



AB132. 150. Time to theatre: a three-month experience in an urban, university hospital

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Background: Lack of access to emergency theatre is an escalating issue, placing significant strain on elective lists and causing adverse effects on patients. There are numerous guidelines on the “ideal” time to theatre for common surgical pathologies, but practice varies across institutions.

Methods: A review of all general surgery admissions and theatre usage at an university hospital over a three-month period (July–October 2018) was performed, with specific focus on appendicectomies. Data was obtained from electronic patient record and theatre logs. Demographic and clinical information, time of decision for general surgery admission and time taken for surgical intervention were recorded.

Results: Over the study period, 82 patients required

a surgical (theatre) intervention: 68.8% (n=55) were male. Median (range) age was 44.5 (19–80) years. The overwhelming majority (80%) were American Society of Anaesthesiologists (ASA) Grade 1–2. The 72.5% (n=58) of procedures occurred “out-of-hours” (>17:00–<08:00), with 26.3% (n=21) being performed over the weekend. Interestingly, 16.3% were performed on an elective list. The average (range) time to surgery for emergency admissions was 20.3 (2–74) hours; 65.85% (n=54) of patients waited <24 hours for surgery, 34.14% (n=28) waited >24 hours, and 8.75% (n=7) waited >48 hours. Twenty-nine patients (26.6%) required an appendicectomy; 51.7% (n=15) were performed within 24 hours of admission, while 10.3% (n=3) waited over 48 hours. Over two-thirds (68.9%, n=20) of appendicectomies were performed out-of-hours.

Conclusions: The centralisation of specialist care in recent years has placed pressure on university hospitals. This impacts the provision of emergency surgical care. Dedicated emergency surgical lists are needed to alleviate this burden.

Keywords: Emergency theatre; general surgery; appendicectomy

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