ABSTRACTS

0633: THE USE OF 'WHOLE BODY' COMPUTED TOMOGRAPHY (WBCT) IN TRAUMA AT A DISTRICT GENERAL HOSPITAL
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Aim: In trauma major injuries can evince clinical assessment. We questioned whether there was evidence to support WBCT scans of patients based on mechanism of injury as opposed to clinical criteria.

Method: A retrospective assessment of all 28 patients (17 male, 11 female), registered as trauma calls from January to December 2011. Ages ranged from 2-83 (mean 35.9) and Injury Severity Score (ISS) from 0-75 (mean 21.8). We investigated which patients had WBCT scans, how many were not scanned, mechanisms of injury, reasoning for scanning and subsequent outcomes.

Results: 28.6% of the patients had WBCT scans whilst in the Emergency Department, 87.5% revealed significant unsuspected pathology. 27.2% of the non scanned population subsequently deteriorated on the ward and had CT scans revealing management altering pathology. There were no formal criteria for scanning which was at the discretion of the examining clinician and no significant differences in the mechanisms of injury or ISS of the 2 groups.

Conclusion: WBCT based on mechanism of injury may result in substantial changes in management of trauma patients when used as an adjunct to clinical examination in the initial assessment. We propose collecting further data with a view to implementing a formal protocol.

0678: EMERGENCY MANAGEMENT AND OVERALL OUTCOME OF SURGICAL PATIENTS IN EXTREME OLD AGE
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Aim: The UK population is living longer, with average life expectancy rising from 72 to 80 years since the 1970s. More nonagenarians and centenarians are being admitted with surgical emergencies, although little data exists in this group. This study aims to review the management and outcomes of emergency surgical admissions in these patients.

Method: A retrospective review of a prospectively maintained database of all emergency surgical admissions over 20 months.

Results: 192 patients (215 admissions, 3% of total) were identified (median age 92, range 90-105), 14 (6.5%) patients underwent emergency surgery. Median length of stay was 4 days (IQR 1-8 days). 47.9% patients were discharged to their own home. No significant difference was shown in in-hospital mortality (28.6% Vs 14.4%, p=0.239) and overall survival (Log-rank test; Chi 0.035, p=0.851) between surgical and non-surgical intervention. Survival was 50% at 1 year.

Conclusion: Most patients over the age of 90 are discharged within one week to their own home, only a small proportion undergoes surgery. Surgery results in a 2-fold increase in in-hospital mortality although overall survival is comparable. We advocate admitting patients over the age of 90 under the care of a specialised geriatric medical team with surgical input if required.

0731: MANAGEMENT OF WARFARINISED PATIENTS WITH FEMORAL NECK FRACTURES
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Introduction: Femoral neck fractures occupy a significant proportion of the trauma workload. There is great emphasis on early operative management. Anticoagulation has implications for surgery and anaesthetic. The literature provided very vague directives on management of warfarinised patients.

Objectives: We retrospectively compared warfarinised patients to a standard cohort of patients. Our outcome measure was the time from admission to theatre. We aim to devise a protocol for safe and expeditious pre-operative management of warfarinised patients.

Methods: We statistically compared time to theatre data for warfarinised patients to the general NOF cohort November 2009 to November 2010. 799 NOF fractures were admitted under orthopaedic care; 41 of which were on warfarin.

Results: In the general cohort of NOF patients the mean time to theatre was 2.9 days compared to 4.7 days for the warfarinised group, (p=0.001). There was no consistent approach to warfarin reversal. There were no embolic events in the warfarinised patients within 3 months of surgery.

Conclusion: New NICE guidance sets best practice standards at 36 hours for surgery, and thus unnecessary delays must be avoided. Warfarin significantly increases time to theatre. A standardised approach to warfarin reversal is essential, and we are currently devising a protocol using a multidisciplinary input.

0752: PAEDIATRIC APPENDICETOMY: AUDIT OF PRACTICE AND OUTCOMES FINDS VARIATION IN ANTIBIOTIC USE
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Aim: This retrospective audit reviewed current practice and outcomes for appendicetomy in children at a district general hospital as part of a wider regional audit to identify variations and deficiencies (Severn and Peninsula Audit and Research Collaborative for Surgeons, SPARCS).

Methods: All patients aged <17 years undergoing appendicectomy between August 2007 and July 2011 were included. Patients were identified by clinical coding and all case-notes reviewed. Data was collected and analysed using Microsoft Excel® and VassarStats (http://faculty.vassar.edu/lowry/VassarStats.html).

Results: 312 patients were identified, with 275 case-notes reviewed at time of submission. Median age was 12(2-16) overall, 11(2-16) for open appendicetomy (n=210) and 15(9-16) for laparoscopic appendicectomy (n=65) (p<0.0001 using Mann-Whitney test). Negative appendicectomy rate was 14.9%. Operative and histological findings differed in 23 cases (15 false positive and 8 false negative). Uncomplicated appendicitis occurred in 137 cases with 56 (40%) prescribed postoperative antibiotics. Complicated appendicitis occurred in 99 cases, 9 of whom (9%) received no postoperative antibiotics. Septic complications occurred in 15 cases, all from the complicated appendicitis group.

Conclusion: Overall findings were in line with previously published data, but antibiotic use was variable and patients would benefit from a standardised hospital policy.