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Other factors were unimportant to prospective patients.
Conclusion: This data helps clarify what information surgeons should emphasize and what is irrelevant.

0849: MEASUREMENT OF ADHERENCE TO SEPSIS GUIDELINES IN EMERGENCY GENERAL SURGERY ADMISSIONS: A MULTICENTRE STUDY

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Aim: The aim of this audit was ascertain compliance with the sepsis six guidelines in acute general surgical admissions.
Methods: This was a prospective, protocol driven, multi-centre trainee led audit. Data was extracted on all patients presenting as emergencies within seven day period (21/10/13 to 28/10/13). All patients meeting diagnostic criteria for sepsis, as defined by the surviving sepsis campaign, within the first 24 h following admission were further investigated using paper and electronic records to determine adherence to the surviving sepsis guidelines.
Results: 97 hospitals in five countries participated in this audit, with 5078 patients admitted as general surgical emergencies during the study period. In total 895 (17.6%) patients (141 male, median age 67.7 years) met the diagnostic criteria for sepsis with 282 (5.6%) presenting with severe sepsis. Adherence with the Sepsis Six Bundle was poor with less than a third of patients treated in compliance with four of the six guidelines.
Conclusion: This multi-centre audit has demonstrated that sepsis amongst emergency general surgical patients is common. Worryingly however the majority of patients admitted with sepsis are not receiving basic interventions proposed by the surviving sepsis campaign.

0871: DO WE OPTIMIZE OLDER SURGICAL PATIENTS APPROPRIATELY PRIOR TO ELECTIVE OPERATIONS? – THE NEED FOR GERIATRIC PRE-OPERATIVE ASSESSMENT AT UNIVERSITY COLLEGE HOSPITAL

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Aim: To determine whether generic pre-operative medical assessment is sufficient for older patients undergoing elective surgical intervention at University College Hospital.
Methods: An observational retrospective cohort study of 89 geriatric elective surgical patients within Urology and Gynaecology. The cohort included elective operations over a six month time period, all patients were older than 70.
Length of stay, pre, peri and post-operative care, biochemical markers, and overall outcome including delays to discharge, hospital acquired infections and mortality were assessed.
Results: 14.6% of patients had no formally documented pre-operative assessment. 46.1% of these patients had a delayed discharge and 38.5% had post-operative complications; compared to 7.9% and 14.5% of patients formally assessed. 29.4% of those delayed were due to social factors, details of which had not been documented in 14.6% of all cases. Other factors poorly assessed included: cognition, mobility and renal function.
Conclusion: Our data shows that it is essential to comprehensively assess all older patients undergoing surgery, and a holistic approach encompassing medical and social issues is key in ensuring timely discharge. This data is being used to build a business case for a peri-operative medical service for older patients at UCLH.

0908: AN AUDIT CYCLE TO IMPROVE AN EMERGENCY SURGERY AMBULATORY CLINIC

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Aim: Ambulatory care is underdeveloped in emergency surgery. Senior doctor support and communication with the patient's GP is essential to safe care. The aim of this study was to improve a surgical department's ambulatory care.
Methods: 2 targets in section 1.3 (ESAC) of ASGBI and RCSEngland 2014 Commissioning guide: Emergency general surgery were identified to audit: 1. Grade of Doctor assessing and managing patients in the ambulatory setting 2. Discharge letter written to GP. A retrospective baseline audit between1st May–30st June 2014 was performed. Intervention was to change local guidelines that all patients must be seen by a surgical SpR have a discharge letter. A re-audit was performed.
Results: Post intervention measurement showed decrease from 26% to 9% (64% decrease) in patients whose assessment and management was made by a senior house officer doctor. There was increase from 18 %–68% (250% increase) in patients that had a discharge letter to GP.
Conclusion: As a result of this audit more patients seen in ambulatory clinic were assessed and managed by a Surgical Registrar and had a discharge letter. In conclusion, the introduction of updated guidelines effected a safer and more effective ambulatory clinic improving patient care for the local population.

0913: A REVIEW ON THE USE OF FDG-PET IN EVALUATING THE BEHAVIOUR OF GISTS TO TREATMENT

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Aim: Can Standard Uptake Value (SUV) of PET predict response to treatment, progression free survival and dosage. Method: A comprehensive literature search of PubMed/MEDLINE and EMBASE was conducted to find relevant articles.
Methods: All studies that used FDGPET to evaluate treatment response to tyrosine kinase inhibitors, with both pre and post treatment PET findings in the English language were included. The titles and abstracts were reviewed, 64 articles were retrieved and reviewed, of which, 16 articles were included in the final study. The quality of the articles were assessed using the QUADAS criteria. Results: Using the QUADAS criteria, the quality of the articles assessed were found to be high.
Results: The total number of patients in the studies was 540. 100% of the studies predicted response to treatment, 56% were predictive for progression free survival and 44% predicted dosage management using PET.
Conclusion: SUV predicts response to treatment and survival. It can be used to tailor dosage of tyrosine kinase inhibitors. RECIST and WHO criteria does not accurately predict response in GISTs, PET is the present gold standard for evaluating GISTs. The CHOI criteria shows good correlation between CT and PET, and would be an appropriate modality in those centres without PET facilities.

0929: COLD HANDS WARM HEART: DOES HAND RUBBING REALLY MAKE A DIFFERENCE?

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Aim: Abdominal examination by a physician with cold hands may produce patient discomfort. Traditionally, the examining hands are rubbed together to alleviate this discomfort. However, abdominal skin is only sensitive to changes in temperature greater than 0.8 °C. Therefore, we investigated whether a traditionally-performed 'hand rub' results in a clinically-relevant change in hand temperature.
Methods: Study performed across two teaching hospitals with 71 members of clinical staff. Palmar temperature change (as measured by infra-red thermometer) immediately after vigorous hand rubbing for either 2 or 10 s.
Results: Baseline median palm temperature was 30.9 ± 1.4 °C. After 2 seconds of hand rubbing palmar temperature rose to 31.1 ± 1.2 °C ($P = 0.11$) and after 10 seconds of hand rubbing palmar temperature rose to 31.3 ± 1.3 °C ($P = 0.02$).
Conclusion: Vigorous hand rubbing prior to abdominal examination produces no clinically meaningful rise in hand temperature.