emergency operations, 82% of laparotomies, 71% of hernia repairs and 23% of appendectomies.

**Conclusion:** One third of all emergency operations and over 80% of laparotomies were performed with the consultant scrubbed and supervising a junior trainee. This shows that despite the reduction in hours worked by surgical trainees, due to EWTD, there are still valuable training opportunities available in the emergency setting, allowing them to gain the necessary competencies required.

**0686: “EYES FIRST AND FOREMOST” – THE ACCURACY OF SURGEON ASSESSMENT OF THE APPENDIX DURING EMERGENCY DIAGNOSTIC LAPAROSCOPY**

Christopher Whitfield, Shwan Amin. Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK.

**Aims:** Visual inspection is key in determining the need for appendicectomy during emergency diagnostic laparoscopy. We review the diagnostic accuracy of this assessment in a teaching hospital.

**Methods:** Consecutive emergency diagnostic laparoscopies performed during the period January to December 2011 were identified from theatre records. Patient demographics, appendiceal appearance, non-appendiceal pathology, procedure performed and histological outcome were recorded.

**Results:** 366 (male: female 166:200) emergency diagnostic laparoscopies and 322 appendectomies (male:female 157:165) were performed during the 12-month period. In 126 females (63.0%) appendicitis was observed intra-operatively and confirmed histologically in 109 cases (86.5%). In 74 females a normal appendix was reported operatively, 39 were removed - 13 were histologically inflamed (33.3%). In 41 females with a normal appendix operatively, non-appendiceal pelvic pathology was observed (55.4%), with 26 appendectomies: 2 were histologically inflamed (7.7%). Sensitivity and specificity of appendiceal inspection in determining the presence of appendicitis was 89.3% and 78.2% in females. Equivalent analysis in males yielded values of 95.6% and 89.3% in 78.2% of males. In 41 females with a normal appendix, 26 were appendectomised: 2 were histologically inflamed (7.7%). Sensitivity and specificity of appendiceal inspection in determining the presence of appendicitis was 89.3% and 78.2% in females. Equivalent analysis in males yielded values of 95.6% and 89.3% in 78.2% of males. In 41 females with a normal appendix, 26 were appendectomised: 2 were histologically inflamed (7.7%). Sensitivity and specificity of appendiceal inspection in determining the presence of appendicitis was 89.3% and 78.2% in females. Equivalent analysis in males yielded values of 95.6% and 89.3% in 78.2% of males.

**Conclusions:** Low specificity may be due to surgical over-reporting of inflammation to justify resection or non-recognition of other pelvic pathology in females.

**0774: ALL-DAY CEPOD LISTS SIGNIFICANTLY REDUCE PRE-OPERATIVE DELAY**

Harry Li, Ranjeet Brar, Jane Linsell, Chris Pettengell, Adrian Steger. University Hospital Lewisham, London, UK.

**Aims:** The NCEPOD 2011 report raised concern over the provision of emergency surgery theatre in England and Wales. This study investigated the effect of an all-day CEPOD list compared to a half-day list on delays to operations and the time of day at which operations were performed.

**Methods:** Data was prospectively gathered in 2012 at a busy South London hospital for two 3-month periods; one a half day list (A), the other a whole day list (B). Planned time of procedure (at booking) was compared to actual time of procedure recorded on the Galaxy theatre system. Any emergency case that was not performed on the list to which it was scheduled was considered a ‘delay’.

P-values were calculated using a two-tailed Fisher’s exact test.

**Results:**

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Delays</th>
<th>5pm to 10pm</th>
<th>10pm to 8:30am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-day list (A)</td>
<td>219</td>
<td>82 (37.4%)</td>
<td>40 (18.3%)</td>
</tr>
<tr>
<td>All-day list (B)</td>
<td>151</td>
<td>9 (6.0%)</td>
<td>20 (13.2%)</td>
</tr>
<tr>
<td>P Value</td>
<td>0.0001</td>
<td>0.3202</td>
<td>0.0035</td>
</tr>
</tbody>
</table>

**Conclusions:** An all-day CEPOD list ensures better delivery of emergency general surgery with fewer delays and a reduction in overnight operating. Our findings support both the national trend towards provision of an all-day dedicated CEPOD list and the findings of the NCEPOD 2011 report.

**0804: AUDIT: SURGICAL ASSESSMENT UNIT PATIENT WAITING TIMES**

S. Paulina Markkula, Elizabeth Bellinger, Michael E. Silva. Oxford University Hospitals, Oxford, UK.

**Aim:** The RCS of England recommend acute unselected general surgical patients be assessed within an hour of presentation. To improve time to assessment (TTA), we freed junior surgical registrars (JnRs) of theatre duties. In lieu of lost ‘theatre time’ JnRs were allocated protected training opportunities in theatre. This audit was carried out to ascertain whether this improved TTA.

**Method:** All patients triaged at the Surgical Emergency Unit (SEU), Oxford University Hospitals were reviewed prospectively for 6 weeks. Changes to JnRs’ rota were effected in the following 17 days.

**Results:** Total numbers of patients triaged were 470 and 211. Total numbers admitted to the SEU were 280 and 128. Mean TTA was 104±4 min (0-995min) and post intervention was 84±5 min (0-590min). Dedicated SEU JnRs increased patients assessed within an hour of arrival from 40% to 44% (OR 1.17; average 104±5min (n=415) cf 84±5min (n=196), p<0.01). This did not result in a reduction in mean time to decision to admit/discharge (173±7min cf 176±9 min, p=0.93).

**Conclusions:** Majority of unselected surgical patients were not assessed within an hour of arrival. A dedicated JnR on the SEU did not improve TTA. An increase in the number of trainees may help improve this shortfall.

**0883: LATERAL CONDYLE ELBOW FRACTURES: BURIED VERSUS UNBURIED K-WIRES**

Salma E. Elamin, Lorcan McGonagle, David Wright. Alder Hey Children’s Hospital, Liverpool, UK.

**Introduction:** Lateral humeral condyle fractures typically require a longer period of internal fixation than other distal humeral fractures due to the increased risk of non union. There is no consensus as to whether wire burial is preferable or not. Is K-wire burial associated with more complications than non buried wires in treating lateral condyle fractures of the elbow?

**Methods:** All patients with lateral humeral condyle fractures treated with K-wire fixation at our institution from May 2008 to August 2011 were included. Fracture configuration, mode of reduction, wire burial and complications were assessed.

**Results:** Sixty seven patients. All were treated with reduction & K-wire fixation. K-wires were buried in 55 patients. Thirty three fractures were treated with wires eroded through. Of the wire erosion cases, 3 patients developed microbiologically proven infections, one of which was a deep infection. There were a further 3 superficial wound infections in the absence of wire erosion through the skin.

**Conclusion:** Wire erosion through the skin is the most common complication of K-wire burial. This may be due to the decrease in swelling after fracture fixation, making the wires more prominent under the skin. Skin integrity should be monitored closely if wires are buried.

**0900: ULTRASOUND IN APPENDICITIS – A WASTE OF TIME?**

Jennifer McIlhenny, Mark Kirk, Jonathan Mailey, Aijaz Jabbar, Christopher Rodger. NHS Forth Valley, Scotland, UK.

**Aim:** The value of ultrasound in the diagnosis of appendicitis is disputed. We aimed to define the predictive value of ultrasound in patients undergoing appendicectomy in a recent case series.

**Method:** Ultrasound and pathology requests and reports were reviewed for every patient who had appendicectomy at our teaching hospital in 2012. Results: 171 emergency appendicectomies were performed between 1st Jan and 31st Dec 2012. Median patient age was 26 years (range 6-91), and F:M ratio was 78:93 (1:1.2).

Women were more likely than men to have ultrasound (37 vs 12, P<0.001), but equally likely to have positive histology (64 vs 83, P=0.19). Preoperative ultrasound was performed in 49 patients (30%). Appendicitis was described in 7/49 reports (14%). After excluding those with negative histology (9/49), ultrasound had a positive predictive value of 0.86 (95% CI 0.42-0.99), and a negative predictive value of 0.19 (95% CI 0.09-0.35). The presence of free fluid on ultrasound (10/49) had a positive predictive value of 0.80 (95% CI 0.51-0.95), and a negative predictive value of 0.18 (95% CI 0.07-0.35).

**Conclusion:** Ultrasound is frequently negative in patients with clinical and histological appendicitis, and therefore it cannot be reliably used to ‘rule out’ appendicitis.

**0911: AUDIT OF NEUROLOGICAL OBSERVATION OF HEAD INJURY PATIENTS TREATED CONSERVATIVELY ON TRAUMA AND ORTHOPAEDIC WARDS**

Zubair Wani, Saeed Mosleh, Bahaeeldin Eljanen. Heart of England Hospital, Birmingham, UK.


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