

complication rate was 52% and 6%, respectively. Commonest post-operative complication was related to surgery (44% either developed wound infection, ileus, collections, leak, obstruction, etc.).

**Conclusions:** Emergency laparotomy for SBO is associated with significant morbidity and hospital stay. Use of Gastrografin for diagnostic/ therapeutic effect is suboptimal in HDFT and requires further work.

Abstract citation ID: znc404.092

### EGS P27 Evaluating the use of gastrografin for the management of small bowel obstruction at Harrogate District Foundation Trust

Wasif Tahir, Hasan Al-Ramadhani, Wayne Ding, Clare McNaught  
Harrogate District Hospital, Harrogate, United Kingdom

**Background:** Small bowel obstruction (SBO) is associated with significant morbidity and mortality (90 day mortality: 13%). Common causes include: adhesions, hernias or tumours. Conservative management includes nil per oral, intravenous hydration and naso-gastric decompression. If conservative management fails (>72 hours) patients usually require surgery.

Recent national and international guidelines (ASGBI, Bologna, etc.) however advocate early use of gastrografin for the management of SBO.

The aim of the audit is therefore to review current HDFT practice of gastrografin use for the management of small bowel obstruction.

**Methods:** Retrospective data collection between April 2020- January 2022. All patients who underwent surgery for SBO were included. Exclusion: ischaemic or strangulated bowel, large bowel obstruction.

**Results:** A total of 50 patients were included in the analysis (25 male: 25 female) with a mean age of 73 years. 46% of the patients had undergone previous abdominal surgery. Cardiovascular conditions were the commonest pre-operative co-morbidity (32% had cardiac co-morbidities on presentation).

Adhesions were the commonest cause of SBO (64%). Gastrografin was only administered in 12% of patients prior to surgery. Majority of the patients underwent laparotomy (92%) with 58% requiring bowel resection during surgery (27% of these required a stoma).

52% of the patients undergoing surgery were admitted to ICU post-operatively with a mean stay of 4 days. The mean length of hospital stay was 19 days. The 30 and 90 day post-operative