This review article examines the indications, methods, and results associated with long head of the biceps tenodesis. Generally physically active patients below the age of 60 with proximal biceps tendinosis, as well as those patients wishing to avoid the cosmetic consequence of biceps tendon disruption, uncertain weakness of elbow flexion and supination, as well as cramping sometimes associated with biceps tenotomy, are candidates for biceps tenodesis.

“Proximal biceps tendinosis is a disease entity often seen as a secondary process associated with the other types of biceps abnormality or degenerative rotator cuff tears and subacromial impingement. … Largely because of concern that retained tendon can lead to persistent bicipital groove pain, some authors have advocated for a low supraperiosteal position, just proximal to the pectoralis major tendon (Level-V evidence).

…Slenker et al. arrived at conclusions similar to those of Frost et al.: tenotomy and tenodesis have comparably favorable results in the literature, with the only major difference being a higher rate of cosmetic deformity following biceps tenotomy. …A chart review of 353 patients who underwent subpectoral biceps tenodesis using interference screw fixation revealed a complication rate of 2.0%. …Rhee et al. discussed four cases of iatrogenic neurological injuries involving the medial and posterior cords of the brachial plexus (two cases), the median nerve (one case), and the musculocutaneous nerve (one case) that had occurred during open subpectoral tenodesis with interference screw fixation. …Soft-tissue tenodesis techniques also have been described but have been associated with a higher rate of failure as compared with suture anchor and interference screw techniques.”
‘Relook transurethral resection of bladder tumor (TURBT) improves the diagnostic and therapeutic efficacy of primary TURBT. However it has not been established which patients with bladder tumor would most benefit from this repeat invasive procedure.

A total of 52 consecutive patients with biopsy proven non-muscle invasive bladder cancer on primary TURBT underwent a relook TURBT between March 2011 and September 2012. The incidence of residual tumor and tumor upstaging on relook procedure was correlated with various histopathological (stage, grade, CIS, presence of muscle) and cystoscopic (type and focality of tumor, any apparent field change) parameters on primary TURBT.

Out of the total 52 patients, 23 (44.2%) had a residual tumor on relook TURBT. Twelve (23.1%) of these were upstaged (of these 9 i.e. 17.3% to muscle invasion). While most of the parameters studied showed a positive correlation with incidence of residual tumor and upstaging to muscle invasion, statistical significance (for both) was reached only for tumor stage \( (P = 0.028 \) and 0.010), tumor grade \( (P = 0.010 \) and 0.002) and tumor type (solid vs. papillary; \( P = 0.007 \) and 0.001). Carcinoma in situ showed a significant correlation with incidence of residual tumor \( (P = 0.016) \) while the absence of muscle in the primary TURBT specimen was significantly associated with upstaging to muscle invasive disease \( (P = 0.018) \).

Relook TURBT may be especially recommended for high grade and T1 tumors and tumors with a solid/sessile appearance on primary TURBT especially when deep muscle was absent in the primary TURBT specimen.
‘This retrospective study was carried out on 833 patients that were diagnosed and treated for breast cancer between January 2002 and December 2011. Patients were divided into two groups: those that had a presurgery breast MRI and those that did not.

Mammography is the reference exam for the screening and diagnosis of breast cancer. It presents a sensibility of 40–73% and a specificity of 94% that is highly dependent on breast density. Breast ultrasound is complementary to the mammography technique. The combination of the two screening tests offers a sensibility of 92% and specificity of 96%. Breast magnetic resonance imaging (MRI) adds another 3.1% to the total sensibility of the gold standard screening tests, that is, mammography and ultrasound.

There are several indications that are often considered before undertaking a breast MRI: evaluation of breast implants, any disagreement between the results of the mammography and the ultrasound, high-risk women, presence of a lobular invasive carcinoma, follow-up procedure after neoadjuvant chemotherapy, and cases of breast cancer extended to the thoracic wall. MRI presented a sensitivity of 91%, a high negative predictive value at 99%, and a specificity of 88%.

Perono et al. conducted a retrospective study with 525 patients using MRI on women diagnosed with breast cancer. The team found more extensive disease in 27.4% of the patients, leading to a change in the surgical decision in 22.5%.

In this study, 18% of the patients, MRI revealed a multifocal or a multicentric unilateral breast cancer, a bilateral tumor, or a larger cancer than initially diagnosed. Most of these patients underwent a second-look breast ultrasound, with or without an additional biopsy. Neoadjuvant chemotherapy was used more often and the percentage of reoperations decreased when an MRI was performed.’
I hope these make you feel better, because they're all you're getting.