

658 Managing the Acute Surgical Patient – How has COVID-19 Changed Our Approach?

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Aim: COVID-19 has changed how surgical admissions are triaged and treated. This retrospective cohort study aims to detail the effects of a national lockdown on emergency general surgical referrals at a tertiary centre.

Method: A retrospective search identified all emergency general surgery referrals prior to and during the UK national lockdown. Pre (10-23 Feb 2020;PLG) and intra-lockdown (30 Mar-12 Apr 2020;ILG) groups were compared using descriptive statistics and significance was quantified with Chi-squared.

Results: 600 patients were included of which 426 (71%) presented in the PLG. The PLG had proportionally fewer ED referrals (40.8%vs.51.1%, $p=0.02$) and less cross-sectional imaging performed (31.5%vs.40.8%, $p=0.03$). There was a significant reduction in non-specific abdominal pain (NSAP) during lockdown (25.12%vs.14.94%, $p=0.007$). GP referrals (48.8%vs.46.6%, $p=0.61$), admission (46.2%vs.44.8%, $p=0.09$) and operative intervention (21.4% vs.17.24%, $p=0.25$) showed no disparity.

Conclusions: Predictably, the advent of lockdown resulted in a reduction in hospital attendance and surgical referrals. Our data showed a similar proportion of referred patients admitted pre- and intra-lockdown despite a reduction in absolute terms. This may be due to a trend towards later presentation coupled with a focus on conservative management and prevention of admission. The decrease in NSAP raises questions that require further exploration. Cross-sectional imaging was used more freely as an adjunct in the ILG suggesting increasing acuity and delayed presentation or may result from a tendency towards image-guided discharge. Admissions have since trended towards pre-lockdown levels, but it is yet to be seen if a reduction in elective operating will lead to an increase in emergency admissions.