stating that the content was of high quality. The presenters in the practical demonstrations were seen as very good (81%).
Conclusion: The results indicate that the course was successful and that simulation training in neurosurgery has a significant part to play in the development of trainees. The use of 3D microscopes and televisions played a significant role in the quality of the simulation.

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1012: TIME TO BERIPLEX IN ANTICOAGULATION-ASSOCIATED INTRACRANIAL HAEMORRHAGE

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Objective: To identify delays to Beriplex administration in warfarinised patients presenting with intracranial haemorrhage (ICH).
Design: Multicentre, observational study.
Subjects: A total of 69 patients with anticoagulation-associated ICH presenting consecutively to the Emergency Departments of two district general hospitals in the UK.
Method: Time of arrival, CT head scan, INR result, and Beriplex request, issue and administration were obtained from patient notes and electronic records.
Result: Median arrival to Beriplex time was 219 min. Patients with the most severe type of intracranial haemorrhage (intraparenchymal) were scanned very quickly (median time of 44 mins). Following CT, two periods of significant delay were identified: CT to Beriplex request (51 min) and issue to administration (54 min). Arrival to electronic reporting of INR took a median time of 107 min, which may have been responsible for the delay in Beriplex request (necessary for request at both centres).
Conclusion: Patients with serious anticoagulation-associated ICH were scanned appropriately quickly, however, two systematic delays in further management were identified. Lack of a timely INR measurement may be the cause of delay to Beriplex request. Wider use of point-of-care INR testing in all stroke patients and all those presenting with significant symptomatology whilst on warfarin is recommended.

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Paediatric surgery

0284: IMPROVING JUNIOR DOCTOR'S CLINICAL CONFIDENCE WITH PAEDIATRIC GENERAL SURGERY PATIENTS

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Aim: To demonstrate that there is a lack of confidence amongst general surgical FY1's/SHO's when dealing with paediatric patients to show that simple methods, such as teaching, can improve confidence. Improving confidence improves care.
Method: Observation of problem through work in surgery and paediatrics•• questionnaire for junior doctors (n = 17) working in surgery to self-rate their confidence from 1 to 5 (5 = most) about multiple aspects of paediatric care: assessment, practical skills and prescribing. Teaching session and further questionnaire (n = 28) to establish an increase in confidence.
Result: We found a global low self-rated confidence level (clinical assessment (mean = 2.47), practical skills (mean = 2.82) and prescribing (mean = 2.76)). We felt that low confidence could be attributed to the lack of paediatric teaching/experience.
After teaching, the repeat questionnaire demonstrated improvement in self-rated confidence (clinical assessment (mean = 3.7), practical skills (mean = 3.54) and prescribing (mean = 4.2)).
Conclusion: Implementation of paediatric teaching can increase confidence and quality of care for surgical paediatric patients. Teaching cannot provide the confidence that experience can directly, but our results have found that it is an important part of improving confidence. Quality of care is improved by reducing drug errors, and improving recognition, management and skills involving the sick child.

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0455: NON-OPERATIVE MANAGEMENT OF BLUNT SPLENIC INJURIES IN CHILDREN

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Aim: Conservative management of haemodynamically stable children with isolated blunt splenic injuries is current best practice. This audit compared our management with American Association for Surgery of Trauma (AAST) Guidelines.
Method: A retrospective review of blunt splenic injury admissions between 2002 and 2011 was undertaken. Patients requiring splenectomy or with multiple injuries were excluded. Demographics and mechanism of injury were collected. Primary outcomes included length of recommended reduced activities and number of follow-up scans.
Result: 31 patients were identified, 77% were male, median age 12 years (range 3–15). The mechanisms of injury were falls, (84%, n = 26), road traffic accidents, (10%, n = 3), and punch/kick, (6%, n = 2). CT images were available in 94% of cases (n = 29). Most cases were grade III/IV (74%). Additional imaging was performed 34 times, contrary to guidelines. Median length of activity restriction increased with grade (0–16 weeks) and exceeded recommendations. There were no deaths. One patient developed a splenic cyst requiring marsupialisation.
Conclusion: Conservative management of isolated blunt splenic injuries in haemodynamically stable children is safe. Our management is more cautious than recommended by AAST guidelines. Grading of splenic injuries on admission CT will assist in managing these patients.

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Plastic surgery

0140: SYSTEMATIC REVIEW AND META-ANALYSIS OF THE EFFICACY OF EPIDERMAL GRAFTING FOR WOUND HEALING

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Aim: Autologous skin grafting is an important modality for wound coverage; however, it can result in donor site morbidity. Epidermal grafting(EG) is an emerging option to overcome this challenge. This study aims to evaluates the current evidence on EG for wound healing to establish the efficacy of this technique.
Method: A comprehensive search in the MEDLINE, EMBASE and CENTRAL database (to November 2015) was conducted to identify studies on EG for wound healing. This review was reported according to the Meta-Analysis of Observational Studies in Epidemiology (MOOSE) guidelines.
Result: The database search identified 1524 articles, of which 8 articles (6 case series, 2 cohort studies) were included in this review. A total of 154 wounds in 135 patients with the mean duration of 44.09weeks (95percent c.i. 22.19-65.99) were treated. Of these, 73.1percent (95percent c.i. 0.470-0.926) of the wounds achieved complete healing. The mean time for complete wound healing was 5.17weeks (95percent c.i. 3.25-7.08). The mean donor site healing time was 7.64days (95percent c.i. 4.47-10.81), with no reported donor site morbidity.