2010-Sept 2012). Clinical notes and operative findings were used as a gold standard. In patients conservatively managed, follow up clinic letters documenting stability of metacarpophalangeal joint on stress testing were used as the standard.  

**Result:** 45 patients fitted the inclusion criteria, 12 of whom received surgical intervention. Surgical exploration found that 9 patients were correctly diagnosed by US with UCL injuries (true positives). Three were incorrectly diagnosed (false positives). 33 received conservative management. All these achieved a satisfactory, stable outcome. Sensitivity was 89%; specificity 92%; positive predictive value 73%; negative predictive value (NPV) 97%. Accuracy was 91%.

**Conclusion:** US is a very useful adjunct in diagnosing UCL injuries, when clinical examination can be equivocal and painful. US was effective in confirming those who required surgery and the NPV of a US scan was excellent in supporting a decision for conservative management.

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**0722: MULTICENTRED STUDY OF WRITTEN VERSUS COMPUTERISED OPERATION NOTES: TIME FOR THE NHS TO ENTER THE DIGITAL ERA?**

O. Niazi 1, M. Zain Sohail 1, S. Dickerton 1,2, S. Hasan 1,2, G. Mamarelis 1, B. Dala-Alì 1, N. Sivanadarajah 1,1, Princess Alexandra Hospital NHS Trust, Harlow, UK; 2 Barts Health NHS Trust, London, UK; 3 Basildon and Thurrock University Hospital NHS Trust, Basildon, UK.

**Aim:** To assess the quality of operation notes across regional sites and ascertain differences between hand-written and computerized operation notes.

**Method:** 266 notes from patients undergoing orthopaedic procedures were randomly selected at three hospital sites: Site A with computerised operation notes; B with hand-written notes and C which used a mixture, determined by surgeons’ preferences. Adjusted note keeping legibility index (ANKLe Score) was used to assess handwritten notes and content was evaluated according to RCS guidelines.

**Result:** The median ANKLe score for handwritten notes was 1.5 correlating with “legible with difficulty”. Handwritten notes fared worse than computerised across multiple outcome measures most notably the recording of; responsible consultant 30.8% (73.6%), diagnosis 30% (94.4%), surgical incision 74.6% (97.5%), implants 32.2% (70.4%), antibiotics 22.4% (51.4%), thromboprophylaxis 45.57% (68.9%). Handwritten and electronic notes scored poorly in documenting blood loss 3.4% (3.3%). Computerised notes significantly met more RCS guidelines than hand written notes (p<0.01) and Site A performed better than B and C. The voluntary uptake of computerised notes at site C was 28%.

**Conclusion:** This study demonstrates that computerised operation notes vastly improves information and legibility of operation notes. When left to surgeons’ choice the uptake of computerised notes is low. A move to compulsory computerised notes may drive up standards.

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**0728: THE SURGICAL MANAGEMENT OF METASTATIC SPINAL CORD COMPRESSION: A PROPOSED COST-UTILITY ANALYSIS**

B. Chaudhry, I. Siddique. Salford Royal Foundation Trust, Salford, Greater Manchester, UK.

**Aim:** Metastatic spinal cord compression (MSCC) is an oncological complication with potentially detrimental affects on a patient’s quality of life. It’s surgical management is thought to provide the largest benefit when compared to other methods of intervention. This is a proposal for a prospective cost-utility analysis following the development and analysis of a surrogate model through the review of literature.

**Method:** The average cost of spinal decompression surgery was sought through adjustment of the patient-level costing data for implant costs. Implant data was recorded through x-ray interpretation; noting quantities of individual components used. The true implant cost for each respective case was calculated using individual component prices. Subsequently, a surrogate cost-utility analysis model was developed through the use of literature in order to work out the cost per QALY.

**Result:** n=62; mean adjusted cost £16,083.78; the surrogate model provided a cost-effectiveness ratio of £28,217.6/QALY, the hypothetical model provided a cost-effectiveness ratio of £20,895.50/QALY.

**Conclusion:** Our study provided a surrogate cost-utility value below the £30,000 threshold employed by NICE. However, the proposed cost-utility analysis should encompass the completion of the EQ-5D questionnaire pre- and post-operatively in order to find true cost per QALY gained.

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**0740: A CLOSED LOOP AUDIT: IMPLEMENTING A PROTOCOL FOR VENOUS THROMBOEMBOLISM PROPHYLAXIS IN PATIENTS DISCHARGED NON-WEIGHT BEARING AND IN BELOW KNEE CAST AFTER LOWER LIMB FRACTURE IN A LONDON DISTRICT GENERAL HOSPITAL**


**Aim:** There was no policy for the use of low-molecular-weight heparin(LMWH) in such patients in our unit. We identified current practice and developed a protocol for prescribing VTE prophylaxis on discharge. The audit-loop was closed after investigating adherence to the newly developed protocol.

**Method:** Patients admitted with lower-limb fracture and immobilised in below-knee casts were included. 154 records were analysed retrospectively over 17-months to identify mobility status, prescriptions for VTE prophylaxis on discharge and evidence of VTE. Initial results were presented at the clinical governance meeting. A risk-assessment protocol was developed with our haematology and pharmacy departments and implemented. Subsequently, 78-patients over a 12-month period (2014/2015) were re-audited.

**Result:** After protocol implementation, documentation of mobility status improved (67% to 87%). LMWH prescriptions on discharge increased (31% to 81%). Initial patient cohort were prescribed LMWH for an average of 29 days and immobilised for 38 days. Average days prescription of LMWH and days immobile were 28 and 35 days respectively after re-audit.

**Conclusion:** The VTE protocol has improved awareness of LMWH prescribing and documentation of NWB status on discharge. Our departmental protocol provides a structured method of risk assessing patients who are immobilised on discharge and guides decisions for LMWH prescribing.

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**0818: EVALUATION OF MRI AND USS IN ROTATOR CUFF SURGERY**

I. Azam1, P. Lee, V. Shanbhag, A. Iorwerth. Royal Glamorgan Hospital, Pontyclun, UK.

**Aim:** Shoulder pain is a significant cause of morbidity. There is no clear guideline in diagnosis of shoulder pain. We set out to compare MRI and USS to assess the effectiveness of the investigation.

**Method:** A retrospective study was done comparing shoulder arthroscopic findings from operative notes with MRI and USS reports from September 2007 - September 2008 in a District General Hospital.

**Result:** Of the 45 patients that underwent arthroscopic shoulder surgery: 27 patients had MRI and all 45 patients had USS prior to surgery. The prevalence of rotator cuff tears in this study was 48.83%. MRI had a sensitivity of 0.89 and specificity of 0.50, with a positive predicted value of 81% and a negative predicted value of 66%. USS had a sensitivity of 0.86 and specificity 0.65, with a positive predicted value of 70% and a negative predicted value of 83%. Z-test was used to compare sensitivity, specificity, positive and negative predicted values.

**Conclusion:** There was no significant difference between MRI and USS in the detection of rotator cuff tears. It is thus more cost effective and efficient...