0761: TRANEXAMIC ACID ADMINISTRATION IN MAJOR TRAUMA
Emma Papworth *, Helen Chatwin. Queen Elizabeth Hospital Birmingham, Birmingham, UK.
Introduction: The CRASH-2 trial in 2010, demonstrated that early administration post injury (<3hrs) of tranexamic acid (TXA) significantly reduced all-cause mortality in major trauma patients with significant haemorrhage. The purpose of my audit was to assess compliance with the following standard: 100% of trauma patients requiring blood transfusion should have had TXA < 3 hours after injury and have received a maintenance dose.
Methods: All major trauma patients admitted to The Queen Elizabeth Hospital Birmingham, a major trauma centre, over a 3-month period, were identified using information from the trauma audit and research network database. From these, patients receiving a transfusion were analysed to the audit standard.
Results: 163 trauma patients were identified. Of those trauma patients requiring blood transfusion (13), 77% received TXA <3 hours. 23% of major trauma patients requiring blood transfusion were not given TXA at all. 31% of patients requiring blood transfusion did not have the 2nd dose of TXA.
Conclusions: TXA should be given as early as possible to bleeding trauma patients. For trauma patients admitted late after injury, TXA is less effective and could be harmful. TXA should be considered in a pre-hospital setting so as not to delay administration.

0783: PROSPECTIVE OBSERVATIONAL STUDY OF PRACTICE AND OUTCOME OF EMERGENCY APPENDECTOMIES IN A SINGLE CENTRE
Samuel Debono *, David Mansouri, Lindsey J. Chisholm. Royal Alexandra Hospital, NHS Greater Glasgow and Clyde, Glasgow, UK.
Introduction: Appendicectomy is one of the most common surgical procedures performed in the UK, however variations in management exist between hospitals. The aim of the present study was to investigate current practice and outcome in a single centre.
Methods: A prospective study of all patients undergoing appendicectomy over a 3.5 month period (September to December 2013) in a single centre was undertaken.
Results: A total of 31 appendicectomies were performed; median age 23yrs, 9(29%) were female. Preoperative imaging was performed in 16 patients (CT 5(31%), USS 2(13%), plain radiography 9(31%)) with radiographic evidence of appendicitis in 7(43%). 23(74%) had an elevated preoperative WCC (CT 5(31%), USS 2(13%), plain radiography 9(56%)) with radiographic evidence of appendicitis in 7(43%).
Conclusions: Current practice for appendicectomy in our hospital is inconsistent across the world. Further studies are required to determine the incidence in the summer months and a nadir in winter. This data supports the hypothesis that appendicectomy is seasonal, with an increased incidence in the summer months and a nadir in winter. This finding is consistent across the world. Further studies are required to determine the aetiology of this variation, for example climatic or other environmental factors regarding the nature of the hernia and outcome.

0846: EVALUATING THE MANAGEMENT OF SURGICAL PATIENTS REQUIRING EMERGENCY LAPAROTOMIES AT A MEDIUM-SIZED GENERAL HOSPITAL
Ellen Jerome *, Richard Gibbs. Musgrove Park Hospital, Taunton, Somerset, UK.
Introduction: To examine perioperative care delivered to patients requiring unscheduled laparotomies. Audit standards taken from an existing care bundle - ELP QuC - based on guidance provided by RCoESg and NCEPOD for the management of patients requiring emergency surgery.
Methods: Retrospective analysis of 29 consecutive patient admissions from clinical records coded for obstruction/perforation/peritonitis that had an unscheduled laparotomy between July and December 2012.
Results: Results were based on the following points of care identified in the ELP QuC Care Bundle: 1. Most initial assessment and resuscitation was performed by junior doctors with average 4 hour wait to ST3+ review. 2. 50% were inadequately managed where septic. 3. Patients waited an average of 4.5 hours from decision to CT scan to being scanned. Median wait to theatre was 4.45 hours. 4. No evidence of goal directed fluid therapy being used peri-operatively in these patients. 5. Only 44% of patients were admitted to critical care postoperatively.
Conclusions: This audit demonstrates a role for the use of a care bundle for unscheduled laparotomies to deliver standardised best practice and improve patient outcomes by reducing length of stay and mortality rate. Trial of an emergency laparotomy care bundle is ongoing.

0912: SYSTEMATIC REVIEW OF SEASONAL VARIATIONS IN THE INCIDENCE OF APPENDICITIS
Dmitri Nepogodiev *, Aneel Bhangu 1, JEdward F. Fitzgerald 1, Norfolk and Norwich University Hospital, Norwich, UK; 2 West Midlands Deanery General Surgery Rotation, Birmingham, UK; 3 Barnet Hospital, London, UK.
Introduction: This study synthesised published data to investigate potential seasonal variations of appendicitis.
Methods: A systematic review was performed following PRISMA methodology to identify studies reporting seasonal variation of acute appendicitis. No language or year restrictions were applied.
Results: Twenty-one cohort studies were identified, reporting data for >1.5 million patients. Fifteen studies analysed >5-years of data. Studies originated from North America (n=8), Asia (n=7), Europe (n=4) and Africa (n=2). Of 20 studies reporting seasonal variation, 17 identified excess incidence in the summer months. Of 18 studies reporting a nadir in the rate of appendicitis, 15 found this in the winter months, 2 in spring and 1 in autumn. From 3 studies there were no differences in seasonal patterns between males and females. Two studies found no differences in patterns between perforated or non-perforated appendicitis. One study comparing children and adults found that adults' peak incidence was in summer, whereas children’s was in winter.
Conclusions: Appendicitis demonstrates seasonal variation with peak incidence in the summer months and a nadir in winter. This finding is consistent across the world. Further studies are required to determine the aetiology of this variation, for example climatic or other environmental factors.

0917: ACCURACY OF IDENTIFICATION OF NEGATIVE APPENDICETOMY BY CLINICAL CODING AT A DISTRICT GENERAL HOSPITAL
Jaison Patel *, James Rich *, Sam Bostock *, Andrew Webster 1, Szymon Musiol 1, Dmitri Nepogodiev 1, Abdel Rahman 1. Ipswich Hospital NHS Trust, Ipswich, UK; 2 Norfolk & Norwich University Hospital, Norwich, UK; 3 Cambridge University, Cambridge, UK.
Introduction: Following discharge, patients’ diagnoses and procedures are coded using standardised classifications. The Hospital Episode Statistics (HES) database is built upon these codes. The aim of this study was to determine the accuracy of clinical coding in identifying negative appendicectomies.