

(ECRS), emergency general surgery (EGS), and emergency orthopaedic surgery (EOS) during the COVID-19 era at our rural hospital.

Method: This was a prospective observational cohort study. Electronic hospital systems identified adult patients who underwent ECRS, major EGS or EOS at our site, from the start of the UK lockdown.

Results: Following exclusion criteria, 98 patients were included in data analysis. Post-operative respiratory complications were seen in 27.8% of ECRS patients, 13.3% of EGS patients and 4% of EOS patients. 2 patients were diagnosed with COVID-19, with 1 COVID-19 associated mortality. Length of hospital stay was reduced for EOS in the COVID-19 setting and this was found to be statistically significant (p value <0.001).

Conclusions: When compared to the literature, COVID-19 related complications in surgical patients were found to be lower at our rural hospital. This could be due to regional variation in the prevalence of COVID-19. If there were to be a second surge, we suggest NHS Trusts should be given the autonomy to make local decisions on modifying their elective caseload, rather than following a national 'one-size-fits-all' guideline.

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F. Zahari, N. Shahrokhi, H.C. Byrne, G. Gurung, G. Hughes,
D.M. Navaratnam, R. Rambani, M. Rao
Pilgrim Hospital, Boston, United Kingdom

Introduction: The COVID-19 pandemic has seen the restructuring of surgical services worldwide. We aimed to evaluate pre-operative planning and post-operative outcomes in expedited colorectal surgery