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**Audit of Anaesthetic Practice for Incision and Drainage of Lower Body Abscesses Before and After Covid-19**

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Background and aims: Incision and drainage (i&d) of abscesses make up a large proportion of cases on emergency lists. The COVID-19 pandemic has highlighted the need for consideration of alternative anaesthetic techniques to a general anaesthetic (GA). This audit looks at the anaesthetic practice for i&d of abscess on the emergency list pre and post COVID-19, to help determine if there is an impact on post operative nausea and vomiting (PONV), pain, and duration of hospital stay.

Methods: Patients undergoing an i&d of lower body abscess were identified between 1/1/20 – 29/2/20 (pre COVID-19) and 1/3/20 – 9/5/20 (post COVID-19). The patients’ electronic records were reviewed and the following data collected: age, ASA, gender, weight, BMI, co-morbidities, inflammatory markers, NEWS score, anaesthetic administered, post op antiemetics and analgesics, problems encountered and duration of stay.

Results: There were 49 cases from 1/1/20 – 29/2/20 (pre COVID-19) and 36 from 1/3/20 – 9/5/20 (post COVID-19). Of the pre COVID-19 cases 42/49 (85.7%) were done under GA and 7/49 (14.3%) under spinal. Of the post COVID-19 cases 30/36 (83.3%) were done under spinal and 6/36 (16.7%) under GA. Of the patients receiving a GA, 1/60 (2%) required an antiemetic in recovery and 30/60 (50%) required analgesia in recovery. Of the patients receiving a spinal, 2/19 (11%) required an antiemetic in recovery and 3/19 (16%) required analgesia in recovery. Of the patients receiving a spinal 13/19 (68%) were discharged on the same day of surgery compared to 42/60 (70%) patients receiving GA.

Conclusion: The results of this audit (although small) provide evidence that having a spinal does not lengthen a patient’s stay in hospital and may offer superior pain relief post-operatively. Although more patients were receiving spinals post COVID-19, there were still 50% of cases done under GA, which is possibly due to hesitancy of inserting spinal in the presence of systemic infection.

**Audit of Audit Teaching**


The General Medical Council (GMC) and Medical Leadership Competency Framework (MLCF) recommend that medical students should be taught about core management and leadership (MLM) topics, such as service evaluation which includes audits and quality improvement projects (QIP). This study, based on an audit cycle, aimed to assess whether medical students receive formal teaching on MLM topics such as audits and whether a student-led society could successfully provide supplementary teaching for MLM topics.

An online teaching session was run by Birmingham Medical Leadership Society (BMLS), led by two medical students with extensive experiences with service evaluation. An anonymous evaluation form was used to measure pre- and post-session understanding of service evaluation. This was done via a 5-point Likert scale to self-rate theoretical and practical knowledge. A statistical analysis was then conducted, including a two-tailed t-test. In attendance were 97 people, most (n=89) were medical students from all year groups and universities from the UK and abroad. 91% of participants completed the form and stated they had never had formal teaching, with 89% having not previously completed an audit/QIP. Self-reported prior knowledge was low (mean 2.3/5), with practical knowledge lower than theoretical (mean 1.9/5 vs 2.9/5). Post-session, participants knowledge statistically significantly (p<0.001) increased by 87% (mean 2.3/5 to 4.3/5) with a greater self-reported increase in practical knowledge compared to theoretical (109%: 56.6%). Most students highlighted they had not received formal teaching on service evaluation as part of their curriculum, despite GMC and MLCF guidance. The study suggests that student-led medical societies can successfully help to deliver and complement teaching on these topics. With various medical students attending from across various institutions in attendance, this demonstrates the importance and interest of students to engage with service evaluation.