1097: EMERGENCY GENERAL SURGERY ADMISSION PROFORMAS: THE VALUE OF REPEATED AUDIT TO DELIVER SUSTAINED IMPROVEMENTS
Sarah Wheatstone 1*, Brenda Stacey, Kothandaraman Murrali, Darent Valley Hospital, Dartford, Kent, UK.
Introduction: Clear, accurate and legible medical records are essential elements of good medical practice and prevent medical errors. The assessment and prescription of venous thrombosis (VTE) prophylaxis is a CQUIN target. We reviewed documentation standards before and after introduction of a dedicated emergency general surgery admissions proforma. After further adjustments we twice re-audited improved proformas.
Methods: We audited 50 consecutive emergency admission case notes at four different times: April 2011, October 2011, November 2012 and January 2014. Notes were inspected for patient demographics, team contact details, clinical documentation and management plans. Drug charts and handover sheets were also reviewed. Inpatient referrals were excluded.
Results: At final audit, significant improvements were found for patient identifying details (71%-100%, p<0.001), VTE risk assessment (2-86%, p<0.001), allergy documentation (87%-100%, p<0.01), and differential diagnosis (87-98%, p<0.05). There were sustained improvements in the recording of admitting doctor, investigations, and prescription of analgesia, anti-emetics and intra-venous fluids. Despite a prompt box, decision to operate and capacity assessment were rarely recorded.
Conclusions: A printed proforma can prompt admitting surgeons to capture more information. Re-audit followed by proforma refinement and team education can improve results further. General surgical teams should be engaged in these changes in the documentation process.

1099: SOFTLY SPREADING? THE INCIDENCE OF SOFT TISSUE INFECIONS IN AN IRISH REGIONAL HOSPITAL
David Kennedy 1*, Sarah Phelan, Helen Mohan, Caoimhe Byrne, Niamh Bambury, Ken Mealy. Wexford General Hospital, Co. Wexford, Ireland.
Introduction: Soft-tissue infections are a major cause of morbidity and a burden on hospital resources. Internationally, their incidence is rising.1 The main aim of this study was to examine trends in soft-tissue infection at an Irish regional hospital.
Methods: A retrospective analysis of a prospectively maintained surgical audit database (based on the Lothian surgical audit system) from January 2000 until December 2012 was performed. Information collected included baseline demographics, number of admissions, length of stay, and rates of surgical intervention. Statistical analysis was performed using Graph Pad Prism 6.
Results: In total, there were 1388 admissions for cellulitis from 2000-2012. There was a significant increase in the mean number of admissions per year over the study period, with a 53.4% increase from 2000-2003 compared with 2000-2012 (p=0.0286 Mann-Whitney U test). However, the mean length of stay remained unchanged (76 days versus 6.5 days, p=ns).
Conclusions: The incidence of soft-tissue infections is rising. This has implications for planning delivery of acute surgical services. Potential approaches include community based care for a suitable subset, and a focus on primary prevention.5 Lautz TB, Raval MV, Barsness KA. Increasing national burden of hospitalizations for skin and soft tissue infections in children. J Pediatr Surg 2011 Oct; 46(10):1935-41.

1101: IS BILIRUBIN A USEFUL MARKER IN DIAGNOSING APPENDICITIS?
Introduction: Acute appendicitis remains the most common surgical emergency. Inflammatory and biochemical markers remain as important tools in the diagnosis. Raised bilirubin is noted in other intra-abdominal pathologies. Our aim was to identify if raised Bilirubin was accurate in confirming appendicitis based on histopathology assessment.
Methods: A retrospective case note review of all appendicectomies performed in our trust between 2011 – 2013 was carried out. Using a proforma, data was extracted on demographics, blood results, type of operation, operative findings, and final histology.
Results: 584 appendicectomies were performed. Overall histology positive for appendicitis were found in 453 (77.5%); Bilirubin was tested on 369 (81.4%) of all patients with histologically confirmed appendicitis. Bilirubin was found to be raised (>20 IU/L) on 297 (80.4%) of patients with histologically confirmed appendicitis and tested for bilirubin.
Conclusions: Bilirubin was tested on 81.4% of patients with confirmed appendicitis. Of those that had histologically confirmed appendicitis 80.4% had raised Bilirubin. 19.6% had normal Bilirubin levels. Current evidence confirms raised bilirubin in response to intra-abdominal pathology. Based on these results we believe that Bilirubin may be a useful marker in diagnosing acute appendicitis, combined with clinical assessment. Further studies are needed to clarify this correlation.

1108: ACUTE SURGICAL ADMISSIONS IN THE AGING POPULATION?
Stephen Ball 1*, Jodie Milward, Srinivasan Ravi. Blackpool Victoria Hospital, Blackpool, UK.
Introduction: With an aging population and increasing life expectancy, the number of elderly patients admitted to acute surgical units is increasing. This study evaluated these admissions - do they have a prolonged length of stay?
Methods: Retrospective data collection was performed over a three month period. Data collected included age, length of stay, diagnosis, investigations, operations and place of discharge. Vascular and urology patients were omitted.
Results: 114 patients admitted were aged over 80. The average length of stay was 5.6 days (range 1-33). 12 patients had operative intervention, with 1 mortality (8%). In hospital mortality was 11% (13) - 4 were deemed too unfit for surgery. 72% of patients admitted for greater than 10 days needed either complex discharge or transfer to a medical ward.
Conclusions: Emergency surgery has good outcomes when performed on the correct patient. This study highlighted that the majority of patients (90%) were managed conservatively. Could these have been managed under the care of the physicians with regular surgical input? Further detailed works is needed to trial and evaluate the impact of a multidisciplinary approach with care of the elderly physicians would have on improving the service and care of acute elderly surgical patients.

1131: EVALUATION OF THE RELIABILITY OF THREE CLASSIFICATION SYSTEMS FOR THE DISTAL RADIUS FRACTURES ALONG WITH CT IMAGING
Michail Chatzikonstantinou 1*, Korina Theodoraki, Arealis Georgios, Ilias Galanopoulos, Christos Kitis. Queens Hospital, Burton on Trent, UK.
Introduction: To evaluate the reliability of the distal radius fractures classification systems (AO, Fernandez and Universal) by determining inter-observer (agreement between assessors) and intra-observer (agreement with the initial assessment) accuracy based on plain radiographs and subsequent use of CT scans.
Methods: A prospective randomized study was performed using 26 patients with a displaced distal radial fracture. Five orthopeadic surgeons were asked to classify the patients’ CT scans using the AO, Fernandez and Universal classification systems (AO, Fernandez and Universal). The lowest values were obtained with the Universal classification (Kappa 0.19 - slight agreement, 27% inter-observer and 0% agreement with the “golden rule”). There was no significant improvement of outcomes with the use of CT imaging.
Conclusions: No classification system generates satisfactory interobserver reproducibility sufficient for clinical application. Intra-observer reproducibility did not improve dramatically after obtaining CT scans, questioning the role of CT as a preoperative assessment tool.

1132: RESTRUCTURING IRISH TRAUMA SERVICES: AN ANALYSIS OF TRAUMA BURDEN AND OPTIONS FOR RECONFIGURATION
Daniel Mullan 1*, Helen Mohan 1, Frank McDermott Whelan 1, Rory Whelan 1, Cathal O'Donnell 1, Des Winter 1, 2, St. Vincent's University Hospital, Dublin, Ireland; 2 National Ambulance Service, HSE, Ireland.
Introduction: Level 1 trauma centers are associated with improved trauma outcomes. Ireland currently does not have a Level 1 trauma center. This study aimed to examine the distribution of trauma in Ireland, and...