

**Results:** Notable initial decrease in admission per day (4.3 to 2.5) and interventional management (30%) during the 1<sup>st</sup> month of lockdown. A marked increase in 24-hour discharge rate (50%). These parameters began to normalize by the 2<sup>nd</sup> month. The rate of overall conservative management gradually increased from 36.7% pre-lockdown to 60.9% at the 2<sup>nd</sup> month.

**Conclusions:** Providing elective work is cancelled, surgical teams could safely tolerate working with 30%-40% of original staffing level, which will need to be gradually increased to 50%-70% after 1 month.

### 505 A Single Center Cohort Observational Study to Assess The Surgical Admissions During COVID-19 And Recommendations For Redeployment Of The Surgical Workforce

M.I Abdalla, T. Connolly, I. Bujoreanu, N.A. Stylianides  
Manchester Royal Infirmary, Manchester, United Kingdom

**Introduction:** The redeployment of the surgical workforce to support other frontline specialties was an integral part of the nationwide response to the COVID-19 pandemic. The R number is gradually increasing in different parts of the UK suggesting a second wave is imminent. Aimed to analyze the surgical emergency workload and provide recommendations for future redeployments.

**Method:** Three separate cohorts of adult emergency admissions; emergency admissions prior to lockdown (23<sup>rd</sup> of February to 22<sup>nd</sup> of March), 1 month after (23<sup>rd</sup> of March to 22<sup>nd</sup> of April) and 2 months after (23<sup>rd</sup> of April to 22<sup>nd</sup> of May). Data was collected regarding patient characteristics, duration of symptoms prior to presentation, clinical outcomes and compared between these groups.