0378: AN AUDIT TO ASSESS THE EFFICACY OF A DEDICATED UNIT FOR THE TREATMENT OF FRACTURED NECK OF FEMURS

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Fractured necks of femurs (#NOFs) are associated with high levels of morbidity and mortality. There is a proven link between rapid intervention and increased survival. We have established a dedicated unit for the treatment of #NOFs.

Aims: To prove that our dedicated centre decreases the time taken to operate and provides a consultant led, improved specialist service.

Methods: The time taken to treat a patient, the grade of surgeon operating, the time of the operation and the number of breached cases (those taking >36hrs to be completed) were recorded on a number of patients with #NOF (63) both before and after the creation of our dedicated centre.

Results: The time taken to treat was more than halved. Consultants performed more of the procedures. All cases were performed in normal working hours with a dedicated team. The number of breached cases was dramatically reduced.

Conclusions: A dedicated #NOF unit provides a safer and more efficient service for patients

0390: TRAUMA OPERATION NOTES: DOES A PROFORMA IMPROVE THE QUALITY OF DOCUMENTATION?

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Aims: To design, implement and audit a trauma proforma.

Methods: We retrospectively reviewed operation notes 1 month prior and 1 month after the proforma. Notes were scored according to criteria adapted from Royal College of Surgeons guidelines. These included documentation of patient demographics, date, time, consultant, name and grade of operating surgeons, anaesthetist and scrub nurse, and ASA grade. Also, the post-operative plan including requirement of antibiotics, thromboprophylaxis, check radiographs, suture removal and outpatient follow-up.

Results: Fifty operation notes were reviewed before and after implementation. After implementation, documentation of patient demographics, date, time, consultant, name and grade of operating surgeons, anaesthetist and scrub nurse, and ASA grade improved by 52%. Documentation of post-operative antibiotics thromboprophylaxis, check radiographs, suture removal and outpatient follow-up improved by 24%. Average total score pre-proforma was 52% which improved to 72% with the proforma.

Conclusions: Adequate information on operation notes is essential for medicolegal purposes. Also, many procedures are not performed by the team looking after the patient, emphasising the need for legible notes with clear post-operative instructions. Our results suggest that our proforma is fit for use and improves the quality of documentation. Continued use will optimise immediate, post-operative, pre-discharge and follow-up care of the patient, preventing delays in management/discharge.

0396: THE VALUE OF TIP APEX DISTANCE

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Aim: The longevity of the fixation in dynamic hip screw used to treat intertrochanteric fractures of the femur is dictated by correct placement of the screw. The purpose of this study was to measure the tip apex distance and compare it with the ‘Gold Standard’.

Method: A retrospective audit was conducted in a District General Hospital. All consecutive patients operated over a six month period were included. Intra-operative and postoperative films were reviewed for DHS tip apex distance. The evidence of any failure was investigated on picture archive and communication system.

Results: There were 51 patients in total (16 males, 35 females). The average age was 80.3 years. The mean tip apex distance was 35.1mm with a range from 18.3 to 72.3mm. There was only one evidence of revision. Fourteen percent were within the guideline while 82 percent were outside the guideline. This information was not available in 2 cases.

Conclusion: The standard tip apex distance is less than 25mm. Unfortunately, majority of our cases fall outside the guideline and demonstrates that care and attention is required in treating these fragile fractures. Though revision was required in only one patient, this should not make us complacent about the surgical technique.

0474: ANTI-BACTERIAL PERITONEAL LAVAGE REDUCES POST-OPERATIVE SURGICAL INFECTIONS FOLLOWING APPENDICECTOMY

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Aim: Debate remains regarding peritoneal lavage following appendicectomy. We examined whether those patients who underwent appendicectomy had any reduction in post-operative surgical infections with the use of peritoneal lavage (both saline & antibiotic) versus none.

Method: A retrospective study of the medical records between 2005 and 2010 of patients who underwent an appendicectomy was performed. Type of lavage was recorded and then correlated to post-operative complications. Surgically significant infections were determined as those relating directly to the surgical wound, pelvic / abdominal collections and required treatment within the hospital.

Results: 342 cases of appendicitis were identified from the case records. 122 patients had no form of lavage following appendicectomy, 82 patients who had lavage with saline solution only, 138 had antibiotic lavage solution. No allergic reactions were recorded. Post-operatively 27 patients developed surgical infections. Rates of infection within the groups were 8.2%, 11.0% and 5.8% respectively. (P=0.354)

Conclusion: Our results demonstrate further proof that there is a reduction in post-operative infective complications, albeit not statistically significant, when antibiotic lavage of the peritoneum is used. Whilst this is not a randomised control trial, it, along with other published data, suggests that there is a likely benefit to using antibiotic lavage.

0511: PROGNOSTIC VALUE OF DIGITAL RINGS IN PATIENTS IN SURGERY

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Aims: Digital jewelry can represent an expression of faith, heritage, culture, class and lifestyle and by tradition the upper limit of normal is 3 rings. Hospital surgical intakes provide a heterogeneous population of patients. Ring number and distribution are not associated with socioeconomic deprivation. Ring number and distribution were not associated with diagnostic accuracy, number and breadth of investigations performed, or length of hospital stay.

Conclusion: The number and pattern of digital rings emerged as a potentially useful new clinical sign. A larger prospective study is justified to clarify this.

0549: CAN RCSENG STANDARDS FOR THE MANAGEMENT OF HIGH RISK GENERAL SURGICAL PATIENTS BE ACHIEVED IN UK HOSPITALS?

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Aims: An increasingly high risk patient population are undergoing emergency surgery. 2011’s NICEP0D reported an unacceptably high mortality within this group. New RCSEng guidelines aim to formalise the emergency patients’ clinical pathway to ensure optimal care by the appropriate level of clinician seniority. We retrospectively audited the practice in our DGH.

Methods: 100 emergency laparotomies performed over the last 18 months were audited for the following: seniority of operating/supervising surgeon
and anaesthetist; HDU/ITU admission post-operatively; Timing to CT-scan, decision to operate and operate; 48hr readmissions to ITU/HDU; Mortality prediction documentation. We retrospectively calculated P-Possum scores to define high risk (predicted mortality > 5%); 30 day mortality was documented.

Results: All high risk patients were managed in ITU/HDU. Consultants performed >90% of laparotomies. No patient had a mortality prediction calculated. Readmissions to ITU/HDU were low. 30 day mortality rates compared favourably with published figures. Timings to surgery however did not meet RCS Eng standards.

Conclusions: A dedicated consultant-led surgical service can provide a high standard of care in emergency patients, however formulation of clinical pathways to integrate nursing, radiological, anaesthetic and intensive care needs of the patient, can reduce delays to surgery. With active involvement of these specialties, RCS standards can be met.

0633: THE USE OF ‘WHOLE BODY’ COMPUTED TOMOGRAPHY (WBCT) IN TRAUMA AT A DISTRICT GENERAL HOSPITAL

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Aim: In trauma major injuries can evade clinical assessment. We questioned whether there was evidence to support WBCT scans of patients based on mechanism of injury as opposed to clinical criteria.

Method: A retrospective assessment of all 28 patients (17 male, 11 female), registered as trauma calls from January to December 2011. Ages ranged from 2-83 (mean 35.9) and Injury Severity Score (ISS) from 0 - 75 (mean 21.8). We investigated which patients had WBCT scans, how many were not scanned, mechanisms of injury, reasoning for scanning and subsequent outcomes.

Results: 28.6% of the patients had WBCT scans whilst in the Emergency Department, 87.5% revealed significant unsuspected pathology. 27.2% of the non-scanned population subsequently deteriorated on the ward and had CT scans revealing management altering pathology. There were no formal criteria for scanning which was at the discretion of the examining clinician and no significant differences in the mechanisms of injury or ISS of the 2 groups.

Conclusion: WBCT based on mechanism of injury may result in substantial changes in management of trauma patients when used as an adjunct to clinical examination in the initial assessment. We propose collecting further data with a view to implementing a formal protocol.

0678: EMERGENCY MANAGEMENT AND OVERALL OUTCOME OF SURGICAL PATIENTS IN EXTREME OLD AGE

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Aim: The UK population is living longer, with average life expectancy rising from 72 to 80 years since the 1970s. More nonagenarians and centenarians are being admitted with surgical emergencies, although little data exists in this group. This study aims to review the management and outcomes of emergency surgical admissions in these patients.

Method: A retrospective review of a prospectively maintained database of all emergency surgical admissions over 20 months.

Results: 192 patients (215 admissions, 3% of total) were identified (median age 92, range 90-105). 14 (6.5%) patients underwent emergency surgery. Median length of stay was 4 days (IQR 1-8 days). 47.9% patients were discharged to their own home. No significant difference was shown in in-hospital mortality (28.6% vs 14.4%, p=0.239) and overall survival (Log-rank test; Chi 0.035, p=0.851) between surgical and non-surgical intervention. Survival was 50% at 1 year.

Conclusion: Most patients over the age of 90 are discharged within one week to their own home, only a small proportion undergoes surgery. Survival results in a 2-fold increase in in-hospital mortality although overall survival is comparable. We advocate admitting patients over the age of 90 under the care of a specialised geriatric medical team with surgical input if required.

0731: MANAGEMENT OF WARFARINISED PATIENTS WITH FEMORAL NECK FRACTURES

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Introduction: Femoral neck fractures occupy a significant proportion of the trauma workload. There is great emphasis on early operative management. Anticoagulation has implications for surgery and anaesthetic. The literature provided very vague directives on management of warfarinised patients.

Objectives: We retrospectively compared warfarinised patients to a standard cohort of patients. Our outcome measure was the time from admission to theatre. We aim to devise a protocol for safe and expeditious preoperative management of warfarinised patients.

Methods: We statistically compared time to theatre data for warfarinised patients to the general NOF cohort November 2009 to November 2010. 799 NOF fractures were admitted under orthopaedic care; 41 of which were on warfarin.

Results: In the general cohort of NOF patients the mean time to theatre was 2.9 days compared to 4.7 days for the warfarinised group. (p=0.001). There was no consistent approach to warfarin reversal. There were no embolic events in the warfarinised patients within 3 months of surgery.

Conclusion: New NICE guidance sets best practice standards at 36 hours for surgery, and thus unnecessary delays must be avoided. Warfarin significantly increases time to theatre. A standardised approach to warfarin reversal is essential, and we are currently devising a protocol using multidisciplinary input.

0752: PAEDIATRIC APPENDICECTOMY: AUDIT OF PRACTICE AND OUTCOMES FINDS VARIATION IN ANTIBIOTIC USE

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Aim: This retrospective audit reviewed current practice and outcomes for appendicitis in children at a district general hospital as part of a wider regional audit to identify variations and deficiencies (Severn and Peninsula Audit and Research Collaborative for Surgeons, SPARCS).

Methods: All patients aged <17 undergoing emergency appendicectomy between August 2007 and July 2011 were included. Patients were identified by clinical coding and all case-notes reviewed. Data was collected and analysed using Microsoft Excel and VassarStats (http://faculty.vassar.edu/lowry/VassarStats.html).

Results: 312 patients were identified, with 275 case-notes reviewed at time of submission. Median age was 12(2-16) overall, 11(2-16) for open appendicectomy (n=210) and 15(9-16) for laparoscopic appendicectomy (n=65) (p=0.001 using Mann-Whitney test). Negative appendicectomy rate was 14.9%. Operative and histological findings differed in 23 cases (15 false positive and 8 false negative). Uncomplicated appendicitis occurred in 137 cases with 56 (40%) prescribed postoperative antibiotics. Complicated appendicitis occurred in 99 cases, 9 of whom (9%) received no postoperative antibiotics. Septic complications occurred in 15 cases, all from the complicated appendicitis group.

Conclusion: Overall findings were in line with previously published data, but antibiotic use was variable and patients would benefit from a standardised hospital policy.

0790: PROSPECTIVE COST ANALYSIS STUDY OF CASES OF RIGHT ILIAC FOSSA PAIN IN LIMERICK REGIONAL HOSPITAL

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Aims: There has been no previous study on the cost of managing cases of right iliac fossa (RIF) pain. We aimed to prospectively analyse the cost of managing such a group.

Methods: Admissions with RIF pain from 1st April 2011 to 4th May 2011 were identified prospectively. After discharge, patients’ medical records were reviewed to ascertain the cost. Data on length of stay (LOS), number and type of radiological investigations, number and type of blood investigations, medications administered and operations performed were collected. Costs for radiological investigations, bed days, blood investigations, medication costs and operation costs were obtained from the relevant departments.

Results: 94 patients with RIF pain were admitted. 62 patients underwent surgery (45 laparoscopic, 17 open, 53 appendectomies (42 histologically positive)). The average LOS was 4 days.