Collaborating to Create Consensus Guidelines

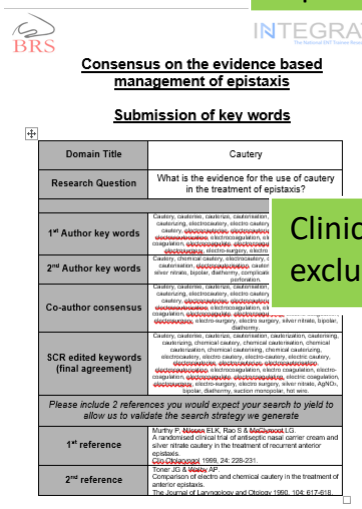
Creating effective partnerships across the country, professions, time and the cloud

Epistaxis (nosebleed) is very common, and currently management varies across the UK, with no guidelines.
Requirement for 6 evidence based guidelines on 9 aspects of the care & management of epistaxis, and some of its related issues.
Funding from ENTUK; Project led by 2 clinicians from Cambridge & Plymouth

Clinicians with Clinicians | **Clinicians with Librarians** | **Librarians with Librarians**

Integrate: National ENT Trainee Research Network – group of clinicians to carry out National Epistaxis Audit: entintegrate.org

Librarians contributed to protocol written by clinicians, particularly the search methodology and databases to be searched.
Published on Prospero: http://tinyurl.com/epistaxis-SR
Topics were shared between 2 lead clinicians and 2 librarians.


BRS INTEGRATE

Consensus on the evidence based management of epistaxis

Submission of key words

Domain Title	Cautery
Research Question	What is the evidence for the use of cautery in the treatment of epistaxis?
1st Author key words	Cautery, cauterise, cauterize, cauterisation, cauterization, cauterising, cauterizing, electrocautery, electro cautery, cautery, electrocoagulation, electrocoagulation, electrocoagulation, electro coagulation, electro-coagulation, electrocoagulate, electrocoagulating, electric coagulation, electrosurgery, electro surgery, electro-surgery, silver nitrate, AgNO3, bipolar, diathermy, suction monopolar, hot wire.
2nd Author key words	Cautery, chemical cautery, electrocautery, cauterisation, electrocoagulation, cautery, silver nitrate, bipolar, diathermy, complicate, perforation.
Co-author consensus	Cautery, cauterise, cauterize, cauterisation, cauterization, cauterising, cauterizing, electrocautery, electro cautery, cautery, electrocoagulation, electrocoagulation, electrocoagulation, electro coagulation, electro-coagulation, electrocoagulate, electrocoagulating, electric coagulation, electrosurgery, electro surgery, electro-surgery, silver nitrate, bipolar, diathermy.
SCR edited keywords (final agreement)	Cautery, cauterise, cauterize, cauterisation, cauterization, cauterising, cauterizing, chemical cautery, chemical cauterisation, chemical cauterization, chemical cauterising, chemical cauterizing, electrocautery, electro cautery, electro-cautery, electric cautery, electrocoagulation, electrocoagulation, electrocoagulation, electro coagulation, electro-coagulation, electrocoagulate, electrocoagulating, electric coagulation, electrosurgery, electro surgery, electro-surgery, silver nitrate, $AgNO_3$, bipolar, diathermy, suction monopolar, hot wire.
Please include 2 references you would expect your search to yield to allow us to validate the search strategy we generate	
1st reference	Murthy P, Nilsen ELK, Rao S & McClymont LG. A randomised clinical trial of antiseptic nasal carrier cream and silver nitrate cautery in the treatment of recurrent anterior epistaxis. Clin Otolaryngol 1999, 24: 228-231.
2nd reference	Toner JG & Bailey AP. Comparison of electro and chemical cautery in the treatment of anterior epistaxis. The Journal of Laryngology and Otology 1990, 104: 617-618.

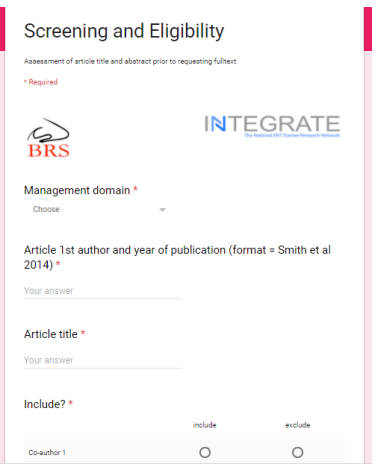
Librarians in Cambridge & Exeter collaborated to create core "epistaxis" search strategy which would be used for all topics.

Clinicians in each "topic team" provided librarians with keywords, exclusion criteria, and key papers that could be used to test strategies.

Librarians reviewed each other's strategies for each topic – useful for getting fresh eyes on syntax, keywords etc.

ENDNOTE 7 | MENDELEY | zotero → Excel

Collaboration to create a cloud based process, accessible to all topic teams:
- Used Google form for clinician reviewers to submit comments on papers
- Resulting .xls allowed easy comparison between pairs of reviewers
- Dropbox used for sharing of documents


Screening and Eligibility

Assessment of article title and abstract prior to requesting fulltext

* Required

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Management domain *

Choose

Article 1st author and year of publication (format = Smith et al 2014) *

Your answer

Article title *

Your answer

Include? *

	include	exclude
Co-author 1	○	○

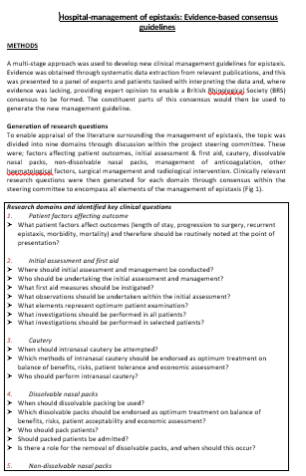
Librarians also supported with reference management issues, as clinicians used multiple tools.

Clinicians worked in groups to focus on each topic, and in pairs to review papers.

Librarians supported access to full text papers, via British Library if/as necessary.

Multidisciplinary panel including patients, reviewed and analysed results and generated recommendations based on the strength of evidence and panel agreement.

Audit of 1,800 cases also reviewed, and together the data will be used to inform the generation of the national management guideline.


Hospital-management of epistaxis: Evidence-based consensus guidelines

METHODS

A multi-stage approach was used to develop new clinical management guidelines for epistaxis. Evidence was obtained through systematic data extraction from relevant publications, and this was presented to a panel of experts and patients tasked with interpreting the data and, where evidence was lacking, providing expert opinion to enable a British Rhinological Society (BRS) consensus to be formed. The constituent parts of this consensus would then be used to generate the new management guideline.

Generation of research questions

To enable appraisal of the literature surrounding the management of epistaxis, the topic was divided into nine domains through discussion within the project steering committee. These were; factors affecting patient outcomes, initial assessment & first aid, cautery, dissolvable nasal packs, non-dissolvable nasal packs, management of anticoagulation, other haematological factors, surgical management and radiological intervention. Clinically relevant research questions were then generated for each domain through consensus within the steering committee to encompass all elements of the management of epistaxis (Fig 1).

Research domains and identified key clinical questions

1. *Patient factors affecting outcome*
   - What patient factors affect outcomes (length of stay, progression to surgery, recurrent epistaxis, morbidity, mortality) and therefore should be routinely noted at the point of presentation?
2. *Initial assessment and first aid*
   - Where should initial assessment and management be conducted?
   - Who should be undertaking the initial assessment and management?
   - What first aid measures should be instigated?
   - What observations should be undertaken within the initial assessment?
   - What elements represent optimum patient examination?
   - What investigations should be performed in all patients?
   - What investigations should be performed in selected patients?
3. *Cautery*
   - When should intranasal cautery be attempted?
   - Which methods of intranasal cautery should be endorsed as optimum treatment on balance of benefits, risks, patient tolerance and economic assessment?
   - Who should perform intranasal cautery?
4. *Dissolvable nasal packs*
   - When should dissolvable packing be used?
   - Which dissolvable packs should be endorsed as optimum treatment on balance of benefits, risks, patient acceptability and economic assessment?
   - Who should pack patients?
   - Should packed patients be admitted?
   - Is there a role for the removal of dissolvable packs, and when should this occur?
5. *Non-dissolvable nasal packs*

Librarians were consulted on consensus methodology documentation, and will be co-authors on this and the individual papers on each topic.

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