Aim: Informed consent is essential so patients are aware of the benefits and potential risks of surgery. The objective of this audit was to assess whether patients were consented appropriately for total knee replacement (TKR) and total hip replacement (THR). We used “Orthoconsent” which is endorsed by the British Orthopaedic Association as the set standard.

Methods: This was a retrospective audit undertaken within a London Teaching Hospital. Data was collected for 10 patients undergoing TKR and 10 patients undergoing THR. Participants were identified from ward lists and all had capacity to give consent.

Results: THR consent forms had 71% documented completion of the benefits and occurring risks required to make informed consent. TKR consent forms were completed with 42% accuracy. In many instances, important risks that are specific to these operations were not stated.

Conclusion: Inadequate consent can lead to false expectations and may lead to litigation. The use of template consent forms (TCF) may improve consent for TKR and THR by providing the information required to responsibly consent for the operation. Patients can raise concerns before signing the consent form, allowing for “Informed Consent”. We have developed TCFs for use in our hospital and strongly recommend their use nationally.

0115: AN AUDIT OF FRACTURE CLINIC SERVICES IN A LONDON DISTRICT GENERAL HOSPITAL: ARE PATIENTS BEING REFERRED ACCORDING TO NATIONAL GUIDANCE?

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Aim: To identify if patients are being referred to fracture clinic services according to British Orthopaedic Association (BOA) guidelines.

Methods: BOA guidelines state that patients should be seen in fracture clinic within 72 hours after initial presentation of acute orthopaedic injury, with consultation leading to a clear management plan. Medical records of all patients referred to fracture clinic over one-week were reviewed retrospectively. 120 patients were included. 91 clinic letters were available for review. Information regarding date/nature of injury, referral source and management plan was recorded.

Results: The mean time for all patients to be seen in fracture clinic after initial injury was 15 days. The longest wait was from General Practice (18 days) and the shortest was direct referral from the orthopaedic department (1 day). Most patients were referred from the urgent care centre (47%) with a 14-day average wait. 99% of patients had a clear management plan documented in a clinic letter.

Conclusion: Average time to being seen in fracture clinic is significantly longer than the target time set in BOA guidelines. Management plans are being communicated to GPs and patients in most cases. After local presentation, fracture clinic services are undergoing restructuring to meet current demand.

0112: A RETROSPECTIVE REVIEW TO ASSESS WHETHER SPINAL FUSION AND SCOLIOSIS CORRECTION IMPROVES ACTIVITY AND PARTICIPATION FOR CHILDREN WITH ANGELMAN SYNDROME

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Aim: Scoliosis is common in children with Angelman Syndrome (AS). This study investigates outcome of scoliosis treatment for 11 children with AS, with particular focus on activity, participation and the musculoskeletal factors that may affect these outcomes.

Methods: Retrospective review of medical records, radiographs and questionnaires administered to caregivers of 11 children (8M:3F) with AS and scoliosis. Six undertook observational treatment during childhood and five underwent spinal fusion. The ASKp questionnaire was used to measure activity and participation. Questionnaire and radiographic data were recorded over a 2 year period.

Results: In the observational group, scoliosis increased from 31o to 46o. Mean ASKp decreased from 13.8 to 11.5 (p<0.06). In the operative group, scoliosis decreased from 68o to 29o. Mean ASKp increased from 11.4 to 15.9 (p<0.01). There was a reduction in spinal-related pain and hospital admissions for chest infection. However, there was a 60% complication rate. There was no difference in mobility, GMFCS level, feeding or communication in either group.

Conclusion: In children with significant scoliosis and AS, spinal fusion was associated with a small improvement in activity and participation, reduction in pain and decreased frequency of chest infections. Non-operative treatment resulted in progression of scoliosis and decrease in activity.

0133: DOES SPINAL FUSION AND SCOLIOSIS CORRECTION IMPROVE ACTIVITY AND PARTICIPATION FOR CHILDREN WITH GMFCS LEVEL 4 AND 5 CEREBRAL PALSY?

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Aim: Spinal fusion is used to treat scoliosis in children with GMFCS 4/5 cerebral palsy (CP). Following intervention, the WHO considers participation should be assessed to guide intervention and assess the effects. This study assesses whether spinal fusion for scoliosis improves activity and participation for children with severe CP.

Methods: Observational cohort study of 70 children (39M:31F) with GMFCS level 4/5 CP and scoliosis. 36 underwent brace treatment and 34 underwent surgery. Questionnaire and radiographic data were recorded at initiation of treatment and at 2 years. The ASKp was used to measure participation.

Results: In the Non-operative group, Cobb angle and pelvic obliquity increased from 51o (40–90) and 10o (0–30) to 70o (43–111) and 14o (0–37). Mean ASKp decreased from 16.3 (1–38) to 14.2 (1–36). In the Surgically-treated group, Cobb angle and pelvic obliquity decreased from 81o (50–131) and 14o (1–35) to 38o (10–76) and 9o (0–24). Mean ASKp increased from 10.5 (0–29) to 15.9 (3–38).

Conclusion: Activity and participation in children with GMFCS level 4/5 CP and scoliosis is less than in those with GMFCS level 4/5 CP and no scoliosis. Non-operative treatment is associated with a small deterioration in activity and participation. Spinal fusion is associated with an improvement in participation.

0157: EPICONDYLITIS OF THE ELBOW AND PLATELET RICH PLASMA INJECTION

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Aim: Epicondylitis of the elbow is a common condition. Treatments currently include avoidance, physiotherapy, clamps, steroids and surgery. Platelet Rich Plasma (PRP) is a novel treatment for epicondylitis, which has shown encouraging results.

Methods: We retrospectively reviewed patients treated with PRP injection over an 8-month period. A post injection telephone survey was performed. Satisfaction and pre/post injection pain (0–10) and QuickDASH scores were recorded.

Results: Seventeen patients were followed up. A clear bimodal distribution of results was noted; patients were with either responders (11/17, 65%) or non-responders (6/17, 35%). Overall, average pain scores dropped from 6.8 to 3.3, though in the six non-responders pain scores remained the same while the responders’ pain reduced from average 6.7 (range 3–10) to 1.1 (range 0–3). Post-injection average QuickDASH in non-responders was 52.6, and in responders was 15.1. Average satisfaction was 17% vs. 88% for non-responders/responders respectively. There were no complications.

Conclusion: PRP produced good to excellent results in two thirds of patients with elbow epicondylitis. There appears to be a clear bimodal distribution of either responders or non-responders. PRP is a safe and effective treatment for 65% of patients with tennis or golfers elbow.

0183: THE WALK IN PHYSIOTHERAPY SERVICE FRACTURE CLINIC

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Aim: Following re-commissioning to physiotherapy services in the locality of a busy district general hospital in 2013, fracture clinic physiotherapy services were adversely affected. There was no provision of physiotherapy services for crutches, gait, mobilisation following plaster and simple rehabilitation exercises apart from elective referral forms made to the local community services. A pilot project was designed to include a ‘Walk in Physiotherapy Service’ at the hospital’s fracture clinic. We aimed to assess:

1. Quality of the new service provision
2. Satisfaction regarding the new service
3. Time effectiveness.

Methods: Data was prospectively collected analysing a cohort of 37 patients over a six-week period January 2014 onwards by means of qualitative questionnaires completed by patients, orthopaedic surgeons and physiotherapists at the combined fracture clinic service.

Results: Over 80% of patients, orthopaedic surgeons and physiotherapist strongly agreed that the combined service was beneficial and rated the service provision as excellent. 100% of patients agreed that enough time was given to address their needs and 97% agreed that the new service had saved then time.

Conclusion: We aim to continue services given patient satisfaction, ‘excellent’ rating and time effectiveness as well as recommend the model on a regional level.

0201: THE SCANDINAVIAN TOTAL ANKLE REPLACEMENT VERSUS MOBILITY
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Aim: To compare Scandinavian Total Ankle Replacement (S.T.A.R.) and Mobility implants according to patient satisfaction, complication rates and implant survivorship, to determine which is the more superior choice.

Methods: A systematic review of fifteen peer-reviewed studies published between 2003 and 2014 was conducted. Arthroplasty patients at The University Hospital of South Manchester were also interviewed regarding post-operative complications, range of movement and overall satisfaction.

Results: Survival rates and patient satisfaction for the S.T.A.R. are comparable with the Mobility prosthesis. Both implants offer a mean AOFAS score improvement of 40 points. The S.T.A.R. cohort experienced a complication rate of 11% whilst Mobility complication rate reached 26.7%. Post-operative pain over the medial side of the ankle was a commonly reported complaint in Mobility cohorts and aseptic loosening rates reached 14%.

Conclusion: Overall the S.T.A.R. is associated with fewer complications and therefore should be the first choice prosthesis in total ankle replacement surgery. A randomised controlled trial involving STAR and Mobility implants would allow for a more effective and direct comparison from which accurate conclusions regarding which is the definitive choice could be made.

0203: THE FIRST OUTPATIENT APPOINTMENT WITHIN TWO WEEKS FOLLOWING MANIPULATION AND PERCUTANEOUS PINNING OF SUPRACONDYLAR HUMERUS FRACTURES IN CHILDREN. IS IT NECESSARY?
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Aim: Supracondylar humerus fractures are common in children. Manipulation under anaesthesia and percutaneous pinning is the commonest operation. The Kirschner (K) wires are usually removed at four weeks following surgery. The timing for the first clinic appointment usually varies between one and five weeks post surgery. The aim of the study was to determine whether it was necessary for these patients to be seen within two weeks following surgery.

Methods: 44 children had supracondylar fracture manipulation and percutaneous pinning between August 2013 and July 2014. The relevant data such as patient details and first outpatient appointment was collected from Picture Archiving and Communication System (PACS) and MediSec (digital dictation software).

Results: Majority of patients (38/44) were seen within two weeks following surgery at outpatient clinic for clinical assessment and radiographic evaluation. There was no change in management at the clinic appointment. The other six patients were first seen at least three weeks following surgery and they did not have any complication.

Conclusion: It was not necessary to see these patients within two weeks following surgery. It is safe to delay the first outpatient appointment to at least four weeks following surgery when the K wires and plaster can be removed.

0207: 3-CYCLE AUDIT LOOP: ORTHOPAEDIC CLERKING PROFORMA IMPROVES THE QUALITY OF DOCUMENTATION FOR PATIENT SAFETY
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Aim: The aim of the initial audit was to report a baseline in the quality of orthopaedic admission clerking, following concerns amongst junior doctors that poor documentation had implications for patient safety, compounded by frequent handover between junior doctors. A clerking proforma was introduced and subsequent audits measured compliance with standards of documentation, as well as uptake in use of the proforma.

Methods: A 3-cycle audit loop was performed at a single orthopaedic unit during 2012–2014. The standards set were Royal College of Surgeons Guidelines (1994) and Good Surgical Practice (2008). Additional local guidelines were agreed by the multi-disciplinary team.

Results: The initial audit (44 patients) reported an overall compliance with standards of 60%. Using the clerking proforma, compliance with standards in the 2nd cycle (12 patients) increased to 81% and this was sustained in the 3rd cycle (22 patients) at 80%. Between the 2nd and 3rd cycles, there was an increase in the use of the proforma over clerking on continuation sheets, from 52% (12/23 patients) to 96% (22/23 patients).

Conclusion: The importance of documentation was highlighted by the National Patient Safety Agency and this audit shows a clerking proforma has successfully resulted in quality improvement for documentation.

0214: PLANNED SEMI-ELECTIVE FIXATION OF DISPLACED INTRA-ARTICULAR CALCANEAL FRACTURES MAY REDUCE POST-OPERATIVE INFECTION AND WOUND COMPLICATION RATES
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Aim: Displaced intra-articular calcaneal fractures are often associated with significant medium and long-term disabilities. Many of those fractures are treated surgically. However, Infection rate and wound complications following open reduction and internal fixation for calcaneal fractures could be as high as 30%. This study aims to evaluate the effect of planned semi elective fixation on rate of post-operative infection and wound complications.

Methods: This is a retrospective comparative study. A database search identified 32 patients with displaced intra articular fractures of the Calcaneum. Patients were allocated into two groups. Surgery was performed within 3 days (Group One) or two-three weeks (Group Two). Both groups had internal fixation using an extended lateral approach.

Results: There were 15 patients in Group One and 17 patients in Group Two. Average age was 31 years (Range 25–50). Wound complication rate was 20% (3 patients) in Group one. No wound complications were found in Group Two. All patients in both groups had fracture union at 12 weeks post operatively.

Conclusions: Planned semi-elective fixation of displaced intra-articular calcaneal fractures may reduce post-operative infection and wound complications. We recognise the small number of patients in this study and acknowledge that surgical infection is multi-factorial.

0218: IMPROVING THE IMPLEMENTATION OF COMPRESSION STOCKINGS AS THROMBOPROPHYLAXIS
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Aim: Despite the considerable evidence base for mechanical thromboprophylaxis it is still poorly implemented. Early audit of practice found that there were significant discrepancies in patients actually wearing GCS despite meeting admission VTE risk-assessment targets. One