**0414: DIAGNOSTIC YIELD AND COST EFFECTIVENESS OF RANDOM COLONIC BIOPSY**

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**Aim:** Random colonic biopsies (RCB) is a commonly performed procedure to exclude microscopic colitis (MC). We studied the histopathological results of RCB and studied the impact on patients' treatment. We also analysed the risk factors for MC and calculated the cost effectiveness for RCB.

**Method:** A prospectively maintained list for RCB was obtained from endoscopy biopsy logbook from December 2014 to November 2015. Colonoscopy report, histopathology result and GP & clinic letters were analysed.

**Result:** 201 patients had RCB, 5 patients were excluded as they had past history of IBD. The age was 55 years (range 14-89). This included 125 females (64%) and 76 males (36%). 160 patients (82%) had no history of IBD. The mean age was 55 years (range 14-89). This included 125 females (64%) and 76 males (36%). The most frequently documented abnormalities were: abnormal LFTs & normal bile duct on ultrasound (39), normal LFTs & abnormal bile duct on ultrasound (29, median bilirubin 31), normal LFTs & direct to MRCP (N=29, median bilirubin 41), abnormal LFTs & wide bile duct on USS (N=29, median bilirubin 31), normal LFTs & wide bile duct (N=22, median bilirubin 15). Bile duct stones were found on MRCP in 31% of patients, with the investigation changing the management in 88% of these patients. Additionally, a further 14% of patients were able to undergo a laparoscopic cholecystectomy following MRCP excluding a bile duct stone.

**Conclusion:** Academic activities vary between surgical specialties. These metrics provide a benchmark by which prospective trainees can determine the academic expectations for their chosen specialties.

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**0545: A COMPARATIVE ANALYSIS OF THE ACADEMIC ACTIVITY OF SURGEONS IN AN NHS TRUST - WHICH SPECIALTIES ARE THE MOST ACADEMIC?**

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**Aim:** To compare the academic activities of surgeons by specialty in a single UK NHS Trust.

**Method:** Surgical consultants working in a single Scottish NHS Trust offering all surgical services were identified from the Trust’s website. Scopus – a web-based academic metric calculator was used to determine a range of metrics including publication numbers, citation numbers, h-index (the number of papers cited at least that many times), and m-quotient which corrects for the number of years since the first cited.

**Result:** The number of publications per surgeon ranged from two to 282 (median 21). Specialties with the highest median number of publications per surgeon were HPB (94), colorectal (71), and transplant (53). The h-index for individual surgeons ranged from one to 69 (median 8). Specialties with the highest median h-index were colorectal (20.9), HPB (19.9), and transplant (13.8). The same three specialties had the highest median numbers of citations and m-quotients. H-index was significantly associated with (1) specialty (p<0.018), (2) a higher degree (p<0.008) and (3) holding a university position (p<0.011).

**Conclusion:** Publication numbers and h-indices vary between surgical specialties. These metrics provide a benchmark by which prospective trainees can determine the academic expectations for their chosen specialties.

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**0569: AUDIT OF MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) USE AFTER THE OPENING OF A NEW 24/7 EMERGENCY HOSPITAL**

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**Aim:** Following the opening of a new 24/7 specialist emergency care hospital, near immediate access to almost all imaging studies has become available. We were concerned that such ready access to imaging, such as MRCP, could lead to unnecessary over-investigation.

**Method:** A review of all MRCP investigation requested in the 2 months following the opening of the emergency Hospital. Patients were identified from the radiology database. Further information was obtained from electronic records.

**Result:** 99 Patients (65 female) underwent MRCP in a two month period. Indications were: abnormal LFTs & normal bile duct on ultrasound (USS) (54), abnormal LFTs & direct to MRCP (N=39, median bilirubin 41), abnormal LFTs & wide bile duct on USS (N=29, median bilirubin 31), normal LFTs & wide bile duct (N=9) or other indications (N=22, median bilirubin 15). Bile duct stones were found on MRCP in 31% of patients, with the investigation changing the management in 88% of these patients. Additionally, a further 14% of patients were able to undergo a laparoscopic cholecystectomy following MRCP excluding a bile duct stone.

**Conclusion:** MRCP altered the management in the majority of patients. The ready access to the investigation does not appear to lead to MRCP being excessively requested.

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**0577: AN AUDIT ASSESSING THE ASSOCIATION BETWEEN SURGICAL PATIENT RECALL OF CONSULTANT AND NURSE NAMES AND THE PRESENCE OF THOSE NAMES ON BOARDS NEAR THE PATIENTS’ BEDS, IN RELATION TO THE ‘HELLOMYNAME’ CAMPAIGN AT THE ROYAL LONDON HOSPITAL**

- **Aim:** To evaluate the association between surgical patient recall of consultant and nurse names and the presence of those names on boards near the patients’ beds in relation to the ‘HelloMyName’ campaign at the Royal London Hospital.

- **Method:** An audit was conducted on a surgical ward at the Royal London Hospital, focusing on patient recall of consultant and nurse names and the presence of those names on boards near the patients’ beds.

- **Result:** The audit revealed a significant association between the presence of names on boards and patient recall of names. The ‘HelloMyName’ campaign, which emphasizes the importance of identifying patients and involving them in their care, appears to have had a positive impact on patient recall.

- **Conclusion:** The campaign has led to an improvement in patient recall of names, which is an essential aspect of patient safety and recognition.

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Aims: Our hospital takes part in the “Thellosynamesis” campaign to increase patient awareness of the identity of those looking after them. We audited whether surgical patients were aware of their named consultant and nurse.

Method: We performed a full audit with two cycles and interventions. There were 112 and 113 patients in respective cycles split between general surgery ward (colorectal/UGI/HPB/vascular/trauma). Patients were asked verbally to name the consultant looking after their care and the nurse looking after them that day. The number of boards displaying these names was also collected. Our interventions were staff interviews and a poster campaign.

Result: 55/112 and 54/113 patients had boards near their bed. 4/55 boards had consultant names and 12/55 patients recalled their consultant. This increased to 16/54 and 30/54 respectively in cycle 2. We found a significant association between recall of consultant name and presence on name board in both cycles (p = 0.0141). There was no significant association with nurses’ names (p = 0.1842).

Conclusion: We have demonstrated a significant association between consultant name recall by patients and having a name board near their bed. We suggest that to improve patient autonomy, all patients should have boards with names of staff looking after them.

0588: ASSESSING THE ANATOMICAL ADEQUACY OF THE PLAIN ABDOMINAL RADIOGRAPHS AGAINST DEFINED RCR AND ACR GUIDELINES IN A DISTRICT GENERAL HOSPITAL

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Introduction: The plain abdominal radiograph is an important radiological tool for the acute surgical patient with abdominal pain. Each film gives a 0.4mSv dose of radiation, 30 times more than a chest radiograph. An adequate film is essential for radiological assessment of abdominal viscera. An audit was conducted to assess adequacy of abdominal films within the trust.

Method: A retrospective review was conducted between October and November 2015 of all abdominal radiographs. These were graded against RCR and ACR guidelines stipulating inclusion of diaphragm, pubic symphysis and both flanks in a radiograph as adequate (Target 95%).

Result: A total of 172 abdominal films were conducted. 55% were female (aged 9 days to 94 years). 60.5% were urgent investigations. 39.6% of graded radiographs were deemed adequate (three anatomical landmarks included) and 60.4% inadequate. In adequate films, 78% were captured in one film and 22% required two or more films.

Conclusion: The adequacy of our abdominal films is not reaching required standards. This has clinical implications for patients and surgeons in training. The audit has been presented locally. Posters have been used to remind radiographers of adequacy criteria as part of a quality improvement project. A re-audit is planned in 90 days.

0616: OPTIMIZING PREOPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS


Introduction: AAGBI guidelines require preoperative blood tests for procedures of surgical severity 3. However, there is no guidance for how long blood results, prior to elective surgery, remain valid. Due to this, tests are often repeated on the day of surgery despite recent normal results. This increases processing time and costs.

Aim: To assess the plausibility of eliminating repeat pre-operative bloods on the day of surgery if recent normal results were obtained, thereby minimizing processing time and cost.

Method: Consecutive elective orthopaedic patients attending AMNCH between October and December 2015 were reviewed. All normal results within 3 months were compared to same day peri-operative bloods; assessing for change. We calculated the cost of repeating normal tests. We suggest a clariﬁcation of guidelines to reduce unnecessary pre-operative blood tests.

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0680: PRIMARY CARE REFERRALS TO SURGERY OF PATIENTS WITH DIABETES: A MULTICENTRE ASSESSMENT OF CURRENT PRACTICE IN THE EAST OF ENGLAND

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Introduction: Diabetes is the most commonly occurring metabolic disorder in the UK, with a rising 6.5% prevalence that will impose significant burdens upon healthcare services in the future. Patients with diabetes are overrepresented in the surgical population and are associated with increased peri-operative morbidity, longer hospital stay and greater use of healthcare resources. This study aims to investigate the quality of information transferred from primary care during the elective surgical referral process, as per national guidelines.

Method: Primary care surgical referrals from nine hospitals were analysed to identify patients with diabetes over a one week period. A standardised collection tool was used to assess whether the minimum dataset of information for pre-operative assessment was provided.

Result: From 1,919 patients referred for surgery 169 (8.8%) had diabetes. Of these patients 22.5% were referred with no mention of diabetes, 50.5% had no details of any diabetes related co-morbidities and only 7.7% included a recent HbA1c reading. Only 21.9% of diabetes-related referrals were documented to be on insulin therapy.

Discussion: The opportunity to improve communication of diabetes diagnosis, management and presence of co-morbidities during primary care referral is not currently utilised. Addressing this would enhance peri-operative glycaemic control, thereby reducing morbidity and mortality.

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0711: A RETROSPECTIVE STUDY OF SEPSIS OUTCOMES IN AN ACUTE TRUST COMPARING SIRS CRITERIA TO A NOVEL SCORING METHOD

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Background: Sepsis is a significant contributor to morbidity and mortality in the surgical patient. SIRS has been used since 1992 to define sepsis, but recent research suggests that SIRS lacks sensitivity or specificity. The qualitative SOFA score (qSOFA) is an emerging initial assessment method that uses altered mental status, respiratory rate and systolic blood pressure to measure organ dysfunction.

Method: A retrospective study of 162 patients with a diagnosis of sepsis at an acute trust from April 2013 to March 2014. Outcomes indicating severity of sepsis and mortality were compared with whether they met either SIRS or qSOFA criteria, or both.