Results: Poor handover practice was demonstrated initially, then improved upon with the ABCD Handover model. Fifty two percent took place in an appropriate non-clinical environment (65% after re-audit, p.<0.05). A senior clinician was present at 23% (64.3% after re-audit, p. 0.05). Complete, accurate, patient information was presented at 71.4% of handovers (78.6% after re-audit). The number of admissions discussed improved from 28.2% to 87.6%, p.<0.05.

Conclusion: Good handover is vital in surgical practice in the EWT era. In this study, poor initial compliance with Royal College guidelines was significantly improved through the use of a simple model, the ABCD of Handover.

0119 CORRELATION BETWEEN PROVISIONAL AND ACTUAL DIAGNOSIS IN EMERGENCY SURGICAL PATIENTS
William Ball, Christina Lam, Mark Dilworth. Walsall Manor Hospital, Walsall, UK

Introduction: Diagnostic accuracy is important in hospital to ensure patients receive appropriate investigations and treatment. "Inaccurate diagnoses may lead to poor patient outcome, complaint or even litigation". This audit aimed to observe correlations between provisional diagnosis of different grades of doctors and discharge diagnosis.

Method: 100 retrospective acute surgical discharges were analyzed between 7/10/10 and 1/11/10 at Walsall Manor Hospital. Comparisons were carried out between all stages of diagnosis.

Results: 12% of discharge diagnoses were absent. Initial referral diagnosis was accurate in 27% of cases, 19% of cases had 100% diagnosis correlation from all review stages. 33% of patients had an operation.

Discussion: There was an increase in correlation with more senior review. A&E referral diagnosis (33%) had better correlation compared to GP referrals (31%). Diagnosis were missing at all stages of review particularly at specialist registrar level (40%) followed by consultants (29%).

Conclusion: Poor correlation with referral and discharge diagnosis is likely due to lack of experience of clerking junior doctors. This highlights the need for early senior review. Less than half of emergency surgical admissions undergo an operation. Accurate working diagnoses are important in order for appropriate care to be given by the multidisciplinary team.

0122 PATIENT PREFERENCE IN THE MANAGEMENT OF ASYMPTOMATIC CAROTID STENOSIS
Gayani Jayasooriya, Joseph Shalhoub, Ankur Thapar, Alun Davies. Department of Vascular Surgery, Charing Cross Hospital, Imperial College London, London, UK

Background: Carotid stenosis accounts for approximately 20% of ischaemic strokes and can be managed using best medical therapy, carotid endarterectomy or carotid artery stenting. The management of asymptomatic carotid stenosis remains a topic of debate amongst clinicians. The aim of this study was to explore patient preference in the management of asymptomatic carotid stenosis.

Method: A patient information booklet and questionnaire was developed, validated and distributed to patients meeting specific pre-determined inclusion criteria. Treatment preferences and reasoning behind choices were analysed, and relationship to patient demographics evaluated using appropriate statistical methods.

Results: One-hundred-and-two questionnaires were analysed (94% response rate). Forty-nine patients preferred best medical therapy (48%), 31 selected carotid endarterectomy (30%) and 22 opted for carotid artery stenting (22%). This sequence of preferences remained unaltered in subgroup analyses by age (<70 years or ≥70 years) or gender. Our findings mirror the results of a recent online poll of medical professionals opinion on intervention in this patient group (NEJM 2008;358:e23).

Conclusion: Patients prefer medical therapy over intervention and endarterectomy over stenting. These findings are particularly important in the setting of divergence of opinion amongst clinicians surrounding the best management of asymptomatic carotid stenosis.

0123 HOW EXPENSIVE ARE DOCUMENTATION ERRORS IN UROLOGY? A NOVEL APPROACH TO CLINICAL CODING AUDIT
Stefan Antonowicz, Anita Taylor, Mohammed Vandal, Sandeep Gujral. BHR Hospitals, London, UK

Introduction: Clinical coding is an error-prone process by which clinical work is translated into revenue. Urology typically performs poorly, presumably because of multiple attendances and large caseloads. Coding audit is necessary to assess quality, but is a notes-driven process that does not take into account documentation error. The purpose of this study was to determine the impact of documentation error on coding performance in urology.

Methods: We produced consultant-affirmed prospective database of all clinical work in a standard audit timeframe. This was coded using standard texts and compared to the published coded data. Discrepancies were agreed multi-disciplinarily, and scrutinised for monetary significance and cause.

Results: Of 348 inpatient episodes, 49 (14.1%) had a mistake of any kind and 12 (3.4%) incurred financial penalty with a combined loss of £1466. HRG change was associated with documentation error (p=0.006) and emergent mode of admission (p=0.002). On average, documentation error was considerably more costly than coding error (£1244 per case vs £198 per case).

Conclusion: Urology is prone to coding errors, consistent with previous data. Documentation error was considerably more costly than coder-error, leading to questions of the validity of current coding audit practices, although no doubt ameliorable with effective training.

0126 COMPLICATIONS AFTER THYROIDECTOMY: A 10 YEAR EXPERIENCE IN A DISTRICT GENERAL HOSPITAL
Sadaf Jafferbhoy1, Ian Ramus1, Sumaira Ilyas2, 1Musgrove Park Hospital, Taunton, Somerset, UK; 1Derriford Hospital, Plymouth, UK

Aim: Patients undergoing thyroid surgery are consenting for a 1% risk of permanent hypocalcaemia and voice changes. The aim of this study is to determine the incidence of complications in patients undergoing thyroid surgery in our hospital.

Methods: From January 1999 to March 2009, all patients who underwent thyroid surgery under the care of one surgeon were identified from the database and included in the study.

Results: Data were recorded on 559 patients. 35/498 patients (6.3%) with benign pathology and 20/61 (32.8%) with thyroid malignancy had post-operative complications (p=0.0001). The overall incidence of permanent hoarseness and hypocalcaemia was 0.54% and 1.07% respectively. The incidence was higher in patients over the age of 60 years (17/284 versus 38/275, p=0.002) and in those having completion thyroidectomy (13/50 versus 42/509, p=0.004). Multivariate logistic regression revealed only thyroid malignancy to be significantly associated with postoperative complications (p<0.0001).

Conclusion: The incidence of permanent complications in thyroid surgery is low, patients with thyroid malignancy being at a higher risk. Thyroid surgery appears to be safe in the hands of a General Surgeon with a subspecialist interest.

0127 OUTCOMES OF REFERRALS FOR BILIOUS ASPIRATES AND VOMITING TO A TERTIARY NEONATAL SURGICAL UNIT
R.P. Owen1, A.M. Long2, A. Grady1, A. Moraibito2, L. Dady1, 1Central Manchester University Hospitals NHS Foundation Trust, Manchester, UK; 1Royal Manchester Children’s Hospital, Manchester, UK; 1Greater Manchester Neonatal Transport Service, Manchester, UK

Background: Bilious aspirates or bilious vomiting in neonates can indicate a range of serious gastrointestinal disorders requiring surgical intervention. Recognition of the gravity of the presenting symptom is vital for expedient referral to an appropriate hospital with neonatal surgical facilities. We investigated the outcomes of such referrals to a neonatal unit.

Method: Over an 18 month period there were 22 referrals with bilious vomiting or aspirates. Median gestational age was 31 weeks (26-40). Mean
time to arrival from onset of symptoms was 2.9 days (0-8). Subsequent diagnoses were necrotising enterocolitis (32%), Hirschsprung’s disease (14%), malrotation/volvulus (14%), intestinal atresia (5%) and spontaneous bowel perforation (5%). Only 5 (22%) patients had no diagnosis made after investigation. 2 patients had sepsis but no surgical pathology.

Results: Overall 68% of patients required laparotomy. Laparotomies were performed for necrotising enterocolitis (43%), Hirschsprung’s disease (21%), malrotation/volvulus (21%), intestinal atresia (7%) and spontaneous bowel perforation (7%). Operative mortality was 13%. Overall mortality was 14%.

Conclusion: These findings confirm the importance of prompt referral, transfer and investigation of neonates with bilious vomiting as the mortality and likelihood of a significant diagnosis requiring surgical intervention is high.

0131 EVIDENCE FOR RISK RELATIONSHIP BETWEEN GALLSTONE SIZE AND PANCREATITIS
Aishling Jaques, Stuart Andrews, Nicholas Johnson. Torbay Hospital, Torquay, Devon, UK

Introduction: Gallstones pancreatitis can be a very serious condition we investigate if there is relationship between this risk and stone size in the retrieved gallbladder of those patients who have had cholecystectomy.

Methods: Retrospective analysis of cholecystectomies performed between Oct 2004-Aug 2009. Hospital coding system used to identify those patients with gallstone pancreatitis. Histology database also used for data collection. Correlation with pre-operative ultrasound gallstone size made.

Results: 1085 cholecystectomies performed in the study period, the indication for gallstone pancreatitis were for 92 patients (8.5%). Median stone size in non pancreatitis group was 14mm, median stone size in pancreatitis group was 7mm, p<0.05. When grouped together, number of patients with gallstone size <7mm = 210, incidence of pancreatitis was 59(28%). Number of patients grouped together with gallstone size with gallstone size >6mm =875, incidence of pancreatitis was 33(3.8%), p<0.05

Conclusion: Those patients who have developed gallstone pancreatitis have significantly smaller gallstones than those who do not. Those patients, as a group, who have gallstone size less than 7mm have a significantly greater incidence of gallstone pancreatitis. It is these patients that should be targeted pre-pancreatitis event and treated promptly with cholecystectomy.

0132 PRE-OPERATIVE NEUTROPHIL-LYMPHOCYTE RATIO PREDICTS SURVIVAL FOLLOWING MAJOR VASCULAR SURGERY
Hina Bhutta 1,3, Riaz Agha 2,3, Joy Wong 2,3, Tjun Tang 1,3, Yvonne Wilson 1,3, Stewart Walsh 3,4, 1 Norfolk & Norwich University Hospitals NHS Foundation Trust, Norfolk, UK; 1 Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK; 1 National Institute for Health and Clinical Excellence, London, UK; 1 Graduate Entry Medical School, University of Limerick, Limerick, Ireland

Background: The systemic nature of atherosclerosis compromises medium-term survival following major vascular surgery. Neutrophil-lymphocyte ratio (NLR) is a simple index of systemic inflammatory burden which correlates with survival following percutaneous coronary intervention.

Methods: Patients undergoing elective major vascular surgery in two tertiary vascular units were identified from prospectively maintained databases. Factors associated with two-year mortality were assessed by univariate and multivariate analyses.

Results: Over a four-year period, 1021 patients underwent elective major vascular surgery (carotid endarterectomy, abdominal aortic aneurysm repair, lower limb revascularisation). Two-year mortality was 11.2%. In multivariate analysis, preoperative NLR > 5 was independently associated with 2-year mortality (multivariate odds ratio 2.21; 95% CI 1.22 to 4.01).

Conclusion: Pre-operative NLR identifies patients at increased risk of death within two years of major vascular surgery. This is only the second study in the published literature to demonstrate this relationship. This simple index may facilitate greater monitoring and targeted preventive measures for high-risk patients.

0136 ULTRASOUND ESTIMATED BLADDER WEIGHT AND MEASUREMENTS OF BLADDER WALL THICKNESS IN HEALTHY ASYMPTOMATIC MEN
Elizabeth Bright 1, Richard Pearcy 2, Paul Abrams 3, 1 Bristol Urological Institute, Bristol, UK; 1 Derriford Hospital, Plymouth, UK

Aims: To identify measurements of ultrasound derived bladder wall thickness (BWT) and bladder weight in healthy asymptomatic male volunteers

Methods: 100 healthy male volunteers underwent transabdominal ultrasound measurements of BWT and bladder weight, using the BVM 9500 bladder scanner (Verathon Medical, Bothell, WA), at a variety of bladder filling volumes. The effect of bladder filling on these measurements was investigated. The data was explored for any correlation between measurements of BWT and ultrasound estimated bladder weight (UEBW) with subject age, height, weight, body mass index (BMI), and the ICIQ-M-LUTS, IPSS and IPSS QoL symptom questionnaires.

Results: Several statistically significant but weak correlations were observed: BWT and weight (r=0.216, p<0.032); BWT and BMI (r=0.246, p<0.014); UEBW and weight (r=0.304, p<0.002); UEBW and BMI (r=0.260, p<0.009). BWT consistently thinned with increasing bladder filling volume. In contrast UEBW remained stable throughout bladder filling. The normal range for UEBW was determined as 23-43g, with a mean UEBW of 33g.

Conclusion: Whilst BWT is affected by bladder filling volume, UEBW remains relatively stable thus providing a more practical clinical tool. Normal values for UEBW in healthy asymptomatic men are presented. Source of funding: Research Grant provided by Verathon Medical.

0137 ULTRASOUND ESTIMATED BLADDER WEIGHT IN MEN ATTENDING THE UROFLOWMETRY CLINIC
Elizabeth Bright 1, Richard Pearcy 2, Paul Abrams 3, 1 Bristol Urological Institute, Bristol, UK; 1 Derriford Hospital, Plymouth, UK

Aims: To assess the diagnostic role of ultrasound estimated bladder weight (UEBW) in men with LUTS attending the uroflowmetry clinic

Methods: 100 men with LUTS attending the uroflowmetry clinic underwent transabdominal measurement of UEBW. Any association between maximum flow rate (Qmax) and the variables; UEBW, age, height, weight, BMI, voided volume, post-void residual urine and symptom scores (ICIQ M-LUTS, M-LUTS voiding, M-LUTS incontinence, IPSS, IPSS QoL) was investigated. A one-way ANOVA was performed to assess any difference in mean UEBW between three patient groups (Group 1 = Qmax<10, Group 2 = Qmax 10-15, Group 3 = Qmax>15).

Results: Statistically significant negative correlations between Qmax and age (r=−0.308, p<0.002), M-LUTS voiding (r=−0.298, p<0.003), IPSS (r=−0.295, p<0.003) and post-void residual (r=−0.213, p<0.033) and a statistically significant positive correlation between Qmax and voided volume (r=0.303, p<0.01) were observed. No association between Qmax and UEBW was observed (r=0.12, p=0.243). Mean UEBW for the three groups was similar. One-way ANOVA identified there was no statistically significant effect of UEBW on Qmax F(2, 97) = 0.175, p=0.840.

Conclusion: Mean UEBW did not differ significantly between the three Qmax groups. UEBW does not provide additional diagnostic information in men with LUTS attending the uroflowmetry clinic.

Source of funding: Research Grant provided by Verathon Medical.

0138 NHS BUDGET CUTS PUTTING PATIENTS AND SURGEONS AT RISK: BIOGEL VS. PROTEGRITY GLOVES
Munazzaah Isa, Daud Chou, Sarah Hamlyn, Daren Forward. St Peter’s Hospital, Chertsey, UK; 2 Queens Medical Centre, Nottingham University Hospital, Nottingham, UK

Introduction: The Biogel double glove system alerts one to a breach in the outer glove during surgery by the appearance of a dark spot in the presence of fluid. The introduction of Protegity gloves, a cheaper variety has raised concerns amongst surgeons and theatre staff. This study compares the effectiveness of the two brands.