suffered significant delays accessing ultrasound (USS) if they attended in the latter half of the week.
Methods: Patients admitted to the general surgical department at Blackpool Victoria Hospital during a 3-month period were identified; those investigated by USS were included. Data on when the USS was ordered and reported was collected. The week was split Monday-Wednesday, Thursday-Sunday and analysed using an unpaired t-test.
Results: 107 patients underwent USS Monday-Wednesday, 88 patients Thursday-Sunday. The mean time taken to report the USS Mon-wed was 20.70hours (SD15.56); Thurs-sun 39.52hours (SD 37.04); A significantly longer time in the Thursday-Sunday group, +18.82hours (95% CI +11.04 - +26.60)($p<0.0001$).
Conclusions: These results highlight the need for a greater provision of USS in the latter half of the week to enable equal access. As a result of delays to USS it is likely patients admitted Thursday-Sunday have prolonged admissions increasing costs to the NHS.

0854: THE USE OF SOCIAL MEDIA FOR RECRUITMENT AND COMMUNICATION IN MULTICENTRE COLLABORATIVE STUDIES

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Introduction: Surgical studies can be difficult to design and conduct and often face problems with recruiting adequate numbers of participants. We describe and evaluate the use of social media to facilitate the recruitment of geographically diverse centres to a trainee collaborative-delivered study involving general surgical patients.
Methods: A communications team co-ordinated the dissemination of information and answering queries to facilitate targeted recruitment. 'Interventions' were delivered throughout recruitment, including email newsletters, targeted emails and tweets. Twitter support sessions were held to share and address concerns. Interventions were correlated with email enquiries, website hits and registration of centres participating in the study.
Results: Following an email bulletin to ASiT (Association of Surgeons in Training) members and Twitter publicity linked to World Sepsis Day, email enquiries that week increased to 47 (weekly mean =9) and 47 more centres confirmed participation. The website attracted 358 additional hits following the first twitter support session and registered centres increased from 108 to 120 during this period.
Conclusions: Social media should be considered in future studies to maximise recruitment in a cost effective manner. Social media enables discussion amongst all collaborators and helps to maintain interest and motivation of participating clinicians.

0863: ADHERENCE TO ANTIBIOTIC PROPHYLAXIS TRUST GUIDELINES FOR ELECTIVE INGUINAL HERNIA REPAIR AND LAPAROSCOPIC CHOLECYSTECTOMY: A RE-AUDIT.

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Introduction: Abstract Antibiotic prophylaxis in preventing wound infections, for elective hernia and laparoscopic cholecystectomy has long been controversial; meta-analyses demonstrate no clear benefit to their use. As such, our trust guidelines recommend no antibiotic prophylaxis during uncomplicated elective inguinal hernia repair (IHR) and laparoscopic cholecystectomy (LC). Our aim was to re-audit adherence to trust guidelines for antibiotic prophylaxis in adults undergoing uncomplicated elective IHR and LC, as previous compliance was unacceptably low. No patients undergoing uncomplicated IHR or LC should receive antibiotic prophylaxis. Target compliance $\geq$ 90%. Those with documented surgical/non-surgical indications for antibiotics were excluded.
Methods: Retrospective analysis, 1stJanuary 2013 - 31stJuly 2013. All patient notes successfully obtained from medical records were analysed (operation note, anaesthetic record, drug chart & clinical notes) to assess if antibiotics were given, their indication (if any) and their duration.
Results: IHR: 2013 compliance with trust guidelines 95.9% (n=49), vs. 32.6% in 2012. LC: 2013 compliance with trust guidelines 70.0% (n=40), vs. 18.4% in 2012.
Conclusions: Compliance with trust guidelines for both IHR and LC has vastly improved, however for LC, remains below the target compliance of 90%. Further strategies to improve compliance have been implemented and compliance will be re-audited in due course.

0869: MULTIDISCIPLINARY HYPOSPADIAS EDUCATION SEMINAR: A NEW APPROACH FOR ASSESSING & COUNSELLING

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Introduction: Hypospadias is a common birth defect affecting approximately 1 in 300 live births. Hypospadias remains a challenging condition to treat, with significant functional, psychosexual and social impact on individuals and their families. Patients generally have been shown to retain little of the information provided in the standard hospital outpatient setting. We have introduced a novel multidisciplinary educational seminar aimed at parents of boys with hypospadias, to replace a standard outpatient appointment. The aim is to improve hospital experience and enhance understanding when compared to a standard hospital appointment.
Methods: We present the format for the hypospadias education seminar including the custom made animations. Evaluation of the seminars was performed with purpose designed satisfaction questionnaire.
Results: The seminar has been conducted six times since February 2012; we had complete formal feedback from approximately 75% of parents (n=43). Overall satisfaction rate was excellent 76.74%, and very good in 23.26%.All parents preferred the educational meeting when compared to a standard clinic appointment, and 97.67% would recommend attending the meeting to other parents.
Conclusions: This novel approach to patient care was well received by families of boys with hypospadias. It could be expanded to replace standard hospital outpatient appointments for other patient groups.

1095: CANCELLATIONS ON THE DAY OF SURGERY: IS A LACK OF BEDS A SIGNIFICANT PROBLEM? A REVIEW OF PRACTICE AT A DISTRICT GENERAL HOSPITAL

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Introduction: To ascertain whether a lack of beds impacts significantly upon cancellation of surgical procedures.
Methods: Data were collected from July-December 2013 regarding number of procedures listed upon every elective Vascular, Colorectal, Upper Gastrointestinal (GI) and Breast Surgery operating list, with detailed data recorded about each cancelled procedure.
Results: A total of 1191 procedures were scheduled, of which 128 (10.75%) were cancelled upon the day of surgery. Upper GI had the highest rate of overall cancellations (18.32% vs. 5.71% Vascular, 11.76% Colorectal and 3.7% Breast). Overall cancellations increased towards the end of 2013 (9.9% July vs. 13.3% December), with cancellations rates highest on Mondays (16.18%). Seventy-two of the 128 cancellations (56.25%) were due to lack of beds, with rates highest in Upper GI (81.94% of cancellations vs. 4.55% Vascular, 34.62% Colorectal and 42.86% Breast). Time to surgery from cancellation was higher if cancellation was due to no beds (median 21 days vs. 7 days if cancelled for another reason).
Conclusions: A lack of beds has a major impact upon cancellation upon the day of surgery. Strategies for reducing cancellation rates may include changing discharge patterns, scheduling more procedures for benign conditions at Treatment Centres, and discussion with other specialties.

1179: THE DEVELOPMENT OF AN EMERGENCY AND ELECTIVE PAPERLESS COLORECTAL SERVICE

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Introduction: To develop a full paperless colorectal service
Methods: October 2013–Dec 2013 all patients treated by a single colorectal consultant surgeon were seen, assessed and treated by a complete paperless system. Cerner Millennium® was used for all data and clinical interactions. Outpatient dictation utilised G2 speech® interactive recognition for real-time dictation. A portable Computer on Wheels used for ward rounds. All operation notes entered onto millennium and outcome assessed by Surginet®. The level of interaction was assessed by the Lightson software®
Results: Outpatients–312 patients were seen with no access to paper records. 18- Elective admissions 29-emergency admissions 18 major cases underwent a complete paperless pathway from admission to discharge. Entries and "clicks" within CRS increased over the three months and the quality was improved Advantages1.Secretarial time spent on pathway

coordination. 2. no case notes in clinic reducing the cost of retrieval. 3. Health staff can access information anywhere real-time. 4. The clinical entries are clear and legible improving safety. Disadvantages 1.Lack of integration across all systems 2.Constant training required to engage workforce. 3. Potential difficulties if computer systems crash.
Conclusions: A paperless service can be set up with full CRS utilisation to create a seamless path from outpatients or casualty to discharge.

1305: AN OVERVIEW OF MINOR SURGERY PRACTICE AND PERFORMANCE IN PRIMARY CARE

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Introduction: General Practitioners (GP) perform thousands of surgical procedures annually. The literature on this topic is, however, sparse and with no national standards interpreting individual performance is difficult. Our aim was to review primary care minor surgery and provide a snapshot of the GP surgeon workload.
Methods: Retrospective analysis of 384 procedures performed over a 3 year period in 3 different primary care centres. Notes were reviewed and demographics, procedure, diagnosis (clinical and histological) and complications noted.
Results: 406 skin lesions were removed. Other procedures included abscess and seroma drainage (7), and removal of foreign body (3). Procedures were on: head/neck 39.4%, trunk 26.6%, Arm 17.8%, leg 11.5%, groin 4.7%. 98.5% of excised skin lesions were sent for histopathological analysis; most common were benign naevi (139), fibroepithelial polyps (100) and sebaceous cysts (75). 4 were confirmed malignant; adenocystic carcinoma (1), melanoma (1), basal cell carcinoma (1) and squamous cell carcinoma (1). There were 5 atypical/dysplastic naevi, 1 possible early SCC and 1 giant cell tumour. Complications included infection (2.3%), wound breakdown (2.1%) and recurrence (1.8%).
Conclusions: The study provides a comprehensive review of GP minor surgery. Complication rates were acceptable and low malignancy rates suggest appropriate referral to secondary services.

1306: PROMOTING TRANSPARENCY IN CLINICAL RESEARCH: SYSTEMATIC REVIEW OF DISCLOSURE AND DATA-SHARING POLICIES IN SURGICAL JOURNALS

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Introduction: The primary aim of this study was to determine author compliance with surgical randomised controlled trial (RCT) registration. The secondary aim was to explore data sharing policies of surgical journals.
Methods: A systematic assessment of RCT publishing and registration practices in 10 high-impact surgical journals during 2009 and 2012. Data relating to trial registration, statements of disclosure and data sharing were extracted. Trials were systematically cross-matched to registration databases. Data expressed descriptively (%) with longitudinal comparisons (2009 vs. 2012) using Chi-squared analyses. Predictors of non-registration are explored using logistic regression.
Results: 246 RCTs were identified (2009: n=109 vs. 2012: n=137), of which 76.4% (67.0% vs. 83.9% respectively; p=0.062) were registered on a clinical trials database. Author disclosure and funding statements were present in 71.5% (49.5% vs. 89.1%; p<0.01) and 60.01% (55.1% vs. 65.0%; p=0.074) respectively. Data sharing statements were only included in two studies. Year of publication (p=0.005) and year-specific journal impact factor (p<0.001) were strong predictors of registration status. Only one journal held a policy of mandatory data sharing in their author instructions.
Conclusions: Registration of surgical RCTs is increasing over time but remains sub-optimal. The principle of open access data sharing is poorly endorsed in surgical research.

1317: THE IMPACT OF PREOPERATIVE TEXT MESSAGES ON PATIENT KNOWLEDGE AND ADHERENCE TO FASTING GUIDELINES

Aneesha Verma[*,1], Asela Dharmadasa[2], Jeremy Prout[1], George Hamilton[1]. [1]*Royal Free Hospital, London, UK;* [2]*Imperial College Healthcare Trust, London, UK.*
Introduction: To assess the impact of text messages on patient knowledge of and adherence to fasting guidelines.
Methods: Round 1 (n=179): a preoperative questionnaire assessed patients' knowledge of and adherence to fasting guidelines (no food or milk for 6 hours before surgery; no clear fluids for 2 hours before surgery). Round 2 (n=131): the impact of text-messaging these guidelines to patients the day before surgery was assessed. Fasting time was measured from patients' planned admission time. Statistical analysis was performed using the chi-squared and t-tests.
Results: Text messages led to an improvement in the percentage of patients with correct knowledge of the fasting guidelines for food (36% vs 76%; p=0.0001), milk (19% vs 60%; p=0.0001) and clear fluids (41% vs 77%; p=0.0001). The fasting time for clear fluids reduced in patients who received the text (6.33hrs vs 4hrs; p=0.0001). The percentage of patients who underfasted by >1hr reduced from 14.5% to 5% (p=0.0046) between rounds 1 and 2.
Conclusions: Preoperative text messaging improved patient knowledge of and adherence to fasting guidelines. Reducing the proportion of inadequately fasted patients is likely to lead to fewer delays and cancellations during elective theatre lists. This would have cost-saving implications and improve patient satisfaction.

1327: PRIORITIES FOR ESSENTIAL SURGERY IN UNIVERSAL HEALTH CARE

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Introduction: Two billion people worldwide have no access to surgery. We aim to define essential surgery and compile a list of essential surgical procedures to recommend as a basic package of surgical care for district hospitals in low- and middle-income countries (LMICs).
Methods: Original data was obtained from surgical registries of surgical trainees from LMICs. Additionally, we conducted PubMed and EMBASE searches to identify relevant articles that documented surgical registries. The primary outcome evaluated was type and frequency of surgical procedures done. Experts in the field were consulted with the above findings to compile a list of essential surgical procedures.
Results: 66,299 total surgeries were recorded from 10 LMICs. The top surgical procedures done included: cesarean section for obstructed labor (16.37%), management of severe wounds/burns (14.73%), limb amputation (11.68%), surgical infections (11.65%), uterine bleeding (10.68%), laparotomy/ appendectomy for acute abdomen (6.88%), hernia (5.68%), fracture management including clubfoot (3.28%), septic arthritis/ osteomyelitis (1.6%), cataract surgery (1.5%), and urinary outflow obstruction (0.66%).
Conclusions: Essential Surgery encompasses basic, low-cost surgical interventions which save lives and prevent life-long disability or life-threatening complications. 15 surgical procedures have been selected using the above data and expert consensus which are recommended to be available in all district hospitals.

1354: ANALYSIS OF AN INTEGRATED REPORTING SYSTEM IN GENERAL SURGERY

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Introduction: Reporting and learning from adverse outcomes and near misses is pivotal in improving patient safety. However studies have identified under reporting amongst surgeons. A new method of adverse event reporting, integrating mortality and morbidity meetings (M&M) with a web based, surgical specific reporting system was initiated. An analysis of the process was conducted to identify any improvement in reporting.
Methods: Based on studies identifying factors influencing incident reporting in surgery, appropriate modifications were made to an existing web based reporting system. This reporting database was then integrated onto a structured M&M. Reports are addressed at these meetings. Emphasis is placed on the educational process.
Results: Number of reported events by medical staff in General Surgery department has risen from zero in 2011 to more than 200 in 2013. These cases were reviewed and addressed at the weekly M&M meetings.
Conclusion: We have engaged clinicians in this crucial aspect of quality improvement. A no-blame culture with emphasis on education to improve surgical outcomes has proven successful. This data can be audited and used in teaching. Other specialties have adapted this process. Addressing adverse outcomes and near-misses with timely feedback prevent errors from repeating and translates into improved patient outcomes.