

ORIGINAL RESEARCH

Use of *UpToDate* and Outcomes in US HospitalsThomas Isaac, MD, MBA, MPH¹, Jie Zheng, PhD², Ashish Jha, MD, MPH^{2,3,4*}

¹Division of General Internal Medicine and Primary Care, Beth Israel Deaconess Medical Center, Boston, Massachusetts; ²Department of Health Policy and Management, Harvard School of Public Health, Boston, Massachusetts; ³Division of General Medicine, Brigham and Women's Hospital, Boston, Massachusetts; ⁴VA Boston Healthcare System, Boston, Massachusetts

BACKGROUND: Computerized clinical knowledge management systems hold enormous potential for improving quality and efficiency. However, their impact on clinical practice is not well known.

OBJECTIVE: To examine the impact of *UpToDate* on outcomes of care.

DESIGN: Retrospective study.

SETTING: National sample of US inpatient hospitals.

PATIENTS: Fee-for-service Medicare beneficiaries.

INTERVENTION: Adoption of *UpToDate* in US hospitals.

(range, -0.1 to -0.3 days; $P < 0.001$ for each). Further, patients admitted to *UpToDate* hospitals had lower risk-adjusted mortality rate for 3 of the 6 conditions (range, -0.1% to -0.6% mortality reduction; $P < 0.05$). Finally, hospitals with *UpToDate* had better quality performance for every condition on the Hospital Quality Alliance metrics. In subgroup analyses, we found that it was the smaller hospitals and the non-teaching hospitals where the benefits of the *UpToDate* seemed most pronounced, compared to the larger, teaching institutions where the benefits of *UpToDate* seemed small or nonexistent.

CONCLUSIONS: We found a very small but consistent

“The data suggests the use of computerized tools such as UpToDate enables better decisions, better outcomes, and better care” (1)

1. Isaac T, Zheng J, Jha A. Use of UpToDate and outcomes in US hospitals. Journal of hospital medicine. 2012 Feb;7(2):85-90.

The value of library and information services in patient care: results of a multisite study*

Joanne Gard Marshall, PhD, AHIP, FMLA; Julia Sollenberger, MLS, AHIP, FMLA; Sharon Easterby-Gannett, MLIS, AHIP; Lynn Kasner Morgan, MLS; Mary Lou Klem, PhD, MLIS; Susan K. Cavanaugh, MS, MPH; Kathleen Burr Oliver, MSLS, MPH; Cheryl A. Thompson, MSIS; Neil Romanosky, MCIS, MLIS; Sue Hunter, MLIS

See end of article for authors' affiliations.

DOI: <http://dx.doi.org/10.3163/1536-5050.101.1.007>

Objective: The research conducted a large-scale, multisite study on the value and impact of library and information services on patient care.

Methods: The study used: (1) 2 initial focus groups of librarians; (2) a web-based survey of physicians, residents, and nurses at 56 library sites serving 118 hospitals; and (3) 24 follow-up telephone interviews. Survey respondents were asked to base their responses on a recent incident in which they had sought information for patient care.

the information. Among the reported changes were advice given to the patient (48%), diagnosis (25%), and choice of drugs (33%), other treatment (31%), and tests (23%). Almost all of the respondents (95%) said the information resulted in a better informed clinical decision. Respondents reported that the information allowed them to avoid the following adverse events: patient misunderstanding of the disease (23%), additional tests (19%), misdiagnosis (13%), adverse drug reactions (13%), medication errors (12%), and patient mortality (6%).

UpToDate *was the most used Clinical Decision Support resource by physicians and residents, used significantly more than any other resource (1).*

Table 7
Resources used to search for the information needed to answer the question*†

Information resource	Overall (n=14,591)		Physicians (n=5,233)		Residents (n=2,050)		Nurses (n=6,280)	
Journals (online)	6,687	(46%)	3,105	(59%)	1,143	(56%)	1,882	(30%)
PubMed/MEDLINE	6,160	(42%)	2,848	(54%)	1,217	(59%)	1,577	(25%)
UpToDate	5,776	(40%)	2,785	(53%)	1,570	(77%)	1,121	(18%)
Books (online)	1,933	(13%)	1,088	(21%)	388	(19%)	1,072	(17%)
Micromedex	3,474	(24%)	735	(14%)	376	(18%)	2,170	(35%)
Books (print)	2,993	(21%)	1,264	(24%)	515	(25%)	982	(16%)
eMedicine	2,923	(20%)	1,035	(20%)	779	(38%)	926	(15%)
Ovid MEDLINE	2,400	(16%)	1,127	(22%)	371	(18%)	706	(11%)
Journals (print)	2,308	(16%)	1,147	(22%)	256	(12%)	714	(11%)
MD Consult	2,266	(16%)	1,003	(19%)	509	(25%)	598	(10%)
ePocrates	1,960	(13%)	939	(18%)	564	(28%)	349	(6%)
Professional association websites	1,794	(12%)	642	(12%)	171	(8%)	801	(13%)
Clinical evidence (BMJ)	1,466	(10%)	548	(10%)	308	(15%)	463	(7%)
CINAHL	1,327	(9%)	45	(1%)	16	(1%)	1,149	(18%)
Nursing Reference Center	917	(6%)	11	(<1%)	0	—	849	(14%)
Consumer health resources	520	(4%)	107	(2%)	21	(1%)	330	(5%)
Dynamed	399	(3%)	105	(2%)	172	(8%)	86	(1%)
Stat!Ref	361	(2%)	126	(2%)	69	(3%)	127	(2%)
Essential Evidence Plus	170	(1%)	64	(1%)	41	(2%)	48	(1%)
Other	1,688	(12%)	478	(9%)	131	(6%)	934	(15%)
Not sure	477	(3%)	37	(1%)	7	(<1%)	395	(6%)

1. Marshall JG, Sollenberger J, Easterby-Gannett S, Morgan LK, Klem ML, Cavanaugh SK, Oliver KB, Thompson CA, Romanosky N, Hunter S. The value of library and information services in patient care: results of a multisite study. *Journal of the Medical Library Association: JMLA*. 2013 Jan;101(1):38.

UpToDate

- ❖ یکی از پر استفاده‌ترین منابع اطلاعات بالینی جهان
- ❖ محصول کشور هلند که در سال ۱۹۹۲ راه اندازی شد.
- ❖ نیمه مبتنی بر شواهد
- ❖ یک سیستم حمایت از تصمیم‌گیری بالینی

UpToDate

- ❖ موضوعات UpToDate توسط بیش از هزاران پزشک در حوزه‌های مختلف موضوعی در سراسر جهان نوشته می‌شود.
- ❖ UpToDate به صورت روزانه به روز می‌شود و پس از بررسی جامع مجلات مورد بررسی (تعداد ۴۵۰ مجله)، پایگاه‌های داده‌ای بالینی (مانند مدلاین، کوکران و ...) و سایر منابع به روزرسانی می‌شود.

UpToDate

- ❖ جستجو در این پایگاه براساس topic است و بیش از 11,000 هزار موضوع را شامل می‌شود.
- ❖ امکان استفاده از عملگرهای جستجو (and, or, not, ...) وجود ندارد.
- ❖ قابلیت تعامل پایگاه با کاربران از طریق کامنت گذاشتن (feedback)
- ❖ دارای ارجاع به چکیده‌های Medline است.

این پایگاه توسط وزارت بهداشت خریداری شده است و برای دسترسی به آن باید VPN خود را وصل (connect) نمایید.

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UpToDate شامل ۲۵ حوزهی موضوعی پزشکی است.

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Crohn's disease

Clinical manifestations and complications of inflammatory bowel disease in children and adolescents

Clinical manifestations and diagnosis of arthritis associated with inflammatory bowel disease and other gastrointestinal diseases

Clinical manifestations, diagnosis, and prognosis of Crohn disease in adults

Fertility, pregnancy, and nursing in inflammatory bowel disease

Genetic factors in inflammatory bowel disease

Investigational therapies in the medical management of Crohn disease

Management of Crohn disease after surgical resection

Medical therapies for Crohn disease in children and adolescents

محدود کردن نتایج جستجو

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Showing results for **ascites** (instead of *acites*)

Evaluation of adults with ascites

... of **ascites** depends upon an accurate diagnosis of its cause (and and and) . This topic will review the evaluation of adults with **ascites**. Performance of paracentesis, specific causes of **ascites**, the ...

- Initial ascitic fluid tests
- Differential diagnosis
- Summary and recommendations
- Approach dx ascites (Algorithms)
- Analysis of ascitic fluid (Tables)

Ascites in adults with cirrhosis: Initial therapy

...percent of patients will have developed **ascites** . Successful treatment of the patient with **ascites** depends upon an accurate diagnosis regarding the cause of **ascites** formation . A careful history, physical ...

- Diuretic therapy
- Large-volume paracentesis
- Summary and recommendations

می‌توانیم نتایج جستجو را براساس بزرگسالان، کودکان، بیماران و گرافیک محدود نماییم.

امکانات جستجو

جهت جستجو لازم است در کادر جستجو موضوع یا عبارت مورد نظر را وارد نماییم.

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همچنین می‌توان از ویژگی پیشنهاد‌های جستجو که توسط پایگاه ارائه می‌شود، استفاده نمود.

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ascites

ascites

ascites treatment

ascites fluid analysis

ascites management

ascites evaluation

ascites cirrhosis

جستجوی یک موضوع

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- Diuretic therapy
- Medications to avoid or use with caution

نتایج مربوط به یک
موضوع نمایش داده شده
است.

خلاصه‌ی بخش‌های مربوط به این موضوع که راهی سریع برای رسیدن به آن بخش است.

The screenshot shows the UpToDate website interface. At the top, the search bar contains the term "ascites". The navigation bar includes links for "Contents", "Calculators", "Drug Interactions", "UpToDate Pathways", "Register", and "Log In". Below the navigation bar, there are filters for "All", "Adult", "Pediatric", "Patient", and "Graphics". The main content area displays search results for "ascites".

Showing results for **ascites**

Evaluation of adults with ascites

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Ascites in adults with cirrhosis: Initial therapy

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- Diuretic therapy
- Medications to avoid or use with caution

Topic Outline show graphics (9)

- SUMMARY AND RECOMMENDATIONS
- INTRODUCTION
- ETIOLOGY
- CLINICAL MANIFESTATIONS
 - Symptoms
 - Physical examination
 - Laboratory tests
- DIAGNOSIS
 - History and physical examination

Activate Windows
Go to Settings to activate your Windows.

Topic Outline <

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

ETIOLOGY

CLINICAL MANIFESTATIONS

Symptoms

Physical examination

Laboratory tests

DIAGNOSIS

History and physical examination

Imaging tests

Paracentesis

ETIOLOGY

There are numerous causes of ascites, but the most common cause of ascites in the United States is cirrhosis, which accounts for approximately 80 percent of cases ([table 1](#)) [4]. Up to 19 percent of patients with cirrhosis will have hemorrhagic ascites, which may develop spontaneously (72 percent probably due to bloody lymph and 13 percent due to hepatocellular carcinoma) or following paracentesis [5]. Other common causes of ascites include malignancy-related ascites and ascites due to heart failure.

Ascites can be classified based on the underlying pathophysiology [6]:

- Portal hypertension
 - Cirrhosis (see "[Pathogenesis of ascites in patients with cirrhosis](#)")
 - Alcoholic hepatitis (see "[Alcoholic hepatitis: Clinical manifestations and diagnosis](#)")

نتایج جستجو

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ascites Find Patient Print Share

Evaluation of adults with ascites

Author: [Bruce A Runyon, MD](#)
Section Editor: [Keith D Lindor, MD](#)
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All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: **Oct 2020**. | This topic last updated: **Apr 09, 2019**.

INTRODUCTION

Accumulation of fluid within the peritoneal cavity results in ascites. In the United States, ascites is most often due to portal hypertension resulting from cirrhosis. Other common causes include malignancy and heart failure. Successful treatment of ascites depends upon an accurate diagnosis of its cause ([table 1](#) and [table 2](#) and [table 3](#) and [algorithm 1](#)) [\[1\]](#).

This topic will review the evaluation of adults with ascites. Performance of [initial therapy of ascites in patients with cirrhosis](#), and the treatment of refractory ascites are reviewed separately. (See ["Diagnostic and therapeutic abdominal paracentesis"](#) and ["Ascites: etiology, diagnosis, and treatment"](#) and ["Abdominal tuberculosis"](#) and ["Ascites: etiology, diagnosis, and treatment"](#).)

ارجاع به چکیده های Medline

اطلاعاتی درباره نویسندگان و ویراستاران

ارجاع به سایر موضوعات مرتبط که در UpToDate وجود دارد

Topic Feedback

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ascites



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Medline® Abstract for Reference 1 of 'Evaluation of adults with ascites'

1 [Check for full text availability](#) | [PubMed](#)

TI Management of adult patients with ascites caused by cirrhosis.

AU Runyon BA

SO Hepatology. 1998;27(1):264.

Ascites is the most common of the major complications of cirrhosis. The development of ascites is an important landmark in the natural history of cirrhosis and has been proposed as an indication for liver transplantation. The initial evaluation of a patient with ascites should include a history, physical evaluation, and abdominal paracentesis with ascitic fluid analysis. Treatment should consist of abstinence from alcohol, sodium restricted diet, and diuretics. This regimen is effective in approximately 90% of patients. The treatment options for the diuretic-resistant patients include serial therapeutic paracenteses, liver transplantation, and peritoneovenous shunting.

AD Loma Linda Transplantation Institute, CA 92354, USA.

PMID [9425946](#)

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جستجوی algorithm

UpToDate® ascites algorithm × 🔍 University of Medical Sciences ▾

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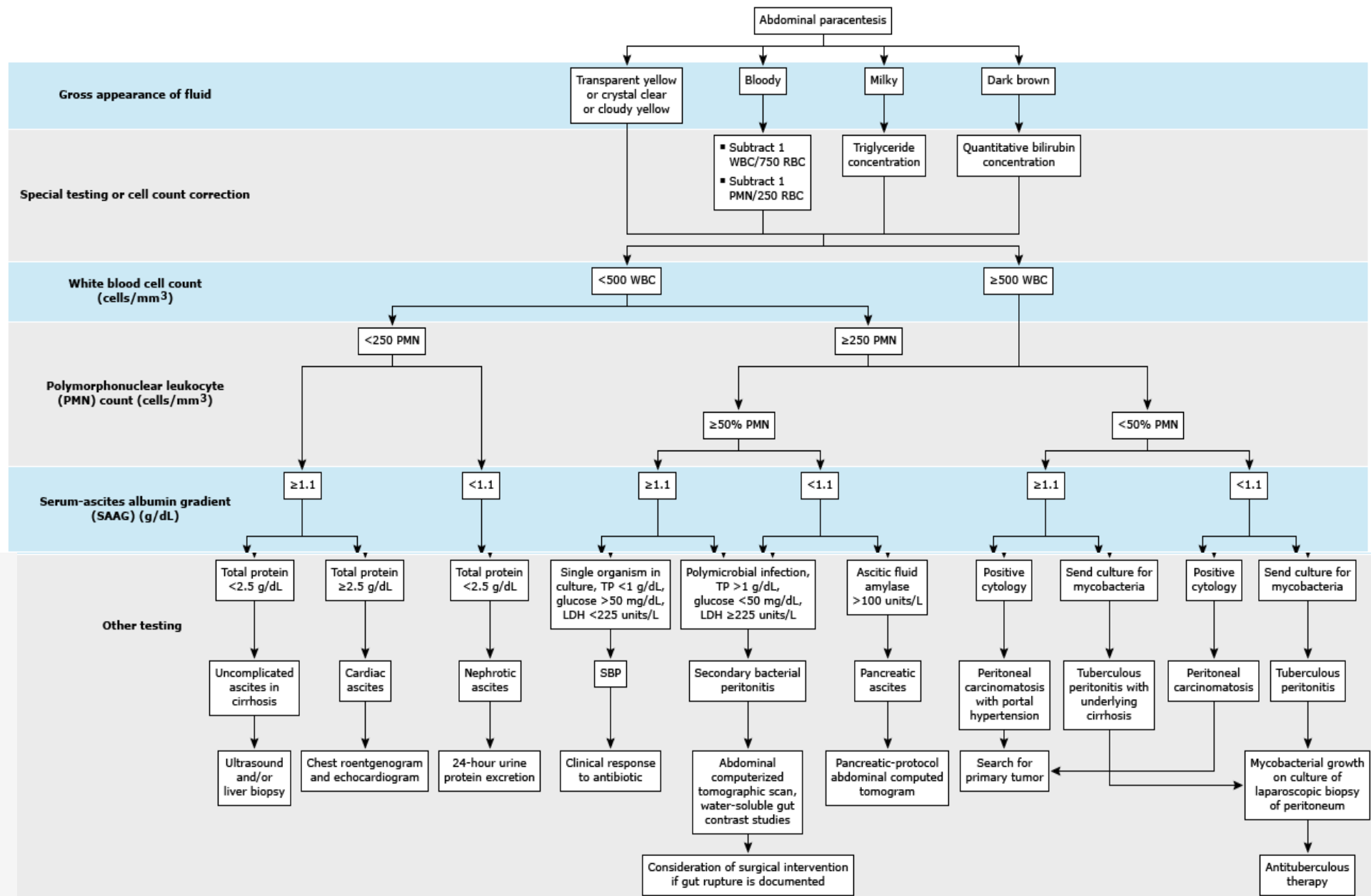
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Showing results for **ascites algorithm**

Evaluation of adults with ascites

... of **ascites** depends upon an accurate diagnosis of its cause (and and and). This topic will review the evaluation of adults with **ascites**. Performance of paracentesis, specific causes of **ascites**, the ...

- Determining the cause of the ascites
- Summary and recommendations
- Approach dx ascites (Algorithms)
- Serum albumin ascites gradient (Tables)



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- ⓘ omeprazole children
- Cli omeprazole pregnancy
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- Qu omeprazole-amoxicillin-rifabutin
- Up omeprazole dosing
- omeprazole side effects
- omeprazole sodium bicarbonate

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را در صفحه‌ی جستجو وارد
می‌کنیم.

نتایج جستجوی یک دارو

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Omeprazole



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Search instead: proton pump inhibitors

UpToDate Pathways: Gastroesophageal reflux disease: Identification of adults who require upper endoscopy

The goal of this UpToDate Pathway is to help clinicians identify patients with gastroesophageal reflux disease (GERD) who should undergo upper endoscopy. The diagnosis of GERD can often be based on clinical symptoms alone if the patient reports classic symptoms such as heartburn and/or regurgitation.

UpToDate Pathways: Helicobacter pylori: Initial treatment for adults

This UpToDate Pathway will help guide clinicians in selecting therapy for an adult with Helicobacter pylori infection who has not previously been treated. Several guidelines address the management of H. pylori. The recommendations in this UpToDate Pathway are generally consistent with the 2016 Toronto guidelines and the 2017 American College of Gastroenterology guidelines.

Proton pump inhibitors: Overview of use and adverse effects in the treatment of acid related disorders

...among the compounds and is inversely proportional to the pKa of the benzimidazole (rabeprazole >omeprazole, esomeprazole, and lansoprazole >pantoprazole). The reactive species interacts with the external ...

Intravenous regimen

Selecting a PPI

Omeprazole

General

Pediatric

Patient

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Omeprazole



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Dosing: Pediatric

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

Dosing: Geriatric

Omeprazole: Drug information Lexicomp®

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(For additional information see "[Omeprazole: Patient drug information](#)" and see "[Omeprazole: Pediatric drug information](#)")

For abbreviations and symbols that may be used in Lexicomp ([show table](#))

Brand Names: US

Acid Reducer [OTC]; PriLOSEC; PriLOSEC OTC [OTC]

Brand Names: Canada

APO-Omeprazole; BIO-Omeprazole; DOM-Omeprazole DR [DSC]; JAMP-Omeprazole DR; Losec; MYLAN-Omeprazole [DSC]; NAT-Omeprazole DR; Omeprazole-20; PMS-Omeprazole; PMS-Omeprazole DR; Priva-Omeprazole; RAN-Omeprazole; RATIO-Omeprazole [DSC]; RIVA-Omeprazole DR; SANDOZ Omeprazole; SANDOZ Omperazole; TEVA-Omeprazole; VAN-Omeprazole [DSC]

Pharmacologic Category

Topic Feedback

Drug interaction

- ❖ یکی از قابلیت‌های کلیدی UpToDate بخش تداخلات دارویی می‌باشد.
- ❖ UpToDate با همکاری Lexicomp بانک اطلاعات دارویی وسیعی را فراهم آورده که به کاهش خطرات و افزایش ایمنی بیمار کمک می‌کند.
- ❖ این بانک قابلیت تحلیل تداخل بین دارو با دارو، دارو با گیاه دارویی، گیاه دارویی - گیاه دارویی را دارد.

داروهای متداخل براساس میزان خطر به درجه‌های A,B,C,D,X تقسیم می‌شوند:

A: نشان دهنده نبود تداخل بین دو دارو است.

B: امکان وجود تداخل بین دو دارو وجود دارد اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

C: امکان تداخل بین دو دارو وجود دارد. برای کاهش خطرات، نیاز به تغییر دوز مصرفی در یک یا هر دو دارو نیاز است.

D: امکان تداخل بین دو دارو وجود دارد. نیاز به مشاهده دقیق بیمار، تغییر دوز و جایگزینی داروهای معادل وجود دارد.

X: وجود تداخل بین دو دارو و نباید با یکدیگر مصرف شوند.

Drug interaction

Lexicomp® Drug Interactions

Add items to your list by searching below.

infliximab|



ITEM LIST

Clear List

Analyze

– InFLIXimab

با انتخاب نام دارو، تمام
تداخلات این دارو با داروهای
دیگر نمایش داده می‌شود.

Drug interaction

36 Results

[Print](#)

X InFLIXimab (Anti-TNF Agents)
Abatacept

X InFLIXimab
Adalimumab

X InFLIXimab (Anti-TNF Agents)
Anakinra

X InFLIXimab (Immunosuppressants)
BCG (Intravesical)

D InFLIXimab (Immunosuppressants)
Roflumilast

D InFLIXimab (Immunosuppressants)
Tofacitinib

D InFLIXimab (Immunosuppressants)
Vaccines (Inactivated)

C InFLIXimab
AzaTHIOprine

C InFLIXimab (Immunosuppressants)
Coccidioides immitis Skin Test

C InFLIXimab (Immunosuppressants)
Denosumab

Drug interaction

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear List

Analyze

– InFLIXimab

– MetFORMIN

Display complete list of interactions for an individual item by clicking item name.

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	More about Risk Ratings ▼

Filter Results by Item ▼

Print

No interactions of Risk Level A or greater identified.

DISCLAIMER: Readers are advised to consult the manufacturer's information about a drug (eg, a

ion, changing

برای یافتن تداخل بین دو دارو، نام دو دارو را در جعبه جستجو وارد می‌کنیم و سپس Analyze را انتخاب می‌کنیم. تداخل بین دو دارو در کادر روبه‌رو نمایش داده می‌شود.

Calculators

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ALLERGY AND IMMUNOLOGY CALCULATORS

Clinical Criteria

Temperature unit conversions

Weight unit conversions

Medical Equations

Absolute eosinophil count

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests

Calculators

Calculator: Child Pugh score for severity of liver disease

Encephalopathy

- None (1 point)
- Grade 1: Altered mood/confusion (2 points)
- Grade 2: Inappropriate behavior, impending stupor, somnolence (2 points)
- Grade 3: Markedly confused, stuporous but arousable (3 points)
- Grade 4: Comatose/unresponsive (3 points)

Ascites

- Absent (1 point)
- Slight (2 points)
- Moderate (3 points)

Bilirubin

- <2 mg/dL (1 point)
- 2 to 3 mg/dL (2 points)
- >3 mg/dL (3 points)

Albumin

- >3.5 g/dL (1 point)
- 2.8 to 3.5 g/dL (2 points)
- <2.8 g/dL (3 points)

Prothrombin time prolongation

- Less than 4 seconds above control/INR <1.7 (1 point)
- 4 to 6 seconds above control/INR 1.7 to 2.3 (2 points)
- More than 6 seconds above control/INR >2.3 (3 points)

Calculators

Encephalopathy

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Total criteria point count:

Child Pugh score interpretation

5 to 6 points:Child class A
7 to 9 points:Child class B
10 to 15 points:Child class C

Patient Education

- UpToDate بیش از هزاران مبحث آموزش به بیمار را در سطوح مختلف جهت پاسخگویی به نیازهای اطلاعاتی بیماران فراهم می‌کند.
- مطالب این بخش شامل تصاویر، نمودار و جدول جهت کمک به خواننده برای درک وضعیت و مراقبت از خود می‌باشد.

Patient Education

این مطالب در ۲ سطح زیر ارائه می شود:

- **The Basics**: به زبان ساده و کوتاه نوشته شده است و پاسخگوی چهار یا پنج سوال مهم افراد در خصوص یک مشکل پزشکی می باشد. برای افرادی که می خواهند دید کلی نسبت به موضوع داشته باشند گزینه مناسبی است.
- **Beyond the Basics**: این سطح طولانی تر و مفصل تر است و برای افرادی که اطلاعات جزئی را می خواهند و با برخی اصطلاحات پزشکی آشنایی دارند، مناسب است.

Patient Education

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[< Back](#) **Patient Education**

To browse the available patient education topics in UpToDate, click on a category below.

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< Back **Gastrointestinal system**

The Basics

Beyond the Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

Abdominal pain



Appendicitis in adults (The Basics) [View in Spanish](#)


Appendicitis in children (The Basics) [View in Spanish](#)


Stomach ache and stomach upset (The Basics) [View in Spanish](#)

Anal cancer

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Topic Outline

- What is constipation?
- What causes constipation?
- What other symptoms should I watch for?
- Is there anything I can do on my own to get rid of constipation?
- Should I see a doctor or nurse?
- Are there tests I should have?
- How is constipation treated?
- Can constipation be prevented?

Patient education: Constipation in adults (The Basics)

[View in Spanish](#)

[Written by the doctors and editors at UpToDate](#)

What is constipation?

Constipation is a common problem that makes it hard to have bowel movements. Your bowel movements might be:

- Too hard
- Too small
- Hard to get out
- Happening fewer than 3 times a week

علت بیماری، علائم،
درمان، تصاویر و
جدولها و ...

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Topic Outline

CONSTIPATION OVERVIEW

CONSTIPATION DIAGNOSIS

When to seek help

CONSTIPATION TREATMENT

Behavior changes

Increase fiber

• Fiber side effects

LAXATIVES

Bulk forming laxatives

Hyperosmolar laxatives

Saline laxatives

Stimulant laxatives

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Patient education: Constipation in adults (Beyond the Basics)

Author: [Arnold Wald, MD](#)

Section Editor: [J Thomas Lamont, MD](#)

Deputy Editor: [Shilpa Grover, MD, MPH, AGAF](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available.

Literature review current through: **Nov 2020**

CONSTIPATION OVERVIEW

Constipation refers to a change in bowel habits

اطلاعاتی در مورد تشخیص،
درمان، انواع، داروها، ارجاع
برای کسب اطلاعات بیشتر،
تصاویر و جدول‌ها و ...

What's New

حاوی تعداد کمی از یافته‌های جدید براساس تخصص می‌باشد.

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Topic Outline

ENDOSCOPY

Smartphone app for augmenting bowel preparation instructions (June 2020)

ESOPHAGEAL AND GASTRIC DISEASE

Lirentelimab and eosinophilic gastroenteritis (November 2020)

Dietary management of eosinophilic esophagitis (July 2020)

Psychologic factors in patients with dysphagia (June 2020)

HEPATOLOGY

Physical activity for patients with nonalcoholic fatty liver disease (October 2020)

Ursodeoxycholic acid after liver

What's new in gastroenterology and hepatology

Authors: [Anne C Travis, MD, MSc, FACP, AGAF](#), [Shilpa Grover, MD, MPH, AGAF](#), [Kristen M Robson, MD, MBA, FACP](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Nov 2020**. | This topic last updated: **Dec 01, 2020**.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

ENDOSCOPY

Smartphone app for augmenting bowel preparation instructions (June 2020)

Bowel preparation is important for high quality colonoscopy, and digital tools are increasingly being used to augment the preparation instructions. In a trial of 500 patients who underwent colonoscopy, use of a

Topic Feedback

Practice Changing Update

این بخش شامل تغییرات در خصوص عملکردهای بالینی است. تمرکز این بخش روی تغییراتی است که امکان دارد تأثیرات قابل توجه و گسترده‌ای در عملکرد بالینی داشته باشد.

The screenshot shows the UpToDate website interface. At the top, there is a search bar with the text "Search UpToDate" and a magnifying glass icon. To the right of the search bar, it says "University of Medical Sciences" with a dropdown arrow. Below the search bar is a navigation menu with items: "Contents", "Calculators", "Drug Interactions", "UpToDate Pathways", "Register", and "Log In".

The main content area is titled "Practice Changing Updates" (highlighted with a red box). Below the title, it lists authors: "April F Eichler, MD, MPH, Sadhna R Vora, MD" and a link for "Contributor Disclosures". The text states: "All topics are updated as new evidence becomes available and our [peer review process](#) is complete. Literature review current through: **Nov 2020**. | This topic last updated: **Dec 03, 2020**."

The "INTRODUCTION" section follows, stating: "This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews."

On the left side, there is a "Topic Outline" sidebar with a list of topics: "INTRODUCTION", "PRIMARY CARE (ADULT) (October 2020)" (with sub-item "Colchicine in patients with stable coronary artery disease"), "CARDIOVASCULAR MEDICINE (October 2020)" (with sub-item "Antiplatelet therapy for transcatheter aortic valve implantation"), "CARDIOVASCULAR MEDICINE (September 2020)" (with sub-item "Rhythm-control for high-risk, early atrial fibrillation"), and "INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH".

At the bottom right of the page, there is a watermark that says "Activate Windows Go to Settings to activate Windows." and a vertical "Topic Feedback" button on the far right edge.

Graphics

هزاران گرافیک در این پایگاه وجود دارد که شامل تصویر، جدول، نمودار، فیلم، الگوریتم می باشد.

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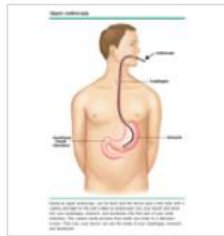
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Showing results for **endoscopy**



Sinus endoscopy



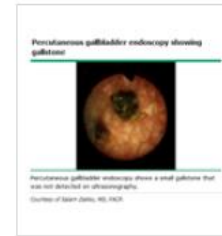
Upper endoscopy



Double balloon endoscopy system



Airway setup for endoscopy



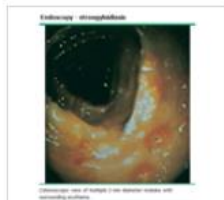
Percutaneous gallbladder endoscopy showing gallstone



Gastric marginal zone lymphoma of mucosa associated lymphoid tissues (MALT) on endoscopy



the www.uptodate.com/contents/search



Activate Windows
Go to Settings to activate Windows.

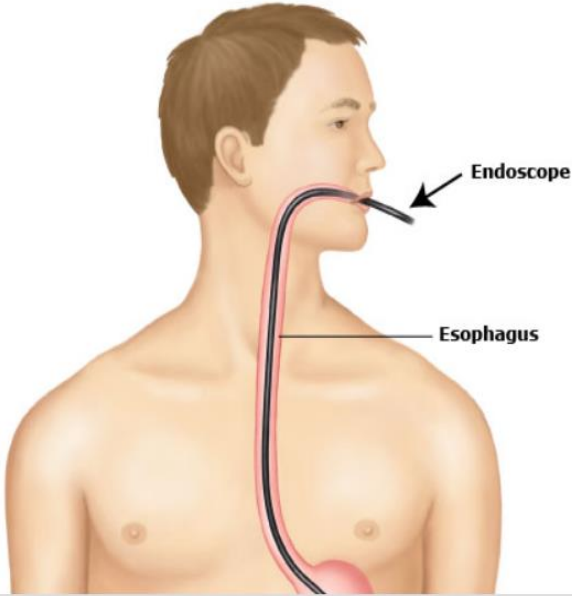
Graphics

UpToDate[®] endoscopy University of Medical Sciences

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Upper endoscopy



Endoscope

Esophagus

APPEARS IN TOPICS:

Please view graphics in the context of the topic in which they appear below.

- Patient education: Bloody stools in children (Beyond the Basics)
- Patient education: Carcinoid syndrome (The Basics)
- Patient education: Stomach cancer (The Basics)
- Patient education: Familial adenomatous polyposis (The Basics)
- Patient education: Angiodysplasia of the GI tract (The Basics)
- Patient education: Esophageal varices (The Basics)
- Patient education: Esophageal stricture (The Basics)
- Patient education: Achalasia (The Basics)
- Patient education: Minimally invasive surgery (The Basics)
- Patient education: Swallowed objects (The Basics)
- Patient education: Esophageal

Sinus endoscopy

Upper endoscopy of esophageal diffuse glycogenic acanthosis

fppt.com