**0379: THE QUALITY OF ONLINE PATIENT-ORIENTED INFORMATION RELEVANT TO GENERAL AND VASCULAR SURGERY: A SYSTEMATIC REVIEW OF CROSS-SECTIONAL STUDIES**


**Aim:** Many studies have assessed the quality of online information relating to general and vascular surgery, but there has been no systematic evaluation of this evidence. We performed a systematic review of studies evaluating the quality of patient-oriented online information relevant to general and vascular surgery.

**Methods:** We systematically searched PubMed and EMBASE, up to December 2014, for studies that browsed the web for information on gastrointestinal or vascular surgical conditions and evaluated at least one aspect of the quality of retrieved websites. Search results were screened independently by two authors, with good interobserver reliability (k = 0.84).

**Results:** Of 1731 citations screened, 20 were included. These evaluated 1771 webpages relevant to general or vascular surgery. The most frequently assessed aspects were accuracy of information (n = 15, 75%), readability (n = 6, 30%) and completeness of information (n = 5, 25%). Although there was large heterogeneity in the criteria used to assess website quality, 16 studies (80%) suggested that the overall quality of information on the web was inadequate.

**Conclusion:** Systematic evaluation across a range of surgical conditions found a high prevalence of inaccurate, incomplete information online. Surgeons should be aware that patients may be reading misleading information, and consider signposting them to more appropriate reading material.

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**0382: A LOCAL AUDIT ON THE CONTENT AND QUALITY OF OPERATION NOTES USING THE ROYAL COLLEGE OF SURGEONS’ GUIDELINES**

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**Aim:** The Royal College of Surgeons (RCS) has produced clear guidelines for the required content of operation notes. The quality of surgical operation notes in a busy trauma centre was audited against these standards.

**Methods:** A local retrospective audit was carried out over a six-week period. A proforma based on the RCS guidelines was used for data collection. Fifty sets of general surgical operation notes were randomly selected. To minimise bias, data that involved doctors participating in the audit were excluded.

**Results:** None of the operation notes sampled fully complied with the RCS guidelines. The date of the operation was the best documented (98% compliance). Time of operation and CEPOD category were poorly documented (22% and 33% respectively), whilst only 68% of the notes were deemed legible.

**Conclusion:** The quality of the operation notes sampled was well below the standard set by the RCS. Many trainees were not aware of existing guidelines. The RCS guidelines and these findings have been presented to the surgical department. Standardised proformas have been designed and a re-audit is currently in progress. We recommend that our surgical colleagues consider carrying out a similar audit where appropriate.

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**0464: THE RETRIEVABLE INFERIOR VENA CAVA FILTER: A SINGLE CENTRE STUDY**

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**Aim:** Retrievable inferior vena cava (IVC) filters offer an increasingly popular method of anti-coagulation in a subset of patients with contra-indications to pharmacological anti-coagulants as recommended by the National Institute for Health and Care Excellence (NICE).

It is advised that the temporary filter should be removed in order to avoid complications including occlusion, deep vein thrombosis, IVC penetration and filter migration. Manufacturing guidelines vary but most modern retrievable filters suggest removal at up to six months. The aim of this study was to assess the proportion of patients that undergo attempted retrieval of temporary IVC filters as planned at the time of insertion and the likelihood of retrieval.

**Methods:** This was a retrospective, single-centre study conducted over seven years, investigating the efficacy and success rate of removing the retrievable filter.

**Results:** During a seven year period, a total of 40 patients (18 male, 22 female) underwent successful placement of retrievable filters. 23 patients (57.5%) had retrieval planned at the time of insertion. 5 patients (21.2%) had successful retrieval as planned.

**Conclusion:** Despite the increased use of the retrievable filter, the opportunity for retrieval is low. The question remains as to how best follow up patients to ensure timely removal of temporary filters.

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**0474: PATIENTS' AND SURGEONS' OPINIONS OF WHAT IS IMPORTANT ABOUT PATIENT EXPERIENCE IN OUTPATIENT CLINICS**

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**Aim:** Patient experience is a pillar of healthcare quality. We aimed to compare patients’ and surgeons’ opinions of what is important about patient experience.

**Methods:** A survey was designed around previously identified key areas of patient experience. Patients attending surgical outpatient clinics and surgeons staffing those clinics were surveyed. Respondents were asked to rate, using a 5-point Likert scale, whether it is important to address each area in outpatient consultations. ‘Importance’ was determined by probability distribution of Likert scale scores 4–5 of ≥95%. Validity of the surveys was indicated by calculating Cronbach’s alpha.

**Results:** 35 surgeons and 87 patients completed the surveys. Cronbach’s alpha values were all > 0.5. Patients deemed 9 of 15 areas important. Surgeons deemed 7 of the same areas important. Only ‘Addressing anxiety preceding consultation’ was rated important by surgeons and not by patients. Other areas did not reach threshold. Even where threshold was not reached correlation was mostly good except for ‘Addressing anxiety preceding consultation’ and ‘Accommodating needs of caregivers’.

**Conclusion:** High Cronbach’s alpha values indicate survey validity. Patients’ and surgeons’ opinions were mostly correlated, although the discrepancies may imply a need to explore alternative methods for delivering some aspects of patient experience.

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**0516: THE COST OF INAPPROPRIATE ANTIBIOTIC PROPHYLAXIS IN INGUINAL HERNIA REPAIR SURGERY**

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**Aim:** Inguinal hernia repair is a common operation. Mesh infections are associated with high morbidity but are rare. Wound infections impact on patient satisfaction, wound care and length of hospital stay. However, inappropriate antibiotic prescribing has significant cost to patients and NHS. 2012 Cochrane review reported no significant reduction in post-operative infection with antibiotic prophylaxis. The Association of Surgeons of Great Britain and Ireland do not recommend antibiotic prophylaxis except in high-risk patients. North Tees and Hartlepool hospitals (NTHH) guidelines endorse this. This audit aimed to assess prophylactic antibiotic prescribing in patients undergoing inguinal hernia repair at NTHH.

**Methods:** Retrospective review of patients undergoing inguinal hernia repair at NTHH from 01/10/2012 – 30/11/2012 was undertaken, assessing if prophylactic antibiotics were indicated and/or given.

**Results:** 63 patients were identified [59 notes available.] 19/19 high-risk patients correctly received antibiotics. 13/40 low risk patients correctly received no antibiotics. Therefore 27/59 patients received unnecessary prophylaxis. Cefuroxime 1.5g IV dose costs £5.04. 27 inappropriate prescriptions resulted in £136.08 unnecessary cost, extrapolating to £816.48 annually.