Conclusion: This data suggest that Donor eGFR and age are important parameters when considering the risks of graft dysfunction immediately postoperatively and at 1 year.

Posters: Trauma / Emergency Surgery

0011: AN EPIDEMIOLOGICAL STUDY OF 600 HAND INJURY PATIENTS PRESENTING TO A TERTIARY REFERRAL CENTRE
C. Dover1, D. Chester2. 1 Princess Royal Hospital, UK; 2 Queen Elizabeth Hospital, UK

Aim: Hand injuries are a common presentation of trauma, with fractures having an annual incidence of 4/1000. The impact on healthcare services is great, with consequences for the workforce and local economy. It is hoped that by understanding our population of hand-injury patients, we can adopt better prevention strategies and tailor rehabilitation programmes accordingly.

Methods: Our study was conducted in the emergency department of a tertiary referral centre. The inclusion criteria were an injury sustained to the hand or soft tissues of the forearm, as a direct result of trauma, between August 2012 and August 2013. An epidemiological study was then performed on patients within the identified busiest month of that year.

Results: Two-thirds of our population were male, and 61% aged below 35 years. Closed fractures and wounds, related to work and sport, were the most common presentation (88%). The majority of our patients presented out of hours (55%), and there was a correlation with socioeconomic class.

Conclusion: Our tertiary centre continues to receive high volumes of patients with trauma to the hand, with an increased service demand over the summer and out of hours. The results of our study shall be used to target those patients identified as being at risk from hand trauma injuries.

0110: MESENTERIC AVULSION: A SYSTEMATIC REVIEW OF LITERATURE
A. Kordzadeh, V. Melchionda, E. Fletcher1, M. Hanif, Y. Panayiotopoulou. Mid Essex NHS Hospital Trust, UK

Aim: The aim of this study is to establish the biomechanics, presentation and diagnosis of mesenteric avulsions and reach a consensus on their management.

Methods: A systematic review of Literature in MedLine, Embase, Scopus and CINHAL in English language from 1951 to November 2014 was performed. A total of 22 cases were identified. Variables including patient’s demographics, signs, symptoms, type of injury, modality of investigation, management therapy, length of stay, follow-up and outcomes were reviewed.

Results: The data shows a male predominance (3:1) and a median age of 28 (range, 10–58). The commonest mechanism of injury was road traffic accident (RTA) (n = 12, 55%) followed by physical violence (n = 4,18%). The commonest presentation is diffuse abdominal tenderness (n = 10, 45%) followed by ecchymosis/bruising (n = 9, 40%). Computed tomography (CT) and x-ray remained the investigative modality of choice. Surgical exploration (n=20, 91%) demonstrated a mortality of 10 % (n = 2/20) where as conservative therapy (n = 2, 10%) showed 100 % mortality (n = 2/22).

Conclusion: Mesenteric avulsion is rare but due to potential mortality, physicians should entertain the diagnosis following blunt trauma in individuals with mildest abdominal bruising and tenderness despite stable initial observation.

0113: DO TRAINEES ATTENDING TRAUMA CALLS HAVE ATLS EXPERIENCE?
A. Thakrar1, D. Jefferies, L. Hunter. Guy’s & St Thomas’ NHS Foundation Trust, UK

Aim: The authors set out to identify whether trainees attending Emergency Department (ED) trauma calls had received Advanced Trauma Life Support (ATLS) training. The aim was to highlight any additional training needs required.

Methods: A retrospective study was conducted. Adult patients requiring cervical spine imaging were identified, and of those, patients for whom a trauma call was made were selected. Trauma calls were defined as those for which the ED had placed an emergency call for the Trauma Team. Patients’ scanned notes were reviewed for documentation of ATLS status of each attending doctor.

Results: 20 patients were selected. 100% of trauma calls were attended by an ATLS trained ED doctor and 70% by an ATLS trained anaesthetist (30% could not attend). 80% of trauma calls were attended by a general surgical doctor (20% could not attend), of whom only 35% were ATLS trained. 100% of trauma calls were attended by an orthopaedic doctor, of whom, only 40% were ATLS trained.

Conclusion: This study highlights a lack of ATLS training in those trainees who attend trauma calls on a regular basis. The authors propose that trauma training should be essential for those that work as part of a trauma team.

0140: IS RADIOLOGY READY FOR A SEVEN-DAY SURGICAL WORKING WEEK?
R. Jeyapalan1, T. White. Chesterfield Royal Hospital NHS Foundation Trust, UK

Aim: Abdominal ultrasound (US) is fundamental to the assessment of acute abdominal pain. Seven day access to US is optimal for many emergency surgical admissions. Delayed access to US can delay investigation, treatment and discharge along with a negative patient experience. We aimed to assess access and implications regarding urgent abdominal US at weekends in a typical mid-sized DGH.

Methods: All surgical emergencies over 6 weekends (including 2 bank holidays) requiring an abdominal US were identified. A retrospective review of casenotes, acute take lists, US requests and results was performed.

Results: Over these 20 days, 52 patients had abdominal US requested. Overall, 58% of USs yielded a positive finding. 30 patients (57.7%) had an US < 24 hours of request. 63.6% (14/22) of those waiting >24hours, had a significant delay to discharge. It was estimated there were 38 bed days lost owing to US delay during the study. This equates to £82,262/year (based on £264/bed day).

Conclusion: A paradigm shift of culture to recognize these delays is required to implement a successful, efficient and effective seven day surgical working week. The provision of urgent abdominal US < 24 hours could make significant savings and lead to better patient care/experience.

Support (ATLS) training. The aim was to highlight any additional training needs required.

Methods: A retrospective study was conducted. Adult patients requiring cervical spine imaging were identified, and of those, patients for whom a trauma call was made were selected. Trauma calls were defined as those for which the ED had placed an emergency call for the Trauma Team. Patients’ scanned notes were reviewed for documentation of ATLS status of each attending doctor.

Results: 20 patients were selected. 100% of trauma calls were attended by an ATLS trained ED doctor and 70% by an ATLS trained anaesthetist (30% could not attend). 80% of trauma calls were attended by a general surgical doctor (20% could not attend), of whom only 35% were ATLS trained. 100% of trauma calls were attended by an orthopaedic doctor, of whom, only 40% were ATLS trained.

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