282 CoC patients and 227 MoP patients returned the questions: 509 patients in total. Our patient database provided details on femoral head size and the acetabular inclination angle, for each respondent 47 (17%) of the CoC hip patients reported noise compared to 19 (8%) of the MoP hip patients (P = 0.054). 9 CoC patients and 4 MoP patients reported squeaking, ‘Clicking’, was reported the most, in both groups. 27% patients with noise reported avoiding recreational activities because of it. Patient’s with noisy hips scored on average 5 points worse in the OHS (CoC: P = 0.04 and MoP: P = 0.007). No correlation was found between noisy hips and femoral head size or inclination angle. The squeaking hip phenomenon is not exclusive to hard bearing THA. Noise from patient’s hips may have social implications and this should be highlighted when consenting a patient for either of these hip procedures. In both THA, we have shown a correlation between noise and a lower OHS. How to longer follow up studies are needed to link noise to a poorly functioning implant.

INTRODUCING A NEW LOCAL AND NATIONAL DRUG CHART TO REDUCE ADVERSE EVENTS

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Background: Medication errors were the second most common incident reported in the National-Patient-Safety-Audit. This affects every prescribing discipline. The EQUIP-study which analysed 124,260 medications across 19 hospitals showed an overall error rate of 8.9% [1]. Quantitative and Qualitative analysis showed errors leading harm involved antibiotics in 6.2% of cases and included prescriptions with significant allergies - 0.37%. The design of the prescription chart has been outlined as a “primary cause” of prescribing errors in the practising environment.

Aim: To introduce a new national drug chart with to reduce medication errors, especially the potentially lethal errors.

Method: The prescription-charts of 4000 patients in the A&E department of our DGH were audited over a 2month period, 2012. This was compared to the incident report of medication errors. Consultations were used to identify source of these errors.

Discussion: The audit showed that out of 320 patients whose records were analysed after being administered antibiotics, 5 patients (1.56%) were given penicillin despite having a penicillin-allergy in the acute setting. The current prescription chart fails to outline the allergy status adequately. This is in keeping with the EQUIP study findings. To reduce prescribing errors, we advocate a standardised drug chart - as the GMC Safe-Prescribing-Guide recommends, 2007. Our drug chart aims to make the allergy status visible on every single page and thus having a consistent structure familiar to training doctors who prescribe the most. To do this we have made all the pages of the prescription chart slightly shorter than the sturdy back page revealing the allergy status.

INTERVENTIONAL RADIOLGY & UROLOGY: INTEGRATED CARE

Lisa Henderson, R. Powell, S. Agrawal

Introduction: JJ ureteric stents are used for management of upper urinary tract obstruction. Antegrade stent insertion is performed in the radiology department for patients under the care of various specialties. The stents are licensed for placement for 6 months, however complications occur after 6 months. Patients with forgotten indwelling JJ stents present a management challenge and potential legal dilemma. We performed a retrospective audit to establish whether the system at Imperial ensures adequate follow up of these patients.

Material & methods: Patients undergoing stent insertion across 3 Imperial sites, Charing Cross, St. Mary’s and Hammersmith hospitals, were identified retrospectively over a six month period. The Patient Archiving System (PACS), medical notes and GP records were used to determine clinical indication for intervention, the requesting team, and date of change or removal.

Results: Between January and July 2011, 29 JJ stents (3 bilateral) were inserted in 26 patients. Indications were oncological 18 (gynaecological 7, urological 10, colorectal 1), stones 3, renal transplant related 4, iatrogenic 1 and other 3. 11 were changed or removed under 6 months after insertion, 5 after 6 months, and 3 patients died with stent in situ for more than 6 months after insertion. 2 patients had no recorded stent removal or change.

Conclusions: Our data suggests that an integrated radiological and urological database is required to ensure all patients undergo appropriate ureteric stent change. We are implementing a system to incorporate all stent insertions into a database for urological follow up.

SINGLE DOSE ANTIBIOTICS FOR PRIMARY CLEFT LIP SURGERY

Anishka Wilwararaarachchi

Children with cleft lips carry potentially pathogenic flora that can complicate surgery (1). Infection can cause breakdown of the wound, prolonged hospital stay and systemic toxicity (2). These risks confirm the need for prophylactic antibiotics with these procedures, however there are currently no supportive evidence-based guidelines in the literature (2). This leads to a wide disparity of practice.

The Operation Smile Comprehensive Cleft Care Centre in Guwahati, India carries out a large volume of cleft surgeries. At the Centre, a single intraoperative dose of antibiotics is administered for patients undergoing primary lip repair. 1277 patients of all ages undergoing primary lip repair, by multiple surgeons, between February 2011 and February 2012 were followed up post-operatively for complications. There was only a 2.66% complication rate, of which the majority of cases were due to dehiscence. From this data, it is possible to infer that the infection risk is not significant to justify the use of post-operative antibiotics for primary lip repairs. The advice and promotion of good wound care is sufficient to prevent infective post-operative complications.

READABILITY ASSESSMENT OF ONLINE PATIENT DIRECTED MATERIAL RELATED TO COLONOSCOPY

Lauren Hamilton, K. Zia

Background: With the move towards a greater emphasis on patient-centred care it is only right that patient education materials reflect the national reading age. In 2003, an estimated 12.5 million online health-related searches were conducted globally each day. Patients are able to access a plethora of information online but in order to make an informed choice, they should be able to understand and interpret the information directed to them.

Objective: To assess the readability of online patient directed material regarding colonoscopy, to ascertain whether the material met the UK’s average reading level.

Method: A systematic search was performed using the phrase ‘Colonoscopy procedure’ on three popular internet search engines: Google, Yahoo, Bing. The readability of 50 websites were assessed using the following readability indices: Gunning Frequency of Gobbledygook (Fog) Index, the Flesch Reading Ease Score and Simple Measure of Gobbledygook (SMOG). Results: As expected, the quality of online information regarding colonoscopy appears to be highly variable. The following results demonstrate that the majority of online information regarding colonoscopy would require a patient to have at least secondary school knowledge to understand the prose.

Conclusion: Healthcare professionals, should endeavour to recommend websites or provide leaflets, which give a basic overview of what a colonoscopy entails. Websites should use a standard readability tool to ascertain the readability of the material and revise the text to meet national readability recommendations. Failure to do so may result in a patient being unable to express their concerns regarding the investigation or make an informed decision.

MULTIFACETED SCREENING OF TRAUMATIC BRAIN INJURY: IDENTIFYING CLINICAL CATEGORIES TO AIDS PATIENT REFERRAL

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Background: Each year approximately ten million people sustain a traumatic brain injury (TBI) worldwide (Hyder et al., 2007). However both the UK and South Africa are currently lacking in official screening tools to effectively detect the presence of cognitive and psychiatric deficits in TBI patients during the acute phase post injury.

Objective: The aim of this study was to develop the identification of neurocognitive and psychiatric deficits in TBI, using this to then improve patient referral to specialists in a Neurosurgical Outpatient setting.

Methods: A screening questionnaire was designed incorporating cognitive and psychiatric questions, and medical background information, to identify the severity of TBI. Data was collected from thirteen TBI patients in attendance at Neurosurgical outpatient clinics at Groote Schuur Hospital, Cape Town, over a two month period.