Conclusion: Improved success rate and LOS in three specialties suggests effective recommendations and increased experience, while the worsening colorectal results raise sustainability issues. Further ERAS amendments are required.

0738: OUTCOMES FOR SURGICAL FEMALE PATIENTS ADMITTED TO A SURGICAL ASSESSMENT UNIT WITH RIGHT ILIAC FOSSA PAIN - IS IT TIME FOR A MULTIDISCIPLINARY APPROACH?
Aims: Female patients presenting with RIF pain form a large proportion of all surgical emergencies. Some 40% are treated conservatively for ‘non-specific abdominal pain’ (NSAP). This study investigates diagnostic and treatment outcomes of women presenting with RIF and lower abdominal pain.
Methods: From January 2010 - April 2011, details of women aged 16 - 60 years attending A&E and transferred to SAU with RIF or lower abdominal pain, were recorded on a prospectively collected database and analysed.
Results: Of 1562 female patients referred from A&E to SAU, 544 presented with abdominal pain or GI symptoms, of which 308 were admitted with RIF/lower abdominal pain (median age 25, range 16-59 years). 87 were treated operatively (80 laparoscopic; 7 open), diagnoses: 40 appendicities; 5 other surgical; 21 gynae and 21 NAD. 153/308 (50%) were managed conservatively, diagnoses: 112 NSAP, 11 gynae, 11 urological, 5 musculo-skeletal and 14 other surgical. 63/308 (20%) were referred to O&G. 1 patient was referred to infectious diseases; 4 self-discharged.
Conclusions: 28% of patients were managed surgically and 46% conservatively. 31% had gynaecological pathology compared with 19% confirmed surgical pathology and 44% non-specific pathology. This suggests an MDT approach, including general surgeons and gynaecologists, would be optimal.

0904: EMERGENCY DEPARTMENT DIAGNOSIS OF WOMEN PRESENTING WITH LOWER ABDOMINAL PAIN: APPENDICITIS OR GYNAECOLOGICAL?
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Aim: To investigate the diagnosis of women of childbearing age presenting to the Emergency Department (ED) with lower abdominal pain.
Method: In this retrospective study, we reviewed the medical records of all non-pregnant women aged 15 – 55 presenting to Chelsea and Westminster ED with lower abdominal pain between September - November 2011. Details of referrals, investigations and treatments were carefully recorded.
Results: Of the forty-eight women that met the inclusion criteria, ED diagnoses included acute appendicitis (n=32), ovarian cyst (n=6), pelvic inflammatory disease (n=2), endometriosis (n=2) and other (n=6). In the group of patients diagnosed with acute appendicitis, 12 (37.5%) underwent laparoscopy and only 6 (18.8%) had a confirmed diagnosis of appendicitis. Additionally in this group, 9 (28.1%) were later found to have a gynaecological pathology confirmed by ultrasound without laparoscopy (n=6), or at laparoscopy (n=3).
Conclusion: Women of childbearing age presenting to the ED with lower abdominal pain may benefit from a gynaecological review before being referred to the surgeons with the diagnosis of acute appendicitis. Additionally, ultrasonography has a valuable role in confirming gynaecological pathology and in some cases avoiding the need for laparoscopy.

0974: DEDICATED ACCESS TO ULTRASOUND: ESSENTIAL FOR AN EMERGENCY GENERAL SURGICAL SERVICE
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Aim: Establish the ultrasound requirement of an emergency general surgical service. Assess the impact of a dedicated ultrasound service.
Introduction: Ultrasound (US) is the most frequently performed radiological investigation of the acute abdomen, used in up to 51% of emergency surgical admissions. It has been shown to lead to earlier operative intervention and discharge.
Methodology: All adult emergency general surgery admissions over 30 days were included and those undergoing inpatient USS were identified. Results were used to set up a dedicated emergency general surgical ultrasound service. The study was repeated to evaluate the impact.
Results: A pilot study including 375 admissions revealed 66 patients (18.1%) undergoing inpatient USS, with a mean length of stay of 8.03 days. An emergency USS service was set up with 5 daily scans available. A 14 day follow up study including 210 admissions showed 57 (27.9%) undergoing inpatient USS. There was a significantly reduced mean LOS of 4.54 days (<0.05) in this group.
Conclusions: Dedicated inpatient USS sessions has led to earlier diagnosis and treatment of emergency general surgical admissions and thus significantly reduced length of stay.

1033: IMPROVING EFFICIENCY AND REDUCING CANCELLATIONS. AUDIT OF BOOKING AND THEATRE UTILISATION EFFICIENCY IN A DISTRICT GENERAL HOSPITAL DAY SURGERY UNIT
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Aims: To improve the efficiency of day case theatres and reduce the cancellation/DNA rates.
Methods: Audit criteria were set from our trusts targets for a booking efficiency/theatre utilisation of 90%. An initial prospective audit was performed in July 2008 with two retrospective follow up audits in June 2010 and June 2011. Data collected from the central data collection department in the trust.
Results: The initial audit revealed poor overall theatre utilisation with high DNA and cancellation rates. The following changes were implemented. Increases in the number of permanent staff members from 30 – 70%. All patients contacted one week before their operation to confirm attendance/allow for re-booking if unable to attend. Day case theatre sessions increased from 3.5 to 4 hours. Improvements to the booking system to include average time per case + review of list by responsible surgeon to ensure list feasibility. These changes have seen: 1. Increase in booking efficiency from 59.9% to 94.5%. 2. Increase in theatre efficiency from 64.59% to 96.74%. 3. Decrease in DNA/Cancellations from 21% to 5%.
Conclusions: Improved booking systems and a reduction in cancellations/DNA rates have successfully improved the overall efficiency of the day case theatres in our trust.

1051: METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SCREENING IN DAY SURGERY PATIENTS
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Introduction: Healthcare associated infections, such as MRSA, are associated with considerable morbidity and mortality; costing the NHS approximately £1 billion per annum. The Department of Health (DoH) has issued MRSA Screening guidelines, stipulating that the bulk of surgical admissions should be screened, including most day-cases. Aim: Screening within the Day-Surgery-Unit of our trust was assessed against our trust’s universal screening policy and DoH guidelines. Compliance, clinical and cost-effectiveness were noted.
Method: A retrospective analysis was carried out of all patients that underwent elective surgery in the Day-Surgery-Unit between 01/12/10 – 30/11/11 using hospital records.
Results: 7102 patients were treated; mean (SD) age: 52.0 (19.3), Male-Female ratio: 0.8.1. Of the 4123 (58.1%) patients screened, only 12 were MRSA positive (0.29%). After exclusions by DoH guidelines 731/1132 patients were screened (64.6%), 3 were MRSA positive (0.41%).
Conclusion: Compliance with Trust Policy (58.1%) and DoH guidelines (64.6%) was poor. Furthermore, prevalence of MRSA in this population group was low (0.29%), compared to the 7.8% prevalence quoted for long-stay hospital patients. Screening of day-surgery patients, priced at £4.74 per screen, appears to be neither clinically efficacious nor cost-effective. We feel a revision of local policy towards targeted screening of high-risk patients is required.

1053: ASSESSING THE IMPACT OF AN AGEING POPULATION ON COMPLICATION RATES AND IN-PATIENT LENGHT OF STAY
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