Vejledning til udarbejdelse af ABSTRACT

Abstract skal skrives **enten** på engelsk **eller** på dansk.
Engelsk er hyppigst anvendt.

Hvad skal ABSTRACT indeholde:

- Title (titel) (maks. 200 tegn inklusiv mellemrum)
- Authors (forfattere)
- Affiliation (tilknytning)
- Abstract tekst (maks. 250 ord, se Tekniske retningslinjer nedenfor)

Hvis man har resultater på sit projekt, bruger man følgende hovedafsnit i abstract teksten:	**Hvis man ikke har resultater eller konklusioner på sit projekt**, bruger man følgende hovedafsnit i abstract teksten:
- Background (baggrund) - Methods (metoder) - Results (resultater) - Conclusions (konklusioner)	- Background (baggrund) - Methods (metoder) - Perspectives (perspektiver)

Authors (forfattere):

Forfatter skrives: "Fornavn(e) Efternavn[1, 2.] (f.eks. *Cecilie Holm Hansen)*
Tallene efter navnet angiver forfatterens tilknytning (affiliation), se eksempler nedenfor.

Affiliation (tilknytning):

Affiliation skal indeholde: Afdeling, hospital, evt. universitet, by, land
Eksempel på engelsk:
[1]Department of Clinical Biochemistry, North Denmark Regional Hospital, Hjoerring, Denmark
[2]Department of Clinical Medicine, Aalborg University, Denmark

Eksempel på dansk:
[1]Klinisk Biokemisk Afdeling, Regionshospital Nordjylland, Hjørring, Danmark
[2]Klinisk Institut, Aalborg Universitet, Danmark

Se vejledning til affiliation fra Medicinsk Bibliotek her [Affiliering.ashx (rn.dk)](Affiliering.ashx)

Tekniske retningslinjer:

Abstract må ikke indeholde figurer, tabeller og referencer

Selve abstract teksten må maks. indeholde 250 ord. Ordtælling omfatter kun afsnittene Background, Methods, Results og Conclusions/Perspectives

Skrifttype: Calibri

Deadline for indsendelse af abstract: ***9. september 2024***

Abstract sendes i word-udgave med mail til Forskning.RHN@rn.dk

Eksempel på et abstract MED resultater:

Prospective evaluation of paravaginal defect repair - a six-month post-operative follow-up with MRI, clinical examination, and questionnaires

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Background

Paravaginal defect (PVD) has been suggested as one of the main contributors to the development of prolapse in the anterior vaginal wall (AVW). We aimed to evaluate the descent of the pelvic organs, presence of vaginal H configuration and pubococcygeus muscle defect by pelvic MRI, together with subjective symptoms of prolapse, before and six months after PVD repair. We also aimed to evaluate risk factors of recurrence.

Methods

Fifty women with PVD diagnosed by gynecological examination and scheduled for vaginal PVD repair were planned for enrollment. Preoperatively and six months postoperatively, subjective symptoms were evaluated by ICIQ-VS together with MRI of the pelvis to evaluate defects in the pubococcygeus (PC) muscle, vaginal shape, and pelvic organ descent.

Results

Forty-six women completed the study. Twenty had PVD repair alone whereas 26 also had concomitant surgery performed. Grade of prolapse, subjective symptoms, sexual problems, and quality of life were significantly improved at follow-up. Missing vaginal H configuration was observed in 21 women before operation and was correlated to PC muscle defect. Recurrence rate was 39% and significantly more women with recurrence had PC muscle defects and missing H configuration.

Conclusions

Vaginal PVD repair alone or combined with concomitant surgery significantly reduces objective prolapse and subjective symptoms. We could not demonstrate MRI findings of missing H configuration to be a sign of PVD but rather a sign of defect in the PC muscle. Risk of recurrence is significantly higher in women with major PC muscle defects and missing H configuration.

Eksempel på et abstract UDEN resultater:

Developing a training program for junior general surgeons in laparoscopic inguinal herniotomy using simulation training.

Nina Wensel[1], Ahmed Hamad[1]

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Background

Inguinal herniotomy is one of the most commonly performed surgeries nowadays, and TAPP (TransAbdominal PrePeritoneal) surgical technique are becoming more frequently applied. Junior general surgeons do not always have adequate opportunities to perform these surgeries during their residency, mostly because of the complexity of the surgery. Simulation training is a validated method of teaching and development learning skills in different medical and surgical specialties. We aim to evaluate use of laparoscopic inguinal herniotomy via simulation training as part of a education program in surgical residency for junior physicians.

Methods

This is a prospective, descriptive analysis, which is performed in the Department of Abdominal Surgery in the North Denmark Regional Hospital in the period 1st June 2021 to 30th September 2021.The course-material for simulation in TAPP-surgery was carefully selected, and the course was held along 2 weeks, followed by training in operation theatres for another 2 months. Evaluation was performed by a committee of 3 professional surgeons with expertise in TAPP-surgeries.

Perspectives

We created a training program, that will be assessed after few trials to evaluate the benefit of simulation training for junior general surgeons and assess improvement in their surgical technique skills. We assume that more studies will be conducted in the future with emphasis on validating the model used in simulation training and furthermore to compare the improvement of surgical technique skills between different groups (novices vs experienced) in addition to other learning parameters.