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A prospective cohort study investigating the use of a surgical planning tool to improve patient fasting times in orthopaedic trauma

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Published in:

Surgeon: Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland

DOI:

[10.1016/j.surge.2018.05.003](https://doi.org/10.1016/j.surge.2018.05.003)

Publication date:

2019

Document Version

Peer reviewed version

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):

Downie, S., Joss, J., & Sripada, S. (2019). A prospective cohort study investigating the use of a surgical planning tool to improve patient fasting times in orthopaedic trauma. *Surgeon: Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland*, 17(2), 80-87. <https://doi.org/10.1016/j.surge.2018.05.003>

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Table, Supplemental Digital Content 1

Validation of surgical planning tool using the pre-intervention group (analysis done retrospectively). Days 6 and 7 excluded as the trauma list did not start until 2pm and 5pm on these days.

	<i>No. cases proceeding to surgery</i>	<i>Predicted theatre end time</i>	<i>Actual start time</i>	<i>Actual end time</i>	<i>Projected – actual time (minutes)</i>	<i>Projected – actual time (corrected for actual start time)</i>
Day 1	4	17:49	09:54	23:00	-311	-272
2	5	18:56	09:32	20:01	-65	-48
3	6	22:13	09:13	19:43	+150	+152
4	3	14:24	09:58	18:01	-217	-174
5	2	13:24	09:13	13:26	-2	0
8	5	19:54	09:22	00:35	+316	+309
9	7	00:18	09:44	22:05	+133	+104
10	6	21:29	09:31	21:59	-30	-14
11	7	23:53	09:47	23:58	-5	+27
12	8	23:20	09:20	23:25	-5	0
13	4	17:24	08:55	22:41	-317	-337
14	4	17:48	09:09	18:01	-13	-19
				Range	-311 to +316	-337 to +309
				Mean	-31 mins	-23 mins
				Median	-9 mins	-7 mins

Table, Supplemental Digital Content 2

Summary of demographic data for pre- and post-intervention hip fracture groups.

	<i>Pre-intervention hip fracture group</i>		<i>Post-intervention hip fracture group</i>	
Dates	6-19.12.2014		1-14.06.2015	
Number of days	14		14	
Total patients listed	103		105	
Hip fracture patients	24/103	23%	20/105	19%
Age (years)				
Mean	79		76	
Range	61-95		43-92	
Number proceeding to surgery	18/24	75%	15/20	75%
Number cancelled	1	4%	0	
Number delayed	6	25%	5	25%
Due to workload	2/6	33%	0/5	0%
Not fit	3	50%	4	80%
Imaging required	0		1	20%
Patient not fasted	0		0	