

Social media and Cochrane UK: making evidence accessible and engaging

Sarah Chapman
@SarahChapman30
Knowledge Broker
Cochrane UK, Oxford

Trusted evidence.
Informed decisions.
Better health.

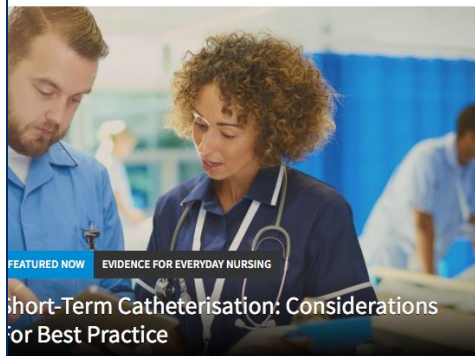
Evidently Cochrane

Sharing health evidence you can trust

Supported by



Cochrane
UK



Thinking about sherry...not systematic reviews!



Our evidence

Get involved

News and events

1. Cochrane who?

2. How do I find and understand Cochrane reviews?

Depends on
1 and 2!

**Chewing gum for postoperative
recovery of gastric
function**

Emerging evidence indicates that
chewing gum after surgery may aid in
faster recovery of the digestive system.

“It would be so
nice if something
made sense for a
change”



- Clear and consistent
- Tailored for audiences
- Multiple formats and places
- Complex to simple
- Useful for decision-making



Evidence-
based
practice

Best
research
evidence

Clinical
expertise

Patient
values



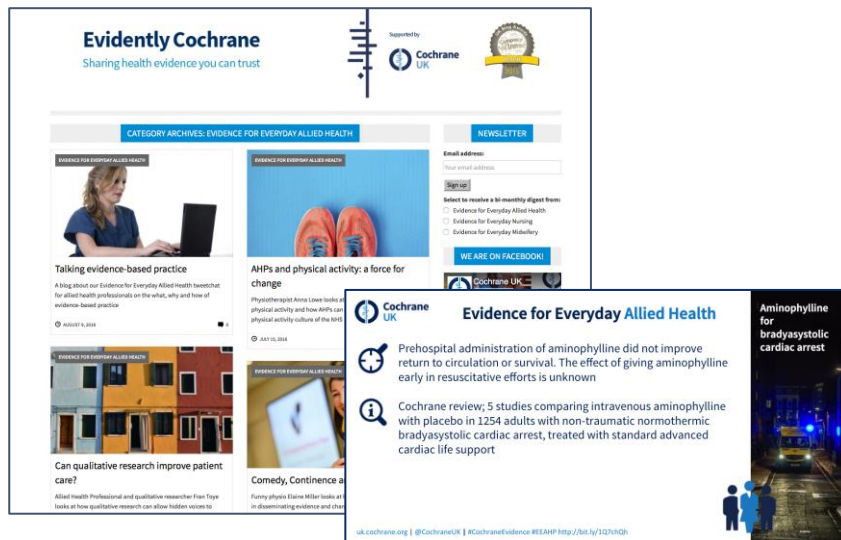
Evidence for Everyday...

#EEMidwifery
#EENursing
#EEHealthChoices
#EEAHP

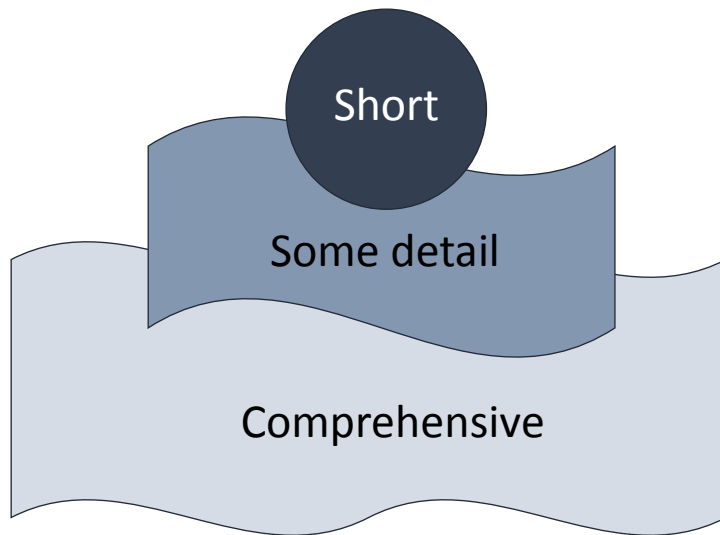
Evidently Cochrane
uk.cochrane.org

Twitter
Facebook
Instagram
Tumblr
Snapchat
YouTube
LinkedIn
Google +

Newsletters



Balancing accessibility and precision – increasing levels of complexity



Cochrane UK **Evidence for Everyday Allied Health**

- Prehospital administration of aminophylline did not improve return to circulation or survival. The effect of giving aminophylline early in resuscitative efforts is unknown
- Cochrane review; 5 studies comparing intravenous aminophylline with placebo in 1254 adults with non-traumatic normothermic bradycardiac arrest, treated with standard advanced cardiac life support

Aminophylline for bradycardiac arrest



uk.cochrane

Cochrane UK **Evidence for Everyday Health Choices**

Treating anterior cruciate ligament injuries

- No difference was found between surgery and conservative treatment in knee function at 2 and 5 years, but reliable evidence is lacking. Many participants with an anterior cruciate ligament rupture had unstable knees after rehabilitation and opted for surgery later.
- New Cochrane review; 1 study with 121 young, active adults with ACL injury in the past 4 weeks. Surgery followed by structured rehabilitation was compared with conservative treatment (structured rehabilitation alone)



Cochrane UK **Evidence for Everyday Health Choices**

Aquatic exercise for osteoarthritis

- Aquatic exercise (exercises in water, usually at 32°C to 36°C) probably leads to small, short-term improvements in pain, disability and quality of life in people with osteoarthritis of the knee or hip
- Cochrane review; 13 studies with 1190 people, most with mild to moderate symptomatic osteoarthritis of the knee or hip



Cochrane UK **Evidence for Everyday Nursing**

- Using a vapocoolant spray ('cold spray') on the skin immediately before IV cannulation probably reduces the pain, without making cannulation more difficult. It may be associated with mild discomfort
- New Cochrane review; 9 studies, 1070 adults and children undergoing IV cannulation, comparing vapocoolant with placebo spray or no spray

evidentlycochrane.org | @ukcochrane | #EENursing <http://bit.ly/24BwZef>

Vapocoolants to reduce the pain of intravenous cannulation

Cochrane UK **Evidence for Everyday Midwifery**

Induction of labour for suspected fetal macrosomia

- Induction of labour resulted in lower birthweight with fewer fractures and probably fewer with shoulder dystocia. No effect was seen on risk of caesarian section or instrumental delivery. Third- and fourth-degree tears may be increased with induction
- Updated Cochrane review; 4 studies with 1190 women, comparing induction of labour at 37 to 40 weeks with expectant management

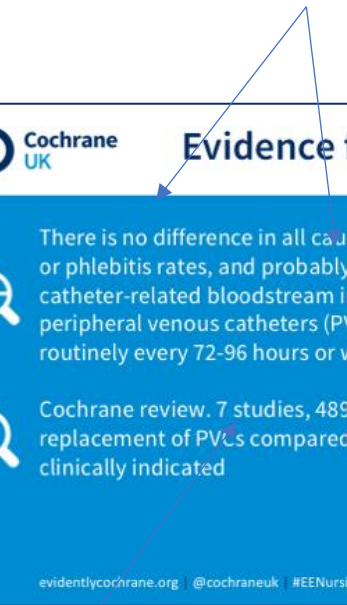
ukcochrane.org | @ukcochrane | #EEMidwifery <http://bit.ly/25hb72o>



Blogshots

Blogshots

GRADE




Evidence for Everyday Nursing

When to replace peripheral venous catheters

There is no difference in all cause bloodstream infection or phlebitis rates, and probably no difference in catheter-related bloodstream infection, whether peripheral venous catheters (PVCs) are changed routinely every 72-96 hours or when clinically indicated

Cochrane review. 7 studies, 4895 patients. Routine replacement of PVCs compared with replacement when clinically indicated

evidentlycochrane.org | @cochraneuk | #EENursing <http://bit.ly/1WEprSe>



‘Studies’ not ‘RCTS’

Link

Blogs are a great way to share research

- Accessible
- Short – quick to read
- Easy to find
- Targeted
- Sociable/engaging
- Opportunity to set evidence in context and bring it to life with stories, experience and expertise





Students 4 Best Evidence (S4BE)

A growing network of students (800+) interested in learning more about evidence-based healthcare.

The S4BE website features 400+ blogs written by, and for, students (from all disciplines):

- *Blogs about the latest research*
- *Tutorials explaining evidence-based concepts (e.g. statistics)*
- *Reviews of learning resources*

www.s4be.org



@Students4BE

Lego's not just for Christmas!

One person will have dementia but this will be missed by the test



Six people will be correctly diagnosed as having dementia



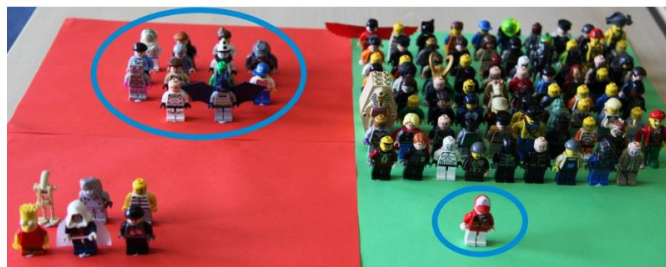
79 people will not have dementia and will be correctly assessed by the test



But 14 people who do not have dementia will be incorrectly diagnosed as having it



So this is how the 100 have been sorted. It's wrong for 15 of them.



One review, multiple products



Cochrane Trusted evidence. Informed decisions. Better health.

Our evidence | About us | Get involved | News and events | Cochrane Library

Replacing a peripheral venous catheter when clinically indicated: routine replacement

Published: 14 August 2021

Authors: Wilson A, O'Brien S, Edwards R, Ford S

Primary Review Group: Vascular Group

Search Cochrane or Cochrane Library

Related content

- Pain
- PO
- Cancer

Background

Most hospital patients receive fluids or medications via an intravenous catheter some time during their hospital stay. An intravenous catheter (also called an IV or intravenous cannula) is a short, hollow tube placed in the vein to allow administration of medications, fluids or nutrients directly into the bloodstream. These catheters are often replaced every three to four days to try to prevent infection at the site or infection of the blood. However, the procedure may be uncomfortable for patients and is quite costly.

Study characteristics and key results

The review included all of the randomised controlled trials (current up to March 2021), which have compared routine catheter changes with changing the catheter only if there were signs of inflammation or infection. We measured catheter-related bloodstream infection (BSIs) and other problems associated with peripheral catheters, such as local infection and catheter blockage. There was no difference between the groups on any of these measures. However, we did find that catheters, on average, when catheters were replaced when there was a clinical indication, as compared with routine changes.

Quality of the evidence

The overall quality of the evidence was rated as being high for most of the outcomes. There was some uncertainty for the outcome catheter-related bloodstream infection, as the evidence for that outcome was downgraded to moderate, as the incidence of benefit to support current practice of changing catheters routinely every three to four days.

Authors' conclusions

The review found no evidence to support changing catheters every 72 to 96 hours. Consequently, healthcare organisations may consider changing to a policy whereby catheters are changed only if clinically indicated. This would provide significant cost savings and would spare patients the unnecessary use of routine or other interventions. To minimise peripheral catheter-related complications, the insertion site should be inspected at least daily and the catheter removed if signs of inflammation, infection, blockage or pain are present.

What this evidence adds to your new series Evidence for Everyday Nursing

We looked at a Cochrane review which found no evidence to support routinely replacing peripheral venous catheters. This was then discussed in a *Nurse's Evidence* newsletter, summarised in *What's New in Evidence for Everyday Nursing*. It might be a very good thing to do something routinely, of course, but practices that are so entrenched in some questions there might not be the best thing at all.

But do you also know when to manage peripheral venous catheters (PVCs)? Change them routinely or only when there are clinical indications? Is it necessary, such as blockage, pain, redness, infiltration, swelling, leaking or phlebitis?

The UK's *National Evidence-Based Guidelines* recommend that short peripheral catheters should be replaced when clinically indicated, unless the patient is wearing generalised catheter prophylaxis. These guidelines, like the previous version of a Cochrane review, which has recently been updated. There were no new studies to add in 2021.

The Cochrane review brings together the best available evidence from randomised controlled trials (RCTs) comparing routine replacement of PVCs with changing them only when clinically indicated.

Evidently Cochrane
Sharing health evidence you can trust

Latest Posts

Stick or carrot? How can hospital doctors be encouraged to...
Hope good for your back?
Sorry, what did you say?

When to replace peripheral venous catheters

There is no difference in all cause bloodstream infection or phlebitis rates, and probably no difference in catheter-related bloodstream infection, whether peripheral venous catheters (PVCs) are changed routinely every 72-96 hours or when clinically indicated

Cochrane review, 7 studies, 4895 patients. Routine replacement of PVCs compared with replacement when clinically indicated

evidentlycochrane.org | [@cochraneuk](https://twitter.com/cochraneuk) | #EENursing <http://bit.ly/1WEPrSe>

“We will be making change soon based on the latest evidence - tweetchat to action”

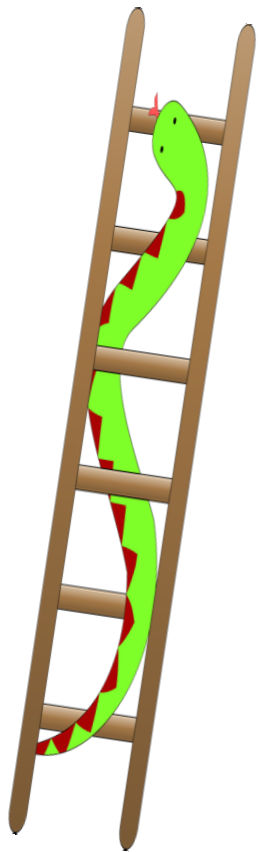
@CraigBradleyF1 (Infection Prevention Nurse)



- How to use it?
- How often?
- What do patients think of it?
- Harms?
- Contraindications?
- Which patients?
- What's the evidence?

(PressureGone is currently unavailable – there's just no evidence for it...)

#UnderstandingEvidence



Cochrane
UK

The Problem with Sex

#theproblemwithsex



“Two years on at the International Gynaecology Cancer Society Congress in Prague, I chaired a multidisciplinary gathering of some 10 countries, using the systematic scientific review and lessons learnt from the trial to encourage agreement on best practice.”

“We updated the Cochrane Review in 2014, our findings unchanged, but we heard from more clinicians who are listening and want to learn more on how to talk to their patients about sex. We heard and went on to developing the guidelines on assessing and managing sexual concerns for women receiving treatment for cancer.”



Vaginal dilator therapy: vibrate, dilate, or wait?

BY TRACIE MILES APRIL 4, 2017 // 4 COMMENTS [TWITTER](#) [f](#) [SHARE](#)

In a blog for our special series on *The Problem With Sex*, researcher and nurse Tracie Miles, author of a *Cochrane review* on vaginal dilator therapy after pelvic radiotherapy, writes about sex, science and what happens when we listen to women.

So there I am, a newbie gynaecology cancer nurse, looking after women during and after radiotherapy treatment for their pelvic cancer. My boss shows me the hospital's vaginal dilators; hollow phallus shaped plastic tubes in various sizes stacking one inside each other like a set of Russian dolls.

The thing is, I'm supposed to tell the woman in front of me that she needs to push these tubes into her vagina. Over the last few months she has had hands, eyes and instruments in it as she is trying to cure or palliate her painful tender and occasionally bleeding cancer. I'm supposed to tell her to insert these THINGS into her vagina, around 3 times a week move it around to stretch the tender skin. My boss says that if she doesn't the walls of the vagina might get stuck together, might lose their elasticity as well as moisture/lubrication.....making penetrative sexual intercourse and medical examination difficult (known as vaginal stenosis) oh and not to worry if she bleeds whilst she is doing this..... that's normal.... hmm tricky that; vaginal bleeding was the signal she had that took her to the doctor, who then put a speculum in her vagina and referred to the cancer team.

Anyway I obediently complied with issuing instructions; my patients doing the same dutifully trying to be concordant with my commands.

I started to listen to the silence

Then I started to listen to the silence during treatment consults..... it was loud, DILATING IS DIFFICULT! She was telling me that she wasn't sexually active, and didn't want to be..... She whispered that the dilator made her feel dirty and reminded her of sexual abuse she had endured and was distasteful. We women are not all the same so not silence, but a SHOUT really? I want my vagina

I'm supposed to tell her to
insert these THINGS into her
vagina

“I want my vagina back”



Stephanie Mansell @skmansell 18h
@CochraneUK #theproblemwithsex
has been enlightening we've
committed 2 updating our pt info as
a result #teamsleepvent
@RoyalFreeNHS

“Last night a course called ‘Sex and Cancer’ started, based at the Maggie’s Centre, Oxford. A series of workshops for cancer patients and their partners. We made an introductory handout and included links to your blogs, and used some of the quotes from your blogs.”

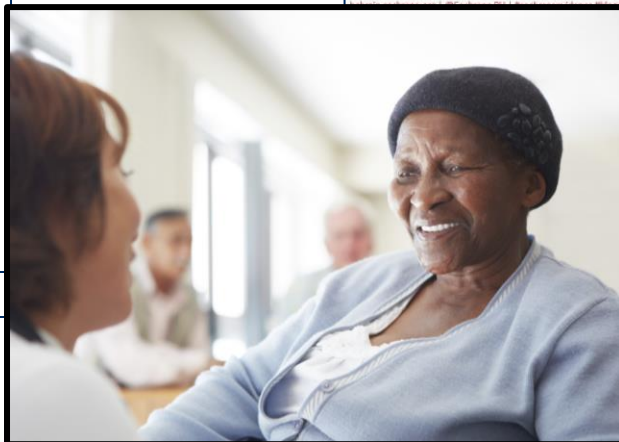
Dr Eleanor Holloway

“I am a regular contributor on an online cervical cancer support group. Many ladies there seek advice about dilators. They don’t want to use them and they think that the ones given to them by their hospital are the only thing they can use...This article will go a long way to reassuring women in this position. I have shared it there.”

Julia Tugwell

“Brilliant to see the lack of discussion around sex and chronic diseases getting some attention. Shedding light on this topic has huge potential to improve patient care. Looking forward to getting involved in the Tweetchat ”

Stephanie Ejegi-Memeh



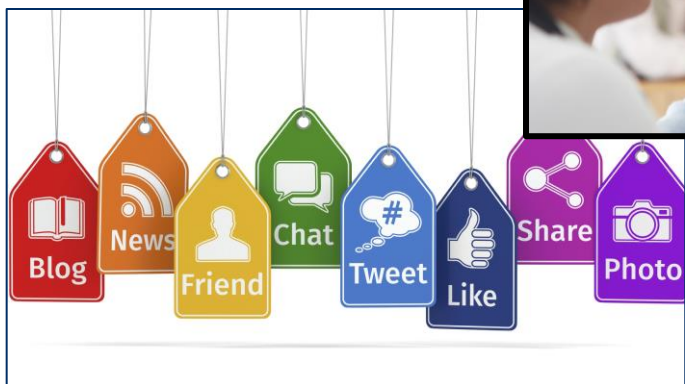
العلاج الكيماوي بعد جراحة أورام المبيض المبكرة

يخفف العلاج الكيماوي بعد العمل الجراحي والمبني على البلائس من نسبة وفيات حالات سرطان المبيض ذو المرحلة المبكرة. كما يقلل من احتمالية عودة السرطان في السنوات العشر التالية للعلاج

حسب تحديث لمراجعة كوكرين منهجية تضمنت 5 تجارب سريرية معشاة و 1277 امرأة

حسب أدلة عالية الجودة

ترجمة من كوكرين السلسلة الشفافة



Cochrane
Gynaecological, Neuro-oncology
and Orphan Cancers

Thank you!

uk.cochrane.org

evidentlycochrane.org

Twitter: @CochraneUK @SarahChapman30

<https://www.facebook.com/CochraneUK>

Instagram ukcochranecentre

