Aim: Intimate examinations are often distressing for patients. GMC cases with allegations of inappropriate examination or a chaperone not being present have risen over 60% in the past 5 years. Following recommendations in the Aying report13 and the GMC’s ‘Intimate examinations and chaperones’ our NHS Trust created a surgical admission proforma allowing for full documentation of rectal examinations. This audit aims to determine current use and documentation of chaperones in the Surgical Assessment Unit (SAU).

Method: A prospective audit analysing case notes of 40 consecutive adult patients presenting to SAU. Multiple variables collected from a standardised clerking proforma.

Result: 37.5%(n=15) of patients were male and 62.5%(n=25) female. Median (range) age was 54(16-91) years. 67.5%(n=27) of had a chaperone present. Of these, 40.7%(n=11) had name and grade recorded and 37.0%(n=10) were countersigned. Commonest indication for examination was abdominal pain 35%(n=14). Incidence of chaperone use by gender of assessor to patient was: F: F(78.6%),F: M(50.0%),M: F(63.7%),M: M(71.4%).

Conclusion: Correct documentation of chaperone use falls short of complete compliance with the GMC guidelines in our hospital. However, the authors suggest that a structured area in the clerking proforma aids correct documentation, which is in the interest of all parties involved in intimate examinations.

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1259: EFFICIENT FINANCES FOR EFFICIENT TRAINEES: A SURVEY OF TRAINEE UNDERSTANDING OF THEIR TAX RESPONSIBILITIES

Aim: With the current climate of contractual uncertainty, many surgical trainees feel they face an uncertain financial future. Financial insecurity produces stress, and stressed doctors provide lower quality care and make more errors than those that rate their well-being as high (Frith-Cozens, 2013).

Our aim is to increase awareness of trainees’ tax entitlements and liabilities to ensure that junior doctors are receiving the finances that they are legally entitled to. To achieve this aim, we must first assess the trainees’ prior knowledge.

Method: An online survey was sent out via email to every trainee in our Trust.

Result: 99 responses were received. 64% didn’t know what expenditure they could claim tax relief from and only 38% checked their tax codes when starting a new job. 28% had ever checked their P60 to ensure they had been taxed correctly. I received several emails from trainees concerned that they had no knowledge of these issues.

Conclusion: These data show that the majority of trainees in our Trust have little experience in managing their tax affairs, and the awareness of these important issues should be increased within our trainee population.

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1271: ELECTRONIC RECORDS TO IMPROVE THE SAFETY AND EFFECTIVENESS OF CLINICAL HANDOVER
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Aim: Clinical handover is a vital communicative tool in today’s shift-based hospital practice. This study aimed to improve the safety and efficacy of the clinical handover process within our department using an electronic handover document (EHD).

Method: An EHD was piloted over a one-month period within the general surgical department at our hospital. Compliance with EHD usage was audited prospectively and feedback collected from all participating doctors at the end of the trial period.

Result: All 10 junior team members (FY1-CT2) were surveyed. There was 90% compliance with use of the EHD. 30% of users found the old system ineffective and unsafe but no doctor reported this with EHD use. 80% reported more effective communication at handover with less discrepancies between documented and actioned management plans under the new system. 20% also reported that fewer outstanding investigations were missed with EHD use. Patient safety was thought to have improved by 20% of doctors.

Conclusion: This study has demonstrated the potential positive impact of an EHD in improving patient safety and rendering the overall clinical handover more effective. More work is currently under way towards the formalization of this process at a trust-wide level following which a re-audit will be performed.

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1303: BODY MASS INDEX AND COMPLICATIONS FOLLOWING MAJOR GASTROINTESTINAL SURGERY: A MULTICENTRE, PROSPECTIVE COHORT STUDY
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Aim: To determine if increasing body mass index (BMI) is an independent risk factor for development of major postoperative complications.

Method: National, multi-centre prospective cohort study. Consecutive patients undergoing elective or emergency gastrointestinal surgery were eligible for inclusion. The primary outcome was the 30-day major complication rate (Clavien-Dindo grade III-V). BMI was grouped according to the World Health Organisation classification. Multilevel logistic regression models were used to adjust for patient, operative and hospital level effects, creating odds ratios (OR) and 95% confidence intervals.

Result: From 7965 patients, 2545 (32.0%) were normal weight, 2672 (33.5%) were overweight and 2747 (34.5%) were obese. Overall, 4925 (61.8%) underwent elective and 3038 (38.1%) emergency operations. The 30-day major complication rate was 11.4% (908/7965). In adjusted models, a significant interaction was found between BMI and diagnosis, with an association seen between BMI and major complication for patients with malignancy (overweight OR 1.59, 1.12 to 2.29, p=0.008; obese 1.91, 1.31 to 2.83, p=0.002, compared with normal weight) but not benign disease (overweight 0.89, 0.71 to 1.11, p=0.347; obese 0.84, 0.66 to 1.07, p=0.138).

Conclusion: Overweight and obese patients undergoing surgery for gastrointestinal malignancy are at increased risk of major postoperative complications compared to normal weight patients.

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1315: MAKING A CASE FOR THE USE OF DENVER SHUNTS IN MALIGNANT ASCITES: A RETROSPECTIVE COHORT STUDY
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Aim: To demonstrate the effectiveness of Denver shunts in ensuring symptom palliation, improving QoL and preventing the use of frequent abdominal paracentesis in recurrent malignant ascites.

Method: Retrospective cohort study of 9 patients who received Denver shunts over a period of 5 years (2009-2014). Data was retrieved from online theater records (ORMS); case notes, Macmillan Cancer Support notes and letters between Oncologists, Surgeons & GPs.

Result: Malignancies noted were Oesophageal cancer, Ovarian cancer, Breast cancer, Duodenal cancer, Pancreatic cancer and Cholangiocarcinoma. Prior to the procedure, most (6 of 9) required more than 1 abdominal paracentesis. Assessing improvement in QoL, by patient-reported symptom relief, was difficult due to poor documentation. However, marked improvement was noted with abdominal pain (55.5%). Of the 9 patients, 6 experienced recurrence and of this number only 3 required further paracentesis (shunt prevented symptoms). Only 1 of the 3 required up to 4 drains post procedure and lived for almost a year. Denver shunts are cheap and have less complications compared to regular paracentesis.