

There were no findings of malignancy associated with epidermal inclusion cysts in our data.

Conclusion: There is significant cost associated with routine pathology examination when clinical examination and intraoperative findings support the diagnosis of epidermal inclusion cysts. Money saved by changing such practice may be better spent on improving surgical training or Junior Doctors' wages.

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1017: MEASURING AND IMPROVING SAFETY CULTURE IN THEATRES: A CLOSED-LOOP AUDIT

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Aim: Transforming culture is an established hurdle in improving standards worldwide, particularly in the peri-operative surgical environment where attitudes in safety optimisation continually develop. The University of Texas Safety Attitudes Questionnaire (SAQ) measures psychometric properties including safety climate to assess safety culture in theatres. This audit measures the current safety climate using the SAQ and compares results with a national benchmark as gold standard to identify areas of improvement.

Method: First cycle: SAQ disseminated to theatre multidisciplinary team including allied healthcare professionals (n=28). Intervention and second cycle: Discussion of safety escalation procedures during morning theatre briefing and introduction of safety escalation posters, followed by repeat SAQ dissemination (n=27).

Result: There was an 11% increase in the number of staff that felt encouraged by colleagues to report any patient specific concerns (23/28 vs. 25/27) and an 18% reduction in staff disagreeing about knowing the proper channels to report patient safety concerns (5/28 vs. 0/27).

Conclusion: The SAQ is a valuable tool to identify areas of safety improvement. It allows comparison against international benchmarks and can be used to measure safety climate and facilitate audit at low-cost proving value especially in low-income countries. Theatre briefings remain paramount in establishing long-term cultural change.

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1050: DO SURGICAL TRAINEES HAVE A SUFFICIENT UNDERSTANDING OF STATISTICAL CONCEPTS?

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Aim: The aim of this study was to determine how well surgical trainees across all the subspecialties understand the commonly used statistical concepts in published literature.

Method: A literature search was performed using Pubmed for all studies assessing trainee understanding of statistical concepts. The search terms were 'surgeons understanding', 'surgeons knowledge', 'biostatistics', 'statistics'. The bibliographies of the obtained literature were also searched for further articles of relevance. Studies were limited to those published in the English language and between the period 2010 to 2015.

Result: Pooled analysis of the data obtained generated a cohort of 421 across different surgical and surgically related subspecialties. Of this cohort, subset analysis revealed that only an average of 24.5% could understand all the relevant statistical concepts tested. Only 39.6% were able to use the appropriate statistical test for a given set of data.

Conclusion: Most trainees in the surgical and surgically related subspecialties do not have an adequate understanding of key statistical concepts. This deficiency needs to be addressed as part of their training as evidence based practice is contingent on an thorough understanding of published research.

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1146: THE RELEVANCE OF ENDOSCOPY READMISSIONS AND MORTALITY

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Aim: Hospital readmissions within eight days of primary endoscopy/mortality within 30 are routinely measured however their relevance, if attributable to endoscopy, is often overlooked. Primary aim: determine rate of relevant upper/lower gastrointestinal (GI) endoscopic readmissions/deaths in a district-hospital. Secondary aims: consider relevance of endoscopy type/length/timing and endoscopist grade.

Method: Patient readmission within eight, or death within 30 days of endoscopy (Colonoscopy, Sigmoidoscopy, OGD/ERCP) retrospectively collected from all endoscopies over five months. Data cross-referenced with online records and analysed (Excel).

Result: 5756 total endoscopies; 144 upper/lower GI readmissions/deaths occurred (2.5%), 64 related to primary endoscopy (1.1% total), 80 unrelated. Total deaths: 28, 11 relevant (0.2% all endoscopies). Most common readmission: abdominal pain (11), then haematemesis (8). Relevant readmissions/deaths occurred most after OGD (52%). Of further relevant intervention, most required OGD (26%)/colonoscopy(22%). Relevant readmissions/deaths less likely to receive primary endoscopy by nurse endoscopists (18% vs 9%, p<0.05). No significance in endoscopy timing, trend of longer endoscopies in relevant readmissions/deaths (19 vs16 mins, p=0.055).

Conclusion: 44% of GI endoscopy readmissions/deaths occurred due to primary endoscopy factors, warranting further cause-analysis. Nurse endoscopists performed significantly fewer endoscopies resulting in relevant readmissions/deaths, perhaps reflecting their reduced endoscopic intervention. Longer endoscopies carry increased risk of relevant readmission/death.

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1147: A COMPARISON OF OESOPHAGEAL SELF-EXPANDING METAL STENTS AND THEIR COMPLICATIONS

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Aim: Oesophageal self-expanding metal stents (SEMS) have been shown to be an effective way to palliate dysphagia. Our aim was to compare the efficacy and complications of different SEMS.

Method: The Radiology Department generated a retrospective list of all patients with SEMS inserted between October 2012 and October 2015. Data was collated from patient notes to identify demographics, tumour stage, stent type and respective complications.

Result: A total of 98 SEMS were inserted, of which the most common were XS Ella and Niti S, with 54 and 22 inserted respectively. The remaining stent types were either not documented (19), metal (1), Ultra flex (1) or Boston Scientific Polyflex (1). Complications included blockage (total 6/98; XS Ella 2/54; Niti S 2/22) migration (total 15/98; XS Ella 0/54; Niti S 4/22) perforation (total 4/98; XS Ella 0/54; Niti S 2/22) and pain (total 7/98; XS Ella 2/54; Niti S 2/22). Of the 98 stents inserted 6 were removed, all of which were replaced.

Conclusion: The use of SEMS is an effective intervention, which provides symptomatic relief. It may be concluded from this cohort that the XS Ella and Niti S have acceptably low rates of complication when compared with current literature.

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1217: IMPROVING DOCUMENTATION OF CHAPERONES IN INTIMATE EXAMINATIONS: PERFECTING THE PROFORMA

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