CONSORT-NPT score from 2004 to 2010 (95% CI 2.77-6.71, p<0.001). This related specifically to items present in the original CONSORT statement rather than to CONSORT-NPT specific items which remained poorly reported in 2010.

Conclusion: There has been a significant improvement in the reporting of trials of operative intervention published in the surgical literature since 2004, however items specific to the CONSORT-NPT remain under reported.

0103: TOWARDS NATIONAL SURGICAL SURVEILLANCE IN THE UK - A PILOT STUDY
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Aims: The Bristol heart enquiry highlighted the lack of standards for evaluating surgical performance. In contrast, standardised metrics like maternal and infant mortality have long been used in public health evaluating surgical performance. In contrast, standardised metrics like Aims:

Methods: FOI requests for WHO SSMs were made to 36 NHS Trusts in England during autumn 2010. Additional data was obtained from the NPSA, Dr Foster and the Guardian Newspaper. Analysis was performed using mixed-effect logistic regression.

Results: 30/36 trusts responded (83%). Over five years, 5.4 million operations were performed with a 24.2% increase from 2005-2009. There was a statistically significant trend of some hospitals increasing in mortality ratios and some decreasing. Rising volume of operations within hospitals over five years was associated with lower mortality ratios (odds ratio for 30-day mortality 0.94, 95% CI 0.87,1.00). HSMR was not associated with surgical mortality (p=0.7).

Conclusion: SSMs could provide policy makers and commissioners with valuable summary data on surgical performance, allowing for statistical process control of a complex intervention and building a picture of surgical surveillance.

0150: PATIENT SATISFACTION WITH BOTULINUM TOXIN (BOTOX) INJECTIONS FOR OVERACTIVE BLADDER AT UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE (UHNS)
James Rigby, Zeiad El-Gizawy, Fidelma O'Mahony, Jason Cooper, Sam Liu, Lyndon Gommersall. University Hospital of North Staffordshire, Stoke-on-Trent, UK

Aims: To assess patient satisfaction with bladder botox for the treatment of OAB in departments of Gynaecology and Urology at UHNS.

Methods: 60 female patients, median age 59 years (range 35-85) that had bladder botox undertaken in departments of Gynaecology (67%, n=40) and Urology (33%, n=20) between January 2008-March 2011 were identified and sent a satisfaction questionnaire.

Results: 67% (n=40) of questionnaires were returned. The majority of patients (58%, n=23) had undergone one bladder botox procedure and 42% (n=17) patients had ≥2 procedures. 80% (n=32) were investigated with urodynamics studies and 58% (n=23) had been referred for physiotherapy prior to the bladder botox.

Following bladder botox, 50% (n=20) experienced a prompt improvement within 1 week and 30% (n=11) experienced an improvement between 2 weeks and 4 months post-procedure. Symptom improvement lasted between 0-9 months for 53% (n=21) of patients. Overall, 73% (n=29) of patients found bladder botox either ‘exceeded’ or ‘met’ their expectations. 80% (n=32) of patients would have repeat bladder botox and 78% (n=31) would recommend the procedure to a friend.

Conclusions: Bladder botox appears to have positive effects in treating symptoms of OAB with high rates of patient satisfaction. Management of patient expectations pre-operatively needs to be improved.

0166: PATIENT OUTCOMES IN NONAGENARIANS UNDERGOING ELECTIVE AND EMERGENCY GENERAL SURGICAL PROCEDURES: THE WEST SUFFOLK HOSPITAL EXPERIENCE
Brendan Bates, Philip Bennett, Craig Vickery, West Suffolk Hospital, Suffolk, UK

Aims: To investigate and compare patient co-morbidities and outcomes in all nonagenarians undergoing elective (EL) and emergency (EM) general surgical procedures.

Methods: Nonagenarians were identified between January 2008 and October 2011 and notes retrospectively analysed for co-morbidities, ASA grade, post-operative complications, 30day and 1year mortality. Data were analysed using Minitab15.

Results: 38 patients underwent general surgical procedures (19EL, 19EM). With a median age of 92[91-95] years. 73% were female. EM were older than EL (94[92-96] vs.92[90-92] years, p=0.0086). There was a trend towards significance in the % of ASA4 patients in EM vs. EL (36.8vs10.5%, p=0.056), Co-morbidities included hypertension (84.2%), atrial fibrillation (31.2%), ischaemic heart disease (31.2%), heart failure (21.1%) and diabetes mellitus (18.4%). EM had more post-operative complications than EL: pneumonia (47.4vs.10.5%, p=0.012), arrhythmia (26.3vs.0%, p=0.016), acute renal failure (26.3vs.0%, p=0.016), greater admission rates to ITU (21vs.0%, p=0.034) and longer hospital stays (17[7-25]vs.4[1-7]days, p=0.0003) respectively. 30day and 1year mortality for EM were 21.1% and 41.7% respectively. All EL patients were alive at one year.

Conclusion: Nonagenarians having emergency surgical procedures had worse outcomes than those having elective procedures. Age shouldn’t be a barrier for elective procedures as, at least at WSH, all patients were alive after one year.

0180: THE COAGULATION SCREEN IN SURGICAL PATIENTS - A WASTE OF MONEY?
Robert Spence, Colin Weir. Craigavon Area Hospital, Craigavon, Northern Ireland, UK

Aim: Coagulation screens in surgical patients are often routinely requested while not appropriately indicated. A coagulation screen costs £48.1, and often does not alter management. We performed a prospective audit of surgical inpatients in a district general hospital, comparing to Trust and NICE guidelines, to establish if coagulation screen requests were appropriate and identify cost implications.

Method: All coagulation screen requests in surgical inpatients over a 2 week period were analysed and compared to Trust and NICE Guidelines. Medical notes and laboratory results were reviewed.

Results: 100 coagulation screen requests over a 2-week period; 52 requests for elective, 48% for emergency admissions. Only 32% requests were indicated as per guidelines. Inappropriate screens were typically due to unnecessary pre-operative (62%), and pre-interventional Radiology requests (21%). No unexpected coagulopathy was found. Over 2-week period, total cost of inappropriate screens: £327.08.

Conclusions: Despite guidelines, there were a large number of unnecessary screens performed, costing £327.08 per 100 coagulation screen requests. Extrapolating over 1-year, £8504.08 would be spent on inappropriate screens. Audit cycle was repeated following education for junior and senior medical staff, demonstrating a marked decrease in number of requests (42) over 2-week period, with an improvement of indicated requests (32% to 38%).

0192: HAS THE IMPLEMENTATION OF THE CURRENT PRE-OPERATIVE FASTING GUIDELINES (UK GIFTASUP) BEEN SUCCESSFUL? AN AUDIT OF CURRENT PRACTICE
Thomas Hall 1,2, James Stephenson 1,2, Cristina Pollard 1,2, Ashley Dennison 1,2; 1 Department of Hepatobiliary and Pancreatic Surgery, Leicester, UK; 2 University of Leicester, Leicester, UK

Introduction: In patients without disorders of gastric emptying undergoing elective surgery it is unnecessary and undesirable to restrict access to clear fluids for more than two hours prior to induction of anaesthesia (national UK GIFTASUP guidelines). However many patients are still made nil by mouth (NBM) from midnight.

Methods: A prospective audit of all surgical patients undergoing a general surgical procedure requiring a general anaesthetic using a structured questionnaire over a 20 day period was performed. Day case procedures were excluded.

Results: 75 patients were followed through the perioperative period with 41 elective and 34 emergency cases. The average pre-operative NBM period for clear liquids was 14 and 19 hours in the elective group and emergency group respectively. Zero patients in the elective group had clear...
fluids 2 hours prior to induction of anaesthesia and 2 (5%) patients in this group had clear fluids between 2 and 6 hours prior to anaesthesia. Conclusion: The results demonstrate that adherence to the guidelines is poor. With the advent of enhanced recovery programs and an emphasis on early enteral feeding post-operatively to maintain ‘normal’ physiology we appear to have forgotten about the pre-operative period. Education about the guidelines is desperately needed.

**O193: BLOOD TRANSFUSION GUIDELINES IN ELECTIVE GENERAL SURGERY: AN AUDIT OF THE USE AND MISUSE OF THE BLOOD TRANSFUSION SERVICE**

Thomas Hall, Clare Pattenden, Chloe Hollobone, Cristina Pollard, Ashley Dennison. *Department of HepatoBiliary and Pancreatic Surgery, Leicester, UK*

**Introduction:** Preoperative over-ordering of blood is common and leads to the wastage of blood bank resources. The preoperative blood-ordering and transfusion practices for common elective general surgical procedures were evaluated in our trust to formulate a maximum surgical blood-order schedule (MSBOS).

**Method:** We evaluated blood-ordering practices in elective general surgical procedures in our institution over a 6-month period. Cross-match to transfusion ratios (C:T) were calculated and compared to current trust and the British Society of Haematology (BSH) guidelines.

**Results:** 541 patients were identified during the 6-month period. There were 314 minor and 227 major surgeries carried out. 99.6% (n=226) patients who underwent major surgery and 95.5% (n=300) of the patients having minor surgery had at least a GS pre-operatively. A total of 507 units of blood were cross-matched and 238 units were used. The overall C:T ratio was therefore 2.1:1 which corresponds to a 46.9% red cell usage. C:T ratio varied between 3.75–37 depending on the type of surgery performed.

**Conclusion:** Compliance with guidelines is poor and over-ordering of blood products common. Implementation of the updated recommended MSBOS and introduction of GS for eligible surgical procedures is safe. Savings of £8596/annum are achievable with the incorporation of updated evidence based guidelines.

**O215: AN EVIDENCE BASED ANALYSIS OF DRAIN FIXATION METHODS IN PLASTIC SURGERY**

Leonie Heskin, George Fillobbos, V. Cahill, K. Bryan, J. Ward, S.T. O’Sullivan, P. Regan. *Fenchurch Hospital, North Bristol NHS Trust, Bristol, UK*

**Introduction and Aims:** The importance of drains in plastic surgery cannot be overemphasised. Drain fixation has to be secure in order to avoid the complications of drain dislodgement.

Our aim in this study is to objectively quantify the reliability of the popular methods used in drain fixation in Plastic Surgery. Although there is a multitude of drain fixation methods in literature, yet there is no comparison between them and no statistical analysis of their strength.

**Material and Methods:** An Instron 8872 Tensiometer® running on Bluehill® software was used to test each method. All fixation methods were done by the same experienced surgeon. To represent reality, the force was applied in a cyclical pulsed load manner as opposed to continuous applied force.

**Key Results:** The force applied and the numbers of cycles to cause failure of each method were similar. The amount of slippage of the drain was greatest for multiple loop method and least in the tie method and double loop method. The centurion sandal method was strengthened by steristrips® or ties.

**Conclusion:** We recommend the double loop method as it is reliable, quick and easy to apply. We also recommend strengthening the centurion sandal method with steristrips® or ties.

**O243: THE USE OF A ‘CHAPERONE STAMP’ TO RECORD THE PRESENCE OF A CHAPERONE DURING INTIMATE EXAMINATIONS IN COLORECTAL CLINICS**

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**Introduction:** Following the Ayling report in 2004 the importance of chaperones during intimate examinations was highlighted both by the General Medical Council and the Department of Health. It was recommended that the presence of a chaperone should be documented to protect patients and clinicians. This study aimed to establish whether the mandatory use of a ‘chaperone stamp’ in patients’ clinical notes improved documentation of chaperone presence in colorectal clinics.

**Methods:** A retrospective comparative cohort study analysed two groups of patients who underwent digital rectal examination in outpatient colorectal clinics. These consisted of 68 consecutive patients (group 1) and 56 consecutive patients (group 2) before and after introduction of mandatory placement of a ‘chaperone stamp’ in clinical notes. The stamp required completion of the date, type of examination undertaken and names of clinician and chaperone.

**Results:** The use of a ‘chaperone stamp’ significantly increased documentation from 20% in group 1 to 54% in group 2 (p = 0.001). 96% of clinical notes with no record of chaperone had no ‘chaperone stamp’.

**Conclusion:** The mandatory use of a ‘chaperone stamp’ in patients’ clinical notes has proved an effective way to record and maintain documentary evidence of chaperone presence during intimate examinations.

**O311: PATIENT USE OF ONLINE MEDICAL RESOURCES IN A RURAL COMMUNITY**

Catherine Western, James Faux. *The Royal Cornwall Hospital, Truro, UK*

**Aim:** Despite the wealth of online information, we surprisingly underestimate internet resources to explain medical conditions/interventions to patients. However, within a rural community with a relatively elderly population, how many people have access and skills to perform an internet search? We created a questionnaire to determine internet use within our population.

**Method:** Questionnaires were distributed in colorectal clinics over a 2/12 period to determine patient demographics and patterns of internet use.

**Results:** 142 patients completed the questionnaire (response rate 84%). Median age was 59 and 55% were female. 42% of respondents lived in a town, 37% a village, 12% a hamlet, 6% an isolated dwelling and 3% a city. 64% used the internet. 89/90 used it at home and 38/90 also used it at work. 60% stated they would independently research medical information online and 66% would if guided to a website by a medical practitioner. Of these, 10/84 did not already use the internet and 13 would not look up information unprompted.

**Conclusion:** This study confirms that patients are utilizing the internet to access medical information and suggests 2/3 would use this resource if encouraged. This could be utilized, particularly in the outpatient setting, where consultation time is limited.

**O349: MEDICAL TALC INCREASES SEROMA FORMATION AND SUPERFICIAL WOUND INFECTION FOLLOWING ONLAY REPAIR OF MAJOR ABDOMINAL WALL HERNIAS**

Steve Hornby, Raj Parameswaran, Andrew Kingsnorth. *Derriford Hospital, Plymouth, UK*

**Introduction:** Seroma is an established complication encountered in the repair of major abdominal wall hernias. Medical talc seromadesis (MTS) has been described in literature, where sublay mesh has been placed. This study aimed to determine the effect of MTS on seroma formation after onlay repair of incisional hernia.

**Methods:** A retrospective review of a prospective database was conducted for 2 months from June 2011, when 12 consecutive patients received MTS. Outcomes were compared with a published series from the same unit.

**Results:** There were no differences in basic demographic and co-morbidities between the groups. The incidence of recurrent incisional hernia prior to surgery was greater in MTS group (6/12 vs. 36/116, p<0.39). The seroma rate increased from 11/116 (9.5%) to 7/113 (25.8%) [p=0.004] as did the rate of superficial wound infection 10/116 (8.6%) to 4/113 (31%) [p=0.06] in the MTS group. Patients requiring re-operation was greater in the MTS group [2/13 (15%) vs. 1/116 (2%)]. Length of stay was the same in both groups.

**Conclusions:** MTS appears to increase seroma formation and superficial wound infection in patients undergoing open onlay repair of major abdominal wall hernia. The striking early results have stopped the further use of talc seromadesis.