Results:
Seventeen patients were identified in the 2020 cohort (age: 51-84, mean age: 67.6, M:F 10:7). Fourteen cases (82.4%) were performed as emergencies, three electively (17.6%). Six (35.3%) had end colostomies, three (17.6%) had loop colostomies, one (5.9%) had a caecostomy, four (23.5%) had an end ileostomy and three (17.6%) had a loop ileostomy. Ten operations were for patients with cancer, three (30%) were performed with curative intent.

38 patients were identified in the 2019 cohort (age: 28-85, mean age: 63.0, M:F 17:21). 23 (60.5%) were emergencies, fifteen (39.5%) were performed electively. Nine (23.7%) had end colostomies, eight (21.1%) had loop colostomies, three (7.9%) had caecostomies, ten (26.3%) had end ileostomies and nine (23.7%) had loop ileostomies. There were nineteen operations for cancer, eight (42.1%) were with curative intent.

Conclusions:
Cessation of elective activity caused a shift towards...
Inclusion criteria: All patients attended and triaged in the new surgical emergency department.
Exclusion criteria: Patients who were not triaged.

Results: The temporary surgical emergency department was successful in accommodating all surgical patients categorized 2, 3 and 4 with category 4 being the highest number at 45%.
Hospital services were successfully accessed in 771 (77.72%) during patients stay in ED including Bloods and imaging with X-ray as the most service used at 42.33%.
221 (22.27%) patients didn’t require any investigations and were discharged after review by the surgical doctor within the 4-hour window.

Conclusion: Presence of a dedicated surgical emergency during the covid period was essential to separate medical patients from non-medical patients.
Having a decision maker on the front line right after triage has reduced the overall number of admissions, number of emergency breeches and unnecessary investigations.
Having a dedicated space with dedicated team could make a huge impact on the service in terms of time, effort and money spent.