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

Minimally invasive thoracic surgery has increasingly replaced open thoracotomy, with both robotic-assisted (RATS) and video-assisted thoracic surgery (VATS) widely adopted. Debate persists regarding whether RATS offers superior clinical outcomes, particularly in postoperative recovery and complication rates. Length of stay (LOS) and chest drain duration are key quality indicators reflecting recovery and surgical performance. This study evaluates whether increased robotic adoption improves outcomes.

Methods

A retrospective audit of 215 patients undergoing lung cancer resection between 2021 and 2025 was conducted. Data collected included demographics, surgical approach, operative time, LOS, and chest drain duration. Outcomes were compared with Enhanced Recovery After Surgery (ERAS) and European Society of Thoracic Surgeons (ESTS) targets[1,2,3].

Results

RATS was most commonly performed (57.7%), followed by VATS (25.6%), and thoracotomy (16.7%). VATS had the shortest operative time (2.25h vs 2.96h for RATS). RATS demonstrated superior postoperative outcomes, with shorter median LOS (4 vs 5 [VATS] vs 6 days [thoracotomy]) and chest drain duration (1 vs 2 vs 2 days). All minimally invasive techniques met ERAS/ESTS targets.

Discussion

RATS is associated with improved recovery despite longer operative times. Findings are limited by retrospective design and potential confounding. Optimisation of postoperative care, including enhanced analgesia and early physiotherapy, alongside continued audit, may further improve outcomes.

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No Declarations of Conflicts of Interest declared

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An Audit of Coronary Allograft Vasculopathy Screening and Preventative Practices in the Irish National Heart Transplant Centre.

S. Boyle[1], K. Hewitt[1], T. Baby[1], R. Melechirakkil[1], M. Murphy[2], V. Sullivan[1], L. Murphy[1], G. Giblin[1], E. Joyce[1], K. Murphy[1].

1. Department of Cardiology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.
2. Department of Radiology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

Abstract

Aims

Cardiac allograft vasculopathy (CAV) remains a leading cause of death after heart transplantation (HT). International Society of Heart and Lung Transplant guidelines recommend consideration of annual or biannual coronary screening as clinically appropriate with aggressive cardiovascular risk factor (CVRF) management, including hyperlipidemia[1]. mTOR inhibitors such as sirolimus are a potential immunosuppressive prophylactic and treatment option for CAV[1]. This audit assessed CAV screening, prevention and management strategies.

Methods

Data was collected between January and March 2026. Medical records of patients ≥ 5 years post-HT were reviewed to assess coronary surveillance frequency, modality, wait-list times, prevention and management.

Results

153 patients were included, 75% male, median 12 years (IQR 8,20) post-transplant. 84 patients (55%) awaited CTCA (median waitlist time 385 days (IQR 266,459)). 12 (8%) patients awaited elective coronary angiogram (median waitlist time 133 days (IQR 21,195)). 60 patients (39%) were outside the recommended 2-year coronary surveillance window. Median LDL 1.6, 96% on statins, and 77% on anti-platelets. 16 patients (10%) were on sirolimus.

Discussion

CVRF control in this population was good. Access to coronary surveillance, particularly CTCA, remains challenging. The pending addition of a new CT scanner may reduce waitlist times. Proposed improvements include timely ordering of planned surveillance and protected CTCA appointments for HT patients.

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No declarations of conflicts of interest.

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An audit of lipid and mood monitoring in patients on Isotretinoin for acne

S. Freeley[1], C. Howard-James[1], P. Lenane[1].

1. UCD Intern Network, University College Dublin, Belfield, Dublin 4.
2. Department of Dermatology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7.

Abstract

Aims

Isotretinoin is a highly effective treatment for severe/treatment-resistant acne. However, it is associated with adverse effects including hyperlipidaemia and mood alteration.(1, 2)

The British Association of Dermatologists recommend checking serum lipids before starting, and at least once during treatment. They advise documenting mood at baseline and at each follow-up appointment.(1)

Methods

Patients attending MMUH Dermatology Isotretinoin clinics were randomly selected between 01/01/26 and 17/02/26.

The data was retrospective and was collected between 15/01/26 and 29/03/26 from TPro letters and online records. Data was analysed using Excel.

Results

Total sample size was 27.

26 (96.3%) had lipids checked at baseline.
21 (77.8%) had baseline mood documented.

24 (92.3%) had follow-up lipid bloods (n=26, only patients taking isotretinoin for at least 6 weeks were included).

16 (61.53%) had mood documented at each follow-up (n=26, 1 patient had no follow-up yet). 20 (76.9%) had mood documented at their first follow-up clinic. 23 (88.46%) had mood documented at at least one follow-up clinic

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Discussion

Documentation of mood assessment before/during isotretinoin treatment in Mater Dermatology TPro letters needs to be improved. Letters often stated, 'no side effects from Isotretinoin', but didn't specifically note mood assessment.

We plan to implement a template for use when dictating isotretinoin TPro letters to improve documentation of mood.

This topic will be re-audited in May 2026 to assess improvement.

References:

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No Declarations of Conflicts of Interest declared

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Imaging decisions for patients with newly diagnosed breast cancer, are we in line with new national guidelines?

M. Schmidt[1], D. P. McCartan[1].

1.Department of Breast, Endocrine, and General Surgery, St Vincent's University Hospital, Elm Park, Dublin 4.

Abstract

Aims

Evaluate Breast MDT compliance (target >90%) with 2024 updates to the NCCP National Clinical Guideline No. 7 (Breast Cancer)[1] regarding Breast MRI and CT TAP use.

Methods

All female patients with new, ipsilateral, biopsy confirmed breast cancer discussed across 8 consecutive Breast MDTs between October and November 2025 were included. Retrospective data was collected from MDT notes, outpatient letters, and NIMIS.

Results

52 patients were included.

19 patients (36.5%) had a Breast MRI. 14 of these (73.7%) had a guideline indication. No patients who did not have a Breast MRI had a guideline indication. Overall compliance for Breast MRI was 47/52 (90.4%).

21 patients (40.4%) had a CT TAP. 10/21 of these (47.6%) had a guideline indication. 8/21 (38.1%) CT TAPs uncovered incidental findings requiring further investigation while only 1/21 (4.7%) uncovered metastasis. No patients who did not have a CT TAP had a guideline indication. Overall compliance for CT TAP was 41/52 (78.8%).

Discussion

Compliance with Breast MRI was satisfactory. Compliance with CT TAP was below the target, driven primarily by its use in patients with node-positive stage 2 cancer. Findings will be presented at Breast MDT and discussion opened about creating consensus for CT TAP use, followed by re-audit in one year.

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No conflict of interests are declared.

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Ensuring LDL-C Targets are Defined and Pursued in Patients Undergoing Elective Outpatient Diagnostic Coronary Angiography

A. Kelly[1,2], E. Fahy[1].

1. Department of Cardiology, Mater Misericordiae University Hospital, Eccles St., Dublin 7, Ireland.

2. School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland.

Abstract

Aims

The 2019 ESC/EAS guidelines for the management of dyslipidaemias established low-density lipoprotein cholesterol (LDL-C) targets based on total cardiovascular disease (CVD) risk[1]. This audit aimed to determine whether explicit LDL-C targets were defined for patients undergoing elective outpatient diagnostic coronary angiography, and whether those who were not meeting either cardiologist- or guideline-defined targets were prescribed intensification of lipid-lowering pharmacotherapy at the time of angiography.

Methods

Retrospective screening of electronic records of consecutive patients who underwent outpatient coronary angiography in three weeks in November 2025 was performed to identify whether LDL-C targets were explicitly defined, classify patients by total CVD risk, and identify whether lipid-lowering pharmacotherapy was appropriately intensified based on cardiologist- or guideline-defined targets.

Results

57 patients were included. 55 (96.5%) had LDL-C measured at time of angiography, of whom 6 (10.9%) had an LDL-C target in the CV lab report. None of these 6 met the target, and 4 (66.7%) had intensification of lipid-lowering pharmacotherapy. Of the 49 without an explicit LDL-C target, 35 (71.4%) did not meet the guideline-based target, of whom 5 (14.3%) had intensification of lipid-lowering pharmacotherapy.

Discussion

Rates of LDL-C measurement are high, but those of explicit LDL-C targets are not. Appropriate intensification of lipid-lowering pharmacotherapy is more likely if explicit targets are defined. A proforma completed at time of angiography may increase the rate of explicit targets.

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No of Conflicts of Interest declared

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Blood Pressure Management in Acute Ischaemic and Haemorrhagic Stroke: A Retrospective Clinical Audit at a Tertiary University Hospital

H. Redmond, E. Blennerhassett, T. Cassidy.

Department of Stroke Medicine, St Vincent's University Hospital, Elm Park, Dublin 4, Ireland.

Abstract

Aims

To assess adherence to the National Clinical Guideline for Stroke(2023) in patients presenting with acute ischaemic and haemorrhagic stroke at St Vincent's University Hospital (SVUH).

Methods

A retrospective clinical audit was conducted at SVUH(August 2025–March 2026). 27 acute stroke cases were included(18 ischaemic, 9 haemorrhagic). The eligible ICH subgroup comprised non-SAH cases presenting with systolic BP 150–220mmHg(n=5). Data collected included admission BP, Day-7 BP, hyperacute treatment, and antihypertensive escalation. Compliance was assessed against three pre-specified guideline standards, each with a 100% target.

Results

Pre-thrombolysis BP below 185/110mmHg was achieved in both thrombolysed cases(100%). Among eligible ICH cases, active BP lowering was commenced in 60% (3/5) and the six-hour systolic target achieved in 40%(2/5). Of haemorrhagic cases with a recorded Day-7 BP(n=6), 67% had systolic BP below 140mmHg; 33% were within the optimal 130–139mmHg range. For ischaemic stroke, Day-7 systolic BP below 130mmHg was achieved in 33%(6/18). The audit was rated orange risk, indicating re-audit within six months.

Discussion

Pre-thrombolysis BP compliance was excellent. The key gap was in acute ICH management: only 40% of eligible cases achieved the six-hour target. Day-7 BP is a recognised limitation as an ischaemic endpoint; discharge BP will be adopted in the re-audit. Recommendations include a stroke BP checklist, mandatory ICH documentation fields, and a pre-thrombolysis BP field. Re-audit is planned in 6 months.

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An Observational Audit of Compliance with EULAR and SVUH Rheumatology guidelines for Pre- and Post-initiation Workup for Varicella-Zoster Virus and Cholesterol screening in Patients Commenced on JAK inhibitors (Tofacitinib, Baricitinib, Upadacitinib)

H. Shahbaz.

Department of Rheumatology, St Vincent's University Hospital, Elm Park Dublin 4, Ireland.

Abstract

Aims

This audit aimed to evaluate compliance with EULAR and SVUH Rheumatology guidelines for pre- and post-initiation workup in patients commenced on JAK inhibitors, focusing on Varicella-Zoster Virus (VZV) screening and cholesterol monitoring, and to identify areas for improvement in clinical practice.1

Methods

A retrospective observational audit was conducted in the SVUH Rheumatology Outpatient Department. Data were collected from electronic medical records for 179 patients initiated on tofacitinib, baricitinib, or upadacitinib between 2024–2025. Parameters included documentation of VZV testing and cholesterol monitoring before and after treatment initiation. Data were categorised as "Yes," "No," or "No Information," and analysed descriptively with percentage representation.

Results

Pre-initiation VZV testing was documented in 50 patients (27.9%), while 96 (53.6%) had no testing recorded. Post-initiation VZV testing was performed in only 6 patients (3.4%). Pre-initiation cholesterol testing was completed in 40 patients (22.3%), increasing to 53 patients (29.6%) post-initiation. Upadacitinib demonstrated higher cholesterol monitoring compliance (16/38; 42.1%) compared to other agents. Documentation gaps were noted in up to 18.4% of cases.

Discussion

This audit demonstrates significant non-compliance with recommended safety screening, exposing patients to preventable infectious and cardiovascular risks.1,2,3 Implementation of standardised protocols, electronic prompts, and staff education is required. Re-audit within 12 months is recommended to assess improvement and ensure adherence to guidelines.

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An Audit of Cervical Screening Practice in People Living with HIV attending ID Clinics

E. Culligan, S. Quirke, R. Howard, A. Walsh, J. Lambert.

Infectious Diseases Department, The Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland.

Abstract

Aims

The aim of the audit was to determine the proportion of women living with HIV attending Infectious Diseases (ID) clinics over a three-week period who were i) up-to date with yearly cervical screening as recommended by HSE CervicalCheck, ii) suitable for extended three-yearly cervical smears as per European AIDS Clinical Society guidelines, iii) referred for colposcopy if HPV positive cervical smears.

Methods

Retrospective chart review of all women living with HIV that attended ID clinics from 02/03/26-27/03/26.

Results

63/91 (69%) patients had cervical screening in the last 12 months. Eligibility for extended three-yearly cervical screening was low (7/91, 8%). 100% of women with HIV whose most recent documented cervical smear was HPV positive were referred to colposcopy (n=14).

Discussion

69% of women were up to date with yearly screening, less than the CervicalCheck target of 80%. The proportion of women eligible for extended three-yearly screening was limited by incomplete documentation of screening results and dates. A national database of cervical screening results and implementation of a standardised clinic proforma for women living with HIV may increase the number who are eligible for extended screening. The audit demonstrated appropriate adherence to follow-up guidelines when HPV was detected on screening.

No Declarations of Conflicts of Interest declared

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Re-Audit of Biologic Therapy in Psoriasis

S. McKenna, P. Lenane, C. Howard-James.

1. Dermatology Department, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Dublin, D07 R2WY, Ireland.

Abstract

Aims

To re-audit compliance with British Association of Dermatologists guideline–recommended initiation and monitoring of biologic therapy for psoriasis[1] following implementation of a standardised biologic monitoring proforma.

Methods

A retrospective re-audit was conducted between 08/12/2025 and 16/01/2026 in the dermatology systemic therapy clinic at MMUH. Outpatient records of psoriasis patients receiving biologic therapy were reviewed(n=20). Data collected included baseline disease severity documentation, viral screening, patient information provision(PIL), vaccination counselling, and family-planning discussions. Data was analysed using Microsoft Excel and compared with the initial audit.

Results

Twenty patients receiving biologic therapy were included(8 male, 12 female). Biologics comprised Ustekinumab (10/20, 50%), Adalimumab (5/20, 25%), Guselkumab (3/20, 15%), Risankizumab (1/20, 5%), and Secukinumab (1/20, 5%). Documentation of disease severity improved: BSA 15/20 (75%) vs 4/20(20%), PASI 18/20(90%) vs 10/20(50%), and DLQI 16/20 (80%) vs 8/20(40%). Baseline viral screening remained 100%(20/20). PIL documentation increased from 7/20(35%) to 14/20(70%). Vaccination counselling remained high (18/20, 90% vs 100%). Family-planning discussions improved from 3/6 (50%) to 5/8(62.5%).

Discussion

Implementation of a standardised monitoring proforma was associated with a significant improvement in documentation and adherence to BAD guideline-recommended practice, particularly for baseline disease severity assessment and patient counselling. Family-planning discussions remained suboptimal highlighting an area for further quality improvement. These findings support structured proformas as an effective quality-improvement intervention to standardise biologic monitoring and enhance guideline adherence.

References:

1. Smith CH, Jabbar-Lopez ZK, Yiu ZZN, Bale T, Burden AD, Coates LC, et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2020: a rapid update. Br J Dermatol. 2020;183(4):628–637. doi:10.1111/bjd.19039.

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Assessing the Impact of the National Cancer Control Programme (NCCP) guidelines versus the older NICE 2022 guidelines on radiological staging/surveillance of patients with melanoma

R. Kelly[1,2], C. Dignam[1,3], L. Fleming[4], C. Collins[1,5], A. Lally[1,4].

1. School of Medicine, University College Dublin, Belfield, Dublin 4
2. Mater Misericordiae University Hospital, Eccles Street, Dublin 7
3. Waterford Hospital
4. Charles Centre of Dermatology, St Vincent's University Hospital, Elm Park, Dublin
5. Department of Radiology, St Vincent's University Hospital, Elm Park, Dublin 4

Abstract

Aims

The NCCP melanoma radiological staging guidelines were published in 2024. The NICE guidelines on this topic were updated in 2022. These guidelines may impact radiology workload and investigation burden on patients. This audit evaluated the likely impact at SVUH.

Methods

A retrospective audit of patients diagnosed with invasive melanoma in 2022–2023 was conducted; 211/250 were eligible for inclusion. Anonymised data including stage at diagnosis were extracted. Initial scan recommendations, modality, and follow-up under both guidelines were applied and compared to actual practice.

Results

Under NICE 2022, imaging was "to be considered" in 49.7% (105/211, stages 1b–2b), not recommended in 41.2% (87/211, stage 1a), and clearly recommended in 9% (19/211, stage 2c+). NCCP 2024 recommended imaging in 15.2% (32/211, stage 2b+) and none in 84.8% (179/211, 1a-2a). NICE recommended 388 total scans—67% (262/388) were "to be considered". The most commonly recommended modality both in the "to be considered" and recommended category was ultrasound 65% (252/388). NCCP recommended 136 scans with no ambiguous categories. CT brain and CT whole-body scans were each recommended 54/136 scans under NCCP for stage 2b/2c tumours.
In practice, PET-CT was most commonly used (68.6% of imaged patients). A subset analysis identified 7 stage 2a tumours imaged by PET-CT despite following MDT recommendation due

to high risk histopathology (outside AJCC8 staging) such as lymphovascular or perineural invasion.

Discussion

NCCP 2024 reduces ambiguity by providing firm recommendations for 6-monthly imaging over 1–3 years in stage 2b+ tumours. Total scans recommended following NICE 2022 were 388, reducing to 136 when NCCP 2024 were followed. This was primarily due to the lack of a "to be considered" category in the NCCP guidelines. However, recommendation for CT and PET-CT scans was greater, with eligible patients rising from 19/211 (NICE) to 32/211 (NCCP), leading to an estimated annual increase from 68 to 120 higher radiation dose scans. Implications for service provision and investigation burden on patients warrant attention.

No Declarations of Conflicts of Interest declared.

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Bisphosphonate Monitoring in General Practice

D. Shaffrey, J. McHugh, F. Magee.

Tully Family Practice, Dun Laoghaire Business Park, Pottery Rd, Dun Laoghaire, Ireland.

Abstract

Aims

Osteoporosis is a systemic skeletal disease characterised by low bone mineral density, leading to increased risk of fractures. Bisphosphonates are a class of medications used to prevent and treat osteoporosis. While generally safe, adverse effects increase with prolonged use, and guidelines support temporary treatment cessation in select patients.

The aim of this audit was to identify patients within Tully Family Practice who have been prescribed a bisphosphonate, determine the duration of therapy and establish whether a medication review is warranted.

Methods

A search was conducted on Socrates, the practice management software, for any patients ever prescribed a bisphosphonate by Tully Family Practice. A total of 31 patients were identified: 30 females and 1 male. The average age was 72 years with a range of 60-86 years.

Results

Overall, the analysis of the data collected during this audit was positive for Tully Family Practice. 91% of patients were up to date with their review. Those that were overdue were contacted and booked to come in for a consultation.

Discussion

The main take away from this audit was the establishment of a standardised filing system for patients on bisphosphonate therapy. A second audit cycle has been planned in 12 months' time, which will help assess the effectiveness of this new framework.

No Declarations of Conflicts of Interest declared

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Evaluating the Potential Impact of an Early Supported Discharge (ESD) Pathway on Orthopaedic Bed Capacity and Patient Flow in Hip Fracture Care.

G. Tiernan, N. Davey, I. Forde.

Departments of Orthopaedics and Orthogeriatrics, St. Vincent's University Hospital, Elm Park, Merrion, Dublin 4, Ireland.

Abstract

Aims

The aim of this audit was to determine the proportion of hip fracture patients who would be suitable for ESD, a programme currently applied to stroke patients[1], based on New Mobility Score[2] (NMS) and multidisciplinary team (MDT) consensus. NMS ≥6 reflects moderate pre-fracture mobility and may indicate suitability for discharge home with structured community rehabilitation.

Methods

Duration of audit: 04/02/26-25/02/26 with weekly data collection at Orthogeriatrics MDT. Inclusion criteria included patients ≥65 years admitted February 2026 with a hip fracture. The orthogeriatrics team determined the NMS on initial assessment of the patient. This was followed by MDT discussion to determine eligibility for ESD. Data collection and analysis utilised Microsoft Excel.

Results

Total sample size was 30; 19 female, 21 male. 50% aged ≥85 years. 17 patients (57%) had a new mobility score of ≥6. 13 patients (43.33%) were deemed eligible for ESD (NMS ≥6 and MDT agreement that the patient had a sufficient cognitive and perceptual ability for safe discharge).

Discussion

A significant proportion of our sample population would be eligible for ESD if such a programme were available. Implementing a structured ESD programme could aid shorter hospital stays, faster recovery and increased bed availability, impacting positively on patient flow. These findings could be used as the basis for a business case supporting this initiative as a pilot programme.

References:

1. Langhorne, P. and Baylan, S. (2017) 'Early supported discharge services for people with acute stroke', Cochrane Database of Systematic Reviews, 2017(7). doi:10.1002/14651858.cd000443.pub4.
2. Kristensen, M.T. et al. (2010) 'Prefracture functional level evaluated by the new mobility score predicts in-hospital outcome after hip fracture surgery', Acta Orthopaedica, 81(3), pp. 296–302. doi:10.3109/17453674.2010.487240.

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Time from Primary Ovarian Cytoreductive Surgery to Initiation of First Chemotherapy at the Mater Misericordiae University Hospital

M. Griffin[1], M. Wilkinson[1], R. McVey[1], C. Thompson[1], R. Aslam[2], T. Walsh[1], K. Mulligan[1], K. Strataki[1], D. Brennan[1], E. Corry[1].

1. Department of Gynaecological Oncology, Mater Misericordiae University Hospital, Eccles St. Dublin 7, Ireland.
2. Department of Oncology, Mater Misericordiae University Hospital, Eccles St. Dublin 7, Ireland.

Abstract

Aims

To evaluate the interval between primary cytoreductive surgery (CRS) and initiation of adjuvant chemotherapy in ovarian cancer patients at Mater Misericordiae University Hospital (MMUH). International guidelines recommend chemotherapy within 42 days of surgery, while literature suggests an optimal interval of 22–35 days. The audit aimed to assess compliance with these standards and support future quality improvement initiatives.

Methods

A retrospective cohort audit was conducted at MMUH including all patients who underwent primary CRS for ovarian cancer between January 2023 and December 2025 and were referred for adjuvant chemotherapy. Cases were identified through the gynaecology surgical and oncology database. Data was collected using an Excel audit tool. The primary outcome measured was the number of days from surgery to chemotherapy initiation.

Results

Of 46 patients who underwent primary CRS, 19 met inclusion criteria. No patients commenced chemotherapy within the optimal interval. Eight patients (42.1%) initiated chemotherapy within 42 days, while 11 patients (57.9%) commenced treatment beyond 6 weeks postoperatively. Median time to chemotherapy was 45 days (IQR 37–55 days), exceeding recommended standards and international benchmarks.

Discussion

Most patients did not commence adjuvant chemotherapy within recommended timeframes. Median time to chemotherapy exceeded both the optimal interval described in recent literature and published international benchmarks, highlighting delays in treatment initiation within MMUH gynae-oncology service and the need for targeted quality improvement.

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Traumatic Head Injuries in the Emergency Department: A Re-Audit of Clinical Practice One Year On

C. Hogan[1,2], E. Scroope[1,2], C. Nnamani[2], E. Umana[2].

1. University College Dublin, School of Medicine, Belfield, Dublin 4, Ireland.
2. Emergency Department, Mater Misericordiae University Hospital, Eccles St, Dublin 2, Ireland.

Abstract

Aims

Traumatic head injuries are a common Emergency Department (ED) presentation, making timely assessment and management essential. The MMUH ED Traumatic Head Injury CT proforma was introduced to support adherence to NICE CT head guidelines and to streamline communication with radiology [1]. An initial audit in December 2024 showed 60.2% completion. This re-audit assessed proforma use one year later following awareness initiatives including posters and NCHD teaching sessions. Rates of reduced GCS, intoxication, and anticoagulant use were also evaluated as potential confounders.

Methods

All patients presenting to the Mater Misericordiae University Hospital ED with acute traumatic head injury requiring CT brain imaging between 07/12/25 and 21/12/25 were included. Patients were identified retrospectively using ED radiology imaging logs. Data were collected retrospectively from ED clinical records, triage logs, and PatientCentre.

Results

Eighty patients required CT brain imaging during the audit period, compared with 108 in 2024. Use of the "ED Traumatic Head Injury CT Criteria" proforma decreased from 60.2% to 45.5%. Despite this, the proportion undergoing CT within the recommended 8 hours increased from 59% to 71%. Anticoagulant use decreased from 19.5% to 15%, and 77% of patients had GCS 15/15 on arrival.

Discussion

Proforma use declined despite targeted education, although time to CT improved. Limitations included lack of data on CT indications and recommended imaging timeframes.

References:

1. National Institute for Health and Care Excellence. Head injury: assessment and early management (NG232) [Internet]. London: National Institute for Health and Care Excellence; 2023 [cited 2026 May 8]. Available from: NICE NG232 Head Injury Guideline

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An Audit of Glucose Control and Insulin Charting in Adult Inpatients with Diabetes Mellitus

É. Flanagan[1,2], D. Fitzsimons[2].

1. University College Dublin Intern Network, University College Dublin, Dublin 4, Ireland.
2. Department of Endocrinology, Midlands Regional Hospital Mullingar, Westmeath, Ireland.

Abstract

Aims

To evaluate glycaemic control, insulin prescribing, HbA1c and blood glucose monitoring in adult inpatients with diabetes, while identifying areas for improvement in diabetes management.

Methods

A retrospective audit was conducted on two days across consecutive weeks(13/03/2026 – 21/03/2026). Adult inpatients with type one or type two diabetes mellitus or patients receiving systemic steroids, hospitalised for over 24 hours were included. Data was collected from medical and drug charts over the previous 24 hours using a data collection sheet, anonymised and entered into Microsoft Excel.

Results

Of 68 patients, 48 had diabetes mellitus. 34/48(70.8%) of patients had a HbA1c sent within three months. Among patients on insulin 11/12(91.6%) had ≥4 blood glucose checks per day. Monitoring in patients on systemic steroids was poor with 5/20(25%) having ≥1 daily check. Insulin prescribing met standards for dose and brand 12/12(100%), but timing was incomplete 10/12(83%). Of 178 glucose readings 51% were within optimal range(6-10mmol/L), 75.8% were within acceptable range(4-12mmol/L), hyperglycaemia(>12mmol/L) incidence was 24.2% and hypoglycaemia(<4mmol/L) incidence was 0%.

Discussion

Glycaemic control was suboptimal with frequent hyperglycaemia and inconsistent monitoring particularly in patients on steroids, highlighting a safety concern. Insulin prescribing was generally appropriate but incomplete regarding timing and delivery device. Structured glucose management rounds and staff education are recommended to improve inpatient diabetes management.

No Declarations of Conflicts of Interest declared.

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Chronic Kidney Disease: Screening and Monitoring in Primary Care

F. Wissink.

The Brophy Family Practice, 213 Navan Road, Ashtown, Dublin 7.

Abstract

Aims

The aim of this audit was to identify all patients within the primary care practice with a diagnosis of chronic kidney disease (CKD) and to determine whether urinary albumin-creatinine ratio (ACR) was being monitored in accordance with guidelines. The guidelines used were the Kidney Disease: Improving Global Outcomes (KDIGO) 2024 Guidelines which recommend assessing ACR and eGFR at least annually in adults with CKD.[1]

Methods

A search was conducted on HealthOne, the practice software, to identify all patients over the age of 18 with a measurement of eGFR <60 at two occasions greater than three months apart. This left a cohort of 202 patients. The medical records of each patient were then searched for the following data: CKD coding status and ACR measurement history.

Results

Only 15% of patients were coded for CKD in the practice. Of the patients in the practice with CKD, only 22% were having urinary ACR measured annually in accordance with guidelines.

Discussion

Given the findings above, it is important to improve consistency of CKD coding at the time of diagnosis as well as improve urinary ACR monitoring rates in accordance with guidelines. This audit highlights the significant under-coding of CKD and suboptimal monitoring of ACR within the practice.

References:

1. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney International. 2024; 105(4S) S117-314. https://doi.org/10.22141/2307-1257.13.2.2024.456

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Assessment of the severity of pruritus in an End Stage Kidney Disease cohort.

M. Vaughan [1], A. Nanda[1], J. Murphy [2]., P. Beatty [3], R. Doyle[1], Y.M. O'Meara[1], L. Redahan[1], I. McDonald.[3], D.M. Sadlier[1].

1. Department of Nephrology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7.
2. Department of Dietetics, Mater Misericordiae University Hospital, Eccles Street, Dublin 7.
3. Department of Dermatology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7.

Abstract

Aims

Pruritus is a common symptom of end stage kidney disease. Until recently, no targeted therapies existed and treatment was dependent on optimizing dialysis prescription, emollients and anti-histamines. In this retrospective audit, we aimed to establish the extent of symptom burden and current management of CKD-associated pruritus in a single centre dialysis unit. A further aim was to assess the role emerging therapies could play within the unit.

Methods

Data was collected from all outpatients attending the dialysis unit on Monday and Tuesday, to capture the period following the two day dialysis break. The questionnaire used included demographic information, previous/current skin disorders, current/previous treatment for itch and two validated scoring systems to assess itch: Worst Itch Numerical Rating Scale (WINRS), and the 5-D Itch Score.

Results

82/85 dialysis outpatients participated in the study. 46.3% (n=38) reported clinically significant pruritus (WINRS ≥4). Of this group, 24.4% (n=20) reported severe pruritus (WINRS 7–10). Interestingly, 52.4% (n=43) reported minimal to no itch (WINRS <1). Sleep disturbance predominantly occurred in WINRS ≥7. Only 5 patients were prescribed systemic treatment: 5 on oral Pregabalin and 1 also on Difelikefalin.

Discussion

CKD-associated pruritus affects 47% of this outpatient dialysis population. The audit reveals

a gap between pruritus prevalence and optimal treatment. We plan to develop a protocol for clinicians to use to guide treatment of pruritus in this population and will repeat this audit 2 months after treatment adjustments to assess improvement in symptom control.

References:

1. Latus J, Lanot A, Ständer S, Sanchez-Alvarez E, Aucella F, Yosipovitch G. CKD-associated pruritus in haemodialysis: a road map for diagnosis and treatment. Clinical Kidney Journal [Internet]. 2025 Apr 24;18(5):sfaf096. Available from: https://doi.org/10.1093/ckj/sfaf096
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Service Evaluation of Infectious Diseases Screening Prior to the Commencement of Biologics in Neurological Patients

A. Eusepi-Harris, J. Herbert.

Department of Infectious Diseases, Mater Misericordiae University Hospital, Eccles St, Dublin 7, Dublin, Ireland.

Abstract

Aims

We aimed to determine whether patients with Multiple Sclerosis commencing Ocrelizumab in Mater Misericordiae University Hospital (MMUH) are undergoing pre-biologic screening and vaccination as per guidelines.

Methods

A list of all MS patients who had been commenced on Ocrelizumab in the preceding 12 months (n=27) was obtained. Data was retrospectively collected from electronic health record including baseline demographics, serological screening for HIV, HAV, HBV, HCV, VZV, measles, mumps and rubella in addition to latent TB screening. Correspondence with patients' GPs regarding appropriate vaccination was reviewed. Data was collected and reviewed using Microsoft Excel and was pseudo-anonymous (coded identifier allowing re-identification).

Results

Overall, 100% of patients were appropriately screened for VZV, HIV, HAV IgG, HBsAg, HCV Ab and baseline immunoglobulins. Four (14.8%) patients had appropriate anti-HBc testing with three (11.1%) having anti-HBs screening. 26 (96.3%) patients received screening for tuberculosis with IGRA and 25 (92.6%) received a chest x-ray. No patients had serological screening for measles, mumps or rubella.

The influenza vaccine was discussed in 18.5% (n=5), the pneumococcal vaccine in 11.1% (n=3) and the VZV vaccine in 7.4% (n=2) of correspondence with GPs.

Discussion

Overall, compliance with international recommendations was good, however we need to optimise correspondence with GPs regarding appropriate vaccination (with vaccination advice letters) and standardisation of the pre-Ocrelizumab infectious screen by implementing a standardised phlebotomy serological order set.

No Declarations of Conflicts of interest declared.