Results: 32% (25/80) of patients stayed beyond MFD status. This equated to 23% (67/294) of the total LOS for the whole cohort. Demographics were similar between the groups (timely discharge group- TDG and delayed discharge group-DDG). Significant factors between the groups were operative intervention (9 versus 1) \( p = 0.003 \) and modified Barthel Index \( p = 0.019 \). The prolonged LOS quantifies to annual bed costs of £180,000–320,000 in our institution.

Conclusion: Non-operative elderly patients without current home/social care packages represent the group of patients that should be actively targeted from admission for efficient discharge

0616: RETROSPECTIVE RE-AUDIT INTO THE USE OF ANTIBIOTICS IN APPENDICITIS AT A DISTRICT GENERAL HOSPITAL

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Aim: Ascertain change in practice in antibiotic prescription following previous review of trust guidelines adherence, found to be poor, and subsequent education of all grades of surgical staff.

Methods: Retrospective audit of hospital notes of all appendicectomies in preceding 2 months: 41 patients (July 2014–August 2014), proforma devised, data collated. Three standards set as per trust antibiotic guidelines: antibiotic type, pre and post op usage: to be met in 100% of cases.

Results: 1. Pre-op antibiotics (co-amoxiclav if <65yrs, piperacillin/tazobactam if >65yrs) 95% of patients given antibiotics, 47.8% given appropriate antibiotic (24% previously) 2. Post-op antibiotics (co-amoxiclav if <65yrs, piperacillin/tazobactam if >65yrs), 56% of patients given appropriate antibiotic (19% previously). However, some still given metronidazole (37%). 3. Antibiotic duration (24hrs if uncomplicated, 5days if complicated appendicectomy), 66% receiving appropriate duration (56% previously).

Conclusion: No standard met in 100% of cases. However, there has been moderate improvement since the previous data collection in terms of the correct antibiotic being prescribed. Recommendations: email to surgical staff to remind of trust antibiotic guidelines for appendicitis, encourage junior staff to challenge antibiotic decisions and adopt antibiotic stewardship. Re-audit results.

0618: FALLING FROM TREES, A FREQUENT MECHANISM OF CERVICAL SPINAL INJURY IN A REMOTE PROVINCE OF PAPUA NEW GUINEA

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Aim: To calculate the incidence of cervical spine injuries for the province. To determine the variation in mechanism of injury. To illustrate access to health care across this island province.

Methods: All patients admitted to the surgical ward at a regional hospital in Papua New Guinea over a 5-year period between 04/2008 and 04/2013 were included. Patients were identified from the admission record and any evidence of cervical injury and included for final analysis. Information was extracted for: mechanism of injury, age, sex, occupation, duration of inpatient stay and their place of origin.

Results: There were 4,191 surgical admissions, with 28 (0.67%) documented cases of cervical spinal injury resulting in a provincial incidence of 2 cases per 100,000 per year. Mean age was 32 (range 4–60). Average duration of stay was 30 days (range 0-131). Nine (32%) of cases were RTAs and 6 (21%) resulted from falls from trees.

Conclusion: Majority of cervical spinal injuries in this study are high injury, common in males and are often the result of falls from trees or RTAs resulting in long inpatient stays. Tree climbing is common practice in this predominantly subsistence community that demonstrates an unusual mechanism of injury.

0659: THE ROLE OF ULTRASOUND SCANNING (USS) IN RIGHT ILIAC FOSSA (RIF) PAIN: IS USS IMAGING DELAYING EMERGENCY APPENDICECTOMIES?

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Aim: This project investigates USS results from patients who had undergone appendicectomies to assess the sensitivity and specificity in detecting a histology positive acute appendicitis. We also investigated whether the decision to USS delayed an emergency procedure.

Methods: Retrospective data collection between January–June 2014. Data was collected from Theatre logbooks, Pathology/PACS systems.

Results: Between January–June 2014, 226 appendicectomies were performed on the emergency-operating list. 15% (n = 34) had undergone pre-operative USS (74% Female, Mean age = 27 years), 76% (n = 26) of those who had a scan went onto have a diagnostic laparoscopy and appendicectomy, 24% (n = 8) had an open appendicectomy. 53% (n = 18) were found to have a histology proven positive appendicitis. USS as an investigation to detect acute appendicitis demonstrated a sensitivity of 22.2% and specificity of 68.8%, PPV of 44.4% and a NPV of 44.0%. A mean delay of 0.97 days was observed from admission to operation due to USS.

Conclusion: USS result often does not change the definitive management in patients with ongoing RIF pain. Diagnostic laparoscopy can be therapeutic even in the absence of appendicitis. With USS delaying time to theatre and increasing hospital stay we conclude the USS has a limited role in investigating RIF pain in a patient presenting with the classic acute appendicitis.

0695: ANALYSIS OF THE IMPACT OF A 24-HOUR EMERGENCY THEATRE ON TIME TO APPENDICECTOMY

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Aim: We investigated whether the introduction of a 24 hr emergency theatre reduced the waiting time for appendicectomy in adult patients with histologically proven appendicitis.

Methods: The study was conducted in a 800-bed hospital. We performed analysis using prospectively maintained data of two cohorts of patients over 12 month periods; one in 2005/6 and in 2012, before and after the introduction of an emergency theatre. Data was gathered from theatre logbooks, pathology reports and hospital charts.

Results: There were 228 appendicectomies in the 2005/6 cohort compared to 409 appendicectomies in 2012. Excluding paediatric (82 and 184 patients respectively) and ineligible (13 and 38 respectively) patients; there were 133 and 190 patients for analysis. Negative appendicectomy rate was 14% in 2005/6 compared to 23% in 2012 (p = 0.03). The perforation/gangrene rate was 17% and 18% respectively. Patients with histologically proven appendicitis, there was a mean 23.44 hr wait between first ED attendance and appendicectomy in 2005/6 compared to 20.28 hrs in 2012 (14.5% reduction, p = 0.034). 89% of appendicectomies were completed laparoscopically in 2012 compared to 43% in 2005/6 (p = 0.0001).

Conclusion: Since the introduction of a dedicated 24-hour emergency theatre, there has been a significant reduction in time to appendicectomy for histologically proven appendicitis despite a 79% increase in appendicectomy workload over the time period.

0716: THE AMBULATORY EMERGENCY SURGERY HOT CLINIC: STREAMLINING SERVICES AND SAVING MONEY

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Aim: The Hot Clinic offers rapid assessment and investigation of the acute general surgical patient and ongoing review of patients post-discharge. Our aim was to retrospectively examine the use of the Hot Clinic, its impact on admissions, length of stay and cost.

Methods: A retrospective review of Hot Clinic outcomes over five consecutive months was conducted. Post-discharge encounters evaluated for reduction in length of stay (LOS), acute encounters were analysed to determine whether a surgical bed was required and admission was prevented. Cost analysis was performed using Trust data.

Results: 137 Hot Clinic appointments were conducted in a 5 month period. In 77% of acute cases (n = 81) admission was prevented, with 43 % not