

 ORIGINAL ARTICLE

Management of pneumothorax differs across Denmark

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INTRODUCTION

Pneumothorax is a common problem in Denmark. Guidelines recommend insertion of small-bore (≤ 14 Fr) chest tubes or simple needle aspiration in spontaneous pneumothorax. Our objective was to investigate the management of pneumothorax in Danish hospitals.

MATERIAL AND METHODS

We undertook a questionnaire survey at all Danish acute hospitals enquiring about current practice in the management of pneumothorax. A questionnaire was sent to 35 hospitals in May 2013. After follow-up in September 2013, a total of 32 completed questionnaires were assessed.

RESULTS

We found that three hospitals (10.7%) used simple needle aspiration in primary spontaneous pneumothorax. The majority of the hospitals treated all types of pneumothorax by inserting chest tubes with a traditional small thoracotomy (75%), and most hospitals used large-bore (> 14 Fr) chest tubes (85.7%). There were no regional differences in the management of pneumothorax among the five regions in Denmark ($p > 0.05$), but we found a trend towards use of less invasive techniques in hospitals with departments of either Respiratory Medicine or Thoracic Surgery.

CONCLUSION

Management of pneumothorax in Denmark is mainly based on insertion of a large-bore (> 14 Fr) chest tube by a traditional small thoracotomy. Only a few hospitals in Denmark use minimally invasive techniques in the management of spontaneous pneumothorax. We speculate that implementation of these techniques may reduce hospital admission time for patients with spontaneous pneumothorax in Denmark.

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 ORIGINAL ARTICLE

Improvement in health-related quality of life following Roux-en-Y gastric bypass

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INTRODUCTION

This study explored whether health-related quality of life (HRQOL) changes following Roux-en-Y gastric bypass surgery were associated with identifiable socio-demographic or clinical characteristics, and it examined the impact on health outcomes of changes in the Danish criteria for bariatric surgery.

MATERIAL AND METHODS

Participants ($n = 55$) completed the Short Form Health Survey v2 (SF-36) before and 22 ± 4.2 months after surgery. Information on socio-demographics, body mass index (BMI), co-morbidity and satisfaction with surgery were collected through patient questionnaires and hospital records.

RESULTS

There was overall improvement on all SF-36 subscales and in the mean physical score (PCS) and mean mental score (MCS) ($p = 0.001$). A total of five patients had lower PCS and 13 patients had lower MCS after surgery, but we identified no particular characteristics associated with this poorer outcome. Co-morbidity and preoperative PCS/MCS showed a strong correlation with change in PCS/MCS score.

CONCLUSION

Gastric bypass had a positive overall effect on HRQOL, but further investigation of individual variations is needed. We found no significant differences in HRQOL outcome between those patients who would be accepted for bariatric surgery under the current Danish criteria for bariatric surgery and those patients who only fulfilled the criteria for bariatric surgery before 2011.

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