

prostate surgery is necessary and if this resource can be redistributed safely during the ongoing pandemic.

Methods: A retrospective review of electronic patient records for patients that underwent transurethral prostate surgery from June 2017 to June 2018. During a single admission for surgery it was identified how many pre-operative group and save tests, and if a post-operative blood transfusion patients underwent.

Results: 146 patients underwent transurethral prostate surgery between June 2017 to June 2018.

97 patients had two valid group and save tests prior to surgery. 49 patients did not have 2 valid group and save tests. 21 patients had expired tests, 20 had only one valid sample, and 8 had no group and save test at all.

No patient underwent a blood transfusion during their admission for transurethral prostate surgery.

Conclusion: This single centre study illustrates pre-operative group and save tests before transurethral prostate surgery are unnecessary as no patient required an associated blood transfusion during admission; and can safely be omitted. The clinical time and resource could be redirected elsewhere for greater patient benefit. £2855.00 of efficiency savings could be made foregoing unneeded group and save tests.

A policy omitting pre-operative group and save before transurethral prostate surgery will be implemented under COVID19 pandemic conditions and re-audited in 6 months.

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Audit reviewing viability of removing pre-operative Group and Save Tests prior to Transurethral Prostate Surgery during the COVID19 pandemic

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Introduction: COVID19 has stressed and stretched healthcare resources to the limit, thus the rational deployment of any resource should be necessary and of patient benefit. This retrospective audit aims to ascertain if a policy of two valid group and save tests prior to transurethral