0354: COMPONENTS SEPARATION WITH ONLAY MESH: A SAFE AND EFFECTIVE REPAIR FOR COMPLEX ABDOMINAL WALL HERNIAS. EXPERIENCE WITH 50 CASES AND THE DEVELOPMENT OF A TRIPLE MESH TECHNIQUE

Steve Hornby, James Boorer, Neil Patel, Andrew Kingsnorth. Derriford Hospital, Plymouth, UK

Introduction: Closing complex major abdominal hernias risks abdominal compartment syndrome. Components separation (CS) allows midline closure in most cases. This poster outlines our experience including postoperative quality of life (QoL) and the evolution of a triple mesh technique.

Method: Retrospective case notes review and structured telephone interview of patients undergoing CS between October 2005 and May 2010 at Derriford Hospital.

Results: 50 patients underwent CS; 41 underwent telephone follow-up (82%). Median follow-up was 29 months (range 3.2 - 57.6). 29 Patients were men; median age was 60 and BMI 33.8 (range 20-48.1). Wound complications affected 16 (32%); the majority settling with conservative management. There was 1 recurrence of original hernia and 2 subsequent paraortal hernias. One patient developed a hernia related to the lateral release. Since developing the triple onlay technique there have been no recurrences. The series has one death related to small bowel ischaemia. 36 (88%) of patients reported improved QoL; (95%) were happy to recommend the procedure to a friend.

Conclusion: CS is associated with low mortality (2%); minimal long term morbidity and improved QoL. Triple mesh technique results in a low recurrence rate. We recommend CS with a triple onlay mesh for repairing complex major abdominal wall defects.

0357: THE ROLE OF PLAIN ABDOMINAL X-RAY IN ACUTE SURGICAL SETTING: A RETROSPECTIVE ANALYSIS

Luke Stroman, Mohamed Ismat Abdulmajed, Cassandra McDonald, Palanichamy Chandran. Wrexham Maer Hospital, Wrexham, UK

Introduction: Although the Royal College of Radiologists (RCR) guidelines state that plain abdominal x-ray (AXR) should be undertaken in acute abdominal pain, where perforation, obstruction or renal stones is suspected it is possible that plain abdominal x-rays are carried out too frequently in acute surgical admissions. We herein review the diagnostic value of plain abdominal x-ray requested in acute surgical setting.

Methods: We performed a retrospective radiological review of all patients admitted to Surgical Assessment Unit (SAU) at our institution for acute abdominal pain between March 2011 and June 2011.

Results: A total of 116 patients were admitted to SAU complaining of abdominal pain between March 2011 and June 2011. All had routine AXR for possible obstruction (n=73, 63%), renal colic (n=22, 20%) or other suspected diagnoses (n=31, 27%). Positive or suggestive diagnoses were supported by plain abdominal x-ray from total SAU admissions (n=24, 21%), possible obstruction (n=16, 22%) and possible renal colic (n=5, 22%).

Conclusion: Whilst abdominal x-rays can be used to negatively exclude diagnoses, the fact that vast majority of patients had normal AXR makes the diagnostic role of routine plain abdominal x-ray requested in acute surgical setting questionable.

0372: COMPARISON OF MORTALITY RATES FOR EMERGENCY ADMISSIONS OF GENERAL SURGEONS AND BREAST SURGEONS

Jody Parker, Lloyd Jenkinson. Betsi Cadwaladr University Health Board, North Wales, UK

Aim: Many trusts are facing the decision whether to exclude breast surgeons from their general on call surgical rota. This study aims to establish whether there is any difference in mortality rates in emergency surgical admissions between breast and general surgeons.

Methods: Risk Adjusted Mortality Index data was collected from surgeons on the general on call rota in a North Wales Trust over a period of 31 months. Actual and predicted mortalities were compared to give excess death values for breast specialists and their general surgical colleagues. Statistical comparison was performed using the Mann Whitney U test.

Results: Excess deaths for breast, colorectal and upper gastrointestinal were 3.1, -0.4 and -1.3 respectively. The difference in excess deaths between breast and general surgeons were not significantly different. Conclusion: Although further information needs to be collected, this information suggests that breast surgeons are performing as well as their general surgical colleagues in the on call rota and it may be appropriate for them to remain providing this service.

0426: A PROSPECTIVE ANALYSIS OF SLEEP DEPRIVATION IN SURGICAL PATIENTS

Ross Dolan, Neil Tiwari, Jae Huh, Thomas Sproat, John Camilleri-Brennan. NHS Forth Valley, Stirling, UK

Aims: Sleep deprivation has a potentially deleterious effect on post-operative recovery. The aims of our study were to identify the factors contributing to post-operative sleep deprivation and to determine the effect of analgesia and night sedation on sleep.

Methods: One hundred consecutive patients attending for elective general and orthopaedic surgery were interviewed preoperatively (baseline) and postoperatively on their duration of sleep, number of awakenings during the night, factors contributing to sleep loss and the use of analgesia and night sedation.

Results: Patients woke up a median of 5 times in the first postoperative night compared to a median of 3 times preoperatively (p=0.01). Pain was the predominant factor preventing sleep, affecting 39% of patients preoperatively and 49% of patients on the first postoperative day. Other factors included noise from other patients and nursing staff, and using the toilet. Analgesia was taken by 80% of patients in the first two days, this number gradually reducing over the postoperative period. Only 5% of patients used night sedation.

Conclusion: Apart from highlighting the need for effective pain management postoperatively, we believe that our study supports the drive towards single bed bays, where steps can be taken to minimize the impact of environmental factors on sleep.

0441: THE USE OF PAIN SCORE OBSERVATIONS TO GUIDE ANALGESIC PRESCRIBING ON SURGICAL WARDS

Guy Worley, Yin Choo, Kim Hughes, Zubbar Choudri, Andrew Bradley, Sue Hobbs. Croydon University Hospital, London, UK

Aim: Appropriate analgesia in post-operative patients decreases post-operative complications and leads to faster discharge from hospital. We assessed how pain scores on observations correlated to analgesia prescribing as per our hospital guidelines.

Method: Data was collected from drug charts, patients and ‘VitalPac’ electronic observation software in two prospective samples of inpatients on general surgery, urology and orthopaedic wards.

Results: Two audits, N=65 and N=55, both recorded discrepancy between VitalPac and verbal pain scores (mild/moderate/severe) from patients in 57% and 46%. Incorrect prescribing compared to VitalPac scores in 74% and 60%, but mean 90% of patients were satisfied with their analgesia. Mean 72% of patients’ pain was worse on coughing or movement. Based on Audit 1, nursing staff were educated regarding recording pain scores on movement or coughing, but in only 18% of cases in Audit 2 was this carried out.

Conclusion: We have displayed a poor correlation between electronic pain score observations and analgesia prescribing in surgical patients. Despite this the majority of patients are satisfied with pain relief. Pain scores observations are more significant if recorded accurately in the context of movement and coughing, and can be a useful guideline for alerting medical staff to inadequate analgesia.

0488: SURGICAL HANDOVER AUDIT 2011: AN AUDIT OF HANDOVER PRACTICE IN A SURGICAL DEPARTMENT IN LONDON AGAINST THE STANDARDS SET BY THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

Peter Labib, Charles Craddock, Pranav Somaiya, Gabriel Sayer. Queen’s Hospital, Romford, London, UK

Aim: Since the European Working Time Directive was introduced, emphasis has been drawn to handover practice. The Royal College of Surgeons of England published a guideline on safe handover practice to identify key aspects required for safe and effective handover. Our aim was to assess handover practice in our surgical department against these standards.

Method: Between 27th October and 13th November 2011, handovers were observed and marked against the above guidelines.