19 on RT-PCR swab testing. 50% (8/16) of these patients had no intra-ab-

She represented six days later with ongoing abdominal pain now asso-

ciated with multiple episodes of vomiting; hence, the decision was

made to proceed to diagnostic laparoscopy rather than a magnetic res-

onance scan for further assessment as recommended by the radiology

department.

Intra-operative findings revealed 200mls of serous fluid in the pelvis,

normal-looking appendix, dilated stomach, and a tangle of small bowel

loops. Blunt and careful dissection revealed fistulous tracts that mag-

netized the laparoscopic instruments.

A mini-laparotomy was performed with the extraction of fourteen

magnetic beads and the repair of nine enterotomies.

Foreign body ingestion is a known cause of abdominal pain, which in

some cases might mimic or even be the cause of acute appendicitis.

This case highlights the importance of careful history taking in chil-

dren presenting with acute abdominal pain of doubtful aetiology.

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94 An Observational Cohort Study to Evaluate Volume and

Severity of Emergency General Surgery Admissions During

The COVID-19 Pandemic: Is There A “Lockdown” Effect?

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Introduction: The COVID-19 pandemic has led to changes in NHS surgi-

cal service provision. This, combined with the government-imposed

lockdown, may have impacted on patient attendance, severity of surgi-

cal disease, and outcomes. This study aimed to investigate a possible
"lockdown" effect on the volume and severity of surgical admissions and outcomes.

**Method:** Two cohorts of adult emergency general surgery admissions 30 days immediately before (16/2/2020 to 15/3/2020), and after UK government advice (16/3/2020 to 15/4/2020). Data were collected relating to patient characteristics, disease severity, clinical outcomes, and compared between these groups.

**Results:** Following lockdown, a significant reduction in median daily admissions from 7 to 3 ($p < 0.001$) was observed. Post-lockdown patients were significantly older, frailer with higher inflammatory indices and rates of AKI, and more likely to present with gastrointestinal cancer, obstruction, and perforation. Patients had significantly higher rates of Clavien-Dindo Grade ≥3 complications ($p = 0.001$), all-cause 30-day mortality (8.5% vs. 2.9%, $p = 0.028$), but no significant difference was observed in operative 30-day mortality.

**Conclusions:** There appears to be a "lockdown" effect on general surgical admissions with fewer admissions, more acutely unwell patients, and an increase in all-cause 30-day mortality. Patients should be advised to present promptly, and this should be reinforced for future lockdowns during the pandemic.

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**Results:**

- There were 22 patients included. 19 (86%) were managed conservatively of which 4 (21%) patients failed and progressed to surgery and 3 (14%) patients had appendicectomy on admission. 3 patients (20%) treated non-operatively were readmitted within median 4 days (4-6); 2 (13%) of them developed appendix mass. None of the patients had positive SARS-CoV-2 test. Median length of stay (LOS) was 3.5 (1-8) days; 4 (3-8) days in the immediate appendicectomy group, 3 (1-7) in the group managed conservatively.

**Conclusions:** The sample size was small hence it is difficult to draw any solid conclusions. We feel that appendicectomy should remain standard treatment for AA. However, antibiotics should be considered as the first line during the pandemic.

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**Posters**