were given antibiotics compared to those patients with SSC not completed (79% vs 48%; Chi-squared, \( P = 0.003 \)). There was a significant positive correlation between completion of SCC and provision of antibiotic prophylaxis amongst Consultant-led teams (Spearman correlation, \( r_s 0.90; P = 0.002 \)).

**Conclusions:** The results of this study suggest that use of SCC may help to minimise the risk of inadequate peri-operative antibiotic prophylaxis. We recommend mandatory use of SCC as per NPSA policy in all general surgical operations as it may promote high standards of surgical practice.

**0619 A MULTI-DISCIPLINARY APPROACH TO IMPROVING BLOOD TRANSFUSION PRACTICE IN PAEDIATRIC SCOLIOSIS CORRECTION SURGERY**

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**Introduction:** Spinal correction surgery is associated with significant perioperative blood loss, often necessitating transfusion. Given the potential risks of blood transfusion we have introduced a pathway with the aim of reducing transfusion requirements.

**Method:** A Spinal Surgery Care Pathway was developed. Its implementation involved a multi-disciplinary programme of several different interventions: nurse-led clinics allowing pre-operative haemoglobin levels to be optimised; intra operative cell-salvage, and a transfusion criteria awareness programme. The records of all paediatic patients undergoing spinal correction surgery between 2000 and 2010 were reviewed: haemoglobin levels; blood products administered; demographic and surgical details were recorded.

**Results:** Data from 466 patients were analysed: 166 from before introduction of the pathway and 300 after. The proportion of patients undergoing transfusion dropped from 69.3% to 16.7% (\( P < 0.0001 \)), risk ratio 0.24 (95% CI 0.18 - 0.32). Where transfusion was required, the mean volume transfused fell from 8.2 to 4.5 units (\( P = 0.001 \)).

**Discussion:** Implementation of this multifaceted pathway has significantly reduced blood product requirements. In addition to the reduction in morbidity this is likely to have implications upon length of stay and cost. We propose that other units undertaking such surgery consider the use of a similar pathway.

**0620 MULTIDISCIPLINARY EDUCATION IMPROVES PRESCRIPTION OF BALANCED CRYSTALLOIDS**

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**Aim:** The British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFTASUP) detail guidance on prescription of balanced crystalloids. Unbalanced crystalloids (e.g. 0.9% saline) have previously been shown to be the commonest surgical fluid, despite evidence advocating balanced crystalloids. However, no studies have appraised current UK practice or compliance with these guidelines. This study aimed to quantify this in one institution, and the effect of multidisciplinary educational intervention.

**Method:** All emergency adult surgical admissions were studied prospectively in three discrete periods. Compliance with GIFTASUP guidelines was ascertained. Intervention comprised multidisciplinary teaching sessions and workplace reminder posters.

**Results:** 171 patients received fluids and were included. Prior to intervention 36.4% of patients received inappropriate saline for volume replacement and 26.9% for maintenance. Following intervention this was 0.0% (\( P = 0.01 \)) and 3.4% (\( P = 0.03 \)) respectively. At 6 month follow up continued improvement was seen: 2.0% (\( P = 0.0001 \)) and 0.0% (\( P = 0.01 \)).

**Conclusions:** The study suggests that mounting evidence and AGSBI guidance, 0.9% saline continues to be commonly and inappropriately prescribed to emergency surgical patients. We found multidisciplinary education (comprising visual workplace reminders and short teaching sessions), to be an effective means of improving prescription of balanced crystalloid in the short term and medium term.

**Aim:** Our aim was to analyse the surgical case mix in a specialist Upper GI clinic and to determine the most appropriate specialty for each of the referrals seen.

**Methods:** This is a 4-week prospective study. All newly referred patients attending specialist upper GI clinic were included. Data was collected from the referral letter and patient casenotes.

**Results:** In this period, 167 new patients were reviewed in 22 clinic sessions. In 111 patients (66.5%) the referral was considered appropriate. In the remaining 56 patients (33.5%) the referrals were considered inappropriate. They include, chronic nonspecific abdominal pain (\( n = 13 \)); dyspepsia secondary to peptic ulcer disease and gastritis (\( n = 9 \)); chronic anemia (\( n = 8 \)); malena (\( n = 4 \)); colorectal and anal conditions (\( n = 9 \)); non general surgical lump (\( n = 6 \)); shortness of breath (\( n = 2 \)) and chronic backache (\( n = 1 \)). Based on presenting symptoms gastroenterology was the most appropriate specialty in 34 patients (20.4%) and colorectal surgery in 9 patients (5.4%). Further referral was necessary in 23 patients. Each new patient is allowed 10 minutes per appointment, hence 230 minutes of clinical time, equivalent to 1.3 clinic session could have been better utilised.

**Conclusion:** Patients with gastrointestinal symptoms should first be assessed by gastroenterologists and where indicated referred to the surgeon. The surgeon’s time thus freed is better utilised to do more operating with fewer, but more focused clinics.

**0622 MRI OF THE INTERNAL ACoustic MEAtus: An audit of indications and findings**

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**Introduction:** Audiovestibular symptoms are common in the general population, but only rarely do they indicate serious pathologies such as acoustic neura. MRI of the internal acoustic meatus (MRI IAM) is frequently performed to assess the auditory tract for such lesions. Various suggested protocols have rationalised the use of MRI IAM as a screening tool. We audited our concordance with these protocols.

**Methods:** 1,000 MRI IAM investigations were reviewed. Patient demographics, indications and findings were recorded. Audiological data was correlated with the indications for imaging. The data were then analysed.

**Results:** 87% of patients met criteria from one of three published UK protocols. However, there was low concordance between these protocols; for example 55% of requests met UK Department of Health criteria for asymmetrical hearing loss. 62% of scans displayed no demonstrable abnormalities. 9 acoustic neuromas were identified.

**Conclusions:** The nature of the presenting symptoms and the lack of consensus on audiological protocols mean that MRI IAM studies are a burden on all radiology services that work with ENT departments. The relative benefits of protocols are discussed. Methods for improving our practice are discussed with the results of a repeat audit.

**0623 ENDOVENOUS LASER THERAPY: EVOLUTION OF PRACTICE**

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**Aim:** Endovenous Laser Therapy (EVLT) is a popular treatment for varicose veins typically carried out in an office setting. We aimed to assess the evolution of EVLT practice in a tertiary care vascular surgical unit.

**Methods:** The study was a retrospective review of prospectively collected database. 200 patients who underwent EVLT for refluxing unilateral GSV during 2005-09 were categorized into 4 groups of 50 each for inter & intra-