ABSTRACTS

501: ENSURING QUALITY IN DAY CASE HERNIA SURGERY: AN AUDIT FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE DEPARTMENT OF HEALTH. IMPLICATIONS FOR CARE AT A LONDON DISTRICT GENERAL HOSPITAL


Background: Two documents in the last year have highlighted the need for improvement in the care of the higher risk surgical patient (mortality more than 10%): the NCEPOD 2011 and the Higher Risk General Surgical Patient (RCSEng and DoH guideline) with significant implications for service delivery. This audit assessed three of the key recommendations at Queen Elizabeth Hospital (QEH): 1. mortality risk calculation, 2. senior involvement and 3. place of peri-operative care.

Methods: A prospective case note review was carried out for all cases of major abdominal surgery at QEH in March 2012. Data was collected for 57 cases.

Results: There were 33 females and 24 males with an average age of 64. No cases had operatively mortality documented in the notes. 44% of cases were higher risk according the guideline 'patient score' with good correlation to the calculated P-POSSUM score. Almost half of these cases (48%) did not have a consultant surgeon present. Only 18% of these cases were admitted to HDU/ITU post operatively.

Discussion: This audit has highlighted a number of areas for improvement in peri-operative care at QEH. Changes in practice will have significant resource implications for this trust and district general hospitals elsewhere.

1236: HIRS: THE HIGHER RISK GENERAL SURGICAL PATIENT AUDIT OF NEW RECOMMENDATIONS FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND DEPARTMENT OF HEALTH: IMPLICATIONS FOR CARE AT A LONDON DISTRICT GENERAL HOSPITAL

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Aim: Neutrophil-lymphocyte ratio (NLR) is a simple index of systemic inflammation and has emerged as a useful potential predictor for various surgical conditions. We sought to investigate the predictive value of NLR for histologically positive acute appendicitis (AA) and the outcome of appendicectomy.

Methods: All patients undergoing appendicectomy for AA between January-December 2011 were retrospectively analysed. Patients were grouped according to NLR (≤3.5=normal; >3.5=raised) and compared with length of hospital stay (LOS), surgical approach, post-operative complications, return to theatre, readmissions and histological outcome. Data were analysed using Mann-Whitney, Chi-square (X²) and likelihood ratio (LR) analyses.

Results: 248 patients were identified (median age=30). NLR was significantly higher in patients with histologically positive AA (p<0.001). NLR >3.5 was predictive of correct diagnosis (positive LR=183; negative LR=0.36). Raised NLR was associated with increased incidence of post-operative complications (X²=6.13;p=0.013) and return to theatre (X²=4.005;p=0.045). NLR was not associated with LOS (p=0.832), conversion to open surgery (X²=1.346; p=0.246) or need for readmission (X²=0.354;p=0.547).

Discussion: Pre-operative NLR >3.5 is a predictor of histologically positive AA. Our study demonstrates poor patient outcomes for those with NLR >3.5. Pre-operative NLR may represent a simple and valuable tool in this cohort and further validation is required.