

**Conclusions:** RCS guidance on managing and altering practice in EGS during COVID-19 pandemic is reliable, implementable, and measurable in a DGH setting. Simple improvements in consent process can achieve full compliance with RCS guidelines.

### 892 Emergency General Surgical Practice at a District General Hospital during COVID-19 Pandemic: Implementing Royal College of Surgeons Guidance

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**Introduction:** COVID-19 pandemic had a significant impact on surgical practice across NHS. RCS released guidance on altering surgical practice during the pandemic to deliver safe surgical care in March, 2020. We present an audit conducted at a DGH comparing practice of emergency general surgery (EGS) with RCS guidance at the peak of COVID-19 pandemic.

**Method:** Consecutive patients undergoing EGS from 1<sup>st</sup> April to 15<sup>th</sup> May, 2020. Data of demographics, ASA grade, comorbidities, type of surgery, hospital stay, informed COVID-19 pneumonia consent, complications and 30-day mortality were collected. Pre- and post-operative COVID-19 status was determined.

**Results:** Forty-four (n=44) patients, mean age 47.5 and IQR (26-69). Male (55.8%) and females (44.2%). Preoperative COVID19 status was confirmed in around 79.1% patients. All (100%) patients who underwent CT imaging preoperatively had CT chest performed. Informed consent for COVID19 pneumonia was taken in 4.7% patients. 30-day mortality risk was 7% and complications risk was 4.7%. RR of 30-day mortality in preoperative COVID19 status positive patients was RR=0.92 (CI 0.85-1.01) and for complications was RR=0.95 (CI 0.88-1.02).