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Aim: A best evidence topic in surgery was constructed according to a structured protocol. The question addressed was: In patients undergoing contrast enhanced computed tomography scanning; does administration of N-Acetyl Cysteine (NAC) as compared to hydration alone improve clinical and nephrological outcomes?
Methods: A total of 17 articles were identified using the search protocol described, of which 4 represented the best evidence available to answer the clinical question. The authors, journal, date and country of publication, patient group studied, study type, relevant outcomes and results of these papers were identified.
Results: Three randomised controlled trials were identified and one meta-analysis of a further 6 randomised controlled trials were included. The majority of RCTs included either found no or small benefit from the use of NAC. The systematic review with meta-analysis identified small potential benefits for those with pre-existing renal impairment.
Conclusion: There is insufficient evidence to recommend the routine use of NAC as a nephroprotectant agent for patients with renal impairment requiring contrast administration. Further study is needed with a focus on harder endpoints such dialysis requirements complications arising from renal impairment to determine the role of NAC in reducing the incidence of clinically relevant contrast induced nephropathy.

0026: IS IT TIME TO REVISE THE GUIDELINES FOR ANTIBIOTIC PROPHYLAXIS IN HERNIA SURGERY?

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Aim: The guidelines on antibiotic prophylaxis in hernia repair are based on level 1 evidence for groin hernia repair and extrapolated to midline herniae. Obesity is associated with increased risk of surgical site infection (SSI). We examine the incidence of post-operative SSI in midline versus groin hernia repair.
Methods: Patients undergoing both inguinal and midline hernia repair between September 2013–2014 were randomly selected. Patient demographics and incidence of SSI were examined. SSI was defined as patients who required surgical review and treatment with antibiotics +/- incision and drainage.
Results: 173 patients were identified (90 in inguinal hernia group, 83 in midline hernia group). Groups were similar for age: median range 40–70 ($p < 0.0001$). BMI range was 18–35 and 18–45 in inguinal hernia vs midline hernia group ($p < 0.0001$). There were significantly more SSIs in the midline group (9.6% v 4.4%: $p = 0.02$).
Conclusion: In this study there were significantly more SSIs in the midline hernia repair group compared with the groin hernia repair group. Patients with midline herniae were more likely to be obese and performed in the emergency setting. The results of this cohort study suggest there may be a role for antibiotic prophylaxis in these higher risk patients.

0044: AN AUDIT OF THE ACCURACY OF DISCHARGE INFORMATION AND CLINICAL CODING IN SURGICAL PATIENTS

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Aim: Accurate entry of discharge information is important for continuity of patient care and to assist with clinical coding, which determines the funding received for each inpatient stay. Our aim was to assess the accuracy of comorbidity recording in electronic discharge summaries (EDS) for surgical patients at our institution, and to identify any resultant financial losses.
Methods: We prospectively reviewed medical notes for patients discharged from a surgical ward at our institution over a 4-week period. Data extracted from the notes was compared with the EDS and the coding data. We used a list of 'essential comorbidities' issued by our trust as the audit standard.
Results: 120 patients were included. 66% of patients (79/120) had comorbidities which were not included in the EDS of whom 26% had more than one missing comorbidity. This translated into coding errors in 63% of patients (76/120), which resulted in an estimated financial loss of £10,772 over the study period.
Conclusion: Inadequate recording of comorbidities in discharge summaries at our institution contributes to coding errors and results in significant financial losses for the trust. It also potentially impacts on patient care. Improved awareness of the importance of accurate data recording is required.

0080: 'TAKE TEN' IMPROVING THE SURGICAL POST TAKE WARD ROUND

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Aim: The surgical post-take ward round is a complex multi-disciplinary interaction where new surgical patients are reviewed and management plans formulated. Its fast paced nature can lead to poor communication and incomplete documentation, potentially compromising patient safety. This project aims to improve communication and documentation on the ward round.
Methods: We identified ten key points in the management of acute surgical patients; observations, examination, impression, investigations, antibiotics, IV fluids, VTE assessment, nutrition, length of stay and ceiling of treatment. We devised a 'Take Ten' checklist with these items to initiate a "time out" after each patient for discussion and clarification. We performed a retrospective review of documentation pre and post intervention, calculating the percentage of these points documented. We collected anonymous feedback from junior team members.
Results: Documentation post-intervention showed improvement in VTE assessment, fluids, observations and investigations. On direct comparison of weekends the checklist showed improved documentation in all categories. Junior team members found the checklist improved understanding.
Conclusion: After completing our first plan, do, study, act (PDSA) cycle, 'Take Ten' has improved documentation and team members' understanding of management plans.
However usage is inconsistent; we are working to further engage key stakeholders by presenting the data.

0092: THE CURRENT ROLE OF ULTRASONOGRAPHY IN THE DIAGNOSIS OF ACUTE APPENDICITIS

L. Convie*, D. Mark, M. McClure. *Craigavon Area Hospital, UK*

Aim: Imaging may improve diagnostic accuracy of acute appendicitis in patients in whom history and clinical assessment is equivocal. This study aims to determine the sensitivity and specificity of US in diagnosing acute appendicitis.
Methods: All US appendix examinations performed by a single consultant radiologist between April 2010 and March 2014 were reviewed. Data was collected on patient demographics, presenting history, and US findings. Histopathology results and the patient's diagnosis on discharge were obtained from a national electronic care record.
Results: A total of 498 US appendix examinations were identified for analysis. There were 348 (69.9%) females with a mean age of 21.9 years. A total of 136 (27.3%) patients had a positive US examination. Of these 114 patients had histologically proven appendicitis. The overall sensitivity of US in diagnosing acute appendicitis was 95.9% with a specificity of 94.7%. The positive predictive value of US was 85.3% with a negative predictive value of 98.6%.
Conclusion: US appendix is fast, cheap and avoids exposure to ionising radiation. This study demonstrates US appendix to be a highly sensitive and specific investigation in diagnosing acute appendicitis. It is particularly useful in patients in whom there is diagnostic uncertainty based on the clinical history, examination and blood investigations.

0167: ASSESSMENT OF THE APPROPRIATENESS OF ACUTE SURGICAL REFERRALS AT MUSGROVE PARK, A DISTRICT GENERAL HOSPITAL

H. Weaver*, N. Sreekumar. *Musgrove Park Hospital, UK*

Aim: With ongoing changes in healthcare delivery, there are pathways for patients requiring early/urgent review, without referral through