stating that the content was of high quality. The presenters in the practical demonstrations were seen as very good (81%).

**Conclusion:** The results indicate that the course was successful and that simulation training in neurosurgery has a significant part to play in the development of trainees. The use of 3D microscopes and televisions played a significant role in the quality of the simulation.

http://dx.doi.org/10.1016/j.ijsu.2016.08.309

1012: TIME TO BERIPELIX IN ANTICOAGULATION-ASSOCIATED INTRACRANIAL HAEMORRHAGE

A. Nunn*, A. Challoumas*, M. Stoddart*, M. Wells*, D. Hodgkinson*, King’s College Hospital, London, UK; 2 Royal United Hospital, Bath, UK; 3 Ipswich Hospital, Ipswich, UK.

**Objective:** To identify delays to Beriplex administration in warfarinised patients presenting with intracranial haemorrhage (ICH).

**Design:** Multicentre, observational study.

**Subjects:** A total of 69 patients with anticoagulation-associated ICH presenting consecutively to the Emergency Departments of two district general hospitals in the UK.

**Method:** Time of arrival, CT head scan, INR result, and Beriplex request, issue and administration were obtained from patient notes and electronic records.

**Result:** Median arrival to Beriplex time was 219 min. Patients with the most severe type of intracranial haemorrhage (intraparenchymal) were scanned very quickly (median time of 44 mins). Following CT, two periods of significant delay were identified: CT to Beriplex request (51 min) and issue to administration (54 min). Arrival to electronic reporting of INR took a median time of 107 min, which may have been responsible for the delay in Beriplex request (necessary for request at both centres).

**Conclusion:** Patients with serious anticoagulation-associated ICH were scanned appropriately quickly, however, two systematic delays in further management were identified. Lack of a timely INR measurement may be the cause of delay to Beriplex request. Wider use of point-of-care INR testing in all stroke patients and all those presenting with significant symptomatology whilst on warfarin is recommended.

http://dx.doi.org/10.1016/j.ijsu.2016.08.310

Plastic surgery

0140: SYSTEMATIC REVIEW AND META-ANALYSIS OF THE EFFICACY OF EPIDERMAL GRAFTING FOR WOUND HEALING

M. Kanapathy 1, O. Smith 2, N. Hachach-Haram 3, N. Bystrzonowski 2, T. Richards 1, A. Mosabei 1. 1 University College London, London, UK; 2 Royal Free Hospital, London, UK.

**Aim:** Autologous skin grafting is an important modality for wound coverage; however, it can result in donor site morbidity. Epidermal grafting (EG) is an emerging option to overcome this challenge. This study aims to evaluate the current evidence on EG for wound healing. This review was reported according to the Meta-Analysis of Observational Studies in Epidemiology (MOOSE) guidelines.

**Method:** A comprehensive search in the MEDLINE, EMBASE and CENTRAL database (to November 2015) was conducted to identify studies on EG for wound healing. All studies comparing autologous skin grafting (ASHG) and EG were eligible. The primary outcomes included length of activity restriction increased with grade (0–16 weeks) and exceeded recommendations. There were no deaths. One patient developed a splenic cyst requiring marsupialisation.

**Conclusion:** Conservative management of isolated blunt splenic injuries in haemodynamically stable children is safe. Our management is more cautious than recommended by AAST guidelines. Grading of splenic injuries on admission CT will assist in managing these patients.

http://dx.doi.org/10.1016/j.ijsu.2016.08.313