1097: EMERGENCY GENERAL SURGERY ADMISSION PROFORMAS: THE VALUE OF REPEATED AUDIT TO DELIVER SUSTAINED IMPROVEMENTS
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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 INFECTIONS IN AN IRISH REGIONAL HOSPITAL
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Introduction: Soft-tissue infections are a major cause of morbidity and a burden on hospital resources. Internationally, their incidence is rising.† 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 database of a large Irish hospital was performed. The primary outcome measure was the proportion of patients admitted with a soft-tissue infection. The incidence of soft-tissue infections was calculated for the durations 2000–2003 and 2009–2012 using the concepts of Incidence, Incidence Density and Rate.
Results: During a 2-year period (2000–2003), 332 patients were admitted with a soft-tissue infection. During a 4-year period (2009–2012), 377 patients were admitted with a soft-tissue infection. When compared, the results showed 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 to 2009-2012 (p=0.0286 Mann-Whitney U test). However, the mean length of stay remained unchanged (76 days versus 65 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.¶ 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 BILIIRUBIN A USEFUL MARKER IN DIAGNOSING APPENDICITIS?
Introduction: Acute appendicitis remains the most common surgical emergency. Inflammatory and biochemical markers remain 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 appendicetomies 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 appendicetomies 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?
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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
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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 orthopaedic surgeons were asked to classify the patients’ fractures using the AO, Fernandez and Universal classification. 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.