

# Susan J Moug

## List of Publications by Year in descending order

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Version: 2024-02-01

78  
papers

2,627  
citations

279701

23  
h-index

197736

49  
g-index

80  
all docs

80  
docs citations

80  
times ranked

4118  
citing authors

#	ARTICLE	IF	CITATIONS
1	Prehabilitation services for people diagnosed with cancer in Scotland – Current practice, barriers and challenges to implementation. Journal of the Royal College of Surgeons of Edinburgh, 2022, 20, 284-290.	0.8	7
2	Frailty is associated with increased waiting time for relevant process-of-care measures; findings from the Emergency Laparoscopic and Laparotomy Scottish audit (ELLSA). British Journal of Surgery, 2022, 109, 172-175.	0.1	2
3	Author response to: Antibiotics as first-line alternative to appendicectomy in adult appendicitis: 90-day follow-up from a prospective, multicentre cohort study. British Journal of Surgery, 2022, , .	0.1	0
4	Author response to: Antibiotics as first-line alternative to appendicectomy in adult appendicitis: 90-day follow-up from a prospective, multicentre cohort study. British Journal of Surgery, 2022, , .	0.1	1
5	The false dichotomy of surgical futility in the emergency laparotomy setting: scoping review. BJS Open, 2022, 6, .	0.7	7
6	Comparison of the clinical frailty score (CFS) to the National Emergency Laparotomy Audit (NELA) risk calculator in all patients undergoing emergency laparotomy. Colorectal Disease, 2022, 24, 782-789.	0.7	10
7	Modelling of magnetic microbubbles to evaluate contrast enhanced magnetomotive ultrasound in lymph nodes – a pre-clinical study. British Journal of Radiology, 2022, 95, 20211128.	1.0	2
8	Research priorities in emergency general surgery (EGS): a modified Delphi approach. World Journal of Emergency Surgery, 2022, 17, .	2.1	4
9	Frailty in Older Patients Undergoing Emergency Laparotomy. Annals of Surgery, 2021, 273, 709-718.	2.1	144
10	Protocol for a multi-centre observational and mixed methods pilot study to identify factors predictive of poor functional recovery after major gastrointestinal surgery and strategies to enhance uptake of perioperative optimization. Colorectal Disease, 2021, 23, 1552-1561.	0.7	0
11	Defining standards in colorectal optimisation: a Delphi study protocol to achieve international consensus on key standards for colorectal surgery prehabilitation. BMJ Open, 2021, 11, e047235.	0.8	4
12	Defining the older patient population that require, but do not undergo emergency laparotomy: an observational cohort study protocol. International Journal of Clinical Trials, 2021, 8, 138.	0.0	4
13	Multiple House Occupancy is Associated with Mortality in Hospitalised Patients with Covid-19. European Journal of Public Health, 2021, , .	0.1	3
14	Healthcare professional preferences in the health and fitness assessment and optimization of older patients facing colorectal cancer surgery. Colorectal Disease, 2021, 23, 2331-2340.	0.7	4
15	Feasibility of a perioperative smartphone application in colorectal surgery. British Journal of Surgery, 2021, 108, e282-e283.	0.1	2
16	Antibiotics as first-line alternative to appendicectomy in adult appendicitis: 90-day follow-up from a prospective, multicentre cohort study. British Journal of Surgery, 2021, 108, 1351-1359.	0.1	33
17	OUP accepted manuscript. BJS Open, 2021, 5, .	0.7	1
18	Author response to: Antibiotics as first-line alternative to appendicectomy in adult appendicitis: 90-day follow-up from a prospective, multicentre cohort study. British Journal of Surgery, 2021, , .	0.1	0

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19	A prospective cohort study characterising patients declined emergency laparotomy: survival in the "NoLap" population. <i>Anaesthesia</i> , 2020, 75, 54-62.	1.8	36
20	Legacy of COVID-19 " the opportunity to enhance surgical services for patients with colorectal disease. <i>Colorectal Disease</i> , 2020, 22, 1219-1228.	0.7	8
21	The Clinical Frailty Scale: Estimating the Prevalence of Frailty in Older Patients Hospitalised with COVID-19. The COPE Study. <i>Geriatrics (Switzerland)</i> , 2020, 5, 58.	0.6	16
22	Study protocol for the COPE study: COVID-19 in Older PEople: the influence of frailty and multimorbidity on survival. A multicentre, European observational study. <i>BMJ Open</i> , 2020, 10, e040569.	0.8	18
23	The HAREM (Had Appendicitis and Resolved/Recurred Emergency Morbidity/Mortality) Study. <i>British Journal of Surgery</i> , 2020, 107, e257-e257.	0.1	8
24	Nosocomial COVID-19 infection: examining the risk of mortality. The COPE-Nosocomial Study (COVID in) Tj ETQq0.0.0 rgBT /Overlock 1	1.4	156
25	Exploring shared surgical decision-making from the patient's perspective: is the personality of the surgeon important?. <i>Colorectal Disease</i> , 2020, 22, 2214-2221.	0.7	9
26	Resumption of elective colorectal surgery during COVID-19 and risk of death. <i>Colorectal Disease</i> , 2020, 22, 1026-1027.	0.7	4
27	Prior Routine Use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Important Outcomes in Hospitalised Patients with COVID-19. <i>Journal of Clinical Medicine</i> , 2020, 9, 2586.	1.0	43
28	The influence of ACE inhibitors and ARBs on hospital length of stay and survival in people with COVID-19. <i>IJC Heart and Vasculature</i> , 2020, 31, 100660.	0.6	25
29	Systematic review protocol examining the influence of surgeon personality on perioperative decision making in abdominal surgery. <i>BMJ Open</i> , 2020, 10, e035361.	0.8	3
30	Prehabilitation vs Postoperative Rehabilitation for Frail Patients. <i>JAMA Surgery</i> , 2020, 155, 896.	2.2	2
31	Prehabilitation in elective abdominal cancer surgery in older patients: systematic review and meta-analysis. <i>BJS Open</i> , 2020, 4, 1022-1041.	0.7	88
32	Increased care at discharge from COVID-19: The association between pre-admission frailty and increased care needs after hospital discharge; a multicentre European observational cohort study. <i>BMC Medicine</i> , 2020, 18, 408.	2.3	22
33	Liquid biopsy for cancer diagnosis using vibrational spectroscopy: systematic review. <i>BJS Open</i> , 2020, 4, 554-562.	0.7	7
34	Decision-Making in COVID-19 and Frailty. <i>Geriatrics (Switzerland)</i> , 2020, 5, 30.	0.6	20
35	Decision-making for older patients undergoing emergency laparotomy: defining patient and clinician values and priorities. <i>Colorectal Disease</i> , 2020, 22, 1694-1703.	0.7	17
36	Does prehabilitation modify muscle mass in patients with rectal cancer undergoing neoadjuvant therapy? A subanalysis from the REx randomised controlled trial. <i>Techniques in Coloproctology</i> , 2020, 24, 959-964.	0.8	29

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37	Measuring sarcopenia on pre-operative CT in older adults undergoing emergency laparotomy; a comparison of three different calculations. <i>International Journal of Colorectal Disease</i> , 2020, 35, 1095-1102.	1.0	15
38	The effect of frailty on survival in patients with COVID-19 (COPE): a multicentre, European, observational cohort study. <i>Lancet Public Health</i> , The, 2020, 5, e444-e451.	4.7	468
39	Frailty in older patients undergoing emergency colorectal surgery: USA National Surgical Quality Improvement Program analysis. <i>British Journal of Surgery</i> , 2020, 107, 1363-1371.	0.1	27
40	Association between preadmission frailty and care level at discharge in older adults undergoing emergency laparotomy. <i>British Journal of Surgery</i> , 2020, 107, 218-226.	0.1	26
41	Research disruptions and recovery. <i>Colorectal Disease</i> , 2020, 22, 643-644.	0.7	2
42	COVID-19 research priorities in surgery (PRODUCE study): A modified Delphi process. <i>British Journal of Surgery</i> , 2020, 107, e538-e540.	0.1	11
43	The Prevalence of Delirium in An Older Acute Surgical Population and Its Effect on Outcome. <i>Geriatrics (Switzerland)</i> , 2019, 4, 57.	0.6	4
44	The relationship between sarcopenia and survival at 1 year in patients having elective colorectal cancer surgery. <i>Techniques in Coloproctology</i> , 2019, 23, 877-885.	0.8	37
45	Frailty predicts mortality in all emergency surgical admissions regardless of age. An observational study. <i>Age and Ageing</i> , 2019, 48, 388-394.	0.7	116
46	Prehabilitation is feasible in patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and may minimize physical deterioration: results from the REx trial. <i>Colorectal Disease</i> , 2019, 21, 548-562.	0.7	60
47	Limited preoperative physical capacity continues to be associated with poor postoperative outcomes within a colorectal ERAS programme. <i>Annals of the Royal College of Surgeons of England</i> , 2019, 101, 261-267.	0.3	7
48	The colorectal surgeon's personality may influence the rectal anastomotic decision. <i>Colorectal Disease</i> , 2018, 20, 970-980.	0.7	17
49	Heuristics and bias in rectal surgery. <i>International Journal of Colorectal Disease</i> , 2017, 32, 1109-1115.	1.0	9
50	An investigation into UK medical students' knowledge of lifestyle factors on cancer. <i>Scottish Medical Journal</i> , 2017, 62, 110-114.	0.7	4
51	Lifestyle interventions are feasible in patients with colorectal cancer with potential short-term health benefits: a systematic review. <i>International Journal of Colorectal Disease</i> , 2017, 32, 765-775.	1.0	29
52	A retrospective cohort study of the influence of lifestyle factors on the survival of patients undergoing surgery for colorectal cancer. <i>Colorectal Disease</i> , 2017, 19, 544-550.	0.7	5
53	Influence of frailty in older patients undergoing emergency laparotomy: a UK-based observational study. <i>BMJ Open</i> , 2017, 7, e017928.	0.8	22
54	Analysis of lesion localisation at colonoscopy: outcomes from a multi-centre U.K. study. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2017, 31, 2959-2967.	1.3	11

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55	FRAILTY EXISTS IN YOUNGER ADULTS ADMITTED AS SURGICAL EMERGENCY LEADING TO ADVERSE OUTCOMES. <i>Journal of Frailty &amp; Aging</i> , 2017, 6, 1-5.	0.8	31
56	Frailty and cognitive impairment: Unique challenges in the older emergency surgical patient. <i>Annals of the Royal College of Surgeons of England</i> , 2016, 98, 165-169.	0.3	32
57	The prevalence of hyperglycaemia and its relationship with mortality, readmissions and length of stay in an older acute surgical population: a multicentre study. <i>Postgraduate Medical Journal</i> , 2016, 92, 514-519.	0.9	9
58	Prevalence of frailty and its association with mortality in general surgery. <i>American Journal of Surgery</i> , 2015, 209, 254-259.	0.9	143
59	Improving lesion localisation at colonoscopy: an analysis of influencing factors. <i>International Journal of Colorectal Disease</i> , 2015, 30, 111-118.	1.0	9
60	The accuracy of colonoscopic localisation of colorectal tumours: a prospective, multi-centred observational study. <i>Scottish Medical Journal</i> , 2014, 59, 85-90.	0.7	13
61	The current undergraduate medical school curriculum needs to improve awareness of enhanced recovery after surgery. <i>Colorectal Disease</i> , 2014, 16, 927-929.	0.7	2
62	The prevalence of cognitive impairment in emergency general surgery. <i>International Journal of Surgery</i> , 2014, 12, 1031-1035.	1.1	28
63	The lymph node ratio optimises staging in patients with node positive colon cancer with implications for adjuvant chemotherapy. <i>International Journal of Colorectal Disease</i> , 2014, 29, 599-604.	1.0	15
64	Bridging the gap: how higher surgical training programmes can produce consultant laparoscopic colorectal surgeons. <i>Colorectal Disease</i> , 2013, 15, 911-913.	0.7	1
65	Determinants of short- and long-term outcome in patients undergoing simultaneous resection of colorectal cancer and synchronous colorectal liver metastases. <i>International Journal of Colorectal Disease</i> , 2012, 27, 363-369.	1.0	14
66	Endoscopists'™ estimation of size should not determine surveillance of colonic polyps. <i>Colorectal Disease</i> , 2010, 12, 646-650.	0.7	35
67	Comparison of positive lymph node ratio with an inflammation-based prognostic score in colorectal cancer. <i>British Journal of Surgery</i> , 2010, 98, 282-286.	0.1	19
68	Evidence for a synchronous operative approach in the treatment of colorectal cancer with hepatic metastases: A case matched study. <i>European Journal of Surgical Oncology</i> , 2010, 36, 365-370.	0.5	36
69	Positive lymph node retrieval ratio optimises patient staging in colorectal cancer. <i>British Journal of Cancer</i> , 2009, 100, 1530-1533.	2.9	70
70	Selective continuous vascular occlusion and perioperative fluid restriction in partial hepatectomy. Outcomes in 101 consecutive patients. <i>European Journal of Surgical Oncology</i> , 2007, 33, 1036-1041.	0.5	290
71	The role of synchronous procedures in the treatment of colorectal liver metastases. <i>Surgical Oncology</i> , 2007, 16, 53-58.	0.8	9
72	Radiofrequency Ablation Has a Valuable Therapeutic Role in Metastatic VIPoma. <i>Pancreatology</i> , 2006, 6, 155-159.	0.5	31

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73	The renal sequelae of a novel triphasic approach to blood loss reduction during hepatic resection. <i>European Journal of Surgical Oncology</i> , 2006, 32, 435-438.	0.5	7
74	Potential Value of Contrast-Enhanced Intraoperative Ultrasonography During Partial Hepatectomy for Metastases. <i>Annals of Surgery</i> , 2006, 243, 236-240.	2.1	172
75	Hepatobiliary and pancreatic: Extensive thrombosis in Budd-Chiari syndrome. <i>Journal of Gastroenterology and Hepatology (Australia)</i> , 2005, 20, 1302-1302.	1.4	1
76	Socioeconomic deprivation has an adverse effect on outcome after ileostomy closure. <i>British Journal of Surgery</i> , 2005, 92, 376-377.	0.1	9
77	The perioperative challenge of nephrogenic diabetes insipidus: A multidisciplinary approach. <i>Journal of the Royal College of Surgeons of Edinburgh</i> , 2005, 3, 89-94.	0.8	9
78	A Review of Gunshot Deaths in Strathclyde 1989 to 1998. <i>Medicine, Science and the Law</i> , 2001, 41, 260-265.	0.6	20