

IMPACTE Group Summary

The form may be saved to your computer and completed electronically in Word *or* printed and completed by hand.

Practice/Group

A Your Question/Topic

Reason for choosing topic?

B Evidence You Used

Type of evidence Guideline Study Other
Study type Systematic Review RCT Qualitative Other

Appraising the evidence

Nationally recognised **guidelines** e.g. NICE are assumed to be based on high quality evidence and do not need to be appraised. For all **study** types, following steps (1), (2) and (3) will help you to make sense of the evidence.

(1) What question did the study ask? What is the ...

Population/clinical problem?

Intervention/therapy?

Control/comparison?

Outcome?

Is the study question the same as yours? Yes No

(2) How well was the study done? Below are some questions to help you make sense of a RCT (See supplementary sheet for other study types)

Recruitment? Subjects representative of target population
Allocation? Randomised & concealed Comparable groups at start of trial
Maintenance? Equal co-interventions for each group Adequate follow-up; losses <20%
Measurement of outcomes? Blinded subjects and assessors Objective outcomes

(3) What do the results mean? Some tips for interpreting statistics in a RCT study

P-Value $p < 0.05$ is often accepted as "statistically significant" i.e. there is a less than 1 in 20 (or 5 in 100) chance that the difference seen in the study would have arisen by chance.

95% CI (Confidence Interval) - If the CI does NOT cross 1 (for a ratio) or 0 (for a mean) - it is statistically significant. There is evidence of an effect and it may be clinically significant.

NNT (Number Needed to Treat) is used to help assess clinical significance, for example, if $NNT=5$ then treating 5 patients with the new treatment will prevent 1 adverse event occurring.

C Discussion Points

Consider, for example, whether this is new evidence (or old evidence not yet acted upon) - could it have an impact on patient care? Are the results credible and clinically significant? Is there a large variation in current practice? What barriers exist to its implementation?

Evidence cited in the presentation - listed on page 3

How to address patients' concerns about their appearance - abnormal skin folds - after surgery? Funding for post-op cosmetic surgery?

Patients - compliance with post-op vitamin & mineral supplementation regime?

Do patients stick to the pre-op diet and if they do, isn't that evidence that the patient can loose weight without surgery? Surgery helps patient to maintain weight loss.

Does the evidence confirm or change current practice? Confirm Change Not relevant

Implementation Plan

What action(s) are you going to take?

For example, do you need to find more evidence / have training/ undertake an audit / take advice from specialists / change your practice management / spread to other practices?

	Who by?	Date by?
Action 1		
Action 2		

Summary drafted by	Linda Potter, Primary Care Librarian	Date	01/05/12
Verified / transcribed by	Dr S. Amin	Date	01/05/12

Please take a copy for your records and e-mail the original to Linda.potter@mkhospital.nhs.uk or send in the internal mail to MKH Library, Postgrad Centre, Standing Way, Eaglestone, Milton Keynes MK6 5LD. Use your copy to record outcomes of actions.

Reviewing your agreed action(s)

Please use the space below on your copy to record benefits and/or outcomes of action(s) taken; it is recommended that agreed action(s) are reviewed 3 months after your IMPACTE meeting discussion. (On review, please send a copy to Linda.potter@mkhospital.nhs.uk)

	Date
Action 1	
Action 2	

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SCAN pages updated	<input type="checkbox"/> Practice	<input type="checkbox"/> Topics	<input type="checkbox"/> Summary
			Date
			Date

Bariatric surgery and its role in diabetes or metabolic syndrome: a presentation by Mr Jambulingam, Consultant Surgeon, Upper GI, Luton & Dunstable (CMK Medical Centre, 27 April 2012)

Evidence cited in the presentation:

N Engl J Med. 2007 Aug 23;357(8):741-52.

Effects of bariatric surgery on mortality in Swedish obese subjects

<http://www.ncbi.nlm.nih.gov/pubmed/17715408>

JAMA. 2012 Jan 4;307(1):56-65.

Bariatric surgery and long-term cardiovascular events

<http://www.ncbi.nlm.nih.gov/pubmed/22215166>

Ann Surg. 2007 May;245(5):699-706.

A state-wide review of contemporary outcomes of gastric bypass in Florida: does provider volume impact outcomes?

<http://www.ncbi.nlm.nih.gov/pubmed/17457162>

Diabetes Metab. 2009 Dec;35(6 Pt 2):537-43.

Bariatric surgery in patients with type 2 diabetes: benefits, risks, indications and perspectives

<http://www.ncbi.nlm.nih.gov/pubmed/20152741>

JAMA. 2008 Jan 23;299(3):316-23.

Adjustable gastric banding and conventional therapy for type 2 diabetes: a randomized controlled trial.

<http://www.ncbi.nlm.nih.gov/pubmed/18212316>

Ann Surg. 1998 May;227(5):637-43; discussion 643-4.

A new paradigm for type 2 diabetes mellitus: could it be a disease of the foregut?

<http://www.ncbi.nlm.nih.gov/pubmed/9605655>

BMJ. 2011 Apr 12;342:d2353. doi: 10.1136/bmj.d2353.

Obesity surgery data show success in tackling life threatening illnesses [Bariatric Surgery Report 2010]

<http://www.ncbi.nlm.nih.gov/pubmed/21487062>