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A review of the understanding and use of the Regional Liver Trauma Guidelines

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Introduction: The liver is the most commonly injured intra-abdominal organ and occurs in 30% of patients undergoing laparotomy for penetrating injuries and in 15–20% of laparotomies for blunt injuries. CT scan is the investigation of choice for accurate diagnosis and categorization of hepatic injury. Management of isolated liver trauma can be by operative or non-operative management, guided mainly by haemodynamic stability of the patient irrespective to category of injury. Close observation of patients undergoing non-operative management is important; they may develop early complications that require operative intervention, including bleeding, bile leak and peritonitis.

Methods: A questionnaire will be sent to the General Surgery consultants and registrars within the North East of England, a region with eleven hospitals taking General Surgical admissions, two of which are regional trauma centres. This is to assess the understanding of liver trauma classification and management and their familiarity with and adherence to the regional liver trauma guidelines. Following this, the guidelines will be distributed throughout the region with accompanying teaching sessions. A follow up questionnaire will determine the improvement of regional knowledge and use of the guidelines. In parallel, the
outcome of liver trauma patients within the region will be sought to look for correlation between the education and the patient’s outcome.

**Results:** Regional distribution of the results will demonstrate the change in the education of liver trauma management and the subsequent change in patient’s outcome. Results will be recorded using Excel and analysed using SPSS statistical software.