0786: RURAL HOSPITAL OUTCOMES VERSUS NON-RURAL HOSPITAL OUTCOMES FOLLOWING EMERGENCY LAPAROTOMY: A SCOTTISH RETROSPECTIVE COHORT STUDY

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Aim: Scotland has six remote and rural hospitals providing a comprehensive surgical service. This study compared outcomes following emergency laparotomy between these rural hospitals and non-rural hospitals in Scotland.

Methods: Data on all emergency laparotomies performed in Scotland from April 2001–March 2011 were identified from the SMR01 database of inpatient admissions. The mortality rate, specific to each included operation code was determined, allowing creation of risk quartiles of procedural mortality. Logistic regression was performed using this variable in addition to age, Charlson comorbidity index and a deprivation index.

Results: A cohort of 30,623 cases was identified, with a median age 65 years old. Overall Scottish all-cause post-operative mortality was 11.3% at 30 days. 30-day mortality in the 835 rural hospital cases was 9.2%, versus 11.4% in the 29,726 non-rural hospital cases, p = 0.052. However, following risk adjustment, the odds ratio of 30-day mortality in a rural centre was estimated as 0.62 compared to non-rural centres (95% confidence interval 0.48–0.79).

Conclusion: Emergency laparotomy outcomes are superior in Scotland’s rural hospitals, compared with non-rural hospitals, when using risk-adjusted administrative data. This suggests that rural hospitals provide a high quality of emergency surgical care, even accepting that their case mix and transfer patterns are different.

0842: PACKING OF PERIANAL ABSCESSES CAVITIES (PPAC) STUDY: A MULTI-CENTRE OBSERVATIONAL FEASIBILITY STUDY, INTERIM ANALYSIS

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Aim: 18,000 acute perianal abscesses occur in England each year. This study investigates current management and outcomes with the aim of demonstrating feasibility for an RCT of packing versus no packing.

Methods: Patients were asked to complete pain score diaries and QoL assessments, in addition to 1, 2, 3, 4, 8 week and 6 month follow up. This interim analysis was undertaken at 11 months.

Results: 142 patients recruited over 10 months (15 centres). Mean age 39 years, 64% female. At operation, 9% had a fistula identified (no fistulotomies) and 97% were packed. Average number dressing changes in 21 days was 7.4. Packing causes double to three-fold increase in pain. Pain intensity halves after a week. At 4 weeks, 48% healed, 8-week fistula rate was 21% and recurrence rate 5% (n = 2) at 6 months. 26 patients withdrew consent or lost to follow-up. The estimated dressing and community nursing costs are £159.84 per patient (£2,877,120 pa in England).

Conclusion: Packing is painful. A trial of packing versus no packing is feasible. If no packing results in reduced pain and has no increased fistula or abscess recurrence rates, there could be considerable cost savings to the NHS and patients.

0191: IMPACT OF ENHANCED RECOVERY PROGRAMME ON PATIENTS UNDERGOING LUNG CANCER SURGERY

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Aim: Enhanced recovery protocols (ERP) consist of a series of evidence-based perioperative strategies which work synergistically to expedite recovery after surgery. We evaluated the impact of the Thoracic Surgery ERP since its official launch in our institution.

Methods: The full ERP was adopted in July 2013. We retrospectively reviewed all patients undergoing lobectomy one year prior to and one year following the introduction of the ERP.