52% of ultrasounds and 36% of blood tests were documented. Theatre records identified a further 121 laparotomy patients in the same time period. **Conclusion:** Challenges included access to records, documentation and lack of follow up. Our ability to draw meaningful conclusions was greatly impacted due to the high volume of missing data. Well designed, prospective studies must be used to inform decision making, particularly in resource limited settings.

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**0266: OUTCOMES FOLLOWING CHOLECYSTOSTOMY IN PATIENTS WITH ACUTE CALCULOUS CHOLECYSTITIS**

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**Background:** The definite role of percutaneous cholecystostomy (PC) in the treatment of acute cholecystitis patients who are critically ill remains controversial.

**Aim:** To evaluate the outcomes of PC for patients admitted with acute calculous cholecystitis (ACC) and to review the differences in outcomes between percutaneous and surgical cholecystostomies (SC).

**Method:** 31 patients who underwent cholecystostomies for an ACC at the Royal Infirmary of Edinburgh between 2007 and 2014 were reviewed retrospectively.

**Result:** 19 PC and 12 SC were performed. Of the 19 PC performed, 1(5.4%) mortality and 7 (36.8%) post-operative complications were reported. 6(31.6%) patients experienced no recurrent symptoms following a subsequent laparoscopic cholecystectomy without prior tube removal. 11(58.9%) patients had their tubes removed with 7(36.6%) requiring further emergency admissions. Those who did not receive further intervention had a high recurrence rate (28.6%). Results showed no significant differences between the outcomes of PC and SC.

**Conclusion:** PC is a safe and effective temporary intervention to cholecystectomy in critically ill patients with ACC. Subsequent cholecystectomy should be performed without prior removal of tube due to high recurrence rate. However, a definite conclusion for the differences in outcomes between PC and SC cannot be made due to the presence of confounding factors.

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**0282: MEDICAL EQUIPMENT DONATION IN LOW-RESOURCE SETTINGS: QUALITATIVE REVIEW OF GUIDELINES FOR SURGERY AND ANAESTHESIA IN LOW AND MIDDLE INCOME COUNTRIES**

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**Aim:** Medical equipment donation is frequently used to build surgical capacity in lower-resource countries, however problems frequently arise. We created guidelines for clinicians on how to effectively donate medical and surgical equipment.

**Method:** Comprehensive narrative English language literature review, on medical equipment donation to resource-poor settings.

**Result:** Guidelines were identified from 14 organisations (1995-2008). A narrative summary of best practice indicated that optimal donations require planning and bilateral engagement, consideration of sourcing, servicing, training, follow-up, and evaluation. Unsolicited donations should be avoided. The five most frequently cited recommendations for donation were:

1. Human resources – trained healthcare workers to operate and maintain equipment.
2. Material Resources – ancillary equipment supplied including replacement parts and adequate supply chains.
4. Education – capacity to train the workforce specifically in the implementation of equipment, plus correct interpretation of results.
5. Environment – appropriate space, electricity, water, oxygen supply, and adequate ventilation.

**Conclusion:** There is a paucity of reported experience and evaluation of medical equipment donation in the literature, and little evidence that existing guidelines are followed. Many donations may not be achieving the benefits intended. Re-examination of current equipment donation processes is necessary given increased interest in Global Surgery.

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**0319: A SWEET AND SIMPLE SOLUTION FOR COMPLEX WOUND HEALING**


**Introduction:** Complex wounds may have management challenges, with these wounds leading to possible complications; best management practice is still debated. Literature has suggested that honey may be suitable, with a history of wound healing. Honey has both anti-inflammatory and anti-bacterial characteristics, along with autolytic debridement and tissue growth; suggesting a potential use in complex wounds.

**Aim:** To explore the potential efficacy of managing complex wounds with honey.

**Method:** A literature review was conducted, searching for “wound healing AND honey” using PubMed, Cochrane, Scopus and Ovid. Papers with burns treatment were excluded. The remaining studies were reviewed.

**Result:** The findings were encouraging. When compared to antibiotics for post-operative wounds, honey exhibited superior antimicrobial characteristics; compared to traditional dressings, honey dressings showed shorter healing duration. Some reported scarless healing in some wounds, but with limited evidence. Where conventional treatments were ineffective, honey managed to treat these wounds. However, there were inconsistent results when it came to ulcers.

**Conclusion:** For the treatment of complex wounds, honey can be used as an adjunct or alternative therapy. However, there is limited clinical relevance due to poor evidence and limited research. Randomised, blinded studies are required to successfully appraise honey in complex wound healing.

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**0411: IS THE ‘MODIFIED ADMISSION MRSA SCREENING GUIDANCE’ BEING IMPLEMENTED AMONGST DAY-CASE UROLOGY PATIENTS WITHIN A SINGLE CENTRE?**


**Introduction:** Reducing methicillin resistant Staphylococcus aureus (MRSA) bacteraemia is a major public health directive. The Department of Health (DOH) published ‘Modified admission MRSA screening guidance’ in 2014, this advised targeted MRSA screening for high risk patients, rather than universal screening.

**Aim:** Assessing whether MRSA screening is limited to high risk patients or procedures within urology day-case patients, as advised by DoH. Method: Care Records Service system retrospectively identified urology day-case operations performed over eight weeks; laboratory results were cross-referenced to establish if MRSA screening was performed pre-operatively.

**Result:** Fifty-four patients underwent an operation. 85% of adult patients had screening. No child underwent screening. All non-screened adults had undergone cystoscopy with botulinum injection. No patient tested positive for MRSA. No patient was themselves ‘high risk’ for MRSA nor underwent a procedure deemed ‘high risk’, therefore no screening was indicated.