Conclusions: The incidence of CRC in this cohort aligns with published data. There was poor correlation between current guidelines and planned endoscopic assessment post discharge which requires re-evaluation of current practice.

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PUPIL-POINT: Offline Smartphone Pupillometry and a 60-Second Neuro-Brief for Field Triage of Traumatic Brain Injury

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Background: In conflict and resource-limited settings, early neurological signs guide triage and transfer, yet formal pupillometry and dependable teleconsultation are rarely available. Most apps require connectivity and controlled lighting. The aim of this study is to develop and test PUPIL-POINT, a low-cost pack combining offline smartphone pupillometry with a structured 60-second neuro-brief for rapid escalation in the first hour after head injury.

Methods: Using human-centred design, we will build: (1) a printable calibration card and clip-on light; (2) an on-device computer-vision workflow estimating pupil size and anisocoria without internet; (3) a one-screen script capturing GCS, pupils, lateralising signs, physiologic targets (SpO_2 >94%, SBP ≥110 mmHg, $EtCO_2$ 35–40 mmHg) and red flags; and (4) an auto-generated neuro-brief compressible for SMS/radio. Content validity came from ATLS/WHO mapping and expert review. Feasibility endpoints were prespecified: capture time ≤60 seconds, consumables <£10, and completion of all fields by novices in simulated low-light drills. PUPIL-POINT runs entirely offline, limits photic artefact with flash-free capture, works on low-spec phones, and outputs a standardised, time-stamped brief aligned with neurosurgical referral expectations.

Conclusions: PUPIL-POINT offers a pragmatic route to better neurotrauma triage "in the trenches," standardising the first minute of neurological assessment and the referral message when connectivity and equipment are limited. We invite partners to pilot and co-evaluate the tool.

*Editorial Note: This article describes a study protocol. The proposed study has not yet been conducted, and therefore no data or results are included.

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Psychosocial-informed Considerations for Surgical Scar Revision in Conflict-related Trauma

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Background: Over the past three years, conflict has increased significantly, with a 66% rise in active war zones. Scars are among its most enduring legacies—etched into the skin, but also into identity. Scar revision surgery aims to return anatomic structure and function to minimise any visible scarring, but for surgeons operating on conflict-related trauma, it requires attention to identity and cultural narratives.

Methods: This paper reviews surgical, psychological, and cultural perspectives on scar revision. Exploring Ricoeur's theory of narrative identity in understanding patient attitudes towards surgical scar revision, it reflects on compounding psychosocial considerations attached as well. Reports and testimonies from surgeons operating in war-affected regions were used to contextualise current surgical frameworks against lived trauma.

Results: Surgical approaches through procedures such as Z-plasty, W-plasty and skin grafting improve percieved functional and aesthetic in up to 89% of patients. However scar revision in conflict-affected regions, particularly children, have more inconsistent results, with Médecins Sans Frontières (MSF) reporting patients remaining withdrawn and isolated post-surgery, requiring intensive therapy. MSF also report that without integrated psychosocial support, surgical revision has exacerbated distress and negative self-identity.

Conclusions: Scar revision in trauma and conflict care cannot be confined to surgical techniques. Optimal outcomes require integrating trauma-informed, multidisciplinary pathways that combine

surgical precision with psychological care. Improving conflict-related trauma care is a necessity, so that the patient remains at the forefront of surgical decisions. Future research may include long-term outcomes of scar revision in conflict survivors and development of integrated surgical-psychosocial protocols.

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No Reds, No CT heads: Assessing Inappropriate Trauma CT Head Scans in UK Emergency Departments

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Background: Evidence-based guidelines (NICE NG232) are designed to safely identify ED trauma patients who truly need CT head scans. Practitioners may understandably request scans in the absence of these criteria defensively, yet this can expose patients to unnecessary radiation and costs. The authors aimed to assess how often CT head requests adhere to these guidelines and to evaluate the necessity of scans performed when criteria are not met.

Methods: The authors undertook a two-cycle audit of adult trauma CT head scans at a West Midlands DGH in 2025. Each request was assessed against NICE criteria, and it was recorded whether any intracranial pathology was identified or management was affected. In cycle 1, a poster ("No Reds? No CT Heads") was introduced, visually demonstrating all criteria in one cartoon mnemonic. In cycle 2, the poster was further amended to incorporate local audit data, emphasising that none of the previous inappropriate scans had been positive, and including information on radiation dose (2mSv/scan) and cost (£120/scan).

Results: Across three two-week periods, 148 scans were reviewed. At baseline, 78.8% (41/52) met criteria. This increased to 81.6% (40/49) after cycle 1 (not significant) and 89.4% (42/47) after cycle 2, a statistically significant improvement over baseline (p=0.042). Yield for acute injury increased from 11.5% to 17.0%. No inappropriate scan identified an acute injury in either cycle.

Conclusions: Defensive ordering is prevalent. Non-specific interventions alone had little effect. When combined with targeted local feedback, cost, and radiation data, inappropriate scanning halved without loss of sensitivity.

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Management of Heart Failure in Primary Care

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Background: Heart failure is a frequent and advancing condition that significantly contributes to morbidity and mortality in the UK. Effective primary care management is critical for early diagnosis, optimal treatment, and suitable ongoing monitoring. This clinical audit aims to assess the quality of heart failure management within a primary care setting and its comparison to NICE guideline NG106 across the following domains: diagnostic confirmation, pharmacological treatment, specialist referrals and annual reviews with lifestyle advice.

Methods: A retrospective clinical audit was conducted at a single general practice in Tyldesley, Manchester. This involved 39 patients with a confirmed diagnosis of heart failure. Data was collected manually from electronic health records using a structured data extraction template. Descriptive statistics were used to analyse diagnostic practices, medication prescribing, lifestyle interventions and referral patterns.

Results: Echocardiogram data was available for 97% of patients with only 44% of BNP results documented. 55% of patients with HFrEF or HFmrEF were managed using full guideline recommended therapy. 90% of patients received annual review follow-ups which included lifestyle advice, with disparities relating to alcohol dependent counselling and weight management. Of the 39 patients included in the clinical audit only 56% of patients were referred to specialist heart failure services.