Aims: The aim of this study was to examine the demographics of the population served by the Surgical Department in a Tertiary Referral Centre in the West of Ireland, and to examine whether increasing age had an influence on morbidity, mortality and length of stay (LOS).

Methods: Data pertaining to admissions over a six-month period was collected prospectively using an ACS-NSQIP-based proforma. Data collected included age, gender, operative intervention, LOS and complications. Multivariate statistical analysis was performed using PASW software to determine those factors associated with increased risk of complications.

Results: 2209 patients were admitted over the six-month period. The average age was 50.37 years (SD 23.62), with 32.2% (n = 731) older than 65. 291 experienced a complication, 71.48% having surgery. Death occurred in 41 patients, of whom 19 (46%) had surgery. Only 9.3% of patients younger than 65 experienced a morbidity, compared to 25.08% of older patients. Patients that died in hospital were older than patients discharged alive (P < 0.001, ANOVA). Multivariate analysis showed factors predictive of morbidity to include Emergency admission, Surgical Intervention and Age (OR 0.041).

Conclusion: Increasing age is associated with increased complication rates and LOS. Those patients older than 65 represent a high-risk group and should be optimised pre-operatively if possible to reduce morbidity.

1056: THE IMPLEMENTATION OF THE WHO SURGICAL SAFETY CHECKLIST IN A SIERRA LEONIAN HOSPITAL - A PROSPECTIVE AUDIT
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Aims: Sierra Leone is among the poorest countries in the world and ranks near the bottom in every health care category. We report our experience of the introduction and application of the WHO Surgical Safety Checklist during an inguinal hernia surgical camp at a charity hospital in Sierra Leone.

Methods: An international volunteer run surgical camp took place in October 2011. Team briefs included: electricity and water supply status, autoclave functioning, anaesthetic and surgical supplies. All patients had a SSC included with case notes for completion. Satisfaction surveys were carried out by all volunteers to assess their experience.

Results: 41 operations were carried out over a 6 day period. Briefing sessions were carried out daily and SCCs were complete for each patient. One patient arrived in theatre without SSC; surgery delayed and root cause analysis was carried out. There were no reported never events. Volunteer feedback regarding execution of the SSC was excellent with praise regarding improved teamwork and dedicated time available for feedback.

Conclusions: When used effectively the WHO SSC provides a structured, safe approach to minimise errors in surgery. We have illustrated it can successfully be adopted and adapted in Sierra Leone to improve the standard of care for surgical patients.

1080: A SYSTEMATIC REVIEW AND META-ANALYSIS OF SUTURE MESH FIXATION VERSUS GLUE MESH FIXATION IN OPEN INGUINAL HERNA REPAIR
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Objective: The objective of this study is to systematically analyse the randomised, controlled trials comparing suture mesh fixation (SMF) versus fibrin-glue mesh fixation (FMF) in open inguinal hernia repair (OHR).

Methods: Randomised, controlled trials comparing the TMF versus FMF in LIHR were analysed systematically using RevMan®, and combined outcomes were expressed as risk ratio and standardised mean difference.

Results: Five randomised controlled trials encompassing 679 patients were retrieved from the electronic databases. There were 315 patients in the SMF group and 364 patients in the GMF group. There was a significant heterogeneity among trials (p < 0.0001). In the fixed effects model, operating time, post-operative pain, chronic groin pain, postoperative complications and length of hospital stay were statistically comparable between two techniques of mesh fixation in OHR.

Conclusion: FMF in LIHR does not increase the risk of hernia recurrence. It is comparable to TMF in terms of operation time, post-operative pain, chronic groin pain, complications, and hospital stay. FMF is an additional method of mesh fixation in inguinal hernia repair however it provides no additional benefit to suture mesh fixation in open repair.

1082: CONSENSUS VIEWS ON IMPLEMENTATION AND MEASUREMENT OF ENHANCED RECOVERY IN ENGLAND: DELPHI STUDY
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The Enhanced Recovery Partnership Programme (ERPP) commenced a spread and adoption programme throughout England and wished to examine ways to consolidate this initiative. Exploration of anecdotal evidence on the benefits of emerging new techniques in enhanced recovery programmes (ERPs) required examination, as well as methods to sustain success. The aim of this study was to interrogate expert opinion and define areas of consensus on these issues.

Experts were chosen from teams with experience of delivering a successful ERP across different surgical specialities. The Delphi technique was employed to generate consensus opinions from the expert group. During the first two rounds, an online questionnaire was completed. The final (third) round was undertaken in a face to face meeting using interactive voting. 70 experts participated. Regarding emerging techniques, the group reached consensus that there was no longer a definitive requirement for epidural pain control as laproscopic surgery increases in prevalence. Experts agreed that data should be recorded, audited and reviewed at regular enhanced recovery meetings. There was unanimous agreement on the formation of a national enhanced recovery network. A national enhanced recovery society is required to set standards, facilitate research into emerging techniques and to promote education, thus consolidating the ERPP initiative.

1136: STUDY OF THE DELAYS IN REVIEWING PLAIN RADIOGRAPHS ON THE ACUTE SURGICAL TAKE IN A DISTRICT GENERAL HOSPITAL
Hannah Travers, Amy Godden, John Thompson. Royal Devon and Exeter Hospital, Exeter, UK

Aim: To assess the delays occurring in the requesting, performing and documenting of radiographs and their results for acute surgical take patients.

Methods: Concurrent study over 2 one week periods (October 2011 and January 2012) of all adult patients admitted on the general surgical take. Electronic audit trail of timings of radiographs was correlated with the documentation in patients’ records. Mann-Whitney U test was performed to analyse significance.

Results: During the study 139 radiographs were performed on 94 patients; 99 requested electronically, 5 manually (no audit trail so excluded). Of these, 54 (55%) radiograph results were documented in the notes (6 with no time). The median time (hours: minutes) from request to performance of radiograph was 01:59 (Range 00:00-64:57). The median time from performance to documentation was 04:12 (range 00:02-17:30). This is not significantly different (p = 0.2407) to radiographs requested on surgical patients by the Emergency Department: 35 radiographs requested, 18 had the results documented. The median time from performance to documentation was 02:33 (range 00:02-16:11).

Conclusions: Documentation of radiograph findings is poor and there are delays at all stages. Education is required to ensure accurate documentation and to avoid unnecessary delays in diagnosis and treatment of patients.

NEUROSURGERY

0159: COMPLETE RESECTION RATES FOR POSTERIOR FOSSA TUMOURS IN CHILDREN IN SOUTH WALES OVER THE LAST 11 YEARS
Sanjay Amarasinghe, Laith Alzweri, Shafqat Bukhari, Paul Leach. University Hospital of Wales, Cardiff, UK

Introduction: The aim of our study was to determine our complete tumour resection rates for the three most common posterior fossa tumours, pilocytic astrocytoma, medulloblastoma and ependymoma, in children for the last decade.

Methods: Details of all paediatric patients (<16 years old) with posterior fossa tumours from January 2000 to November 2011 were obtained from the paediatric neuro-oncology database at the University Hospital of...