Introduction: The 2015 Montgomery case changed the remit of risk discussions required during the consent process. This audit reviewed single kidney transplant (SKT) consent forms to establish which risks are mentioned and represented to see was of evidence that was presented.

Conclusions: Introduction of a scoring mechanism and disseminating guidelines will enable GPs and A&E doctors to safely discharge ALGIB patients with appropriate outpatient investigations and reduce surgical admissions. There is currently poor compliance with inpatient investigations.

524 Anaesthetic Use and Packing in Subcutaneous Abscess Management: A Retrospective Before and After Analysis Within A Two-Cycle Audit

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Introduction: In the United Kingdom, there are no widely used guidelines within the management of subcutaneous abscesses by incision and drainage (I&D) to direct the use of local anaesthesia (LA) vs general anaesthesia (GA); or the use of wound packing vs no packing.

Method: Two cohorts of patients undergoing I&D procedures were retrospectively identified from attendance records over a 3.5-month period. The first cohort was between 16th October 2018 to 31st January 2019. The second cohort of patients was during the COVID-19
pandemic following the introduction of new RCS guidance (intervention) between 29th March 2020 and 15th June 2020.

**Results:** Seventy-one patients before and 63 after the intervention were included. There were significantly more procedures performed under LA after the introduction of the intervention (*n* = 52; 82.5%) vs before (*n* = 4; 5.6%) *p* < 0.0001. The incidence of wound packing decreased after the intervention (*n* = 43; 68.3% vs *n* = 62; 87.3%) *p* = 0.00452.

**Conclusions:** The results demonstrate that during the pandemic, change in practice resulted in more subcutaneous abscesses being treated with LA. The majority of abscesses were packed in both cohorts although the incidence declined after the intervention. Future research should explore the patient satisfaction regarding pain management and the abscess recurrence rate.

Results: 100 patient questionnaires were collected (April & June 2020). Significant improvements in MISS-21 scores were seen over the two surveys (*p* = 0.026). An average MISS-21 score of 114.6 (range 49 – 147) was seen in the first survey, with a mean score of 128.5 (range 79 – 142) seen in the second (maximum score of 147). There was a significantly increased preference for TC over FTF appointments over the two surveys (*p* = 0.021).

**Conclusions:** We have shown significant improvements in patient satisfaction and an increased TC preference through use of a structured consultation model. Its potential benefits in infection control and impact on outpatient workload may see TCs persist in the post-coronavirus era.

540 Point of Care Testing for Tetanus Immunity: A Systematic Review

Teleconsultation radiology service. There were concerns on may lead to more missed significant PCa. We performed a our prostate MRI and biopsy to assess if this is indeed the patients with suspected PCa who have had prostate MRI simultaneously from April-August 2019 were retrospec- men were included. 36% of patients with negative MRI had positive biopsies; within this group 25% had significant disease (Gleason grade group /C21/2). Compared with our previous audit, specificity for significant PCa has increased (from 34% to 46%), but with a re-duced negative predictive value (from 97% to 91%).

**Conclusions:** If we are to implement MRI as first-line triage for potential subsequent biopsy, it would result in more men not going for a biopsy (from 18% to 25%), a reduction in diagnosis of non-significant PCa (from 21% to 36%), but at an expense of increase in missed significant PCa (from 3% to 9%).