drain, 4 (10%) an endotracheal tube and 4 (10%) an orthopaedic traction splint. Numbers did not increase significantly following ATLS. Confidence to perform trauma procedures un supervised was unaffected by ATLS completion. Confidence to assess trauma patients did improve.

No trainees had performed diagnostic peritoneal lavage, venous cut down, intra-osseous line insertion, surgical or needle cricothyroidotomy.

Conclusion: CST in the Northern Deanery report limited exposure to trauma.

ATLS has minimal affect on trainees confidence to perform trauma related procedures. ATLS does improve their confidence to assess trauma patients

0214: IS THE INJURY SEVERITY SCORE (ISS) RELEVANT IN COMPLEX LOWER LIMB TRAUMA?

George Filobbos, Faisal Salim, Umraz Khan. Frenchay Hospital, North Bristol NHS Trust, Bristol, UK

Introduction: Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. Major trauma is defined as ISS score equal or more than 16. Our aim was to study the relationship between ISS and return of limb function after open fractures of the lower limb when treated in a specialist centre.

Methods: Retrospective case note analysis of 50 patients with lower limb trauma requiring free flap coverage. We examined age, mechanism of injury, type of fracture, Gustilo classification, ISS score, hospital stay, complications and Enneking score to measure outcome.

Results: The mean age of patients at time of surgery is 44.1 yrs (range 5-90). 38% of patients had road traffic accidents, 30% had a fall. 52% had Gustilo 3B fractures while 26% had closed fractures initially. We had 2 flap failures. The average ISS score is 8.3 (range: 1 to 26).

Conclusion: Mean ISS for patients with severe complex lower limb trauma was 8.3. These patients would not have been referred to a major trauma centre based on the ISS; however, they are best treated in a specialist centre indicating that a specialist Ortho-Plastic centre is integral to a Major trauma centre.

0233: LAPAROSCOPIC APPENDECTOMY: ARE WE DOING TOO MANY THAT ARE AVOIDABLE?

Senthurun Mylvaganam 1, Tom Fowler 2, Misra Budhoo 1, 1 Heart of England NHS Trust, Birmingham, UK; 2 Department of Health, London, UK

Introduction: Appendicitis is the most common intra-abdominal condition requiring surgery. Non-appendiceal pathologies in the right iliac fossa can clinically mimic appendicitis raising diagnostic doubt. A negative appendicectomy rate.

Methods: A retrospective case note analysis of 50 patients with lower limb trauma requiring free flap coverage. We examined age, mechanism of injury, type of fracture, Gustilo classification, ISS score, hospital stay, complications and Enneking score to measure outcome.

Results: The mean age of patients at time of surgery is 44.1 yrs (range 5-90). 38% of patients had road traffic accidents, 30% had a fall. 52% had Gustilo 3B fractures while 26% had closed fractures initially. We had 2 flap failures. The average ISS score is 8.3 (range: 1 to 26).

Conclusion: Mean ISS for patients with severe complex lower limb trauma was 8.3. These patients would not have been referred to a major trauma centre based on the ISS; however, they are best treated in a specialist centre indicating that a specialist Ortho-Plastic centre is integral to a Major trauma centre.

0344: EXPERIENCES OF LOWER LIMB OPEN FRACTURE MANAGEMENT AT THE ROYAL UNITED HOSPITAL, BATH

William Carlino, Caroline Bartolo, Gavin Jennings. Royal United Hospital, Bath, UK

Aim: The aim of this audit was to review open lower limb fracture management at the Royal United Hospital and identify adherence to the British Orthopaedic Association Standards for Trauma 4 (BOAST 4).

Method: We retrospectively collected data on all open lower limb fractures between September 2009 and January 2011.

Results: We identified thirteen consecutive open lower limb fractures. Antibiotics were appropriately administered on admission in 15% of patients. 62% had a photograph documented, 92% had a saline soaked dressing applied, neurovascular status documented while 85% had the fracture splinted before x-ray. 60% of patients were discussed with plastics and underwent early transfer, 80% of patients had wound debridement within 24 hours. 67% had definitive treatment within seventy two hours.

Conclusion: The management of open lower limb fractures was suboptimal. As with all audits the areas highlighted in which teams are under-performing may reflect poor management, poor documentation or both. Clearly there it is also a priority to ensure all new Emergency Department and Orthopaedic trainees are aware of BOAST 4 standards. The antibiotics failures reflects delayed updates in local policy, the microbiology department are aware. An open fracture pro-forma and poster campaign has been initiated. A re-audit is planned.