ASSOCIATED PELVIC RING FRACTURES IN LOW ENERGY PUBIC RAMUS FRACTURE

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Background: Pubic rami fractures are strongly associated with other pelvic ring fractures. Using CT, we tested the hypothesis that low energy fracture of single ramus identified on radiography was less likely to be associated with further pelvic fractures.

Method: Retrospective review of 50 patients diagnosed with pubic rami fractures over 2-year period. Plain radiograph reports were reviewed alongside initial radiographs. Inclusion criteria: single pubic ramus fracture on report or visible to the clinician reviewing the images, and fracture caused by low energy trauma.

Results: 9 patients had isolated pubic ramus fracture on radiographer’s report and a further 5 isolated ramus fractures were identified by the reviewing clinician; of these 14, 10 were low energy fractures. Population demographics: F:M 9:1; Mean age 83.5 (SD 10.4). 90% had associated pelvic fracture: ipsilateral rami 56%, contralateral rami 33%, sacral 22%, acetabular 44%, contralateral pubic body 11%, pteroscanthner #NOF 11%.

Conclusion: Isolated pubic ramus fracture is a potentially under-reported injury in the elderly on plain radiograph. It is strongly associated with further pelvic ring fractures in low energy trauma, although the SIJ was not affected. These further fractures may contribute to the disproportionate ongoing pain, delayed recovery, and reduced mobility seen in these patients.

SUPPORTS USED FOR POSITIONING OF PATIENTS IN HIP ARTHROPLASTY: IS THERE AN INFECTION RISK?

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Background: Infection after joint arthroplasty is a disastrous complication. Supports used for positioning of patients in hip arthroplasty are potential reservoirs that have yet to be assessed.

Aims: The purpose of this study was to assess these supports for presence of colonisation.

Methods: We studied 40 supports used in 20 hip arthroplasty procedures. Trypsin soya agar plates were used to sample these supports which were then incubated at 37°C for 48 hours.

Results: Of the 20 anterior supports, 15 (75%) showed bacterial colonisation, whereas of the 20 posterior supports, 9 (45%) did have bacterial colonisation. Of these contaminated supports, 14 (58%) were contaminated with one organism, 9 (37.5%) were contaminated with two organisms and 1 (4.3%) with three organisms. Coagulase negative staphylococci were the most common isolated organisms (60%) followed by coryneforms (14%).

Conclusion: This study shows contamination of supports used for positioning patients during hip arthroplasty. It reflects poor cleaning practices and raises the possibility that these supports may contribute to higher infection rates. This raises concerns of cross infection, wound infections, and deep sepsis around implants. While colonisation does not equate with infection, we suggest thorough cleaning of the supports before and after every surgical procedure.

SURGICAL ‘HOSPITAL AT NIGHT’ EXPEDITES REVIEW OF TRAUMA PATIENTS IN THE EMERGENCY DEPARTMENT WITHOUT AFFECTING WORKLOAD OR FROM PROXIMAL FEMORAL FRACTURE

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Background: Hospital at Night (H@N) has been widely adopted with no evidence assessing its efficacy and mechanisms in surgery. This study aimed to quantify this within a trauma and orthopaedic department, and assess H@N’s effect on the outcome of proximal femoral fracture.

Methods: This prospective study was conducted over 10 weeks (5 weeks prior to and after introduction). Senior House Officers recorded night shift activity on paper forms; response rate was 55.7%. Outcome measures were clinical activities, the time taken to attend and complete these, and detailed 30 day mortality and morbidity from proximal femoral fracture.

Results: Mean time taken to attend the Emergency Department following referral reduced from 28.9 minutes to 15.2 (p = 0.007). There were no reductions in referrals or volume of other workload activities. There were no differences in any patient factors associated with outcome, or 30 day mortality and morbidity from proximal femoral fracture, between the two groups.

Conclusions: This is the first study assessing the effect of a surgical H@N scheme on workload and detailed 30 day outcome. We demonstrated quicker review in the Emergency Department without reductions in workload. We also found provisional evidence that H@N is comparable in safety to traditional models of care.

SUCCESSFUL COLONIC STENTING IN A DISTRICT GENERAL HOSPITAL


Aim: This prospective case series reviews the efficacy and safety of self-expandable metal stents in patients who were treated for benign or malignant disease in a district general hospital.

Methods: A prospective database of all patients who were stented between 2002 and 2009 was maintained. The patients were then assigned as either “palliation group” where the stents were inserted to relieve symptoms only or “intended surgery group” where patients with operable pathology underwent colonic stenting as a bridge to improve the patient’s general condition before definite surgery.

Results: Fifty patients were included in the final analysis. The median age was 74 years. The technical success rate was 94% in both groups. In the intended surgery group (n = 19), 10 patients remain alive. The mean survival post stent was 498 days (n = 9). The 30-day mortality in this group was 0%. In the palliation group (n = 31), 5 are still alive. The mean survival was 273 days (n = 26). The 30 day mortality in this group was 19% (5/31). Two patients in the palliation group required re-stenting as a separate procedure.

Conclusions: We demonstrate a high success rate in colonic stenting and a low mortality in both palliative and pre-operative patients with large bowel pathology.

PATIENTS EDUCATION REDUCES RISKS OF THROMBOPROPHYLAXIS APPLICATION FAILURE

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Recent reports indicate that 40% or more of patients still do not receive an effective form of thromboprophylaxis and each year over 25,000 in England die from venous-thromboembolism developing during hospitalization. Our study aims at evaluation of effectiveness of the thromboprophylaxis therapy for the remainder 60% who receive it and analysis of the possible human errors incorporated in failure of providing an effective...
therapy. We also studied the effect of patients’ awareness as a possible tool to reduce the prevalence of errors. Prospective follow-up of 500 adult patients admitted for elective surgery and were subjected to thrombo-protaphylaxis therapy during peri-operative period. Data were collected on daily base, computed and analyzed. Failure of thromboprophylaxis application was recorded in 46%, 48.59%, 51.43% among those required stocking, Enoxeparine and heparin. Analysis proved that 93% of patients had at least one-error, 77% a combined error while 37.08% failed to be mobilized when appropriate. Patients who were aware of the value of therapy had remarkably less prevalence of errors (p < 0.01). Patients led thromboprophylaxis through ample teaching, training and illustrative leaflets at time of admission increasing awareness of seriousness of the problem can be another effective tool reducing the risk of human errors in busy understaffed modern surgical wards.

SACRAL NEUROMODULATION FOR MANAGEMENT OF INTRACTABLE CONSTIPATION

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Introduction: Sacral nerve neuromodulation (SNN) has been used in managing severe constipation with mixed results. We looked at our experience of SNN to try identify the cohort of patients suitable for this intervention.

Methods: Patients with severe constipation and failure of conservative management were considered for SNN. Investigations included colonic visualization, intestinal transit times, proctogram and manometry. Temporary stimulation lead was placed in sacral foramen in eligible patients. Pre and post stimulation bowel diaries were compared. Patients with ≥ 50% improvement in bowel diaries and quality of life had permanent implant. Patients were followed up with bowel diaries.

Results: Temporary SNN were conducted in 21 patients. Significant bowel diary improvement was seen in 12 (57%) patients (p<0.01). Factors predictive of poor response were delayed oroacanal transit and anismus. 11 permanent SNN implants have been performed. No major side effects were observed. 3 patients had re-operations. Improvements in bowel diaries have been maintained over a median follow-up period of 23 months.

Conclusion: SNN can provide long-term symptom relief in selected patients with severe constipation. Improvement in bowel diary with temporary wire placement is an excellent predictor of response with permanent implant. Our experience has helped us devise a constipation treatment algorithm for future use.

BODY MASS INDEX GREATER THAN 25 DOES NOT ADD EXTRA DAYS TO THE LENGTH OF HOSPITAL ADMISSION

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Objective: Our aim was to compare the length of hospital stay for all cardiac surgery patients in relation to their body mass index.

Methods: We retrieved data from the dendrite register from 2002 to 2009. There were 6195 cases covering all cardiac surgery operations. Good quality data was available for 5883 cases. Body Mass index was divided into Underweight [16.5–18.4], Normal [18.5–24.9], Overweight [25–30], Obese [30.1–40], Morbidly Obese [≥40].

Results: 39 patients were classed as underweight, 1513 normal, 2807 overweight, 1451 obese, and 73 morbidly obese. The median postoperative stay for all patients was 7 days, spending one day in ICU and HDU. The Mean length of stay was 15 days for the underweight group, 14 days for the normal group and 11 days for the other three groups. The morbidly obese spent more hours ventilated in CSICU at a mean of 16 hours. The discharge day was broken down into groups. Morbidly obese patients who get discharged day 0 to 4 have a low mean Euroscore [1.73], if they are discharged after day 11 the Euroscore is significantly higher [6.76].

Conclusions: The median time to discharge when operating on patients with a BMI greater than 25 is not significantly increased from normal patients.

ANATOMICAL VARIATION IN THE POSITION OF THE UMBILICUS AND THE IMPLICATIONS FOR LAPAROSCOPIC SURGERY

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Background: In current surgical practice the umbilicus is accepted as being in a constant position at the midpoint of the abdomen. This is the rationale for the umbilicus being selected for the initial port in conventional laparoscopic surgery and the sole port employed in single port laparoscopic cholecystectomy. We propose the umbilicus is not an anatomical constant and thus should be reconsidered as an automatic insertion point in laparoscopic cholecystectomy.

Methods: 119 patients were prospectively recruited in a surgical outpatient clinic over a four week period. A ratio of xiphoid process to umbilicus and xiphoid process to pubic symphysis was calculated for each (SUM value). Height, weight and presence of abdominal scars were also recorded. The populations mean age was 49.6 years (31.4–67.8). There was an equal male:female ratio.

Results: Results found a mean SUM value of 0.53 (0.46–0.60), 58% had a “central” umbilicus (SUM 0.50 ± 0.05). Of the remaining 42%, 34% had a “low” umbilicus (SUM = 0.56) and 8% a “high” umbilicus (SUM = 0.44).

Conclusion: Results show a large proportion of subjects had a central umbilicus but this was by no means an anatomical constant. Large variation was demonstrated which has implications for more accurate initial camera port placement in laparoscopic cholecystectomy.

“BARE BELOW THE ELBOWS” – PROFESSIONALISM VS INFECTION RISK


Objectives: In 2007 the Department of Health published the document “Uniforms and Workwear: An evidence base for developing local policy” which is the basis for the national “bare below the elbows” dress code. Our study aimed to establish what the public think about hospital work-wear with regard to professionalism and infection risk.

Methods: 480 hospital patients and visitors were surveyed. They were shown photographs of male doctors in three examples of work-wear: surgical scrubs, shirt and tie and bare below the elbows. They were asked to select which best answered each question: 1) Who do you think looks the most professional? 2) Who do you think poses the greatest risk of transmitting a hospital infection to you? 3) How would you like your doctor to dress?

Results: Question 1) Shirt and tie 77%, scrubs 22%, bare below the elbows 1% (p < 0.01). Question 2) Bare below the elbows 37%, scrubs 33%, shirt and tie 30% (p > 0.05). Question 3) Shirt and tie 64%, scrubs 33%, bare below the elbows 3% (p < 0.01).