

differentiate between perforated and non perforated appendicitis. CRP levels are more useful in this regard.

#### 0690: CONTINUOUS WOUND INFUSION AFTER MAJOR ABDOMINAL SURGERY - BETTER RECOVERY OUTCOMES VS EPIDURAL

Thomas Martin<sup>1</sup>, Alexandra Gordon<sup>1</sup>, David Clarke<sup>2</sup>, Alexander Buchanan<sup>2</sup>, Semisi Aiono<sup>1</sup>. <sup>1</sup>Wanganui Hospital, Wanganui, New Zealand; <sup>2</sup>Leicester Royal Infirmary, Leicester, UK

**Aim:** We aimed to examine differences in post-operative mobilization and hospital stay in patients undergoing major abdominal surgery managed with continuous ropivocaine infusion via wound catheters (WCs) compared with epidurals.

**Method:** Retrospective review of notes of patients undergoing major abdominal surgery between 2009–2011 was undertaken. Main outcomes measured were time until mobile (able to walk to toilet) and length of hospital stay. Other outcomes measured included time to removal of urinary catheter and return of bowel function.

**Results:** 76 patients received wound catheters and 19 patients received epidurals. Patient characteristics and surgical variables were comparable in the two groups. Median length of hospital stay was 6 days for WC patients, significantly shorter than 8 days for those given epidural anesthesia ( $P = 0.034$ ). Median time to mobilisation was shorter in the WC group compared to the epidural group (2 days vs. 3 days,  $P = <0.01$ ). Urinary catheters were removed earlier in the WC group compared to the epidural group (3.5 days vs. 5 days,  $P = 0.037$ ). There was no difference in time to return of bowel function.

**Conclusion:** Continuous regional anesthesia via wound catheters is associated with earlier mobility and shorter hospital stay compared to epidural anesthesia.

#### 0722: DISTRACTIONS, INTERFERENCES AND IRRELEVANT COMMUNICATIONS (DIICS) IN THE UROLOGICAL MULTIDISCIPLINARY TEAM

Rajesh Nair<sup>1</sup>, Ben Lamb<sup>2</sup>, Jonathan Lamb<sup>2</sup>, Nick Sevdalis<sup>2</sup>, James Green<sup>1</sup>. <sup>1</sup>Whipps Cross University Hospitals, London, UK; <sup>2</sup>Imperial College London, London, UK

**Introduction:** Multidisciplinary teams (MDT) have widely been accepted as the model for urological cancer service delivery. Although research has shown DIICs reduce performance during urological surgery; their effect on MDT performance is unknown. We describe the content, initiators and recipients of DIICs, and consider their impact on urological MDT meeting efficiency.

**Patients and Methods:** A single observer collected data from 815 consecutive cases (520 local, 295 specialist) at 32 urological MDT meetings over a thirty-six week period, across three independent NHS trusts. The nature of DIICs was determined through MDT behaviour, and task related activity. In addition, timing of the MDT meeting, individual cases and DIICs were recorded.

**Results:** Distractions initiated by MDT members accounted for 44% of all observed DIICs. The remaining were task-related (17%, mobile phone, etc.), the environment (18%, temperature, etc.), equipment (12%, teleconferencing, etc.) and coordination (9%, late-additions, absence, etc.). Technical difficulties accounted for 30% of distractions during video-linked discussions. DIICs resulted in individual MDT case discussions being prolonged by an average of 120 seconds, and each meeting by 21 minutes.

**Conclusions:** DIICs consume time, and their reduction could improve MDT meeting efficiency. This would allow for lengthier case discussions, increased case numbers, and shorter meetings.

#### 0724: IS THE ASSESSMENT OF DECISION-MAKING, DISTRACTIONS AND COMMUNICATION IN MULTIDISCIPLINARY TEAM (MDT) MEETINGS FROM VIDEO RECORDINGS FEASIBLE AND RELIABLE?

Rajesh Nair<sup>1</sup>, Ben Lamb<sup>2</sup>, Jonathan Lamb<sup>2</sup>, Nick Sevdalis<sup>2</sup>, James Green<sup>1</sup>. <sup>1</sup>Whipps Cross University Hospitals, London, UK; <sup>2</sup>Imperial College, London, UK

**Objective:** The quality of MDT working has a significant impact on patient care. We assess the feasibility and reliability of decision-making, distractions and communication in MDT meetings from video recordings using previously validated assessment tools.

**Methods:** 94 cases discussed at seven MDT meetings were video recorded and analysed by two blinded registrar level surgeons. Assessment was carried out using previously validated MDT tools for the assessment of decision-making, distractions and communication quality. Inter-rater reliability was assessed using an independent T-test and Intraclass Correlation Coefficient (ICC).

**Results:** Data was successfully captured for all 94 cases across 61 domains. Case discussions lasted an average of 228-seconds. Most distractions came from the environment and irrelevant communications. Information from case history, radiological and pathological investigations were frequently presented by surgeons, physicians and oncologists. There was no difference between the observers for the mean ratings of any domain, and overall correlations were good for the assessment of distractions and communication (ICC=0.957,  $P<0.001$ ) and decision-making (ICC=0.904,  $P<0.001$ ).

**Discussion:** The use of video recordings is a feasible and reliable method of assessing MDT working and acts as an assessment tool. The ability of teams to assess their own performance in MDT meetings enables promotion of good practice.

#### 0725: WHAT IS THE NEGATIVE APPENDICECTOMY RATE IN WOMEN HAVING DIAGNOSTIC LAPAROSCOPY?

J. Hall, A. Kaye, S. Fallis, G. Barsoum, H. Youssef. *Heart of England NHS Foundation Trust, Birmingham, UK*

**Aims:** Management of the macroscopically normal appendix at surgery remains controversial. Traditionally, during open surgery, there's a negative appendicectomy rate of approximately 30% in women. However there's increasing use of diagnostic laparoscopy. The aim of this study was to investigate current practice during diagnostic laparoscopy in young and middle-aged women to assess the negative appendicectomy rate.

**Methods:** From January 2010 - April 2011, details of women aged 16 - 60 years attending SAU with RIF pain, were recorded on a prospectively collected database and analysed.

**Results:** 308 female patients were admitted with RIF pain (median age 25, range 16–59 years). Of these, 80 had a laparoscopic procedure. 43/80 (54%) had macroscopically inflamed or congested appendices, all of which were removed. 35/43 (81%) were confirmed as appendicitis histologically, 2 had other appendiceal pathology, 6 were normal (14%). From the remaining patients who had macroscopically normal appendices (37/80), 12 had appendicectomy (32%), all of which were histologically normal.

**Conclusions:** The negative appendicectomy rate in macroscopically abnormal appendices was 14%, which rose to 33% (18/55) when taking into account normal-looking appendices as well. Despite the use laparoscopy as a diagnostic aid in women with RIF pain, the negative appendicectomy rate has remained constant.

#### 0736: A CLINICAL AUDIT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) IN SIX SURGICAL SPECIALTIES AT NOTTINGHAM UNIVERSITY HOSPITALS - ONE YEAR REVIEW

Sarah Humphries, Nick Simson, James Catton, John Hammond, Chris Gornall, Charles Maxwell-Armstrong. *University of Nottingham, Nottingham, UK*

**Aims:** ERAS aims to improve elective surgical recovery and reduce post-operative length of stay (LOS). Our unit implemented fast-track protocols in six surgical specialities in 2010, and a previous audit evaluated initial success to produce recommendations. This audit aims to identify interventions, improvements and hindrances one year on.

**Methods:** From September to December 2011, pre-, peri- and post-operative data was collected prospectively. Primary outcomes were success rate (discharge on or before the intended day) and LOS.

**Results:** Success was again highest in gynaecologic surgery at 57.4% and lowest for upper gastrointestinal surgery at 25%. The largest improvement was seen in gynaecologic oncology surgery (22.3% improvement) with a 1.1 day decreased mean LOS. Mean LOS reduced for open liver resection and oesophagectomy by 3.2 and 3.7 days respectively, but increased by 2.6 days for laparoscopic colorectal surgery. Overall colorectal success decreased to just 34.4%, with distance walked on day 2 ( $P=0.018$ ), drain use (OR 0.7;  $P<0.001$ ) and early IV fluid cessation (OR 1.6;  $P=0.022$ ) as significant predictors of success. Similar multivariate analysis was conducted for other specialities.