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**Aim:** The role of diathermy in orthopaedic surgical practice has increased since its introduction. We aim to determine the prevalence of bacterial contamination of diathermy tips during orthopaedic surgery and to assess any correlation with surgical site infections.

**Methods:** Diathermy tips from 86 consecutive orthopaedic procedures using diathermy were cultured using direct and enriched media. All patients underwent an orthopaedic procedure for a non-infected condition. For each procedure an unused control diathermy tip was placed on the instrument table at the beginning of the procedure and processed similarly. All patients were followed for any postoperative complications.

**Results:** 108 diathermy tips from 86 orthopaedic procedures were cultured. None of the tips cultured directly on blood agar demonstrated bacterial growth. Following enrichment culture, 6 (5.6%) of the procedure diathermy tips and 1 (0.92%) of the control tips demonstrated bacterial growth. Coagulase-negative staphylococci (83.3%) and propionibacterium (16.7%) were cultured from the tips. 1 of the patients who had bacterial growth from the diathermy tip developed a superficial surgical site infection.

**Conclusion:** Diathermy tips may not be as sterile as previously thought. There may be benefit in changing the diathermy tips during orthopaedic procedures as they may represent a possible source of bacterial contamination.

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**Aim:** Local anaesthetic toxicity can cause be life threatening however the antidote, lipid emulsion is readily available. A regional audit was conducted to assess trainees’ knowledge of toxicity.

**Methods:** A survey was emailed to all trainees and analysed. The Association of Anaesthetists of Great Britain and Ireland (AAGBI) management of severe local anaesthetic toxicity guideline was then emailed and a re-audit conducted.

**Results:** 26 out of 57 trainees completed the initial audit and 22 completed the repeat survey. 66% of trainees that completed the initial survey were ST5 and below. 64% of trainees had heard of the AAGBI guidelines compared with 95% following education. Knowledge of initial management and the antidote improved from 96% to 100% and 73% to 95% respectively. Knowledge of the initial treatment dose improved from 44% to 82% and further management from 44% to 73%. What to do if the patient remained unstable also improved from 33% to 91%. Awareness of antidote storage reduced from 52% to 50%.

**Conclusion:** Whilst the majority of trainees knew that lipid emulsion was the antidote to toxicity and the basic initial management, a high number of trainees where unaware of the treatment dose or the continuing management of these patients.