COVID-19 symptoms with gastrointestinal symptoms, normal CT abdomen 3) gastrointestinal symptoms, abdominal pathology on radiology. Results: COVID-19 related changes were seen on CT scans with no abdominal pathology noted in 33% (n=16) patients with primary gastrointestinal symptoms. Further 18% (9 patients) presented with gastrointestinal symptoms alongside other common COVID-19 symptoms, however abdominal CT scan was normal. CT abdomen of these 25 patients were studied by a consultant radiologist, who examined the lung bases on the abdominal CT scan for COVID-19 related changes, which was seen in 92% patients. In 8% of the cases where the lung bases on the CT abdomen were normal, COVID-19 related changes were apparent on the CT chest.

Conclusions: CT scans of the abdomen should be supplemented with CT scans of the chest, when appropriate, for early accurate diagnosis, early treatment and triage to the correct wards, especially at the height of the pandemic.

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Global recruitment for the RESECT study (transurethral Resul

As of October 1st, 2020, 524 collaborators have registered to participate. Collaborators represent 334 centres from 54 countries, with the highest number of centres from the United Kingdom (133), Spain (17), and India (16). 50.8% are trainees, 30.3% consultants, and 17.2% medical students. Based on current registrations, patient recruitment will far exceed initial projections and considerably improve statistical power.

Conclusion: RESECT has attracted many collaborators internationally from consultants and trainees at all stages. RESECT has significant potential for multi-disciplinary research.

Methods:
• retrospective audit collecting data from 01/01/2020 to 14/01/2020 for 1st cycle and from 14/10/2020 to 30/10/2020 for 2nd cycle.
• Requests were found on the electronic request system (ICE) to assess clinical information provided by ED clinicians only taking into account those scans following a head injury according to NICE guidelines.

Results First cycle:

Introduction: COVID-19 has affected national guidelines and availability of resources, resulting in different approaches to treating burns. This project aimed to identify changes to burns management in the UK during the “first wave” of COVID-19, and how the lessons learned can be applied to the current “second wave”.

Methods: Between 11th July-15th September, 18 burns services across the UK completed a MDT survey and contributed data on service evaluation. The MDT survey captured perspectives of multiple stakeholders and included changes to burns services, disruptions to supply chain, and service improvements resulting from COVID-19. Service evaluation data was collected retrospectively and prospectively on patients who received inpatient/outpatient treatment during COVID-19. Patients in the retrospective cohort were first seen by burns services between 6th-30th April (coinciding with the UK’s COVID-19 peak), and the prospective cohort were first seen between 30th April-15th September. Each cohort consisted of 10-20 patients per burns service. Service evaluation
covered key areas of burns aetiology, referral pathway changes, patient presentation delays to tertiary services, patient management decisions, and outpatient dressing clinic management. Data from the MDT survey and the service evaluation were analysed by descriptive statistics and thematic analysis.

**Results:** The changes to burns services include delays in burn referrals, increase in conservative management, and increased use of telemedicine.

**Conclusion:** Across the UK, safe and effective burns care continued to be delivered despite difficulties from the pandemic. We hope the learning points identified in this study will be of use during the “second wave” of the pandemic.