

GAP IN KNOWLEDGE REPAIR OF INGUINAL HERNIA IS ONE OF THE MOST COMMON OPERATIONS IN GENERAL SURGERY

Portuguese Surgical Trainee Research Collaborative

Presenting author: Antonio Soares

Background: Existing guidelines have been endorsed by the European Hernia Society on the treatment of inguinal hernia in adults. However, since implementation, there has been no national benchmark to evaluate the management of inguinal hernia in Portugal. Thus, it remains unknown what are the patterns of provision of care and the difficulties that need to be tackled on a national level.

Aim: to characterise the patterns of provision of care in elective inguinal hernia repair in Portugal.

Inclusion criteria: patients over 18 years old with appropriate informed consent submitted to inguinal hernia repair, in an elective setting.

Exclusion criteria: inability to provide informed consent or to comply with followup schedule.

Primary outcome measures: proportion of patients submitted to preoperative imaging examinations (ultrasound, CT, MRI, herniography); incidence of antibiotic prophylaxis; proportion of procedures done as day surgery; employment of a field block (ilioinguinal, iliohypogastric, genitofemoral nerve) in patients undergoing open repair procedures.

Secondary outcome measures: overall 30day adverse event rate according to the ClavienDindo classification of postoperative complications; proportion of repair procedures done laparoscopically.

Study design: a prospective, multicentre, observational study running in three separate periods of twoweek duration each, across a national setting. Data collection will cover baseline demographic data including risk factors for surgical site infection, preoperative investigations, intraoperative management and postoperative data. Informed consent will be collected on the day of surgery, before the procedure. Postoperative data collection will cover early follow up until discharge and a further phone contact will be made at 30 days postoperatively.

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MANAGEMENT OF POSTERIOR MALLEOLAR ANKLE FRACTURES

SYSuRG: South Yorkshire Surgical Research Group

Presenting author: Alex Ward

Aims:

1. To identify evidence in the literature for management strategies for posterior malleolar ankle fractures
2. To identify current management strategies for posterior malleolar ankle fractures
3. To identify factors which affect patient decisions on management for posterior malleolar ankle fractures
4. To identify factors which affect surgeon decision of management for posterior malleolar ankle fractures

Study design:

- Literature review of previous evidence
- Local audit assessing current practice in line with BOAST guidelines
- Patient questionnaire asking what factors impact on their decision to undergo surgical treatment

- Consultant questionnaire focusing on management decision and factors affecting their decision to operate

Patients: In the UK, of the fractures sustained by patients between the ages of 20 and 65 years those involving the ankle are the most common, with an incidence of almost 90 000 per year (Dattani 2008). The anatomical classification system of Danis and Weber (Danis 1949; Weber 1972) subgroups fibular fractures as A (below the syndesmosis), B (at the syndesmosis) or C (above the syndesmosis) depending on the relationship of the fracture to the syndesmosis (Donken 2012). As well as the site of the fracture in relation to the syndesmosis, these injuries can be complicated by the involvement of the medial and posterior malleolars. Indications for surgery are varied with little evidence in the literature such as more than 25% of the articular surface being involved (Wheless 2016). For non surgical management, a modified casting technique has been developed, close contact casting, which uses minimal padding compared with traditional casting and achieves fracture reduction by distributing contact pressure by close anatomic fit. This has been advocated in the management of posterior malleolar fracture fractures in certain circumstances (Donken 2011).

Outcome(s): To add to limited previous evidence about the management of posterior malleolar fractures.

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GLOBAL NEUROTRAUMA OUTCOMES STUDY (GNOS1)

Global Neurotrauma Study Group

Presenting author: David Clark

Aim: Neurotrauma accounts for a significant amount of death and disability worldwide and the majority of this burden affects individuals in lowandmiddle income countries. Despite this, considerable geographical differences have been reported in the care of patient following neurotrauma. On this background, we aim to provide a comprehensive international picture of the management and outcomes of patients undergoing emergency cranial surgery after traumatic brain injury (TBI) worldwide.

Design: Multicentre, international, prospective cohort study. Each participating unit will form a designated study team responsible for gaining local approval, identifying patients and conducting data collection. Data will be collected via a secure online platform in anonymised form.

Patients: Any unit performing emergency cranial surgery for traumatic brain injury worldwide will be eligible to participate. All TBI patients who receive emergency cranial surgery in any given consecutive 1month period between 1st of January 2018 and 30th of June 2018 in a given participating unit will be included.

Outcomes: Data related to initial presentation, operative intervention and shortterm outcomes will be collected. The 30item dataset developed through iterative feedback includes patient demographics, details of injury mechanism, timing and nature of surgery, and immediate postoperative complications. The primary outcome measures for the study will be 14day mortality and discharge destination.

Conclusions: The GNOS1 study aims to provide a global picture of the management and outcomes of patients undergoing emergency cranial surgery following TBI. In addition, this will establish a platform and clinical network facilitate future research in global neurotrauma.

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