

Aim: Good Surgical Practice (Royal College of Surgeons of England, 2008) stipulates what information operative notes should contain. We recorded how closely we are following these guidelines at Queen Square and also assessed legibility.

Method: We identified 52 neurosurgical patients who had operations on 6 consecutive days in November 2011. We reviewed operative notes against RCS guidelines and recorded how many words could not be read.

Results: 22 aspects of the operative notes were audited. 73% of the operative notes met $\geq 70\%$ of RCS guidelines. Certain areas however were not generally recorded e.g. time of operation (never), 'grade of the operating assistant' (7.7%) and 'serial numbers of prosthesis or other implanted material' (25%). This is probably because the operative note template does not have places to record these details. 30% of operations had > 5 words which were not eligible; capital letters were observed to be easier to follow.

Conclusions: We have identified some areas in the operative note proforma which we hope to change with the help of our Clinical Governance team. We anticipate that this, in conjunction with presenting our results locally, will improve how closely operative notes match RCS standards at Queen Square when we re-audit.

0881: MEDICAL STUDENTS' AND JUNIOR DOCTORS' PERCEPTIONS OF NEUROSURGERY AS A CAREER

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Introduction: There has been a falling trend in the number of applicants for Neurosurgery in recent years, while the number of female applicants remains low relative to the proportion of female medical students.

Aim: We tried to identify perceptions about neurosurgery, and assess factors that affect career choice. We hypothesised that a one-day careers event is a good intervention to increase the interest in the specialty.

Methods: In collaboration with the Society of British Neurological Surgeons, we organised a neurosurgery Careers Day for medical students and junior doctors. We asked all participants to fill in the same questionnaire both before and after the event. Results were compared using a paired, two-tailed t-test.

Results: 75% of participants identified poor work-life balance as the main disadvantage of neurosurgery, and 69% of these were female. 84% agreed/strongly agreed that they have not had enough exposure to the specialty. Significantly less attendants perceived neurosurgery as a male-dominated specialty ($p < 0.001$), and significantly more were interested in pursuing it as a specialty ($p < 0.001$) after the event.

Conclusions: Little exposure and misconceptions about the specialty are the main reasons for discouraging potential applicants, particularly female, from pursuing a career in neurosurgery. Such careers events have significantly increased interest in Neurosurgery.

0959: IS IT BETTER TO HAVE AN ANEURYSMAL SUB-ARACHNOID HAEMORRHAGE ON A WEEKDAY?

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Introduction: The most treatable cause of poor outcome after Aneurysmal Sub-arachnoid haemorrhage (ASAH) is re-haemorrhage which has associated mortality of 50–70% with maximal frequency of 4% on day 1.

Since the ISAT Trial there has been a paradigm shift in management with endovascular coiling becoming the preferred treatment over surgical clipping. There is limited availability of coiling facilities on weekends.

Aims & Methods: Our aim was to analyse the management of patients admitted with ASAH and identify if treatment was delayed due to lack of service provision. We compiled a database of all ASAH patients admitted at the Hull Royal Infirmary Neurosurgical unit over a 2 year period.

Results: 51 patients were admitted over weekends & 70 over weekdays with ASAH. Over weekends 39.5% underwent definitive treatment

within 24 hrs and 67.5% within 48 hrs, whereas on weekdays it was 60 & 90% respectively. 3 patients (6.2%) re-bled over weekends prior to treatment.

Conclusions: We have identified delays in the management of SAH patients admitted over weekends. During weekdays, vast majority get treated the next day after admission. These delays clearly have potential implications on outcome. As a result, we have proposed a supra-regional model for treatment over weekends.

1043: OVERCOMING THE PITFALLS OF DOCUMENTING TELEPHONIC ON-CALL REFERRALS RECEIVED BY NEUROSURGICAL REGISTRARS

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Introduction: Acute Neurosurgical referrals are made telephonically to the on-call registrar with the majority being from distant hospitals. In most instances decisions are made on the basis of clinical information obtained and electronically linked scans, without first hand opportunity to review patients. The referral book, in which the information received and advice given is recorded, is therefore an important document for future perusal in case of follow-ups and medico-legal issues.

Aim: Our aim was to assess the adequacy and documentation of information obtained and entered in the various sections of each referral & to come up with a scoring system to grade each entry.

Methods: Anonymised data collection for 150 consecutive referrals, collected by 2 different authors to eliminate bias and to reflect all the departmental registrars.

Results: Patient demographics & history was recorded adequately in 100% of the cases but referring team details, neurological and systemic status were recorded in 80%, 94% & 59% of the cases.

Conclusions: We have identified significant pitfalls in the system and instituted changes, including Consultant counter-signature. We describe a scoring system to reflect the relative weighting of each parameter and overall adequacy of each referral. An online database is also being developed.

1115: MANAGEMENT OF CEREBROSPINAL FLUID DIVERSION DEVICE-ASSOCIATED INFECTIONS IN ADULTS: A RETROSPECTIVE EVALUATION OF THE ROLE OF INTRAVENTRICULAR ANTIMICROBIAL THERAPY

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Aims: Management of infected cerebrospinal fluid (CSF) diversion devices is contentious and evidence limited, particularly concerning the use of intraventricular antibiotics. We evaluated our current practice, comparing outcomes from intraventricular versus systemic antimicrobials.

Methods: We retrospectively identified all adult patients over a five-year period with at least two consecutive infected CSF samples who were treated for CSF diversion device-associated infection. Hospital records were reviewed for clinical and laboratory parameters, microbiology, surgical and antimicrobial management, and treatment outcomes.

Results: Forty-eight patients were identified – 25 received intraventricular antibiotics (group A) and 23 systemic antibiotics alone (group B). Clinical features and causative organisms (predominantly coagulase-negative Staphylococci and Staphylococcus aureus) were similar between groups. Infected devices were generally revised in both groups (A=92%, B=91%). Admission CSF leucocyte counts differed slightly between groups (A>B, $p=0.067$) but no laboratory parameters did so significantly. Mean times to CSF sterilisation and normalisation of CSF microscopy were significantly shorter for group A ($p < 0.005$), as was duration of hospital stay ($p < 0.002$).

Conclusions: In the absence of significant laboratory correlates, clinical experience must influence decisions about antibiotic administration. However, intraventricular antibiotics enhance clinical and microbiological recovery and may therefore have a role for all cases of CSF diversion device-related infections.