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**SP5.2.8 Management of Small Bowel Obstruction: Are we improving?**

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**Aims:** Recently 2 national audits evaluating the management of small bowel obstruction (SBO) have been published, recommending areas for improvement (NASBO and NCEPOD: delay in transit). We conducted a retrospective audit to evaluate if the management of SBO at a University Hospital reflects these recommendations.

**Methods:** The audit questionnaire and standards were designed using recommendations from the national audits. Patients were identified using hospital coding data over a 6-month period: February-July 2021. Patient data was extracted using electronic patient records.

**Results:** 81 patients were identified. Adhesions (59%) and hernias (26%) were the predominant aetiologies. 53% were managed conservatively, 36% with early surgery and 11% with delayed surgery. 93% of cases received a CT; time to CT diagnosis was slower in patients also investigated with abdominal radiographs. Mean time from triage to CT diagnosis was 7.5 hours (2.2 days in NASBO). 84% of surgical cases arrived in theatre less than 72 hours after triage and 65% of conservatively managed cases received Gastrografin (28% in NASBO). Dietician review occurred in 68% of patients at moderate-severe risk of malnutrition (39% in NASBO). 48% of patients had urine output recorded within 24 hours of admission and AKI incidence was 14% (8% in NCEPOD: delay in transit). No surgical cases were successfully managed laparoscopically and 20% of frail patients had geriatrician input.

**Conclusion:**Whilst improvements have been made since the NASBO and NCEPOD: delay in transit, fluid balance consideration, care of frail patients, laparoscopic surgery and use of abdominal radiographs remain key areas for improvement.