Result: 13.0% (21) patients were SIRS positive/ qSOFA negative, while 22.2% (36) were qSOFA positive/ SIRS negative. 83.3% of patients who were SIRS negative/qSOFA positive were admitted to ITU compared to 4.76% who were SIRS positive/qSOFA negative. LOS was significantly longer (p<0.02) in SIRS negative/qSOFA positive compared to SIRS positive/qSOFA negative cohorts. The SIRS negative/qSOFA positive cohort also had worse mortality outcomes (33%) compared to the SIRS positive/qSOFA negative cohort (23.8%).

Conclusion: Outcomes are worse for SIRS negative/qSOFA positive patients compared to SIRS positive/qSOFA negative, suggesting qSOFA may be a better indicator in identifying the septic patient.

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0777: AUDIT OF OPERATION NOTES FROM A SINGLE OTOHINOLARYNGOLOGY UNIT: DOES NEW TEMPLATE IMPROVE QUALITY?
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Aim: Operation notes serve as key communication medium between healthcare professionals for optimal post-operative care. This audit was conducted to evaluate adequacy & handwriting legibility of our operation notes pre and post-intervention.

Method: The Royal College of Surgeons of England; Good Surgical Practice 2014 criteria were used as standards. 3-week data collection was conducted initially and a new operation notes template was introduced in the 4th week. Another 3-week data collection was repeated in the 5th week. Exact and Student t-test were performed for pre & post-intervention comparison with p<0.05 being statistically significant.

Result: 76 pre-intervention and 52 post-intervention operation notes were assessed. 65% of the post-intervention notes used the new template. A few patients were included in both sets.

Intervention and re-audit: A laminated A3 card, explaining foot and ankle codes and site codes, was given to the staff that compile theatre lists. Re-audit in August 2015 revealed that the listed operation matched the final coding in 28 of 39 cases (72%). Qualitatively, in many cases the discrepancy was slight. Fisher’s exact test showed a statistically significant improvement (p<0.005).

Conclusion: Introducing a guide to coding significantly improved list accuracy. Surgeons could help further by using the codes when listing patients.

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0739: DOCTORS’ LANYARDS: HOW OUR PATIENTS JUDGE US
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Aim: The doctor-patient relationship is fundamental to good medical practice and doctors’ att...
operation notes & recurrent feedback could be the answer for a sustained improvement.

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0795: WILL PEOPLE USE OUT OF HOURS CLINICS? AN ASSESSMENT OF NON-ATTENDANCE AT EVENING CLINICS COMPARED TO MORNING CLINICS
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An initiative clinic has been running for a little over 1 year, in the evenings to see the vascular consultant. This review looked at the attendance of both morning and evening clinics to compare the ‘Did Not Attend’ (DNA) rates for each.

Out of a total 1004 appointments for all clinics, 80 were marked DNA - 8%. The initiative clinics had a DNA rate of 5%. The general vascular and wound clinics had a combined DNA rate of 9%. The Initiative clinics (evenings) had DNA rates significantly lower than general vascular clinics (p = 0.0082), Wound clinics (p = 0.0082) and both wound and general vascular clinics combined (p = 0.0047).

The consultant in this study works Mondays for clinics and administration and Thursdays for operating lists. He has other commitments on the other days. Work is ongoing to assess the reasons for the lower DNA rate, including access.

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: THE EFFECTIVENESS OF COMMUNICATION BETWEEN AUTHORS OF SCIENTIFIC RESEARCH A WEB-BASED SURVEY
J. Aldwinckle\*, R. Payne. University Hospital Coventry, West Midlands, UK.

Aim: A meta-analysis is only as accurate as the data it is based on. This paper aims to identify barriers to data collection, and how this affect research quality.

Method: The term ‘Meta Analysis’ was searched in PubMed for the period 01/08/2014 - 01/08/2015, returning 5522 results. A macro was used to isolate 2622 unique email addresses, which we contacted, outlining the study aims and including a 15 question online survey.

Result: The survey returned 58 responses (2.3%). 52% of these did not request was not accepted. How helpful this response was report either or very easy. Both registrars and consultant as good/excellent. Junior doctors mostly found contacting radiologists for advice during working hours straight-forward and very easy. Both registrars and consultants have been rated as being mostly approachable. Most of the written feedback of how junior doctors were treated was positive. Most juniors received a reason as to why their request was not accepted. How helpful this response was report either invariably/rarely by the majority. Junior doctors find approaching a registrar much easier than the consultant.

Conclusion: The experience of surgical junior doctors to radiologists is mainly positive. The only area where a difference has been seen is that consultants give more on-the-job teaching than registrars and this is an area for development.

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0882: AVAILABILITY OF EVIDENCE SUPPORTING NOVEL IMPLANTABLE DEVICES USED IN GASTROINTESTINAL SURGERY: CROSS-SECTIONAL, OBSERVATIONAL STUDY
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1 University of Leeds, Leeds, UK; 2 Ealing Hospital, London, UK; 3 NHS England, London, UK; 4 University of Birmingham, Birmingham, UK.

Aim: The IDEAL Framework advocates high quality evidence to support innovation in surgical devices. We aimed to determine the proportion of novel, implantable devices used in gastrointestinal surgery that are supported by evidence from randomised controlled trials (RCTs).

Method: A list of novel, implantable devices used in gastrointestinal surgery was compiled via a Delphi consensus process. Serial systematic searches for published, on-going and unpublished RCTs were performed via the PubMed database and sixteen international clinical trial registries. The primary outcome was availability of published RCT evidence for each device. The secondary outcome was quality of published trials, according to the Cochrane Risk of Bias tool.

Result: Some 116 eligible devices were identified. A total 127 published RCTs were identified for 32/116 (27.6%) devices. Most trials were high risk of bias, and consequently only 12/116 devices (10.3%) were supported by at least one published RCT with low risk of bias. Of 84/116 devices without a published RCT, 17/84 (20.2%) had at least one on-going RCT and 5/84 (6.0%) had at least one unpublished RCT.

Conclusion: Most novel implantable devices available in everyday gastrointestinal surgery are not supported by published RCT evidence. Trials that exist are generally at high risk of bias.

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0981: WHAT IS THE GENERAL SURGICAL JUNIOR DOCTORS EXPERIENCE OF RADIOLOGISTS?
J. George*, M. Bullock, T. Mercer, D. Brown, L. Wheeler. University Hospital of Wales, Cardiff, UK.

Aim:

1) To assess the experience of general surgical junior doctors with radiologists.
2) To assess whether the experience is different between radiology trainees and consultant radiologists.

Method: Junior doctors were approached towards the end of their first rotation in November 2015. 44 doctors were emailed and approached and we have received 34% to date. A modified version of a questionnaire published by the royal college of radiologists was used.

Result: The majority of junior doctors rate the advice received from both registrars and consultant as good/excellent. Junior doctors mostly found contacting radiologists for advice during working hours straight-forward or very easy. Both registrars and consultants have been rated as being mostly approachable. Most of the written feedback of how junior doctors were treated was positive. Most juniors received a reason as to why their request was not accepted. How helpful this response was report either invariably/rarely by the majority. Junior doctors find approaching a registrar much easier than the consultant.

Conclusion: The experience of surgical junior doctors to radiologists is mainly positive. The only area where a difference has been seen is that consultants give more on-the-job teaching than registrars and this is an area for development.

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0990: WHEN IS A SEBACEOUS CYST NOT A SEBACEOUS CYST? ROUTINE HISTOPATHOLOGICAL EXAMINATION OF BENIGN SKIN LESIONS
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Aim: Epidermal inclusion cysts (also known as sebaceous cysts) are commonly asymptomatic but may be excised for cosmetic reasons. Lesions excised are routinely sent for histopathology examination despite having the hallmarks of sebaceous cysts and no red flag features on clinical examination. Our aim was to evaluate the pattern of, and need for, routine histopathology examination of benign cutaneous lesions particularly epidermal inclusion cysts.

Method: Retrospective analysis of clinical and pathology data on all epidermal inclusion cysts excised from a Scottish district general hospital.

Result: Over the study period, 320 sebaceous cysts were excised and sent for routine histopathology examination. 276 (85%) lesions were judged by either the referring GP, or the assessing surgeon to be an epidermal inclusion cyst. 230 (72%) lesions were diagnosed as epidermal inclusion cysts by both GP and surgeon and still sent to pathology at a cost of £150 each.