

equina nerve roots. The clinical syndrome can include bilateral sciatica, saddle anaesthesia, bladder, bowel, and sexual dysfunction. The disabling nature of these symptoms has significant medical, social, and legal implications. Guidelines for the investigation and management of CES are based on evidence from small retrospective case series that include a range of presentations. Outcomes for those presenting with established loss of function may not be comparable to those with incipient symptoms. Arrangements for emergency imaging, patient transfer to specialist spinal units, and techniques for decompression also vary and could lead to differences in outcomes.

**Aims:** This study aims to provide evidence for appropriate investigation and management of CES through:

- ascertaining the incidence of CES
- describing the clinical and radiological features of patients who are treated for CES
- establishing current practice in timing of investigations and choice of management of CES
- determining patient outcome and service usage following CES diagnosis Patients

All patients over 18 years old treated for CES in a UK or Irish neurosurgical or orthopaedic spinal unit will be included. Patients will be identified via emergency admissions, and case ascertainment will be checked using coding records.

**Comparator:** Outcomes and management will be stratified by presenting features and timing and type of surgical intervention.

**Outcome:** Patient outcome will be assessed using validated patient reported outcome measures for back pain, leg pain, bladder, bowel, and sexual function. Health care services used over the following year will be recorded.

**Study design:** This is a prospective cohort study with patients identified on admission to a spinal unit. Patients will be asked to consent for use of their data, contact for follow up assessments, and data linkage with existing NHS and surgical registries.

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## NATIONAL MULTICENTRE RANDOMISED TRIAL OF SUPERFICIAL WOUND DRAIN ON SURGICAL SITE INFECTION IN HIGH BODY MASS INDEX (BMI) KIDNEY TRANSPLANTS RECIPIENTS

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**Aim:** To assess the role of a subcutaneous wound drain on Surgical Site Infection (SSI) rates in kidney transplant recipients with a body mass index (BMI) greater than 30.

**Patients:** Any adult patient undergoing a live or deceased donor kidney transplant with a BMI >30 being implanted in a virgin surgical site.

**Exclusions:** Inclusion in other antimicrobial or immunosuppression trial Routine placement of subcutaneous drain

**Intervention:**

Study Group

- Vacuum drain, minimum 10 French gauge within the subcutaneous layer of the wound and removed at the discretion of the surgical team.
- Wound closure technique according to surgeon preference and/or local protocols.

Control Group

- Routine wound closure determined by surgeon preference and/or local protocols. No subcutaneous drain inserted.

**Outcome:**

Primary Outcome:

- The incidence of surgical site infection in the first 30 days after transplant. SSI defined as either superficial/incisional, deep incisional or organspace using criteria established by the National Healthcare Safety Network (NHSN) of the Centers for Disease Control and Prevention

**Secondary Outcomes:**

- The SSI-related readmission rate in the first 30 days after transplant
- The SSI-related return to theatre in the first 30 days after transplant
- Rates of Delayed Graft Function and primary nonfunction

**Study Design:** A multicentre, randomised, openlabel study to investigate the role of a subcutaneous suction wound drain on the rate of surgical site infection in obese (BMI >30) kidney transplant recipients. Study visits will be at baseline and 30 days. Following provision of informed consent, patients will be randomised 1:1 to superficial wound drain or usual care via a computerised online randomisation system. Data collection will be performed by local Investigators and entered online using REDCap (Research Electronic Data Capture) and stored on a secure server.

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