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Aim: The internet embodies a major source of information for patients preparing for common procedures such as colonoscopy. It is crucial that accurate, unbiased and readable information regarding colonoscopy and its complications is available to patients. This study assesses the quality of information available online for patients undergoing colonoscopy.
Method: We identified 125 websites from searching "colonoscopy" in the 5 most popular internet search engines. Website readability was measured using the Flesch Reading Ease Score, the Flesch-Kincaid Grade Level and the Gunning Fog Index. The quality of the websites was assessed by the DISCERN instrument, the JAMA benchmark criteria and Health on the Net (HON) Foundation certification.
Result: 69 individual URLs were evaluated. The overall quality was poor, with an average DISCERN score of 34.75 (0-80). The mean reading grade level was too high at 9 (recommended level, 6). Furthermore, HON code certification did not correspond to significantly higher DISCERN scores. This finding was consistent for websites authored by physicians.
Conclusion: The standard of information available regarding colonoscopy is low and is frequently written at a level considered too complex for most adults. As physicians we have the responsibility to recommend reliable sources of information for patients.

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1174: EXPERIENCE AND OUTCOMES OF SELF-EXPANDING METALLIC STENTS (SEMS) FOR COLONIC OBSTRUCTION IN A LARGE DISTRICT GENERAL HOSPITAL (DGH)

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Aim: Colonic obstruction has significant mortality and morbidity. SEMS can prevent palliative resection or allow symptom relief in those unfit for surgery as well as providing a "bridge to definitive surgery".This study reviews the outcomes of colonic SEMS in a large DGH.
Method: Three-year retrospective analysis of SEMS outcomes from 2012.Data were collected on success,complication and survival rates.
Result: Thirty-one patients s(21 male,10 female) with a median age of 74 (range 51-98) years were stented.Intention was palliative(65%) and as bridge to surgery(35%). The obstruction was primarily colorectal cancer (90%) located in the rectosigmoid (81%), with 18(56.2%) stents placed electively and 14 (43.8%) emergently.Technical success was achieved in all but one where the stent was unable to pass through the tumour and clinical success was achieved in all but one due to stent blockage from extrinsic compression of peritoneal carcinomatosis.There were 4 (13%) early (<30 days) and 4 (13%) late complications. Early complications were perforation ($n = 3$) and occlusion ($n = 1$).Late complications were stent migration ($n = 2$) and perforation($n = 2$). Our perforation rate dropped to 5% in the latest 20 cases. Median follow-up following SEMS insertion was 6.5(0-37) months,with 58% of patients studied alive to date. Definitive surgery was performed in 9 cases.
Conclusion: SEMS has acceptable short-term morbidity and should be considered for the relief of colonic obstruction.

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1190: COLONIC STENTING: A SINGLE CENTRE'S 10-YEAR EXPERIENCE

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Aim: The use of colonic stents to relieve the symptoms of large bowel obstruction has increased over the last decade. We reviewed our outcomes to identify if successful stent placement, or perforation rates, were influenced by location, disease type, or fluoroscopic versus endoscopic assistance.
Method: A retrospective review was conducted of all patients treated at a single centre between 2006 and 2016.
Result: 206 stents were attempted in 180 patients during the study period. Overall success rate was 74.2% (153/206) with no statistical difference between benign and malignant disease (55.6% (5/9) vs. 75.1% (148/197), $p = 0.24$). Attempted stent placement was associated with a perforation rate of 5.3% (11/206), and migration rate of 6.5% (10/153).
Stenting failure varied by anatomical location ranging from 12.5% in the rectum to 44.4% at the splenic flexure. For stents placed with endoscopic assistance from the beginning, the failure rate was 17.2% (5/29) compared to 25.4% (43/169) for fluoroscopy ($p = 0.48$).
Conclusion: Complications related to stent placements are low and similar to previous studies. Our data failed to demonstrate a statistically significant improvement in stent placement between fluoroscopy and endoscopic assistance. Colonic stenting remains an effective procedure to manage large bowel obstruction in both malignant and benign disease.

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1248: TEMS EXPERIENCE FROM A TERTIARY REFERRAL CENTRE

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Aim: Review of a single surgeon outcome of 98 consecutive TEMS procedures.
Method: Analysis of a prospectively maintained electronic database reporting: demographics, resection completeness, tumour size, nodal staging at 6months and complications.
Result: 98 patients underwent surgery. 29 (30%) were preoperatively confirmed adenocarcinomas, 69 (70%) benign adenomas. Median ages were 78 years and 66 years respectively. Of the adenocarcinomas, 7/29 (24%) were T1, 12/29 (41%) were T2 and 10/29 (35%) were T3 tumours. 17/29 (59%) were ≤3 cm in size. Of the T1+2 tumours 17/19 (90%) had an R0 resection. 5/10 (50%) of T3 tumours had R0 margins. 6month nodal staging data- were available for 19/27 (70%) patients 2/29 (7%) were not due, 6/29 (23%) were undertaken at referral hospitals. 1/27 (4%) of the T1+2 were node positive with 2/27 (7%) of T3 patients node positive at six months. There were 3 post-operative complications that required intravenous antibiotcs post-operatively.
Conclusion: Our data suggest TEMS resection is an acceptable modality for T1+2 tumours in our elderly population. For T3 tumours TEMS maybe the only available modality for resection but pre-operative counselling of treatment outcome is important. With open reporting of colorectal resection data open reporting of TEMS data nationally may be considered.

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Emergency general and trauma surgery

0177: THE BURDEN OF TRAUMA AT A DISTRICT HOSPITAL IN MALAWI

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Aim: To establish a trauma registry at a district hospital in Malawi.
Method: Information on all trauma patients presenting to Mulanje District Hospital from the 14th of April 2013 to the 30th December 2014 was collected. The form included data points for injuries recommended by the World Health Organisation and an injury severity assessment using the Kampala Trauma Score (KTS).
Result: 9073 trauma cases were recorded, 56.6% male and 43.4% female. The average age was 22.4 (0.6-98 years), many being students, in business or farmers. The median time taken to arrive at the hospital after sustaining the injury was 1 day (range 0-155 days) and most were assessed within an hour of arriving. Falls (53.2%), animal bites (16.6%) road traffic injuries (11.1%) and assaults (10.2%) were the most prevalent causes of injuries, the majority of the former two taking place at home. These also caused the

most severe injuries, defined by KTS ≤14. 94.8% of patients were treated and sent home, 5.0% were admitted and the remaining patients were referred on or died.
Conclusion: The methods from this study can be used to establish similar systems throughout district regions of Malawi and inform local trauma prevention and treatment policies.

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0204: SAFE SURGICAL WARD ROUNDS, A COMPLETED QUALITY IMPROVEMENT CYCLE

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Introduction: Surgical ward rounds are frequently rushed due to various factors including patient volume. The Royal College of Surgeons has yet to introduce ward round standards.
Plan: This quality improvement project aimed to improve the effectiveness and safety of ward rounds in the surgical emergency unit (SEU) at the John Radcliffe Hospital, Oxford.
Do: Consultant surgeons in the SEU were approached to establish ten criteria to be addressed during every patient's ward round consultation. These were used to create an audit collection tool.
Check: 95 patients were audited over 3 days in the SEU. This showed an average compliance of 48% across all criteria. Mean time per consultation was 4.8 minutes.
Act: Stickers containing the criteria were placed on portable computers used during ward rounds throughout the unit. Stakeholders were engaged during clinical governance presentations and email discussions. Parallel audits were carried out.
Result: A re-audit of 115 patients over 3 days took place after the interventions. Average compliance increased to 83% across all criteria. Mean time per consultation improved to 3.7 minutes (p=0.071).
Conclusion: This completed audit cycle shows that a standardised approach to ward rounds can ensure that patients can be thoroughly reviewed without incurring time delays.

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0252: ACUTE RIGHT ILIAC FOSSA PAIN SHOULD BE MANAGED IN AMBULATORY CARE

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Aim: RIF pain is common but diagnosis is often diffciult. Blood tests and imaging may guide safe ambulatory care.
Method: All patients with codes for appendicitis presenting to a University Hospital in 2014 were included. Imaging (ultrasound or CT) was matched to histological results. A subset were assessed for CRP and WCC.
Result: 274 patients were in the imaging analysis. 62 (23%) underwent ultrasound (US); 56 (20%) had CT; 5(2%) had both. In the US group; the appendix was not identified in 19 (31%), 29 (47%) were diagnosed with appendicitis (28 further proven histologically (97%PPV)) and of 7 (11%) labelled normal 4 had histological appendicitis. In the CT group; 50 (89%) were labelled appendicitis (3/50 (6%) were not proven histologically).105 patients' (66: 49 F: M) blood results were analysed. 40 of 57 appendicectomies had histological appendicitis. 73% and 98% of the appendicitis group had raised single or double inflammatory markers respectively. None of the patients with 2 normal markers had appendicitis.
Conclusion: RIF pain with normal CRP and WCC is not appendicitis and needs no admission. If both blood markers are raised 88% have appendicitis. PPVs for US and CT are 47% and 84% respectively. These data will minimise hospital admissions.

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0257: OUTCOMES FROM TRAUMATIC CARDIAC ARREST IN A SINGLE UK MAJOR TRAUMA CENTRE

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Aim: Anecdotally, survival following traumatic cardiac arrest (TCA) has increased since the development of major trauma networks. We aimed to determine the survival following TCA at a major trauma centre (MTC).
Method: Analysis of retrospective data from a single MTC database between 2012 and 2015.
Result: 31 adults (mean age 49.6 years, 70% male) and 3 children with a TCA were included in the study. 24 (71%) had blunt trauma, 5 (18%) had asphyxiated, 4 (2%) had penetrating trauma.
Overall, 8 (24%) patients survived. The causes of TCA were hypovolemia (4 patients), hypoxia (3 patients), cardiac tamponade (1 patient). Three patients (75%) with penetrating trauma, 4 (16.6%) with blunt trauma and 1 with asphyxia survived.
Mean length of CPR in survivors was 4.5 min (range 2.0 to 10.0 minutes) compared to 20.6 minutes (range 0.5 to 42.0 minutes) in non-survivors.
Six survivors (75%) were neurologically intact on discharge and 2 had neurological impairment (1 blunt trauma, 1 asphyxia). Three (75%) blunt TCA survivors had a good neurological outcome.
Conclusion: There is appreciable survival following TCA. The survival with good neurological outcome following blunt trauma is higher than historical reports and active resuscitation should be considered in this patient group.

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0380: IS WALES COMPLYING WITH ROYAL COLLEGE OF SURGEONS SURGICAL HANDOVER GUIDANCE?

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Aim: We prospectively examined adherence to the Royal College of Surgeons England (RCS) Guidance on handover (2007) in hospitals across Wales.
Method: A data collection tool was designed and agreed by the audit team and disseminated. Trainees were recruited via the Welsh Barbers Research Group.
Result: Trainees of all levels from 6 sites participated. 72 episodes of handover were audited. 89% (64) of handovers were conducted within a designated space. 74% used a paper system. Average handover length was 20 minutes. Only 35% (25) were bleep free. MDT involvement was limited. Patient demographics were well reported, as were diagnosis, and investigations outstanding. However the urgency of review required was not stipulated in 33%.
Conclusion: This audit represents the first attempt to quantify practice across the region. Adherence to guidance is variable. Practice is varied with regards to method and members of the team involved. Patient information on the whole is well reported however units struggle to find a suitable location and are frequently interrupted. The audit demonstrates the effectiveness of a collaborative approach; we intend to use the data to complete a much required all Wales patient safety initiative to improve the efficacy and safety of current handover procedures.

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0607: ABDOMINAL RADIOGRAPHS IN THE ACUTE ABDOMEN: ARE WE FABRICATING TO GET AN UNNECESSARY TEST?

M. Stott*, D.A. Evans. *East Lancashire Hospitals NHS Trust, Blackburn, Lancashire, UK.*

Aim: The plain abdominal radiograph (AXR) is frequently overused in the investigation of the acute abdomen. The Royal College of Radiologists (RCR) recommends its use in suspected obstruction, perforation or