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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW  
KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : Neuro-Endovascular Intervention in Traumatic Carotico-Cavernous Fistulae: A Single-Center Experience  
 Penulis Artikel Ilmiah : 4 orang  
 Status Pengusul : **Penulis pertama/penulis anggota/penulis korespondensi**  
 Identitas Jurnal Ilmiah : a. Nama Jurnal : International Journal of General Medicine  
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 f. DOI artikel (Jika ada) : <https://doi.org/10.2147/IJGM.S273603>  
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 h. Terindeks di : SCOPUS (Q2) SJR 0,722  
 i. Link turnitin : [https://doc-pak.undip.ac.id/3758/1/MTA\\_Turnitin\\_Neuro\\_Endovascular.pdf](https://doc-pak.undip.ac.id/3758/1/MTA_Turnitin_Neuro_Endovascular.pdf)

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 Jurnal Ilmiah Nasional Terakreditasi  
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	40			
a Kelengkapan dan Kesesuaian unsur isi artikel (10%)	4			4
b Ruang lingkup dan kedalaman Pembahasan (30%)	12			12
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d Kelengkapan unsur dan kualitas penerbit (30%)	12			11,5
Nilai Total = (100%)	40			39,5
Nilai pengusul			60% x 39,5 =	23,7
<b>KOMENTAR/ULASAN PEER REVIEW</b>				
a. Kelengkapan dan kesesuaian unsur isi artikel	Unsur isi dan sistematika artikel lengkap dan jelas. Hasil, pembahasan dan kesimpulan sesuai dengan tujuan penelitian, didukung oleh pustaka yang kebanyakan <10 tahun, hanya beberapa >10 tahun, namun masih relevan untuk penelitian ini			
b. Ruang lingkup dan kedalaman pembahasan	Lingkup penelitian sesuai dengan bidang ilmu pengusul, tentang clinical neurosurgery untuk mengetahui endovascular treatment pada carotica-cavernous fistula (CCF) pada 31 pasien dengan CCF di RS Dr. Kariadi. Pembahasan dilakukan dengan baik, dan dibandingkan dengan artikel terdahulu			
c. Kecukupan dan Kemutakhiran Data dan Metodologi	Studi analitik observasional. Metode penelitian ditulis dengan lengkap dan jelas, mulai dari pemilihan sampel, prosedur sampai dengan etika penelitian			
d. Kelengkapan unsur dan kualitas penerbit	International Journal of General Medicine merupakan jurnal terindeks scopus Q2. Indeks kemiripan 7%.			

Semarang, 20 Januari 2021  
 Penilai I



Prof. Dr. dr. Tri Nur Kristina, DMM, M.Kes  
 NIP 195905271986032001  
 Unit kerja : Fakultas Kedokteran  
 Bidang Ilmu : Ilmu Kedokteran  
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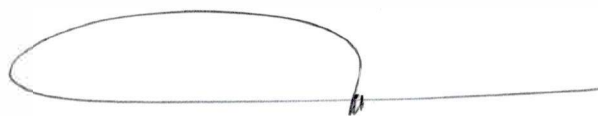
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Nilai Total = (100%)	40			39
Nilai pengusul			60% x 39 =	23,4

**KOMENTAR/ULASAN PEER REVIEW**

a. Kelengkapan dan kesesuaian unsur isi artikel	Sistematika artikel lengkap dan terdapat kesesuaian dengan isinya. State of art disampaikan dengan baik di Introduction dan menunjukkan manfaat penelitian.
b. Ruang lingkup dan kedalaman pembahasan	Penelitian clinical neurosurgery untuk mengetahui endovascular treatment pada carotica-cavernous fistula (CCF) pada 31 pasien dengan CCF di RS Dr. Kariadi. Hasil yang penting dibahas dengan cukup baik dan mengerucut pada kesimpulan dan recommendation. Sitasi mencukupi (23 artikel) mayoritas journal < 10 tahun.
c. Kecukupan dan Kemutakhiran Data dan Metodologi	Metode penelitian diuraikan lengkap dan jelas. Dari pemilihan sampel (kriteria inklusi) dan study procedure serta measurements, etika penelitian diuraikan.
d. Kelengkapan unsur dan kualitas penerbit	International Journal of General Medicine merupakan jurnal terindex scopus Q2 dengan focus and scope sangat luas di bidang kedokteran. Indeks kemiripan 7%.

Semarang, 23 Desember 2020  
 Penilai 2



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Volume 13, 2020, Pages 917-925

## Neuro-endovascular intervention in traumatic carotico-cavernous fistulae: A single-center experience [\(Article\)](#) [\(Open Access\)](#)

Arifin, M.T. ✉ Akbar, M.A., Illyasa, W., Prihastomo, K.T.

Save all to author list

Department of Neurosurgery, Faculty of Medicine, Diponegoro University, Semarang, Indonesia

### Abstract

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**Introduction:** The aim of this research was to describe a single-center practical experience in the management of traumatic carotid cavernous fistula (CCF). **Methods:** There were a total of 31 patients between January 2005 and December 2019 with post-traumatic carotid cavernous sinus fistula (tCCF) who underwent treatment. We classified them into 2 types according to the flow of the CCF: Patients with high flow CCF and patients with low flow CCF. **Results:** Angiography revealed the high flow types on 21 patients (67.7%), the mean of patients ages are 31.5 years. Onyx embolization was performed in 1 patient (4.76%), transarterial balloon embolization was carried out in 10 patients (47.61%), transarterial coiling in 3 (14.28%) patients while 5 (28.8%) patients underwent transvenous routes to insert the coil and 2 patients (9.52%) were treated conservatively. Complete occlusion was achieved on all patients with coiling whereas the other treatment experiences the reducing flow of the fistula. We obtained 10 patients (32.2%) with a mean of 40.3 years as low flow type CCF. The patients with the low flow type mostly treated conservatively, because their symptoms were acceptable and intermittent. **Conclusion:** The ballooning currently became the more affordable treatment in our center. Balloon embolization was recommended for medium- and large-size fistula. The coils should be recommended for small-size fistula. In some cases occlusion of the fistula cannot be obtained using the detachable balloon, a coil can be used to occlude the cavernous sinus via trans arterial or trans venous access. If the fistula failed to be treated in traditional ways using balloons or coils, occlusion of the parent vessels could be another option. © 2020 Tohar Arifin et al.

### Author keywords

Angiography Carotid cavernous sinus fistula Embolization Transarterial Transvenous Trauma

ISSN: 11787074

Source Type: Journal

Original language: English

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Professor Scott Fraser is a consultant ophthalmologist at Sunderland Eye Infirmary in the North East of the UK. He is also honorary lecturer at the University of Newcastle Upon Tyne and visiting professor at the University of Sunderland. He is a member of the Royal College of Surgeons of Edinburgh and the Royal College of Ophthalmologists.



Dr Fraser

He trained as an ophthalmologist initially in Newcastle and then completed his training at Moorfields Eye Hospital. At Moorfields he was also a research fellow initially looking into risk factors for late presentation of glaucoma and later as the Friend of Moorfields funded researcher looking at the genetics of glaucoma. He was awarded his MD in 2000.

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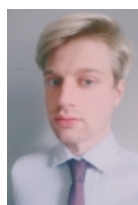
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His main clinical interest is in glaucoma in which he completed sub-speciality training at Moorfields. His research interests also include glaucoma but more widely he is interested in factors that alter compliance with eye medications. He also has an interest in evidence based medicine and is an editor for the Cochrane Eyes and Vision group. He has published over 50 peer reviewed articles and over 100 presentations at scientific meetings. He has written chapters for 7 textbooks and has co-written a manual for eye care.

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# From Best Evidence to Best Practice: Enteral Nutrition from Continuous Nasal Feeding in Stroke Patients

This article was published in the following Dove Press journal:  
*International Journal of General Medicine*

Lijuan Sheng<sup>1</sup>  
Lihong Yin<sup>1</sup>  
Dezhen Peng<sup>1</sup>  
Liping Zhao<sup>2</sup>

<sup>1</sup>Department of Neurology, The Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, People's Republic of China; <sup>2</sup>Department of Nursing, The Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, People's Republic of China

**Background:** Best evidence regarding enteral nutrition from continuous nasal feeding in stroke patients is limited. The aim of this study was to explore the best evidence of continuous nasal feeding in stroke patients and translate the evidence into clinical practice.

**Methods:** This study utilized the standard procedures of the Joanna Briggs Institute (JBI) evidence-based nursing centers' clinical evidence-practice application system. The baseline assessment of stroke patients in the neurology ward was conducted. A pre- and post-implementation audit approach was used in this study and adopted the Getting Research into Practice program. We analyzed the compliance of nurses with best practice and its impact on patients' gastrointestinal function and complications, aspiration, aspiration pneumonia, nurses' daily workload of nasal feeding, and the length of hospitalization before and after implementing the evidence-based strategies.

**Results:** After application of the evidence-based strategies, nurses' compliance with best practice was improved. The incidence of patients' gastrointestinal complications including vomit ( $\chi^2 = 5.195$ ,  $P=0.023$ ), palirrhoea ( $\chi^2 = 4.216$ ,  $P=0.039$ ), diarrhea ( $\chi^2 = 4.514$ ,  $P=0.042$ ), constipation ( $\chi^2 = 5.535$ ,  $P=0.035$ ) and gastric retention ( $\chi^2 = 4.541$ ,  $P=0.042$ ) decreased significantly after the application of the best evidence. The working time of nurses undergoing nasal feeding decreased from  $23.71 \pm 3.22$  min to  $7.73 \pm 1.14$  min ( $P=0.000$ ) and the length of patient's hospitalization decreased from  $35.63 \pm 4.45$  days to  $35.00 \pm 3.70$  days ( $P=0.534$ ). The rate of aspiration, aspiration pneumonia did not show a significant difference after implementation of the evidence-based strategies.

**Conclusion:** The results revealed that the evidence-based practice of continuous nasal feeding in stroke patients is an effective method to improve nursing quality and reduce gastrointestinal complications, which was worthy of clinical application.

**Keywords:** stroke, nasal feeding, evidence-based nursing, best evidence, complications

## Introduction

Nutritional supportive therapies, as an important measure for the treatment of critically ill patients, are divided into parenteral nutrition (PN) and enteral nutrition (EN). EN generally refers to the nutritional therapy in which liquid formulations or mixed foods are delivered to the gastrointestinal tract to supplement or provide all the calorie needs of the individual through a feeding tube or mouth.<sup>1</sup> Nasal feeding is one of the main ways of EN, and it is an important treatment measure to improve the prognosis of critically ill patients. It can maintain the function of the gastrointestinal tract, reduce infectious complications, and shorten hospitalization time compared to PN.<sup>2</sup> Methods

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# Personal Perspectives: Having a Prostatectomy and the Role of the Cancer Specialist Nurse

This article was published in the following Dove Press journal:  
*International Journal of General Medicine*

Simon D Taylor-Robinson<sup>1</sup>  
Kathy Dykes<sup>2</sup>  
Bethan Hawkes<sup>3</sup>

<sup>1</sup>Department of Surgery and Cancer, Imperial College London, St Mary's Hospital Campus, London W2 1NY, UK;

<sup>2</sup>Department of Surgery, Morriston Hospital, Swansea, Wales SA6 6NL, UK;

<sup>3</sup>Wales Cancer Network, NHS Wales Health Collaborative, Cardiff, Wales CF15 9SS, UK

**Background:** Doctors are often ill-prepared to become patients, despite knowing the technicalities of surgical procedures and the day-to-day workings of hospital life intimately. Surrendering the decision-making process to other healthcare professionals can be an unnerving process for many of those who are medically qualified.

**Aim:** Although the sequelae of prostatectomy have often been written about, little is in the literature from medically qualified patients about their personal experiences of the procedure. We aimed to highlight areas where communication between medically qualified patients and their carers may be strengthened.

**Methods and Results:** We present a personal perspective of the emotional issues surrounding a potential cancer diagnosis, the experience of having a prostatectomy and what the hospital encounters were like in reality with a viewpoint of informing the medical profession in providing better patient information when they ask “what will it be like?”. From this perspective, the critical role of the cancer specialist nurse is highlighted as the lynch pin in providing a continuing source of information to medically qualified patients and in not treating them as omniscient, simply because of a medical degree.

**Conclusion:** Prostatectomy is a common procedure, but often questions about recovery after the procedure including impotence and incontinence are left unanswered in dealing with medically qualified colleagues when they are patients. Human behaviour is predictable, and medically qualified patients are just as apt to forget what is said to them as anyone else. However, the central role of the cancer specialist nurse as the bridge between the medical team and the patient should not be underestimated.

**Keywords:** prostatectomy, specialist cancer nursing, psychological complications, physical complications

## Introduction

In the United Kingdom, it is not a mandatory screening policy to have an annual serum prostate-specific antigen (PSA) measurement performed in men over the age of 50 years old.<sup>1</sup>

Prostatectomy for benign or malignant causes is not a procedure that should be undertaken lightly, as it has significant potential side-effects which are both physical and psychological. The list of problems is long but includes pain, haematuria, clot retention, peri- or post-operative cardiac sequelae in the elderly, impotence, absence of ejaculation and incontinence to name but a few physical issues that confront many men.<sup>2</sup>

The psychological issues that accompany these problems are both short and longer term in nature.<sup>2</sup> Fear in many men undergoing a prostatectomy means that

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