0354: COMPONENTS SEPARATION WITH ONLAY MESH: A SAFE AND EFFECTIVE REPAIR FOR COMPLEX ABDOMINAL WALL HERNIAS. EXPERIENCE WITH 50 CASES AND THE DEVELOPMENT OF A TRIPLE MESH TECHNIQUE

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Introduction: Closing complex major abdominal hernias risks abdominal compartment syndrome. Components separation (CS) allows midline closure in most cases. This poster outlines our experience including postoperative quality of life (QoL) and the evolution of a triple mesh technique.

Method: Retrospective case notes review and structured telephone interview of patients undergoing CS between October 2005 and May 2010 at Derriford Hospital.

Results: 50 patients underwent CS; 41 underwent telephone follow-up (82%). Median follow-up was 29 months (range 3.2 - 57.6). 29 Patients were men; median age was 60 and BMI 33.8 (range 20-48.1). Wound complications affected 16(32%); the majority settling with conservative management. There was 1 recurrence of original hernia and 2 subsequent parastral hernias. One patient developed a hernia related to the lateral release. Since developing the triple onlay technique there have been no recurrences. The series has one death related to small bowel ischaemia. 36(88%) of patients reported improved QoL; (95%) were happy to recommend the procedure to a friend.

Conclusion: CS is associated with low mortality (2%); minimal long term morbidity and improved QoL. Triple mesh technique results in a low recurrence rate. We recommend CS with a triple onlay mesh for repairing complex major abdominal wall defects.

0357: THE ROLE OF PLAIN ABDOMINAL X-RAY IN ACUTE SURGICAL SETTING: A RETROSPECTIVE ANALYSIS

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Introduction: Although the Royal College of Radiologists (RCR) guidelines for possible obstruction (n 22, 20%) or other aspects required for safe and effective handover. Our aim was to assess how pain scores on observations correlated to analgesia prescribing as per our hospital guidelines.

Method: Data was collected from drug charts, patients and ‘VitalPac’ electronic observation software in two prospective samples of inpatients on general surgery, urology and orthopaedic wards.

Results: Two audits; N=65 and N=55, both recorded discrepancy between VitalPac and verbal pain scores (mild/moderate/severe) from patients in 57% and 46%. Incorrect prescribing compared to VitalPac scores in 74% and 60%, but mean 90% of patients were satisfied with their analgesia. Mean 72% of patients’ pain was worse on coughing or movement. Based on Audit 1, nursing staff were educated regarding recording pain scores on move- ment or coughing, but in only 18% of cases in Audit 2 was this carried out. Conclusion: We have displayed a poor correlation between electronic pain score observations and analgesia prescribing in surgical patients. Despite this the majority of patients are satisfied with pain relief. Pain scores observations are more significant if recorded accurately in the context of movement and coughing, and can be a useful guideline for alerting medical staff to inadequate analgesia.

0441: THE USE OF PAIN SCORE OBSERVATIONS TO GUIDE ANALGESIC PRESCRIBING ON SURGICAL WARDS

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Aim: Appropriate analgesia in post-operative patients decreases post-operative complications and leads to faster discharge from hospital. We assessed how pain scores on observations correlated to analgesia prescribing as per our hospital guidelines.

Method: Data was collected from drug charts, patients and ‘VitalPac’ electronic observation software in two prospective samples of inpatients on general surgery, urology and orthopaedic wards.

Results: Two audits; N=65 and N=55, both recorded discrepancy between VitalPac and verbal pain scores (mild/moderate/severe) from patients in 57% and 46%. Incorrect prescribing compared to VitalPac scores in 74% and 60%, but mean 90% of patients were satisfied with their analgesia. Mean 72% of patients’ pain was worse on coughing or movement. Based on Audit 1, nursing staff were educated regarding recording pain scores on movement or coughing, but in only 18% of cases in Audit 2 was this carried out. Conclusion: We have displayed a poor correlation between electronic pain score observations and analgesia prescribing in surgical patients. Despite this the majority of patients are satisfied with pain relief. Pain scores observations are more significant if recorded accurately in the context of movement and coughing, and can be a useful guideline for alerting medical staff to inadequate analgesia.

0488: SURGICAL HANDOVER AUDIT 2011: AN AUDIT OF HANDOVER PRACTICE IN A SURGICAL DEPARTMENT IN LONDON AGAINST THE STANDARDS SET BY THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

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Aim: Since the European Working Time Directive was introduced, emphasis has been drawn to handover practice. The Royal College of Surgeons of England published a guideline on safe handover practice to identify key aspects required for safe and effective handover. Our aim was to assess handover practice in our surgical department against these standards.

Method: Between 27th October and 13th November 2011, handovers were observed and marked against the above guidelines.