0379: THE QUALITY OF ONLINE PATIENT-ORIENTATED 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.

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.

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.

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 surrounding condition’ 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 concerning circumstances’ 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.

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 costs 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 prophylactic 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.
Conclusions: Antibiotic prophylaxis in inguinal hernia repair was controversial. Although this is a small study, if representative of national prescribing practice the impact financially and clinically is significant.

**0551: SEPSIS IN EMERGENCY SURGICAL PATIENTS: IS MANAGEMENT OPTIMAL?**

P. Sarmah, N. Green, H. Yousef, Good Hope Hospital, UK

**Aim:** To assess if sepsis is recognised and appropriately managed in patients presenting as acute surgical admissions using the systemic inflammatory response syndrome (SIRS) criteria and Sepsis 6 as per Trust guidelines.

**Methods:** Data was collected over two weeks for all acute surgical admissions in a district general hospital. Medical notes and pathology results were reviewed for recognition and management of sepsis.

**Results:** 102 patients presented over two weeks. Only one patient had full documentation of assessment for SIRS criteria. The most frequently neglected criteria were mental state and glucose (not assessed in 83/102 and 98/102 respectively). Seven patients presented with sepsis; none had all 6 SIRS criteria documented; one had 5 documented; three had 4 documented; two had 3 documented; and one had 1 documented. None had the Sepsis 6 implemented within one hour. All were started on intravenous fluids, six were given antibiotics and five had lactate and full blood count measured. None were given supplementary oxygen.

**Conclusion:** This audit demonstrated the need for regular re-education on sepsis for all grades of doctors. The results have been presented locally, including re-education on Trust guidelines. A re-audit has taken place, with results available for presentation.

**0591: SURGICAL SAFETY CHECKLIST COMPLIANCE: AN ASSESSMENT IN UK OPERATING THEATRES**

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**Aim:** The World Health Organization (WHO) launched the Surgical Safety Checklist (SSC) to promote safer practice through facilitation of communication and teamwork among theatre staff; resulting in reduced surgical morbidity and mortality. Clinical governance reports demonstrated documentation was to a high standard, but direct observation of SSC checks suggested suboptimal quality. This study aims to evaluate compliance to the WHO standard of the completion and accuracy of checks performed as part of the SSC.

**Methods:** An audit tool was developed to quantitatively evaluate compliance with SSC at multiple NHS hospitals. Trained observers performed qualitative assessment of team performance and non-technical factors at sign in, time out and sign out.

**Results:** Surgical and interventional radiology procedures (n = 100) were observed and audited across four hospitals (18 specialties). Checklist completion rates were high (mean 79.57%; range 56–100%), but accuracy of checks at all stages of checklist was poor (mean 42.33%; range 37–45%). Direct observations highlighted areas of weakness in team communication and cohesion.

**Conclusion:** Adherence and quality of SSC checks does not adequately meet the standards set by the WHO. Targeted training and education of theatre staff could enhance patient safety.

**0607: IMPROVING PREVENTION OF VENOUS THROMBOEMBOLISM IN SURGICAL PATIENTS**

Y. Grant, R. Barlow, S. McCluney, H. Sheth, Ealing Hospital, UK

**Aim:** Venous thromboembolism (VTE) is the most common avoidable cause of hospital related mortality in the UK. However, administration of VTE prophylaxis remains globally poor. Our aim was to identify inadequacies in prescribing and administering appropriate prophylaxis in acute and elective general surgical & orthopaedic in-patients and to address these concerns.

**Methods:** An audit of the prescription and administration of thromboembolic deterrent stockings and tinzaparin for VTE prophylaxis in acute and elective surgical in-patients was conducted over a 24-hour period using recommendation from NICE Guidelines.

**Results:** Of 57 patients, 42 patients (73%) were prescribed VTE prophylaxis. Of the 42 patients with adequate prescriptions, 29 patients (69%) received the appropriate prophylaxis. Of the 15 patients who were not prescribed prophylaxis, contraindications such as bleeding risk were documented in 6 patients (40%).

**Conclusion:** Despite hefty clinical emphasis on VTE prophylaxis, our results indicate that surgical patients are not being adequately protected against VTE. We recommended steps to be taken locally to educate clinical staff to ensure they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis.

**0632: OPERATIVE NOTES: AN AUDIT OF COMPLIANCE WITH THE ROYAL COLLEGE OF SURGEONS OF ENGLAND’S GUIDELINES ON OPERATIVE NOTES AT A SINGLE INSTITUTION**

C. Douch, S. Shah, Z. Ullah, Whippys Cross Hospital, UK

**Aim:** The Royal College of Surgeons’ (RCS) guidelines on operative notes outline the components of safe and comprehensive surgical records. We audited 50 operative notes against compliance with the RCS guidelines.

**Methods:** A retrospective audit of 50 operative notes from four surgical wards of one institution was performed on a single day in December 2014. This included all specialties with procedures within the last two weeks and available notes.

**Results:** No records met all of the RCS criteria. All cases included date (although only 20% included the time), surgeon name and procedure. Details most frequently omitted were anaesthetist name (4%), estimated blood loss (4%) and anticipated blood loss (0%). Disparity between typed and handwritten notes was evident. 9 of the 50 records were typed (18%). Details of time of surgery, detailed postoperative care instructions and prosthesis/implant identifiers were included in 100%, 100% and 60% of typed and 2%, 73% and 8% of handwritten notes respectively.

**Conclusion:** Operative notes are not meeting standards set by the RCS. Typed notes were more complete; this may facilitate more comprehensive and accessible records. Electronic notes and more detailed proformas may help to ensure that notes are completed. There is scope for re-audit.

**0675: THE LOGISTIC AND ECONOMIC IMPACT OF SPECIAL STAGE RALLYING ON A GENERAL SURGERY DEPARTMENT DURING A MOTOR RALLY WEEKEND EVENT**

O. Godkin, C. Fleming, T. Burke, P. Hogan, K. Mealy, Wexford General Hospital, Ireland

**Aim:** To identify the burden of injuries presenting to a general hospital during a 2 day Special Stage Rallying (SSR) event.

**Methods:** We prospectively recorded all patients presenting to the Emergency Department of a peripheral general hospital with injuries caused during a two day rally event. All patient demographics, history and examination findings, results of investigations and initial management required were recorded. We followed all patients until day of discharge to record all treatment required. We calculated the cumulative cost of bed days required for management of injuries.

**Results:** Eight patients presented to the ED (3 drivers, 2 navigators and 3 spectators; all male). 2 patients incurred soft tissue injuries and discharged by ED. One patient was directly transferred to the Orthopaedic Referral centre with a mid-foot dislocation. 5 patients were referred to the General Surgery (rib fracture, head injury, and 3 spinal fractures). 1 in 4 patients required surgical intervention and the average length of inpatient hospital stay was 4.125 days (range 0–9; total 24). £19,536 worth of hospital bed days were required for management of these injuries.