Aim: To explore the vascular patterns of the branches distal to the common palmar digital arteries.

Method: The study was carried out on the radial and ulnar margins of 12 fingers from 3 cadaveric hands. The dissection was done under 6.5-10x magnification using a surgical microscope. The hands were pre-injected with latex.

Results: Similar pattern was identified in the number, anastomoses and size of the branches. The cutaneous and palmar plate branches were variably placed along each source vessel. The transverse palmar arches are not always visible; this might affect the success rate of some reverse island flaps since they depend on the reverse flow from these arches. The arteries (including the radius indicis artery) were closer to the anterior surface of each finger than previously described. Incisions that are used to harvest common flaps may affect the delicate branches to flexor sheath.

Conclusion: An understanding of the branching patterns of the proper palmar digital arteries is useful in determining the degree of vascular risk accompanied commonly performed procedures i.e. tendon injuries and finger tips reconstruction. The descriptions produced may improve pre-operative planning and facilitate more accurate assessment of poorly vascularised repairs.

0839 DEVELOPMENT OF CONSENSUS-BASED GUIDELINES FOR ACUTE LIMB ISCHAEMIA – A REGIONAL AUDIT COLLABORATION
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Aims: The authors aim was to determine the current management of acute limb ischaemia in the Severn Deanery and compare against available international guidelines in order to develop consensus-based guidelines.

Methods: Initial patient data collection began at a Trust level and included all patients presenting with acute limb ischaemia. Details of patient's presenting features, along with timing to vascular review and management, including anti-coagulation were included. Data was collected using the Survey-Monkey database and smart-phones. The audit was distributed regionally via the Severn and Peninsula Audit and Research Collaborative for Surgeons (SPARCS).

Results: Trust level data collection revealed discrepancy between patient’s initial management. Inconsistencies were discovered between time to vascular review and instigation of initial treatment. Initial management included decision to image and treatment with anti-coagulation. At time of audit no local Trust protocols were available in managing patients with acute limb ischaemia.

Conclusions: Significant inconsistencies were identified in the initial management of acute limb ischaemia. A major reason for this is the lack of internationally recognised evidence-based guidelines. Consensus-based guidelines have been developed in order to aid in the management of acute limb ischaemia. These are being implemented across Trusts as part of an ongoing quality improvement project.

0842 AN INTELLIGENT REFERRAL CO-ORDINATION SERVICE COMBINED WITH ADVICE AND FOCUSED EDUCATION IN PRIMARY CARE IS CURRENTLY NECESSARY TO SAFEGUARD REFERRAL QUALITY
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Aims: Patient referral from primary to secondary care varies in quality can often be directed to the wrong subspecialty. Could a regional intelligent referral co-ordination service (RCS) providing focused education efficiently improve the precision of referrals, assist GPs in preventing unnecessary referrals and benefit patient care?

Methods: A prospective pilot study of a regional referral co-ordination service requiring collaboration between the PCT, primary care and two DGH’s. All gastrointestinal (upper/lower GI/liver/biliary), vascular and general surgical referrals over 30 weeks were reviewed by single clinician. Referral appropriateness, urgency, designated specialty and requested service was assessed. Advice, education including optional open-dialog was provided for sub-optimal referrals. Referrals were adjusted or postponed at this point.

Results: 1,221 patient referrals were assessed. 42%(510) required adjusting. Of these; 75%(385) were adjusted and processed with focussed education, 15%(74) led to treatment advice thereby avoiding referral, 10%(51) required discussion before establishing patient pathways. Those adjusted and processed; 38%(148) were upgraded in urgency, 3%(13) were downgraded, 25%(96) went straight-to-test, 20%(76) were redirected from inappropriate investigations.

Conclusions: The RCS efficiently provided focussed personal education to GPs. Referrals were dramatically improved, demonstrating clear benefits to patient care. Focussed support is needed to help GPs accurately and efficiently refer patients.

0846 SELECTIVE USE OF CT REDUCES NEGATIVE APPENDICECTOMY RATES AND HOSPITAL STAY. A PROSPECTIVE STUDY
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Aims: To demonstrate that selective abdominal CT has a benefit in reducing negative appendicectomy rates associated surgical complications, length of hospital stay and overall NHS costs.

Methods: Over a two year period in a District General Hospital a total of 404 patients were admitted with right iliac fossa (RIF) pain. Of these patients those who were found to have symptoms, signs and a WCC giving an Alvorado score of 8 or more, appendicectomy was undertaken. Patients who had an Alvorado of 4-7 were divided into those who had abdominal CT scanning with management according to the CT result and those who were further clinically observed, with treatment depending on their clinical course. An analysis of clinical outcomes, subsequent negative appendicectomy rates and hospital stay was then made.

Results: The results demonstrated that the negative appendicectomy rate in patients with an Alvorado score of 8+ was 9%. In the Alvorado score 4-7 group the negative appendicectomy rates for CT and non-CT patients were 7% and 24% respectively.

Conclusion: The study demonstrates that CT scanning has a useful role in clarifying the diagnosis in patients with RIF pain. It must be advised that the use of CT is selective and not routine.

0848 GROUP A STREPTOCOCCUS OUTBREAK – A CLINICAL GOVERNANCE ISSUE
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