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Recruitment barriers in multicentre collaborative studies as demonstrated by a single unit experience of the Management of Acutely Symptomatic Hernias (MASH) study

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Introduction: MASH is a multi-centre prospective cohort study assessing the management of patients presenting with symptomatic abdominal wall hernia. Consenting patients are recruited during acute admission, with telephone follow up at day 30 and 90. We performed a retrospective review of all patients referred to a single general surgical unit with a symptomatic hernia to quantify recruitment rate and identify barriers to recruitment.

Methods: Patients meeting the inclusion criteria 1st August to 18th September were identified from prospective handover lists and electronic records and compared to the prospectively compiled screening log. Reason for not enrolment was coded according to protocol with an additional code added for patients not identified at time of admission.

Results: 8/23 (35%) eligible patients were enrolled. 15/23 (65%) were not enrolled due to; Patient not identified at time of admission n = 9 (60%), declined n = 2 (13.3%), too unwell to consent n = 2 (13.3%), translational barrier n = 1 (6.6%) and lacking capacity n = 1 (6.6%). Patients not identified at time of admission included those seen by clinicians not involved in study (new starters and locums) and those discharged directly from A&E with insufficient time and resources to gain consent.

Conclusion: In our unit 65% of eligible patients were not recruited, the majority of whom were missed at time of presentation. This study will generate important information on management and outcomes of acute hernias however strategies are required to recognise and mitigate recruitment bias. Staff turnover may be a significant factor in prospective studies, particularly those prolonged during the COVID-19 pandemic.