ABSTRACTS

0138: COMPARING PAIN AND ANALGESIA REQUIREMENTS IN DIFFERENT PROCEDURES FOR THE TREATMENT OF HIP FRACTURES

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Intro: Hemiarthroplasty and proximal femoral fixation are commonly performed procedures, but there is little information regarding post-operative pain experience. Whilst patient comfort is a priority and a requirement for successful rehabilitation, opiate effects are also undesirable especially within this complex, often aged population. A sound strategy of pain management is easier to implement in patients where pain levels can be predicted.

Results: 357 patients were included. 205 underwent a cemented hemiarthroplasty (HA) and 152 had a dynamic hip screw (DHS). No significant difference was found in the length of hospital stay. HA patients recorded a mean morphine requirement of 20.2mg compared with 40.3mg for the DHS group. Interestingly, the early pain score difference was significant (p=0.009) after 4 days, the scores were equivalent. This may support the notion of non-surgical factors determining the length of stay.

Conclusion: The reason for the elevated pain scores and higher morphine requirement in the DHS group remains unclear. One theory is the fracture site still exists, and possibly pre-existing hip arthritis may continue to be symptomatic. It is important to recognise the difference in pain experienced between the groups. An understanding of this principle will allow for improved care and a better patient experience.

0156: IMPROVING COMMUNICATION BETWEEN ORTHOPAEDICS AND PRIMARY CARE: A CLOSED LOOP AUDIT CYCLE

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Aims: A discharge summary may be the only notification of admission to trauma ward for a General Practitioner, hence the quality of this document is crucial. This audit cycle aimed to assess and improve the accuracy and content of discharge summaries from our Orthopaedic Department.

Methods: A randomised, prospective audit of 60 orthopaedic discharge summaries was carried out. Content was audited against our Trust’s gold standards, over a 2 week period. After the initial audit, medical staff were given an educational session stressing essential content to be included in discharge summaries. In addition, brief, focused, one-to-one teaching sessions with ward based doctors were held. A re-audit was then conducted.

Results: The initial audit found 90% of discharge summaries had a correct diagnosis and treatment, whilst 91% had accurate medical co-morbidities listed, improving to 100% and 97% respectively post intervention. 72% of summaries had a drug allergy status detailed and 72% had accurate follow up plans documented, increasing to 95% and 100% respectively.

Conclusions: This audit exemplified how group teaching followed by short, non labour intensive, one-to-one sessions had positive effects on the accuracy of discharge summaries, ensuring important information was transferred between orthopaedics and primary care, thus improving patient safety.

0165: TIP APEX DISTANCE IN DYNAMIC HIP SCREW FIXATION IN PATIENTS WITH AN EXTRACAPSULAR NECK OF FEMUR FRACTURE: AN AUDIT ON CHANGE

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Aim: A recognised complication of dynamic hip screw (DHS) fixation is the screw cutting out from the femoral head. A distance of less than 25mm from the tip of the screw to the apex of the femoral head has been consistently shown to be associated with a reduction in cut-out rates. This audit was undertaken to assess the variability in screw positioning at our district general hospital, recommend improvements, and re-audit the positioning following departmental education.

Method: This retrospective audit was initially undertaken in August to October 2007, then re-audited in January to May 2012, after educating junior surgeons about the tip-apex-distance (TAD) in departmental introductions. The TAD was calculated by the total of the TAD on the anterior-posterior and lateral radiographs.

Results: The initial audit included 10 patients; 6 (60%) had a TAD greater than 25mm. Incorrect TAD was secondary to insufficient fracture reduction (83%), and wrong direction of the screw (17%). The re-audit involved 19 patients; 1 (5.2%) had a TAD greater than 25mm (p=0.01).