

Susan J Moug

List of Publications by Year in descending order

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Version: 2024-02-01

78
papers

2,627
citations

279798

23
h-index

197818

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. <i>Journal of the Royal College of Surgeons of Edinburgh</i> , 2022, 20, 284-290.	1.8	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). <i>British Journal of Surgery</i> , 2022, 109, 172-175.	0.3	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. <i>British Journal of Surgery</i> , 2022, , .	0.3	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. <i>British Journal of Surgery</i> , 2022, , .	0.3	1
5	The false dichotomy of surgical futility in the emergency laparotomy setting: scoping review. <i>BJS Open</i> , 2022, 6, .	1.7	7
6	Comparison of the clinical frailty score (CFS) to the National Emergency Laparotomy Audit (NELA) risk calculator in all patients undergoing emergency laparotomy. <i>Colorectal Disease</i> , 2022, 24, 782-789.	1.4	10
7	Modelling of magnetic microbubbles to evaluate contrast enhanced magnetomotive ultrasound in lymph nodes – a pre-clinical study. <i>British Journal of Radiology</i> , 2022, 95, 20211128.	2.2	2
8	Research priorities in emergency general surgery (EGS): a modified Delphi approach. <i>World Journal of Emergency Surgery</i> , 2022, 17, .	5.0	4
9	Frailty in Older Patients Undergoing Emergency Laparotomy. <i>Annals of Surgery</i> , 2021, 273, 709-718.	4.2	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. <i>Colorectal Disease</i> , 2021, 23, 1552-1561.	1.4	0
11	Defining standards in colorectal optimisation: a Delphi study protocol to achieve international consensus on key standards for colorectal surgery prehabilitation. <i>BMJ Open</i> , 2021, 11, e047235.	1.9	4
12	Defining the older patient population that require, but do not undergo emergency laparotomy: an observational cohort study protocol. <i>International Journal of Clinical Trials</i> , 2021, 8, 138.	0.2	4
13	Multiple House Occupancy is Associated with Mortality in Hospitalised Patients with Covid-19. <i>European Journal of Public Health</i> , 2021, , .	0.3	3
14	Healthcare professional preferences in the health and fitness assessment and optimization of older patients facing colorectal cancer surgery. <i>Colorectal Disease</i> , 2021, 23, 2331-2340.	1.4	4
15	Feasibility of a perioperative smartphone application in colorectal surgery. <i>British Journal of Surgery</i> , 2021, 108, e282-e283.	0.3	2
16	Antibiotics as first-line alternative to appendicectomy in adult appendicitis: 90-day follow-up from a prospective, multicentre cohort study. <i>British Journal of Surgery</i> , 2021, 108, 1351-1359.	0.3	33
17	OUP accepted manuscript. <i>BJS Open</i> , 2021, 5, .	1.7	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. <i>British Journal of Surgery</i> , 2021, , .	0.3	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.	3.8	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.	1.4	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.	1.7	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.	1.9	18
23	The HAREM (Had Appendicitis and Resolved/Recurred Emergency Morbidity/Mortality) Study. <i>British Journal of Surgery</i> , 2020, 107, e257-e257.	0.3	8
24	Nosocomial COVID-19 infection: examining the risk of mortality. The COPE-Nosocomial Study (COVID in) Tj ETQq0.0.0 rgBT /Overlock 156	2.9	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.	1.4	9
26	Resumption of elective colorectal surgery during COVID-19 and risk of death. <i>Colorectal Disease</i> , 2020, 22, 1026-1027.	1.4	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.	2.4	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.	1.1	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.	1.9	3
30	Prehabilitation vs Postoperative Rehabilitation for Frail Patients. <i>JAMA Surgery</i> , 2020, 155, 896.	4.3	2
31	Prehabilitation in elective abdominal cancer surgery in older patients: systematic review and meta-analysis. <i>BJS Open</i> , 2020, 4, 1022-1041.	1.7	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.	5.5	22
33	Liquid biopsy for cancer diagnosis using vibrational spectroscopy: systematic review. <i>BJS Open</i> , 2020, 4, 554-562.	1.7	7
34	Decision-Making in COVID-19 and Frailty. <i>Geriatrics (Switzerland)</i> , 2020, 5, 30.	1.7	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.	1.4	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.	1.8	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.	2.2	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.	10.0	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.	0.3	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.	0.3	26
41	Research disruptions and recovery. <i>Colorectal Disease</i> , 2020, 22, 643-644.	1.4	2
42	COVID-19 research priorities in surgery (PRODUCE study): A modified Delphi process. <i>British Journal of Surgery</i> , 2020, 107, e538-e540.	0.3	11
43	The Prevalence of Delirium in An Older Acute Surgical Population and Its Effect on Outcome. <i>Geriatrics (Switzerland)</i> , 2019, 4, 57.	1.7	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.	1.8	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.	1.6	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.	1.4	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.	0.6	7
48	The colorectal surgeon's personality may influence the rectal anastomotic decision. <i>Colorectal Disease</i> , 2018, 20, 970-980.	1.4	17
49	Heuristics and bias in rectal surgery. <i>International Journal of Colorectal Disease</i> , 2017, 32, 1109-1115.	2.2	9
50	An investigation into UK medical students' knowledge of lifestyle factors on cancer. <i>Scottish Medical Journal</i> , 2017, 62, 110-114.	1.3	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.	2.2	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.	1.4	5
53	Influence of frailty in older patients undergoing emergency laparotomy: a UK-based observational study. <i>BMJ Open</i> , 2017, 7, e017928.	1.9	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.	2.4	11

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55	FRAILTY EXISTS IN YOUNGER ADULTS ADMITTED AS SURGICAL EMERGENCY LEADING TO ADVERSE OUTCOMES. <i>Journal of Frailty & Aging</i> , 2017, 6, 1-5.	1.3	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.	0.6	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.	1.8	9
58	Prevalence of frailty and its association with mortality in general surgery. <i>American Journal of Surgery</i> , 2015, 209, 254-259.	1.8	143
59	Improving lesion localisation at colonoscopy: an analysis of influencing factors. <i>International Journal of Colorectal Disease</i> , 2015, 30, 111-118.	2.2	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.	1.3	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.	1.4	2
62	The prevalence of cognitive impairment in emergency general surgery. <i>International Journal of Surgery</i> , 2014, 12, 1031-1035.	2.7	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.	2.2	15
64	Bridging the gap: how higher surgical training programmes can produce consultant laparoscopic colorectal surgeons. <i>Colorectal Disease</i> , 2013, 15, 911-913.	1.4	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.	2.2	14
66	Endoscopists' estimation of size should not determine surveillance of colonic polyps. <i>Colorectal Disease</i> , 2010, 12, 646-650.	1.4	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.	0.3	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.	1.0	36
69	Positive lymph node retrieval ratio optimises patient staging in colorectal cancer. <i>British Journal of Cancer</i> , 2009, 100, 1530-1533.	6.4	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.	1.0	290
71	The role of synchronous procedures in the treatment of colorectal liver metastases. <i>Surgical Oncology</i> , 2007, 16, 53-58.	1.6	9
72	Radiofrequency Ablation Has a Valuable Therapeutic Role in Metastatic VIPoma. <i>Pancreatology</i> , 2006, 6, 155-159.	1.1	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.	1.0	7
74	Potential Value of Contrast-Enhanced Intraoperative Ultrasonography During Partial Hepatectomy for Metastases. <i>Annals of Surgery</i> , 2006, 243, 236-240.	4.2	172
75	Hepatobiliary and pancreatic: Extensive thrombosis in Budd-Chiari syndrome. <i>Journal of Gastroenterology and Hepatology (Australia)</i> , 2005, 20, 1302-1302.	2.8	1
76	Socioeconomic deprivation has an adverse effect on outcome after ileostomy closure. <i>British Journal of Surgery</i> , 2005, 92, 376-377.	0.3	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.	1.8	9
78	A Review of Gunshot Deaths in Strathclyde 1989 to 1998. <i>Medicine, Science and the Law</i> , 2001, 41, 260-265.	1.0	20