SATURDAY 14 NOVEMBER 2026 · ONLINE, IN GATHERTOWN

Abstract Book

National Medical Education & Research Conference 2026

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NMERC 2026

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ABOUT THIS BOOK

Every oral presentation and poster accepted for NMERC 2026, with its title, authors and abstract. Each abstract was scored against the conference's published rubric and reviewed before a decision was issued. Presenting authors are underlined.

WELCOME FROM THE CONFERENCE CHAIR

Welcome to NMERC 2026



Dr Rohan Agarwal
Conference Chair

When we opened submissions this year, we hoped for a strong field. What arrived was more than 300 abstracts, from medical students, foundation doctors, trainees and consultants from six continents. That number tells us something important: there is a real need for a place where doctors can stand up and share the work they have done.

Too much good work goes unseen. The audit that changed a ward's practice, the teaching programme built in spare evenings, the case that taught a whole team something new: too often it stays in a departmental meeting or on a laptop. NMERC exists to change that. It is free to submit, open to everyone, and built so that a final-year student presents alongside a senior registrar and is taken just as seriously.

Behind each poster and talk is curiosity, persistence and hours given on top of a demanding job. I hope you're proud of it. Ask questions, visit posters outside your specialty, and leave with at least one new idea and one new contact.

Thank you to our chairs and judges, who give their valuable time so that your work is heard, and to everyone who submitted. Enjoy the day and I look forward to seeing more familiar faces in 2027.

Dr Rohan Agarwal
Conference Chair, NMERC 2026

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SATURDAY 14 NOVEMBER

The Day at a Glance

08:30	Doors Open	**Entrance**
09:00	Opening Ceremony	**Great Hall**
09:15–10:15	Talks: Session 1	**Lecture Halls**
10:15–10:25	*Break*	
10:25–11:25	Talks: Session 1 Continued	**Lecture Halls**
11:30–12:30	Poster Window 1	**Poster Halls 1, 2 and 3**
12:30–13:15	*Lunch*	***Café***
13:15–14:15	Talks: Session 2	**Lecture Halls**
14:15–14:25	*Break*	
14:25–15:25	Talks: Session 2 Continued	**Lecture Halls**
15:45–16:45	Poster Window 2	**Poster Halls 1, 2 and 3**
16:45–17:00	Prizes & Closing Ceremony	**Great Hall**

FORMATS

TALKS

15 minutes, then 5 minutes of questions, asked in the room chat and read out by the chair. Nine rooms in the Lecture Halls, each named by a colour and grouped by topic.

POSTERS

Presented at numbered pads in Poster Halls 1, 2 and 3. Presenters stay at their pad in both poster windows: 11:30–12:30 and 15:45–16:45.

TALKS

The Lecture Halls

ROOM	TALKS	PAGE
Red Room Cardiology & Vascular	T001–T011 11 talks	p. 20
Orange Room Surgery	T012–T022 11 talks	p. 27
Amber Room Medical Education & Teaching	T023–T033 11 talks	p. 35
Green Room Training, Students & Wellbeing	T034–T044 11 talks	p. 43
Teal Room Acute Medicine & Geriatrics	T045–T055 11 talks	p. 50
Blue Room Neuroscience, Mental Health & Critical Care	T056–T066 11 talks	p. 59
Indigo Room Gastroenterology & Renal Medicine	T067–T077 11 talks	p. 67
Purple Room Women's & Children's Health	T078–T086 9 talks	p. 75
Pink Room Infection, Cancer & Skin	T087–T097 11 talks	p. 81

POSTERS

The Poster Halls

POSTER HALL 1
P001–P036

33 posters

Cardiology & Vascular	P001–P009	p. 90
Gastroenterology & Renal Medicine	P010–P018	p. 96
Acute Medicine & Geriatrics	P019–P033	p. 102

POSTER HALL 2
P037–P072

31 posters

Acute Medicine & Geriatrics	P037–P038	p. 112
Infection, Cancer & Skin	P039–P067	p. 114
Surgery	P049–P060	p. 122
Women's & Children's Health	P061–P066	p. 131

POSTER HALL 3
P073–P108

32 posters

Women's & Children's Health	P073–P078	p. 135
Neuroscience, Mental Health & Critical Care	P079–P086	p. 140
Training, Students & Wellbeing	P087–P094	p. 146
Medical Education & Teaching	P095–P104	p. 152

FINDING YOUR WAY

The Venue



PROGRAMME

Every Talk at a Glance

Talk number and presenter for every room and slot. Each number links to its abstract; the full running order for each room follows on p. 10.

	Red Cardiology & Vascular	Orange Surgery	Amber Medical Education & Teaching	Green Training, Students & Wellbeing	Teal Acute Medicine & Geriatrics	Blue Neuroscience, Mental Health & Critical Care	Indigo Gastroenterology & Renal Medicine	Purple Women's & Children's Health	Pink Infection, Cancer & Skin
09:00	*Welcome · Great Hall*								
09:15	**T001** Singh	**T012** Ying	**T023** Baker	**T034** Newman	**T045** Sundaram	**T056** Veenarun	**T067** Bukhari	**T078** Lydon	**T087** Lawal
09:35	**T002** Chinnasami	**T013** Hadfield	**T024** Bell	**T035** Iqbal	**T046** Mithra-Johnson	**T057** Kala	**T068** Collier	**T079** Kothari	**T088** Thake
09:55	**T003** Sithik	**T014** Lee	**T025** Dickinson	**T036** Aejaz	**T047** Barud	**T058** Ali	**T069** Walsh	**T080** Nam	**T089** Saad
10:15	*Break*								
10:25	**T004** Singh	**T015** Abiri	**T026** Walker	**T037** Liu	**T048** Abid	**T059** Ahmed	**T070** Amirkardoust	**T081** Nsiah	**T090** Hamid
10:45	**T005** Alqedra	**T016** Khan	**T027** Rehman	**T038** Howe	**T049** Jawahar	**T060** Janaarthanan	**T071** Khashkhusha	**T082** Lazanakis	**T091** Moore
11:05	**T006** Moore	**T017** Koshy	**T028** Abid	**T039** Whereat	**T050** Ali	**T061** Morgan	**T072** Akmeemana	**T083** Alsalka	**T092** Rai
11:30	*Poster window 1 · Poster Halls 1, 2 and 3*								
12:30	*Lunch · Café*								
13:15	**T007** Gupta	**T018** Wei	**T029** Mahmood	**T040** Shone	**T051** Bloor	**T062** Bakaya	**T073** Srinivasan	**T084** Fernando	**T093** Husain
13:35	**T008** Azam	**T019** Roach	**T030** Muwanga	**T041** Martinez	**T052** Suresh	**T063** Hosseini-Ashrafi	**T074** Singh	**T085** Atte	**T094** Ghelani
13:55	**T009** Hassan	**T020** Lilley	**T031** Bates	**T042** Mehmood	**T053** Fatah	**T064** Obels	**T075** Austin	**T086** Alkhoury	**T095** Alemam
14:15	*Break*								
14:25	**T010** Jothi	**T021** Jabble	**T032** Atapaka	**T043** Nguyen	**T054** Philip	**T065** Cogswell	**T076** Manser	–	**T096** San
14:45	**T011** Aden	**T022** Sharmin	**T033** Chong	**T044** Li	**T055** Iranpanah	**T066** Sun	**T077** Mascarenhas	–	**T097** Rahman
15:05	–	–	–	–	–	–	–	–	–
15:45	*Poster window 2 · Poster Halls 1, 2 and 3*								
16:45	*Prizes and close · Great Hall*								

PRIZES

Prizes and Judging

Chair's Prize

Awarded to the best oral presentation in each of the nine rooms, chosen by the room's chair.

Highly Commended Poster

Awarded to four posters in each Poster Hall, chosen by that hall's judges.

Best Overall Poster

Awarded to one poster, chosen by the judges together from the twelve Highly Commended posters.

People's Choice

Awarded to the poster with the most votes from delegates on the day. Voting closes at 16:45.

HOW POSTERS ARE JUDGED

A judge visits each poster during the poster windows and looks at four things.

CRITERION	WHAT JUDGES LOOK FOR
Question and originality	A clear question or aim, and what the work adds.
Methods and results	Methods that fit the question, and results reported honestly.
Poster design	Easy to follow at a glance: layout, figures and text.
Presentation and answers	A short, clear summary at the pad, and good answers to questions.

Be on your pad in both windows, 11:30–12:30 and 15:45–16:45. Judges visit in either window and can only pick a poster whose presenter is there. Prizes are announced at 16:45 in the Great Hall and named on your certificate.

PROGRAMME BY ROOM

Oral Presentations by Room

RED ROOM · CARDIOLOGY & VASCULAR

MORNING SESSION

09:15	T001	Incidental Detection of a Pulmonary Valve Thrombus in a 60-Year-Old Woman- A Case Report *Abhishek Singh*
09:35	T002	An Unexplained Cause of Shock: A Large Left Atrial Myxoma *Vishnu Priya Chinnasami*
09:55	T003	From Presentation to Angiography: Evaluating Delays and Risk-Based Prioritisation in NSTE-ACS at a Non-PCI Hospital in Northern Ireland *Muhammad Navid Bin Mohamad Sithik & Haider Kamal Khan*
10:25	T004	Disseminated Septic Emboli From Aortic Valve Infective Endocarditis in an Immunocompromised Patient: A Case Report *Mandeep Singh*
10:45	T005	Outcomes associated with Late Lumen Enlargement After Drug-Coated Balloon Angioplasty: A Systematic Review and Meta-analysis *Jawad Alqedra*
11:05	T006	Infective endocarditis beyond the surgical centre: microbiology, referral and outcomes in a UK district general hospital, 2023–2026 *Emma Moore*

AFTERNOON SESSION

13:15	T007	Acute Fluorouracil-Induced Cardiomyopathy Following First-Cycle FOLFOX for Gastro-Oesophageal Junction Cancer: A Case Report *Garima Gupta*
13:35	T008	IVUS guidance compared with angiography in unprotected left main percutaneous coronary intervention: a systematic review and meta-analysis *Kamal Uddin Azam*
13:55	T009	Inpatient lipid checking and treatment uptitration in high-risk cardiac patients: an audit and quality improvement project *Ziad Ahmed Elsayed Attia Hassan*
14:25	T010	Patient experiences of exercise for intermittent claudication: a qualitative follow-up of the ReSET2 trial *Agilandiswari Arumuga Jothi*
14:45	T011	Early Evaluation of a Post-Revascularisation Lipid Optimisation Service: A Closed-Loop Clinical Audit *Abdiaziz Aden*
15:05	–	–

ORANGE ROOM · SURGERY

MORNING SESSION

09:15	T012	Quality of Surgical Consent Documentation in Upper GI Surgery: A Single-Centre Audit Against National Standards *Felicia Kua Xue Ying*
09:35	T013	Operative Duration After Unplanned Bone Cement Substitution During a National Supply Disruption: A Retrospective Study *Oliver Hadfield*
09:55	T014	Deep Sternal Wound Infection and Mediastinitis Following Rigid Plate Fixation versus Wire Cerclage After Median Sternotomy: A Meta-Analysis *Oliver Lee*
10:25	T015	Improving Prescribing Documentation for Otitis Externa in ENT Outpatient Clinics *Debbie Abiri*
10:45	T016	Can a consultant led Virtual fracture clinic pathway safely replace 2 week review for suspected scaphoid fractures *Amir Khan*
11:05	T017	Single Stage Versus Staged Reconstruction in Multiligament Knee Injuries: A Systematic Review *Daniel Immanuel Koshy*

AFTERNOON SESSION

13:15	T018	Clinical Outcomes of Bone-Anchored Versus Socket-Suspended Prostheses in transferral amputees: a systematic review and meta-analysis *Janice Tan Sue Wei*
13:35	T019	Benign or Malignant? The Diagnostic Challenge of the Indeterminate Testicular Mass: A Five-Year Single-Centre Review of Radical Orchidectomy *Liam Roach*
13:55	T020	Breaking the Bottleneck: A Three-Cycle Quality Improvement Project Implementing Ring-Fenced CT-KUB Access for Acute Ureteric Colic *Jaiesh Lilley*
14:25	T021	Delayed Magtrace Injection Following Tumour Excision for Sentinel Lymph Node Identification in Breast Cancer Surgery *Navdeep Jabble & Elika Najafi*
14:45	T022	Adequacy of Handwritten Consent Forms for Elective Hip and Knee Arthroplasty: A Clinical Audit *Mithila Sharmin*
15:05	–	–

AMBER ROOM · MEDICAL EDUCATION & TEACHING

MORNING SESSION

09:15	T023	Ultrasound-Guided Cannulation Training for Foundation Doctors: Sustained Confidence and Competence Following A One-Hour Teaching Session *James Baker*
09:35	T024	A Matter of Life and Learning: Experience of a New Simulation-Based Scenario in Palliative Care *Rosemary Jane Bell*
09:55	T025	Bridging the Gap: Delivering Practical Eye Emergency Training for Non Ophthalmologists in the North of England *Amelia Rose Dickinson*
10:25	T026	A High-Acuity Low-Occurrence Skills Quality Improvement Project Investigating Emergency Departmental educational needs for prioritisation *Isabella Walker*
10:45	T027	Development, Implementation and Evaluation of a Structured Stroke Medicine Teaching Programme for Rotating Resident Doctors *Zahra Rehman*
11:05	T028	Beyond the Lecture: Transforming Clinical Learning Through Feedback-Informed, Case-Based Teaching *Syed Abid & Humaira Jannath*

AFTERNOON SESSION

13:15	T029	Beyond Examination Technique: A Near-Peer Case-First Programme for CPSA Clinical Reasoning Preparation *Aamina Mahmood*
13:35	T030	Structured teaching on the Shop Floor: Evaluation of a micro-teaching intervention for Undergraduate Emergency Medicine Education *Abraham Muwanga*
13:55	T031	Custom Built Colles and Smith Fracture Models and Analgesia Simulations Improve Emergency Clinician Knowledge and Confidence in Reduction Techniques *Rhiannon Bates*
14:25	T032	Evaluating a Resident Doctor-Led, Multi-Specialty Near-Peer Teaching Programme to Enhance Undergraduate OSCE Preparedness *Shruthi Atapaka*
14:45	T033	Evaluating the Educational Value of Curriculum-Aligned Micro-Teaching in an Emergency Department: A Retrospective Educational Evaluation *Lani Jane Chong*
15:05	–	–

GREEN ROOM · TRAINING, STUDENTS & WELLBEING

MORNING SESSION

09:15	T034	Evaluating and Improving the Induction of UK Medical Registrars at Wellington Regional Hospital: A Single-Centre Quality Improvement Project *Charlotte Newman & Rijuta Pattnayak*
09:35	T035	The UK cost-of-living crisis and its impact on medical students: a mixed-methods study at a British medical school *Shanzeh Iqbal*
09:55	T036	Predictors of Coping Adaptations Among Medical Interns (foundation doctors: FY1): An Explanatory Mixed-Methods Study in Bengaluru *Ayesha Tabassum Aejaz*
10:25	T037	Improving Trainee Uptake of Self-Development Time at the Care of the Elderly Department at Gloucestershire Royal Hospital *Charlie Liu*
10:45	T038	Carry the Bleep and Ward Simulation Sessions Improve Preparedness for Practice in Final Year Medical Students *Emily Howe*
11:05	T039	GasGasGas: a trainee-led podcast teaching FRCA Primary basic science, and its (inter)national reach *James Whereat*

AFTERNOON SESSION

13:15	T040	From Classroom to Theatre: Building Confidence and Familiarity Before Surgical Placement *Lydia Shone & Raveen Sagoo*
13:35	T041	Supporting the wellbeing of medical students in clinical remediation after failing their final assessments: a needs assessment and service changes *Ryan Martinez & Chelsea Kyerematenge*
13:55	T042	Enhancing final-year medical students' preparedness for Foundation training through multispecialty, small-group, case-based teaching *Ayaz Mehmood*
14:25	T043	Appraising the utility of mini-CEXs in the UK's Internal Medicine Training programme *Mai Huong Nguyen*
14:45	T044	A Multidisciplinary Approach to Physical Health Education in Psychiatry *Lily Li*
15:05	–	–

TEAL ROOM · ACUTE MEDICINE & GERIATRICS

MORNING SESSION

09:15	T045	Beyond Awareness: A Two-Cycle Audit of Delirium Screening Following Multimodal Education *Nandhini Shanmuga Sundaram & Mai Mohamed*
09:35	T046	QIP: Improving Infection Management and Antibiotic Prescribing on a Geriatric Ward *Kezia Mithra-Johnson*
09:55	T047	Closing the Gap: Improving COPD Discharge Practice Through Implementation of the BTS COPD Discharge Bundle *Yasmin Barud*
10:25	T048	Improving Pharmacological Venous Thromboembolism Prophylaxis Prescribing and Documentation on a Gastroenterology Ward *Ahmed Abid*
10:45	T049	Improving Fracture Risk Assessment and Bone Health Planning After Falls in Older Inpatients - A Two-cycle Quality Improvement Project *Ruchika Jawahar & Jia Xin Khoo*
11:05	T050	Improving Insulin Medicines Reconciliation and Glycaemic Safety in Frail Hospitalised Older Adults: A Two-Cycle Quality Improvement Project *Mohammed Azam Ali*

AFTERNOON SESSION

13:15	T051	Optimising Lidocaine Patch Prescribing: Reducing off-licence prescriptions across Older Person's Medicine (OPM) wards at South Tees NHS Trust *Anna Kate Bloor*
13:35	T052	Bridging the Discharge Gap: A Quality Improvement Audit on Anticoagulation Communication and Documentation Following Pulmonary Embolism *Rachel Suresh*
13:55	T053	Bridging the Gap: Improving ReSPECT Form Completion and Ceiling of Care Documentation *Hewaz Abdulghafar Fatah*
14:25	T054	Improving Acute Care Standards and Documentation in Community-Acquired Pneumonia (CAP) via an Electronic Admission Bundle *Naveen Philip*
14:45	T055	Closing the loop on tumour lysis syndrome: a two-cycle audit of risk stratification and prophylaxis following educational and EPR interventions *Helia Iranpanah & Athulyaah Varatheeswaran*
15:05	–	–

BLUE ROOM · NEUROSCIENCE, MENTAL HEALTH & CRITICAL CARE

MORNING SESSION

09:15	T056	Reel Talk: Using Film to Explore Mental Health Stigma and Person-Centred Communication *Ananya Veenarun & Christina Taylor*
09:35	T057	When Behavioural Change Is Not Psychiatric: Metastatic Oesophageal Adenocarcinoma with Extensive Brain Metastases *Deep Kala*
09:55	T058	A narrative review of childhood neglect and its association with eating disorders *Abdul Haseeb Ali*
10:25	T059	Improving the Quality of MRI Internal Auditory Meatus Referrals: A Clinical Audit Against Royal College of Radiologists Standards *Sanaa Ahmed*
10:45	T060	Sauna use and mental health and wellbeing outcomes: a narrative systematic review *Kirthika Janaarthanan*
11:05	T061	Understanding non-attendance at post-ICU follow-up clinic *Alexander Morgan*

AFTERNOON SESSION

13:15	T062	Improving Venous Thromboembolism Prophylaxis in Stroke Patients: A Quality Improvement Project *Kaushiki Bakaya*
13:35	T063	Bilateral Watershed Infarcts Following Tirzepatide Dose Escalation: A Case Report *Mozhgan Hosseini-Ashrafi*
13:55	T064	CT angiography coverage in stroke and TIA: a trust audit identifying a learning need beyond stroke teams *Toju Joseph Obels*
14:25	T065	Improving Stroke Documentation Through a Ward Proforma: A Quality Improvement Project *Emma Cogswell*
14:45	T066	Chronotype, Age-related Macular Degeneration and Outer Retinal Structure: Insights from the UK Biobank *Zihan Sun*
15:05	–	–

INDIGO ROOM · GASTROENTEROLOGY & RENAL MEDICINE

MORNING SESSION

09:15	T067	Beyond Fibrosis Alone: A Cardio-Hepato-Renal Phenotype Map for Mortality Risk Stratification in MASLD *Syed Muhammad Hassan Bukhari*
09:35	T068	Impact of a Specialist Nurse Led Chronic Pancreatitis Clinic on Improving Patients Outcomes and Service Efficiency *Joshua Collier*
09:55	T069	From improvement to deterioration and back again: improving statin prescribing in chronic kidney disease through iterative quality improvement *Ciarán Walsh*
10:25	T070	Mind the Fibrosis Gap: A targeted electronic prompt to improve FIB-4 documentation in primary care *Arshia Amirkardoust*
10:45	T071	Incretin therapies to achieve transplant-eligible weight in advanced chronic kidney disease: a single-centre case series *Arwa Khashkhusha*
11:05	T072	Eight Years of Chyluria and Persistent Proteinuria of Uncertain Aetiology: A Diagnostic Challenge in a Resource-Limited Setting *Nethmee Suhasee Akmeemana*

AFTERNOON SESSION

13:15	T073	Efficacy and Safety of Targeted B-cell Modulators in IgA Nephropathy: A Network Meta-Analysis *Adhish Vondivillu Srinivasan*
13:35	T074	Compliance with updated BASL decompensated cirrhosis admission care bundle *Ananya Singh*
13:55	T075	Improving Medication Safety in Patients with Cirrhosis: A Quality Improvement Project *Jesslin Austin & Laju Gurung*
14:25	T076	Improving lipid monitoring and optimisation in patients with chronic kidney disease: a quality improvement project at a tertiary hospital *Estella Manser*
14:45	T077	Use of the cirrhosis case bundle checklist in patients with decompensated liver disease *Nicole Mascarenhas*
15:05	–	–

PURPLE ROOM · WOMEN'S & CHILDREN'S HEALTH

MORNING SESSION

09:15	T078	Early Outcomes of VNOTES Hysterectomy: A Single-Surgeon Re-Audit *Sorcha Lydon*
09:35	T079	A 30-year diagnostic journey to refine diagnosis from Marfan syndrome to Loeys-Dietyz syndrome using Precision genomics *Neel Kothari*
09:55	T080	The missing puzzle piece: Dual diagnosis of Potocki-Lupski syndrome and a novel EOLA1 variant in neonatal lactic acidosis *Ko Tin Nam*
10:25	T081	Ruptured Postpartum Pyomyoma Following Caesarean Section: A Fatal Diagnostic Challenge *Isaac Kwabena Akoto Nsiah*
10:45	T082	Renal involvement in MIS-C: a systematic review of clinical manifestations, proposed mechanisms and outcomes *Eleni Lazanakis*
11:05	T083	POMC Deficiency in Two Siblings: Atypical Generalized Overgrowth, Delayed Diagnosis and the Potential Benefits of Early Treatment *Omar Alsalka*

AFTERNOON SESSION

13:15	T084	Pregnancy with a Mitrofanoff: Navigating the Challenges of Fowler's Syndrome *Anuthi Fernando*
13:35	T085	Beyond Awareness: The Knowledge-Practice Gap in Cervical Cancer Screening Among Female Market Traders in North-Central Nigeria *Veronica Atte*
13:55	T086	Accuracy of VTE risk assessment and adherence to the 2026 RCOG Green-top Guideline 37a position statement after elective caesarean section *Majd Alkhoury*
15:05	–	–

PINK ROOM · INFECTION, CANCER & SKIN

MORNING SESSION

09:15	T087	Racial and Ethnic Disparities in Mycosis Fungoides and Sézary Syndrome in North America: A systematic review *Ayomide Lawal*
09:35	T088	When Two Tests Are Not Enough: Limited Interpretability of Pneumococcal Antibody Testing in Adults With Solid Tumours – A Retrospective Cohort Study *Andrew Thake*
09:55	T089	Evaluating a Dedicated Hidradenitis Suppurativa Biologic Service: Access, Documentation and Early Outcomes *Passant Saad*
10:25	T090	Newly Diagnosed Autoimmune Type 1 Diabetes Presenting with Severe Diabetic Ketoacidosis in a 92-Year-Old Woman *Hamza Hamid*
10:45	T091	Desmoplastic Melanoma: Diagnostic Challenges in Amelanotic Melanoma *Adam Moore*
11:05	T092	We could send letters' – an audit of rheumatology outpatient letter communication *Simran Rai & Elissa Harb*

AFTERNOON SESSION

13:15	T093	Assessing Compliance with Smoking Status Assessment and Documentation in Patients Reviewed by the East and West Cumbria Psychiatry Crisis Teams *Maryam Husain*
13:35	T094	A Rare Presentation of Poncet's Disease - A Commonly Misdiagnosed Extrapulmonary Manifestation of Tuberculosis Infection *Jay Ghelani*
13:55	T095	Rheumatoid Arthritis Rarely Travels Alone: Prevalence and Associated Factors of Comorbidities in a Saudi Arabian Hospital Cohort *Shahenda Yousif Mohammed Alemam*
14:25	T096	Compliance with the Getting it Right First Time (GIRFT) guidance in emergency referrals for suspected Cauda Equina Syndrome *Myat San & Sanah Singh*
14:45	T097	Real-World Use of Deucravacitinib in Moderate-to- Severe Plaque Psoriasis: Adherence To NICE Guidance *Siti Abdul Rahman*
15:05	–	–

NMERC 2026 · ABSTRACTS

ORAL PRESENTATIONS

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RED ROOM · CARDIOLOGY & VASCULAR

T001 · Oral presentation — Red Room · 09:15 — View slides ↗

Incidental Detection of a Pulmonary Valve Thrombus in a 60-Year-Old Woman- A Case Report

Abhishek Singh

The Princess Alexandra Hospital, Harlow

BACKGROUND

Pulmonary valve thrombus is an exceptionally rare cardiac finding, particularly in patients without pulmonary embolism or infective endocarditis. Differentiating thrombus from other valvular masses can be challenging and may require multimodality imaging.

METHOD

We report the case of a 60-year-old woman presenting with atypical chest discomfort and exertional dyspnoea. Clinical examination, laboratory investigations, transthoracic echocardiography, CT coronary angiography, CT pulmonary angiography (CTPA), and cardiac magnetic resonance imaging (CMR) were used to investigate and characterize the suspected pulmonary valve lesion.

RESULTS

Initial transthoracic echocardiography revealed no significant structural cardiac abnormalities or valvular pathology. CT coronary angiography showed no flow-limiting coronary artery disease but incidentally identified a pulmonary valve filling defect. Dedicated CTPA confirmed the lesion and excluded pulmonary embolism. CMR demonstrated a pulmonary valve-associated mass with appearances most consistent with thrombus. Infective endocarditis was considered unlikely given the absence of clinical evidence, normal inflammatory markers, and negative blood cultures. The patient received warfarin anticoagulation. Repeat CTPA after three months demonstrated complete resolution of the lesion, supporting the diagnosis of thrombus. Her chest discomfort and exertional dyspnoea also resolved.

CONCLUSION

Pulmonary valve thrombus should be considered in the differential diagnosis of an incidentally detected valvular mass, even in the absence of pulmonary embolism or an identifiable predisposing condition. Multimodality imaging facilitates diagnostic assessment, while complete lesion resolution following anticoagulation provides strong supportive evidence for thrombus when histopathological confirmation is unavailable.

T002 · Oral presentation — Red Room · 09:35 — View slides ↗

An Unexplained Cause of Shock: A Large Left Atrial Myxoma

Vishnu Priya Chinnasami, Jack Crispin, Matthew Saxton

Manchester University Hospital NHS Foundation Trust

BACKGROUND

Cardiac myxomas can present with non-specific inflammatory symptoms and pulmonary congestion, mimicking sepsis and acute heart failure. Large left atrial myxomas may obstruct mitral inflow, causing haemodynamic collapse. Recognising this potentially reversible cause of shock can expedite definitive treatment.

METHOD

We report the presentation, diagnostic evaluation, management and outcome of a 65-year-old woman with a history of hypopituitarism and previous breast cancer who presented with progressive dyspnoea, orthopnoea, peripheral oedema and constitutional symptoms. Initial investigations demonstrated pulmonary congestion, an N-terminal pro-B-type natriuretic peptide of 1637 ng/L and a C-reactive protein of 145 mg/L. She received antibiotics and intravenous diuretics for presumed acute heart failure and lower respiratory tract infection. On day two, she developed profound hypotension and tissue hypoperfusion, prompting intensive care admission for presumed septic shock, treated with broad-spectrum antibiotics and vasopressor support. Persistent haemodynamic instability prompted further echocardiographic assessment.

RESULTS

Transthoracic echocardiography identified a left atrial mass, although haemodynamic assessment was limited by technically challenging imaging windows. Transoesophageal echocardiography confirmed a large, highly mobile left atrial mass prolapsing through the mitral valve and obstructing the left ventricular inflow. This provided a unifying explanation for the pulmonary congestion and haemodynamic compromise. Coronary angiography showed prominent tumour vascularisation supplied by the right coronary artery. Emergency surgical excision followed, and histopathology confirmed a benign cardiac myxoma. After rehabilitation, the patient regained baseline functional independence.

CONCLUSION

This case highlights mechanical obstruction of mitral inflow by a mobile left atrial myxoma as an overlooked cause of shock with pulmonary congestion. Preload reduction with diuretics may exacerbate haemodynamic compromise in this setting, although a single case cannot establish a causal relationship. Early echocardiography is crucial when haemodynamic deterioration remains unexplained, enabling timely recognition of the underlying mechanism.

T003 · Research

Red Room · 09:55 View slides ↗

From Presentation to Angiography: Evaluating Delays and Risk-Based Prioritisation in NSTE-ACS at a Non-PCI Hospital in Northern Ireland

Muhammad Navid Bin Mohamad Sithik, Haider Kamal Khan, Ayeesha Farhana Binti Syed Ali, Muhammad Danial Bin Rosli, Amit Nayak, Eva Garcia McGee

Northern Ireland

BACKGROUND

Coronary angiography remains central to the management of non-ST-elevation acute coronary syndrome (NSTE-ACS); however, the optimal timing of invasive assessment remains an important consideration, particularly in hospitals without on-site PCI facilities.

METHOD

This is a cross-sectional study evaluated in-patient angiography waiting times and factors associated with delays and duration of hospital admission. Descriptive statistics were used to summarise baseline characteristics, while inferential tests such as multivariable regression analysis was used to identify independent associations with time to coronary angiography, adjusting for potential confounders.

RESULTS

A total of 73 patients diagnosed with NSTE-ACS (52 NSTEMI and 21 unstable angina), with a mean age of 66.8 years and 55 (75.3%) men were included in this study. The median time from presentation in ED to coronary angiography was 115.7 hours (IQR 70.2–158.6), of which 76.2 hours (IQR 30.3–118.6) occurred between angiography request and procedure. Using GRACE-derived predicted 6-month mortality, 62 (84.9%) patients were classified as intermediate-or-higher risk (>3%). Of these, only 16 (25.8%) underwent angiography within 72 hours of admission. Angiography timing did not differ significantly between patients with predicted mortality >3% and ≤3% (117.1 vs 102.1 hours, p=0.351). Weekend admissions had significantly shorter request-to-angiography times than weekday admissions (38.4 vs 96.7 hours, p=0.008). Importantly, longer presentation-to-angiography time was associated with increased length of hospital stay (ρ=0.437, p<0.001) and length of stay also differed significantly to subsequent angiographic outcome (p<0.001).

CONCLUSION

This study highlights substantial delays despite high predicted mortality risk. Higher predicted mortality risk was not associated with earlier angiography, while weekend admissions had shorter waiting times. Longer angiography delays correlated with prolonged hospitalisation. These findings emphasise the need for optimisation of risk-based prioritisation, timely access to angiography in non-PCI centres, and streamline inter-hospital referral pathways to optimise patient care.

T004 · Oral presentation

Red Room · 10:25 View slides ↗

Disseminated Septic Emboli From Aortic Valve Infective Endocarditis in an Immunocompromised Patient: A Case Report

Mandeep Singh, Sharmila Seeralan, Mayuran Seeralan, Olanrewaju Oladipo

Princess Alexandra Hospital Harlow

Disseminated infection in immunocompromised oncology patients can mimic metastatic malignancy or immune-related adverse events. We report a 50-year-old woman with cervical squamous cell carcinoma receiving pembrolizumab and infliximab who presented with fever, progressive blistering skin lesions, a non-pruritic rash and new right-sided neurological deficits. Initial differentials included toxic epidermal necrolysis, immunotherapy-related toxicity, metastatic disease and severe infection.

Examination revealed haemorrhagic blisters on the fingers and toes, a truncal rash and transient right-sided weakness. Inflammatory markers were markedly elevated. Imaging demonstrated a cavitating left lower lobe lesion with an air-fluid level, bilateral pulmonary infiltrates, hepatic lesions and ring-enhancing left frontal and parietal lesions. Brain MRI favoured cerebral abscesses with surrounding vasogenic oedema over metastases. Cultures from hand and foot wounds grew Streptococcus pyogenes (Group A Streptococcus).

Empirical piperacillin-tazobactam and gentamicin were commenced for severe sepsis. Following multidisciplinary review, treatment was escalated to meropenem and teicoplanin for broad-spectrum coverage of extensive cerebral, pulmonary and soft tissue infection while investigations continued. Pembrolizumab and infliximab were withheld. Dermatology, oncology, respiratory medicine, microbiology, vascular surgery, gastroenterology and neurosurgery contributed to management. The patient showed substantial clinical and biochemical improvement. Neurosurgical intervention was not pursued given the extent of systemic disease and favourable response to medical treatment.

This case illustrates the diagnostic challenge of disseminated infection with suspected septic embolic disease in an immunocompromised oncology patient. Cerebral abscesses and multisystem lesions may resemble metastases or treatment-related toxicity. Early multidisciplinary assessment and prompt antimicrobial treatment were central to clinical stabilisation.

T005 · Research

Red Room · 10:45 View slides ↗

Outcomes associated with Late Lumen Enlargement After Drug-Coated Balloon Angioplasty: A Systematic Review and Meta-analysis

Jawad Alqedra

Leicester university

BACKGROUND

Late lumen enlargement (LLE) after drug-coated balloon (DCB) angioplasty may reflect favorable vascular remodeling, but its predictors remain uncertain. We systematically evaluated factors associated with LLE after DCB treatment of de novo coronary lesions.

METHODS

We searched PubMed, Scopus, Web of Science, Cochrane, and Embase through October 1, 2026. Observational studies comparing lesions with versus without LLE after DCB-only angioplasty were eligible. Random-effects meta-analyses pooled odds ratios (ORs) and mean differences (MDs) with 95% confidence intervals (CIs). Leave-one-out sensitivity analyses assessed the robustness of the findings.

RESULTS

Nine observational studies (959 patients, 1006 lesions) were included; eight contributed to the meta-analysis. National Heart, Lung, and Blood Institute (NHLBI) Type B dissection was associated with higher odds of LLE (OR, 2.10; 95% CI, 1.03 to 4.28; P = .0424; I^2 = 67.2%), although the prediction interval was wide (0.24 to 18.42) and the estimate was sensitive to exclusion of individual studies. Type A, C, and D dissections, reference vessel diameter, acute lumen gain, calcification, lesion characteristics, and procedural parameters were not significantly associated with LLE. LLE was associated with lower follow-up diameter stenosis (MD, −12.65 percentage points; 95% CI, −15.88 to −9.43; P < .001) and substantially lower odds of binary restenosis (OR, 0.08; 95% CI, 0.03 to 0.18; P < .001).

CONCLUSION

In this meta-analysis of observational studies, NHLBI Type B dissection was the only dissection grade significantly associated with LLE. The association between LLE and favorable angiographic follow-up findings is consistent with a role for subsequent vessel remodeling and lesion healing, although a causal mechanism cannot be established. Larger prospective studies with standardized imaging and definitions are warranted to better define the predictors and clinical implications of LLE.

T006 · Research

Red Room · 11:05 View slides ↗

Infective endocarditis beyond the surgical centre: microbiology, referral and outcomes in a UK district general hospital, 2023–2026

Emma Moore, Sarah Allen

Kent

BACKGROUND

Most published infective endocarditis (IE) series come from tertiary cardiac surgical centres, yet many patients first present to district general hospitals (DGHs). UK DGH data are scarce: the few published cohorts predate the expansion of TAVI and do not report tertiary transfer, so how DGH patients move through referral and surgery is poorly described.

AIM

To describe the microbiology, tertiary transfer, surgery and outcomes of IE at a UK DGH.

METHOD

Retrospective cohort study at Darent Valley Hospital, a Kent DGH without cardiac surgery, January 2023 to May 2026. Cases were identified from microbiology records. We collected demographics, valve type, causative organism, transfer to the tertiary centre, valve surgery and all-cause mortality ascertained in July 2026. Data were analysed descriptively.

RESULTS

66 patients were included (mean age 69.9 years, range 31–100; 65.2% male); 23 (34.8%) had prosthetic material, including 15 (22.7%) TAVI. Staphylococci caused 27 cases (40.9%), almost all Staphylococcus aureus (25, 37.9%). Streptococci caused 20 (30.3%) and enterococci 12 (18.2%); 4 (6.1%) were culture-negative. Forty-one patients (62.1%) were transferred to the tertiary centre, but only 13 (19.7% of the cohort; 31.7% of those transferred) had valve surgery, about half the rate in the European EURO-ENDO registry. By July 2026, 33 patients (50.0%) had died.

CONCLUSION

Most patients were transferred, yet few reached surgery. This may reflect high surgical risk, which rises steeply with age and comorbidity; TAVI-associated IE is also rarely operated on. S. aureus and enterococcal IE in older patients often causes sepsis, emboli or renal impairment, which can preclude surgery even when indicated. Transfer may therefore provide specialist assessment rather than surgery, and much IE care remains medical, so DGHs need robust endocarditis pathways with microbiology input. Limitations: single-centre, retrospective design, variable follow-up.

T007 · Oral presentation

Red Room · 13:15 View slides ↗

Acute Fluorouracil-Induced Cardiomyopathy Following First-Cycle FOLFOX for Gastro-Oesophageal Junction Cancer: A Case Report

Garima Gupta, *Noel Fernando*

Harlow

BACKGROUND

5- Fluorouracil is one of the commonly used chemotherapeutic agents which sometimes present with cardiotoxicity. The clinical spectrum includes acute heart failure, cardiomyopathy, arrythmias and vasospasm, warranting early recognition as prompt treatment.

CASE

A 43-year-old female presented with dysphagia, odynophagia and weight loss, was newly diagnosed as locally advanced gastroesophageal junction carcinoma. She developed acute heart failure with severe LV dysfunction within 72 hours of her first cycle of FOLFOX chemotherapy.

OUTCOME

Rapid multidisciplinary recognition, withdrawal of chemotherapy and intensive supportive care resulted in clinical recovery.

CONCLUSION

Clinicians should maintain a high index of suspicion for fluoropyrimidine cardiotoxicity even during the first chemotherapy cycle.

T008 · Research

Red Room · 13:35 View slides ↗

IVUS guidance compared with angiography in unprotected left main percutaneous coronary intervention: a systematic review and meta-analysis

Kamal Uddin Azam, *Muhammad Ali*

Cumberland infirmary

BACKGROUND

Unprotected left main coronary artery disease (ULMCAD) carries high morbidity and mortality. Although PCI is an established revascularization strategy, the optimal imaging guidance remains uncertain. Intravascular ultrasound (IVUS) has been associated with improved outcomes compared with angiography, but evidence in ULMCAD remains limited and inconsistent.

METHODS

A systematic search of PubMed/MEDLINE, Cochrane, and Google Scholar was conducted to identify studies comparing IVUS-guided versus angiography-guided PCI in ULMCAD. Randomized controlled trials (RCTs) and propensity score-matched observational studies (PSM-S) were included. Pooled risk ratios (RRs) with 95% confidence intervals (CIs) were calculated using a random-effects model.

RESULTS

A total of 13 studies (4 RCTs and 9 PSM-S) comprising 16,991 patients were included in the pooled analysis. Our pooled analysis demonstrated that IVUS-guided PCI was associated with a significant reduction in major adverse cardiovascular events (RR = 0.64, 95% CI: 0.48-0.85), all-cause mortality (RR = 0.65, 95% CI: 0.55-0.77), cardiovascular mortality (RR = 0.52, 95% CI: 0.31-0.87), and myocardial infarction (RR = 0.76, 95% CI: 0.63-0.91) compared with angiography-guided PCI. However, the risks of target vessel revascularization (RR = 0.78, 95% CI: 0.41-1.51), target lesion revascularization (RR = 0.69, 95% CI: 0.45-1.06), and definite or probable stent thrombosis (RR = 0.61, 95% CI: 0.28-1.32) were comparable between the two groups.

CONCLUSION

IVUS-guided PCI reduces major adverse cardiovascular events, all-cause and cardiovascular mortality, and myocardial infarction without significantly affecting repeat revascularization or stent thrombosis compared with angiography-guided PCI.

T009 · Audit or QI

Red Room · 13:55 View slides ↗

Inpatient lipid checking and treatment uptitration in high-risk cardiac patients: an audit and quality improvement project

Ziad Ahmed Elsayed Attia Hassan, Toqeer Ahmed, Abigail Roy, Dawar Ayyaz, Madhusudhan Varma

Carlisle (Cumberland Infirmary)

BACKGROUND

Each 1.0 mmol/L fall in LDL cholesterol lowers major vascular events by about one-fifth. Patients with known ischaemic heart disease admitted with acute coronary syndrome (ACS) or angina carry the highest absolute risk. NICE NG238 sets a target of LDL ≤2.0 mmol/L or non-HDL ≤2.6 mmol/L. Admission is a chance to find patients still above target despite secondary prevention. We audited how often this chance was taken.

METHOD

This single-centre audit included patients admitted to the cardiology ward and coronary care unit at the Cumberland Infirmary, Carlisle, between September and December 2025 with ACS or angina and known ischaemic heart disease. Patients were identified from admission books. We recorded lipid-lowering therapy on admission, whether a lipid profile was checked, LDL level, and any treatment change before discharge. Where no profile was checked, the most recent result was used, so some LDL values may predate admission.

RESULTS

Forty-nine patients were included (73.5% male, mean age 73.2 ± 9.6 years), 40 (81.6%) with ACS. Although 41 (83.7%) were taking lipid-lowering therapy, 21 (42.9%) had an LDL above 2.0 mmol/L. A lipid profile was checked during admission in 25 patients (51%). Of the 21 above target, 9 had treatment appropriately uptitrated and 12 (57%) were discharged with no adjustment.

CONCLUSION

Being on treatment did not mean being at target. Nearly half of patients had no inpatient lipid check, and more than half of those above target left without a change to therapy. We introduced a ward poster prompting lipid checks, action on raised LDL and flagging at discharge, and delivered teaching on these findings. Next steps are pharmacist flagging, a lipid clinic referral pathway and re-audit in November 2026. These steps can be adopted by ward doctors and pharmacists on any cardiology unit.

T010 · Research

Red Room · 14:25 View slides ↗

Patient experiences of exercise for intermittent claudication: a qualitative follow-up of the ReSET2 trial

Agilandiswari Arumuga Jothi, Chloe Milton, Hilary Engward, Ankur Thapar

Bedford Hospital

BACKGROUND

Supervised exercise therapy is recommended for intermittent claudication, although access remains limited. The ReSET2 randomised controlled trial demonstrated improved walking distances with both remotely supervised exercise (RSE) and self-directed exercise (SDE), without significant additional benefit from supervision. Understanding patient experiences may help optimise exercise delivery and adherence. This qualitative study explored participants' experiences and factors influencing exercise adherence.

METHODS

This qualitative descriptive study recruited ReSET2 trial participants through purposive sampling across exercise groups. Semi-structured interviews explored motivation, barriers, support, self-monitoring and sustainability. Interviews were conducted remotely, transcribed and anonymised. Researchers coded transcripts using Taguette and grouped codes into descriptive themes, consistent with Sandelowski's qualitative descriptive approach.

RESULTS

Seventeen interviews identified six overarching themes: (1) motivation to regain function and health; (2) integrating exercise into daily routines; (3) support, reassurance and accountability; (4) physical and practical barriers; (5) self-monitoring: helpful for some; and (6) perceived improvement and continued exercise. Participants prioritised walking further, reducing pain and maintaining independence. Established routines facilitated adherence, while professional support benefited those requiring reassurance. Others preferred exercising independently. Claudication pain, illness, weather and competing commitments hindered engagement. Digital monitoring was beneficial for some but unnecessary for others. Many reported perceived improvements in walking ability and symptoms.

CONCLUSIONS

Exercise adherence reflects individual motivation, perceived benefits, routines, support needs and practical barriers. Remote supervision may benefit patients requiring additional reassurance or accountability, while motivated individuals may exercise independently. Findings support personalised exercise programmes tailored to patient preferences and needs.

T011 · Audit or QI

Red Room · 14:45 View slides ↗

Early Evaluation of a Post-Revascularisation Lipid Optimisation Service: A Closed-Loop Clinical Audit

Abdiaziz Aden, Yaaseer Malik, Maaz Mohammed-Janjua

Wales

BACKGROUND

Effective lipid management following acute coronary syndrome (ACS) is essential for secondary prevention. Cardiff and Vale University Health Board introduced a dedicated post-coronary revascularisation lipid optimisation service, providing specialist nurse and pharmacist review, structured follow-up, patient education and treatment optimisation. This audit assessed early changes in lipid management following service introduction.

METHOD

A retrospective closed-loop audit compared patients undergoing coronary revascularisation for ACS at the University Hospital of Wales before service introduction (April 2025; n=68) and during early implementation (January 2026; n=57). Outcomes included admission lipid and HbA1c testing, follow-up LDL-cholesterol (LDL-C) availability, LDL-C attainment and discharge statin prescribing. Statin intensity was classified according to NICE NG238. Comparisons were performed using Fisher's exact test.

RESULTS

Follow-up LDL-C availability increased significantly from 48.5% (33/68) to 71.9% (41/57; p=0.010). Admission HbA1c testing increased from 58.8% to 73.7% (p=0.092), while admission lipid testing remained similar (58.8% versus 59.6%; p=1.000). NICE-defined high-intensity statin prescribing at discharge was 96.8% (60/62) and 89.5% (51/57), respectively (p=0.151). Among patients with available follow-up results, LDL-C below 1.8 mmol/L was achieved in 66.7% versus 70.7% (p=0.802). Interpretation of biochemical outcomes was limited by incomplete follow-up.

CONCLUSION

Introduction of a dedicated post-revascularisation lipid optimisation service was associated with a significant improvement in follow-up LDL-C surveillance, suggesting that structured specialist follow-up may address gaps in routine secondary prevention. High-intensity statin prescribing remained common in both cohorts, while admission testing and follow-up completeness require further improvement. Continued evaluation will determine whether these early improvements translate into sustained lipid optimisation and improved guideline adherence.

ORANGE ROOM · SURGERY

T012 · Audit or QI

Orange Room · 09:15 View slides ↗

Quality of Surgical Consent Documentation in Upper GI Surgery: A Single-Centre Audit Against National Standards

Felicia Kua Xue Ying

Southampton

BACKGROUND

Valid consent requires a documented discussion of the proposed procedure, its risks and benefits, and the alternatives, including no treatment. Guidance from the RCS and GMC, and the Montgomery ruling on individualised risk disclosure, set clear expectations for this. Elective Upper GI operations are complex procedures with significant morbidity, making thorough consent documentation essential, particularly when non-operative alternatives exist. This audit assessed consent documentation in pre-operative clinic letters and signed consent forms against established standards.

METHOD

Retrospective audit of 30 randomly selected elective Upper GI surgery patients at University Hospital Southampton from December 2025 to March 2026. Emergencies and endoscopies were excluded. Pre-operative clinic letters were reviewed for documentation of risks and benefits, explanation of the proposed procedure, and the treatment options discussed. Consent forms were reviewed for risks and benefits, patient initials, and surgeon and patient signatures. Priority and highest medico-legal-exposure standards were emphasised. Information recorded only in part was scored "partial". Limitations are the small sample, single centre, and document-only review.

RESULTS

Capacity, clinician competence and both signatures were documented in 30/30 cases. Six of seven priority standards scored 50% or below: patient values (16.7%), no-treatment option and patient-specific risks (40% each), confirmation of understanding (43.3%), alternatives (46.7%) and serious or rare risks (50%). Benefit alongside risk was fully documented in 4/30 (13.3%) and partially in 26/30. Right to refuse was never documented.

CONCLUSION

Capacity, competence and signatures were consistently documented, but patient values, the no-treatment option, individualised risks and confirmation of understanding were each recorded in fewer than half of cases. With benefits often recorded only partially and alternatives frequently not at all, the gaps may reflect documentation tools rather than individual practice. We recommend structured prompts for these elements in the clinic proforma and letter template, and re-auditing to test their effect.

T013 · Research

Orange Room · 09:35 View slides ↗

Operative Duration After Unplanned Bone Cement Substitution During a National Supply Disruption: A Retrospective Study

Oliver Hadfield, Francesca Solari, Matthew Larsen, John Lloyd

Wales

OBJECTIVES

A national UK bone cement supply disruption required rapid substitution of Palacos with Hi-Fatigue G. We compared operative duration before and after substitution and examined whether any difference varied by procedure type or primary operator grade.

METHODS

This retrospective before-after study included 388 primary cemented hip and knee arthroplasties performed in January 2026 (Palacos; n=198) and March 2026 (Hi-Fatigue G; n=190); operative duration was available for 378 procedures. The primary analysis used Welch's two-sample t-test with mean difference and 95% confidence interval (CI). Robust sensitivity analyses, subgroup interaction tests, and adjusted regression were performed.

RESULTS

Mean operative duration was 69.40 minutes (SD 21.08; n=194) with Palacos and 72.60 minutes (SD 23.77; n=184) with Hi-Fatigue G, a difference of 3.20 minutes (95% CI -1.35 to 7.75; P=0.168; Hedges g=0.14). There was no evidence that the association differed across THA/TKA/UKA (interaction P=0.454) or by primary operator grade (interaction P=0.304). Adjustment for age, procedure, and operator grade gave a 4.56-minute estimate (95% CI -0.02 to 9.15; P=0.051).

CONCLUSION

The unadjusted increase in operative duration after substitution was not statistically significant, but the CI remains compatible with a modest delay. Because cement product was completely confounded with calendar period, these data do not establish equivalence or a causal cement effect

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T014 · Research

Orange Room · 09:55 View slides ↗

Deep Sternal Wound Infection and Mediastinitis Following Rigid Plate Fixation versus Wire Cerclage After Median Sternotomy: A Meta-Analysis

Oliver Lee, Aashish Kalachand Bissoon, Ahmed Osman, Wu Xiangyang, Dominique Shum-Tim

Basingstoke

BACKGROUND

Deep sternal wound infection (DSWI) and mediastinitis are highly morbid complications of median sternotomy, disproportionately affecting high-risk patients with obesity, diabetes, and chronic lung disease. Prior meta-analyses have used composite wound endpoints obscuring the clinical significance of DSWI, and none have performed a pre-specified subgroup analysis in high-risk populations. This review evaluates rigid plate fixation (RPF) versus wire cerclage (WC) with DSWI as a standalone primary outcome and a formal high-risk subgroup analysis.

METHODS

PubMed, Embase, and Cochrane CENTRAL were searched to 2025. Studies comparing RPF and WC for sternal closure after adult cardiac surgery were eligible. A random-effects meta-analysis using REML estimation was performed along with pre-specified subgroup analyses by study design and patient risk. Registered on PROSPERO (CRD420261367608) and reported as per PRISMA 2020 guidelines.

RESULTS

Fifteen studies (4 RCTs, 11 observational; n=3,876) were included. RPF significantly reduced DSWI/mediastinitis overall (OR 0.30, 95% CI 0.13–0.65, p=0.002), with the effect more pronounced in high-risk patients (OR 0.20, 95% CI 0.05–0.86, p=0.03) than unstratified populations (OR 0.34, 95% CI 0.13–0.90, p=0.03).Sensitivity analysis restricted to studies not requiring continuity correction attenuated the primary finding to non-significance (OR 0.47, p=0.255). RPF was also found to reduce composite sternal complications, 30-day mortality, hospital length of stay and postoperative pain.

CONCLUSIONS

RPF demonstrates a consistent directional benefit across all outcomes, most meaningfully in high-risk patients where absolute benefit is greatest. Cautious interpretation is warranted given event sparsity and observational predominance, and certainty of evidence assessed using GRADE was very low throughout. To further elucidate the specific benefit of RPF over wire cerclage, a multicentre RCT powered for DSWI with pre-specified risk stratification is recommended.

T015 · Audit or QI

Orange Room · 10:25 View slides ↗

Improving Prescribing Documentation for Otitis Externa in ENT Outpatient Clinics

Debbie Abiri

guys hospital

BACKGROUND

Accurate and complete clinical documentation is essential for safe prescribing, effective communication and continuity of patient care. In the management of otitis externa, documenting allergy status, follow-up arrangements and safety-netting advice is important to support patient safety and appropriate ongoing management. This quality improvement project aimed to improve prescribing-related documentation in accordance with relevant NICE guidance and local standards.

AIM

To assess the completeness of prescribing-related documentation for patients with otitis externa in the outpatient clinic and implement targeted interventions to address identified deficiencies.

METHODS

A baseline audit of 30 patient records was conducted in the outpatient clinic. Documentation was assessed against predefined criteria. Baseline compliance was measured for each criterion to identify areas requiring improvement. Two interventions were subsequently introduced: a standardized documentation checklist and targeted teaching for clinicians. A second audit cycle is planned to evaluate the impact of these interventions.

RESULTS

Of the 30 patient records reviewed, allergy status was documented in 17/30, 56%, follow-up arrangements and safety-netting advice in 22/30, 73%, treatment duration documentation in 23/30, 77%,The baseline findings highlighted areas for improvement in the completeness of clinical documentation. In response, a standardized checklist and targeted clinician teaching were implemented. The impact of these interventions will be evaluated in the second audit cycle.

CONCLUSION

This project identified opportunities to improve the documentation of allergy status, follow-up arrangements and safety-netting advice in patients with otitis externa attending the outpatient clinic. The introduction of a standardized checklist and targeted teaching provides a structured approach to addressing these gaps. Re-audit will determine whether these interventions improve documentation compliance and support sustained improvements in patient safety and quality of care.

T016 · Audit or QI

Orange Room · 10:45 View slides ↗

Can a consultant led Virtual fracture clinic pathway safely replace 2 week review for suspected scaphoid fractures

Amir Khan, Bijayendra Singh

Medway NHS Foundation Trust

BACKGROUND

Scaphoid fractures are the most common type of carpal fractures resulting in potential complications like avascular necrosis, non-union and osteoarthritis if not timely managed. They are challenging to diagnose, often requiring repeated imaging and clinical reviews.

OBJECTIVE

To optimize patient care, reduce the burden on face-to-face services and to rationalise the indication for repeat imaging in management of scaphoid fractures.

METHODS

Patients with suspected scaphoid fractures were clinically assessed in ED and underwent scaphoid view series of X-rays. If no fracture was visible but clinical suspicion remained high, patients were provided with a wrist splint, an information leaflet outlining the pathway, referred to a virtual fracture clinic (VFC) where upper limb consultants reviewed the X-rays remotely. Patients with no radiographic evidence of scaphoid injury were discharged with a patient-initiated follow-up option. Repeat imaging, such as MRI or follow-up X-rays, was reserved for patients with persistent symptoms or consultant-identified concerns.

RESULTS

Out of the total study participants around 15% were seen face to face of which 13 patients were recalled from VFC for diagnosed fractures/ undocumented examination ox rays reports suggesting occult fractures or inadequate Xray views. Around 6% were patient initiated follow ups.

CONCLUSION

This audit focused on the outcomes and efficiency of the proposed pathway over one year demonstrating nearly 100% compliance with no missed scaphoid fractures, a significant reduction in face-to-face follow-ups and decreasing imaging workload. Hence it has proved to be a resource-efficient model for managing suspected scaphoid fractures, with potential applicability both locally, regionally and at a national level.

T017 · Research Orange Room · 11:05 View slides ↗

Single Stage Versus Staged Reconstruction in Multiligament Knee Injuries: A Systematic Review

Daniel Immanuel Koshy, Nur Amelia Shaharudin, Ayla Ahmed

Barts NHS Trust

BACKGROUND

Multiligament knee injuries (MLKIs) are associated with significant morbidity and functional impairment. The optimal surgical approach remains controversial, particularly regarding postoperative stiffness and functional recovery. This systematic review compared outcomes following single stage and staged reconstruction.

METHODS

PubMed, Embase, Scopus and CENTRAL were searched in February 2026. Comparative studies evaluating reconstruction strategies in adults with traumatic MLKIs were included. Primary outcomes were arthrofibrosis and range of motion (ROM). Secondary outcomes included functional scores, complications and reoperations. Risk of bias was assessed using ROBINS-I. Findings were synthesised narratively due to clinical and methodological heterogeneity.

RESULTS

Four retrospective comparative studies involving 1,466 patients met the inclusion criteria. Staged reconstruction demonstrated no consistent advantage in reducing arthrofibrosis or improving ROM. Functional outcomes, including IKDC, Lysholm and Tegner scores, were broadly comparable between approaches. The largest propensity-matched cohort reported fewer complications, reoperations and lower healthcare utilisation following single stage reconstruction. All studies demonstrated moderate or serious risk of bias, primarily due to retrospective design and confounding.

CONCLUSION

Current evidence does not establish staged reconstruction as superior in preventing arthrofibrosis or improving functional recovery following traumatic MLKIs. Single stage reconstruction may offer advantages regarding complications and reoperations. However, methodological limitations prevent definitive recommendations. Further prospective comparative studies are required to guide surgical decision-making.

T018 · Research

Orange Room · 13:15 View slides ↗

Clinical Outcomes of Bone-Anchored Versus Socket-Suspended Prostheses in transferral amputees: a systematic review and meta-analysis

Janice Tan Sue Wei, Wen Xian Low, Chris Bretherton

New Cross Hospital

Bone-anchored prostheses (BAP) provide an alternative to traditional socket-suspended prostheses (SSP) for individuals with transfemoral amputation (TFA) by addressing socket-related complications. While most previous studies, primarily single-arm trials, report positive outcomes with BAP, these findings may be overestimated due to lower preoperative baseline function among individuals using SSP prior to BAP implantation. This review aims to offer a more balanced comparison of functional and clinical outcomes between BAP and SSP by focusing exclusively on two-arm comparative studies. A systematic review and meta-analysis was conducted from December 2024 to May 2025, following PRISMA guidelines. Databases including PUBMED, EMBASE, Scopus, Cochrane, and Web of Science were searched. All studies meeting the inclusion criteria were cross-sectional in design. Primary outcomes included mobility (Timed Up and Go [TUG]; Activities-specific Balance Confidence [ABC]) and quality of life (Q-TFA domains). Secondary outcomes: gait parameters, hip range of motion (ROM), osseoperception, and costs. Risk of bias was assessed using ROBINS-I adapted for observational designs. Random-effects meta-analyses pooled mean differences (MD) or standardized mean differences (SMD) with 95% CIs. Twelve studies (BAP n = 200; SSP n = 244) met criteria. Pooled analyses showed no significant differences for TUG (MD 0.16 s, 95% CI -2.09 to 2.41; I2 = 0%), ABC (MD 0.05, 95% CI -22.19 to 22.29; I2 = 76.3), Q-TFA Global (MD 1.14, 95% CI -22.02 to 24.30), Q-TFA Prosthetic Mobility (MD 0.37, 95% CI -9.93 to 10.68), Q-TFA Problems (MD -6.29, 95% CI -18.77 to 6.19), Q-TFA Prosthesis Use (MD 1.18, 95% CI -2.36 to 4.71), and gait speed (MD -0.03 m/s, 95% CI -0.31 to 0.25). Hip ROM tended to be higher with BAP in two studies; osseoperception favored BAP in two studies; one study reported on lower long-term cost with BAP. No comparative studies of infection were identified. While BAP is a promising alternative for individuals experiencing complications with SSP, its benefits for functional SSP users remain uncertain. The lack of comparative studies evaluating infection rates highlights an important area for future research.

T019 · Research

Orange Room · 13:35 View slides ↗

Benign or Malignant? The Diagnostic Challenge of the Indeterminate Testicular Mass: A Five-Year Single-Centre Review of Radical Orchidectomy

Liam Roach, Peter Smith

BACKGROUND

Radical orchidectomy remains standard treatment for testicular lesions suspicious for malignancy. EAU guidance recognises that small, non-palpable testicular masses may be benign and ultrasonographic features cannot reliably discriminate benign from malignant disease. We investigated whether pre-operative characteristics could identify patients more likely to have benign histology.

METHOD

A retrospective single-centre review identified 89 orchidectomies over five years. The 35 radical orchidectomies for suspected malignancy were reviewed. EAU compliance was assessed. Age, lesion size, palpability and pre-operative tumour-marker status were compared between benign and malignant histology using Mann–Whitney U and Fisher's exact tests.

RESULTS

Mean age was 46.4 years. Pre-operative bilateral ultrasonography and tumour markers were performed in 100% and 94.2%, respectively. Among malignant cases, 92.8% underwent post-operative tumour-marker assessment and 100% CT chest staging.

8 of 35 orchidectomies (22.9%) demonstrated benign histology despite suspicious imaging. Benign cases occurred in significantly older patients (median 60.5 vs 40 years; p=0.020) and were more frequently non-palpable/incidental (62.5% vs 14.8%; p=0.015). Lesion size did not significantly differ (p=0.25). Tumour-marker negativity did not discriminate benign from malignant disease (87.5% vs 70.4%; p=0.65); notably, 19/27 malignant lesions were marker-negative, including a non-palpable pT1 mixed germ-cell tumour.

CONCLUSION

Almost one-quarter demonstrated benign histology. Normal tumour markers provided limited reassurance against malignancy. Rather than questioning radical orchidectomy for suspicious lesions, these findings identify older patients with non-palpable lesions as a group in whom additional pre-operative characterisation could be considered without compromising oncological safety. Given the small single-centre cohort, larger regional studies are required to validate findings and inform future practice.

T020 · Audit or QI

Orange Room · 13:55 View slides ↗

Breaking the Bottleneck: A Three-Cycle Quality Improvement Project Implementing Ring-Fenced CT-KUB Access for Acute Ureteric Colic

Jaiesh Lilley, Liam Roach, Dora Moon

Lancashire Teaching Hospitals

BACKGROUND

Acute ureteric colic is a common urological emergency, with NICE guidance recommending CT-KUB within 24 hours of presentation. Delayed imaging can lead to inappropriate admissions, delayed intervention and avoidable morbidity. This quality improvement project assessed local compliance with imaging standards and evaluated the impact of pathway redesign.

METHOD

A three-cycle review of patients referred to urology with suspected renal colic was undertaken. Cycle 1 (October 2024) established baseline diagnostic efficiency and imaging timelines. Following multidisciplinary discussion with radiology and emergency department leads, further evidence was requested before pathway implementation. Cycle 2 (August 2025) re-evaluated performance. A dedicated renal colic pathway was subsequently introduced, comprising two daily ring-fenced CT-KUB slots for ambulatory urology patients, formalised within a trust-approved SOP and supported by a patient information leaflet. Cycle 3 prospectively evaluated pathway efficacy.

RESULTS

Cycle 1 identified 54 referrals; only 11 (20%) underwent CT-KUB prior to urology review. Of the remaining 43, 19 had no calculi and 12/24 stone cases did not require inpatient management; overall, 31/54 (57%) referrals did not require admission. Mean wait to CT-KUB was 15 hours 48 minutes. Cycle 2 included 58 referrals; only 6 (10%) had prior imaging. Mean wait increased to 23 hours 26 minutes, with 17 cases breaching NICE guidance. Diagnostic yield among unscanned patients was 31% (16/52). Of 18 confirmed stone cases, 12 required admission and 10 underwent emergency surgery. Delayed imaging contributed to prolonged waits and avoidable complications, including urosepsis. Following pathway implementation, Cycle 3 diagnostic yield increased to 57% (20/35), a 26-percentage-point improvement. Mean time to CT-KUB fell to 14 hours 19 minutes, a 39% reduction.

CONCLUSION

Ring-fenced CT-KUB capacity improved diagnostic efficiency, reduced imaging delays and improved guideline compliance. Formalising the pathway through an SOP and patient information leaflet supports sustainable, patient-centred acute stone care.

T021 · Research

Orange Room · 14:25 View slides ↗

Delayed Magtrace Injection Following Tumour Excision for Sentinel Lymph Node Identification in Breast Cancer Surgery

Elika Najafi, Navdeep Jabble, Akram Girgis, Ricardo Pardo-Garcia

Queen Elizabeth Hospital, Woolwich

BACKGROUND

Magtrace, a superparamagnetic iron oxide tracer, is an alternative identification method to radioisotope and blue dye for sentinel lymph node biopsy (SLNB) in breast cancer. Concurrent use of Magseed for tumour localisation can cause competing magnetic signals, potentially complicating node detection. Delayed Magtrace administration following tumour excision offers a novel approach to addressing this challenge.

AIM

To evaluate sentinel lymph node identification using delayed Magtrace injection following tumour excision in patients undergoing breast cancer surgery with Magseed localisation.

METHOD

A retrospective cohort study was conducted at Royal Bolton Hospital, including patients undergoing breast cancer surgery with Magseed localisation and Magtrace-guided SLNB. Demographic, tumour, operative and postoperative data were extracted from electronic patient records. Outcomes included successful sentinel node identification, nodal yield and positivity, subsequent axillary surgery and postoperative complications.

RESULTS

Seventy-two patients underwent 75 SLNB procedures. Mean age was 58.3 years (range 32–79) and mean BMI 29.0 kg/m^2 (range 19.4–43.4). Twenty-one patients had multifocal disease and five had bilateral tumours. All patients underwent wide local excision with Magseed localisation, with 24 (33.3%) also receiving chest wall perforator flap reconstruction. Sentinel nodes were successfully identified in 74/75 procedures (98.7%); one procedure required axillary sampling following failure to detect a signal. Thirteen procedures had positive nodes (17.3%). Four patients (5.3%) subsequently underwent axillary clearance, three showing no further nodal disease. Two postoperative complications were recorded: fat necrosis and surgical site infection.

CONCLUSION

The study found a 98.7% sentinel node identification rate in a heterogenous cohort, including patients with multifocal and upper outer quadrant tumours, with low post-operative complication rates. This suggests the technique feasibly addresses a practical limitation of combined Magtrace and Magseed use. The retrospective, single-centre design and absence of a comparator limit conclusions regarding superiority.

T022 · Audit or QI

Orange Room · 14:45 View slides ↗

Adequacy of Handwritten Consent Forms for Elective Hip and Knee Arthroplasty: A Clinical Audit

Mithila Sharmin, Manasi Panshikar, Ajay Goel, Vivek Gulati

Guy's and St Thomas' NHS Foundation Trust

BACKGROUND

Informed consent is fundamental to patient safety and shared decision-making; therefore, accurate documentation of procedural risks is essential to support this process. In addition, issues surrounding consent constitute a significant cause of negligence claims in surgery. This audit aimed to assess the adequacy of handwritten consent forms for elective total hip replacement (THR) and total knee replacement (TKR) against British Orthopaedic Association (BOA)-endorsed consent standards.

METHOD

A retrospective audit reviewed 53 handwritten consent forms for elective lower-limb arthroplasty, at a London NHS hospital, over a six-month period, comprising 25 THR and 28 TKR procedures. Documented risks were compared against BOA-endorsed procedure-specific consent proformas. The presence of the responsible consultant's name was also assessed.

RESULTS

Considerable variation was identified in the documentation of surgical risks. For THR, bleeding, altered leg length and dislocation were documented in 100% of cases, while pain was recorded in only 32%. Infection was documented in 96%, altered wound healing in 16% and death in 52%. For TKR, infection was documented in 100% of cases, compared with deep vein thrombosis (96%), pain (61%), prosthesis wear (39%) and death (18%). The responsible consultant's name was documented in 88% of THR and 79% of TKR consent forms.

CONCLUSION

This audit identified substantial inconsistencies in the documentation of procedure-specific surgical risks, highlighting opportunities to strengthen the consent process. As a result, leaflets for clinicians and patients, were introduced in clinics to provide written information on procedural risks and support informed decision-making. Further recommendations included standardised procedure-specific pre-printed consent forms and electronic consenting to promote consistent documentation.

AMBER ROOM · MEDICAL EDUCATION & TEACHING

T023 · Teaching intervention — Amber Room · 09:15 — View slides ↗

Ultrasound-Guided Cannulation Training for Foundation Doctors: Sustained Confidence and Competence Following A One-Hour Teaching Session

James Baker, Jason Niblett

Warwick Hospital, Warwickshire School of Anaesthesia, West Midlands Deanery

BACKGROUND

Ultrasound-guided cannulation is clinically useful across multiple specialties, but early training is limited. Following two previous ultrasound cannulation teaching programmes we delivered regionally, we taught a cohort of Foundation Year 1 doctors (FY1s) at a district general hospital and assessed educational impact.

METHODS

24 FY1s attended a one-hour session, comprising 15 minutes interactive presentation, and 45 minutes supervised practice - identifying target vessels and cannulating ultrasound models. Pre- and post-course surveys assessed confidence in performing ultrasound cannulation. At a follow-up session 7-9 weeks later, we tested competence, confidence and their experience of performing the skill clinically.

RESULTS

Pre-course, from 1 (not-at-all confident) to 5 (extremely confident), 83% of participants were 1-3 for performing ultrasound cannulation supervised vs 96% unsupervised. 71% had no previous ultrasound cannulation training, and 92% said it would be extremely useful for them to improve this skill.

In the post-course survey, confidence in ultrasound cannulation was 4-5 for 100% supervised and 62% unsupervised. All participants intended to practice ultrasound cannulation clinically.

At 7-9 week follow-up, where 16/24 attended, all competently turned on the ultrasound machine and used an appropriate probe to identify arteries, veins and nerves in the upper limb. When surveyed, confidence to perform the skill was 4-5 for 100% supervised, and 88% unsupervised. 75% had performed ultrasound cannulation clinically, with 77% reporting 50-100% success rate.

CONCLUSION

We show that ultrasound cannulation can be successfully taught to resident doctors in one hour. At follow-up, competence and confidence levels were sustained. From this and previous experience, we recommend both theoretical and practical teaching with ultrasound cannulation models. We taught one cohort to assess impact, but have previously found these results echoed with resident doctors of all grades. The course was in high demand, well-received, and we hope can provide early transferable ultrasound skills for residents.

T024 · Teaching intervention — Amber Room · 09:35 — View slides ↗

A Matter of Life and Learning: Experience of a New Simulation-Based Scenario in Palliative Care

Rosemary Jane Bell, Andrea Thompson, Zachariah Dawes, Cameron Anderson, Alexander Nesbitt

Queen Elizabeth Hospital, Gateshead, Tyne and Wear

BACKGROUND AND CONTEXT

Undergraduate palliative care teaching requires improvement given a lack of exposure [1], perception of a lack of preparedness, and the challenging nature of the subject [2]. Given the literature and anecdotal evidence from local doctors, the PA-Southside Clinical Unit, Australia, designed a novel simulation scenario.

AIMS AND OBJECTIVES

We created a scenario to address the following aims: 1. To highlight concepts in palliative care not covered elsewhere in the curriculum and provide an experiential learning opportunity to reflect and learn from. 2. To improve students' confidence in management decisions and communication at the end of life.

METHODS

A high-fidelity mannequin simulates a patient with terminal cancer. The students are expected to interact sensitively and answer questions relating to end-of-life-care with the patient's relative (a simulated participant (SP)). The students prescribe anticipatory medications and discuss with a senior. A structured debrief is undertaken to aid reflection, and students complete feedback.

RESULTS

Feedback showed that all students who participated found the scenario valuable and increased their understanding. It also identified that almost all students felt SPs enhanced the learning experience. Debriefs and faculty discussions highlighted observations around communication, dealing with uncertainty, drug choices and knowledge of the dying process.

CONCLUSION AND FUTURE DIRECTIONS

This innovative simulation scenario further highlights students' prior lack of preparedness in managing patients at the end-of-life and demonstrates how simulation can be utilised to address this, especially practising non-technical skills where the opportunity to do so in a realistic but safe environment is often limited.

T025 · Teaching intervention

Amber Room · 09:55 View slides ↗

Bridging the Gap: Delivering Practical Eye Emergency Training for Non Ophthalmologists in the North of England

Amelia Rose Dickinson, Devangna Bhatia

Northern Deanery

BACKGROUND

Ophthalmic emergencies are frequently first assessed by non-ophthalmologists despite limited training. UK medical students receive an average of only 7.6 days of ophthalmology teaching[1]. This deficit persists after graduation: across 202 UK emergency departments, only 45.5% of FY2 doctors had received eye-emergency training and just 6% felt confident managing these presentations [2]. A 2024 systematic review of 956 UK emergency doctors confirmed widespread lack of confidence, particularly in slit-lamp examination and fundoscopy [3]. To our knowledge, our course is the only comprehensive hands-on eye-emergency course for non-ophthalmologists in the North of England. We aimed to bridge this educational and geographical gap.

METHOD

A one-day course combined focused teaching with simulation and hands-on training in ophthalmic assessment, slit-lamp examination, direct ophthalmoscopy, corneal foreign-body removal and lateral canthotomy/cantholysis. Following the July 2026 course, participants completed a structured evaluation assessing confidence, session quality, anticipated impact on practice and areas for improvement. Twenty-one participants completed the evaluation (100% response rate), representing multiple specialties and hospitals across England.

RESULTS

Post-course, 95% reported above/far-above-average confidence in visual/pupillary assessment and confrontation visual fields, and 76% in simulated lateral canthotomy/cantholysis. Lateral canthotomy and foreign-body simulation were rated 10/10 by 86% and 81%, respectively. The mean overall rating was 9.24/10; 100% would recommend the course and anticipated improved clinical practice. 33% requested more practical time, particularly for slit-lamp examination.

CONCLUSION

Inadequate ophthalmic training risks delayed recognition of sight-threatening emergencies and irreversible visual loss. Our course directly addresses this unmet need, bringing dedicated practical eye-emergency training to the North of England and providing a scalable model for improving frontline ophthalmic care.

T026 · Audit or QI

Amber Room · 10:25 View slides ↗

A High-Acuity Low-Occurrence Skills Quality Improvement Project Investigating Emergency Departmental educational needs for prioritisation

Isabella Walker

Scotland

BACKGROUND AND OBJECTIVES

High-acuity low-occurrence skills (HALO's) pose challenges for clinicians to maintain sufficient levels of competence due to their infrequent occurrence and emergency - time critical nature. We aimed to identify gaps in clinical competence for HALO procedural skills in the emergency department. We wanted to understand the departments educational needs with the future aim of developing an educational resource to fill the knowledge gap.

METHODS

We circulated a clinical confidence and competence questionnaire to the emergency trainees in our department. We collected this data which informed our second questionnaire by utilising the two most underdeveloped skills. We further investigated the departmental educational needs by circulating a second questionnaire to the emergency consultants to see whether they felt confident in acting as a team leader/being a team member in the Resuscitative thoracotomy and Resuscitative hysterotomy procedures.

RESULTS

Resuscitative hysterotomy proved to be the most underdeveloped skill with 75.0% of the trainee cohort not feeling confident or competent to perform the skill at all or only having reached a level 1 RCEM proficiency. None of the consultants surveyed had ever performed a Resuscitative hysterotomy with only 36.4% feeling confident to act as a team member for this procedure.

CONCLUSION

Emergency trainees are underprepared for work as seen by low competence and confidence scores in HALO skills. Consultants are likely to undergo skills degeneration in HALO skills and so education needs to be established to fill this gap – with implementation from the beginning of the emergency trainee programme.

T027 · Teaching intervention

Amber Room · 10:45 View slides ↗

Development, Implementation and Evaluation of a Structured Stroke Medicine Teaching Programme for Rotating Resident Doctors

Zahra Rehman

Lister Hospital, Stevenage, ENH NHS Teaching Trust

BACKGROUND

Stroke medicine requires rapid clinical assessment, accurate diagnosis and evidence-based management. Rotating resident doctors play an important role in acute stroke care. A structured teaching programme was developed to provide comprehensive, clinically relevant stroke education.

AIM

To develop, implement and evaluate a structured stroke medicine curriculum for rotating resident doctors, assessing its perceived educational value and impact on learner confidence.

METHODS

A 12-topic curriculum was independently designed, organised and delivered over a four-month departmental rotation. Teaching covered stroke assessment, investigations, scoring systems, transient ischaemic attacks, intracerebral haemorrhage, reperfusion therapies, stroke mimics, posterior circulation stroke, anticoagulation, young stroke, complications and rehabilitation. Structured post-session questionnaires evaluated teaching quality, usefulness, achievement of learning objectives and self-reported confidence. Qualitative feedback was also collected. The programme continued with a subsequent cohort of rotating resident doctors.

RESULTS

Sixty-six feedback responses were collected between April and October 2026, encompassing the initial programme and subsequent rotation. Mean usefulness and teaching delivery ratings were 4.91/5 and 4.94/5, respectively. Of respondents, 98.5% reported increased confidence following teaching, while 100% indicated that learning objectives were achieved. Qualitative feedback highlighted clinical relevance, clarity and practical applicability. Suggestions included additional clinical scenarios and interactive learning opportunities.

CONCLUSION

A structured stroke medicine curriculum was successfully implemented within departmental teaching, demonstrating high learner satisfaction, perceived educational value and self-reported confidence improvement. Continuation across successive rotations supports its sustainability and potential reproducibility in other departments. Future evaluation incorporating objective knowledge assessments would strengthen evidence of educational effectiveness.

T028 · Teaching intervention

Amber Room · 11:05 View slides ↗

Beyond the Lecture: Transforming Clinical Learning Through Feedback-Informed, Case-Based Teaching

Syed Abid, *Humaira Jannath*

currently East of England based (stevenage)

BACKGROUND

Bridging theoretical knowledge and clinical practice challenges novice healthcare learners. This educational improvement initiative evaluated a feedback-informed shift from lecture-based to case-based teaching for Physician Associate (PA) students during clinical placements.

METHOD

Between 2024 and 2026, two clinician-educators delivered over 20 approximately weekly, syllabus-aligned sessions for first- and second-year PA students at Lister Hospital. Following student requests for practical learning, lectures evolved into interactive scenarios addressing presentation, examination, differential diagnosis, investigations, management and escalation. Topics included sepsis and Sepsis Six, ECG and chest X-ray interpretation, respiratory and neurological examination, and critical communication. Monthly introductory quizzes and problem-solving activities reinforced learning. Both educators undertook postgraduate medical education training; constructive alignment, active learning, reflective feedback and formative assessment informed ongoing development. Outcomes were explored through qualitative comparison of the local tutor's ongoing observations and assessments before and after teaching adaptations, alongside student feedback.

RESULTS

The local tutor reported improved application of clinical knowledge following case-based teaching, including sepsis management, basic ECG and chest X-ray interpretation, examination findings and communication during acute scenarios. Students reported greater confidence and perceived readiness to assess patients. The presenting educator was nominated by PA students for the U-TEAch Most Supportive Teacher award.

CONCLUSION

Feedback-informed case-based teaching was associated with tutor-observed improvements in knowledge application and greater learner-reported confidence. Authentic scenarios and formative activities offer a feasible approach to supporting clinical reasoning. Structured evaluation is needed to establish the extent and sustainability of improvement.

T029 · Teaching intervention

Amber Room · 13:15 View slides ↗

Beyond Examination Technique: A Near-Peer Case-First Programme for CPSA Clinical Reasoning Preparation

Aamina Mahmood, Rosa McNally, Aleksander Sulkowski, Alisha Kassam, Sabrina Ali

London

BACKGROUND

Clinical skills assessments are a high-stakes component of undergraduate medical education. While teaching commonly emphasises examination technique, students may have fewer structured opportunities to integrate findings into a coherent presentation, differential diagnosis and management plan. We developed a near-peer, case-first online programme for final-year students preparing for the Clinical and Professional Skills Assessment (CPSA), using clinical vignettes to practise this integration across four specialties.

METHODS

Over three months, recent graduates designed and delivered four sessions for final-year students from one London-based medical school on placement at a district general hospital. Covering cardiology, respiratory, abdominal and neurological examinations, sessions began with clinical vignettes and asked students to present pertinent findings and link them to differential diagnoses and management. Anonymous quantitative (1–10 scale) and qualitative feedback was collected via Google Forms.

RESULTS

Across four sessions, 44 feedback responses were received. Mean ratings for relevance, engagement and clarity were 9.3/10. Mean self-reported confidence increased from 5.75/10 before teaching to 8.36/10 afterwards (mean paired difference 2.61, 95% CI 2.21–3.02; n=44; $p<0.001$). Qualitative feedback highlighted engagement, good examples and opportunities to present. Suggested improvements included written presentation examples, summaries of common conditions and additional vignettes.

CONCLUSION

This near-peer, case-first approach was positively received and associated with increased self-reported confidence in CPSA preparation. It offers a structured way to practise integrating examination findings, clinical reasoning and management beyond examination technique alone. Future iterations will apply ABC Learning Design to address student feedback through structured preparatory resources (acquisition), expanded vignettes requiring interpretation of clinical evidence (investigation), and independent presentations with peer feedback (practice and collaboration). Standardised performance measures are needed to assess effects on clinical reasoning and assessment skills.

T030 · Research

Amber Room · 13:35 View slides ↗

Structured teaching on the Shop Floor: Evaluation of a micro-teaching intervention for Undergraduate Emergency Medicine Education

Abraham Muwanga, Nicholas Allcroft

Sheffield Teaching Hospitals

BACKGROUND

Unpredictable workflow and competing clinical priorities limit structured “shop-floor” teaching in busy Emergency Departments (EDs). Brief, card-based teaching has been explored in paediatric EDs, but evidence in UK adult departments remains limited. CRASH! Cards (Clinical Reasoning Aids for Suspected High-risk cases) support clinical reasoning during real ED presentations.

AIM

To evaluate CRASH! Cards’ uptake, educational value and implementation barriers during Emergency Medicine placements, with exploratory assessment of knowledge and confidence.

METHODS

Cards guiding clinical reasoning on chest pain and shortness of breath were introduced for University of Sheffield medical students at the Northern General Hospital. Feasibility and educational outcomes were assessed using pre- and post-placement questionnaires, QR-code encounter logs, and student and clinician feedback.

RESULTS

Of 51 eligible students (May–September 2026), 48 (94%) completed pre-placement questionnaires and 16 (31%) completed post-placement questionnaires. Seven (14%) reported using the cards, generating 13 teaching encounters; eight were recorded via QR code, predominantly during clinical downtime. No encounters occurred during resuscitation pre-alerts. Among 16 students with paired data, confidence increased across all assessed domains, while mean MCQ scores rose from 90% to 92%. The digital resource was not accessed. Students and clinicians reported that the cards facilitated focused teaching within limited time. Barriers included limited awareness, competing activities, difficulty locating cards and insufficient time.

CONCLUSION

Initial implementation showed limited uptake and challenges integrating micro-teaching into routine ED workflow. Feedback suggested educational value during clinical downtime and identified modifiable barriers. Findings support refining the intervention through redesigned cards and improved workflow integration. Further evaluation will assess whether these changes improve uptake and feasibility.

T031 · Teaching intervention

Amber Room · 13:55 View slides ↗

Custom Built Colles and Smith Fracture Models and Analgesia Simulations Improve Emergency Clinician Knowledge and Confidence in Reduction Techniques

Rhiannon Bates, Chris Lamare

Sheffield - UK

BACKGROUND

Colles and Smith fracture reduction is a core Emergency Medicine competency, yet teaching has never been evaluated in Sheffield Teaching Hospitals. I identified this gap and personally designed and built Colles and Smith fracture simulation models to support structured education. The previous absence of suitable models limited training in fracture identification, manipulation and analgesia.

AIM

We aimed to improve Emergency Medicine clinicians' theoretical and practical skills in analgesia, traction, manipulation and casting for Colles and Smith fractures.

METHODS

We conducted a pre–post teaching evaluation of 27 Emergency Medicine clinicians at Sheffield Teaching Hospitals on 23 October 2026 across four one hour small group sessions. I personally designed and built the Colles and Smith fracture models, created simulation models for Bier's block and haematoma block analgesia, and developed the full teaching presentation and practical stations. Participants completed pre and post session quizzes, confidence ratings and feedback forms. Analysis compared pre–post scores. The study was limited by small sample size.

RESULTS

Confidence rated "Excellent" increased from 4 of 27 (15%) to 22 of 27 (81%). Knowledge quiz scores rose from a mean of 37.4% to 80.7% across all 27 participants. Twenty four of 27 (89%) strongly agreed the session improved their ability to identify and manipulate Colles and Smith fractures. Overall session rating was 4.8/5. Feedback response rate was 27 of 27 (100%). Qualitative comments highlighted improved understanding of biomechanics, value of supervised practice across stations, enthusiasm of facilitators, and benefit of combining theory with hands on reduction and analgesia practice.

CONCLUSION

Improved confidence and knowledge indicate the Emergency Department Simulation Team should expand fracture reduction teaching for all clinical grades. Teaching was limited by time constraints and lack of casting equipment. Next steps include developing casting overlays, adding further modules and re auditing after wider rollout. This work demonstrates the value of locally designed and hand built simulation models in strengthening musculoskeletal skills training.

T032 · Teaching intervention

Amber Room · 14:25 View slides ↗

Evaluating a Resident Doctor-Led, Multi-Specialty Near-Peer Teaching Programme to Enhance Undergraduate OSCE Preparedness

Shruthi Atapaka, Manpreet Kaur

BACKGROUND

Objective Structured Clinical Examinations (OSCEs) assess communication and focused history-taking across multiple specialties. Limited exposure to specialty-specific scenarios can leave students underprepared and lacking confidence. Near-peer teaching by doctors with recent clinical and examination experience may provide accessible learning opportunities to bridge these gaps.

AIM

To evaluate the impact of a Resident Doctor-led teaching programme on students' confidence and perceived preparedness for summative OSCEs.

METHODS

A four-month programme was organised and delivered by Resident Doctors (November–February) for penultimate-year medical and Physician Associate students across multiple UK universities. Advertised through the SGUL University OSCE Society, it generated over 80 registrations and expressions of interest.

Seven fortnightly online sessions covered Obstetrics and Gynaecology, Paediatrics, Psychiatry, Neurology, Acute Medicine, Ophthalmology and ENT, focusing on specialty-specific history-taking and clinical communication. Doctors from multiple hospitals collaborated in teaching and organising a final online mock OSCE comprising two examination cycles. Post-session questionnaires assessed confidence, preparedness and learning experience.

RESULTS

Individual session questionnaire responses ranged from 21–36. Students reported positive learning experiences. Confidence in specialty-specific history-taking increased by 60.7% relative to baseline, while perceived OSCE preparedness increased from 52.1% following university teaching to 84.8% after the programme.

Ten students attended the mock OSCE; nine completed feedback (90% response rate). All respondents valued the experience and agreed that mock OSCEs should be incorporated into university curricula.

CONCLUSION

Resident Doctor-led near-peer teaching was associated with improved self-reported confidence and OSCE preparedness. Combining specialty-specific teaching with practical mock examinations offers an accessible approach to supplementing undergraduate education. This model highlights doctors' potential contribution to clinical skills development and supports greater integration of near-peer teaching into medical curricula.

T033 · Service evaluation

Amber Room · 14:45 View slides ↗

Evaluating the Educational Value of Curriculum-Aligned Micro-Teaching in an Emergency Department: A Retrospective Educational Evaluation

Lani Jane Chong, Celia Diaz, Bhasuri Ariyathilaka

BACKGROUND

Emergency departments face clinical and administrative pressures that can limit opportunities for structured workplace teaching. Brief, curriculum-aligned teaching during handover may provide a practical way to make use of limited teaching time. This evaluation explored the educational value of an established teaching programme delivered during routine handover at the Horton General Hospital (HGH) Emergency Department (ED).

METHODS

We retrospectively reviewed 78 feedback responses from 20 teaching sessions held from 30 September to 31 October 2025. Teaching topics were mainly aligned with the Royal College of Emergency Medicine (RCEM) clinical syllabus. The feedback included self-reported confidence rating before and after teaching, usefulness for clinical practice, teaching quality, session duration and written comments. The findings were summarised using descriptive analysis.

RESULTS

Mean self-reported confidence in the topics covered increased from 6.44/10 before teaching to 8.92/10 afterwards. Increased confidence was recorded in 63/78 responses (80.8%), while 15/78 (19.2%) remained unchanged, and no decreases were reported. The teaching topics received a mean usefulness rating of 9.15/10 for clinical practice. 72/78 responses (92.3%) rated the overall satisfaction of their session 5/5. Out of 44 responses that recorded a duration, 22 (50%) reported 5 – 10 minutes. In this group, the mean confidence increased by 2.41 points, and mean usefulness in clinical practice was 9.00/10. Written comments praised engaging delivery, use of relevant clinical examples and concise teaching, while suggesting improvements in pace of delivery.

CONCLUSION

Brief, curriculum-aligned teaching during Emergency Department handover at HGH was associated with improved self-reported confidence, high clinical usefulness and satisfaction. The teaching model has also now been adopted at John Radcliffe Hospital, another site within Oxford University Hospitals NHS Foundation Trust. This approach may offer other Emergency Departments a practical way to incorporate education into busy clinical shifts, although objective learning outcomes were not evaluated.

GREEN ROOM · TRAINING, STUDENTS & WELLBEING

T034 · Audit or QI

Green Room · 09:15 View slides ↗

Evaluating and Improving the Induction of UK Medical Registrars at Wellington Regional Hospital: A Single-Centre Quality Improvement Project

Rijuta Pattnayak, Charlotte Newman

Wellington New zealand

BACKGROUND

UK-trained doctors form a substantial proportion of medical registrars entering New Zealand hospitals, yet the registrar role differs from UK training in rostering, referral networks and prescribing practice. Around 500 UK-trained doctors register in New Zealand annually, so induction gaps likely reflect a wider issue. No formal evaluation had previously been reported at this hospital.

AIM

To evaluate, as a single-centre quality improvement (QI) project, the adequacy of induction for UK-trained medical registrars at Wellington Regional Hospital, and assess the impact of a subsequent guidance document.

METHODS

An anonymous survey assessed whether induction covered five domains (clinical guidelines, roster, after-hours responsibilities, prescribing differences, referral pathways) as Yes, Partly or No, plus post-induction confidence per domain (5-point Likert scale), overall induction rating and free-text feedback (Cycle 1). A "tips and tricks" document addressing identified gaps was then distributed to new-start registrars, who were surveyed against the same standards (Cycle 2). Responses were summarised descriptively; free text was reviewed thematically.

RESULTS

Cycle 1 (n=9): no respondent rated referral pathways as covered (0/9; median confidence 1/5); guidelines were uncovered for 8/9 and prescribing for 6/9. Median confidence was 1–2/5, and all nine (100%) rated overall induction "poorly" or "very poorly". Cycle 2 (n=7): all accessed the document (median usefulness 5/5). Guidelines and referral pathways were rated "Yes" by all six respondents rating coverage, and roster by five of six, with no "No" ratings. Median confidence rose to 4–5/5. Overall induction was rated "well" (6/7) or "adequately" (1/7), and all seven would recommend the document.

CONCLUSION

Induction at this centre was inadequate across all domains, risking delayed escalation and safety pressures when unprepared registrars join the on-call roster. The tips and tricks document was associated with improvements in coverage, confidence and overall ratings. Given the scale of UK recruitment, similar gaps are likely relevant beyond this single centre.

T035 · Research

Green Room · 09:35 View slides ↗

The UK cost-of-living crisis and its impact on medical students: a mixed-methods study at a British medical school

Shanzeh Iqbal, Amanjeet Rekhi, Arun James, Jo-Anne Johnson, Aaron Trinidade

Chelmsford- Essex

BACKGROUND

The rising cost of living has created financial pressures for university students, with medical students facing additional costs related to clinical placements, study materials and professional development. We explored the impact of the cost-of-living crisis on students at a British medical school.

METHOD

A mixed-methods cross-sectional study was conducted at Anglia Ruskin University School of Medicine. Medical students from Years 1–5 completed an online questionnaire in 2024 covering demographics, income, employment, education-related costs, financial stress and quality of life. Free-text responses explored students' experiences. Quantitative data were analysed using SPSS and Excel, with thematic analysis of qualitative responses.

RESULTS

147 students responded. Among students receiving loans, 47% (n=49) reported that their loan covered less than half of their living expenses. Seventy-five percent (n=110) reported employment, and 55% (n=59) of these students felt that employment adversely affected their studies. Sixty-six percent (n=96) reported difficulty affording essential study materials, while 47% (n=64) reported difficulty affording travel to clinical placements. Forty-three percent (n=62) reported that financial circumstances affected their decision to intercalate. WAMS students reported higher financial stress than non-WAMS students (8.7 vs 6.8/10, p=0.016), while working-class students reported higher stress than middle/upper-class students (9.4 vs 7.0/10, p=0.010). Qualitative analysis identified themes relating to mental and emotional stress, relationships, social life, financial adjustments, and academic and professional decisions.

CONCLUSION

Financial pressures affected students' education, professional development and quality of life. The findings suggest that the financial demands of medical education may create unequal barriers to participation, particularly for WAMS and working-class students. Medical schools should consider the costs of study materials, placement travel and professional development when developing student financial support.

T036 · Research

Green Room · 09:55 View slides ↗

Predictors of Coping Adaptations Among Medical Interns (foundation doctors: FY1): An Explanatory Mixed-Methods Study in Bengaluru

Ayesha Tabassum Aejaz, Mubeena Haleema

United Kingdom

BACKGROUND

The transition into medical internship is a demanding period marked by steep learning curves, clinical responsibility and emotional strain. Understanding how interns cope during this stage is essential for designing supportive educational environments. This study evaluated coping profiles among FY1-equivalent interns to identify areas where targeted interventions may strengthen trainee well-being.

METHOD

An explanatory sequential mixed-methods design was employed. Quantitatively, 106 medical interns completed the validated Brief-COPE questionnaire. Descriptive statistics were reported as mean (SD), and independent sample t-tests compared group means ($p < 0.05$). Qualitatively, 10 interns participated in semi-structured in-depth interviews, analysed using manual thematic coding to complement quantitative findings.

RESULTS

Emotion-focused coping scored highest (27.92+/-6.30), followed by problem-focused (20.29+/-4.67) and avoidant coping (14.99+/-3.98). Acceptance was the most frequently utilised subscale (5.53+/-1.50), alongside positive reframing, planning, self-distraction and active coping. Least reported strategies included behavioural disengagement (3.88+/-1.71), denial (3.42+/-1.51) and substance use (2.48+/-1.18). Significant subgroup differences emerged: male interns reported higher active coping than females (5.70+/-1.72 vs. 4.83+/-1.59; $p = 0.026$), while interns aged ≥23 years reported higher acceptance than younger peers (5.89+/-1.27 vs. 5.25+/-1.62; $p = 0.029$). Qualitative themes highlighted peer support, workload normalisation, structured planning, physical activity and faith-based practices.

CONCLUSION

Interns predominantly rely on adaptive emotion-focused and problem-focused coping, with acceptance emerging as central. Demographic variations demonstrate that coping is non-uniform, underscoring the need for structured well-being initiatives and targeted induction support within internship programmes.

T037 · Audit or QI

Green Room · 10:25 View slides ↗

Improving Trainee Uptake of Self-Development Time at the Care of the Elderly Department at Gloucestershire Royal Hospital

Charlie Liu, Dowan Kwon, Amra Hassan, Andrea Agnel, El Barlow, Rosetta Mondeh, Sally Connell, Victoria Gaunt

Bristol

BACKGROUND

Trainee doctors are recommended to receive two hours of self-development time (SDT) weekly. However, uptake in the Care of the Elderly (CotE) department was low. A trust-wide survey found that 18/42 trainees (42.9%) had taken no SDT during their first 10 weeks of rotation, with workload and staff shortages identified as key barriers. CotE trainees averaged 0.5 hours of SDT per week. We aimed to improve SDT uptake to support trainee wellbeing and development.

METHODS

Stakeholders, including CotE consultants, were consulted. Weekly SDT uptake was monitored among foundation and internal medicine trainees across two CotE wards. Contributing factors and potential interventions were identified using fishbone and driver diagrams. Interventions were implemented iteratively through Plan–Do–Study–Act (PDSA) cycles, with continuous monitoring. The project focused on practical scheduling changes rather than relying on trainees to find additional time independently. Weekly measurements enabled the team to assess whether each intervention improved uptake and whether improvements were maintained over time.

RESULTS

Following the third PDSA cycle, which introduced weekly SDT pre-allocation by the rota coordinator, mean uptake on Gallery Wing Ward 2 increased from 0.5 to 2.3 hours per trainee per week. This improvement was sustained over 25 weeks. Gallery Wing Ward 1 demonstrated a similar trend, with mean uptake reaching 2.5 hours per trainee per week. Post-intervention survey respondents reported using SDT for portfolio development, quality improvement projects and exploring areas of special interest. All respondents considered formal pre-allocation crucial to successful uptake. CotE leadership approved continuation of the system.

CONCLUSION

Weekly rota-based pre-allocation of SDT improved and sustained uptake in a busy CotE department. This approach enabled trainees to undertake non-clinical training activities within working hours and may be transferable to other departments experiencing similar challenges.

T038 · Research

Green Room · 10:45 View slides ↗

Carry the Bleep and Ward Simulation Sessions Improve Preparedness for Practice in Final Year Medical Students

Emily Howe, Jessica Moore-Dean, Lauren Oram

Chesterfield

Final year medical students face a significant transition to foundation training, yet many report feeling unprepared for practice. Although simulation-based education is increasingly used to address this gap, greater understanding of its influence on preparedness for practice, areas of greatest learner benefit, and implications for curriculum design is needed.

This mixed-methods prospective study evaluated the impact of Carry the Bleep, Ward Simulation and a reflective cold debrief session on final year medical students perceived preparedness for practice. Students undertaking assistantship in two NHS hospitals were invited to participate. Carry the Bleep involved students independently responding to simulated bleeps across the hospital site, while Ward Simulation involved working in small groups on a simulated ward. Questionnaires comprising GMC domain-mapped Likert scales and free text responses were completed before and after both simulations. The cold debrief was recorded, transcribed and supplemented by a final questionnaire.

Carry the Bleep (n=15) produced statistically significant increases in confidence across 7/9 domains, particularly in responding to bleeps and managing complexity and uncertainty. Ward Simulation (n=21) produced statistically significant increases in 7/12 domains, notably in managing a deteriorating patient, and prioritisation. Thematic analysis of both sessions highlighted the value of authentic autonomy under pressure, and enhanced confidence in time management and collaborative practice. Both simulations significantly improved overall self-reported preparedness for practice. Cold debrief data (n=9) demonstrated maintenance of confidence scores following reflection, with students valuing collaborative learning and identification of individual strengths and development needs.

Simulation of ward and out-of-hours work, alongside structured reflection, was associated with improved preparedness for practice, notably in responding to bleeps, managing uncertainty, working under pressure, and caring for deteriorating patients. Findings are limited by small sample sizes and reliance on self-reported confidence. Further longitudinal research is needed to determine whether these benefits translate into objective performance as doctors.

T039 · Teaching intervention

Green Room · 11:05 View slides ↗

GasGasGas: a trainee-led podcast teaching FRCA Primary basic science, and its (inter)national reach

James Whereat

Yorkshire and the Humber - Sheffield

Background. The Primary FRCA tests a wide anaesthetic science syllabus that trainees revise alongside full-time clinical work. Podcast as a medium can be consumed on commutes and between lists, but few UK resources are built around the Primary syllabus.

Method. An anaesthetic trainee designed, recorded and published GasGasGas, a freepodcast from 2024, with each episode built around one Primary topic (for example a single drug, or half-lives and time constants). A second format, VivaCast, records mock structured oral exams with trainee volunteers. Episodes are on all major platforms, with text show notes at gasgasgas.uk. Reach was taken from host and platform analytics to October 2026.

Results. 84 episodes have been published, with about 167,000 cumulative plays. Listening held steady at about 10,700 plays a month from June to August 2026, while followers tripled in a year, from 882 to 2,756. Spotify carried about 62% of plays, followed by Apple, YouTube, Pocket Casts and Podbean. Plays are not unique listeners, and the data say nothing about exam results.

Conclusion. One trainee, working a few hours a month, can build a revision resource with massive reach. The next step is a listener survey mapped to the curriculum, and adapting the content for the 2027 AKT and CASE exams.

T040 · Teaching intervention

Green Room · 13:15 View slides ↗

From Classroom to Theatre: Building Confidence and Familiarity Before Surgical Placement

Lydia Shone, Raveen Sagoo

Salford royal hospital

Theatres are a complex and intimidating environment for medical students; simulation is proven to increase confidence in a new environment. A previous project, with the University of Manchester medical students, was performed in a skills lab to assess scrub confidence. Background data from 19 of these students showed 100% agreeance that a tour of theatres, before their rotation, would improve their confidence. 84% would have preferred it to a clinical skills lab.

The study aimed to enhance 3rd year University of Manchester medical students' confidence and preparedness for surgical placements, through a theatre-based session in line with GMC standards.

Teaching sessions were delivered in a theatre, to groups of 5/6, prior to their surgical rotations in the first semester of this academic year. It covered theatre etiquette, a tour of the surgical department, a demonstration of surgical scrub and simulated practice. Pre- and post-teaching questionnaires assessed project outcomes. A PDSA cycle reassessed and encouraged improvements throughout, such as including peer assessment.

The study obtained 33 anonymous responses pre-teaching and 29 post-teaching. 100% of students said they would prefer to practise scrub in a theatre environment rather than a clinical skills lab. 93% of students agreed the session was useful, and confidence in scrubbing into surgery increased from 6.1% to 83% post-teaching. Positive feedback included: "It's great to have an intro to theatres rather than feeling like we're going in with completely no idea!"

The study utilises Blooms domains, incorporating a real-life environment and practical skills assessment. The results highlight that moving beyond the classroom to an immersive space is a favourable and valuable method for preparedness for theatre. A limitation includes lack of post-placement follow-up to assess the study's impact. This study recommends continuing data collection to increase the sample size and expanding the study across all clinical sites.

T041 · Service evaluation

Green Room · 13:35 View slides ↗

Supporting the wellbeing of medical students in clinical remediation after failing their final assessments: a needs assessment and service changes

Ryan Martinez, Chelsea Kyerematenng, Lamees Arbi, Ayaz Mehmood, Eliezer Goldin, Aruna Thiruchelvam, Awais Butt, Ece Aksu

Luton and Dunstable Hospital

BACKGROUND

Perfectionism can place an emotional burden on medical students (1), and personal and social pressures can impair exam performance (2). Students who fail the final Clinical and Professional Skills assessment are a vulnerable group, yet resit preparation often focuses on clinical teaching alone. At Luton and Dunstable University Hospital, clinical teaching fellows (CTFs) support students preparing to resit.

METHODS

This service evaluation used a pre-remediation questionnaire in March 2026, sent to 17 students preparing to resit; 7 responded (41%). It used 5-point agreement items on wellbeing, anxiety, sleep, burnout and practical barriers, plus free text. Results are descriptive counts.

RESULTS

All 7 respondents wanted support with integrated stations, and 2 also chose emotional support. Four of 7 disagreed that they felt emotionally well before the exam; 3 of 7 agreed anxiety significantly affected preparation, 4 of 7 that sleep was affected and 3 of 7 that they felt burnt out. Free text included performance anxiety and a very difficult personal period. Practical barriers were uncommon: all 7 reported adequate resources, and none reported caring responsibilities limiting study. All 7 were motivated to engage (rating 4–5). All 17 students who resat subsequently passed (17 of 17, 100%), including all 7 questionnaire respondents.

CONCLUSIONS

Students in remediation report wellbeing needs alongside clinical needs. In response, we now introduce wellbeing support earlier, from the start of the year rather than only during remediation, allocate a wellbeing CTF to students, give a talk from the wellbeing mentor at the start of induction, and have organised a wellbeing talk. We will re-audit after implementing these. Limitations include a small sample (7 of 17), self-report and no control group, so the pass rate cannot be attributed to the support. Next, we will evaluate the effect of earlier support on student wellbeing and resit outcomes.

T042 · Teaching intervention

Green Room · 13:55 View slides ↗

Enhancing final-year medical students' preparedness for Foundation training through multispecialty, small-group, case-based teaching

Ayaz Mehmood, Awais Butt, Chelsea Kyerematen, Ryan Martinez, Ece Aksu, Lameese Arbi, Eliezer Goldin, Aruna Thiruchelvam

Luton and Dunstable Hospital

BACKGROUND

Final-year students must apply knowledge across specialties in the clinical scenarios they will face as Foundation doctors (1), but lecture-based teaching may offer limited opportunity to practise, receive feedback and work with the wider team. We developed a compulsory programme of small-group, case-based, OSCE-style stations across seven specialties. Consultants, specialty registrars, resident doctors and clinical teaching fellows delivered teaching, generally alongside multidisciplinary team (MDT) members, including nurses, pharmacists, speech/language therapists and librarians.

METHODS

This evaluation of a teaching intervention reviewed anonymous, voluntary feedback forms from the 2025 academic year (September 2025–January 2026), involving an estimated 93 final-year students. 283 forms were returned across seven specialties. The primary outcome was change in self-rated confidence before and after each station (1–5; "confident" = 4–5; baseline rated retrospectively). Secondary outcomes were teaching statements. We used student-level bootstrap confidence intervals and a Wilcoxon signed-rank test.

RESULTS

Confident ratings rose from 35.6% (95% CI 30.4–40.8) to 90.9% (87.4–94.1); mean confidence rose from 3.08 to 4.36 ($p<0.001$). Of ratings initially not confident, 86.4% became confident. Obstetrics and Gynaecology showed a similar rise (48% to 89%). Overall, 94.5% of 2,724 teaching ratings agreed or strongly agreed. Interim 2026 data (178 responses; two of four cohorts complete) showed a similar rise (23.5% to 93.5%).

CONCLUSIONS

An MDT-delivered, OSCE-style programme was associated with large self-reported confidence gains and high satisfaction, replicated in the current cycle. These are confidence gains, not measured competence, and we did not compare with lectures. Limitations include retrospective baselines, ceiling effects and no control group. Next, we will use this cycle's feedback to refine the programme for next year, collect baseline confidence before each session, and add an objective performance outcome. We will also collect feedback from station facilitators.

T043 · Research

Green Room · 14:25 View slides ↗

Appraising the utility of mini-CEXs in the UK's Internal Medicine Training programme

Mai Huong Nguyen

Liverpool

BACKGROUND

Mini-Clinical Exercise (mini-CEX) has been an integral assessment in the Internal Medicine Training (IMT) portfolio since the early 2000s when standardised training programme was implemented. Post-graduate medical training has significantly changed since, first in 2019 with the implementation of the new three-year-programme, then COVID pandemic causing long-lasting effects NHS-wide, including on resident doctor's training. Despite this, there is no up-to-date review of the utility of mini-CEX. This review aims to assess the current mini-CEX format within the IMT portfolio using Van der Vleuten's Utility Equation of Assessment and propose changes to the current format to enhance its educational values.

METHOD

A narrative review of current published and grey literature was conducted. Where available, evidence from IMT programme or other international equivalent programmes was used, however due to limited published literature, some findings were extrapolated from other training programmes. Relevant data from the GMC survey from trainees and trainers were also analysed.

RESULTS

The mini-CEX demonstrated to have good reliability, validity and acceptability by trainees. The educational impact of mini-CEXs relies heavily on the quality of the feedback trainees receive. Feasibility is increasingly strained due to the increasingly limited time dedicated to training and education. Differential attainment between trainee groups was highlighted in previous publications, but this review emphasised a shortage of published official data to further characterise whether work-based assessments like the mini-CEX contribute to these disparities.

CONCLUSION

Mini-CEX remains a useful tool to assess internal medical trainees. Incorporating trainee's self-assessment into the format and providing training in giving feedback to supervisors can improve mini-CEX's educational value. The GMC and Joint Royal Colleges of Physicians Training Board should systematically collect, monitor and publish more data to assess the validity, acceptability and address differential attainment of different groups of trainees, particularly trainees with protective characteristics.

T044 · Audit or QI

Green Room · 14:45 View slides ↗

A Multidisciplinary Approach to Physical Health Education in Psychiatry

Lily Li

Somerset Foundation trust, Musgrove Park Hospital

Promoting physical healthcare within mental health settings is vital to ensure that patients' physical needs are prioritized alongside their emotional well-being, especially given the complex comorbidities frequently seen in old age psychiatry. Adapted from Health Education England's 'Bitesized-Teaching' framework, this quality improvement project aims to embed a culture of continuous learning and empower the wider MDT through regular teaching sessions in management of acute physical health emergencies, such as hypoglycaemia, overdose, and seizures. From May 20th to July 15th, seven 30-minute weekly teaching sessions were conducted across two old age psychiatry wards at Wellsprings Hospital. Sessions combined both interactive presentations with realistic, hands-on simulations. Promoted via posters and weekly ward-wide emails, attendance was open to all MDT members, including nurses, HCAs, physiotherapists, resident doctors and consultants. Anonymised pre- and post-session questionnaires evaluated clinical relevance, engagement, and self-reported confidence. Approximately 60 MDT members attended across seven sessions. Prior to this project, feedback showed no routine physical health teaching existed, and staff reported low confidence during acute emergencies, despite BLS and ILS training. Following the intervention, 100% of respondents agreed the teaching was relevant to clinical practice, highly engaging, and delivered at an appropriate level. Furthermore, all participants reported improved topic understanding – with 83% strongly agreeing and 17% agreeing – and increased confidence in emergency management, with 83% feeling much more confident. Qualitative feedback highlighted that real-life simulation as an effective alternative to passive learning, fostering interprofessional teamwork and practical familiarity with emergency equipment. There is a clear appetite and clinical need for regular, simulation-based physical health training in old age psychiatry. To maximize reach and ensure long-term project sustainability, future QI cycles will introduce virtual attendance via Microsoft Teams, utilize larger venues, and introduce structured handovers to appoint a named resident doctor each rotation to organize teaching.

TEAL ROOM · ACUTE MEDICINE & GERIATRICS

T045 · Audit or QI

Teal Room · 09:15 View slides ↗

Beyond Awareness: A Two-Cycle Audit of Delirium Screening Following Multimodal Education

Nandhini Shanmuga Sundaram, Mai Mohamed

Isle of Wight, UK

BACKGROUND

Delirium screening is important in older inpatients, yet documentation of the 4AT remains inconsistent. This project evaluated whether a multimodal, senior-supported educational initiative was followed by improved 4AT documentation across five hospital wards, providing local evidence on the gap between educational activity and recorded practice.

METHOD

A two-cycle quality improvement audit reviewed 235 records of inpatients aged ≥65 years at St Mary's Hospital, Isle of Wight. Baseline assessment (n=124) recorded 4AT documentation and potential delirium triggers. Interventions included teaching for consultants, acute medical staff and FY1 doctors, WhatsApp reminders, educational materials circulated by the Medical Director, and a frailty consultant's Grand Rounds presentation. A 2026 re-audit (n=111) assessed the same measures. Rates were compared descriptively; this uncontrolled design cannot establish causation.

RESULTS

Initially, 0/124 patients (0%) had a documented 4AT, although 102/124 (82.3%) had at least one recorded potential delirium trigger. On re-audit, 10/111 (9.0%) had documented 4AT completion: a 9-percentage-point increase, leaving 101/111 (91.0%) without documentation. Potential triggers were recorded in 78/111 (70.3%), commonly infection (36%), confusion (23%), falls (13%) and electrolyte abnormalities (13%). Thus, documented triggers remained common while formal 4AT documentation was uncommon.

CONCLUSION

Across five wards, repeated education and senior engagement were followed by only modest improvement in 4AT documentation. The audit measured records, not whether clinicians recognised delirium or performed undocumented assessments; implementation barriers were not formally studied. For medical educators, this underscores the need to evaluate documented practice alongside teaching delivery. Acute teams and quality improvement leads should test admission-documentation prompts, explicit screening responsibilities and regular feedback, while investigating barriers before attributing low documentation to staff behaviour.

T046 · Audit or QI

Teal Room · 09:35 View slides ↗

QIP: Improving Infection Management and Antibiotic Prescribing on a Geriatric Ward

Kezia Mithra-Johnson, Christine Joerres, Dakshin Wickramasinghe

London

BACKGROUND

Antimicrobial stewardship is essential for patient safety and reducing antimicrobial resistance. Key components include obtaining cultures before antibiotics, prescribing in line with local guidelines, and accurately documenting allergy status, particularly penicillin allergy, as over 90% of patients labelled penicillin-allergic are not truly allergic.

AIMS

To improve practice on a geriatric ward across three domains: culture collection before antibiotic initiation, adherence to trust antimicrobial guidelines, and thorough allergy documentation.

METHODS

A retrospective baseline audit of 34 patients discharged from a geriatric ward in April 2026 who received antimicrobials was followed by two sequential PDSA cycles: Cycle 1 comprised MDT education and a ward poster (n=14); Cycle 2 added a prescribing checklist on staff computers (n=20). Data were collected prospectively using a standardised proforma and compared against NICE standards (QS61, NG15), with a 100% compliance target.

RESULTS

Culture collection before antibiotics improved progressively, from 26.5% at baseline to 35.7% in Cycle 1 and 40.0% in Cycle 2. Guideline-concordant prescribing improved from 61.8% to 71.4% in Cycle 1, but fell to 55.0% in Cycle 2. Full allergy clarification fell from 28.6% to 0% in Cycle 1, then rose to 37.5% in Cycle 2, its highest point.

DISCUSSION

Culture collection improved consistently across both cycles, suggesting combined benefit of education and point-of-care prompts, though compliance remained well below target. Guideline adherence and allergy documentation were less consistent, likely confounded by locum turnover, intermittent checklist availability and small sample sizes. Lead clinicians who make antibiotic choices may have had less exposure to the computer-based checklist than juniors, limiting its reach.

CONCLUSION

A multimodal intervention improved diagnostic stewardship, but effects on prescribing and allergy documentation were less consistent. Future work should extend to other wards, secure pharmacist integration, and explore electronic prompts in patient records.

T047 · Audit or QI

Teal Room · 09:55 View slides ↗

Closing the Gap: Improving COPD Discharge Practice Through Implementation of the BTS COPD Discharge Bundle

Yasmin Barud

East of England - luton

BACKGROUND

COPD exacerbations are a major cause of emergency admission and readmission. The British Thoracic Society (BTS) COPD discharge care bundle provides evidence-based discharge planning, including medication and inhaler review, self-management planning, smoking cessation, pulmonary rehabilitation assessment and follow-up (1). Despite national guidance and a Best Practice Tariff target of 60% completion, implementation remains inconsistent. National Respiratory Audit Programme (NRAP) data for 2023–24 showed only 28% of patients received all bundle elements, with approximately 31% completion in the East of England. This, to me, highlights an important opportunity for quality improvement locally.

METHODS

A baseline audit of 20 patients admitted with acute COPD exacerbations over a one month period demonstrated bundle compliance of 10% (2/20). Two sequential Plan-Do-Study-Act (PDSA) cycles were undertaken. PDSA1 involved resident doctor education, engagement with respiratory clinical nurse specialists and practitioners to identify barriers, and checklist prompts in respiratory clinical areas and on ward computers. PDSA2 modified COPD discharge letters to prompt documentation of self-management advice, smoking cessation and inhaler technique reminders.

RESULTS

Following PDSA1, preliminary re-audit demonstrated improved overall bundle compliance from the baseline 10%; data collection is almost complete. PDSA2 was subsequently implemented to embed key bundle components into routine discharge documentation and improve consistency of patient education.

CONCLUSIONS

Baseline audit identified substantial scope to improve BTS COPD discharge bundle delivery. Early findings suggest multidisciplinary education and targeted prompts can improve compliance. Embedding bundle components within discharge documentation may support sustainable improvements in evidence-based discharge practice and potentially reduce COPD readmissions (2).

T048 · Audit or QI

Teal Room · 10:25 View slides ↗

Improving Pharmacological Venous Thromboembolism Prophylaxis Prescribing and Documentation on a Gastroenterology Ward

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BACKGROUND

Pharmacological venous thromboembolism (VTE) prophylaxis is a key component of inpatient care, with hospital-acquired VTE remaining a leading cause of preventable morbidity and mortality. Gastroenterology inpatients are at increased risk, particularly those with inflammatory bowel disease flares and malignancy. Patients are frequently commenced on enoxaparin on admission before transfer to the ward, often before an accurate weight is available, increasing the risk of inappropriate dosing. This quality improvement project stemmed from repeated identification of prescribing errors relating to VTE prophylaxis. The aim is to investigate the accuracy of pharmacological VTE prophylaxis prescribing and clinical documentation on Sidmouth Ward; in turn, identifying opportunities to improve patient-centred care, clinical effectiveness, and patient safety.

METHODOLOGY

A retrospective review was conducted of all patients admitted to Sidmouth Ward during February 2026. Electronic notes and drug charts were reviewed to assess the accuracy of enoxaparin prescribing, documentation of alternative anticoagulation or decisions to withhold prophylaxis, and completion of VTE risk assessments.

RESULTS

Seventy-two patients were included. Documentation acknowledging VTE prophylaxis during the initial ward review was present in 63.9% of patients. Appropriate prescribing decisions were made in 88.9%, while 11.1% had incorrect dosing or omission of prophylaxis. Of these errors, 50% were identified during the ward round and 50% were not acknowledged. All prescribing errors either originated before transfer to Sidmouth Ward or involved omission of prophylaxis without documented justification. VTE risk assessments were completed before or during the initial review in only 18.1% of patients.

CONCLUSION

Inappropriate pharmacological VTE prophylaxis occurred in 11.1% of newly admitted patients. More than one-third of patients had no documented assessment of thromboprophylaxis during the initial ward review, representing missed opportunities to identify prescribing errors. The recommendation is to introduce MDT-led education and reminders to improve VTE prophylaxis review of indication, doses, and documentation to ensure sustainability.

T049 · Audit or QI

Teal Room · 10:45 View slides ↗

Improving Fracture Risk Assessment and Bone Health Planning After Falls in Older Inpatients - A Two-cycle Quality Improvement Project

Ruchika Jawahar, Lujain Sarrar, Jia Xin Khoo, Hassan Aziz, Emma Livesey

Whiston Hospital, Mersey West Lancs Teaching Hospitals NHS Trust

BACKGROUND

Older people admitted following a fall are at increased risk of fragility fractures. Local review on Department of Medicine for Older People (DMOP) wards found that fracture-risk assessment was inconsistent and bone-health plans were often poorly documented. NICE recommends fracture-risk assessment in women aged ≥65 years, men aged ≥75 years, and younger adults with relevant risk factors. This project aimed to improve bone-health assessment and documentation in patients admitted with a fall, in line with NICE CG146 and NOGG guidance.

METHODS

Patients admitted with a fall to two DMOP wards were reviewed at baseline (Sept-Oct 2025, n=21), after PDSA Cycle 1 (Nov' 25-March' 26, n=37), and after Cycle 2 (April-June 2026, n=35). Measures included calcium and vitamin D assessment and supplementation, FRAX documentation, NOGG risk categorisation, DEXA requests, bisphosphonate prescribing, and documentation of bone-health and follow-up plans. Cycle 1 used departmental education and guideline reinforcement. As this produced little change, Cycle 2 introduced a standardised bone-health proforma and decision aid, co-designed with geriatric and rheumatology consultants, supported by posters, further teaching, emails and ward-based reminders.

RESULTS

FRAX documentation rose from 5% at baseline to 10% after Cycle 1 and 34% after Cycle 2. Vitamin D testing remained at 48% after Cycle 1, before increasing to 77% after Cycle 2. Calcium testing was consistently high, while supplementation of confirmed hypocalcaemia improved from 66% to 100%. Bone-health plan documentation rose from 10% to 14% and then 19%. Despite these improvements, DEXA requesting and follow-up planning remained inconsistent, with some patients still lacking a complete bone-health plan.

CONCLUSION

Education alone produced limited improvement. Introducing a structured proforma and decision aid was associated with greater improvements in FRAX documentation, vitamin D testing and bone-health planning, suggesting that a standardised system was more effective than relying on individual recall. Persistent barriers remained around uptake, ownership and follow-up. Further cycles will focus on embedding the tool into routine practice.

T050 · Audit or QI

Teal Room · 11:05 View slides ↗

Improving Insulin Medicines Reconciliation and Glycaemic Safety in Frail Hospitalised Older Adults: A Two-Cycle Quality Improvement Project

Mohammed Azam Ali, Michaela Watt, Eileen Capek, Adeola Adebayo, Elizabeth Oommen, Rahat Maitland, Mairi Blair

University Hospital Hairmyres

BACKGROUND

Insulin is a high-risk medication, with prescribing and reconciliation errors posing particular risks to frail older inpatients with multimorbidity, cognitive impairment and acute illness. This project assessed whether a low-cost, ward-based educational intervention could improve documentation of pre-admission insulin regimens and adherence to recommended dysglycaemia management.

METHODS

A two-cycle quality improvement project was undertaken across geriatric wards in a tertiary hospital, using insulin-treated inpatient-weeks as the unit of analysis. Measures included pre-admission insulin documentation on prescription charts and medicines reconciliation records, hypoglycaemia and hyperglycaemia in the preceding 72 hours, repeat glucose monitoring within 15 minutes of hypoglycaemia, and ketone testing during hyperglycaemia. Following baseline data collection, interventions included a diabetes safety poster with QR-linked local guidelines, departmental teaching and presentation of findings at a geriatric quality improvement showcase.

RESULTS

Across 99 inpatient-weeks (55 baseline; 44 post-intervention), insulin chart documentation increased from 27.3% to 90.9% (15/55 vs 40/44), a 63.6-percentage-point improvement. Medicines reconciliation documentation increased from 25.5% to 54.5% (14/55 vs 24/44). Hypoglycaemia occurred in 10.9% versus 9.1% of inpatient-weeks; repeat glucose testing within 15 minutes improved from 0/6 to 2/4 episodes. Hyperglycaemia prevalence remained 36.4% in both cycles, but ketone assessment increased from 55.0% to 93.8% (11/20 vs 15/16).

CONCLUSIONS

A simple, inexpensive intervention was associated with marked improvements in insulin reconciliation and recommended responses to dysglycaemia, despite no reduction in dysglycaemia prevalence. These findings suggest that targeted education and accessible guidance can strengthen key medication safety processes. Small event counts, the single-centre design and the absence of a concurrent control group limit causal inference. Further evaluation should assess sustainability and effects on patient outcomes.

T051 · Audit or QI

Teal Room · 13:15 View slides ↗

Optimising Lidocaine Patch Prescribing: Reducing off-licence prescriptions across Older Person's Medicine (OPM) wards at South Tees NHS Trust

Anna Kate Bloor, Alex Tranter

James Cook University Hospital, Middlesbrough

BACKGROUND

Lidocaine patches are costly (£11.82/5 plasters) and there is limited evidence to support their effectiveness. Despite strict NICE and Trust guidelines to govern their use they are frequently prescribed off-licence, not reviewed promptly and are inappropriately continued on discharge.

AIM

To reduce off-licence lidocaine patch prescribing across the James Cook OPM wards. To ensure prescriptions were senior led, reviewed promptly, and discontinued if not effective.

METHOD

We identified all patients across the OPM wards that were prescribed lidocaine patches over a two-month period between January/February 2025 (10). We collected data on indication, decision maker, course length and reviews. Targeted interventions were implemented consisting of a presentation at the departmental audit meeting and an educational poster in the doctors' office. A re-audit was conducted over a subsequent two-month period in June/July 2025 (9), and these parameters were re-measured.

RESULTS

The post-intervention cycle demonstrated improvements across all targeted variables. Indication-specific prescribing increased from 10% to 40%, and detailed senior documentation increased from 90% to 100%. Discontinuations before 14 days increased from 40% to 78%, and discontinuations prior to discharge increased from 30% to 78%. This demonstrates that not only did our intervention increase rational prescribing by over one third in the first instance, but that the rate of clinical efficacy reviews more than doubled. This allowed for prompt discontinuation in the absence of therapeutic benefit. This reduced the dispensing of lidocaine patches and therefore lowered overall costs for the Trust.

CONCLUSION

This study demonstrated that departmental education alongside a visual aid is an effective strategy to promote rational prescribing and reduce unnecessary costs. Off-licence prescribing reduced by over one third, and prompt review and discontinuation nearly doubled. Maintaining these benefits relies on continuous education for rotating doctors. The findings are due for sustainability review at the upcoming OPM audit meeting.

T052 · Audit or QI

Teal Room · 13:35 View slides ↗

Bridging the Discharge Gap: A Quality Improvement Audit on Anticoagulation Communication and Documentation Following Pulmonary Embolism

Rachel Suresh, Holly Davies, Megha Joy

Mid Yorkshire Teaching Trust

BACKGROUND

Pulmonary embolism (PE) is a common, high-risk medical emergency requiring prompt anticoagulation and rigorous secondary prevention. Patient safety and safe primary/secondary care transitions heavily rely on thorough inpatient counselling and precise discharge communication with general practitioners (GPs) regarding treatment duration and monitoring requirements.

AIMS

To evaluate compliance of inpatient anticoagulation counselling and the quality of discharge summary communication sent to primary care for patients presenting with a new PE.

METHODS

A retrospective audit was conducted reviewing patients presenting with a new diagnosis of PE. Data collected included patient demographics, length of stay, documentation of patient counselling regarding anticoagulation initiation, and the presence of specific anticoagulation details (overall communication, treatment duration, and monitoring instructions) on discharge summaries sent to GPs.

RESULTS FROM ROUND 1

Cohort & Demographics: Twenty-six patients presented with a new PE; following three deaths, 23 patients were included in the analysis (14 female, 9 male).

Clinical Presentation: The cohort demonstrated a mean hospital length of stay of 9.7 days (range 1–35 days). There were 38 primary PEs and 15 secondary PEs, with 9 patients presenting with pre-existing or newly diagnosed malignancy.

Inpatient Counselling: Documented patient counselling regarding the initiation of anticoagulation was present in 11 cases (47.83%).

Discharge Summary Communication to GPs:

17 patients (73.91%) had any information directed to the GP regarding anticoagulation

15 patients (65.22%) had information detailing the length of anticoagulation.

5 patients (21.74%) included monitoring information or instructions.

3 patients (13%) included both essential components (duration and monitoring).

CONCLUSIONS

Results reveal a vital safety vulnerability in hospital discharge communication.

While general awareness of anticoagulation is documented on most summaries, critical safety metrics, specifically monitoring instructions and dual inclusion of duration and monitoring are frequently omitted.

T053 · Audit or QI

Teal Room · 13:55 View slides ↗

Bridging the Gap: Improving ReSPECT Form Completion and Ceiling of Care Documentation

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Iraq

BACKGROUND

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and Ceiling of Care (CoC) documentation guide decisions during clinical deterioration. Incomplete or ambiguous records may create uncertainty for clinicians, distress for families, and risk inappropriate escalation or treatment delays. During an Acute Medicine attachment, variation was observed in ReSPECT form availability and documentation of escalation decisions.

AIM

To assess ReSPECT form availability and the quality, clarity and completeness of CoC documentation in Acute Medicine, identifying opportunities to improve patient safety and multidisciplinary communication.

METHODS

A retrospective review examined 161 discharged patients admitted under Acute Medicine over one month. The sample included patients aged 70 years or older with a Clinical Frailty Scale score of at least 5, patients with a Charlson Comorbidity Index of at least 5, and patients admitted under Acute Medicine during the audit period. Patients younger than 70 years and those still in hospital were excluded. Documentation was assessed against criteria covering three levels of care: ward-based treatment; non-invasive ventilation or high-dependency care; and intensive care, intubation or invasive ventilation. Entries were categorised as complete, incomplete or limited according to the clarity and specificity of escalation decisions.

RESULTS

ReSPECT forms were present in 94/161 patients (58.4%); 67/161 (41.6%) had no form. Among the 94 records with a ReSPECT form, 19 (20.2%) had complete CoC documentation, 61 (64.9%) were incomplete and 14 (14.9%) were limited. Common problems included absent escalation levels, vague terms such as “ward-based care” or “reversible causes only”, and unclear guidance regarding non-invasive ventilation and intensive care.

CONCLUSION

The audit identified gaps in ReSPECT form availability and CoC documentation. Clearer, intervention-specific escalation plans are needed to support consistent decisions and safer care. Recommended actions include targeted staff education, discussion during board rounds, electronic prompts and Resuscitation Council guidance. Re-audit is required to assess improvement.

T054 · Audit or QI

Teal Room · 14:25 View slides ↗

Improving Acute Care Standards and Documentation in Community-Acquired Pneumonia (CAP) via an Electronic Admission Bundle

Naveen Philip, Neenu Chandramohan, Aoife Lillis

Frimley

INTRODUCTION

Community-acquired pneumonia (CAP) represents a leading cause of acute medical admission. Adherence to national British Thoracic Society (BTS) and NICE standards – namely prompt chest radiography (CXR), objective severity scoring (CURB-65), accurate oxygen target prescribing, severity-concordant antimicrobials, and routine follow-up safety netting – directly governs clinical outcomes, length of stay, and patient safety. We audited our acute medical unit to identify systemic vulnerabilities and design an integrated clinical bundle.

METHODS

A retrospective baseline audit evaluated 101 consecutive adult CAP admissions against national quality indicators: CXR review within 4 hours, documented CURB-65 scoring, oxygen requirements, and target saturation prescribing. Following data synthesis, an electronic health record (Epic) admission smartphrase bundle was engineered, embedding acute triage metrics alongside structured post-discharge surveillance.

RESULTS

Diagnostic radiology achieved high compliance, with 99.0% (100/101) receiving a CXR review within 4 hours. However, significant clinical care gaps emerged:

Severity Stratification: CURB-65 was documented in only 18.8% (19/101), leaving 81.2% unstratified.

Oxygen Safety: Although 57.4% (58/101) required supplemental oxygen, target saturations were prescribed in merely 24.8% (25/101).

A key clinical insight was that CURB-65 alone under-stratifies acute severity by failing to account for supplemental oxygen needs.

CONCLUSION & NEXT STEPS

While initial imaging review was rapid, substantial deficits in risk stratification and oxygen prescribing were uncovered. To standardise acute care, a dedicated Epic CAP admission bundle was created, incorporating prompt imaging tracking, target oxygen prescribing, CURB-65-guided ambulatory discharge (Hospital-at-Home for scores 0–1), severity-concordant antimicrobials, a mandated 6-to-8 week follow-up CXR request, and formal post-discharge recovery milestones. PDSA Cycle 2 will roll out this tool across acute medical handovers to measure improvements in documentation and clinical governance.

T055 · Audit or QI

Teal Room · 14:45 View slides ↗

Closing the loop on tumour lysis syndrome: a two-cycle audit of risk stratification and prophylaxis following educational and EPR interventions

Helia Iranpanah, Athulyaah Varatheeswaran, Warcel Dana, Kerins Eve

Guy's and St Thomas' NHS Foundation Trust

BACKGROUND

TLS is an haematological emergency, and the BSH 2025 guideline recommends risk-stratified prophylaxis and monitoring. A 2025 audit (29 patients) found incomplete risk documentation, missing pre-treatment G6PD results, and inadequate TLS blood monitoring. We introduced departmental and resident teaching, a laminated risk table, a trust guideline and a .tlsrisk EPR smartphrase (January 2026).

METHODS

Retrospective re-audit of adults with intermediate- or high-risk haematological malignancy starting systemic anti-cancer therapy (January–July 2026). We used cycle 1 criteria and compared cycles using Fisher's exact test.

RESULTS

Cycle 2 included 31 patients (17 high risk, 14 intermediate), against 29 in cycle 1 (19 high, 10 intermediate). Smartphrase use was 13/31 (42%). High-risk patients documented as high risk increased from 53% to 88% ($p = 0.03$), while undocumented risk fell from 52% to 16% ($p = 0.006$). IV hydration in high-risk patients increased from 58% to 94% ($p = 0.02$). Requested TLS blood monitoring improved from 45% to 94% ($p < 0.001$), although differing definitions prevent direct comparison. Pre-treatment G6PD results (62% vs 55%, $p = 0.61$) and high-risk rasburicase prophylaxis (53% vs 47%, $p = 1.0$) did not change. Four of nine high-risk patients without prophylaxis had no pre-treatment G6PD result; all four developed TLS. Evidence of TLS was seen in 14% vs 26% ($p = 0.34$), with a shift towards acute leukaemia. ICU or renal replacement was needed in 14% vs 10% ($p = 0.70$).

CONCLUSIONS

Interventions improved documentation, monitoring and hydration but not prescribing. The smartphrase reached under half of patients. Although improvements were observed, differences in patient characteristics between cycles limit direct comparison. Next steps are to integrate G6PD requests into chemotherapy pathways, make the smartphrase the default, extend laminated risk tables to oncology offices and ICU for junior doctors caring for haematology patients, and re-audit with agreed definitions.

BLUE ROOM · NEUROSCIENCE, MENTAL HEALTH & CRITICAL CARE

T056 · Teaching intervention — Blue Room · 09:15 — View slides ↗

Reel Talk: Using Film to Explore Mental Health Stigma and Person-Centred Communication

Ananya Veenarun, *Christina Taylor*

Taunton

BACKGROUND

Media portrayals of mental illness can shape how psychiatric conditions are perceived and described. Film offers an engaging stimulus for critiquing communication in context. We aimed to evaluate the feasibility and acceptability of "Movie Club", a film-based intervention promoting reflection on mental health stigma and person-centred language.

METHOD

A two-cycle quality improvement project was undertaken with Year 3 medical students on a mental health student-selected component (n=2). Each [60-minute] facilitated session used two contrasting film clips, each followed by three structured questions on portrayals of mental illness, stigmatising language, verbal and non-verbal communication and person-centred alternatives. As Cycle 1 scores were lowest for challenging stigma and sensitive discussion, Cycle 2 added context before each clip and a closing reflection. Paired questionnaires at baseline and after each cycle rated five domains on 5-point Likert scales (recognising stigmatising language, using person-centred language, awareness of media influence, challenging stigma, and preparedness to discuss mental illness sensitively), with free-text feedback. Data were analysed descriptively.

RESULTS

All participants responded at each stage. Mean score across domains rose from 3.5 at baseline to 3.9 after Cycle 1 and 4.4 after Cycle 2, exceeding baseline in all domains. Gains were largest in recognition (4.0→5.0), person-centred language (3.5→4.5), media awareness (3.5→4.5) and challenging stigma (3.0→4.0); preparedness rose from 3.5 to 4.0. Recommendation scores were 8/10 and 10/10. Students valued discussion-provoking questions, paired clips contrasting consultation styles, and links to clinical practice.

CONCLUSION

Movie Club was feasible and well received. Limitations include the very small, self-selected sample, reliance on self-reported confidence rather than observed behaviour, and facilitator-administered questionnaires, so no conclusions about effectiveness can be drawn. Nonetheless, short clips with structured discussion offer psychiatry and communication-skills educators a low-cost, reusable format. Cycle 3 will broaden the presentations shown and recruit a larger cohort.

T057 · Oral presentation — Blue Room · 09:35 — View slides ↗

When Behavioural Change Is Not Psychiatric: Metastatic Oesophageal Adenocarcinoma with Extensive Brain Metastases

Deep Kala

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INTRODUCTION

Brain metastases from oesophageal cancer are uncommon and may present with neurological or behavioural symptoms before the primary malignancy is recognised. We describe a case presenting with subacute cognitive and behavioural change.

OBJECTIVES

To describe a case in which investigation of new-onset behavioural and cognitive changes led to the unexpected diagnosis of metastatic oesophageal adenocarcinoma with extensive brain metastases.

METHODS

The clinical course, neurological findings, laboratory results, neuroimaging, endoscopic findings, histopathology and multidisciplinary team assessments were retrospectively reviewed.

RESULTS

A 63-year-old man presented with 4–6 weeks of behavioural and cognitive change, including erratic behaviour, inappropriate speech, excessive sleeping and transient dysarthria and gait disturbance. He had also lost approximately 6% of body weight over three weeks. CT demonstrated numerous supra- and infratentorial ring-enhancing lesions, with the largest measuring 3 cm, bilateral adrenal masses and focal thickening of the distal oesophagus suspicious for a primary malignancy. MRI confirmed more than 60 scattered solid and cystic metastases involving the cerebral and cerebellar hemispheres, some haemorrhagic, without significant mass effect. OGD identified a 70-mm non-stricturing lower oesophageal tumour. Biopsy confirmed moderately differentiated oesophageal adenocarcinoma. Neuro-oncology and UGI MDTs recommended best supportive care.

CONCLUSION

This case demonstrates that behavioural and cognitive change is not always psychiatric and may be the presenting feature of advanced malignancy with intracranial involvement. The combination of extensive brain metastases, bilateral adrenal metastases and a distal oesophageal primary was identified through investigation of relatively non-specific neurological symptoms.

T058 · Research

Blue Room · 09:55 View slides ↗

A narrative review of childhood neglect and its association with eating disorders

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Bradford

Childhood neglect's intricate relationship with eating disorders (EDs) is a topic of growing significance. This review consolidates findings from 16 studies of varying designs to investigate the relationship between neglect and ED development. This narrative review explored the differential impacts of neglect types on distinct types of EDs. A literature search was conducted on Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder (BED), in relation to physical neglect (PN) and emotional neglect (EN). Sixteen papers met inclusion criteria and were included in this narrative review. Bias and quality were assessed using the Quality Assurance Checklist. Findings suggested that AN was associated most frequently with PN, affecting women more profoundly. This relationship may stem from PN's role in early deprivation and malnourishment, commonly associated with AN. EN, on the other hand, was more frequently associated with BN. Studies suggested that EN contributes to the development of BN via processes that contribute to emotional dysregulation. Findings relating to BED were more complex, with both PN and EN influencing various cases. Some studies indicated that food addiction, primarily associated with PN, may result from neglectful parenting, leading to emotional eating. Conversely, EN emerged as a significant factor among clinically obese (according to BMI standards) BED patients, affecting their ability to manage emotions. Limitations amongst studies relating to BED included focusing on a subset of clinically obese/bariatric patients and poor tracking of subjects for longitudinal studies. Future research avenues should focus on causality, factors exacerbating these relationships, and the effectiveness of different therapeutic interventions. There is a need for comprehensive research, especially among natal males, to unveil the complex dynamics between childhood neglect and EDs. A clearer understanding of these relationships can empower stakeholders and clinicians to formulate effective prevention and intervention strategies, ultimately improving the well-being of individuals with EDs.

T059 · Audit or QI

Blue Room · 10:25 View slides ↗

Improving the Quality of MRI Internal Auditory Meatus Referrals: A Clinical Audit Against Royal College of Radiologists Standards

Sanaa Ahmed

West Midlands

AIM/BACKGROUND

Magnetic resonance imaging (MRI) of the internal auditory meatus (IAM) is frequently requested to investigate tinnitus and audiovestibular symptoms. Accurate clinical information is essential to assess imaging appropriateness, guide protocol selection and support patient safety. This audit aimed to evaluate the completeness of MRI IAM referrals against Royal College of Radiologists (RCR) standards and identify opportunities for improvement.

METHODS

A retrospective clinical audit of 100 MRI IAM referrals was conducted at Russell's Hall Hospital. Referrals were assessed against four RCR AuditLive criteria: documentation of tinnitus type (pulsatile or non-pulsatile), symptom laterality, associated neurological, audiological, otological or head and neck features, and previous investigations, including audiology or otoscopy. Compliance was calculated for each criterion and compared with the recommended target of 100%. Overall compliance across all four criteria was also assessed.

RESULTS

Only 3% of referrals met all four documentation criteria. Tinnitus type was recorded in 6% of referrals, laterality in 71%, associated clinical features in 100%, and previous investigations in 46%. The greatest deficiencies were therefore in characterising tinnitus and documenting previous investigations. Imaging outcomes were classified as routine in 98 cases, urgent in one case and significant unexpected in one case. These findings highlighted substantial variation in referral completeness despite consistent documentation of associated clinical features.

CONCLUSION

MRI IAM referral documentation fell below RCR standards, with only three referrals meeting all four criteria. Incomplete information may make it more difficult for radiologists to assess imaging appropriateness and select suitable protocols. Findings were presented to radiology consultants, and a structured referral checklist alongside targeted education for referring clinicians was recommended. A repeat audit is planned to evaluate whether these interventions improve documentation and support more effective communication between referring teams and radiology.

T060 · Research

Blue Room · 10:45 View slides ↗

Sauna use and mental health and wellbeing outcomes: a narrative systematic review

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Homerton University Hospital

Emerging evidence suggests that saunas and other forms of whole-body heating can have widespread health benefits. Although most research has focused on physical health effects, interest is growing in the mental health impacts of sauna use. To better understand the accumulated evidence, we conducted a narrative systematic review of studies investigating mental health and wellbeing outcomes associated with sauna use. We searched five electronic databases on 20 May 2026 combining terms relating to sauna, mental health, and wellbeing. We included observational and interventional studies involving human participants with or without diagnosed conditions, using saunas or steam baths, with mental health and wellbeing outcomes. We extracted data relating to psychiatric diagnoses, symptom rating scales, or wellbeing measures. Due to the heterogeneity of study designs and outcomes, we did not conduct a statistical synthesis, but narratively synthesised findings under key themes. We included data for 6,761 participants across 26 studies. Results were heterogeneous: some of the included studies identified statistically significant reductions in depression, anxiety, and stress associated with sauna use, although one demonstrated increased anxiety and depression at extreme temperatures (120°C). One long-term follow-up study reported lower incidence of psychosis amongst high-frequency sauna users. Several studies showed significant improvements in wellbeing and generalised mental health outcome scores. Some studies indicated a benefit from increased sauna frequency. Variety in results depended on temperature, context and measurement tools. Qualitative studies indicated strong emotional and restorative experiences and the social importance of sauna use. Most studies were rated high or moderate risk of bias. Despite heterogeneity of study designs and outcome measures used, studies assessing the impact of sauna on mental health and wellbeing outcomes generally showed promising results. Across measures in depression, anxiety, stress, wellbeing, emotions, and psychotic disorders, there were improvements linked with sauna use. Qualitative findings emphasised feelings of belonging, community, and safety. However, results were inconsistent, and further robust research is needed.

T061 · Service evaluation

Blue Room · 11:05 View slides ↗

Understanding non-attendance at post-ICU follow-up clinic

Alexander Morgan, Solomon Pullan, Rachel Prout

Severn Deanery

BACKGROUND

Follow-up services post intensive care unit (ICU) discharge aim to address sequelae of critical illness, but attendance is low. National frameworks guide post-ICU clinic provision, but delivery varies. A district general hospital in Southwest England invites patients to a multidisciplinary clinic following discharge. Over three years, 182 of 604 invitees (30.1%) attended. This service evaluation explored non-attendance.

METHODS

Non-attenders between March and June 2026 were telephoned. The evaluation was explained and consent obtained. Those reporting receipt of an invitation were offered semi-structured telephone interviews. Two anaesthetists-in-training conducted interviews. Interviews were recorded and transcribed. Data were analysed using thematic analysis. An anaesthetist-in-training undertook coding. Authors agreed themes.

RESULTS

During the study period, 76 patients were invited; 56 did not attend. Of 28 non-attenders successfully contacted, 17 (60.7%) reported not receiving an invitation. The remaining 11 participated in interviews, lasting between 10 and 30 minutes. Analysis generated five themes: Uncertainty about the purpose and value of ICU follow-up reflected limited understanding of the clinic. Competing notions of need described participants who considered themselves recovered, felt supported elsewhere, or perceived others as more deserving. Ongoing recovery as a barrier to attendance captured physical, cognitive and psychological issues that made attending challenging. The emotional impact of returning to intensive care encompassed attitudes towards revisiting ICU. Poor experience of accessing healthcare formed the final theme.

CONCLUSION

In this novel evaluation, non-attenders were heterogeneous with differing perceptions of need and barriers to engagement. Reported non-receipt of invitations identifies an immediate barrier. This reflects wider NHS administrative issues. Although not all non-attenders were represented, this evaluation improved understanding of this group. Attendance alone cannot establish service effectiveness. However, understanding non-attendance will help post-ICU services identify and engage patients who could benefit from follow-up, tailor support and develop interventions that improve patient-centred outcomes.

T062 · Audit or QI

Blue Room · 13:15 View slides ↗

Improving Venous Thromboembolism Prophylaxis in Stroke Patients: A Quality Improvement Project

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Northampton General Hospital

BACKGROUND

Venous thromboembolism (VTE) is a recognised complication of stroke. UK guidance recommends intermittent pneumatic compression (IPC) for eligible immobile patients following acute stroke. This project assessed adherence to VTE prophylaxis guidance, clinician knowledge and barriers to IPC implementation.

METHODS

A point-prevalence audit assessed 49 stroke inpatients across a hyperacute stroke unit (n=28) and rehabilitation ward (n=21). Outcomes included VTE risk assessment within 24 hours, IPC prescription, correct bedside application and documented barriers. A clinician questionnaire evaluated knowledge, confidence and prescribing practices.

RESULTS

VTE risk assessment was completed within 24 hours in 4/49 patients (8%). IPC was prescribed in 31/49 (63%), with rates of 68% in the hyperacute unit and 57% in rehabilitation. Only 7/31 patients prescribed IPC (23%) were wearing it correctly, representing 14% of the total cohort. Barriers included patient refusal, confusion or cognitive impairment, therapeutic anticoagulation and failure to apply prescribed devices. Among 21 clinician respondents, 95–100% answered core knowledge questions correctly; however, only 62% reported prescribing IPC always or often for eligible patients. Other reported barriers included uncertainty about contraindications and equipment availability.

CONCLUSION

Significant gaps exist between IPC prescription and correct bedside application, alongside poor adherence to timely VTE risk assessment. Planned interventions include prescribing prompts, daily bedside checks, patient and carer education, and improved equipment availability. Re-audit will evaluate correct bedside IPC application as the primary outcome.

T063 · Oral presentation · Blue Room · 13:35 · View slides ↗

Bilateral Watershed Infarcts Following Tirzepatide Dose Escalation: A Case Report

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Winchester (HHFT)

BACKGROUND

The prevalence of type 2 diabetes mellitus (T2DM) has increased substantially, particularly due to an ageing population, rising obesity rates, and changing lifestyles. Tirzepatide is a novel medication approved for the management of T2DM, associated with significant weight loss.

CASE PRESENTATION

We report a 49 year old man with T2DM who developed bilateral watershed infarcts on MRI two weeks after his tirzepatide dose increased from 2.5mg to 5mg weekly. He presented with acute headache, blurred vision, confusion, and ataxia. Vasculitis screen, echocardiography and CT chest, abdomen and pelvis were unremarkable. Blood tests showed eosinophilia of 3.9 x10^9/L. This raised the possibility that the patient's stroke may have been associated with tirzepatide-induced eosinophilia.

OUTCOME

Tirzepatide was subsequently discontinued and his eosinophil count gradually normalised to 0.5 x 10^9/L. He was discharged home following conservative management of his stroke and followed up in the stroke clinic. Repeat MRI brain imaging and blood tests demonstrated no recurrence of eosinophilia or any further cerebral infarcts. Limited literature describes an association between tirzepatide and stroke risk. Eosinophilia has been linked to thromboembolic and cerebrovascular events, such as in hypereosinophilic syndrome where bilateral watershed infarcts may occur. This case highlights a potential link between tirzepatide dose escalation, eosinophilia and cerebral infarction. While causality cannot be established, resolution of eosinophilia after drug discontinuation may suggest a link. Further research is warranted.

DISCUSSION

There is limited literature describing an association between tirzepatide use and risk of stroke. Eosinophilia has been linked to thromboembolic and cerebrovascular events, such as in hypereosinophilic syndrome (HES) where bilateral watershed infarcts may occur. This case highlights a potential association between tirzepatide dose escalation, eosinophilia, and cerebral infarction. While causality cannot be established, resolution of eosinophilia following drug discontinuation suggests a possible link. Further research is warranted.

T064 · Audit or QI · Blue Room · 13:55 · View slides ↗

CT angiography coverage in stroke and TIA: a trust audit identifying a learning need beyond stroke teams

Toju Joseph Obels
Birmingham

BACKGROUND

CT angiography (CTA) from the aortic arch to the Circle of Willis ('arch CTA') images neck arteries behind many strokes; intracranial-only CTA does not. Trust guidance requires arch CTA for thrombectomy candidates, and unexplained stroke or transient ischaemic attack (TIA) needs neck imaging. We audited requesting across teams.

METHOD

Trust-registered retrospective audit of all CTA requests coded 'intracranial' by medical specialties in an English district general hospital trust, 1 August–30 September 2026, excluding emergency department, surgical and non-stroke requests. Radiology reports were reviewed for indication, onset time and coverage against a 100% arch CTA standard for hyperacute and unexplained stroke/TIA.

RESULTS

Of 168 requests, 94 concerned stroke/TIA (coverage confirmed in 69). Overall, 88% (61/69) were arch CTA: hyperacute 95% (41/43; within six hours 14/14) versus work-up 77% (20/26). Stroke teams achieved 97% (57/59) versus 40% (4/10) for other medical teams (Fisher's p<0.001). Six of eight intracranial-only requests (visual loss, suspected dissection, post-ablation embolism, TIA) came from non-stroke teams; three concerned neck vessels, one stating 'aortic arch to circle of Willis', yet the intracranial exam was selected. Arch CTA showed significant neck disease in 20% (12/61). Onset time appeared on 18% (11/60) of hyperacute requests and the National Institutes of Health Stroke Scale (NIHSS) on none (0/94).

CONCLUSION

The coverage gap lies mainly outside stroke teams, where right questions sometimes met wrong exams. Foundation and on-call medical doctors need teaching that stroke, TIA, visual loss and suspected dissection require neck imaging; requests should record onset time and NIHSS.

AIM OF PRESENTING

To give doctors in training a practical rule for choosing CTA coverage, and show how audit can identify what to teach. Poster: "Which CT angiogram?" rule, backed by the audit data: arch to Circle of Willis for stroke, TIA, visual loss, suspected dissection and posterior circulation symptoms intracranial only for aneurysm, Oral: taking the audience from the clinical problem, through the audit, to the training need. It will show how a routine audit can work as a training needs assessment.

T065 · Audit or QI

Blue Room · 14:25 View slides ↗

Improving Stroke Documentation Through a Ward Proforma: A Quality Improvement Project

Emma Cogswell
CTMUHB

BACKGROUND

Key stroke investigations and secondary prevention measures must be documented consistently and remain accessible to support inpatient care and discharge planning. However, information dispersed across paper medical notes can be difficult to locate.

AIM

To improve completeness and accessibility of key stroke management documentation, Including management decisions and risk factor status.

METHODS

This quality improvement project used Plan-Do-Study-Act (PDSA) cycles. Baseline data from 23 stroke ward patients assessed smoking-status documentation and time taken to locate a documented LDL result. A stroke ward proforma was developed and trialled. Following review of uptake and completion, implementation was refined, emphasising placement at the front of medical notes. A second cycle assessed 22 subsequent patients. Medical team feedback assessed perceived usefulness following implementation.

RESULTS

At baseline, smoking status was documented for 6/23 patients (26.1%), across different sections of the notes. Mean time to locate LDL was 48 seconds. In the first cycle, a proforma was present in notes for 17/23 patients (73.9%), with nine partially completed, commonly missing the risk-factor section, including smoking cessation. Mean time to locate LDL fell to 12 seconds. Delays were largely attributable to proformas being filed within, rather than at the front of, the notes. In the second cycle, proformas were present in 18/22 patients (81.8%), with three missing risk-factor sections. Smoking status remained unknown in three patients. Mean time to locate LDL fell further to six seconds following multidisciplinary agreement to keep the proforma at the front of the notes. Medical team feedback demonstrated 100% satisfaction, with 90% rating the proforma very helpful.

CONCLUSION

Introducing a stroke ward proforma improved accessibility of investigation results, supported risk-factor documentation and was positively received by the medical team. Iterative PDSA cycles and multidisciplinary engagement improved uptake and visibility. Further work should focus on complete risk-factor documentation and sustaining proforma use.

T066 · Research

Blue Room · 14:45 View slides ↗

Chronotype, Age-related Macular Degeneration and Outer Retinal Structure: Insights from the UK Biobank

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London

BACKGROUND

Chronotype – whether an individual is a "morning lark" or "night owl" – reflects the preferred timing of their internal biological clock and is associated with various health outcomes. Genetic studies have identified chronotype-related loci are over-represented in genes expressed in retinal tissue, suggesting a connection between circadian biology and retinal health; however, epidemiological evidence supporting this relationship remains limited. We therefore investigated the associations between chronotype, age-related macular degeneration (AMD) and retinal structure in the UK Biobank.

METHOD

This cross-sectional analysis included UK Biobank participants recruited between 2006-2010. Self-reported chronotype was categorised as extreme morning, moderate morning, moderate evening, or extreme evening. AMD was identified through self-reported diagnoses, hospital admission records, and manually graded retinal images. Outer retinal layer thicknesses were measured using spectral-domain optical coherence tomography.

RESULTS

Of the 443,404 participants (mean age 57 years, 56% women) included in the primary analysis, 16,916 had AMD. Compared to the extreme morning type, moderate morning (odds ratio [OR] 1.05, 95% CI 1.01-1.09, P = 0.02), moderate evening (OR 1.06, 95% CI 1.01-1.10, P = 0.008), and extreme evening (OR 1.14, 95% CI 1.07-1.21, P = 2.8×10^{-5}) groups all showed significantly higher odds of prevalent AMD. For the outer retinal layer thicknesses analysis, 39,547 participants were included. Extreme eveningness was associated with thinner photoreceptor layers (β -0.50 µm, 95% CI -0.76 to -0.24, P = 1.7×10^{-4}) and thinner retinal pigment epithelium (RPE)–Bruch's membrane complex (β -0.13 µm, 95% CI -0.23 to -0.04, P = 0.007) compared to the extreme morning type.

CONCLUSIONS

Eveningness, particularly extreme evening preference, is associated with increased odds of AMD and thinner outer retinal layers. Whether these associations are causal remains uncertain. Our findings suggest chronotype may represent a novel risk factor for AMD and highlight the importance of circadian rhythm in retinal health.

INDIGO ROOM · GASTROENTEROLOGY & RENAL MEDICINE

T067 · Research

Indigo Room · 09:15 View slides ↗

Beyond Fibrosis Alone: A Cardio-Hepato-Renal Phenotype Map for Mortality Risk Stratification in MASLD

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BACKGROUND

Risk stratification in metabolic dysfunction-associated steatotic liver disease (MASLD) has centred on liver fibrosis, using tools such as FIB-4. Mortality in MASLD, however, is also driven by cardiovascular, metabolic and renal pathways. We mapped the published mortality evidence to assess whether it reflects a fibrosis-only pattern or a broader cardio-hepato-renal one.

METHODS

We analysed a curated corpus of 131 core studies on MASLD mortality, covering all-cause, cardiovascular and liver-related outcomes. Each study was mapped to six non-mutually exclusive evidence domains: cardiovascular, hepatic, metabolic, renal-metabolic, lean/high-risk and emerging biomarkers. Each was also assigned a single, mutually exclusive dominant phenotype. Overlap between domains was treated as the main signal of interest.

RESULTS

Cardiovascular evidence was the most common domain (82 studies, 62.6%), followed by hepatic (71, 54.2%), metabolic (64, 48.9%), lean/high-risk (11, 8.4%), emerging biomarker (10, 7.6%) and renal-metabolic (4, 3.1%). Multisystem overlap was frequent: 81 of 131 studies (61.8%) mapped to two or more domains. By dominant phenotype, 48 studies (36.6%) were hepatic-dominant, 44 (33.6%) cardio-metabolic and 30 (22.9%) mixed multisystem, combining hepatic, cardiovascular and metabolic evidence. Renal-metabolic and lean/high-risk phenotypes were markedly underrepresented.

CONCLUSION

MASLD mortality risk extends well beyond fibrosis alone. Fibrosis remains important, but the evidence base is broad and multisystem, and integrated cardio-hepato-renal and metabolic models may better support future risk stratification. Research should prioritise the underrepresented renal-metabolic and lean/high-risk phenotypes.

T068 · Service evaluation

Indigo Room · 09:35 View slides ↗

Impact of a Specialist Nurse Led Chronic Pancreatitis Clinic on Improving Patients Outcomes and Service Efficiency

Joshua Collier, Lynzi Holland, Bernadette Anderson, Nada Elamin

Wigan Wrightington and Leigh

BACKGROUND

NICE recommends regular monitoring of complications in chronic pancreatitis (CP), including HbA1c every 6 months and bone mineral density assessment with DEXA every 2 years[1,2] However, previous UK data have demonstrated poor adherence, with only 28.6% receiving 6-monthly HbA1c monitoring and 13.5% receiving DEXA in line with recommendations.[3]

A nurse-led CP clinic was established at Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) to improve structured follow-up and adherence to recommended monitoring.

AIMS & METHODS

We evaluated monitoring and clinical outcomes in adult patients attending the nurse-led CP clinic between November 2024 and January 2026. Patients at the clinic were reviewed every 6 or 12 months. Reviews included symptom assessment, HbA1c, CA19-9, smoking and alcohol status, and review of CT imaging. DEXA scans and referrals to diabetes, dietetician, rheumatology, pain and alcohol services were arranged where clinically indicated. We collected the data and analysed results.

Of 138 patients referred, 30 were excluded due to repeated non-attendance or death and 3 were excluded as they did not have CP on referral. The remaining 105 patients were analysed.

RESULTS

62 patients (59.0%) were reviewed 6-monthly and 43 (41.0%) annually. 82/105 (78.1%) had HbA1c monitoring within 6 months, while 19 (18.1%) were referred to specialist diabetes services. 77/105 (73.3%) had undergone DEXA within 2 years or had one planned within the subsequent 2 years. DEXA demonstrated osteopenia or osteoporosis in 57/105 (54.3%). 15.2% were referred to dietetics and 16.2% experienced a hospital admission since their previous clinic appointment.

CONCLUSION

The nurse-led CP clinic facilitated structured follow-up, with higher rates of HbA1c and DEXA monitoring than previously reported UK data. The high prevalence of osteopenia/osteoporosis highlights the importance of bone health surveillance. Further follow-up and comparison with pre-intervention admission rates are required to determine whether the service reduces hospital admissions and improves clinical outcomes.

T069 · Audit or QI

Indigo Room · 09:55 View slides ↗

From improvement to deterioration and back again: improving statin prescribing in chronic kidney disease through iterative quality improvement

Ciarán Walsh, Uroosa Moqeem, Jessica Forsyth

Barking and Havering Redbridge University NHS Trust

BACKGROUND

Statin therapy reduces cardiovascular risk in patients with chronic kidney disease (CKD), yet prescribing and dose optimisation remain inconsistent. Local review identified missed opportunities for statin initiation and optimisation on a renal ward. We aimed to improve guideline-directed statin prescribing in eligible patients with CKD.

METHODS

A prospective quality improvement project was undertaken on a renal ward in an East London district general hospital. Five sequential audit cycles used Plan-Do-Study-Act methodology. Prescribing was assessed against NICE, UK Kidney Association and KDIGO guidance. Interventions included a CKD care bundle, resident doctor education, ward-based reminders and proposed incorporation into handover. Teaching was repeated and adapted according to audit findings and clinician feedback. In the final cycle, the care bundle was demonstrated using a current ward patient, with renal consultant feedback incorporated into subsequent refinement.

RESULTS

Sixty-five patients were assessed. Appropriate statin prescribing increased from 73.3% at baseline to 77.8% in Rounds 1 and 2, before falling to 45.5% in Round 3 following rotation of junior medical staff. Optimal dosing similarly fell from 85.7% to 20.0%. This deterioration identified reliance on individual clinician awareness as a limitation of the intervention. Following further refinement and practical reinforcement, appropriate prescribing increased to 100% in Round 4, with optimal dosing also reaching 100%. No statin dose escalations were undertaken despite opportunities identified in earlier cycles.

CONCLUSION

Repeated measurement identified a vulnerability that would have been missed by a single post-intervention audit. Iterative PDSA cycles enabled the intervention to evolve from education-focused to a more practical, system-based approach. Future work will assess sustainability and explore electronic prescribing integration, renal pharmacist involvement and extension into outpatient and primary care settings.

T070 · Audit or QI

Indigo Room · 10:25 View slides ↗

Mind the Fibrosis Gap: A targeted electronic prompt to improve FIB-4 documentation in primary care

Arshia Amirkardoust, Tony Kelly

Wigan

BACKGROUND

Fibrosis stage, rather than steatosis or ALT elevation alone, predicts liver-related outcomes in metabolic dysfunction-associated steatotic liver disease. British Society of Gastroenterology and 2024 EASL–EASD–EASO guidance recommends first-line assessment with FIB-4. Yet a 2026 UK primary-care study [1] found FIB-4 calculable in only 22.8% of people with recorded MASLD after 2015. We aimed to improve FIB-4 documentation in a Wigan general practice.

METHOD

This single-practice, before-and-after QIP reviewed 94 records representing 92 patients: all eligible liver-screen episodes over 12 months (21 August 2025–21 August 2026; n=77) and 17 post-intervention cases (1–21 October 2026). We measured availability of FIB-4 components within the audit's 30-day window and documentation of the score. Review identified omitted or haemolysed AST, incomplete requests and mismatched sampling dates. Following staff consultation, we introduced a dynamic electronic health record prompt. It appeared only when pathology ordering was opened for patients with outstanding bloods, making reminders relevant to the task and limiting unnecessary interruptions by design. Supporting interventions included staff education, backlog review (catch-up requests recorded separately) and use of the new FIB-4 bundle alongside full blood count. Recall prompts for repeat FIB-4 testing were also configured. Prompt display could not be verified.

RESULTS

Components were available in 37/77 baseline records (48.1%) and 12/17 post-intervention (70.6%). Among calculable records, documented FIB-4 rose from 5/37 (13.5%) to 9/12 (75.0%; 95% CI 47–91), a 61.5-percentage-point increase. Across all records, documentation rose from 5/77 (6.5%) to 9/17 (52.9%).

CONCLUSION

Documented fibrosis assessment improved substantially following the intervention. Targeted prompts may offer practical support for clinical decisions, while recall prompts are intended to support follow-up. The small, uncontrolled re-audit cannot isolate individual intervention effects. Further work should assess sustained improvement, alert burden, specialist-pathway alignment and referral outcomes.

T071 · Research

Indigo Room · 10:45 View slides ↗

Incretin therapies to achieve transplant-eligible weight in advanced chronic kidney disease: a single-centre case series

Arwa Khashkhusha, Jessie So, James Tollitt, Akheel A Syed

manchester

BACKGROUND

Obesity is a common barrier to kidney transplant listing, and patients with kidney failure have few practical options for weight loss. Real-world evidence for incretin therapies used specifically to reach transplant eligibility is limited.

METHODS

We conducted a retrospective case series of all patients referred from the renal service to a specialist severe and complex obesity service at a UK university teaching hospital who started liraglutide, semaglutide or tirzepatide for pre-transplant weight loss up to June 2026. Serial weight, BMI, creatinine and eGFR were recorded from initiation of therapy.

RESULTS

Eight patients were included (seven women; aged 39–55 years). Seven had end-stage renal failure on dialysis and one had CKD stage G3b. Median total weight loss was 18.0% (range 8.1–37.7%) over 12–19 months of treatment. Five patients progressed to transplant referral or listing, and one received a kidney transplant. Gastrointestinal side effects occurred in five patients and were generally managed with dose reduction or a temporary pause. Two patients switched agents, one after a weight-loss plateau and one because of intolerance, and weight loss resumed in both. In the patient not receiving dialysis, eGFR was stable (31 to 34 mL/min/1.73 m^2) after a transient rise in creatinine during vomiting. Weight regain occurred in all four patients whose therapy was stopped or interrupted.

CONCLUSIONS

Incretin therapies can produce clinically meaningful weight loss and support progress to transplantation in patients with advanced chronic kidney disease. Weight regain after stopping suggests treatment should continue throughout the transplant waiting period. Patients with residual kidney function should be monitored for volume depletion during gastrointestinal side effects.

T072 · Research

Indigo Room · 11:05 View slides ↗

Eight Years of Chyluria and Persistent Proteinuria of Uncertain Aetiology: A Diagnostic Challenge in a Resource-Limited Setting

Nethmee Suhasee Akmeemana, Sasmi M. Akmeemana, Thewni N. Akmeemana, Nidula T. Gammanpila, Dinith P. Galabada

Sri Lanka

INTRODUCTION

Chyluria results from an abnormal communication between the lymphatic and urinary systems. Lymphatic filariasis is the classic cause, and Sri Lanka was validated by the WHO in 2016 as having eliminated it as a public health problem. Non-parasitic causes include malignancy, surgery and lymphatic abnormalities.

CASE PRESENTATION

A 49-year-old Sri Lankan woman had milky-white urine for eight years (since 2018), without other complaints. She had travelled to a filariasis-endemic country a year before onset and had a suspected infection at age 13. Filarial IgM, IgG antibodies were negative in 2018, and empirical treatment was given in 2021. Surgery included total thyroidectomy for papillary thyroid carcinoma(2015) and hysterectomy with bilateral salpingo-oophorectomy(2021).

Investigations and diagnostic challenge: Urine was chyle-positive. Baseline serum cholesterol was 280 mg/dl. After being lost to follow-up, she re-presented in 2025 with 24-hour urinary protein of 1,167 mg and a urine-protein-creatinine ratio (UPCR) of 1.48 mg/mg (≈167 mg/mmol). On follow-up, UPCR rose to 550–1300 mg/mmol, with persistently normal serum albumin. Renal biopsy showed normal glomeruli on light microscopy, trace mesangial IgA, and no basement membrane thickening. Abdominal ultrasound, contrast-enhanced CT, and cystoscopy were unremarkable. The differential included remote filarial infection, malignancy, lymphatic abnormality and coexisting glomerular disease, but electron microscopy and advanced lymphatic imaging are unavailable locally.

Management: Dietary modification partially controlled chyluria: urine was clearer in the morning and milkier through the day or after fatty meals. Hypercholesterolaemia was controlled with atorvastatin 10 mg at night. Images and UPCR trends presented.

CONCLUSION

Persistent chyluria with proteinuria may remain unexplained when definitive diagnostics are inaccessible, reflecting a diagnostic equity gap. Negative serology does not exclude remote filariasis and a rising proteinuria with preserved albumin warrants repeat evaluation. With limitations, how should persistent chyluria with proteinuria be investigated? Expert discussion may help identify pragmatic investigations and follow-up strategies.

T073 · Research

Indigo Room · 13:15 View slides ↗

Efficacy and Safety of Targeted B-cell Modulators in IgA Nephropathy: A Network Meta-Analysis

Rohit Vondivillu Srinivasan, Adhish Vondivillu Srinivasan, Michelle Singh, Arjun Anilkumar, Vladimír Tesař

Swindon

BACKGROUND

IgA nephropathy (IgAN) is a leading cause of kidney failure in young adults. B-cell modulators that block the signalling proteins BAFF and/or APRIL are emerging treatments, but no head-to-head trials exist. We tested whether dual BAFF/APRIL blockade lowers proteinuria more than blocking either target alone.

METHODS

This PROSPERO-registered network meta-analysis pooled eight randomised placebo-controlled trials (four Phase 2, four interim Phase 3; 2,237 patients, 1,381 in the proteinuria analysis) of dual BAFF/APRIL (atacicept, povetacicept, telitacicept), APRIL-only (sibeprenlimab) and BAFF-only (blisibimod) inhibitors. A random-effects model compared drugs indirectly through their placebo groups. The main outcome was relative change in proteinuria (UPCR). Risk of bias and certainty (GRADE) were assessed; safety was described, not pooled.

RESULTS

All drug types reduced proteinuria versus placebo. Dual BAFF/APRIL inhibitors reduced it by 46.4% (95% CI 39.6–53.3) and the APRIL-only drug sibeprenlimab by 50.9% (44.2–57.6), with no significant difference between drug types ($p=0.52$) and no detectable heterogeneity ($I^2=0.0\%$). The single early-terminated BAFF-only trial was too imprecise to interpret. Results were similar in Asian and non-Asian patients and with or without SGLT2 inhibitors. No deaths occurred with active treatment and severe infections were comparable to placebo (moderate certainty). Injection-site reactions were the main side effect (up to 19% vs about 2% with placebo).

CONCLUSIONS

BAFF/APRIL inhibitors produced large reductions in proteinuria with favourable short-term safety. We found no evidence that dual blockade is superior to APRIL-only blockade, but indirect comparisons from few, partly interim trials cannot exclude a modest difference. Head-to-head trials and long-term eGFR data are needed. Relevance: Clinicians should not assume blocking both BAFF and APRIL lowers proteinuria more than blocking APRIL alone. For trainees, a worked example of appraising indirect, interim, surrogate-based evidence.

T074 · Audit or QI

Indigo Room · 13:35 View slides ↗

Compliance with updated BASL decompensated cirrhosis admission care bundle

Ananya Singh, Mebarek L, Patel A, Ahmed A, Jafri F, Camarata M

London

The updated BASL decompensated cirrhosis admission care bundle provides an approach to management within the first 24 hours; a period associated with high in-hospital mortality (10–20%). We aimed to assess local practice against the updated bundle, by conducting a retrospective audit of 45 patients admitted with decompensated cirrhosis to Kingston Hospital between January and October 2025. Compliance with baseline investigations was high: 100% of patients had full blood count, urea and electrolytes, CRP and lactate measured; 95% had liver function tests and coagulation profiles; and 93.3% had glucose checked. Abdominal ultrasound was requested within 6 hours in 62.2%, and venous thromboembolism prophylaxis was appropriately managed in 87.5%. Management of complications was appropriate once recognized. Spontaneous bacterial peritonitis (9%) was treated with antibiotics and albumin in all cases. AKI occurred in 37.7%, with 94% receiving fluids within 6 hours; urine output was monitored in 70.5%. Hepatic encephalopathy (33%) was treated with lactulose in all patients, with CT brain imaging performed in 73% where indicated. However, early investigation was inconsistent. Within 6 hours, 46.6% had chest X-ray, 20% urine dipstick, 28.8% blood cultures, and 11% diagnostic ascitic tap. Magnesium, calcium, and phosphate were checked in 26.7% and 37.8%, respectively. Alcohol history was undocumented in 11.1%, and CIWA scoring was completed in 66%. Among patients with gastrointestinal bleeding (20%), 66% did not receive terlipressin and 33% were not prescribed antibiotics. This audit demonstrates adherence to guideline-based management once complications are recognised; however, significant gaps remain in early assessment, investigation, and documentation. While downstream care is appropriate, delays in early recognition may limit the bundle's effectiveness. Targeted interventions included updating local guidelines, the cirrhosis bundle on our electronic requesting system and education on decompensated cirrhosis with skills training on ascitic taps. Re-audit is required to evaluate their impact on compliance and outcomes.

T075 · Audit or QI

Indigo Room · 13:55 View slides ↗

Improving Medication Safety in Patients with Cirrhosis: A Quality Improvement Project

Jesslin Austin, Laju Gurung

Reading

Patients with cirrhosis are vulnerable to medication-related harm due to impaired hepatic drug metabolism. In alcohol withdrawal syndrome (AWS), guidance recommends considering benzodiazepines with limited hepatic metabolism in liver impairment (1). This quality improvement project aimed to improve benzodiazepine selection for AWS and paracetamol prescribing in inpatients with cirrhosis. A retrospective review of electronic records and drug charts was undertaken over two eight-week cycles. Cycle 1 (September–October 2025) included 31 admissions, of whom 12 required AWS treatment. Following baseline review, targeted teaching was delivered to junior doctors alongside ward-based educational posters providing practical prescribing recommendations. Cycle 2 (May–July 2026) included 20 admissions, of whom five required AWS treatment. Initial and subsequent benzodiazepine prescribing and paracetamol dosing were assessed. In Cycle 1, chlordiazepoxide was initially prescribed in 11/12 (91.7%) patients requiring AWS treatment, without documented justification. Five (45.5%) were subsequently switched to lorazepam, while three had both benzodiazepines prescribed as required. One patient developed worsening hepatic encephalopathy after approximately 100 mg chlordiazepoxide. Of 21 patients prescribed paracetamol, 9/21 (42.9%) were initially prescribed <3 g/day; two initially prescribed 4 g/day were subsequently dose-reduced, and one duplicate prescription was identified. In Cycle 2, chlordiazepoxide remained the initial choice in 4/5 (80%) patients; however, all four were subsequently switched to lorazepam. All 16 patients prescribed paracetamol had a final prescribed dose ≤3 g/day. Targeted education was associated with improved subsequent benzodiazepine selection and paracetamol prescribing. Persistent initial chlordiazepoxide prescribing highlights the need to extend education and prescribing prompts to emergency and acute medical teams responsible for initial clerking.

T076 · Audit or QI

Indigo Room · 14:25 View slides ↗

Improving lipid monitoring and optimisation in patients with chronic kidney disease: a quality improvement project at a tertiary hospital

Estella Manser

Southampton General Hospital

BACKGROUND

Cardiovascular disease is the leading cause of mortality in patients with chronic kidney disease (CKD), with cardiovascular risk increasing as kidney function declines. Lipid monitoring and optimisation are important for cardiovascular risk reduction. This project aimed to improve lipid monitoring and appropriate lipid-lowering therapy in patients with CKD admitted under the renal team at Southampton General Hospital.

METHODS

A quality improvement project comprising two retrospective audit cycles was conducted. Patients were eligible if they had an eGFR below 60 mL/min/1.73m^2 for at least three months prior to admission, including renal transplant recipients. Patients receiving dialysis were excluded. Baseline data were collected from 63 patients between November 2025 and April 2026. Lipid monitoring within the preceding 12 months and LDL cholesterol levels were assessed against a predefined target of ≤2 mmol/L, informed by the NHS England AAC lipid management pathway. Interventions included an educational presentation to the renal multidisciplinary team, teaching resources and a structured lipid management flowchart. Post-intervention data were collected from a separate cohort of 61 patients between April and September 2026.

RESULTS

At baseline, 13/63 (20.6%) patients had no lipid profile within the preceding 12 months. Of the 50 patients with available results, 22 (44.0%) had LDL-C above 2 mmol/L. In the post-intervention cohort, 14/61 (23.0%) had no recent lipid profile and 17/47 (36.2%) had LDL-C above 2 mmol/L. Among statin-treated patients, the proportion receiving atorvastatin 80 mg was 14.3% (7/49) at baseline and 31.7% (13/41) post-intervention. Ezetimibe prescribing remained unchanged at 3/63 (4.8%) and 3/61 (4.9%), respectively.

CONCLUSION

This project demonstrates persistent gaps in lipid monitoring and optimisation in CKD inpatients. Lipid monitoring did not improve following educational interventions, highlighting the need for further work. Better integration between secondary and primary care may support more consistent long-term lipid management in this high-risk group.

T077 · Audit or QI

Indigo Room · 14:45 View slides ↗

Use of the cirrhosis case bundle checklist in patients with decompensated liver disease

Nicole Mascarenhas, Nusrat Chowdhury

Kent

BACKGROUND

Acute decompensated cirrhosis (DLC) is a high-risk cause of hospital admission, associated with significant morbidity and an in-hospital mortality of 10–20%. Early sepsis recognition, prompt diagnostic paracentesis, thiamine administration, and timely gastroenterology review are key determinants of outcome. The British Society of Gastroenterology/British Association for the Study of the Liver (BSG/BASL) Decompensated Cirrhosis Care Bundle (DCCB) was introduced to standardise evidence-based care within the first 24 hours. Local data demonstrated inconsistent adherence to these standards, prompting a quality improvement initiative.

METHODS

A two-cycle Quality Improvement Project using Plan-Do-Study-Act methodology was conducted on an Acute Medical Unit. Baseline data were retrospectively collected from 32 consecutive DLC admissions (April-May 2025). Compliance with the DCCB and its key components was assessed through electronic documentation. Interventions included targeted teaching sessions, display of DCCB posters in clinical areas, and verbal prompts during handover and post-take ward rounds. A repeat audit was undertaken in October-November 2025.

RESULTS

Adherence improved across all measured domains. Full bundle documentation increased from 4.76% to 33%, ascitic tap within 24 hours from 38% to 82%, infection screening from 54% to 90%, alcohol history documentation and thiamine prescribing from 46% to 88%, and gastroenterology review within 24 hours from 41% to 85%. The largest improvements were seen in early paracentesis and infection screening.

CONCLUSION

Simple, low-cost interventions significantly improved compliance with national standards for DLC management. This project demonstrates that structured educational and system-based measures can improve care delivery, reduce variation, and enhance patient safety in Acute Medicine.

PURPLE ROOM · WOMEN'S & CHILDREN'S HEALTH

T078 · Audit or QI

Purple Room · 09:15 View slides ↗

Early Outcomes of VNOTES Hysterectomy: A Single-Surgeon Re-Audit

Amina Malika, Rahma Elboraeia, Sorcha Lydon, Mohamed Riad

New Cross Hospital

OBJECTIVE

To evaluate the clinical outcomes and safety of vaginal natural orifice transluminal endoscopic surgery (vNOTES) hysterectomy in our unit against NICE, RCOG and BSUG standards following its introduction into practice.

DESIGN

Retrospective single-surgeon re-audit of consecutive vNOTES hysterectomies performed at New Cross Hospital between May 2025 and June 2026.

METHODS

Data from 23 cases were collected using a structured proforma and drawn from electronic patient records, operative notes, discharge summaries and follow-up clinic letters. Structured telephone follow-up supplemented these sources; 16 of 23 patients responded, with follow-up ranging from 9 days to 1 year. Outcomes included conversion rate, complication rate, blood loss, transfusion rate, length of stay and return to normal activity.

RESULTS

All 23 procedures were performed under general anaesthesia in parous women aged 32 to 78 years, with BMI ranging from 19 to 35. Indications included menstrual symptoms, heavy menstrual bleeding, endometrial hyperplasia, uterine prolapse symptoms, adnexectomy, stage 1 endometrial cancer with complex comorbidities and BRCA2 mutation. Prolapse cases included concomitant anterior and or posterior repair and sacrospinous fixation. Intraoperative complication and conversion rates to laparoscopy or laparotomy were both zero percent. Blood loss remained under 500 millilitres in all cases. One transfusion was required. Length of stay comprised 12 same day discharges, 9 one-night stays and 2 two-night stays. Minor, manageable issues included postoperative pain control and urinary retention requiring delayed trial without catheter.

CONCLUSION

This small early re-audit suggests that vNOTES hysterectomy can be delivered safely and effectively in our unit, meeting national standards within the learning curve period and with no major intraoperative complications recorded. Larger prospective audits and direct comparison with established alternatives such as laparoscopic hysterectomy are recommended to consolidate these findings.

T079 · Research

Purple Room · 09:35 View slides ↗

A 30-year diagnostic journey to refine diagnosis from Marfan syndrome to Loeys-Dietyz syndrome using Precision genomics

Neel Kothari, Nora Shannon, Bara Erhayiem, Mohnish Suri, Jing Yu, Alistair Pagnamenta, Abhijit Dixit

East Midlands (Sherwood Forest Hospitals NHS Foundation Trust)

BACKGROUND

We report on a 30-year diagnostic journey across a 4-generation family with a documented history of Marfan syndrome. The prevalence and severity of aortic root dilatation in the family, however, raised the suspicion of a possible diagnosis of Loeys-Dietz Syndrome (LDS), given its particularly severe arterial phenotype. These two connective tissue disorders share several clinical features but have important differences in their management, with differing thresholds for elective aortic root replacement.

METHODS

A 38-year-old male was referred to a clinical genetics clinic due to family history of Marfan syndrome in eight maternal relatives. Transthoracic echocardiography demonstrated a dilated aortic root with interval increase at 8 weeks, with aortic root replacement subsequently undertaken. Genetic testing in the 1990s supported the clinical suspicion of Marfan syndrome. Despite a range of further genomic investigations from 1995 to 2015, a definitive molecular diagnosis of Marfan syndrome was surprisingly not attained. Whole Genome sequencing (GS) through the UK 100,000 Genomes Project was subsequently performed.

RESULTS

Analysis of the GS data using Copy number variant detection, an emerging technology which screens for DNA deletions and duplications, identified a heterozygous deletion within exon 7 of the TGFB2 gene. This is one of the smallest deletions within TGFB2 that has been described to date. This confirmed a diagnosis of LDS type 4. Cascade testing identified that the deletion had been inherited in five additional relatives within the family.

CONCLUSIONS

Accurate genetic diagnosis ensured that affected individuals were offered MRI surveillance of the arterial tree every two years. Clinical manifestations specific to LDS, such as cervical spine instability, could be investigated. Several relatives who had not inherited the TGFB2 variant could be relieved from the stress of lifelong surveillance. This case report highlights the extensive clinical benefits that can be gained from precision genomics within Inherited Cardiovascular Conditions.

T080 · Research

Purple Room · 09:55 View slides ↗

The missing puzzle piece: Dual diagnosis of Potocki-Lupski syndrome and a novel EOLA1 variant in neonatal lactic acidosis

Ko Tin Nam

Brighton

BACKGROUND

Neonatal lactic acidosis presents a diagnostic challenge, often requiring extensive evaluation to differentiate between secondary metabolic derangements and primary inborn errors of metabolism. While chromosomal microduplications can explain syndromic features, isolated metabolic crises frequently point toward mitochondrial dysfunction.

CASE PRESENTATION

We describe a 37-week male infant presenting on day 23 of life with prolonged neonatal jaundice, dehydration, failure to thrive (<3rd percentile), and severe metabolic lactic acidosis (plasma lactate up to 9.4 mmol/L, CSF lactate 3.5 mmol/L). Initial newborn screening, metabolic panels, and a congenital lactic acidosis gene panel were unrevealing. Trio whole-exome (WES) and genome sequencing (WGS) identified a dual molecular diagnosis: a pathogenic 3.65 Mb duplication at 17p11.2 confirming Potocki-Lupski syndrome (PTLS), alongside a hemizygous frameshift variant in EOLA1 (c.368_369del) inherited from a heterozygous mother.

FUNCTIONAL VALIDATION & DISCUSSION

RNA-seq demonstrated frameshift variant in EOLA1 gene, resulting in a truncated product. Recent functional studies identify EOLA1 as a novel mitochondria-localized protein critical for mitochondrial translation and cardiac function. While PTLS accounts for the neurodevelopmental and dysmorphic features, the EOLA1 variant bridges the gap as a novel X-linked cause of severe lactic acidosis and mitochondrial translation defect.

CONCLUSION

This case highlights the growing clinical utility of comprehensive multi-omics (WGS/RNA-seq) in resolving complex phenotypes and emphasizes that up to 5% of molecular diagnoses may involve multilocus genomic variations. Identifying dual diagnoses is critical for accurate prognostic counseling and understanding atypical phenotypic presentations in rare genetic disorders.

T081 · Oral presentation Purple Room · 10:25 View slides ↗

Ruptured Postpartum Pyomyoma Following Caesarean Section: A Fatal Diagnostic Challenge

Isaac Kwabena Akoto Nsiah, Deborah Akoto Nsiah, Akinwande Deen

United Kingdom

BACKGROUND

Pyomyoma, or suppurative leiomyoma, is a rare but potentially fatal complication of uterine fibroids, particularly during pregnancy and the postpartum period. Its nonspecific presentation can complicate diagnosis, while rupture may lead to overwhelming sepsis and death.

METHOD

We report the case of a 32-year-old primigravida with multiple uterine fibroids who underwent emergency Caesarean section at 37 weeks for fetal distress. Following an initially uneventful postoperative course, she developed sudden-onset abdominal pain, hypotension, tachycardia and respiratory distress on postoperative day four. Despite being afebrile, she appeared acutely ill. Ultrasonography revealed an enlarged uterus with a large fundal fibroid and an adjacent mixed echogenic area. Hypovolaemic shock secondary to a suspected broad ligament haematoma was initially considered, prompting resuscitation and emergency relaparotomy.

RESULTS

Surgery revealed a 20 × 16 cm necrotic pedunculated uterine fibroid with multiple perforations discharging pus and approximately two litres of foul-smelling intra-abdominal pus. The affected fibroid was excised, the abscess drained and the abdominal cavity lavaged. Despite intravenous antibiotics, blood transfusion and intensive care involving mechanical ventilation and inotropic support, the patient developed refractory septic shock and died following cardiac arrest. Histopathology confirmed pyomyoma, demonstrating necrosis, degenerative changes and fibrinous exudate without sarcomatous change. Postmortem examination confirmed septicaemia and peritonitis.

CONCLUSION

Ruptured postpartum pyomyoma is a rare, life-threatening cause of acute abdominal deterioration following Caesarean section. The absence of fever does not exclude severe intra-abdominal infection. In postpartum women with uterine fibroids who develop sudden abdominal pain and haemodynamic instability, clinicians should urgently consider both haemorrhage and sepsis. Early recognition, prompt surgical intervention and aggressive sepsis management are essential.

T082 · Research Purple Room · 10:45 View slides ↗

Renal involvement in MIS-C: a systematic review of clinical manifestations, proposed mechanisms and outcomes

Eleni Lazanakis

Oxford (OUH)

BACKGROUND

Acute kidney injury (AKI) is a recognised complication of multisystem inflammatory syndrome in children (MIS-C), but its reported frequency, severity and long-term outcomes vary. We reviewed the clinical spectrum, proposed mechanisms and outcomes of renal involvement in MIS-C.

METHODS

PubMed was searched on 22 October 2026 for original studies reporting renal involvement in patients aged under 21 years with MIS-C. Eligible designs included cohort studies, case series and case reports. Extracted data included diagnostic criteria, AKI definitions and staging, kidney replacement therapy, urinary abnormalities, biopsy findings, renal recovery and mortality. Six included reports were assessed from abstracts only because full text was unavailable and were retained for qualitative description. Reports with incomplete diagnostic information were considered separately, and potential cohort overlap was assessed.

RESULTS

Forty-six reports were included. Renal manifestations included AKI, proteinuria, haematuria and hypertension. Reported AKI frequency varied substantially across cohorts, alongside differences in case mix, diagnostic definitions and ascertainment. Severe AKI and kidney replacement therapy were reported, particularly in critically ill patients. Biopsy findings included pauci-immune necrotising glomerulonephritis, immune-complex glomerulonephritis and thrombotic microangiopathy. Haemodynamic instability and systemic inflammation were repeatedly associated with AKI, consistent with proposed roles for impaired renal perfusion, inflammatory injury and endothelial dysfunction. Where reported, short-term renal recovery was generally favourable among survivors. However, persistent kidney impairment, proteinuria and post-discharge hypertension were also described. Long-term interpretation was limited by small cohorts, incomplete follow-up and inconsistent outcome reporting.

CONCLUSION

Renal involvement in MIS-C encompasses AKI, urinary abnormalities and vascular or glomerular injury. Short-term recovery is often favourable, but persistent abnormalities warrant follow-up. Standardised definitions and systematic longitudinal assessment are needed to clarify renal prognosis.

T083 · Research

Purple Room · 11:05 View slides ↗

POMC Deficiency in Two Siblings: Atypical Generalized Overgrowth, Delayed Diagnosis and the Potential Benefits of Early Treatment

Omar Alsalka, Lama AlJabban

London - Hillingdon Hospital NHS Trust

BACKGROUND

Pro-opiomelanocortin (POMC) deficiency is an exceptionally rare autosomal recessive disorder, with only a few dozen cases historically reported. It typically presents with adrenal insufficiency, hyperphagia and early-onset obesity. However, atypical generalized overgrowth may complicate recognition. We describe two genetically affected siblings with different treatment histories and clinical outcomes.

METHODS

A comparative case report examining clinical histories, growth charts, endocrine investigations, treatment timelines and whole-exome sequencing. Diagnostic challenges and differences in clinical outcomes were assessed.

RESULTS

An 11.5-year-old boy and his 3-year-old sister developed marked generalized overgrowth and hyperphagia from three months of age, with height and weight exceeding the 95th percentile. Both experienced hypoglycaemic seizures, developmental delay and adrenal insufficiency. Their unusual presentation, including macroglossia and excessive linear growth, raised suspicion of alternative overgrowth syndromes and contributed to delayed recognition of POMC deficiency. Whole-exome sequencing subsequently identified the same homozygous POMC frameshift variant, c.296del p.(Gly99Alafs*59), in both siblings.

Despite sharing the same genetic diagnosis, their clinical courses differed. The older sibling, who did not receive early sustained glucocorticoid replacement, developed profound cognitive and speech impairment and biopsy-confirmed liver cirrhosis. Conversely, the younger sibling received hydrocortisone during the neonatal period, although treatment was later interrupted. At assessment, she had less severe developmental impairment and no documented cirrhosis. These differences raise the possibility that earlier treatment may improve outcomes, although the age difference and variable treatment exposure limit direct comparison.

CONCLUSION

POMC deficiency should be considered in children with early-onset generalized overgrowth, particularly when accompanied by hypoglycaemia and adrenal insufficiency. This sibling comparison highlights the diagnostic challenges of atypical presentations and the potential importance of early glucocorticoid replacement in preventing life-threatening adrenal complications.

T084 · Oral presentation · Purple Room · 13:15 · View slides ↗

Pregnancy with a Mitrofanoff: Navigating the Challenges of Fowler's Syndrome

Anuthi Fernando, Ajith Wijesiriwardana

Carlisle - Cumberland Infirmary

Fowler's syndrome is a rare disorder characterised by chronic urinary retention in young women, without an identifiable urological, gynaecological, or neurological cause.(1) This case describes a 26-year-old woman with an unplanned pregnancy and a medical history of Fowler's syndrome, gastroparesis, fibromyalgia, anxiety, and depression.

At 20 years of age, she was diagnosed with Fowler's syndrome following an initial presentation of urinary retention, which was managed with clean intermittent self-catheterisation. She subsequently underwent sacral neuromodulation, however, the device did not provide adequate symptom control and was removed. Following its removal, she required a suprapubic catheter before undergoing a Mitrofanoff procedure.

During her pregnancy, her first main urological complication was recurrent urinary tract infections. This was further complicated by her history of gastroparesis which caused impaired absorption of oral antibiotics. Also, she experienced increasing difficulty with self-catheterisation via the Mitrofanoff stoma due to recurrent blockage, so an indwelling urethral catheter was inserted to ensure adequate bladder drainage.

Throughout the third trimester, she had multiple admissions with right-sided lower back pain, reduced fetal movements and episodes of threatened preterm labour. Given her complex urological history and ongoing maternal complications, an elective lower segment caesarean section (ELCS) was subsequently performed at 36+2 weeks.

Reporting this case is important given the scarcity of published literature and the absence of evidence-based guidelines to inform the management of Fowler's syndrome in pregnant patients. Previous reports have predominantly focused on the management of sacral neuromodulation during pregnancy, whereas this case demonstrates the additional complexity that can arise in patients with urinary retention and previous Mitrofanoff procedure. This case demonstrates a positive pregnancy outcome despite all the complications associated with Fowler's syndrome and the Mitrofanoff channel.

T085 · Research · Purple Room · 13:35 · View slides ↗

Beyond Awareness: The Knowledge-Practice Gap in Cervical Cancer Screening Among Female Market Traders in North-Central Nigeria

Veronica Atte, Falebita Tosin, Muhammad Salma Mainasara, Igwechima Gladys Nnenna, Adeuga Anjola Damola

England

BACKGROUND

Cervical cancer remains a significant public health challenge, particularly in low and middle income countries where access to screening is limited. Women engaged in informal economic activities may face additional barriers, including inadequate awareness, financial constraints and competing work demands. This study assessed knowledge, attitudes, screening uptake and barriers among female market traders in Suleja,Niger state Nigeria.

METHODS

A descriptive cross-sectional study was conducted among 422 female traders aged 15-49 years at Ibrahim Babangida Market, Suleja, using multistage sampling. Data were collected using structured interviewer-administered questionnaires and analysed using SPSS version 25. Descriptive statistics and chi-square tests examined associations between knowledge, attitudes, educational attainment and screening uptake. Statistical significance was set at $p<0.05$.

RESULTS

Of 422 participants, 268 (63.5%) had heard of cervical cancer, while 196 (46.4%) were aware of screening. Only 132 (31.3%) identified human papillomavirus as a major cause, and 152 (36.0%) recognised the Pap smear. Although 342 (81.0%) considered screening important, only 102 (24.2%) had ever undergone screening. Among 320 never-screened participants, reported barriers were lack of awareness (37.5%), fear (25.6%), financial constraints (20.0%) and lack of time (16.9%). Overall, 346 (82.0%) expressed willingness to participate in free market-based screening. Knowledge (χ^2=18.42, df=2, p<0.001), attitude (χ^2=12.76, df=3, p=0.005) and educational attainment (χ^2=15.33, df=3, p=0.002) were significantly associated with screening uptake.

CONCLUSION

Screening uptake was low despite high recognition of its importance and substantial willingness to participate in free market-based screening. This knowledge-practice gap suggests awareness alone may be insufficient to translate positive attitudes into preventive action. Targeted health education and accessible market-based services may help address barriers. Further research should assess the feasibility and effectiveness of these interventions in improving screening uptake among underserved women.

T086 · Audit or QI

Purple Room · 13:55 View slides ↗

Accuracy of VTE risk assessment and adherence to the 2026 RCOG Green-top Guideline 37a position statement after elective caesarean section

Majd Alkhoury

Coventry

BACKGROUND

In September 2026 an RCOG position statement amended Green-top Guideline 37a, revising VTE risk scores and replacing the LMWH weight bands; enoxaparin 40 mg now covers all women under 100 kg. How quickly prescribers adopt such interim changes has not been described.

METHOD

Before-and-after quality improvement project in one UK university hospital maternity unit to assess whether post operative VTE scoring was (1) performed correctly and (2) performed according to the updated position statement. All women having elective (category 4) caesarean section in two week windows before (n=51) and after (n=46) a departmental teaching session on the amendments were included. Using electronic notes and drug charts, the auditor re-scored each woman's risk with the 2026 criteria and judged whether the LMWH plan (drug, dose, duration) was appropriate. A random, period-stratified 10% sample was re-scored blind by a second reviewer. Proportions were compared using Fisher's exact test.

RESULTS

Risk assessment was documented for every woman, but use of the updated scoring tool was rarely recorded (2.0% vs 4.3%). Risk-category accuracy rose from 92.2% (47/51) to 100% (46/46; p=0.12). Appropriate plans were unchanged (86.3% vs 87.0%; p=1.00) because dosing errors in correctly scored women rose from 3.9% (2/51) to 13.0% (6/46; p=0.14). All six post-intervention plan errors were dosing errors; five were enoxaparin 60 mg for women under 100 kg, matching the superseded weight band. Second-reviewer agreement was 10/10 (κ=1.00).

CONCLUSION

After a national guideline change, teaching was followed by accurate risk scoring, but prescribers continued to dose using the old weight bands. Maternity units and educators implementing the GTG 37a amendments should pair teaching with updated VTE proformas and electronic prescribing defaults. Small single-site samples limit certainty; a longer re-audit is needed.

PINK ROOM · INFECTION, CANCER & SKIN

T087 · Research

Pink Room · 09:15 View slides ↗

Racial and Ethnic Disparities in Mycosis Fungoides and Sézary Syndrome in North America: A systematic review

Ayomide Lawal, Sumeye Aktaş, Tatiana Giraldo-Martínez, Sunani Advani, Advait Raja, Amanda Ribeiro Rangel, Nathalia Velosa Lana, Alfonso Gotor Rivera, Kelen Klein Heffel

Mid and South Essex NHS Foundation Trust

BACKGROUND

Mycosis Fungoides (MF) and Sézary Syndrome (SS) are the two most common subtypes of Cutaneous T Cell Lymphoma (CTCL); current literature disproportionately focuses on Caucasian populations. Large registries have identified racial/ethnic disparity in disease morphology, prognosis and treatment access. To our knowledge, no published systematic review has synthesised this evidence to aid clinical recognition and inform personalised treatment strategies.

METHODS

A systematic search of Medline, Embase, Cochrane Central was conducted from inception to 8th December 2025. Inclusion was restricted to observational studies based in North America assessing racial and ethnic disparities in histologically confirmed MF/SS. PROSPERO registration: CRD420251161049.

RESULTS

Across 8 MF/SS cohorts with adjusted overall survival (OS), Black/African-American (AA) patients consistently had inferior outcomes. The SEER dataset (n=4,897) demonstrated Black race was independently associated with poorer OS compared to their White counterparts, (HR 1.58, 95% CI 1.35 – 1.86). The NCDB dataset (n=4,459) similarly demonstrated AA patients had inferior OS (HR 1.47, 95% CI 1.25 –1.74). Clinical presentation differed by ethnicity. Hypopigmented MF was rare in White cohorts with a prevalence of 1-3% compared to 20-50% in Black populations. This phenotype was independently protective in AA patients. Other cutaneous manifestations were associated with greater relative risk; erythroderma was associated with HR 6.0 (95% CI 2.3 -15.4) in Black patients compared to HR 2.7 (95% CI 1.2 – 6.4) in White cohorts. Treatment disparities were apparent; SEER analyses suggested AA patients with SS had significantly greater delays in accessing systemic therapies with a median of 3.2 months compared to 2.1 months (p=0.039)

CONCLUSION

This review suggests Black race may be an independent predictor of poorer outcomes, this may be exacerbated by inequity in treatment access. These findings support earlier referral pathways, culturally-sensitive patient education in high-risk communities, and highlight the need for similar race-stratified registries within European Cohorts to address these healthcare disparities.

T088 · Research

Pink Room · 09:35 View slides ↗

When Two Tests Are Not Enough: Limited Interpretability of Pneumococcal Antibody Testing in Adults With Solid Tumours – A Retrospective Cohort Study

Andrew Thake, Jacqueline Squire, Sebastian Fernandez-Bussy, Keith Sacco

Malta

BACKGROUND

Pneumococcal serotype-specific IgG testing is used to investigate suspected antibody deficiency in patients with solid tumours. However, interpretation depends on vaccination history, sampling intervals and treatment-related confounders. We evaluated the technical interpretability of paired pneumococcal serology and the impact of vaccine-specific thresholds on serological classification.

METHODS

This retrospective Mayo Clinic cohort study (2012–2026) included 108 adults with solid tumours and at least two pneumococcal IgG panels. All charts underwent manual review. Technical interpretability required four criteria: known vaccine product, documented vaccination between panels, post-vaccination sampling at 4–12 weeks, and absence of major treatment confounders. Assessment of polysaccharide antibody responsiveness additionally required receipt of the 23-valent pneumococcal polysaccharide vaccine (PPSV23).

RESULTS

Vaccine product was identified in 101 patients (93.5%), but vaccination between panels was documented in only 53 (49.1%). Major treatment confounders affected 53 patients (49.1%), including 22 (20.4%) receiving immunoglobulin replacement. Only 12 records (11.1%) met all four technical criteria, of which nine (8.3% of the cohort) involved PPSV23. Applying a fixed 1.3 µg/mL threshold classified 49/108 patients (45.4%) below threshold, compared with 31/101 (30.7%) using descriptive vaccine-specific thresholds. Sixteen conjugate-vaccine recipients were reclassified as meeting the corresponding descriptive threshold. Among the nine technically eligible PPSV23 records, four (44.4%) were below the specified serological threshold.

CONCLUSIONS

Fewer than one in ten paired-panel records met technical criteria for assessing polysaccharide antibody responsiveness. Incomplete vaccination documentation, treatment confounders and threshold selection substantially limited interpretation. These findings do not establish the prevalence of specific antibody deficiency. Standardised vaccination documentation, appropriately timed sampling and treatment review may improve clinical assessment.

T089 · Audit or QI

Pink Room · 09:55 View slides ↗

Evaluating a Dedicated Hidradenitis Suppurativa Biologic Service: Access, Documentation and Early Outcomes

Passant Saad, Han Zhao, Chidima Jude, Puran Gurung

Norwich

Background Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease causing nodules, abscesses, and scarring in skin folds, with major physical and psychological morbidity. Despite NICE (TA392) and BAD guidance, diagnostic delay and undertreatment persist. Norfolk & Norwich University Hospital (NNUH) established a dedicated HS biologic service to improve access, standardise assessment, and monitor outcomes. This is its first audit of pathway performance, documentation, and early effectiveness.

METHODS

We conducted a retrospective, single-centre audit of 42 patients with HS referred to the NNUH biologic service in 2025, including referrals from regional hospitals. Of these, 24 started adalimumab, 16 of whom had completed 12 weeks of treatment. Week-12 HS Clinical Response (HiSCR) was compared descriptively with the PIONEER II adalimumab rate (58.9%). Documentation of DLQI (baseline and Week 12), the Week-12 review and adverse events was audited against a local standard of 100% (based on NICE TA392, BAD guidance and our Trust protocol). Referral-to-treatment intervals, baseline severity (IHS4) and comorbidities were also analysed.

RESULTS

Of 42 patients referred, 39 (92.9%) attended clinic and 24 (57.1%) started adalimumab. Median time from referral was 11 weeks to first appointment and 16 weeks to first injection. Mean baseline IHS4 was 16.2 (n=41) and DLQI 17.9 (n=40). Depression was the commonest recorded comorbidity (12/42). Among 16 patients completing 12 weeks of treatment, 14 (87.5%) achieved HiSCR (PIONEER II: 58.9%); all 16 had Week-12 DLQI and review documented. Baseline DLQI was documented in 40/42 (95.2%) and adverse-event recording in 42/42 (100%).

CONCLUSION

Early clinical response was favourable among assessable patients, although referral-to-treatment delay and incomplete baseline DLQI documentation highlight areas for service improvement. Interpretation is limited by the small follow-up cohort and retrospective design. Our service aims to review pathway delays and standardise assessment documentation, including pain and IHS4 at follow-up, and re-audit once more patients reach Week 12.

T090 · Research

Pink Room · 10:25 View slides ↗

Newly Diagnosed Autoimmune Type 1 Diabetes Presenting with Severe Diabetic Ketoacidosis in a 92-Year-Old Woman

Fatima Saleem Mohd Saleem, Hamza Hamid, Jerome Iyamu, Syed Ali Oraizi Jafery

England

New-onset type 1 diabetes mellitus is rare in very elderly patients. We describe a 92-year-old woman with no previous diagnosis of diabetes who presented with a one-week history of polyuria, polydipsia, generalized malaise, diarrhoea and vomiting, alongside a one-month history of unintentional weight loss and reduced appetite. On admission, she was found to be in severe Diabetic ketoacidosis (DKA), meeting Joint British Diabetes Societies severity criteria on the basis of blood ketones reported as "HI" (exceeding the >6 mmol/L threshold); arterial pH was 7.24, bicarbonate 19.2 mmol/L, and lactate 3.56 mmol/L. Blood glucose was above the measurable range, also reported as "HI". Contrast-enhanced Computed tomography (CT) of the abdomen and pelvis was later performed to exclude an underlying secondary cause of hyperglycemia, including pancreatic pathology or malignancy, and revealed no significant abnormalities. Positive anti-glutamic acid decarboxylase (anti-GAD) antibodies and a low C-peptide level supported a diagnosis of autoimmune, insulin-deficient type 1 diabetes. She was managed according to DKA protocol and following resolution of DKA, she was discharged with diabetes and primary care follow-up. This case highlights the diagnostic value of autoimmune antibody testing in elderly patients presenting with severe DKA, given that age-based assumptions about diabetes subtype may otherwise lead to misclassification and inappropriate management.

T091 · Audit or QI

Pink Room · 10:45 View slides ↗

Desmoplastic Melanoma: Diagnostic Challenges in Amelanotic Melanoma

Adam Moore, Vrinda Bajaj

Durham (UHND)

BACKGROUND

Desmoplastic melanoma (DM) is a rare melanoma subtype (1–4%) characterised by an amelanotic, scar-like appearance and an absence of classical melanocytic features, making it highly vulnerable to delayed diagnosis. This retrospective review examined DM cases discussed within skin cancer MDT at a local NHS Foundation Trust to evaluate compliance with national diagnostic pathway standards.

METHOD

A retrospective review of all histologically confirmed DM cases discussed at local skin cancer MDT over a 12 month period. Data was collected from electronic records, dermoscopy documentation, and histopathology reports.

PRIMARY AIM

assess trust compliance with 28-Day Faster Diagnosis Standard (FDS) and 62-Day Referral-to-Treatment (RTT) Standard

SECONDARY AIMS

• Evaluate differential diagnosis at first assessment. • Evaluate clinical, dermoscopic, and biological characteristics of confirmed DM cases.

RESULTS

DM represented 1.1% (7/655) of melanoma cases, of these, 4/7 cases met FDS, while all met the RTT standard. All three FDS-breaching cases were initially referred non-urgently due to a benign primary differential, rather than process delay. Six lesions were amelanotic, commonly arising on chronically sun-damaged scalp skin. Atypical or amelanotic melanoma was included in the initial differential in 57% (4/7) cases; the remaining being labelled mostly BCC. Dermoscopy, recorded in four cases, demonstrated white scar-like areas and linear-irregular vessels. Histopathology consistently revealed dense desmoplasia, spindle cell morphology, and high Breslow depths (mean 3.66 mm).

CONCLUSION

DM remains diagnostically challenging, but once histopathologically diagnosed, all patients received prompt treatment. These findings highlight the importance of recognising its subtle clinical and dermoscopic features, particularly in lesions resembling scars, basal cell carcinoma, or other benign lesions on chronically sun-damaged skin. Increased use of dermoscopy and a low threshold for urgent referral may improve compliance with diagnostic standards, reduce diagnostic delays, and facilitate earlier diagnosis of this aggressive melanoma subtype.

T092 · Audit or QI

Pink Room · 11:05 View slides ↗

We could send letters' – an audit of rheumatology outpatient letter communication

Simran Rai, *Elissa Harb*

Frimley Park Hospital

BACKGROUND

Outpatient letters are an important communication link between clinicians and patients. However, letter writing is not consistently taught, and clear guidance on format and content has historically been lacking. Recent British Society for Rheumatology (BSR) and Academy of Medical Royal Colleges (AMRC) guidelines highlight best practice. Electronic record systems (ERS) introduce additional challenges and opportunities.

AIMS

Assess outpatient letters against current guidelines, focusing on readability, critical information and potentially upsetting language.

METHODS

Fifty outpatient letters were randomly selected from the ERS across six rheumatology consultants. Audit criteria were developed using BSR (2026) Writing to Patients and AMRC (2026) Please Write to Me. Letters were assessed for clinical content, management plans, patient-directed language, readability, accessibility and potentially upsetting terminology. Readability was measured using the Flesch Reading Ease score, which estimates text readability based on sentence length and word complexity; higher scores indicate easier reading.

RESULTS

Of fifty letters, 26 (52%) were addressed directly to patients, and all documented a diagnosis. Medication plans were clear in 86% of applicable letters, investigations in 78%, GP actions in 100% and follow-up arrangements in 88%. Mean letter length was 196 words, with a mean Flesch Reading Ease score of 60.7 (range 44–89.8). Spelling or grammatical errors occurred in 17 letters (34%). Potentially upsetting terminology (“complaining of”) appeared in one letter. Of 90% patients agreeing to digital communication, only 78% accessed their letters electronically.

CONCLUSION

Most letters contained clear clinical information and GP actions, with minimal potentially upsetting language. However, variation in readability, spelling, grammar and patient-directed communication highlights opportunities for improvement through structured templates. Paper-free correspondence may disadvantage patients with limited digital access or literacy. Although grammatical errors may not affect understanding, they could undermine patient confidence. Ongoing patient feedback is needed on appropriate language and accessibility,

T093 · Audit or QI

Pink Room · 13:15 View slides ↗

Assessing Compliance with Smoking Status Assessment and Documentation in Patients Reviewed by the East and West Cumbria Psychiatry Crisis Teams

Anuthi Fernando, Maryam Husain

Crisis Team - Cumbria

The 2020 paper, "Mental Health, Smoking and Poverty: Benefits of Supporting Smokers to Quit," highlights the disproportionately high prevalence of smoking among people with mental health conditions. (1) NHS England identifies smoking status as one of the core components of physical health assessment for people with severe mental illness. (2) Additionally, tobacco smoke induces CYP1A2, reducing clozapine concentrations. Smoking cessation can therefore increase concentrations and cause toxicity. Failing of the crisis team to assess and document a person's smoking status represents a missed opportunity in the community to identify and address a significant and modifiable health risk.

METHOD

An initial snapshot audit reviewed 45 patients across the East and West Cumbria Crisis Teams. To allow for a fairer assessment, we subsequently reviewed the records of the 30 most recently discharged patients against a predefined 90% compliance standard. An anonymous staff questionnaire explored documentation practices, confidence, barriers and potential interventions.

RESULTS

Smoking status was documented in only 40% (12/30) of records, compared with 83.3% (25/30) for alcohol and 73.3% (22/30) for illicit substance use. Identified barriers included competing priorities during psychiatric crises (75%), forgetting to ask (45%) and time constraints (30%). Notably, 60% (12/20) supported introducing a brief patient-completed smoking and vaping questionnaire.

CONCLUSION

While we understandably recognise the barriers to exploring smoking as thoroughly as other areas, such as alcohol and illicit substance use, NICE guidance emphasises the importance of addressing smoking as part of opportunistic healthcare. This makes it important for staff to make reasonable opportunities to explore and address smoking with patients within our caseload. We have therefore created a form called 'Smoking & Vaping: Your Wellbeing', which we feel would be best utilised by the team carrying out physical health reviews. A re-audit is planned three weeks after implementation to evaluate its effectiveness.

T094 · Oral presentation · Pink Room · 13:35 · View slides ↗

A Rare Presentation of Poncet's Disease - A Commonly Misdiagnosed Extrapulmonary Manifestation of Tuberculosis Infection

Jay Ghelani, George Trafford, Susannah Earl, Mazharul Islam

Exeter

Poncet's disease (PD) is a sterile reactive polyarthritis associated with Tuberculosis. It is a rare presentation, with poorly understood pathophysiology. PD commonly presents as an asymmetrical polyarthritis that may mimic other inflammatory arthritis, yet multiple presentations of the condition have been documented. The resemblance of the disease to common rheumatological conditions provides a significant diagnostic challenge, with PD often misdiagnosed leading to inappropriate treatment strategies. A 39-year-old male presented with 4 weeks of cervical and supraclavicular lymphadenopathy, erythema nodosum and symmetrical polyarthralgia. He reported fevers and 5kg of weight loss in the preceeding months. A penile papulonecrotic tuberuclid lesion and large cervical lymph node was noted on examination. A full blood count (FBC) revealed a white cell count of 12.4 x 10^9/L, platelet count of 421 x10^9/L, C-reactive protein (CRP) of 20mg/L, and CCP Antibody level of 43.4 U/mL. The patient was discharged with clarithyromycin with symptoms suspected to be related to a recent group A streptococcal infection. A subsequent lymph node biopsy revealed necrotising lymphadenitis. Tuberculosis (TB) polymerase chain reaction analysis and culture of the tissue returned positive and rifampicin sensitive. The patient was started on anti-TB medication and showed significant clinical improvements. Most notably, a marked decrease in arthralgia and swelling, reduction in lymphadenopathy and complete resolution of the erythema nodosum and penile lesions. CRP had normalised to 2mg/L and FBC returned to normal limits. This case reflects the challenges with forming a diagnosis of PD.Like other reports, an initial incorrect diagnosis was formed with inappropriate treatment. Furthermore, a diagnostic delay of 94 days from initial presentation was noted. The sporadic nature of presenting symptoms and general insufficient awareness of PD makes diagnosis substantially challenging, it should remain a differential in patients with suspicious symptoms and those who either live in or have emigrated from endemic areas.

T095 · Research · Pink Room · 13:55 · View slides ↗

Rheumatoid Arthritis Rarely Travels Alone: Prevalence and Associated Factors of Comorbidities in a Saudi Arabian Hospital Cohort

Mushabab Alghamdi, Mansour Y. Somaily, Shahenda Yousif Mohammed Alemam, Saeed Majadah, Abduaelah Ali H. Hassan, Abdullah A. Meshary, Saad Ahmad A. Alasmri, Munif S. Ali, Abdullah A. Alsubaie, Elhadi Miskeen

Khamis Mushait, Saudi Arabia

BACKGROUND

Rheumatoid arthritis (RA) is a chronic inflammatory disease frequently accompanied by comorbid conditions that complicate treatment decisions and long-term management. Understanding their prevalence and associated factors is essential for comprehensive, patient-centred care.

OBJECTIVE

To assess the prevalence and patterns of documented comorbidities among patients with RA and explore associated demographic, disease-related and treatment factors.

METHODS

A single-centre, retrospective cross-sectional study was conducted using medical records of 150 patients with RA attending Khamis Mushait General Hospital, Saudi Arabia, between August 2022 and August 2023. Demographic characteristics, disease duration, treatment exposure and documented comorbidities were extracted. Descriptive statistics and logistic regression were used to assess comorbidity patterns and associated factors.

RESULTS

Of 150 patients, 128 (85.3%) were women, 70 (46.7%) were aged 18–49 years, and mean disease duration was 8.7 years. Overall, 145 patients (96.7%) had at least one documented comorbidity, while 50 (33.3%) had two or more. Anaemia was the most prevalent condition (48.7%), followed by hypertension (32.7%), hyperlipidaemia (26.7%), diabetes mellitus (26.7%) and osteoporosis (16.7%). Biologic therapy was documented in 36.7% of patients. Regression analysis demonstrated associations with increasing age (OR 1.086 per year; 95% CI 1.010–1.167; p=0.025), longer disease duration (OR 1.164 per year; 95% CI 1.041–1.302; p=0.007), methotrexate exposure (OR 2.553; 95% CI 1.453–4.488; p=0.001) and biologic therapy (OR 3.488; 95% CI 2.028–6.006; p<0.001). Male sex was associated with lower odds (OR 0.529; 95% CI 0.312–0.896; p=0.017).

CONCLUSION

Comorbid conditions were frequently documented in this single-centre Saudi Arabian RA cohort, with anaemia, hypertension and metabolic disorders predominating. These findings support systematic assessment of comorbidities as part of routine RA management. Associations with treatment exposure require cautious interpretation because of potential confounding by disease severity and treatment indication. Integrated rheumatology and primary care follow-up may facilitate earlier recognition and management of coexisting conditions.

T096 · Audit or QI

Pink Room · 14:25 View slides ↗

Compliance with the Getting it Right First Time (GIRFT) guidance in emergency referrals for suspected Cauda Equina Syndrome

Myat San, Sanah Singh, Max Sullivan, Alex Thomas, Senthil Muthian

Winchester

INTRODUCTION

Cauda Equina Syndrome (CES) is a rare spinal emergency that, if not treated promptly, can cause severe neurological, bowel, bladder, and sexual dysfunction. Getting It Right First Time (GIRFT) provides national guidance to improve early recognition and streamline referrals, but adherence varies across NHS trusts. This audit assesses whether teaching could improve GIRFT compliance by focusing on documentation quality and MRI utilisation.

METHOD

A retrospective audit reviewed emergency inpatient referrals for suspected CES (1st September–1st December 2025) at a District General Hospital. Two independent assessors reviewed electronic patient records for GIRFT compliance, including red flag documentation and MRI utilisation. Formal teaching on GIRFT to target documentation was delivered to ED and Orthopaedic resident doctors, alongside clinical posters. Re-audit (1st March–31st May 2026) cases were identified by the Business Intelligence team using unchanged inclusion criteria. Statistical analysis (Fisher's exact, Mann-Whitney U, Holm correction; p<0.05) used Excel and Jamovi.

RESULTS

187 patients were included (153 audit, 34 re-audit; 68% female, median age 53). MRI confirmed CES in 19 (12%) and 3 (9%) (p=0.77); specialist centre referral occurred in 24% and 27% (p=0.82), including 16/19 and 3/3 confirmed cases. Time and location documentation exceeded 97%. Overall documentation did not improve (mean 7.9 vs 7.8 of 11 items; p=0.86); no item differed after correction (smallest adjusted p=0.22), and sexual dysfunction was rarely documented (4% vs 6%). Median request-to-MRI time rose from 80 to 120 minutes; MRI within 4 hours fell from 85% to 70% (p=0.047, unadjusted).

CONCLUSION

Teaching and posters did not improve documentation of GIRFT red flag features. MRI delays appeared to worsen, possibly reflecting wider trust pressures beyond the influence of teaching (not analysed). The small re-audit cohort (n=34) limits power and generalisability. Trusts should adopt mandatory EPR proformas, sustained senior-led education, and a radiology SOP prioritising suspected CES.

T097 · Audit or QI

Pink Room · 14:45 View slides ↗

Real-World Use of Deucravacitinib in Moderate-to- Severe Plaque Psoriasis: Adherence To NICE Guidance

Siti Abdul Rahman, Caroline Angit, Aliya Turk

Lincoln County Hospital

Deucravacitinib is a selective allosteric TYK2 inhibitor that reduces downstream pro-inflammatory signalling from IL-23 and IL-12 receptors, thereby reducing psoriatic inflammation. This audit evaluated the use of deucravacitinib in a secondary care dermatology service and assessed compliance with National Institute for Health and Care Excellence guidance for moderate-to-severe plaque psoriasis. A retrospective audit was conducted for patients initiated on deucravacitinib between December 2024 and December 2025 (n=21). Data collected included prior systemic therapies, treatment initiation and discontinuation dates and clinical outcomes. Compliance with guidance was assessed by reviewing documentation of baseline Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores, eligibility criteria for treatment initiation (PASI and DLQI ≥10), completion of 16-week PASI and DLQI assessments and treatment response at 16 weeks. Response criteria required treatment discontinuation if PASI improvement was <75%, or if PASIimprovement was <50% alongside a <5-point improvement in DLQI.

Baseline PASI and DLQI scores were documented in 19/21 patients (91%), all of whom met eligibility criteria for treatment initiation. At 16 weeks, only 10/21 patients (48%) had documented PASI and DLQI follow-up assessments, while 11/21 (52%) had no recorded outcome data. Among patients with available follow-up data, 9/10 (90%) achieved PASI75. One patient failed to meet response criteria, demonstrating neither PASI75 nor a ≥5-point reduction in DLQI.

CONCLUSIONS

Initiation of deucravacitinib was largely compliant with national guidance, with appropriate baseline patient selection achieved in 91% of cases. However, significant deficiencies were identified in 16-week monitoring and documentation, with only 48% of patients having complete follow-up PASI and DLQI assessments. Among patients with documented outcomes, deucravacitinib demonstrated high short-term effectiveness, with 90% achieving PASI75 at 16 weeks. Improved structured follow-up pathways and documentation practices are required to ensure full compliance with guidance and accurate evaluation of treatment outcomes.

NMERC 2026 · ABSTRACTS

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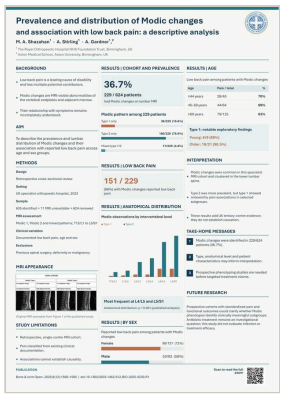
RED POSTERS · CARDIOLOGY & VASCULAR · STATIONS P001–P009

P001 · Research

Poster Hall 1 View poster ↗



Prevalence and distribution of Modic Changes and association with low back pain

Mohamed Ashiq Shazahan, Alistair Stirling, Adrian Gardner

Royal Orthopaedic Hospital, Birmingham

AIMS

This study examines the prevalence and distribution of Modic changes (MCs) in the lumbar spine and the association with low back pain (LBP) across different age and sex categories.

METHODS

A retrospective cross-sectional analysis was conducted based on MRI data from a UK orthopaedic centre of lumbar spine MRIs from January to December 2023. Demographics and clinical presentation, namely LBP, was analyzed for correlation with the presence of MC, which was categorized as Modic type I (M1) and II (M2), according to MRI signal intensity. Prior spinal surgery or spinal deformity were exclusion criteria.

RESULTS

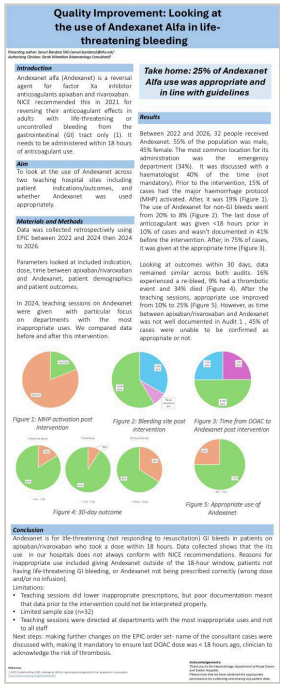
The results showed a high frequency of M1 and M2 changes at lower lumbar levels, particularly at L4/L5 and L5/S1, known to be subject to greater mechanical stresses ($p < 0.001$). MCs were highly correlated with LBP, as 66% of the patients had both conditions. Females were more affected with 72% of females with MC having LBP compared to 58% of males, ($p < 0.001$). M1 changes were also more frequently associated with LBP in young and old age groups.

CONCLUSION

These results show that not only are MC a common phenomenon, but that they are correlated with the presenting complaint of LBP in confirmation of previous studies. The work presented here adds to this by documenting the anatomical location, female predominance and age distribution where the presence of MC is more highly correlated with the presenting complaint of LBP.

P002 · Audit or QI

Poster Hall 1 View poster ↗



Reversal of Anticoagulation: Use of Andexanet Alfa in Life Threatening GI Bleeding

Senuri Bandara, Sarah Wheeldon

Andexanet alfa (Andexanet) is a reversal agent for anticoagulants apixaban and rivaroxaban. NICE recommends this for reversing their effects in adults with life-threatening or uncontrolled bleeding from the gastrointestinal (GI) tract only (1).

We aimed to look at the use of Andexanet across two hospital sites including patient indications/outcomes, and whether Andexanet was used appropriately.

Data was collected retrospectively using EPIC between 2022 and 2024 then 2024 to 2026. Parameters looked at included indication, time between apixaban/rivaroxaban and Andexanet, and patient outcomes. In 2024, teaching sessions on Andexanet were given focusing on departments with inappropriate uses. We compared data before and after.

Between 2022 and 2026, 32 people received Andexanet. Prior to the intervention, 60% had life-threatening bleeding. After, it was 40%. The use of Andexanet for non-GI bleeds went from 20% to 8%. The last dose of anticoagulant was given <18 hours prior in 10% of cases and wasn't documented in 41% before the intervention. After, in 75%, it was given at the appropriate time. Looking at 30 day outcome, data remained similar across both audits. 16% experienced a re-bleed, 9% had a thrombotic event and 34% died. After intervention, appropriate use improved from 10% to 25%. However, as time between apixaban/rivaroxaban and Andexanet was not well documented in Audit 1, 45% of cases were unable to be confirmed as appropriate or not.

Andexanet is for life-threatening (not responding to resuscitation) GI bleeds in patients on apixaban/rivaroxaban who took a dose within 18 hours. Data collected shows that its use does not always adhere with NICE recommendations. Teaching sessions lowered inappropriate prescriptions but poor documentation meant that data prior to the intervention could not be interpreted properly. We are making further changes on the EPIC order set to improve adherence and wish to re-audit after.

P003 · Audit or QI

Poster Hall 1 View poster ↗



Lipid Optimisation Post Coronary Revascularisation - A Two-Cycle Quality Improvement Project

Omar Elkhouly, Afsar A, Vazhappilly A, Rithik, Adrian J, Andrews J

Altnagelvin Hospital WHSCT

BACKGROUND

Optimal low-density lipoprotein cholesterol (LDL-C) management is essential for secondary prevention following coronary revascularisation. European Society of Cardiology guidelines recommend an LDL-C reduction of ≥50% from baseline and a target of <1.4 mmol/L in very-high-risk patients. Despite established recommendations, inconsistent lipid monitoring and discharge communication may hinder optimal cardiovascular risk reduction. This project aimed to evaluate lipid-management practices and improve standardisation of discharge recommendations at Altnagelvin Hospital.

METHODS

A two-cycle quality improvement project was conducted. The initial retrospective audit included 74 patients admitted with atherosclerotic cardiovascular disease between January and June 2024. Admission lipid testing, subsequent monitoring and LDL-C target attainment were assessed. Following identification of gaps in practice, a standardised electronic Smart Phrase (.NSTEMI) was introduced into the Epic discharge system, incorporating guideline-directed LDL-C targets, repeat lipid testing at three and six months, and cardiac rehabilitation follow-up recommendations. A subsequent re-audit of 75 patients assessed adherence to these standards.

RESULTS

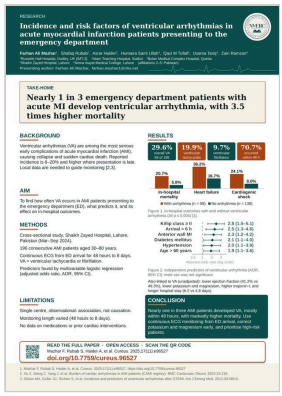
In Cycle 1, 89.2% of patients had lipid testing on admission. Follow-up testing was inconsistent: 42.5% had a 3-month check, 36.3% at 6 months, and only 21.3% had both. LDL-C targets were achieved in 69.7% of patients, with 30.3% not reaching target. Following interventions, Cycle 2 demonstrated improvement in process measures: 88% had LDL documented on admission, 90% received advice for repeat lipid monitoring within 3–6 months, 83% had a clearly documented LDL target in discharge letters, and 73% were advised on cardiac rehabilitation.

CONCLUSION

Embedding guideline-directed lipid-management recommendations into an electronic discharge Smart Phrase is a feasible, scalable intervention for standardising secondary cardiovascular prevention. High documentation compliance following implementation supports integration of structured discharge tools into routine clinical practice.

P004 · Research

Poster Hall 1 View poster ↗



Incidence and Risk Factors of Ventricular Arrhythmias in Acute Myocardial Infarction Patients Presenting to the Emergency Department

Farhan Ali Mazhar

Russells Hall Hospital Dudley

BACKGROUND

Ventricular arrhythmias (VA) are among the most serious early complications of acute myocardial infarction (AMI), causing haemodynamic collapse and sudden cardiac death. Local data on their incidence, predictors and outcomes are needed to guide monitoring, particularly where presentation is often delayed.

METHOD

This cross-sectional analytical study was conducted at Shaikh Zayed Hospital, Lahore, Pakistan, from March to September 2024. We enrolled 196 consecutive adults aged 30–80 years with confirmed AMI. Continuous ECG monitoring was performed in the emergency department and throughout admission (minimum 48 hours, up to eight days). VA was defined as ventricular tachycardia or fibrillation. Independent predictors were identified using multivariable logistic regression.

RESULTS

VA occurred in 58 patients (29.6%): ventricular tachycardia in 19.9% and ventricular fibrillation in 9.7%. Most events (70.7%) occurred within 48 hours. Independent predictors were Killip class ≥ II (adjusted odds ratio [AOR] 2.8, 95% CI 1.5–5.1), arrival more than six hours after symptom onset (AOR 2.5, 1.3–4.6), anterior wall infarction (AOR 2.3, 1.2–4.2), diabetes mellitus (AOR 2.1, 1.1–4.0), hypertension (AOR 2.0, 1.1–3.9) and age over 60 years (AOR 1.9, 1.1–3.6). Patients with VA had lower ejection fraction, lower potassium and magnesium, and higher troponin-I. VA was associated with longer hospital stay (6.2 vs 4.8 days), heart failure (36.2% vs 16.7%), cardiogenic shock (24.1% vs 8.0%) and higher in-hospital mortality (20.7% vs 5.8%; p = 0.001).

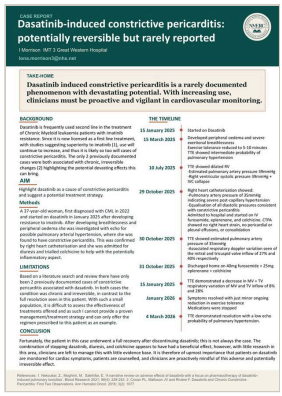
CONCLUSION

Nearly one in three AMI patients developed VA, mostly within 48 hours, with markedly worse in-hospital outcomes. Continuous ECG monitoring from emergency department arrival, early correction of potassium and magnesium, and priority monitoring of high-risk patients are warranted. Findings are limited by the single-centre observational design.

P005 · Poster

Poster Hall 1

View poster ↗



Constrictive pericarditis; a severe and rarely documented complication of dasatinib treatment in chronic myeloid leukaemia

Iona Morrison

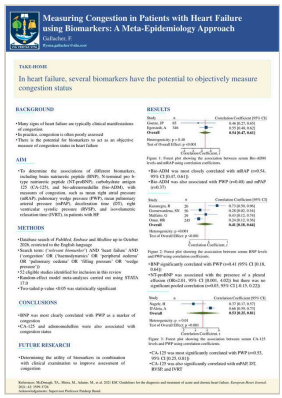
Great Western Hospital

There have been only 2 previously reported cases of constrictive pericarditis (CP) in patients being treated with dasatinib, both associated with chronic, irreversible changes. With increasing use of dasatinib, this will likely become a more common phenomenon. A 37 year old woman, first diagnosed with CML in 2022, started on dasatinib in January 2025 due to imatinib resistance. Initially developing peripheral oedema, by March 2025 severe exertional breathlessness resulted in her exercise tolerance reducing from an unimpeded baseline, to just 5-10 minutes. TTE revealed a dilated right ventricle with an estimated pulmonary artery pressure of 39mmHg and a right ventricular systolic pressure of 39mmHg with associated collapse of the IVC. Right heart catheterisation demonstrated a pulmonary artery pressure of 35mmHg without respiratory change, indicating severe post-capillary hypertension, and equalisation of all her diastolic pressures consistent with constrictive pericarditis. She was admitted and repeat TTE (30/10/25) showed estimated pulmonary artery pressure was 35mmHg and associated respiratory doppler variation seen of the mitral and tricuspid valve inflow of 27% and 40% respectively. She was managed with IV furosemide, eplerenone, and colchicine. Post discharge, a repeat TTE 15/12/25 demonstrated a decrease in MV and TV respiratory variation from last scan (8% - MV inflow and 28% - TV inflow). Her symptoms resolved and medications were stopped in January 2026. A repeat echo 04/03/26 demonstrated resolution with a low echo probability of pulmonary hypertension. Dasatinib is frequently used second line after imatinib resistance occurs and since it is now licensed as a first line treatment, use will continue to increase, and it is likely so too will cases of constrictive pericarditis. It is therefore of upmost importance that patients on dasatinib are monitored for cardiac symptoms, patients are counselled, and clinicians are proactively mindful of this adverse and potentially irreversible effect.

P006 · Research

Poster Hall 1

View poster ↗



Measuring Congestion in Patients with Heart Failure Using Biomarkers: A Meta-Epidemiology Approach

Ffyona Gallacher, Pardeep Jhund

Greater Glasgow and Clyde

INTRODUCTION

Congestion is a hallmark of decompensated heart failure (HF), however, assessment of congestion status is often poorly done. There is a potential for biomarkers to act as an objective measure of congestion status. Previous research explores biomarker-guided therapy in HF management, but few reviews have explored the associations of biomarkers with congestion status.

OBJECTIVE

To determine the associations of different biomarkers with measures of congestion in patients with HF.

METHODS

A search of PubMed, Embase and Medline databases, restricted to the English language, up to October 2026, identified studies exploring the association of biomarkers (natriuretic peptides [NPs], carbohydrate antigen 125 [CA-125], adrenomedullins [ADMs], suppression of tumorigenicity protein 2 [ST2], and troponin) with congestion status in patients with HF. Systematic review and random-effects meta-analyses were carried out.

RESULTS

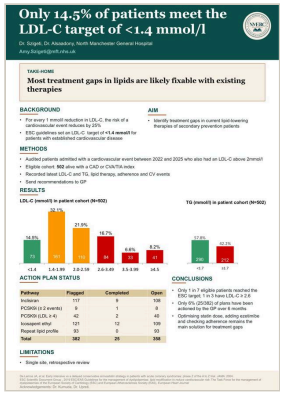
52 eligible studies were included. ADM was higher in patients with congestive HF when compared to healthy controls (47.3 + 6.7pg/ml vs. 13.2 + 2.3pg/ml, p<0.05) and biologically active ADM (bio-ADM) was most highly correlated with mean right atrial pressure (mRAP) (r=0.54 [95% CI (0.47, 0.61)], p<0.001). CA-125 positively correlated with measures of congestion, particularly echocardiographic parameters such as pulmonary wedge pressure (PWP) and filling pressures. CA-125 most greatly correlated with PWP (r=0.53 [95% CI (0.25, 0.81)], p<0.001). The relationship between N-terminal pro b-type natriuretic peptide (NT-proBNP) with congestion in patients with HF yielded conflicting findings. However, brain natriuretic peptide (BNP) positively correlated with measures of congestion, particularly PWP (r=0.41 [95% CI (0.18, 0.64)], p<0.001). ST2 was higher in patients with HF (383 + 149pg/ml vs. 75 + 12pg/ml, p<0.001) and associated with systemic congestion. Troponin was associated with both subjective and objective measures of congestion.

CONCLUSIONS

BNP most clearly correlated with measures of congestion, with CA-125 and ADMs also being associated with congestion status.

P007 · Audit or QI

Poster Hall 1 View poster ↗



Treatment Optimization Post Cardiovascular Event for Achieving Recommended Endpoints

Amy Szigeti, Mohamad Alsaadony

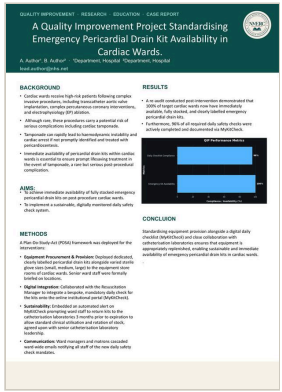
north manchester general hospital

BACKGROUND

ESC guidelines set an LDL-C target of <1.4mmol/L for patients with established disease. Method: Identified all patients admitted to North Manchester Hospital with a cardiovascular event between 2022 - 2025 and screened against the agreed inclusion criteria. Optimal treatment was chosen after reviewing most recent lipid profiles and current medication. This treatment recommendation will be sent out as a letter to their GP. Conclusion: only 1 in 7 eligible patients reach the ESC target, most gaps are fixable with existing therapy (statin dose, or ezetimibe adherence), 6.3% of flagged actions are complete.

P008 · Audit or QI

Poster Hall 1 View poster ↗



A Quality Improvement Project Standardising Emergency Pericardial Drain Kit Availability in Cardiac Wards

Ammar Ahmed

University Hospitals of Leicester

BACKGROUND

Cardiac wards receive high-risk patients following complex invasive procedures, including transcatheter aortic valve implantation, complex percutaneous coronary interventions, and electrophysiology (EP) ablations. These carry potential risk of serious complications including cardiac tamponade, which can lead to haemodynamic instability if not promptly treated with pericardiocentesis. Immediate availability of pericardial drain kits within cardiac wards is essential to ensure prompt lifesaving treatment in the event of tamponade.

AIMS

To achieve immediate availability of fully stocked emergency pericardial drain kits on post-procedure cardiac wards and implement a sustainable, digitally monitored daily safety check system.

METHODS

A Plan-Do-Study-Act (PDSA) framework was deployed for the interventions: • Equipment Procurement & Provision: Deployed dedicated, clearly labelled pericardial drain kits alongside varied sterile glove sizes (small, medium, large) to the equipment store rooms of cardiac wards. Senior ward staff were formally briefed on locations. • Digital Integration: Collaborated with the Resuscitation Manager to integrate a bespoke, mandatory daily check for the kits onto the online institutional portal (MyKitCheck). • Sustainability: Embedded an automated alert on MyKitCheck prompting ward staff to return kits to the catheterisation laboratories 3 months prior to expiration to allow standard clinical utilisation and rotation of stock, agreed upon with senior catheterisation laboratory leadership. • Communication: Ward managers and matrons cascaded ward-wide emails notifying all staff of the new daily safety check mandates.

RESULTS

A re-audit conducted post-intervention demonstrated that 100% of target cardiac wards now have immediately available, fully stocked, and clearly labelled emergency pericardial drain kits. Furthermore, 96% of all required daily safety checks were actively completed and documented via MyKitCheck.

CONCLUSION

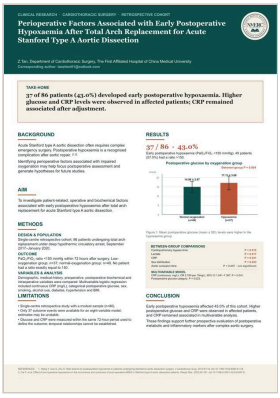
Standardising equipment provision alongside a digital daily checklist (MyKitCheck) and close collaboration with catheterisation laboratories ensures that equipment is appropriately replenished, enabling sustainable and immediate availability of emergency pericardial drain kits in cardiac wards.

P009 · Research

Poster Hall 1 View poster ↗

Perioperative Factors Associated with Early Postoperative Hypoxaemia After Total Arch Replacement for Acute Stanford Type A Aortic Dissection

Zhen Tan



BACKGROUND

Early postoperative hypoxaemia complicates total arch replacement for acute Stanford type A aortic dissection. Identifying associated perioperative factors may inform postoperative assessment. This study examined patient-related, operative and biochemical factors associated with hypoxaemia.

METHODS

This single-centre retrospective cohort study included 86 patients undergoing total arch replacement under deep hypothermic circulatory arrest between September 2017 and January 2020. Hypoxaemia was defined as a PaO_2/FiO_2 ratio below 150 within 72 hours after surgery. Demographic, clinical, biochemical and operative variables were compared. Multivariable logistic regression included postoperative CRP and glucose, sex, smoking, alcohol use, diabetes, hypertension and BMI.

RESULTS

Thirty-seven patients (43.0%) developed hypoxaemia. Compared with the normal-oxygenation group, they had longer cardiopulmonary bypass times (P=0.012), higher glucose (17.11 ± 3.68 vs 14.96 ± 2.87 mmol/L; P=0.004), lactate (P=0.017) and CRP (P=0.031). Sex distribution also differed (P=0.023), whereas aortic occlusion time did not (P=0.057). In multivariable analysis, continuous CRP was associated with hypoxaemia (OR 2.769 per 1 mg/L increase, 95% CI 1.041–7.367; P=0.041). The glucose-category term was also statistically significant in the multivariable analysis (OR 0.320, 95% CI 0.119–0.857; P=0.023).

CONCLUSION

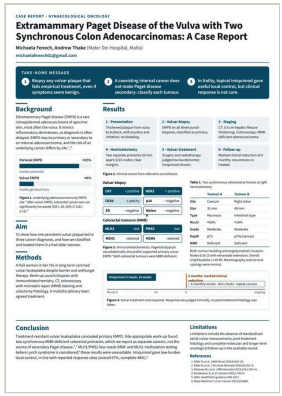
Hypoxaemia occurred in 43.0% of this cohort. Higher postoperative glucose and CRP were observed in affected patients, and CRP remained associated with hypoxaemia in multivariable analysis. These findings support further investigation of postoperative metabolic and inflammatory markers in complex aortic surgery.

INDIGO POSTERS · GASTROENTEROLOGY & RENAL MEDICINE · STATIONS P010–P018

P010 · Poster

Poster Hall 1

View poster ↗



Primary vulvar extramammary Paget disease with two synchronous mismatch repair-deficient colorectal adenocarcinomas

Michaela Fenech, Andrew John Thake

Malta - Mater Dei Hospital

BACKGROUND

Extramammary Paget disease (EMPD) is an uncommon cutaneous adenocarcinoma, most often affecting apocrine gland-bearing sites such as the vulva. It may mimic inflammatory or infective dermatoses, which delays diagnosis. Distinguishing primary EMPD from secondary EMPD, which is associated with an underlying internal adenocarcinoma, is useful in investigation, management and prognosis.

CASE PRESENTATION

A woman in her 70s living in long-term care was referred with longstanding vulvar leukoplakia unresponsive to barrier and antifungal preparations; lichen sclerosus had initially been suspected. She reported pruritus and irritation affecting her quality of life. Examination showed vulvar atrophy and an extensive thickened leukoplakic plaque extending towards the buttock, with erythema and excoriation. Comorbidities included ischaemic heart disease, hypertension, diabetes, glaucoma, recurrent falls and a pancreatic intraductal papillary mucinous neoplasm. Three punch biopsies showed EMPD positive for CK7, GCDFP-15 and TRPS1, with focal CK20 expression. This profile favours, though does not prove, primary cutaneous origin. Subsequent investigations identified two synchronous right-sided colorectal adenocarcinomas with MLH1/PMS2 loss (mismatch repair-deficient). Frailty precluded extensive vulvar surgery or radiotherapy. Topical imiquimod achieved marked clinical improvement, with further courses for recurrent skin changes.

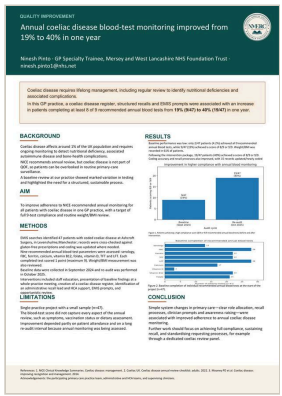
CONCLUSION

Persistent vulvar plaques unresponsive to conventional treatment warrant biopsy. Immunohistochemistry favouring primary EMPD must be interpreted alongside morphology, anatomical site and any concurrent malignancy. Screening for coexisting malignancy should reflect the anatomical EMPD subtype rather than extrapolating perianal colorectal risk to vulvar disease. MLH1/PMS2 loss indicates deficient mismatch repair but does not establish Lynch syndrome without sequential molecular testing. In frail patients, low-burden local control is an appropriate goal, though clinical response should not be equated with histological clearance.

P011 · Audit or QI

Poster Hall 1

View poster ↗



Assessing Adherence to Annual Monitoring Guidelines for patients diagnosed with Coeliac Disease in Primary Care- A Quality Improvement Project

M Ninesh M D Pinto

Manchester

Improving Adherence to Annual Monitoring Guidelines for Coeliac Disease in Primary Care: A Quality Improvement Project

BACKGROUND

Coeliac disease requires lifelong monitoring to identify nutritional deficiencies and prevent complications. Despite NICE recommendations for annual review, monitoring can be inconsistent in primary care, particularly as coeliac disease is excluded from the Quality and Outcomes Framework (QOF). This project aimed to improve adherence to annual monitoring recommendations at a GP practice in Manchester, UK.

METHODS

A baseline audit in 2024 identified 47 patients with coded coeliac disease using EMIS. Adherence was assessed against nine annual blood test parameters, generating a monitoring score of 0–9. Fishbone analysis and process mapping identified barriers including limited clinician awareness, unclear responsibilities and inadequate recall systems. Guided by Plan-Do-Study-Act (PDSA) methodology, interventions included staff education, appointment of an administrative lead, structured patient recalls and electronic record alerts. A re-audit was conducted in October 2025.

RESULTS

The proportion of patients achieving high monitoring scores (8–9/9) increased from 19% (9/47) at baseline to 40% (19/47) following intervention, representing a 21-percentage-point improvement. Complete monitoring (9/9) increased from 4% (2/47) to 23% (11/47). Electronic alerts were implemented for 15 patients to facilitate opportunistic monitoring. Four patients remained unengaged despite recall attempts. A proposed dedicated laboratory testing panel was not implemented.

CONCLUSION

This project demonstrated improved adherence to coeliac disease monitoring following structured, low-resource interventions in primary care. Administrative leadership, clinician education and electronic prompts supported more consistent monitoring processes. Although full compliance was not achieved, the interventions established a framework for ongoing improvement. Similar approaches may help address monitoring gaps for chronic conditions excluded from QOF. Further audit cycles are planned to assess sustainability.

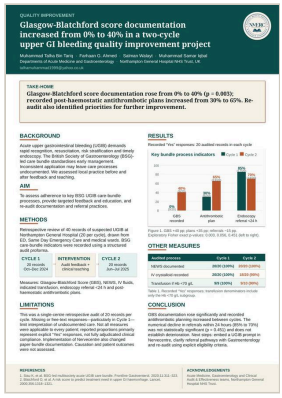
P012 · Audit or QI

Poster Hall 1 View poster ↗

Improving Compliance with the BSG Upper Gastrointestinal Bleeding Care Bundle: A Two-Cycle Quality Improvement Project

Muhammad Talha Bin Tariq, Farhaan G. Ahmed, Salman Walayt, Muhammad Samar Iqbal

Northampton General Hospital NHS Trust, Northampton, United Kingdom



BACKGROUND

Acute upper gastrointestinal bleeding (UGIB) is a potentially life-threatening emergency requiring prompt risk stratification, resuscitation and endoscopic management. The British Society of Gastroenterology (BSG) care bundle provides evidence-based standards for initial management. This project aimed to evaluate compliance with these recommendations and improve adherence at Northampton General Hospital.

METHODS

A two-cycle clinical audit reviewed 40 patient records (20 per cycle) across acute hospital settings. Compliance was assessed against BSG recommendations, including Glasgow-Blatchford Score (GBS) documentation, initial resuscitation, blood transfusion, endoscopy referral and post-haemostatic antithrombotic planning. Following the initial audit, improvement activities focused on staff education, increasing awareness of guideline-based management and strengthening multidisciplinary communication. Practice was reassessed during the second cycle.

RESULTS

GBS documentation improved from 0% (0/20) to 40% (8/20), a 40-percentage-point increase. Documented post-haemostatic antithrombotic planning increased from 30% (6/20) to 65% (13/20), representing a 35-percentage-point improvement. NEWS documentation remained at 100% across both cycles. However, endoscopy referral within 24 hours decreased from 85% (17/20) to 70% (14/20). Recorded intravenous crystalloid administration also declined from 100% to 90%. Implementation of electronic clinical records affected traditional paper-based care-bundle documentation.

CONCLUSION

This two-cycle project demonstrated improvements in documented risk stratification and antithrombotic management while identifying persistent challenges in timely endoscopy referral. The findings highlight the importance of multidisciplinary education, structured clinical pathways and repeated audit in promoting evidence-based acute medical practice. Further improvement should focus on strengthening endoscopy referral pathways and integrating BSG recommendations into electronic clinical workflows.

P013 · Research

Poster Hall 1 View poster ↗

Meta-analysis of Laparoscopic vs Open Management of Adhesive Small Bowel Obstruction: Retrospective Benefit of Laparoscopy Lack Prospective Validation

Robert Bailey, Shahin Hajibandeh, Shahab Hajibandeh

manchester royal infirmary

INTRODUCTION

A meaningful comparison between laparoscopic and open management of adhesive small bowel obstruction (ASBO) is impossible without accounting for confounding by indication and intention-to-treat principles. This study aimed to compare short-term outcomes between the two approaches by accounting for these critical factors.

METHODS

A PRISMA-compliant systematic review with random-effects meta-analysis was conducted, including studies comparing short-term outcomes between the laparoscopic and open approach in patients with ASBO. Prospective and retrospective studies were analysed separately to mitigate confounding by indication, and studies categorising converted cases as open operations were excluded to respect intention-to-treat principles.

RESULTS

Analysis of retrospective studies (16 studies; 57,022 patients), subject to confounding by indication, showed laparoscopic approach was associated with a lower risk of 30-day mortality (OR: 0.33, p<0.00001) and 30-day morbidity (OR: 0.33, p<0.00001), with no difference in iatrogenic bowel injury (OR: 1.46, p=0.260), need for bowel resection (OR: 0.66, p=0.130), and 30-day return to theatre (OR: 0.79, p=0.280). However, analysis of prospective studies (3 studies; 589 patients), subject to type 2 error, showed no difference between the two approaches in mortality (OR: 0.42, p=0.360), morbidity (OR: 0.41, p=0.080), iatrogenic injury (OR: 0.75, p=0.250), bowel resection (OR: 0.39, p=0.050), or return to theatre (OR: 0.62, p=0.580).

CONCLUSION

Although retrospective evidence suggests laparoscopic management of ASBO may improve short-term outcomes compared to the open approach, limited prospective evidence does not support this advantage. Until high-quality prospective data become available, laparoscopy should be considered a safe and feasible alternative to open surgery only in carefully selected patients.

P014 · Audit or QI

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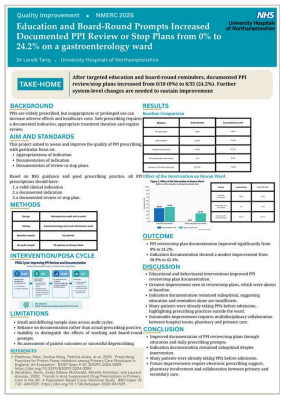


Improving Documentation and Review of Proton Pump Inhibitor Prescribing on a Gastroenterology Ward

Laraib Tariq

Northampton General Hospital

BACKGROUND

Proton pump inhibitors (PPIs) are among the most frequently prescribed medications in secondary care. Although effective, inappropriate or prolonged prescribing may expose patients to avoidable adverse effects, including Clostridioides difficile infection, and contribute to unnecessary healthcare costs. Good prescribing practice requires a clear documented indication for therapy, an intended duration where appropriate, and regular review of ongoing need

METHOD

A retrospective review of inpatient drug charts and clinical records was performed across Rowan Gastroenterology Ward, Esther White Ward and Walter Tull Ward. Data collected included: whether the patient was prescribed a PPI presence of a valid indication documentation of indication documentation of review or stop plans pre-admission PPI use reason for pre-admission therapy where identifiable

RESULTS

The baseline audit identified high rates of PPI prescribing with persistent deficiencies in documentation, particularly around review and discontinuation planning. Although acute admission units demonstrated better documentation of indication than the gastroenterology ward, review planning remained poor across both settings. A notable proportion of patients were already established on PPI therapy before admission.

The intervention was associated with a meaningful improvement in documentation of PPI review/stop plans on the gastroenterology ward, increasing compliance from 0% to 24.2%. Documentation of indication improved more modestly, from 38.9% to 42.4%.

CONCLUSION

Simple educational interventions and daily prescribing prompts improved documentation of review and stop plans for PPI therapy on a gastroenterology ward. However, indication documentation remained suboptimal and many patients were already established on PPIs before admission. Future improvement is therefore likely to require system-level change, including electronic prescribing support, pharmacy involvement and collaboration across primary and secondary care.

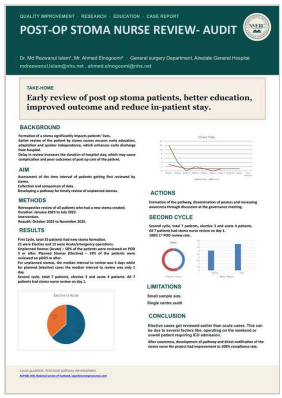
P015 · Audit or QI

Poster Hall 1 View poster ↗

Post-Op Stoma Nurse Review- Audit, Development of a Pathway

Md Rezwanul Islam, Ahmed Elnogoomi

Airedale General Hospital



INTRODUCTION

Formation of a stoma significantly impacts patients' lives. Earlier review of the patient by stoma nurses ensures early education, adaptation and quicker independence, which enhances early discharge from hospital. Delay in review increases the duration of hospital stay, which may cause complication and poor outcomes of post op care of the patient.

AIM

Assessment of the time interval of patients getting first reviewed by stoma. Collection and comparison of data. Developing a pathway for timely review of unplanned stomas.

METHODS

Retrospective review of all patients who had a new stoma created. Duration: January 2025 to July 2025. Re-audit: October 2025 to November 2025.

RESULT

First Cycle, total 33 patients had new stoma formation. 21 were Elective and 12 were Acute/emergency operations. ACUTE Stomas – 50% of the patients were reviewed on POD 3 or after. ELECTIVE Stomas – 19% of the patients were reviewed on pOD3 or after. For unplanned stomas, the median interval to review was 3 days while for planned (elective) cases the median interval to review was only 1 day. Second cycle, total 7 patients, elective 3 and acute 4 patients. All 7 patients had stoma nurse review on day 1.

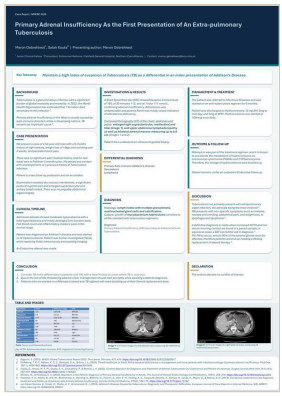
CONCLUSION

Elective cases got reviewed earlier than acute cases in first cycle. This can be due to several factors including acute operating over the weekend, post op ICU stay more likely in the unwell patient, etc. After awareness, development of pathway and direct notification of the stoma nurse the project had improvement to 100% compliance rate.

P016 · Research

Poster Hall 1 View poster ↗

Primary Adrenal Insufficiency As the First Presentation of An Extra-pulmonary Tuberculosis



Meron Gebrehiwot, *Salah Kouta*

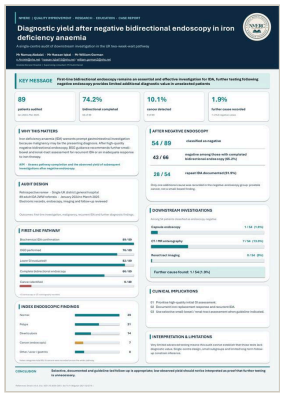
Greater Manchester

We present an unusual case of a 52-year-old man who presented with significant weight loss, dizziness, diffuse back pain and deranged electrolytes. Patient presented to Fairfield General Hospital with a 4-week history of vomiting and weight loss of approximately 19 kg, diffuse back pain, dizziness and a 6-month history of night sweats. Past medical history was only significant for a previous anterior uveitis and a fatty liver. He was not any regular medications, never drank, and worked as a taxi driver. He is an ex-smoker. He had travelled to Pakistan 3 months before symptom onset. Patient was diagnosed with a primary adrenal insufficiency secondary to a bilateral adrenal tuberculosis. The diagnosis of tuberculosis was confirmed with tissue biopsy and culture of tuberculosis mycobacterium. He received a 6-month regimen of anti-tuberculous therapy while managing the adrenal insufficiency through a tightly controlled steroid regimen. This case report emphasizes the significance of maintaining a high index of suspicion of tuberculosis as a differential in primary adrenal insufficiency, the importance of meticulous investigations, the early commencement of steroid therapy to avoid adrenal crisis, and the significance of timely patient follow ups once discharged from hospital.

P017 · Audit or QI

Poster Hall 1 View poster ↗

Diagnostic Yield After Negative Bidirectional Endoscopy for IDA: A Single-Centre Audit of Downstream Investigation in the UK Two-Week-Wait Pathway



Namuq Abdalal, *Hassan Iqbal*, *William Gorman*

Airedale General Hospital

BACKGROUND

Iron deficiency anaemia (IDA) accounts for many gastrointestinal referrals. Current British Society of Gastroenterology guidance recommends bidirectional endoscopy as first-line investigation, with small-bowel or renal-tract assessment reserved for recurrent IDA or inadequate response to iron replacement therapy after negative endoscopy. Advanced imaging incurs costs, while its diagnostic yield remains uncertain.

OBJECTIVE

To describe downstream investigation, use and diagnostic yield after negative bidirectional endoscopy in patients referred via the IDA two-week-wait (2WW) pathway, and consider implications for resource use.

METHODS

We conducted a retrospective single-centre audit of consecutive adults investigated via an IDA 2WW pathway between January 2024 and March 2025. Demographics, IDA confirmation, endoscopic findings, cancer detection, and subsequent investigations were reviewed.

RESULTS

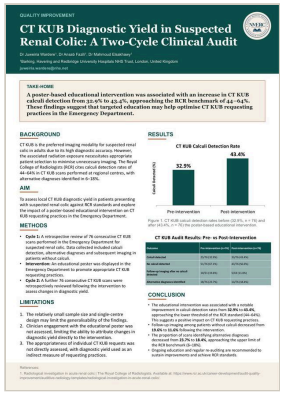
Eighty-nine patients were included (mean age 71.3 years; 46/89 male). IDA was confirmed in all patients. OGD and colonoscopy were performed in 76/89 and 69/89, respectively; 66/89 completed bidirectional endoscopy. Cancer was identified in 9/89 (10.1%). Endoscopy was negative in 54/89 (60.7%); among those completing bidirectional endoscopy, 43/66 (65.2%) had negative examinations. In this cohort, capsule endoscopy was performed in 1/54 and CT/MR enterography in 7/54. Recurrent IDA occurred in 28/54, but further testing identified an alternative cause in only 1/54.

CONCLUSIONS

Downstream investigations were infrequently used and rarely identified clinically actionable diagnoses. These findings support selective, guideline- concordant follow-up after high-quality negative bidirectional endoscopy, particularly for recurrent or refractory anaemia, while recognising the limitations of a single- centre audit, limited follow-up, and low use of advanced imaging.

P018 · Audit or QI

Poster Hall 1 View poster ↗



CT KUB Diagnostic Yield in Suspected Renal Colic: A Two-Cycle Clinical Audit

Juweiria Wardere, Ansab Fazili

London

BACKGROUND

CT KUB is the preferred imaging modality for suspected renal colic in adults due to its high diagnostic accuracy. However, the associated radiation exposure necessitates appropriate patient selection to minimise unnecessary imaging. The Royal College of Radiologists (RCR) recommends calculi detection rates of 44–64% in CT KUB scans performed at regional centres, with alternative diagnoses identified in 6–18%. This audit aims to assess local CT KUB diagnostic yield against these standards and determine whether an educational intervention can improve the appropriateness of imaging requests in the Emergency Department.

METHODS

• Cycle 1: A retrospective review of 76 consecutive CT KUB scans performed in the Emergency Department for suspected renal colic. Data collected included calculi detection, alternative diagnoses and subsequent imaging in patients without calculi.

• Intervention: An educational poster was displayed in the Emergency Department to promote appropriate CT KUB requesting practices.

• Cycle 2: A further 76 consecutive CT KUB scans were retrospectively reviewed following the intervention to assess changes in diagnostic yield.

RESULTS

Pre-intervention: • Calculi found: 25/76 (32.9%) • No calculi found: 51/76 (67.1%) • Follow-up imaging after no calculi detected: 10/51 (19.6%) • Alternative diagnoses identified: 18/76 (23.7%)

Post-intervention: • Calculi found: 33/76 (43.4%) • No calculi found: 43/76 (56.6%) • Follow-up imaging after no calculi detected: 5/43 (11.6%) • Alternative diagnoses identified: 14/76 (18.4%)

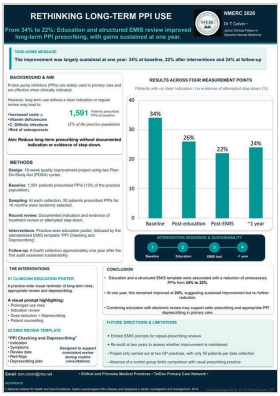
CONCLUSION

• The educational intervention was associated with a notable improvement in calculi detection rates from 32.9% to 43.4%, approaching the lower threshold of the RCR standard (44–64%). This suggests a positive impact on CT KUB requesting practices. • Follow-up imaging among patients without calculi decreased from 19.6% to 11.6% following the intervention. • The proportion of scans identifying alternative diagnoses decreased from 23.7% to 18.4%, approaching the upper limit of the RCR benchmark (6–18%). • Ongoing education and regular re-auditing are recommended to sustain improvements and achieve RCR standards.

TEAL POSTERS · ACUTE MEDICINE & GERIATRICS · STATIONS P019–P038

P019 · Audit or QI

Poster Hall 1 View poster ↗



Rethinking Long-Term PPI Use: Improving Appropriate Prescribing

Tom Colvin

The Shrewsbury and Telford Hospital NHS Trust

BACKGROUND AND AIM

Long-term proton pump inhibitor (PPI) prescribing is common in primary care, yet translating guidance on regular review and deprescribing into routine practice can be challenging. This project evaluated a sequential intervention of clinician education and structured electronic review to reduce long-term PPI treatment without a clearly documented indication or evidence of attempted step-down.

METHODS

A 16-week quality improvement project used two Plan-Do-Study-Act (PDSA) cycles. Baseline electronic medical record data identified 1,591 patients prescribed PPIs (12% of the practice population). At each data collection point, 50 patients receiving PPIs for more than six months were randomly selected and reviewed for documented indication and evidence of treatment review or attempted step-down. A practice-wide educational poster highlighted risks of prolonged PPI use and when review, dose reduction or deprescribing should be considered, in line with NICE guidance. Following repeat measurement, a standardised electronic EMIS template, "PPI Checking and Deprescribing", was introduced to support structured review, followed by final data collection.

RESULTS

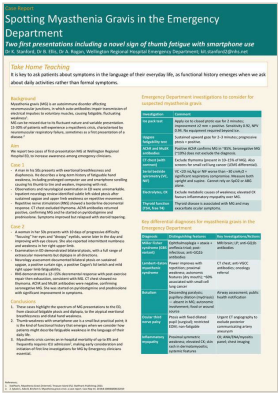
At baseline, 17 of 50 patients (34%) had no clearly documented indication for continued PPI treatment or evidence of an attempted step-down. This decreased to 13 of 50 (26%) following the educational intervention and 11 of 50 (22%) after introduction of the EMIS template. Overall, the proportion meeting this measure decreased by 12 percentage points, from 34% to 22%. The proportion of the practice population prescribed a PPI also decreased from 12% to 11%.

CONCLUSION

Targeted clinician education followed by structured electronic review was associated with a reduction in long-term PPI users without a documented indication or evidence of step-down, from 34% to 22%. Combining education with structured review may support safer prescribing and medicines optimisation. This scalable approach may improve consistency of long-term PPI review and support appropriate dose reduction or deprescribing in primary care.

P020 · Poster

Poster Hall 1 View poster ↗



Spotting Myasthenia Gravis in the Emergency Department: two first presentations including a novel sign of thumb fatigue with smartphone use

Kit Stanford, Bethan Ellis, Alice Rogan

London

BACKGROUND

Myasthenia gravis (MG) is a rare autoimmune neuromuscular junction disorder characterised by fatigable weakness of voluntary muscles. Due to its variable and fluctuating nature, it can be difficult to reach a diagnosis, particularly in the Emergency Department (ED). However, as up to 30% of patients may present in crisis for the first time, it is important that Emergency clinicians recognise both typical and atypical presentations.

METHOD

In this presentation we will review two cases of first-presentation MG to an Emergency Department of a hospital in a large city centre over a 6 month period. We will review their initial symptoms, examination findings and investigations initiated in the ED and the outcome of their specialist review. We will outline bedside assessments that can be used in the ED and key differential diagnoses to consider.

RESULTS

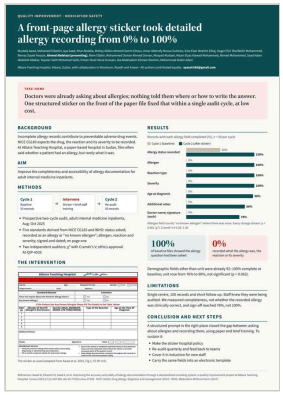
The first case is a man in his 50s presenting with exertional breathlessness, and on further questioning reports hand weakness and thumb fatigue during sustained smartphone and computer use over the preceding period. The second case is a woman in her 50s presenting with a bilateral fatigable ptosis and diplopia. Both patients were diagnosed with MG following ED workup and neurology review.

CONCLUSION

MG should be considered in patients presenting with fatigable weakness, whether ocular, respiratory, or distal limb. Directed history-taking, including asking patients about symptom experience during everyday tasks such as smartphone use, may aid earlier recognition. Early diagnosis in the ED can expedite treatment and prevent a life-threatening crisis.

P021 · Audit or QI

Poster Hall 1 View poster ↗



A Standardised Allergy Documentation Sticker Improves Allergy Recording in a Paper-Based Hospital: A Two-Cycle Audit in Sudan

Mustafa Awad, Mohamed Elbashir, Aya Saad, Ithar Abdalla, Mohey Aldien Ahmed Elamin Elnour, Omer Alterrafy Mousa Suliman, Esra Elser Ibrahim Elhaj, Hager Elsir Sherfeldin Mohammed, Remaz Sayed Hassan, Ahmed Abdelaal, Riem Eltahir, Mohammed Osman Ahmed Osman, Moayad Mudawi, Mazin Elyas Alawad Mohammed, Ahmed Mohammed, Saad Adam Abdallah Abakar, Tayseer Salih Mohamed Salih, Eiman Yassir Musa Hussain, Aia Abdelsalam Elimam Ibrahim, Mohammad Alzain Adam

BACKGROUND

Accurate allergy documentation is a core medication-safety safeguard. In paper-based hospitals without electronic alerts, it depends entirely on what clinicians write. At Atbara Teaching Hospital, Sudan, allergy information was recorded inconsistently, with no standard format or visible alert.

METHOD

We conducted a two-cycle closed-loop audit in the Department of Internal Medicine (August–October 2025) against international allergy documentation standards: universal allergy enquiry, explicit documentation of allergy status (including "no known allergy"), complete details for allergic patients, and visible placement in the record. Cycle 1 reviewed 50 inpatient records. We then introduced a standardised Allergy Documentation Sticker (allergy status, allergen, reaction type, severity, age at diagnosis, notes, doctor name, signature, date) with brief staff teaching. Cycle 2 reviewed 50 further records. Cycles were compared using chi-square tests.

RESULTS

At baseline, allergy status was documented in 25/50 (50%) records, allergen, reaction type and severity in none (0%), and no record carried a doctor's name and signature. After the intervention, allergy status, allergen, reaction type and severity were documented in 50/50 (100%) records, and doctor name and signature in 39/50 (78%) (all $p<0.001$). Documentation of the patient's unit also improved, from 38/50 (76%) to 45/50 (90%). The main remaining gap was clinician sign-off, absent in 11/50 (22%) records.

CONCLUSION

A low-cost sticker with brief teaching transformed allergy documentation without any IT infrastructure. It transfers directly to other low-resource hospitals and to any setting still using paper charts or downtime procedures. Remaining priorities are clinician sign-off and sustained compliance on re-audit.

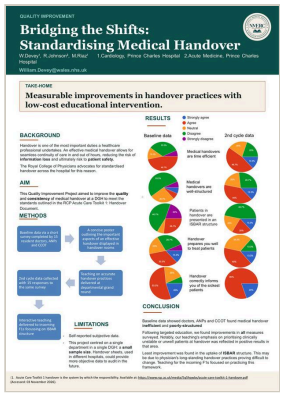
P022 · Audit or QI

Poster Hall 1 View poster ↗

Bridging the Shifts: A Quality Improvement Project to Standardise Effective Medical Team Handover

William Devey

Cwm Taf Morgannwg Healthboard



An effective medical handover allows for seamless continuity of care in hours and out of hours. Chaotic handover structure and content has the potential for information loss and ultimately risk to patient safety. The Royal College of Physicians advocates for standardised handover across the hospital for this reason. In the first few weeks of my medical F1 job I found significant variation in the structure and efficiency of handover day-to-day.

This Quality Improvement Project aimed to improve the quality and consistency of medical handover at a DGH through targeted educational intervention. Baseline data was collected using a short questionnaire distributed to resident doctors, advanced nurse practitioners and critical care outreach to assess confidence, structure and perceived effectiveness of handover practices.

The intervention consisted of a multifaceted educational approach. A concise, visually engaging poster outlining key principles of effective handover was designed and displayed prominently in the handover room. In addition, the project was presented at a hospital-wide grand round to reinforce best practices, raise awareness, and encourage staff engagement.

Following implementation, the same questionnaire was redistributed to evaluate changes in staff perceptions and self-reported practices. Post-intervention results demonstrated an improvement in participants' confidence in delivering structured handovers and increased awareness of essential components of safe and effective communication. Feedback also indicated that the poster served as a useful prompt during handover.

In conclusion, a simple, low-cost educational intervention combining visual aids and formal teaching lead to measurable improvements in handover practices. To sustain these improvements I delivered an interactive teaching session for incoming F1 doctors helping to prepare them for medical on-call shifts and handover. Further work could explore the impact on patient outcomes and expand the intervention across additional departments.

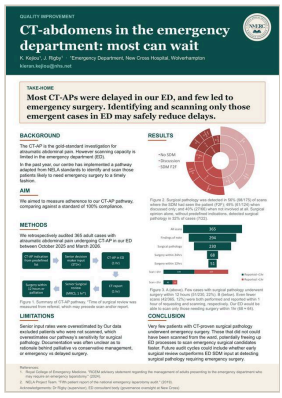
P023 · Audit or QI

Poster Hall 1 View poster ↗

A retrospective audit of CT-abdomen requesting in the Emergency Department: Most can wait

Kieran Kejiou, Jason Rigby

Wolverhampton, UK



BACKGROUND

Our hospital's guidelines adapt National Emergency Laparotomy Audit criteria to identify those patients most likely to benefit from early CT scanning in our Emergency Department (ED). However, neither adherence to these guidelines nor their ability to identify patients needing urgent surgery have been evaluated since their implementation last year. We aimed to measure adherence and outcomes for our CT-abdomen pathway among adult patients presenting with atraumatic abdominal pain.

METHOD

In this first audit cycle, we retrospectively audited 365 adult cases with atraumatic abdominal pain who underwent CT-abdomens in our ED between October 2025 and March 2026. We reviewed notes against our guidelines' predefined indication list; senior input requirement; and time targets for scanning, reporting and surgical review. We compared against a standard of 100% compliance. We evaluated diagnosis and treatment modality as additional outcomes using descriptive statistics only.

RESULTS

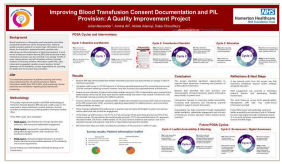
The vast majority of scans (314 of 365, 87%) were performed for valid indications with some senior decision-maker input (299 of 365, 82%). While most scans were reported within an hour of scanning (186 of 365, 52%), very few were performed within an hour of requesting (64 of 365, 18%). Accordingly, even fewer (42 of 365, 12%) were both performed and reported within 1 hour of requesting and scanning, respectively. Of the cases where CT revealed surgical pathology (230 of 365, 63%) only a minority underwent surgery within 12 (51 of 230, 22%) or 24 hours (68 of 230, 29%).

CONCLUSION

The surprisingly low frequency of emergency surgery suggests that ED clinicians could safely scan fewer abdomens. However, our data excludes patients without scans and thus overestimates the sensitivity of the current pathway for detecting surgical pathology. Future audit cycles could include whether surgical review preceded imaging decisions, as this may better identify those who would benefit from early scanning.

P024 · Audit or QI

Poster Hall 1 View poster ↗



Improving Blood Transfusion Consent Documentation and Paitent Infomration Leaflet (PIL) Provision: A Quality Improvement Project

Juliet Alexander, Amina Ali, Abiola Adeniyi, Dalia Choudhury

Newham University Hospital

AIM

To increase the proportion of patients receiving and having documented provision of a blood transfusion Patient Information Leaflet from 50% to 90%, while improving clinician awareness and confidence regarding blood transfusion consenting.

BACKGROUND

Blood transfusion is a frequently used intervention that offers substantial benefits but carries recognised risks. National guidance expects patients to receive clear information on the reason for transfusion, expected benefits, possible risks, alternatives and the implications of declining treatment. A local review of Electronic Patient Record (EPR) data found that written information provision was documented in an average of 50% of cases, leaving almost one half of patients without recorded evidence of receiving a Patient Information Leaflet (PIL).

METHODOLOGY

3 PDSA cycles

RESULTS

95% percent of clinicians reported awareness of the consenting process and 73% felt confident obtaining consent. However, only 46% routinely discussed alternatives to transfusion. Awareness and utilisation of patient information leaflets were poor: 59% of respondents were unaware that a leaflet existed, while only 8% knew both that the leaflet existed and where it was located. Furthermore, only 8% reported routinely providing the leaflet to patients. Post-interventions, awareness of consenting process increased to 100%, and confidence also increased. However, awareness of PIL location remained low.

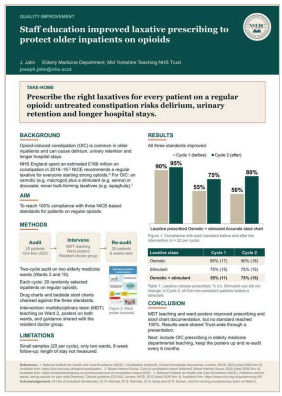
CONCLUSION

This project identified significant opportunities to improve blood transfusion consenting and provision of written patient information. Baseline data identified that poor provision and documentation of blood transfusion patient information was primarily a systems issue. Interventions focused on improving leaflet accessibility, increasing staff awareness and introducing practical prompts to support consent discussions. Next steps include re-auditing compliance, exploring EPR prompts and expanding successful interventions to achieve the target of 90% documented PIL provision.

P025 · Audit or QI

Poster Hall 1 View poster ↗

Improving Management and Documentation of Opioid-Induced Constipation in Elderly Inpatients: A Closed-Loop Quality Improvement Audit



Rachel Suresh, Joseph Jatin, Sewanu Ajose, Noraiz Manhas, Sanam Rahman, Das

Wakefield

BACKGROUND

Opioid-induced constipation (OIC) is a common and preventable complication in hospitalised elderly patients. Unmanaged OIC can precipitate acute delirium, urinary retention, prolonged hospital stays, and increased healthcare costs. NICE guidelines explicitly state that patients on regular opioids should be offered a combination of an osmotic laxative and a stimulant laxative (or docusate), while avoiding bulk-forming laxatives.

AIMS

To evaluate and improve compliance against NICE guidelines for laxative co-prescribing and accuracy of nursing stool chart documentation for elderly inpatients receiving regular opioids, against a 100% target standard.

METHODS

A closed-loop audit was conducted across two elderly care wards (Ward 2 and Ward 10). Data were collected from a random sample of 20 patients on regular opioids during Cycle 1 (October–November 2023). Following baseline analysis, multi-modal quality improvement interventions were introduced: Multidisciplinary team (MDT) educational discussions involving nursing staff and ward pharmacists highlighting correct OIC prescribing. Display of educational posters in high-visibility areas on both wards. Dissemination of guidelines via the local Resident Doctor Group. A re-audit (Cycle 2, N=20) was performed six weeks post-intervention to assess change.

RESULTS

Following the intervention, improvement was observed across all three audit standards: Laxative Co-Prescribing: Baseline co-prescribing increased from 90% (n=18) to 95% (n=19) (+5%). Guideline-Compliant Prescribing: Patients prescribed the correct laxative regimen (osmotic plus stimulant, avoiding bulk-forming) improved from 55% (n=11) to 75% (n=15) (+20%). Documentation Accuracy: Accurate nursing stool chart documentation improved from 50% (n=10) to 80% (n=16) (+30%).

CONCLUSION

Targeted MDT collaboration and visual ward-based educational interventions significantly improved compliance with NICE OIC prescribing guidelines and doubled the accuracy of nursing documentation. To sustain these gains, recommendations include incorporating OIC prescribing guidelines into junior doctor induction training, establishing 6-monthly audit cycles, and Trust-wide dissemination of guidance

P026 · Audit or QI

Poster Hall 1 View poster ↗

Audit to evaluate delays in filling out Medical certificates of cause of death

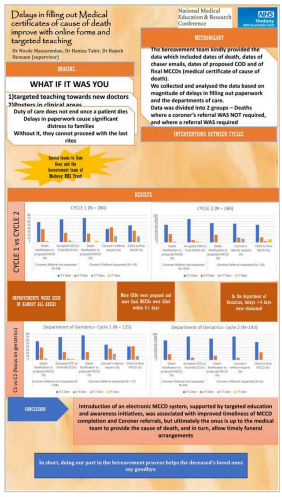
Nicole Mascarenhas, Hamza Tahir

Kent

BACKGROUND

A doctor's duty of care continues after a patient's death until the body leaves the hospital. Following a patient's death, doctors involved in their care receive reminder emails until a proposed Medical Certificate of Cause of Death (MCCD) is submitted. The case is then reviewed by a Medical Examiner (ME), who determines whether the cause of death is acceptable, requires amendment, or should be referred to the Coroner. Delays in completing this process can cause significant distress to bereaved families by delaying funeral arrangements and final rites.

METHOD



The Bereavement Team at Medway Maritime Hospital maintains a database of inpatient deaths, including dates of reminder emails, proposed cause of death, Coroner referrals and final MCCD completion. We analysed the number of working days between the date of death and proposed MCCD, ME acceptance and final MCCD completion, Coroner referral, and CN1A to final MCCD. Cases requiring an inquest or post-mortem were excluded due to unavailable data. Following the first audit cycle, an electronic MCCD system was introduced, allowing approved proposed MCCDs to populate the final certificate. Teaching sessions and awareness posters were also implemented between audit cycles.

RESULTS

Across all specialties, implementation of the electronic MCCD system and targeted educational interventions was associated with improved timeliness of death certification. A greater proportion of proposed and final MCCDs were completed within 0–1 working days, with corresponding reductions in delays of 2–4 and 5–7 working days. Timeliness of Coroner referrals also improved across the trust, with referrals completed within 0–1 working days increasing from 51.7% to 73.0%, while referrals taking 5–7 working days reduced from 13.3% to 4.8%.

CONCLUSION

Introduction of an electronic MCCD system, supported by targeted education and awareness initiatives, was associated with improved timeliness of MCCD completion and Coroner referrals. Streamlining the certification process can minimise avoidable delays, reduce distress for bereaved families, and facilitate timely funeral arrangements.

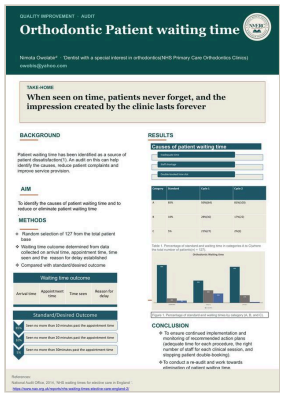
P027 · Audit or QI

Poster Hall 1 View poster ↗

Audit of Orthodontic Patients' Waiting Time

Nimota Owolabi

United kingdom



AIMS

To identify causes of delay To reduce or prevent patient waiting time To eliminate or reduce patient complaints To improve the waiting room experience

METHOD

Random selection of records of 127 patients who attended the clinic for orthodontic appointments in the 6 months before and after the first cycle. Data on their appointment time, arrival time, time seen by clinician, waiting time and reason for delay were collated. These outcomes were recorded in a table as: - Appointment time, Arrival time, Time seen by clinician, Waiting time, Reason for delay Waiting time outcome is compared with the standard. below: -

DESIRED OUTCOME/STANDARD

A. 85% - Seen More than 10 minutes of appointment time B. 10% - Seen More than 20 minutes of appointment time C. 5% - Seen More than 30minutes of appointment time

RESULTS

- Is assessed against the above standards First Cycle • A. More than 10 minutes: 64 out of 127 (50%) • B. More than 20 minutes: 36 out of 127 (28%) • C. More than 30 minutes: 27 out of 127 (21%)

FINDINGS

• Inadequate appointment time booked for some procedures • Double-booked patients • Staff shortage resulting in dental nurses doing scan/x-ray/decontamination

Action Plan: To ensure the right amount of time required for each procedure is booked To reduce the number of double-booked patients To ensure the right number of staff is available for each clinical session To do a re-audit once the recommended changes are implemented

Second Cycle 2nd cycle: - • A. More than 10 minutes: 103 out of 127 (81%) • B. More than 20 minutes: 22 out of 127 (17%) • C. More than 30 minutes: 2 out of 127 (2%)

Summary of cycle 1 to 2(percentage change) A-31% B-11% C-19%

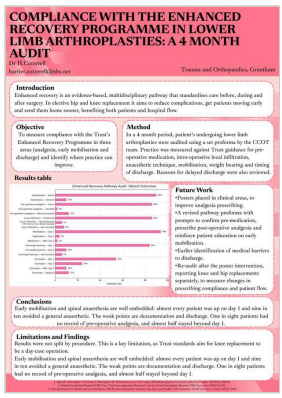
FINDINGS

Waiting time decreased in all three groups (A/B/C). Groups A and B fell short of the expected standard, but Group C exceeded it.

Action Plan- To ensure continued improvement in the identified causes of waiting time.

P028 · Audit or QI

Poster Hall 1 View poster ↗



Compliance with the Enhanced Recovery Programme in Lower Limb Arthroplasty: a four-month audit in elective practice

Harriet Cotterell

Nottingham

Enhanced recovery is an evidence-based, multidisciplinary pathway that standardises care before, during and after surgery, which for lower limb arthroplasties aims to reduce complications, get patients moving early and home sooner, benefiting both patients and hospital flow. The Trust pathway recommends two analgesics as pre-medication on admission, spinal rather than general anaesthesia, multimodal post-operative analgesia with early therapy input to support mobilisation and discharge.The audit assessed compliance of the pathway across analgesia, early mobilisation and discharge to identify where practice could be improved. Patients undergoing elective surgert over 4 months were audited by CCOT using a purpose-designed proforma. Practice was measured against Trust guidance. Patients were aged 50–94 years; 66% were female. Knee replacements made up 58% of procedures and hip replacements 42%. Compliance against each standard is shown below.

ANAESTHESIA Spinal 90%, General 10% PRE-OPERATIVE ANALGESIA Given 86%, Omitted 2%, Not documented 12% LOCAL INFILTRATION Performed 86%, Not performed (4% had a nerve block instead) 6% Not recorded 8% MOBILISATION Day 1 94%, Day 2 4%, After Day 2 2% FULL WEIGHT BEARING Day 1 84%, Day 2 10%, Not recorded 6% DISCHARGE Day 1 54%, Day 2 24%, After Day 2 10%. 12% had documented reasons for delay, such as pulmonary embolism. Results were not split by procedure. This is a key limitation, as Trust standards aim for knee replacement to be a day-case operation. Early mobilisation and spinal anaesthesia are well embedded: almost every patient was up on day 1 and nine in ten avoided a general anaesthetic. The weak points are documentation and discharge. One in eight patients had no record of pre-operative analgesia, and almost half stayed beyond day 1.

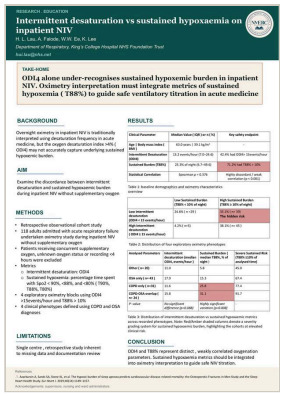
ACTIONS TAKEN AND RECOMMENDED

Posters placed in clinical areas where prescribing takes place, to improve analgesia prescribing. A revised pathway proforma with prompts to confirm pre-medication, prescribe post-operative analgesia and reinforce patient education on early mobilisation. Earlier identification of medical barriers to discharge. Re-audit after the poster intervention, reporting knee and hip replacements separately, to measure changes in prescribing compliance and patient flow.

P029 · Research

Poster Hall 1 View poster ↗

Discordance between intermittent desaturation and sustained hypoxaemia during inpatient NIV for acute hypercapnic respiratory failure



Hui Li Lau, Alexandra Falode, Wei Wei Ee, Kai Lee

London

BACKGROUND

Overnight oximetry during inpatient non-invasive ventilation (NIV) is often interpreted using desaturation frequency, but the oxygen desaturation index ≥4% (ODI4) may not capture sustained hypoxemic burden. Because inpatient NIV is managed on acute medical wards, understanding true hypoxemic burden is vital for patient safety. We examined the discordance between residual intermittent desaturation and sustained hypoxaemia during inpatient NIV in acute hypercapnic respiratory failure.

METHOD

Retrospective observational cohort study included adults with acute hypercapnic respiratory failure undergoing overnight oximetry during inpatient NIV without supplemental oxygen. Patients receiving supplemental oxygen, unknown oxygen status, or recordings <4h were excluded. Intermittent desaturation was assessed using ODI4; sustained hypoxemia via percentage of time with SpO_2 <90%, <88%, <80% (T90%, T88%, T80%). Four exploratory oximetry phenotypes were defined using ODI4 ≥15 events/hour and T88% ≥10%. Recorded COPD and OSA diagnoses defined four clinical phenotypes.

RESULTS

The analysis included 118 patients (median age 63.0 years, BMI 39.1 kg/m^2). Median ODI4 was 13.2 events/hour; 42.4% had ODI4 ≥15 events/hour. Sustained hypoxemic burden was highly prevalent: median T88% was 23.3%; 71.2% had T88% ≥10%. ODI4 correlated weakly to moderately with T88% (Spearman ρ=0.376, p<0.001). Phenotypic distribution showed 24.6% low intermittent/low sustained, 4.2% high intermittent/low sustained, 33.1% low intermittent/high sustained, and 38.1% high intermittent/high sustained burden. Across clinical phenotypes, ODI4 did not differ significantly (p=0.088), whereas T88% differed significantly, with highest sustained hypoxemic burden in COPD-OSA overlap and COPD only groups (p=0.008).

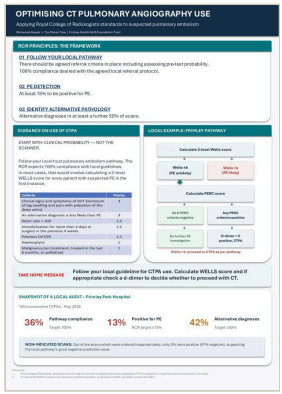
CONCLUSION

During inpatient NIV, ODI4 and T88% describe distinct, non-equivalent oxygenation abnormalities. While subject to the inherent missing data limitations of a retrospective design, these findings provide a robust, real-world snapshot of ward-based NIV. Relying on ODI4 alone significantly under-recognises sustained hypoxemic burden, particularly in COPD and COPD-OSA overlaps. Oximetry interpretation must integrate sustained hypoxemia metrics to guide inpatient ventilatory titration.

P030 · Audit or QI

Poster Hall 1 View poster ↗

CT Pulmonary Angiography: An Audit of Referral Pathway Compliance and Diagnostic Yield Against Royal College of Radiologists Standards



Mohamed Alsaad, Tze Chean Tiew

Frimley

BACKGROUND

CT pulmonary angiography (CTPA) is an important investigation for suspected pulmonary embolism (PE). Appropriate patient selection is essential to minimise unnecessary imaging. Royal College of Radiologists (RCR) standards recommend 100% compliance with agreed local referral protocols, a PE detection rate of 15.4–37.4%, and alternative diagnoses in at least 50% of scans. This audit assessed local compliance and diagnostic yield against these standards.

METHODS

A retrospective audit of 100 consecutive CTPAs performed in May 2026 at a single centre. Referrals were assessed against the local pathway incorporating Wells score, PERC and D-dimer testing. Clinician adherence to the pathway was assessed separately from retrospective assessment of clinical indication. Scan outcomes were categorised as PE, alternative diagnosis or no significant diagnosis.

RESULTS

Only 36% (36/100) of referrals demonstrated adherence to the local pathway, falling short of the 100% RCR standard. Retrospective assessment found that 67% (67/100) of scans were clinically indicated. PE was identified in 12/67 (18%) of indicated scans, meeting the RCR diagnostic yield target, compared with 1/33 (3%) of non-indicated scans. Overall PE detection was 13% (13/100). Alternative diagnoses were identified in 42% of scans, below the RCR target of at least 50%.

CONCLUSION

Although PE detection among indicated scans met RCR standards, referral pathway adherence was poor and alternative diagnostic yield was below target. Interventions included introducing an electronic smart phrase to facilitate Wells score calculation and delivering teaching to the foundation doctor cohort. A subsequent re-audit will assess their impact on referral compliance and diagnostic yield.

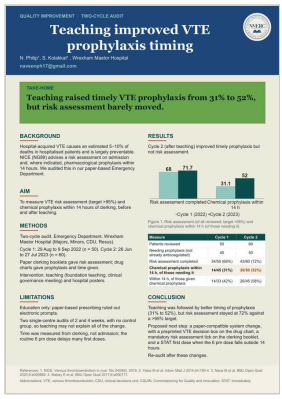
P031 · Audit or QI

Poster Hall 1 View poster ↗

Review of VTE Prophylaxis and Risk Assessment in A&E at Wrexham Maelor Hospital -

Naveen Philip, Shabeer Kolakkat

Frimley



NUMBER OF CYCLES

2 Data for this review was collected from Majors, Minors, CDU and RESUS patients' case folders in A&E – specifically the clerking booklets which contains the VTE risk assessment questionnaire and the drug chart which contains the VTE prophylaxis and the time it was given.

PARAMETERS

Time frame: June 26 2023 – July 27 2023 (4 weeks) Total number of patients followed up: 60 Total number of patients VTE risk assessment done: 43 Total number of patients who need VTE prophylaxis: 50 Total number of patients who received chemical VTE Prophylaxis in 14 hours of time after Clerking: 26 Total number of patients who received VTE Prophylaxis >14hours of time after Clerking: 19

INTERVENTION UNDERTAKEN

Educational - multiple teaching sessions taken to educate regarding need for timely VTE px prescription including presentation in Clinical governance meeting, weekly AMU teaching and weekly respiratory teaching. Furthermore posters were put up in all areas with medical personnel including ED where most of clerking takes place emphasising need for timely VTE prophylaxis prescription.

CONCLUSION

28% of all patients did not have the VTE risk assessment done- previously was 32%

58% of eligible patients received Pharmacological prophylaxis within the 14 hours of admission as recommended by the NICE guidelines. Previously was 42%

RESULT

We have been able to demonstrate noticeable positive change in practice in VTE prophylaxis prescription as result of the educational intervention.

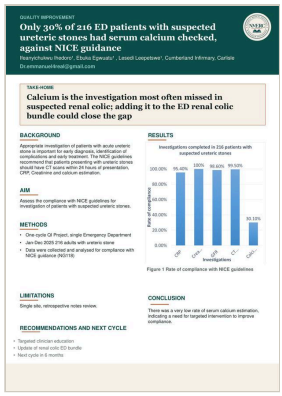
P032 · Audit or QI

Poster Hall 1 View poster ↗

Assessment of adherence to NICE guidelines in the investigation of suspected ureteric stones in the Emergency department

Ifeanyichukwu Ihedoro, Ebuka Egwuatu, Lesedi Leepetswe

Carlisle



BACKGROUND

Ureteric stone is a common cause of flank pain resulting in presentation to the Emergency Department. Timely and accurate assessment of these patients is crucial because of the potential risk of complications. The NICE guideline recommends CT KUB within 24hours of presentation, and blood investigations (Creatinine, CRP, WBC, Calcium, urate) at presentation for patients with suspected renal colic.

METHOD

A retrospective clinical audit was conducted involving 216 patients who presented to the Emergency department at Cumberland infirmary and West Cumberland Hospital between January 1 and December 31, 2025. Patients' data were reviewed to obtain information on patients' age, sex, size of stone, position of stone, WBC, CRP, Creatinine, eGFR, Calcium, time of CT scan from presentation. We assessed the adherence to recommended investigations against the NICE guidelines.

RESULTS

99.5% of patients had CT scan within 24hours of presentation. Serum creatinine, CRP, and eGFR were assessed in 100%, 95.4%, and 98.6% of the patients respectively. Serum calcium was assessed in only 30.1% of patients, representing the lowest compliance with national guidelines

CONCLUSION

There was a generally high adherence to national guidelines, particularly for timely CT KUB imaging and creatinine evaluation. However, there was a very low rate of serum calcium testing, indicating a need for targeted intervention to improve compliance.

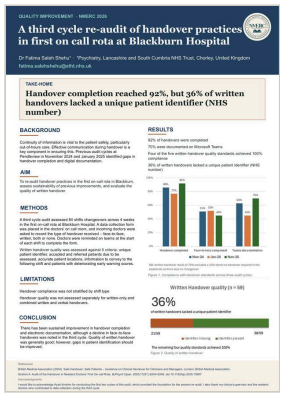
P033 · Audit or QI

Poster Hall 1 View poster ↗

Third-Cycle Re-audit of Handover Practice in the Resident Doctors' First On-call Rota

Fatima Saleh Shehu

North West



BACKGROUND

Effective handover is essential for continuity and patient safety. Previous audit cycles at Pendleview in November 2024 and January 2025 identified gaps in handover completion and digital documentation. This third-cycle re-audit assessed current practice and whether improvements had been sustained.

AIM

To evaluate compliance with handover standards, assess written handover quality and identify areas requiring further improvement.

METHOD

A retrospective audit reviewed 84 shift handovers over 28 days at Pendleview. Data were compared with the November 2024 baseline and January 2025 second cycle. Handover format, completion, Teams documentation and written handover content were assessed.

RESULTS

Handover completion when required was 92%, compared with 86% at baseline and 77% in January 2025. A face-to-face component was present in 45% of third-cycle handovers (12% face-to-face only; 33% combined face-to-face and written), while 37% were written only. Seven handovers (8%) did not occur, while eight (10%) were not required due to the same doctor covering consecutive weekend shifts. Teams documentation compliance was 80%, including weekend exemptions, compared with 63% at baseline and 45% in January 2025. Of 59 handovers with a written component, 21 (36%) lacked a unique patient identifier. Although handovers were judged sufficient for task continuity, one case contained incorrect patient initials. Two reported occasions highlighted locum doctors missing written handovers because they lacked access to relevant Teams channels.

CONCLUSION

Third-cycle findings suggest improved handover completion and digital documentation compared with January 2025, although differences in reporting and denominators should be considered. Persistent gaps in patient identification and locum access highlight ongoing risks to reliable information transfer. Recommendations include mandatory unique patient identifiers, consistent electronic recording of all handovers, clear documentation when there is nothing to hand over, and ensuring locum access to relevant Teams channels. Continued monitoring and re-audit are recommended.

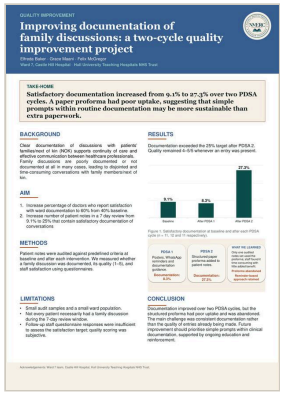
P037 · Audit or QI

Poster Hall 2 View poster ↗

Improving Documentation of Family/NOK Discussion: A Two-Cycle Quality Improvement Project

Grace Ann Maani

Hull



BACKGROUND

Clear documentation of discussion with patients' families/next of kin (NOK) supports continuity of care and effective communication between healthcare professionals. On our ward, they are poorly documented or not at all documented in many cases, leading to disjointed and repetitive conversations with families. We aimed to increase satisfactory documentation of family discussions from 9.1% at baseline to at least 25%, and to improve doctors' satisfaction with ward documentation from 40% to 60%.

METHODS

Patient notes were audited at baseline and following each intervention to assess frequency and subjective quality of documentation. Doctor satisfaction was also assessed using questionnaires pre and post intervention. Two Plan-Do-Study-Act (PDSA) cycles were undertaken. PDSA 1 introduced education and awareness using posters, WhatsApp reminders and documentation guidance. Following limited improvement, PDSA 2 introduced a printed structured proforma within patient notes.

RESULTS

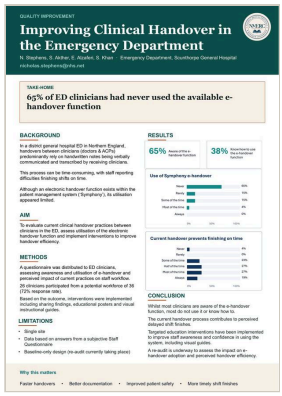
At baseline, satisfactory documentation was identified in 1/11 (9.1%) patient notes. Following PDSA 1, this remained largely unchanged at 1/12 (8.3%). Following PDSA 2, it increased to 3/11 (27.3%), exceeding the target of 25%. A dedicated proforma was trialled during second PDSA cycle; however uptake was limited, with only one audited set of notes containing a proforma. Staff feedback (doctor and nurses) identified the proforma as time-consuming with no perceived additional benefit. When documentation present, quality remained >4-5/5. Follow up questionnaire responses were insufficient to assess change in doctor satisfaction.

CONCLUSION

Documentation of family discussions improved over two PDSA cycles, although the structured proforma itself had poor uptake and was subsequently abandoned. This suggested that the main challenge was achieving consistent documentation rather than improving the quality of entries already being made. Future improvement should focus on simple documentation strategies embedded within existing clinical workflows, supported by ongoing education and reinforcement. Interpretation was limited by the small ward size and audit sample.

P038 · Audit or QI

Poster Hall 2 View poster ↗



Improving Clinical Handover Efficiency in the Emergency Department: Addressing Barriers to Electronic Handover Adoption

Nicholas Stephens, Sonia Akther, Eesa Alzaferi, Sadia Khan

East Yorkshire/Northern Lincolnshire

BACKGROUND

Clinical handover is essential for maintaining continuity of patient care. Within the Emergency Department (ED), frequent staff rotations and unpredictable workloads make efficient handover particularly important. In a district general hospital ED in Northern England, handovers between clinicians (doctors & ACPs) predominantly rely on handwritten notes being verbally communicated and transcribed by receiving clinicians. This process can be time-consuming, with staff reporting difficulties finishing shifts on time. Although an electronic handover function exists within the patient management system, its utilisation appeared limited.

AIM

To evaluate current clinical handover practices between clinicians in the ED, assess utilisation of the electronic handover function and implement interventions to improve handover efficiency.

METHODS

A questionnaire was distributed to ED clinicians, assessing awareness and utilisation of electronic handover and the perceived impact of current practices on staff workflow. Twenty-six clinicians participated from a potential workforce of 36 (72% response rate). Following analysis, interventions included disseminating audit findings, displaying educational posters and providing visual instructional guides demonstrating how to use the electronic handover function.

RESULTS

Although 65% of respondents were aware of the electronic handover function, only 38% knew how to use it. Just 4% reported using it most of the time, whilst 65% had never used it. Furthermore, 73% reported that the existing handover process prevented them from finishing their shifts on time at least half of the time, with 19% experiencing this consistently.

CONCLUSION

The audit identified significant underutilisation of an available electronic handover resource and perceived inefficiencies in existing handover practices. Targeted educational interventions were implemented to improve staff awareness and confidence in using the system. Re-audit is underway to assess their impact on electronic handover adoption and perceived efficiency. Improving adoption has the potential to enhance continuity and safety of patient care and support staff wellbeing through more efficient clinical handovers.

PINK POSTERS · INFECTION, CANCER & SKIN · STATIONS P039–P067

P039 · Poster

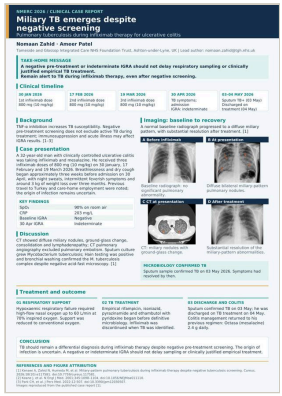
Poster Hall 2

View poster ↗

Miliary-Pattern Pulmonary Tuberculosis During Infliximab Therapy Despite Negative Tuberculosis Screening

Nomaan Zahid, *Ameer Patel*

Tameside and Glossop Integrated Care NHS Foundation Trust



BACKGROUND

Infliximab increases susceptibility to tuberculosis (TB). Negative pre-treatment screening does not exclude active disease when new symptoms develop. This case illustrates the importance of investigating TB despite negative or indeterminate screening results.

METHOD

We describe the presentation, investigations, treatment and outcome of a 32-year-old man with ulcerative colitis receiving infliximab and mesalazine. Investigations included chest imaging, QuantiFERON-TB testing, sputum culture, molecular testing and bronchial washing.

RESULTS

The patient presented with progressive breathlessness, dry cough, night sweats and weight loss. Pre-treatment QuantiFERON-TB screening was negative and baseline chest radiography was unremarkable. He developed severe hypoxaemic respiratory failure requiring high-flow nasal oxygen at 60 L/min with 70% inspired oxygen. Imaging demonstrated diffuse bilateral miliary nodularity, ground-glass opacities, consolidation and thoracic lymphadenopathy. Pulmonary embolism was excluded and repeat QuantiFERON-TB results were indeterminate. Despite negative sputum microscopy for acid-fast bacilli, clinical and radiological suspicion prompted empirical rifampicin, isoniazid, pyrazinamide and ethambutol with pyridoxine. Infliximab was withheld. Sputum culture identified Mycobacterium tuberculosis, with molecular testing and bronchial washing providing further confirmation. Respiratory support was reduced to conventional oxygen. Follow-up radiography showed substantial improvement and the patient reported symptomatic improvement without unwanted treatment effects.

CONCLUSION

Negative or indeterminate QuantiFERON-TB results should not delay investigation for active TB in symptomatic patients receiving infliximab. Clinical assessment, imaging and respiratory microbiological sampling are essential. Empirical treatment may be justified in severe illness when suspicion is high while confirmation is awaited. Ongoing vigilance for TB remains essential throughout anti-TNF therapy.

P040 · Audit or QI

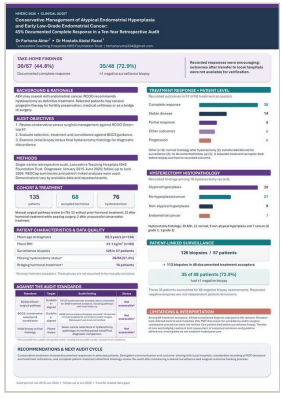
Poster Hall 2

View poster ↗

Audit of Conservative Management of Atypical Endometrial Hyperplasia and Early Low-Grade Endometrial Cancer

Farhana Akter, *Mostafa Abdel Rasol*

Lancashire Teaching Hospital NHS Trust Foundation



BACKGROUND

Atypical endometrial hyperplasia (AEH) is a premalignant condition associated with concurrent endometrial carcinoma. Although hysterectomy is definitive treatment, conservative management may be appropriate for women seeking fertility preservation or unsuitable for surgery. This audit evaluated hormonal management, surveillance and outcomes in AEH and low-grade endometrial cancer against RCOG and BGCS guidance.

METHODS

A retrospective audit was conducted at Lancashire Teaching Hospitals NHS Foundation Trust. Patients diagnosed with AEH or early-stage low-grade endometrial cancer between January 2015 and June 2025 were included, with follow-up until June 2026. Data included treatment acceptance, hormonal therapy, surveillance biopsies, treatment response and hysterectomy outcomes.

RESULTS

Of 135 patients, 68 (50.4%) accepted hormonal treatment. Outcomes were recorded for 67: complete response in 30 (44.8%), partial response in nine (13.4%), stable disease in 14 (20.9%), progression in six (9.0%) and other outcomes in eight (11.9%). Overall, 126 surveillance biopsies were recorded across 57 patients; 113 biopsies belonged to 48 patients with documented treatment acceptance. Of these 48 patients, 35 (72.9%) had at least one biopsy showing no hyperplasia or malignancy, representing 86 histologically negative assessments. Hysterectomy status was missing for 39 treated patients, while 18 received bridging hormonal therapy before planned hysterectomy.

CONCLUSION

Hormonal treatment was accepted by approximately half the cohort, with complete response recorded in 30 patients. Patient-linked analysis distinguished repeated biopsies from individual responses. Incomplete documentation and inclusion of bridging therapy limit estimation of definitive conservative-management remission rates. Improved pathway documentation and surveillance assessment are needed to evaluate adherence to national guidance.

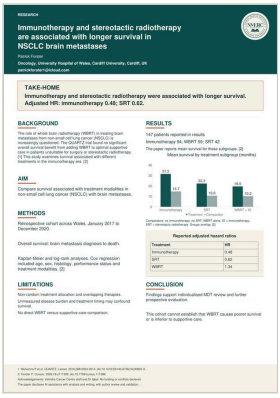
P041 · Research

Poster Hall 2 View poster ↗

Re-evaluating the Role of Whole Brain Radiotherapy for Brain Metastases From Non-small Cell Lung Cancer in the Immunotherapy Era

Patrick Forster

Cardiff



BACKGROUND

The role of whole brain radiotherapy (WBRT) in non-small cell lung cancer (NSCLC) brain metastases is increasingly debated in the era of immunotherapy, with much research suggesting that its use provides little benefit for this cohort of patients.

METHODS

A retrospective cohort study included patients diagnosed with NSCLC and brain metastases (2017-2020, n=147). Kaplan-Meier survival analysis and multivariate Cox proportional hazards regression were performed, and a two-tailed p-value of <0.05 was considered statistically significant.

RESULTS

Median survival was 9.7 months, with average survival being 15.9 months from the time of diagnosis. Patients who received immunotherapy lived for 31.5 months, while those who did not lived for 14.7 months. Patients who received WBRT + immunotherapy lived an average of 19.5 months, and those who received WBRT lived an average of 10.2 months. Immunotherapy (hazard ratio (HR) 0.48, p<0.001) and stereotactic radiotherapy (SRS) (HR 0.62, p<0.001) were independently associated with improved survival. WBRT alone was associated with poorer outcomes.

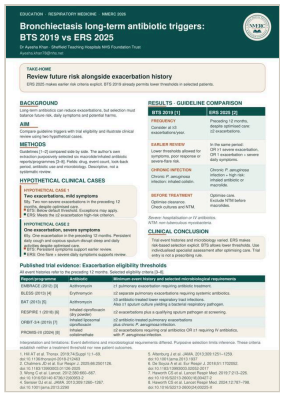
CONCLUSION

WBRT alone provides limited benefit; immunotherapy and SRS improve survival and should be prioritised in future clinical practice.

P042 · Research

Poster Hall 2 View poster ↗

Comparing Explicit Long-Term Antibiotic Consideration Triggers in BTS 2019 and ERS 2025 Bronchiectasis Guidance: A Synthetic Vignette Exercise



Ayesha Khan
Sheffield, UK

BACKGROUND

BTS 2019 recommends considering long-term antibiotics after three or more annual exacerbations, with explicit exceptions allowing lower thresholds in selected patients. ERS 2025 emphasises personalised future exacerbation risk, including severe symptoms and lower exacerbation counts.

OBJECTIVE

To compare which synthetic vignettes meet two explicitly prespecified simplified indicators of specialist review, without treating those indicators as complete clinical prescribing algorithms. We enumerated 16 fictional adult bronchiectasis profiles combining annual exacerbations (0–3), daily symptom severity (low/severe) and chronic Pseudomonas aeruginosa infection (yes/no). Every exacerbation was defined as non-severe (neither requiring hospitalisation nor intravenous antibiotics). The BTS 2019 model flagged the guideline's default frequency recommendation (at least three annual exacerbations); the ERS 2025 model flagged two or more exacerbations or one exacerbation with severe daily symptoms. The BTS exceptions, severe exacerbations, and other clinical risk factors were not represented by these binary rules.

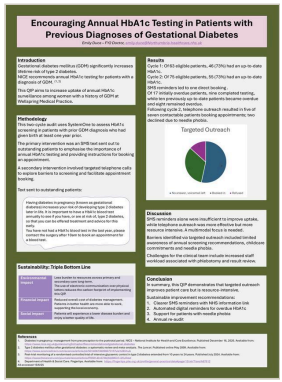
RESULTS

4/16 profiles met the chosen BTS default numerical indicator and 10/16 met the selected ERS risk indicator; six additional synthetic profiles were flagged under the prespecified ERS binary model. These differences reflect the constructed rules and are not estimates of differential treatment recommendations in practice. Different selected indicators generate different results in a balanced artificial scenario grid. These counts are mathematical consequences of prespecified rules, not observed patient proportions, treatment recommendations or evidence that BTS 2019 would exclude the additional profiles. The exercise illustrates guideline interpretation and its limitations; it requires substantial methodological development before being claimed as original research. Suggested keywords: bronchiectasis; clinical practice guidelines; preventive antibiotics; exacerbations; scenario analysis.

P043 · Audit or QI

Poster Hall 2 View poster ↗

Encouraging Annual HbA1C Testing in Women with Previous Diagnoses of Gestational Diabetes Mellitus



Emily Duce
Northern

BACKGROUND

Gestational diabetes mellitus (GDM) increases the lifetime risk of type 2 diabetes in women, and national guidance recommends annual HbA1c testing for surveillance. This QIP aims to increase uptake of annual HbA1c monitoring to detect pre-diabetes and diabetes in women with a history of GDM at Wellspring Medical Practice. According to NICE guidelines, patients with a diagnosis of GDM should be offered an annual HbA1c test.

METHODS

This two-cycle audit used SystemOne to assess annual HbA1c screening in patients with previous GDM, at least one year postpartum. Between cycles, SMS reminder emphasised the importance of screening and provided booking instructions. A subsequent intervention involved targeted telephone calls to explore barriers to screening and facilitate appointment booking.

RESULTS

Cycle 1: Of 63 eligible patients, 46 (73%) had an up-to-date HbA1c. Cycle 2: Of 75 eligible patients, 55 (73%) had an up-to-date HbA1c. SMS reminders led to one direct booking. Of 17 initially overdue patients, nine completed testing, while ten previously up-to-date patients became overdue and eight remained overdue. Following cycle 2, telephone outreach resulted in five of seven contactable patients booking appointments; two declined due to needle phobia.

CONCLUSION

SMS reminders alone were insufficient to improve uptake, while telephone outreach was more effective but more resource intensive. Barriers included limited awareness of annual screening recommendations, childcare commitments and needle phobia. Recommendations include clearer SMS reminders with NHS links, automated prompts for overdue tests, support for needle phobia and annual re-audit. Sustainable improvement requires regular digital reminders, targeted outreach and patient education.

P044 · Audit or QI

Poster Hall 2 View poster ↗



Comparison of Mismatch Repair (MMR) Deficiency Rates in Colorectal Cancer Across Two Hospital Sites and National Data

Evelyn Chuo, Supipi Karunarathne, Arsh Gupta

London

BACKGROUND

Mismatch repair (MMR) is a DNA repair mechanism that corrects errors occurring during DNA replication. Within NHS England, NICE guidelines state that all newly diagnosed colorectal cancers should be tested for MMR deficiency. MMR testing in colorectal cancer, i.e., identifying whether tumours are MMR-deficient or MMR-proficient, guides decisions on immunotherapy and chemotherapy, screens for inherited Lynch syndrome, and helps inform patients' prognosis.

Comparing MMR deficiency rates across hospital sites and with national data can provide service-specific benchmarks for quality assurance. This study aimed to compare MMR deficiency rates at two hospital sites, Princess Royal University Hospital (PRUH) and King's College Hospital (KCH), with published national estimate.

METHODS

A retrospective, descriptive review was conducted of colorectal cancer cases over a six-month period at PRUH (n=51) and KCH (n=37) in 2026. The proportions of MMR-deficient and MMR-proficient cases were compared between the two sites and against published national estimate from NHS England.

RESULTS

MMR deficiency was identified in 16% of cases at both PRUH and KCH, compared with the published estimate of 15%. Correspondingly, MMR proficiency rates were 84% at each hospital site.

CONCLUSION

Observed MMR deficiency rates were similar across PRUH, KCH, and the published national estimate, providing a useful local benchmark for colorectal cancer pathology services. These findings provide a foundation for future quality assurance work evaluating MMR testing completeness and adherence to relevant guidance. Further assessment is required to determine whether the observed similarity in deficiency rates reflects consistent testing practice in colorectal cancer.

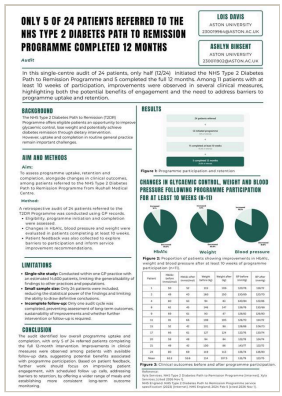
P045 · Audit or QI

Poster Hall 2 View poster ↗

To what extent does the NHS Type 2 Diabetes Path to Remission Programme improve diabetic control

Lois Davis, Ashlyn Binsent

Aston (Birmingham)


ONLY 5 OF 24 PATIENTS REFERRED TO THE NHS TYPE 2 DIABETES PATH TO REMISSION PROGRAMME COMPLETED 12 MONTHS

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Audit

In this single-centre audit of 24 patients, only half (12/24) initiated the NHS Type 2 Diabetes Path to Remission Programme and 5 completed the full 12 months. Among 11 patients with at least 10 weeks of participation, improvements were observed in several clinical measures, highlighting both the potential benefits of engagement and the need to address barriers to programme uptake and retention.

BACKGROUND

The NHS Type 2 Diabetes Path to Remission (T2DR) Programme offers eligible patients an opportunity to improve glycaemic control, lose weight and potentially achieve diabetes remission through dietary intervention. However, uptake and completion in routine general practice remain important challenges.

AIM AND METHODS

Aim:

To assess programme uptake, retention and completion, alongside changes in clinical outcomes, among patients referred from Rushall Medical Centre's Path to Remission Programme.

Method:

A retrospective audit of 24 patients referred to the T2DR Programme was conducted using GP records.

- Eligibility, programme initiation and completion were assessed.
- Changes in HbA1c, blood pressure and weight were evaluated in patients completing at least 10 weeks.
- Patient feedback was collected to explore barriers to participation and inform service improvement recommendations.

LIMITATIONS

- **Single-site study:** Conducted within one GP practice with an estimated 14,000 patients, limiting the generalisability of findings to other practices and populations.
- **Small sample size:** Only 24 patients were included, reducing statistical power for subgroup and trending and limiting the ability to draw definitive conclusions.
- **Incomplete follow-up:** Only one audit cycle was completed, preventing assessment of long-term outcomes, sustainability of improvements and whether further intervention or follow-up is required.

CONCLUSION

The audit identified low overall programme uptake and completion, with only 5 of 24 referred patients completing the full 12-month intervention. Improvements in clinical measures were observed among those with sufficient follow-up data, suggesting potential benefits associated with programme participation. Based on patient feedback, future delivery may benefit from earlier patient engagement, with scheduled follow-up calls, addressing barriers to retention, by offering a wider range of meals and establishing more consistent long-term outcome monitoring.

RESULTS

Figure 1: Programme participation and retention

CHANGES IN GLYCAEMIC CONTROL, WEIGHT AND BLOOD PRESSURE FOLLOWING PROGRAMME PARTICIPATION FOR AT LEAST 10 WEEKS (N=11)

HbA1c Weight Blood pressure

Figure 2: Proportion of patients showing improvement in HbA1c, weight and blood pressure after at least 10 weeks of programme participation (n=11).

Patient	HbA1c before (mmol/mol)	HbA1c after (mmol/mol)	Weight before (kg)	Weight after (kg)	BP before (mmHg)	BP after (mmHg)
1	86	42	89.5	84	136/78	126/74
2	79	38	97.2	90.1	142/85	130/79
3	91	51	84	81	129/76	122/72
4	72	35	101	97	138/82	124/70
5	88	41	92.4	87	131/77	119/73
6	95	46	108	101	145/88	132/80
7	83	40	95	89	134/79	126/75
8	77	36	87	83	127/74	118/69
9	90	44	99	94	140/84	128/77
10	85	43	103	96	143/87	131/81
11	74	37	91	86	133/80	121/72
mean	83	41	95	89	137/81	125/75

Figure 3: Clinical outcomes before and after programme participation.

Data from the NHS Type 2 Diabetes Path to Remission Programme (internal). Ajith Kumar et al. (2021) Diabetes Remission Clinical Trial (DiRECT). Lancet 398(10313):1677–1686. NHS England (2024) Path to Remission Programme service specification (2024). [Internet]. NHS England; 2024 [cited 2026 Nov 1].

AIM

To evaluate programme uptake, completion and associated clinical outcomes among patients referred from Rushall Medical Centre, identifying barriers to participation and opportunities to improve the service.

METHOD

A retrospective audit of 24 patients referred to the T2DR Programme was conducted using general practice records. Eligibility, programme initiation and completion were assessed. Changes in HbA1c, blood pressure, cholesterol, non-HDL cholesterol, weight and BMI were evaluated in patients completing at least 10 weeks. Patient feedback was also collected to explore barriers to participation and inform service improvement recommendations.

RESULTS

Only 21% of referred patients completed the full 12-month programme, while 41% did not start. Among patients completing at least 10 weeks, the average HbA1c reduction was 9.4 mmol/mol, with an average weight loss of 6.5 kg and BMI reduction of 1.89 kg/m^2. Systolic blood pressure decreased by an average of 10.7 mmHg, and patients generally experienced improvements in cardiovascular risk markers and reduced medication requirements. Remission rates could not be reliably established because follow-up HbA1c data were incomplete. Patient feedback identified barriers including insufficient information before referral, inconvenient coaching call times and limited meal replacement options.

CONCLUSION

The T2DR Programme was associated with clinically meaningful improvements among participating patients, despite low overall completion. Providing clearer pre-referral information, flexible coaching appointments, more frequent follow-up and greater dietary choice may improve engagement and completion. More consistent follow-up data collection is essential to evaluate long-term outcomes and remission rates.

P046 · Poster

Poster Hall 2 View poster ↗

A systematic review on pneumococcal, influenza, tetanus and shingles vaccine immunogenicity in patients with SLE taking belimumab or rituximab

Manraj Singh Chohan, Gaura Navakumar, Krishika Balakrishnan, Siddarth Sasindran, Deepak Nagra

Good Hope Hospital, Birmingham

Patients with systemic lupus erythematosus (SLE) receiving immunosuppressive therapies have an increased risk of infection, particularly when vaccinated. Inactivated vaccines such as pneumococcal, influenza, tetanus and shingles remain recommended. We systematically reviewed how certain immunosuppressive therapies influence vaccine immunogenicity and the immune response in patients with SLE.

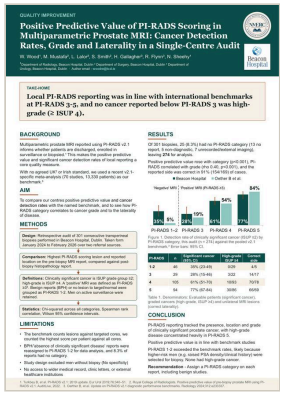
We searched MEDLINE, Embase, and the Cochrane Library from inception to 1 October 2025. Randomised controlled trials and prospective/retrospective cohort studies evaluating pneumococcal, influenza, tetanus and shingles vaccine responses in adults with SLE were eligible. The primary outcome was vaccine immunogenicity, defined by study-specific criteria, mainly seroprotection, with seroconversion considered. We assessed risk of bias using the Newcastle-Ottawa Scale for observational studies and the Cochrane risk-of-bias tool for randomised trials. The review followed PRISMA guidance.

Pneumococcal vaccine responses were generally preserved in SLE patients, including those receiving belimumab and conventional immunosuppressants. At four weeks, 97% of patients vaccinated before belimumab and 97.6% vaccinated during concurrent treatment responded to ≥1 pneumococcal serotype. However, response lasted only 12 months on average. Influenza immunogenicity varied. Seroconversion occurred in 94% of placebo-treated patients, compared with 96% and 100% among those receiving belimumab 1 mg/kg and 10 mg/kg, respectively. In studies of SLE patients not receiving biologics, influenza responses were lower and were associated with disease activity, lymphopenia and immunosuppressive treatment. Evidence on rituximab was limited for pneumococcal and influenza immunogenicity. No studies directly evaluated shingles vaccine responses in patients receiving belimumab and rituximab.

Vaccine immunogenicity appears broadly preserved in SLE, including during belimumab therapy, although immunosuppression and disease activity may affect response magnitude and durability. Evidence for rituximab and shingles vaccination remains limited, highlighting important gaps for further drug-specific research.

P047 · Audit or QI

Poster Hall 2 View poster ↗



Positive Predictive Value of PI-RADS Scoring in Multiparametric Prostate MRI: Cancer Detection, Grade and Laterality in a Single-Centre Audit

William Wood, M. Mustafa, L. Lalor, S. Smith, N. Sheehy

Dublin, Ireland

INTRODUCTION

Multiparametric prostate MRI (mpMRI) reported with PI-RADS v2.1(1) informs whether patients are discharged, re-imaged or biopsied, making the positive predictive value of local reporting a core quality metric. With no nationally agreed standard in the UK(2) or Ireland, we compared our centre's values with a version 2.1-specific meta-analysis(3), and examined cancer grade and laterality concordance.

METHODS

Retrospective single-centre audit of 301 consecutive transperineal prostate biopsies over two years. The highest PI-RADS score and reported laterality from the pre-biopsy mpMRI were compared with histopathology. Clinically significant cancer (csPCa) was ISUP grade group 2 or above, high-grade cancer grade group 4 or above. Patients scored PI-RADS 2 to 5 with documented histology were evaluable; those under surveillance were retained. Analyses used chi-squared and Wilson confidence intervals.

RESULTS

No PI-RADS category was assigned in 69/301 reports (22.9%), leaving 231 evaluable patients. Positive predictive value for csPCa was 26% (7/27; 95% CI 13–45%) for PI-RADS 3, 61% (64/105; 95% CI 51–70%) for PI-RADS 4 and 76% (69/91; 95% CI 66–83%) for PI-RADS 5, rising across categories (p<0.001); pooled benchmark detection rates are 19%, 54% and 84% respectively3. High-grade cancer was found in 34% (28/83) of PI-RADS 5 compared with 11% (12/112) of PI-RADS 3 or 4 (p<0.001). Among 174 patients with a unilateral MRI lesion, the reported side was involved at pathology in 91% (159/174), rising with PI-RADS category (82%, 90%, 96%).

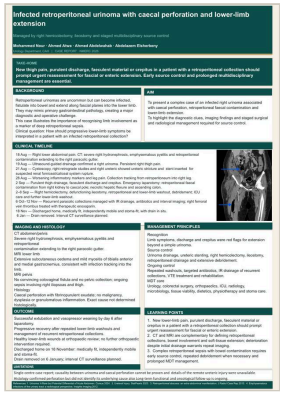
CONCLUSION

PI-RADS reporting predicted the presence, grade and laterality of clinically significant cancer, with high-grade disease concentrated in PI-RADS 5. Local values were consistent with the benchmark at PI-RADS 3 and 4, and slightly lower at PI-RADS 5. Comparison is indirect: the benchmark counts lesions against targeted cores, whereas this audit counted the highest score per patient against whole-biopsy histology.

P048 · Poster

Poster Hall 2 View poster ↗

Infected retroperitoneal urinoma with caecal perforation, retroperitoneal contamination, and lower-limb extension



Mohammed Mohammednour, Ahmed Atwa, Abdelazem Elsherbeny, Ahmed Abdelwahab

Northern Ireland

BACKGROUND

Retroperitoneal urinomas are uncommon and may become infected, associate with colonic perforation, and extend along fascial planes into the lower limb.

CASE

A 47-year-old woman with a hysterectomy complicated by ureteric injury 20 years earlier presented with right lower abdominal pain. CT showed right hydronephrosis, emphysematous pyelitis, and retroperitoneal contamination extending to the right paracolic gutter. Ultrasound-guided drainage confirmed a right urinoma. Despite drainage and right ureteric stenting for suspected pelvic caliceal system rupture, she developed progressive leg pain, purulent thigh discharge, faeculent material, and crepitus. Laparotomy found retroperitoneal faecal contamination from the right kidney to the caecal pole, with extension into the thigh, knee, and calf, and necrosis of the hepatic flexure and ascending colon. She underwent right hemicolectomy, ileostomy, and extensive washout and debridement. Histology confirmed caecal perforation without malignancy or granulomatous inflammation. MRI pelvis excluded a colovaginal fistula. She needed prolonged intensive care, repeated lower-limb washouts, antibiotic therapy, and interventional drainage of recurrent collections.

OUTCOME

She improved gradually and was discharged home on day 92, medically fit, independently mobile, and stoma-fit. Her drain was removed on 6 January, with planned interval CT surveillance.

LEARNING POINT

New lower-limb pain, purulent discharge, faeculent material, or crepitus in a patient with a retroperitoneal collection should prompt urgent reassessment and CT to exclude fistulating bowel extension; early source control and prolonged multidisciplinary management are essential

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P067 · Service evaluation

Poster Hall 2 View poster ↗

Is Routine CT Chest Imaging Necessary in Prostate Cancer Staging? A Retrospective Analysis of 310 Patients



Tagelsir Saeed, Oluseyi Harold Ogunfusika

INTRODUCTION

Prostate cancer is the most commonly diagnosed malignancy among men worldwide. Staging investigations play a key role in determining disease extent and guiding management. However, the value of routine CT chest imaging in the staging of prostate cancer remains uncertain.

METHODOLOGY

Using the Somerset database, all patients diagnosed with prostate cancer in 2023 were identified. A total of 310 cases were included and analysed. Patients were classified according to their Gleason grade and clinical stage. Those with localized disease who underwent staging investigations were reviewed, and the metastatic pattern in patients presenting with de novo metastatic disease was evaluated.

RESULTS

Among the 310 patients, 147 (47%) underwent staging investigations. No cases of isolated pulmonary metastases were identified. The overall incidence of metastatic disease was low, with only two patients found to have bone metastases on staging. Thirty-six patients presented with de novo metastatic disease, the majority with isolated bone involvement. None demonstrated isolated chest metastases.

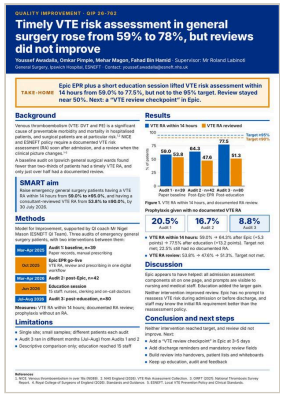
CONCLUSION

No cases of isolated chest metastases were identified in either localized or de novo metastatic prostate cancer. CT chest imaging provided no additional diagnostic information in the staging of localized disease and could potentially be omitted, particularly in patients with metastatic disease who are not suitable for systemic therapy beyond androgen deprivation. However, applying this approach in clinical practice may be challenging, as oncologists often wish to assess the volume and distribution of metastatic lesions to guide treatment planning.

ORANGE POSTERS · SURGERY · STATIONS P049–P060

P049 · Audit or QI

Poster Hall 2 View poster ↗



A Two-Cycle Quality Improvement Project to Improve VTE Prophylaxis Compliance in General Surgery

Youssef Awadalla, Omkar Pimple

Ipswich Hospital

BACKGROUND

Venous thromboembolism (VTE) is an important cause of preventable morbidity and mortality in hospitalised patients. Surgical patients are particularly vulnerable due to immobility, the physiological stress response to surgery and underlying comorbidities. National and local guidance recommends timely VTE risk assessment (VTE RA), appropriate prophylaxis and reassessment following significant changes in clinical condition. A baseline audit of emergency General Surgery patients at Ipswich Hospital identified suboptimal compliance, with only 59.0% receiving a VTE RA within 14 hours of admission and 53.8% having a documented subsequent review.

METHODS

A Quality Improvement Project was undertaken using the Model for Improvement methodology. The project aimed to increase VTE RA completion within 14 hours from 59.0% to ≥95.0%, and documented VTE RA review from 53.8% to ≥90.0%. Following implementation of the Epic electronic patient record (EPR) in October 2025, a first post-intervention audit of 42 patients was undertaken in March–April 2026. Educational intervention was subsequently delivered to 15 members of the multidisciplinary team, including nursing staff, clerking doctors & the on-call team. A second audit of 80 patients was conducted during July–August 2026.

RESULTS

Timely VTE RA completion increased from 59.0% at baseline to 64.3% following implementation of Epic and subsequently to 77.5% following staff education. Although this represented an overall improvement of 18.5 percentage points, the target of ≥95.0% was not achieved. Documented VTE RA review did not improve, decreasing from 53.8% at baseline to 51.3% following the interventions, remaining substantially below the ≥90.0% target. The proportion of patients receiving pharmacological prophylaxis without a documented VTE RA decreased from 20.5% at baseline to 16.7% and subsequently 8.8%.

CONCLUSION

Implementation of Epic, followed by targeted staff education, improved timely VTE RA completion but did not achieve the predefined target. VTE RA review remained a significant area for improvement. Future interventions should incorporate electronic prompts at key points during admission, including a 3–5-day review and pre-discharge checkpoint, alongside continued education, audit and feedback.

P050 · Audit or QI

Poster Hall 2 View poster ↗



Consenting for oculoplastic procedures and patient satisfaction; A local audit conducted at Maidstone and Tunbridge Wells NHS Trust

Hugh Jones, Camille Yvon

Maidstone and Tunbdrige Wells NHS Trust

Introduction.

Valid consent requires patients to understand, retain and weigh up relevant information before communicating decisions, extending beyond a signed form. In ophthalmology, 4% of medico-legal claims relate to inadequate consent, often due to insufficient explanation of risks. Robust consent processes are essential to optimise patient satisfaction and minimise litigation.

Aims.

To evaluate the validity of consent for oculoplastic day-case surgery at Maidstone and Tunbridge Wells NHS Trust (MTW).

Methods.

A retrospective audit was conducted of patients undergoing oculoplastic procedures (ectropion, entropion, skin cancer excision/repair, ptosis repair) between 25/11/2024 and 02/01/2025. Patients lacking capacity or uncontactable after three attempts were excluded. Patient-reported experience measures (PREMs) were collected 1-4 weeks post-operatively and benchmarked against Royal college of Ophthalmologists, NICE and GMC guidance. Of 67 eligible patients, 56 were included. Outcomes included information provision, understanding of risks and anaesthetic options, satisfaction, and discharge communication.

Results.

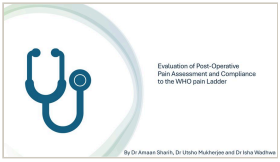
Pre-operative discussions included risks, benefits and alternatives in 93% of cases (52/56). Written summaries and leaflets were provided to 84% (47/56) and 70% (39/56) of patients, respectively. For satisfaction, 91% (51/56) were very satisfied with pre-operative information, 95% (53/56) with overall care, 93% (52/56) with explanations and 86% (48/56) were very satisfied with anaesthetic explanations.

Conclusion.

While overall standards and satisfaction were high, full compliance with consent guidance was not achieved. Improvements are required in written information provision and communication of anaesthetic options. Innovative approaches, including multi-lingual video resources supported by Generative AI, may enhance patient understanding and strengthen the consent process.

P051 · Audit or QI

Poster Hall 2 View poster ↗



Post-operative pain assessment and WHO analgesic ladder use in general surgery: ladder followed in 41% of patients, two pain-scales used

Utsho Josh Mukherjee, Amaan Sharih, Isha Wadhwa

Walsall Manor Hospital

BACKGROUND

Poorly controlled post-operative pain delays recovery and increases complications. NICE NG180 recommends multimodal, stepwise analgesia, in line with the WHO ladder. Our general surgery department had no local protocol, so it was unknown whether pain was assessed consistently or prescribing followed the ladder.

AIM

We aimed to assess whether post-operative pain was consistently monitored with an appropriate scale, and whether analgesia followed the WHO ladder, in adult surgical patients.

METHOD

Retrospective single-cycle audit at Walsall Manor Hospital, 29 December 2025 to 7 January 2026, against NICE NG180 and the WHO analgesic ladder. We included adult elective and emergency surgical patients and excluded stays under 24 hours. Pain scores and analgesia for post-operative days 0 to 3 were taken from VitalPac, surgical notes and Fusion. Audit registration 29/12/25.

RESULTS

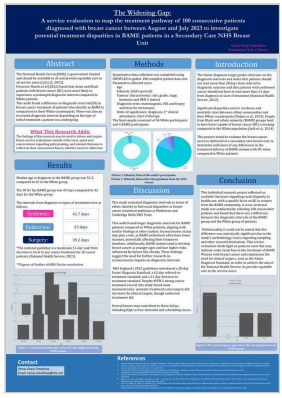
Of 27 patients, 21 (78%) were scored on a 0–3 scale and 6 (22%) on a 0–10 scale. 4 episodes of no pain score documented. Inadequate control on day 0 was recorded for 2 of 20 (10%) on the 0–3 scale (score ≥2) and 2 of 6 (33%) on the 0–10 scale (score ≥4). The WHO ladder was followed in 11 of 27 (41%), not followed in 14 (52%) and not assessable in 2 (7%). Pain scores were not recorded on three occasions; in three patients, rising scores had no documented increase in regular analgesia.

CONCLUSION

Pain assessment was inconsistent and prescribing often departed from the ladder; the scale used changed how much pain appeared uncontrolled. Surgical teams could adopt one 0–10 scale and a score-linked analgesia guide. Limitations: single site, 10 days, 27 patients. Next: ward doctor + nurse teaching, ward guide, re-audit.

P052 · Research

Poster Hall 2 View poster ↗



The Widening Gap: A Service Evaluation of Breast Cancer Treatment Pathways and Ethnic Disparities in 100 Patients at a Secondary Care Breast Unit

Venus Oseyi Omokhoa, Karina Cox

Hertfordshire, United Kingdom

BACKGROUND

The UK has an 18% Black, Asian and Minority Ethnic (BAME) population, with 4% identifying as Black (Diversity UK, 2023). Despite representing a minority, significant disparities exist in breast cancer (BC) incidence, mortality and screening uptake between BAME and White populations (Yedjou et al., 2019; Jack et al., 2014). The National Health Service (NHS) aims to provide equitable healthcare (GOV.UK, 2023). This project investigated ethnic disparities in BC treatment pathways and identified potential areas for improvement.

METHODS

A quantitative, ex-post-facto service evaluation and literature review examined ethnic disparities in BC care. Non-probability sampling identified 100 patients diagnosed with invasive BC between August and July 2023 at a secondary care Trust. Data on ethnicity, age, tumour characteristics, diagnostic imaging and initial treatment were collected from cancer databases. Patients were categorised into White and BAME groups based on self-reported ethnicity. Descriptive analysis was used to compare treatment pathways.

RESULTS

A three-day difference in average diagnostic intervals was identified between White and BAME patients. Neither group achieved the NHS 31-day cancer treatment target (NHS Cancer Waiting Times, 2023). Treatment intervals varied according to initial treatment type. Endocrine therapy had the shortest average interval (23 days), while systemic anti-cancer treatment (SACT) had the longest (41.7 days) from diagnosis to first treatment appointment. Patient characteristics, including age at diagnosis, were also compared.

CONCLUSIONS

Differences in diagnostic intervals between White and BAME patients suggest potential inequalities within BC care pathways. However, these findings cannot establish racial bias or systemic discrimination. The small BAME sample limits generalisability. Further research involving larger, ethnically diverse populations is recommended to identify contributing factors and support equitable care.

P053 · Audit or QI

Poster Hall 2 View poster ↗

Mind the Gap – Crossing to Digital Platform -An Audit of General Surgery Documentation & Clinical Records

Fawziyyah Yahuza Kassim, Zain-Ul-Abideen Ahmed, Wai Wai Win Mar, Obinna Ugwu, Malik Hatim, Campbell

Belfast



BACKGROUND

Electronic health records (EHRs) improve accessibility and efficiency but may introduce inconsistencies in clinical documentation. In surgical practice, incomplete or poorly structured ward-round notes can compromise communication, continuity of care and accountability. This audit evaluated documentation quality and the impact of a standardised electronic ward-round template.

METHODS

A retrospective, two-cycle audit assessed consultant- and registrar-led general surgical ward-round documentation at Causeway Hospital. The first cycle reviewed 42 electronic records from weekday consultant-led ward rounds between January and March 2025. Seven criteria were assessed: patient identification, correct note type, date/time, named ward-round lead, clinical findings and management plan, approved abbreviations, and structured documentation. Following baseline analysis, a standardised WADE (Who, Assessment, Diagnosis/Decision, Execution plan) template was introduced alongside targeted staff education and mandatory use for consultant- and registrar-led surgical ward rounds. A second cycle reviewed 42 entries four weeks after implementation.

RESULTS

Baseline compliance was 100% for patient identification, 92.9% for date/time and approved abbreviations, 78.6% for named ward-round lead and structured documentation, 66.7% for correct note labelling, and 59.5% for clinical findings and management plans. Following implementation, compliance increased to 100% for patient identification, date/time, approved abbreviations and structured documentation; 97.6% for named ward-round lead; 95.2% for correct note labelling; and 92.9% for clinical findings and management plans. All seven criteria exceeded the predefined 90% target.

CONCLUSION

Implementation of a standardised electronic ward-round template, supported by targeted education, was associated with substantial improvements in surgical documentation compliance. All audited criteria exceeded the predefined target following intervention. Residual deficiencies included occasional incorrect note labelling and inconsistent documentation of escalation and ceiling-of-care decisions. Longitudinal re-audit is required to assess sustainability and determine the impact on clinical outcomes.

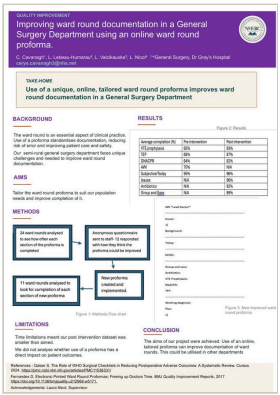
P054 · Audit or QI

Poster Hall 2 View poster ↗

Improving ward round documentation in a General Surgery Department using an online ward round proforma

Cerys Cavanagh, Lara Lebeau-Humarau, Laura Vaicikauska, Laura Nicol

Aberdeen



INTRODUCTION

Originating in the aviation industry, checklists have become an integral tool in healthcare, with evidenced improved outcomes in patient care and safety. iOne form of this being the ward round proforma. The Scottish Patient Safety Programme advocates use of checklists, evidenced by their implementation of the WHO surgical safety checklist. Checklists ensure features of patient care are addressed and documented consistently, as well as ensuring effective communication. Moreover, they are vital in medico-legal circumstances.

AIM

To improve the quality of ward round documentation in our District Hospital General Surgery department, by developing a unique online proforma. Also, tailoring the code to meet the needs of our patient population and infrastructure.

METHODS

The audit cycle was utilised to analyse ward round entries before and after implementing a new, digital ward round proforma. An anonymous questionnaire was distributed to staff members of the department to discover limiting factors for completion. The results of this were utilised in developing the proforma.

RESULTS

The alterations led to an overall improvement in documentation of the ward round. Average completion of the improved proforma rose from 70% to 91%.

CONCLUSIONS

By implementing a tailored digital tool, we have improved completion and documentation of our ward rounds. This will provide a complete, consistent ward round for our patients, improving efficiency and patient safety. The digital proforma can be modified to suit the needs of the individual department, as well as patient population, ensuring benefits can be applied to all. The online aspect ensures sustainability and is cost effective.

P055 · Service evaluation

Poster Hall 2 View poster ↗

Joint school as a measure of reducing inpatient stay and improving patient experience in day case total hip arthroplasty

Susie Baker, Henry Goodier, Judith Buchan

Dorchester (Wessex)



INTRODUCTION

There is local and national pressure to reduce inpatient stay for joint arthroplasty surgery. As in-hospital medical professionals a great deal of work has been done to optimise the peri-operative pathway. 'Joint School' is a recent innovation to improve education, preparedness and conditioning of patients in the longer pre-operative period and we aimed to review the efficacy and patient satisfaction of a low cost, repeatable implementation at a small district general hospital.

METHOD

Review of attendance at joint school with prospective patient questionnaires before and after. Subsequent review of hospital episodes regarding same day mobilisation and time to discharge.

RESULTS

From 123 patient experience survey responses, 80% of invitees attended in-person joint school. Advice at joint school was generally adopted by patients, however increasing activity level was reported in only 32%, commonly reported to be limited by pain.

Reduced length of inpatient stay – prior to commencement of joint school the average stay was between 3 and 4 days. Now with joint school average stay for day case arthroplasty is 1.2 days.

The vast majority of patients (91%) mobilised in hospital post-operatively on the day of operation. Joint school received positive reviews from 73% of participants; the remaining neutral or negative reviews focused on time from joint school to operation, and non-attenders feeling under-prepared for same-day discharge.

CONCLUSION

Joint school was well received and patients were happy, with 91% of patients mobilising same day post-operatively. This has the potential to not only improve patient outcomes but additionally reduce the financial burden of overnight stays. With a dedicated budget we would hope to provide more spaces to patients and introduce a targeted exercise class 6 weeks preoperatively to further develop patient understanding of exercises.

P056 · Audit or QI

Poster Hall 2 View poster ↗

Improving Timely Fascia Iliaca Block Administration in Neck of Femur Fractures: A Clinical Audit



Daniel Immanuel Koshy, Zabrang Ishaku, Amelia Shaharudin

Barts NHS Trust

BACKGROUND

Fascia iliaca blocks (FIBs) provide effective analgesia for patients with neck of femur (NOF) fractures, reducing opioid requirements. Local guidelines at Whipps Cross Hospital recommend FIB administration within one hour of diagnosis where appropriate. This audit assessed compliance with local guidelines, documentation standards and factors contributing to delayed administration.

METHODS

A retrospective clinical audit was conducted at Whipps Cross Hospital between September and December 2024. Electronic clinical records of patients admitted with NOF fractures were reviewed. Data collected included FIB administration, time from radiological diagnosis to block administration and documentation using the Local Safety Standards for Invasive Procedures (LocSSIP) checklist. Findings were compared against local clinical guidelines, and barriers to timely administration were identified.

RESULTS

Ninety-one patients were included. Only 4.4% received a FIB within one hour of diagnosis, demonstrating substantial noncompliance with local timing recommendations. Seventy-four patients received a FIB, but LocSSIP documentation was identified in only 18 cases. Contributing factors included emergency department workload, limited availability of trained personnel, insufficient monitoring facilities and poor awareness of the local pathway. Patient refusal and adequately controlled pain were additional reasons for non-administration.

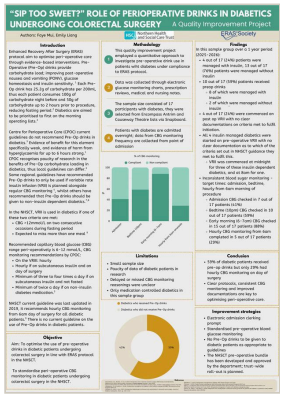
CONCLUSION

This audit identified significant delays in FIB administration and deficiencies in procedural documentation among patients with NOF fractures. Recommendations included regular staff training, improved awareness of local guidelines, dedicated monitoring facilities and increased use of LocSSIP documentation. Implementation of these measures, followed by re-audit, may improve timely analgesia delivery and patient safety.

P057 · Audit or QI

Poster Hall 2 View poster ↗

Sip Too Sweet?' Role of Perioperative Drinks in Diabetics Undergoing Colorectal Surgery



Faye Mui, Emily Liang, Faye Miu

Causeway Hospital - Northern Ireland

BACKGROUND

Enhanced Recovery After Surgery (ERAS) pathways recommend pre-operative carbohydrate drinks to reduce fasting and improve recovery. However, evidence supporting their use in diabetic patients remains limited, with variation in recommendations for their administration and peri-operative glucose monitoring.

AIM

To assess pre-operative carbohydrate drink use and peri-operative capillary blood glucose (CBG) monitoring in diabetic patients undergoing colorectal surgery, identifying opportunities to improve adherence to local guidance.

METHODS

A retrospective quality improvement project was undertaken at Causeway Hospital over one year (March–March). Seventeen diabetic patients undergoing colorectal surgery were identified. Data were collected from electronic glucose monitoring charts, prescription records and clinical documentation. Outcomes included pre-operative drink administration, variable-rate intravenous insulin infusion (VRIII) use and compliance with recommended CBG monitoring.

RESULTS

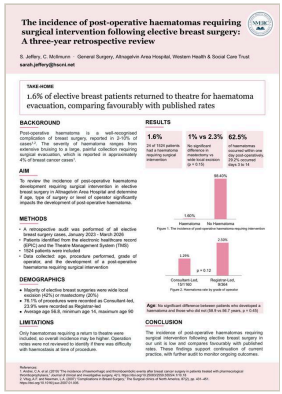
Of 17 patients, 10 (59%) received pre-operative carbohydrate drinks, including eight non-insulin-dependent and two insulin-dependent patients. Four patients (24%) were insulin-dependent and all received pre-operative VRIII, although documentation did not clearly establish whether initiation criteria were met. VRIII commenced at midnight in three patients and 08:00 in one. CBG monitoring was inconsistent: admission readings were documented in 7/17 (41%), bedtime readings in 10/17 (59%) and early-morning readings (06:00–07:00) in 15/17 (88%). Hourly monitoring from 06:00 was completed in only 5/17 (29%).

CONCLUSION

Pre-operative carbohydrate drink administration and peri-operative glucose monitoring were variable. Inadequate documentation of VRIII indications further limited assessment of guideline compliance. Findings highlight the need for standardised protocols for carbohydrate drink administration and peri-operative glucose monitoring. Proposed interventions include an electronic admission clerking prompt, standardised glucose monitoring schedules and development of a Northern Trust-wide guideline with diabetic specialist input. Repeat data collection will assess the impact of these interventions.

P058 · Audit or QI

Poster Hall 2 View poster ↗


The incidence of post-operative haematomas requiring surgical intervention following elective breast surgery: A three-year retrospective review

S. Jeffery, C. McIlmunn · General Surgery, Altnagelvin Area Hospital, Western Health & Social Care Trust

TAKE-HOME
1.6% of elective breast patients returned to theatre for haematoma evacuation, comparing favourably with published rates

BACKGROUND
Post-operative haematoma is a well-recognised complication of breast surgery, reported in 2-10% of cases[1]. The severity of haematoma ranges from extensive bruising to a large, painful collection requiring surgical evacuation which is reported in approximately 4% of breast cancer cases[1].

AIM
To review the incidence of post-operative haematoma development requiring surgical intervention in elective breast surgery in Altnagelvin Area Hospital and determine if there is a significant difference in patients who require this development of post-operative haematomas.

METHODS
- A retrospective audit was performed of all elective breast surgery cases, January 2023 - March 2026
- Patients identified from the electronic healthcare record (EPIC) and the Theatre Management System (TMS)
- 1524 patients were included
- Data collected: age, procedure performed, grade of operator, and the development of a post-operative haematoma requiring surgical intervention

DEMOGRAPHICS
- Majority of elective breast surgeries were wide local excision (1,167/1,524, 76.6%) and mastectomy
- 78.1% of procedures were recorded as Consultant-led, 23.9% were recorded as Registrar-led
- Average age 56.8, minimum age 14, maximum age 90

LIMITATIONS
Only haematomas requiring a return to theatre were recorded. Haematomas managed in clinic or further Operation notes were not reviewed to identify if there was difficulty with haematostasis at time of procedure.

RESULTS
1.6% — 24 of 1524 patients had a haematoma requiring surgical intervention
1% vs 2.3% — No significant difference in haematoma rate between wide local excision (p = 0.15) and mastectomy
62.5% — of haematomas occurred within one day post-operatively (29.2% occurred between days 3 to 14)

Figure 1: The incidence of post-operative haematoma requiring intervention

Figure 2: Haematoma rate by grade of operator

Age: No significant difference between patients who developed a haematoma and those who did not (56.9 vs 56.7 years, p = 0.45)

CONCLUSION
The incidence of post-operative haematomas requiring surgical intervention in Altnagelvin Area Breast Surgery unit is low and compares favourably with published rates. These findings support continuation of current practice, with further audit to monitor ongoing outcomes.

References
1. Avdicj, C.N. et al. (2019) 'The incidence of haemorrhagic and thromboembolic events after breast cancer surgery in patients treated with pharmacological thromboprophylaxis', Journal of clinical and investigative surgery, vol 1. https://doi.org/10.25083/2559.v1i1.15

The incidence of post-operative haematomas requiring surgical intervention following elective breast surgery: A three-year retrospective review

Sarah Jeffery, *Colin McIlmunn*

Belfast, Northern Ireland

BACKGROUND

Post-operative haematoma is a well-recognised complication of breast surgery, reported in 2-10% of cases. Severity ranges from extensive bruising to a large, painful collection requiring surgical evacuation, which is reported in approximately 4% of breast cancer cases. This audit aimed to determine the incidence of post-operative haematomas requiring surgical intervention following elective breast surgery at Altnagelvin Area Hospital.

METHODS

A retrospective audit was performed of all elective breast surgery cases between January 2023 and March 2026. Patients were identified from the electronic healthcare record (EPIC) and the Theatre Management System (TMS). In total, 1524 patients were included. Data collected comprised age, procedure performed, grade of operator, and the development of a post-operative haematoma requiring surgical intervention.

RESULTS

Overall, 24 of 1524 patients (1.6%) developed a post-operative haematoma requiring surgical intervention. The incidence did not differ significantly between patients undergoing mastectomy (1.0%) and those undergoing wide local excision (2.3%) ($p = 0.15$). There was no significant difference in age between patients who developed a haematoma and those who did not (58.9 vs 56.7 years, $p = 0.45$). Haematoma followed 1.29% of recorded Consultant-led operations compared with 2.5% of recorded Registrar-led operations ($p = 0.12$). Most haematomas occurred early: 62.5% within one day post-operatively and 29.2% between days 3 and 14.

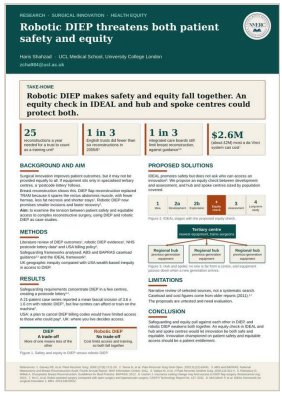
CONCLUSION

The incidence of post-operative haematomas requiring surgical intervention following elective breast surgery in our unit is low at 1.6% and compares favourably with published rates. However, only haematomas requiring a return to theatre were included, so the overall incidence may be higher. These findings support continuation of current practice, with further audit to monitor ongoing outcomes.

P059 · Research

Poster Hall 2

View poster ↗



Introducing Innovation in Reconstructive Plastic Surgery While Safeguarding Patient Safety and Equity: DIEP and Robotic DIEP as Case Studies

Haris Shahzad

University College London

BACKGROUND

Surgical innovation improves patient outcomes but can create structural barriers to equitable access. This study examines the tension between safeguarding requirements, which protect patient safety, and equitable access to complex reconstructive surgery, using DIEP flap breast reconstruction and robotic assisted DIEP as case studies.

METHOD

A literature review was undertaken of DIEP flap outcomes (Garvey et al., 2006), NHS postcode lottery data (Vaidya et al., 2026) and robotic DIEP evidence (Tanna et al., 2023). Safeguarding frameworks, including ABS and BAPRAS caseload guidance and the IDEAL framework, were analysed. UK geographic inequity was compared with USA wealth-based inequity in access to DIEP.

RESULTS

Safeguarding requirements concentrate DIEP provision in tertiary centres, as guidance recommends 25 procedures per year before a trust is recognised as a training unit, creating a postcode lottery. Robotic DIEP intensifies this problem, as a $2.6 million capital cost and limited training opportunities further restrict access. Unlike DIEP, where safety and equity pull against each other, robotic DIEP weakens both together, because cost limits both patient access and surgeon training volume.

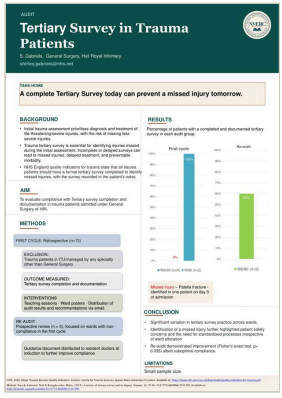
CONCLUSION

The IDEAL framework lacks an equity checkpoint between its development and assessment stages. This study proposes adding a mandatory equity assessment before wider rollout, and creating regional hub and spoke centres, sized by population covered rather than hospital specialisation, where previous generation equipment cascades from tertiary centres while training remains centralised. Without deliberate redesign, future innovations will repeat the same structural failures. Equity should be designed in from the start.

P060 · Audit or QI

Poster Hall 2

View poster ↗



Completion and Documentation of Tertiary Survey among Trauma Patients in General Surgery – a Closed-Loop Audit

Shirley Gabriels

Yorkshire

BACKGROUND

The initial trauma assessment in A&E prioritises diagnosis and treatment of life-threatening and severe injuries, with the risk of missing less severe injuries. The trauma tertiary survey is essential for identifying missed injuries. Incomplete or delayed surveys can lead to delayed treatment and preventable morbidity. NHS England quality indicators for trauma state that all trauma patients should have a formal tertiary survey completed to identify missed injuries, with the survey recorded in the patient's notes.

AIM

Evaluate compliance with Tertiary survey completion and documentation in trauma patients admitted under General Surgery at the Hull Royal Infirmary.

METHODOLOGY

1st cycle - retrospective review of case notes and electronic health records of patients who met the criteria over 3 months. The re-audit was prospectively conducted over 3 months. Data were collected on demographics, mechanism of injury, injuries sustained, completion and documentation of tertiary survey in notes.

RESULTS

13 patients were identified in the 1st cycle; 8/13 were admitted to the General Surgery wards(wards 6 & 60), and none (0%) of these patients had a tertiary survey done. Patella fracture was diagnosed on day 5 of admission in one of the patients. 5/13 were managed in the trauma ward, and 100% of them had tertiary surveys done and documented. 5 patients were identified within the re-audit timeline, as the re-audit focused on the wards with zero compliance. 3/5 had Tertiary surveys done and documented. Completion of tertiary surveys improved from 0%(0/8) to 60% (3/5) [Fisher's exact test, p= 0.035]. Documentation also improved from 0% to 60% (p= 0.035).

CONCLUSION

There was significant variation in tertiary survey practice across wards. The identification of a missed injury further highlighted patient safety concerns and need for standardised processes irrespective of ward allocation. Although the re-audit demonstrated improvement, compliance remained suboptimal, with tertiary surveys not completed in all trauma patients. A tertiary survey guidance document was developed and disseminated to resident doctors to support sustained improvement and achieve full compliance.

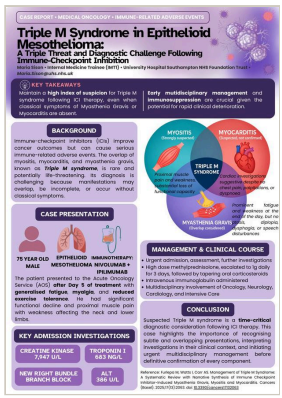
LIMITATIONS

small sample size.

PURPLE POSTERS · WOMEN'S & CHILDREN'S HEALTH · STATIONS P061–P078

P061 · Poster

Poster Hall 2 View poster ↗



Triple M Syndrome in Epithelioid Mesothelioma: A Triple Threat and Diagnostic Challenge Following Immune-Checkpoint Inhibition

Maria Racquel Christina C. Sison

Southampton

BACKGROUND

Immune-checkpoint inhibitors (ICIs) have transformed the management of malignancy but can cause rare, potentially life-threatening immune-related adverse events. The overlap of myositis, myocarditis, and myasthenia gravis (MG), termed “Triple M syndrome”, is an uncommon but clinically important complication associated with significant morbidity and mortality. Early recognition can be challenging due to overlapping and sometimes subtle clinical features.

METHOD

This is a case of a 75-year-old man with epithelioid mesothelioma who developed acute neuromuscular and cardiac abnormalities five days following nivolumab/ipilimumab. He presented to the Acute Oncology Service with fatigue, myalgia and reduced exercise tolerance. Investigations demonstrated markedly elevated creatine kinase (CK 7947 U/L), alanine transaminase (ALT 386 U/L) and troponin I (683). He was investigated for suspected ICI-related toxicity with multidisciplinary input from Oncology, Neurology, Cardiology and Intensive Care.

RESULTS

Clinical assessment demonstrated proximal and neck flexor weakness, myalgia and functional decline, with symptoms worsening towards the end of the day. Although he had no ptosis, diplopia, dysphagia or dysarthria, MG overlap was considered given prominent fatigability and weakness. Cardiac assessment identified a new right bundle branch block and elevated troponin without chest pain or dyspnoea. Echocardiography demonstrated preserved biventricular function, while cardiac MRI showed septal hypertrophy and late gadolinium enhancement without typical features of myocarditis, although myocarditis could not be excluded. Given the clinical and biochemical picture, Triple M syndrome secondary to ICI therapy remained the leading diagnosis. High-dose intravenous methylprednisolone, including 1 g daily for three days, and intravenous immunoglobulin were administered, followed by oral corticosteroids.

CONCLUSION

Triple M syndrome represents a diagnostically complex ICI-related toxicity in which cardiac, skeletal muscle and neuromuscular manifestations overlap and cardiac investigations may initially be inconclusive. A high index of suspicion is essential when symptoms occur shortly after ICI initiation and CK and troponin are concurrently elevated.

P062 · Research

Poster Hall 2 View poster ↗



Paediatric Poorly Differentiated Clival Chordoma presenting with persisting Torticollis

Kai Newton

Kings College Hospital

BACKGROUND

Chordomas are rare bone tumours that arise from the primitive notochordal remnants, primarily affecting the axial skeleton [1]. Chordomas are rare, with a reported annual incidence of 0.8 cases per million population, typically affecting adults aged 40-60 [2]. Poorly differentiated chordoma (PDC) is a rare subtype associated with a poorer prognosis and an increased incidence in the paediatric population [3]. Limited case reports have found nonsense mutations and heterozygous missense mutations in SMARCB1 as molecular drivers of disease [4]. The overall five-year survival rate is roughly 50%. There are still limited case reports of paediatric PDC, and our case highlights why they are commonly misdiagnosed.

CASE REPORT

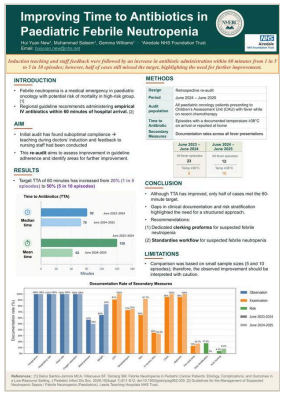
A 6-year-old girl initially presented to the paediatric emergency department with a 3-week history of nocturnal distress due to neck pain. She was diagnosed as having torticollis and was discharged. She re-presented with worsening symptoms two weeks later. She had an ultrasound of the neck that showed 2 reactive lymph nodes, which was reported as the cause of the neck pain, and she was discharged a second time. This case was further reviewed by another clinician who brought her back in for an MRI of the cervical spine. The MRI showed an extra-axial mass lesion arising from the anterior foramen magnum. Histopathology confirmed the mass as a PDC. The patient underwent surgical excision for tumour debulking. Then the patient was commenced on chemotherapy as per the Euro Ewing 2012 protocol (Arm B) for nine cycles. Following chemotherapy, the patient was treated with Proton Beam Therapy (PBT).

CONCLUSION

This case highlights the importance of using appropriate imaging modalities, having differential diagnoses when a patient presents with torticollis not settled by analgesia, advanced immunohistochemistry with genetics and a multidisciplinary approach in managing this rare subtype of Chordomas.

P063 · Audit or QI

Poster Hall 2 View poster ↗



Improving Time to Antibiotics in Paediatric Febrile Neutropenia

Hui Yuan New, Muhammad Saleem, Gemma Williams

Y&H Foundation School

BACKGROUND

Febrile neutropenia (FN) is a medical emergency in paediatric oncology due to the risk of severe infection and sepsis. Regional guideline recommends empirical IV antibiotics within 60 minutes of hospital arrival. An initial audit found suboptimal compliance, prompting teaching during doctors' induction and feedback to nursing staff. This re-audit assessed changes in guideline adherence and identified areas for further improvement.

METHOD

A retrospective re-audit was conducted of paediatric oncology patients presenting to the Children's Assessment Unit (CAU) with fever between June 2024 and June 2025. Patients were included if they had a temperature of ≥38°C on arrival or at home. Electronic and paper records were reviewed to assess time to antibiotic administration (TTA), and compliance with documentation on clinical assessment and risk classification. Findings were compared with the previous audit cycle.

RESULTS

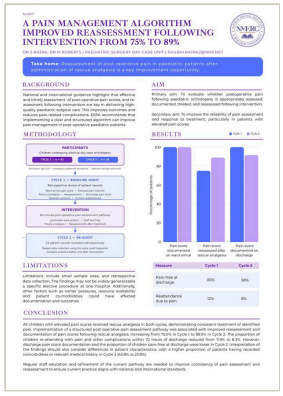
Compliance with the 60-minute target increased from 20% (n=5) to 50% (n=10). Mean TTA decreased from 150 to 62 minutes, while median TTA decreased from 92 to 78 minutes. Assessment findings were inconsistently documented, particularly blood pressure (50%), IV access site (33%) and perianal examination (16.7%). No formal risk stratification was documented; one case (8.3%) had an AUS score recorded.

CONCLUSION

Although TTA improved following teaching and feedback, only 50% of cases met the 60-minute target. Gaps in clinical documentation highlighted the need for a structured approach. A dedicated FN clerking proforma and revised CAU workflow have been developed to support systematic assessment and timely treatment. Planned interventions include implementing these changes, continuing teaching and staff feedback, and conducting a further audit to evaluate their impact.

P064 · Audit or QI

Poster Hall 2 View poster ↗



Post-operative Pain Assessment and Management in Paediatric Patients undergoing Orchidopexy

Shubhi Ratra, Swarnalakshmi Raghavan, Miranda Roberts

Royal Wolverhampton Trust

INTRODUCTION

Orchidopexy is a common paediatric day-case procedure associated with predictable post-operative pain. Effective pain assessment and management are essential to minimise distress and enable timely discharge. Despite national and international guidance, gaps ward-based post-operative pain management may occur.

AIMS

This quality improvement project aimed to evaluate whether post-operative pain following paediatric orchidopexy was appropriately assessed, documented, treated, and reassessed prior to discharge.

METHODS

A retrospective review was conducted of children undergoing elective day-case orchidopexy. Documentation of pain scores on ward arrival and identification of elevated pain were evaluated. Administration of rescue analgesia, and reassessment following intervention in patients with elevated pain was reviewed. Outcome measures included pain score at discharge, parental concerns, and unplanned reattendance within 72 hours.

RESULTS

Pain scores were documented within 30 minutes of ward arrival and prior to discharge in 100% of patients. 14% percent of patients had elevated pain scores, all of whom received appropriate rescue analgesia and 75% were reassessed within 60 minutes. The proportion of patients discharged pain-free increased from 72% to 83%, and unplanned reattendance reduced over the project period.

CONCLUSION

Post-operative pain assessment and initial management were performed to a high standard, which was credited to encourage continuation. Reassessment following rescue analgesia was identified as an area for improvement. Targeted, guideline-based interventions were implemented to improve pain management and patient outcomes in the Trust's paediatric day-case surgical unit. This will be re-audited in three months.

P065 · Research

Poster Hall 2 View poster ↗

Predictors of Tuberculosis Treatment Outcomes Among Adolescents in Karnataka, South India: A Retrospective Cohort Study

Minu Rose Mani, Nikith Austin D'Souza, Jordan Ridhay Rasquinha, Rashmi Rodrigues

Derriford Hospital, University Hospitals Plymouth NHS Trust, Plymouth, United Kingdom



BACKGROUND

Adolescents are a vulnerable population affected by tuberculosis (TB), facing unique challenges in diagnosis, treatment adherence, and clinical outcomes. This study aimed to assess treatment outcomes and identify predictors of unsuccessful outcomes among adolescents with TB in Karnataka, South India.

METHODS

A retrospective cohort study was conducted using secondary data from the NI-KSHAY national TB notification portal. Adolescents aged 10-19 years diagnosed with TB between January 2019 and December 2020 were included. Sociodemographic, clinical, and programmatic characteristics were analysed using bivariate analysis and multivariable logistic regression to identify independent predictors of treatment outcomes.

RESULTS

A total of 11,007 adolescents were included. The mean age was 16.19 years, and 59% were female. Overall treatment success was 92%, while 8% experienced unsuccessful outcomes, including death, treatment failure, or loss to follow-up. Factors associated with poor outcomes included male sex, previous TB treatment, lack of microbiological confirmation, treatment outside the residential TB unit, residence outside Karnataka, absence of known TB contact, and HIV co-infection. Microbiological confirmation and diagnosis within public-sector facilities were associated with improved treatment outcomes.

CONCLUSION

Treatment outcomes among adolescents with TB in Karnataka were favourable, with a 92% success rate. However, important high-risk groups remain. Strengthening microbiological diagnosis, adherence support, integrated TB-HIV services, and adolescent-friendly TB care may further improve outcomes and contribute to TB elimination efforts.

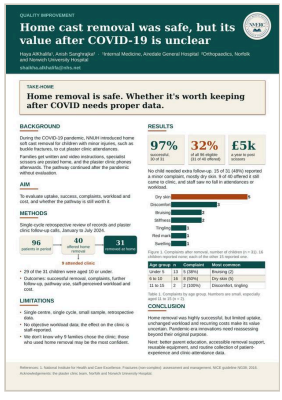
P066 · Audit or QI

Poster Hall 2 View poster ↗

Home Cast Removal for Children: Safe and Effective, but Is It Worth It? Re-evaluating a Pandemic-Era Pathway

Haya AlKhalifa, Anish Sanghrajka

Airedale General Hospital



BACKGROUND

During the COVID-19 pandemic, Norfolk and Norwich University Hospital (NNUH) introduced home soft cast removal for children with minor injuries, including buckle fractures, to reduce plaster clinic attendances. Families received written and video instructions, with specialist removal scissors posted to their homes and telephone follow-up provided by the plaster clinic. This project evaluated pathway uptake, procedural success, patient-reported complaints, workload implications and costs.

METHODS

A single-cycle retrospective evaluation of medical records and plaster clinic follow-up calls was conducted between January and July 2024. Outcomes included successful removal, reported complaints, further follow-up requirements, pathway utilisation and perceived operational impact.

RESULTS

Of 40 patients identified for home removal, 31 (77.5%) completed removal at home, while nine (22.5%) attended the plaster clinic. These 31 represented approximately 32% of 96 patients recorded during the study period. Home removal was successful in 30/31 cases (97%), with one unsuccessful attempt. Minor complaints were reported, predominantly dry skin and discomfort, but no additional follow-up appointments were required. Staff reported no noticeable reduction in plaster clinic attendances or workload, although objective workload measurements were unavailable. The estimated annual cost of posting specialist scissors was approximately £5,000.

CONCLUSION

Home soft cast removal demonstrated high procedural success, but its anticipated benefits for service efficiency remain uncertain. Limited pathway uptake, unchanged perceived workload and recurring equipment costs highlight the need to reassess pandemic-era innovations beyond their initial purpose. Recommendations include enhanced parental education, accessible removal support, exploration of reusable equipment and systematic collection of patient-experience and clinic-attendance data. Further evaluation is needed to establish the pathway's clinical and economic value.

P073 · Audit or QI

Poster Hall 3 View poster ↗

Improving Documentation of Medication Side-Effect Counselling in Paediatric Urology: A Quality Improvement Project

Navjot Dhanoa, Prateek Verma

East Yorkshire - Hull



BACKGROUND

Effective medication counselling is essential for informed consent, shared decision-making and patient safety. Oxybutynin, desmopressin and mirabegron are commonly prescribed in paediatric urology, including for off-label indications. This quality improvement project aimed to increase documentation of side-effect counselling to at least 80% within 12 weeks through the introduction of standardised patient information leaflets.

METHODS

A retrospective baseline audit was conducted across paediatric urology clinics at Scunthorpe General Hospital and Diana, Princess of Wales Hospital. Clinic correspondence from January to May 2026 was reviewed for children prescribed oxybutynin, desmopressin or mirabegron. The primary outcome was documented evidence of side-effect counselling. A Plan–Do–Study–Act (PDSA) approach was adopted to develop and evaluate a standardised counselling intervention.

RESULTS

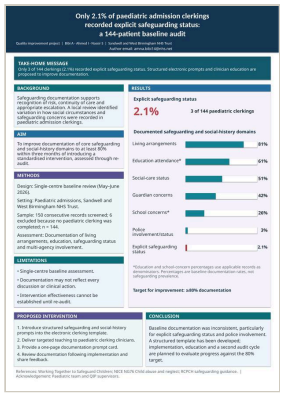
Fifty-two patients were included, with a mean age of 10 years. Side-effect counselling was documented in 23/52 patients (44.2%), falling 35.8 percentage points below the target. Over half (55.8%) had no documented counselling. Documentation varied considerably between medications, with oxybutynin counselling documented approximately 3.7 times more frequently than mirabegron. Standardised patient information leaflets were subsequently developed for all three medications to support consistent counselling, improve patient understanding and facilitate documentation. The leaflets are undergoing governance review prior to implementation.

CONCLUSION

Documentation of medication side-effect counselling was inconsistent across paediatric urology services, particularly for mirabegron. These findings highlight a significant gap in the documentation of informed prescribing discussions. Standardised information leaflets provide a practical intervention to improve consistency and support shared decision-making. Following implementation, repeat data collection will assess effectiveness against the 80% target and inform further quality improvement cycles.

P074 · Audit or QI

Poster Hall 3 View poster ↗



Safeguarding Documentation in Paediatric Admissions: A 144-Patient Quality Improvement Project Identifying Critical Gaps

Amna Bibi, Ishaa Ahmed, Sohail Nassir

Birmingham - Sandwell and West NHS Trust

BACKGROUND

Safeguarding documentation supports identification of vulnerable children and communication between healthcare professionals. However, the completeness of safeguarding assessments in paediatric admission clerkings had not previously been systematically evaluated at our hospital, leaving an important local patient-safety gap unquantified.

AIM

To evaluate safeguarding documentation in paediatric admissions and develop interventions targeting at least 80% compliance across key documentation domains.

METHODS

A single-centre retrospective baseline review examined 150 consecutive paediatric admissions between May and June 2026. Six records were excluded because they lacked a paediatric clerking, leaving 144 for analysis. A structured proforma, informed by *Working Together to Safeguard Children* and NICE guideline NG76 (*Child abuse and neglect*), assessed documentation of living arrangements, education, social-care involvement, police involvement and explicit safeguarding statements.

RESULTS

Only 3/144 clerkings (2.1%) explicitly documented whether safeguarding concerns were present or absent. In contrast, living arrangements were recorded in 117/144 (81.3%), demonstrating a 79.2-percentage-point difference between documentation domains. Social-care involvement was documented in approximately 51% of clerkings. These findings revealed that recording social circumstances did not consistently translate into explicit documentation of safeguarding status. An electronic safeguarding template incorporating structured prompts was subsequently developed and approved by the safeguarding lead consultant.

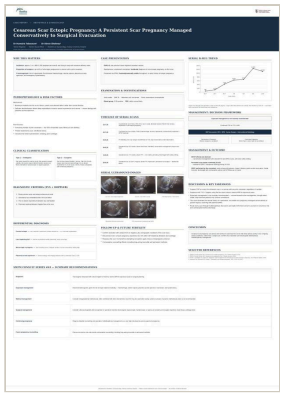
CONCLUSION

Paediatric clinicians should explicitly document safeguarding status rather than relying solely on social-history entries. A consultant-approved electronic template and targeted clinician education are proposed to standardise assessments. This single-centre baseline review cannot establish improved clinical outcomes. Implementation and re-audit will assess whether documentation reaches the 80% target.

P075 · Poster

Poster Hall 3 View poster ↗

Cesarean scar ectopic pregnancy: A persistent scar pregnancy managed conservatively to surgical evacuation



Abroo Shahnaz, *Humaira Tabassum*

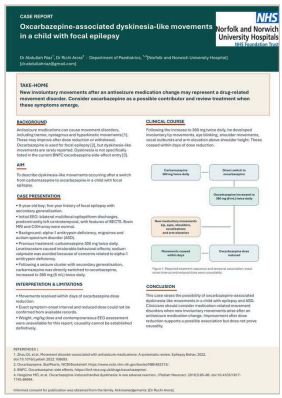
Irreland

Hospital Cesarean scar pregnancy (CSP) is an uncommon but serious form of ectopic pregnancy, occurring in fewer than 1% of pregnancies but accounting for up to 6% of ectopics in women with a prior cesarean section. Incidence is rising alongside cesarean delivery rates, and missed cases can result in first-trimester hemorrhage, uterine rupture, placenta accreta, or emergency hysterectomy. We describe a G4P1+2 patient with one previous lower-segment cesarean who conceived spontaneously and was found incidentally to have a CSP on early first-trimester transvaginal scan, with a small gestational sac low in the uterine cavity, decidual reaction, and a thinned overlying myometrium. After counselling on the risks of hemorrhage, accreta, laparotomy, and hysterectomy, she declined medical termination in favour of conservative management with serial β-hCG and ultrasound follow-up. Cardiac activity was seen initially but was absent by 7+3 weeks. Despite fetal demise, the scar pregnancy persisted on subsequent scans, with β-hCG remaining positive, and she was admitted for evacuation of retained products of conception under ultrasound guidance following cervical priming with misoprostol. The procedure was uncomplicated; she was discharged home stable with contraception advice and follow-up arranged. This case illustrates how a cesarean scar pregnancy can persist well beyond fetal demise, and reinforces the need for a high index of suspicion in any woman with a prior cesarean, close serial surveillance when managed expectantly, and individualized, multidisciplinary decision-making. Keywords: Cesarean scar pregnancy, ectopic pregnancy, conservative management, transvaginal ultrasound, β-hCG, evacuation of retained products of conception Word count: 246

P076 · Poster

Poster Hall 3 View poster ↗

Oxcarbazepine-Associated Dyskinesia-Like Movements in a Child With Focal Epilepsy



Abdullah Riaz, *Ruchi Arora*

Currently Basildon Hospital, Mid and South Essex NHS trust. Was working in Norfolk and Norwich University Hospital at the time of case report

BACKGROUND

Antiseizure medications can cause movement disorders that may improve after dose reduction or withdrawal [1]. Oxcarbazepine treats focal epilepsy [2], but dyskinesia-like movements are rarely reported. Dyskinesia is not specifically listed in the current BNFC entry [3].

CASE REPORT

A 9-year-old boy with five-year history of focal epilepsy with secondary generalisation developed involuntary movements after an antiseizure medication change. EEG showed bilateral multifocal epileptiform discharges, predominantly in the left centrotemporal region, with features of benign epilepsy with centrotemporal spikes. MRI and comparative genomic hybridisation array were normal. His history included alpha-1 antitrypsin deficiency, migraines and autism spectrum disorder (ASD).

He was taking carbamazepine 300 mg twice daily. Levetiracetam had caused intolerable behavioural effects; sodium valproate was avoided because of concerns about alpha-1 antitrypsin deficiency. After a seizure cluster with secondary generalisation, carbamazepine was directly switched to oxcarbazepine, increased to 360 mg (6 mL) twice daily. He developed involuntary lip movements, eye blinking, shoulder movements, vocal outbursts and arm elevation above shoulder height. These ceased within days of dose reduction. The onset interval and reduced dose could not be confirmed from available records.

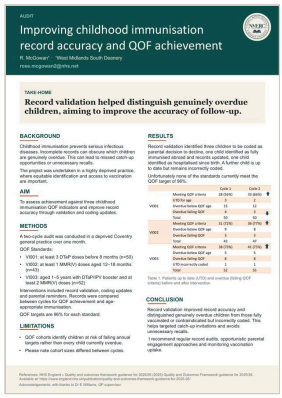
CONCLUSION

Consider oxcarbazepine-associated dyskinesia-like movements when new involuntary movements develop after an antiseizure medication change.

Written informed consent for publication was obtained from the family.

P077 · Audit or QI

Poster Hall 3 View poster ↗



Improving Childhood Immunisation Record Accuracy and QOF Achievement: A Two-Cycle Audit in a Deprived Coventry General Practice

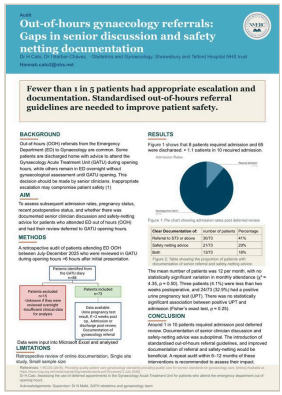
Rose McGowan

West Midlands

Childhood immunisation prevents serious infectious diseases, but incomplete records and missed scheduled vaccinations hinder identification of children requiring follow-up, particularly in deprived communities. Auditing Quality and Outcomes Framework (QOF) indicators can identify gaps in recorded achievement and opportunities to improve vaccination records and follow-up. This audit assessed performance against three childhood immunisation QOF indicators and evaluated changes following record validation and targeted recall. A two-cycle audit was conducted in a deprived Coventry general practice over one month. QOF standards were VI001 (≥3 DTaP doses before 8 months), VI002 (≥1 MMR(V) doses aged 12–18 months), and VI003 (aged 1–5 years with DTaP/IPV booster and ≥2 MMR(V) doses). Interventions included record validation, coding updates and parental reminders. Records were compared between cycles for QOF achievement and age-appropriate immunisation. For VI001, 28/50 (56%) met QOF criteria in cycle one, increasing to 33/50 (66%) in cycle two. A further 3 and 2 children respectively were up to date for age but had fewer than three doses; 4 and 3 were over eight months and overdue. For VI002, achievement increased from 31/43 (72.1%) to 36/47 (76.6%), including two records corrected through validation. Three children remained overdue beyond 18 months in both cycles. For VI003, achievement increased from 38/52 (73.1%) to 41/55 (74.5%). Eight children remained overdue beyond five years in both cycles. One additional child in each cycle was up to date but incorrectly coded as not meeting criteria. Record validation improved record accuracy and distinguished genuinely overdue children from those fully vaccinated or contraindicated but incorrectly coded. This helps targeted catch-up invitations and avoids unnecessary recalls. A limitation was reliance on QOF data dates, identifying children at risk of failing annual targets rather than all children currently overdue. The author recommends regular record audits, alternative parental engagement approaches and monitoring vaccination uptake.

P078 · Audit or QI

Poster Hall 3 View poster ↗



Assessing the use of deferred appointments for patients referred to gynaecology after attending the Emergency Department Out of Hours

Hannah Cato, I Barber-Chavez, N Malik

Shrewsbury and Telford hospitals

BACKGROUND

For patients referred out-of-hours from the Emergency Department (ED), some are discharged home or remain in ED overnight without gynaecological review with advice to attend the Gynaecology Acute Treatment Unit (GATU) during opening hours. Inappropriate delays may compromise patient safety, patient experience and adherence to national standards.

AIM

To assess whether patients were appropriately deferred to GATU during opening hours by focusing on admission rates, pregnancy status, recent postoperative status, and documentation of senior clinician discussion and safety-netting advice prior to deferring review.

METHODS

A retrospective audit of patients who were not reviewed until attending GATU >six hours after presentation between July-December 2025. Patients were identified using the diary, and clinical records were reviewed. Data were analysed using Microsoft Excel. Statistical tests were used to assess monthly variation and the association between risk factors and subsequent admission.

RESULTS

73 patients met the inclusion criteria, with GATU review occurring 6–48 hours after presentation. The mean number of patients was 12 per month, with no statistically significant variation in monthly attendance ($\chi^2 \approx 4.35$, $p \approx 0.50$). Following review, 8/73 patients (11.0%) required admission. Three patients (4.1%) were less than two weeks postoperative, and 24/73 (32.9%) had a positive UPT. There was no statistically significant association between UPT status and admission (Fisher's exact test, $p \approx 0.25$). 30/73 patients (41.1%) had documentation that a senior advised deferred review. Only 13/73 (17.8%) had documentation of both senior discussion and safety netting.

CONCLUSION

Although most patients did not require admission following GATU review, some subsequently did, highlighting the importance of appropriate use of deferred assessment. Documentation of senior clinician discussion and safety-netting advice was limited, with fewer than one in five patients having both recorded. These findings support the introduction of standardised out-of-hours referral management guidelines, and improved documentation of referral discussions and safety-netting. A repeat audit within 6–12 months is recommended to assess the impact of these interventions.

BLUE POSTERS · NEUROSCIENCE, MENTAL HEALTH & CRITICAL CARE · STATIONS P079–P086

P079 · Audit or QI

Poster Hall 3 View poster ↗



Enhancing Psychiatric History-Taking Skills Using a Twine-Based Branching Scenario

Christina Taylor, Ananya Veenarun

Musgrove Park Hospital

BACKGROUND

Psychiatric assessment requires students to integrate structured history-taking, mental state examination (MSE), risk assessment and clinical decision-making. Increasing student numbers, finite clinician teaching time and variable access to suitable patients may limit opportunities for practice. Twine is a free platform enabling interactive branching scenarios with immediate feedback. We explored its feasibility as a self-directed adjunct to undergraduate psychiatry teaching.

METHODS

A two-cycle quality improvement project was undertaken with medical students. Baseline questionnaires (n=2) assessed confidence across five domains. Cycle 1 comprised teaching on psychiatric history-taking, MSE and risk assessment, followed by reassessment (n=1). Persisting learning needs informed Cycle 2: a Twine-based simulated psychiatric consultation in which students navigated a branching patient encounter, made clinical decisions and received immediate feedback. Confidence and applied knowledge were reassessed post-Twine (n=2). Findings were analysed descriptively.

RESULTS

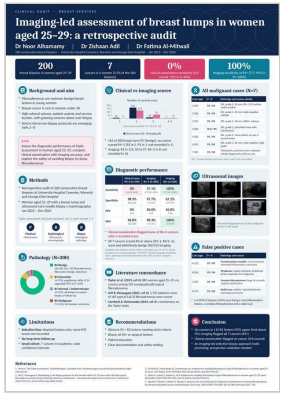
At baseline, both students reported neutral confidence in conducting an MSE, with variable confidence across other domains. Following Cycle 1, the respondent reported confidence in structuring a psychiatric history and exploring sensitive topics, but remained neutral regarding MSE and less confident about clinical assessment. Post-Twine, confidence was greatest in structuring a psychiatric history and conducting an MSE (neutral–agree), while exploring sensitive topics and preparedness for clinical assessment remained lower (disagree–neutral). Students scored 4/4 and 3/4 on applied-knowledge questions.

CONCLUSION

A Twine-based branching consultation was feasible to integrate into undergraduate psychiatry teaching, providing a free, repeatable environment for practising clinical decisions with immediate feedback. Persisting uncertainty around sensitive questioning and real-patient assessment identified targets for subsequent PDSA cycles. Although the small, incompletely paired sample precludes conclusions regarding effectiveness, digital branching scenarios may offer a scalable adjunct to supervised clinical learning where clinician teaching capacity and suitable patient encounters are limited.

P080 · Audit or QI

Poster Hall 3 View poster ↗



Can we avoid biopsy of benign appearing fibroadenomas?

Zishaan Adil, Noor Al Hamamy, Al-Mitwalli

Dudley UK

Breast fibroadenomas are common in women aged 25–29, yet many benign-appearing lesions undergo biopsy. This audit examined how clinical examination and imaging findings correlated with histopathology and whether unequivocally benign lesions could be considered for observation.

METHODS

We retrospectively reviewed 200 consecutive breast lesions undergoing image-guided core biopsy at a single UK NHS trust between January 2023 and December 2024. All patients were aged 25–29. Clinical (P1–P5), radiological (R1–R5) and histopathological (B1–B5) assessments were reviewed. Repeat biopsy, vacuum-assisted excision, surgical excision and follow-up findings were assessed where relevant. Diagnostic patterns were evaluated descriptively, focusing on malignant outcomes in lesions with benign versus indeterminate or suspicious assessments.

RESULTS

Seven of 200 biopsied lesions (3.5%) were malignant, all invasive carcinomas. Histopathology was B2 (benign) in 165 lesions (82.5%), including 132 fibroadenomas (66% of the cohort). Fourteen lesions (7%) were B3, with no malignant upgrade on excision; a further 14 (7%) were B1, subsequently established as benign through repeat biopsy or follow-up. All malignancies had indeterminate or suspicious imaging appearances (R3–R5), with none classified as unequivocally benign (R2). No malignancy occurred among biopsied lesions assessed as benign on both clinical examination and imaging. None of the cancers with recorded examination scores were classified as clinically suspicious (P4/P5). Conversely, some benign inflammatory and fibroepithelial lesions demonstrated suspicious clinical or radiological features, prompting appropriate biopsy.

CONCLUSION

Imaging differentiated malignant from benign-appearing lesions more effectively than clinical examination in this selected cohort. Our findings suggest that a more selective biopsy pathway may be appropriate for women aged 25–29 with typical fibroadenoma appearances, while indeterminate or suspicious lesions require tissue sampling. However, exclusion of non-biopsied lesions and limited long-term follow-up prevent conclusions about the safety of foregoing biopsy; prospective evaluation is warranted. This may reduce procedural burden and patient anxiety while maintaining diagnostic vigilance.

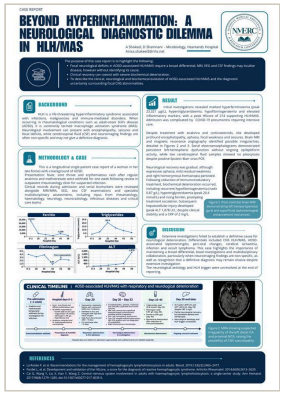
P081 · Poster

Poster Hall 3 View poster ↗

Focal Neurological Involvement in Adult-Onset Still Disease-Associated Haemophagocytic Lymphohistiocytosis: A Diagnostic Challenge

Anisa Shakeel, Dimple Shamnani, Ed Birkhamshaw

University Hospitals Birmingham NHS Trust, Heartlands Hospital



Adult-onset Still's disease (AOSD)-associated haemophagocytic lymphohistiocytosis/macrophage activation syndrome (HLH/MAS) causes life-threatening hyper-inflammation. Neurological involvement is diagnostically challenging because clinical, cerebrospinal fluid (CSF) and magnetic resonance imaging (MRI) findings are non-specific. We describe a case of HLH/MAS complicated by focal neurological dysfunction and neuroimaging abnormalities.

This longitudinal case report describes a woman in her late forties with AOSD-associated HLH/MAS and respiratory and neurological deterioration. Clinical progression was assessed through serial inflammatory and biochemical markers, brain MRI and angiography, electroencephalogram (EEG), CSF analyses, and multidisciplinary rheumatology, haematology, neurology, infectious diseases and neuroradiology review.

A diagnosis of HLH/MAS was supported by hyperferritinaemia, hypofibrinogenaemia, hypertriglyceridaemia, hepatic dysfunction and a peak HScore of 214. Following temporary interruption of immunomodulatory treatment, she developed encephalopathy, aphasia, focal right-sided motor episodes, weakness and right homonymous hemianopia. MRI demonstrated left temporoparietal cortical diffusion restriction and leptomeningeal enhancement. EEGs showed persistent left-hemispheric dysfunction without ongoing epileptiform activity. CSF samples showed no pleocytosis; Epstein–Barr virus PCR was positive, however evidence was insufficient to establish encephalitis. Differential diagnoses included inflammatory CNS involvement, peri-ictal changes, ischaemia and occult lymphoma. Respiratory and neurological function improved, although aphasia and visual-field loss persisted. Severe hepatocellular injury subsequently developed despite a C-reactive protein of 2 mg/L. The neurological aetiology and HLH trigger remained unresolved, with further investigations pending.

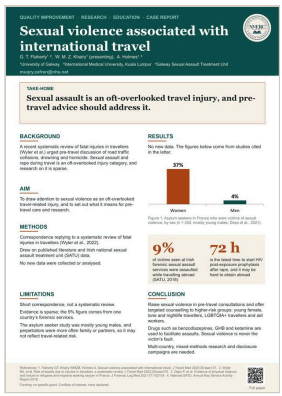
Neurological deterioration in AOSD-associated HLH/MAS warrants investigation of inflammatory, infectious, vascular, seizure-related and malignant causes. Non-specific neuroimaging and positive viral PCR results require clinical correlation. Discordance between clinical recovery and biochemical deterioration highlights the importance of serial monitoring and multidisciplinary reassessment.

P082 · Poster

Poster Hall 3

View poster ↗

Sexual violence associated with international travel



Gerard T. Flaherty, Wan Muqry Zafran Bin Mohd Khairy, Andrea Holmes

Leicester

BACKGROUND

Sexual violence during international travel is an under-recognised public health issue. Travellers who experience sexual assault may face additional challenges, including isolation from social support, language barriers and unfamiliarity with local healthcare and forensic services. This publication aimed to highlight this neglected aspect of travel medicine and its implications for pre-travel counselling and post-assault care.

METHOD

A literature-based review and critical discussion of existing evidence was undertaken. Relevant published literature, including retrospective data from sexual assault treatment services in Ireland and studies involving refugees and migrants, was examined to explore the prevalence, risk factors and healthcare implications of sexual violence associated with international travel.

RESULTS

Existing evidence suggested that 9% of victims attending dedicated forensic medical services in Ireland had experienced sexual violence while travelling outside the country. Groups potentially at increased risk included young female travellers, lone travellers, nightlife tourists, LGBTQIA+ individuals and humanitarian aid workers. Alcohol and recreational drug use were identified as factors that may increase vulnerability, while drug-facilitated sexual assault presented additional concerns. The publication highlighted challenges in accessing timely medical care abroad, particularly HIV post-exposure prophylaxis, which should ideally be commenced within 72 hours of exposure.

CONCLUSION

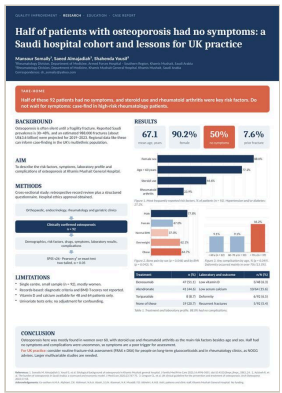
Sexual violence associated with international travel represents an important but under-researched public health concern. Greater awareness among travel medicine clinicians is needed, alongside targeted pre-travel counselling, improved access to post-assault healthcare and stronger collaboration between sexual assault services, travel medicine professionals and the travel industry. Further interdisciplinary, mixed-methods research across multiple jurisdictions is required to better understand the scale and characteristics of this problem.

P083 · Research

Poster Hall 3

View poster ↗

Half Without Symptoms: Characterising Osteoporosis in a Saudi Hospital Cohort and Its Relevance to UK Practice



Mansour Somaily, Saeed Almajadiah, Shahenda Yousif Mohammed Alemam, Abdussalam Mohammed A Alqhtani, Ziyad Khalid Alahmari, Naif Ahmed Ali Alasiri, Saud Saeed N Alasmari, Nasser Khalid Muaddi, Faisal Dhafer Alshehri, Abdulkhaliq Hadi B Asiri

Khamis myshait , saudia arbia

BACKGROUND

Osteoporosis is frequently asymptomatic until fragility fracture occurs. Reported Saudi prevalence is 30-48%, with substantial and rising economic burden. Objecyives: To characterise the risk factors, clinical presentation, laboratory profile and complications of osteoporosis at Khamis Mushait General Hospital, Southern Saudi Arabia.

METHODS

A retrospective, record-based cross-sectional study supplemented by structured questionnaires. Patients with clinically confirmed osteoporosis were recruited from orthopaedic, endocrinology, rheumatology and geriatric clinics (N=92). Demographics, comorbidities, drug history, risk factors, presentation, complications and laboratory data were extracted. Analysis used SPSS v26 (Pearson χ^2 or exact tests; two-tailed, α=0.05).

RESULTS

Mean age was 67.1±11.6 years (range 37-100); 83 (90.2%) were female. BMI was normal in 50.0%, overweight in 31.5% and obese in 18.5%. The most frequent risk factors were female sex (88.0%), age >60 years (77.2%), glucocorticoid exposure (44.6%) and rheumatoid arthritis (23.9%). Hypertension and/or diabetes were present in 27.2%. Treatment comprised denosumab (51.1%), alendronate (44.6%) and teriparatide (8.7%); 20.7% received none. Fracture history was recorded in 7.6%. Bone pain affected 50.0%, and 88.0% had no complications (deformity 6.5%, recurrent fractures 5.4%). Low vitamin D (6.3%) and hypocalcaemia (15.6%) were uncommon. Bone pain was more frequent in males (77.8% vs 47.0%; p=0.046) and obese patients (64.7% vs 37.0% in normal weight; p=0.043), but not across age groups (p=0.145). Complications increased with age (16.2% in >70s vs 9.1% in <60s; p=0.049) but not with sex (p=0.597) or BMI (p=0.611).

CONCLUSIONS

Osteoporosis in this cohort was predominantly female and elderly, with glucocorticoid exposure and rheumatoid arthritis as the leading modifiable and disease-related risk factors. Half of patients were asymptomatic, which supports proactive case-finding in high-risk rheumatology populations. Larger multivariate studies are needed.

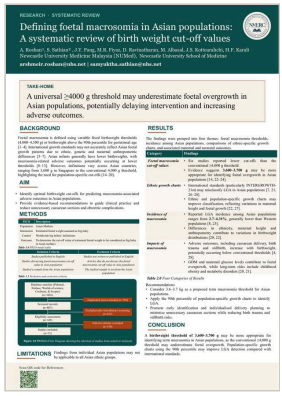
P084 · Research

Poster Hall 3 View poster ↗

Defining foetal macrosomia in Asian populations: A systematic review of birth weight cut-off values

Samyuktha Sathian, Arshmeir Roshan, Pang Jie Yun, Mariyam Raafy Fiyaz, Dhanya Ravintharan, Miram Albasal, Jayandri Senara Kottearachchi, Hassan Fadhil Karali

The Shrewsbury and Telford Hospital NHS Trust



BACKGROUND

There is uncertainty regarding the appropriate cut-off for defining macrosomia in Asian women. International growth standards may not accurately reflect Asian foetal growth patterns, potentially misclassifying foetal overgrowth and underestimating associated maternal and neonatal risks. Caesarean section decisions for suspected macrosomia remain complex and require individualised assessment.

AIM

This systematic review aims to identify optimal birthweight cut-offs predicting macrosomia-related adverse outcomes and inform safer, evidence-based obstetric practice in Asian populations.

METHOD

This systematic review included 15 studies evaluating foetal macrosomia thresholds in Asian populations. A comprehensive literature search across relevant databases identified 1,001 records published between February 2016 and February 2026. Following screening and application of predefined inclusion and exclusion criteria, 15 eligible articles were selected for review, focusing on birthweight thresholds and their association with adverse maternal and neonatal outcomes across Asian obstetric settings.

RESULTS

The findings were grouped into four themes: foetal macrosomia thresholds, incidence among Asian populations, comparisons of ethnic-specific growth charts, and associated maternal and neonatal outcomes. Mean birthweights ranged from 2.64 to 3.12 kg. Although thresholds varied by population and gestational age, most studies identified 3,600–3,700 g as the cut-off for macrosomia in Asian women at term. Incidence was lower in Asian populations (2.7–4.3%) compared with other ethnic groups (up to 9.6%). Growth chart selection influenced classification, highlighting the need for population-specific standards. Applying international or outdated charts may misclassify foetal overgrowth, potentially increasing the risk of caesarean delivery, birth trauma and adverse maternal and neonatal outcomes.

CONCLUSION

Although few included studies directly assessed long-term outcomes, foetal macrosomia has been linked to an increased risk of childhood obesity, metabolic syndrome and type 2 diabetes mellitus. These metabolic risks may emerge at lower BMI thresholds in Asian populations, highlighting long-term implications even at comparatively lower birthweights.

P085 · Poster

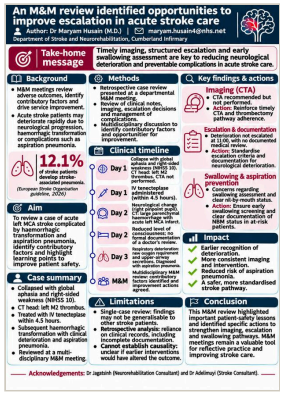
Poster Hall 3

View poster ↗

Identifying Clinical and System-Level Gaps in Acute Stroke Management: A Morbidity and Mortality Case Analysis

Maryam Husain

Carleton Clinic, Carlisle, UK



BACKGROUND

Acute ischaemic stroke requires timely imaging, reperfusion treatment and monitoring for complications. This morbidity and mortality review examined gaps in an acute stroke pathway following a fatal admission and identified opportunities for improving patient safety.

METHODS

A retrospective review examined the clinical timeline, imaging reports, thrombolysis records, neurological observations and escalation documentation against the local stroke protocol. Documented deviations and potential contributory factors were analysed.

RESULTS

A patient presented with global aphasia and right-sided weakness (NIHSS 10). Initial CT suggested a proximal left M2 thrombus; the radiologist recommended urgent CT angiography (CTA) and consideration of thrombectomy referral. Tenecteplase was administered within the therapeutic window, but CTA was not performed despite local protocol requirements, limiting assessment for possible thrombectomy. Subsequent deterioration was accompanied by haemorrhagic transformation, cerebral oedema and 7 mm midline shift. The patient later died from aspiration pneumonia.

The review identified three concerns: non-adherence to the neuroimaging pathway; gaps in documentation and escalation during neurological deterioration; and unclear documentation of swallowing and airway precautions. Overnight workload and limited checklist use were considered possible contributory factors.

CONCLUSION

This case highlights interacting vulnerabilities in acute stroke care. Suggested improvements include electronic CTA prompts, structured thrombolysis checklists, clear escalation triggers for falling consciousness and explicit recording of swallowing and airway precautions. A single-case review cannot establish whether the identified gaps altered the outcome, but it provides actionable learning for stroke teams and clinical governance.

P086 · Audit or QI

Poster Hall 3 View poster ↗



Every decision matters: Enhancing patient-centred care in women experience PPROM less than 24 weeks

Priya Das Chowdhury

Kent

BACKGROUND

Preterm prelabour rupture of membranes (PPROM) before 24 weeks of gestation presents complex challenges for women, their families and the obstetricians. It is imperative that women are provided with clear, consistent and compassionate information to support informed decision-making. An absence of simplified written information may result in variations in counselling and difficulties retaining information during a highly distressing experience.

METHODS

This project was undertaken following a case of PPROM at 20 weeks which resulted in complications. To start with, patient notes for those presenting with extreme PPROM were reviewed 6 months each prior to, and following this incident. Two PDSA cycles were carried out. In the first cycle, assessment of adequate documentation, daily senior reviews, a departmental presentation on "Extreme PPROM - clinical features, outcomes and management", and decision to create a PIL were carried out. During the second PDSA cycle, the leaflet was created in collaboration with a midwife. Notes were reviewed after the second PDSA cycle and feedback on the PIL was obtained as well.

RESULTS

The project resulted in the development of a dedicated PIL addressing the clinical features, outcomes and management of extreme PPROM in a simplified and compassionate manner. It provided a structured resource to support consistent counselling, and offered patients an opportunity to revisit important information at their own pace and share it with their families. At the end of the second PDSA cycle, 100 % of patients with PPROM less than 24 weeks had received a PIL, and this was also reflected in positive responses in the patient satisfaction surveys.

CONCLUSION

Extreme PPROM before 24 weeks requires sensitive, individualised and multidisciplinary care. A standardised, patient-centred information leaflet represents a practical quality improvement intervention to bridge existing information gaps, promote informed decision-making and enhance the patient experience.

GREEN POSTERS · TRAINING, STUDENTS & WELLBEING · STATIONS P087–P094

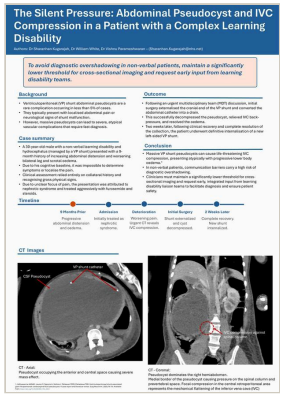
P087 · Poster

Poster Hall 3 View poster ↗

The Silent Pressure: Abdominal Pseudocyst and IVC Compression in a Patient with a Complex Learning Disability

Sharanhan Kugarajah, William White, Vishnu Parameshwaran, James Barber

Barts Health (London)



BACKGROUND

Ventriculoperitoneal (VP) shunt abdominal pseudocysts are a rare complication occurring in less than 5% of cases. While typically presenting with localised abdominal pain or neurological signs of shunt malfunction, massive pseudocysts can lead to severe, atypical vascular complications that require fast diagnosis.

CASE SUMMARY

A 30 year old male with a non-verbal learning disability and hydrocephalus managed by a VP shunt presented to the acute medical unit with a 9 month history of increasing abdominal distension with worsening bilateral leg and scrotal oedema. Due to the patient's cognitive baseline, it was impossible to determine the symptoms and localise the pain. His assessment relied entirely on the collateral history and recognising gross physical signs. Maintaining a low threshold for imaging in the context of diagnostic uncertainty, an urgent CT abdomen was done. This revealed a large, localised collection of fluid surrounding the distal VP shunt tip. This pseudocyst caused severe mass effect causing partial compression of the IVC explaining his lower body oedema.

OUTCOME

Following urgent MDT discussion, initial surgical intervention involved externalising the cranial end of the VP shunt to manage the hydrocephalus whilst converting the abdominal catheter into a drain. This successfully decompressed the pseudocyst, relieving IVC back-pressure and resolving the oedema. Two weeks later, following clinical recovery and complete resolution of the collection, the patient underwent definitive internalisation of a new left-sided VP shunt.

CONCLUSION

Massive VP shunt pseudocyst can cause life threatening IVC compression, presenting atypically with progressive lower body oedema. In non-verbal patients, communication barriers carry a high risk of diagnostic overshadowing. Clinicians must maintain a significantly lower threshold for cross sectional imaging and request early, integrated input from the learning disability liaison teams to facilitate diagnosis and patient safety.

P088 · Research

Poster Hall 3 View poster ↗

Why don't medical students report discrimination? A qualitative study of barriers to reporting at a UK medical school

Bilal Sajad

Bradford



BACKGROUND

Discrimination is common in medical training, yet most incidents go unreported. Barriers to reporting have been described across UK higher education, but it is unclear whether medical students face barriers specific to medicine.

AIMS

To explore why medical students do or do not report experiences of discrimination, and to compare their reasons with barriers described in the wider higher education literature.

METHODS

I conducted an exploratory qualitative study at a UK medical school in 2021. Students were recruited through a gatekeeper email using voluntary response sampling. Four students who had experienced discrimination took part in online semi-structured interviews. I analysed the transcripts using inductive thematic analysis. The study had ethical approval from the School of Medicine Research Ethics Committee, and participants consented to dissemination of the findings.

RESULTS

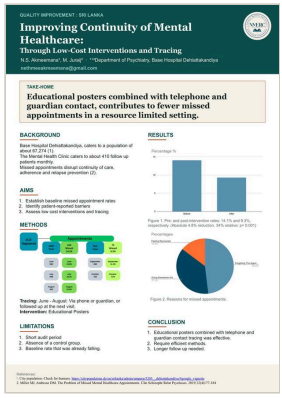
No participant formally reported their experience, and all incidents occurred on clinical placement. Five themes emerged: (1) lack of faith in the medical school, often based on peers' experiences rather than their own; (2) fear of consequences for assessment, progression and the placement learning environment; (3) a reporting system participants found inaccessible and impersonal, which most could not locate; (4) uncertainty about whether experiences were "serious enough", and reluctance to be seen as a victim; and (5) hierarchy and a placement culture that normalised poor behaviour from seniors. Participants asked for support, such as dedicated staff to speak to, that already existed but that none were aware of.

CONCLUSIONS

Most barriers mirrored those reported across higher education. Placement hierarchy and NHS culture appeared specific to medicine. The gap between institutional action and student awareness suggests that medical schools should actively communicate the support already in place, alongside longer-term work on placement culture. Larger, multi-site studies are needed.

P089 · Audit or QI

Poster Hall 3 View poster ↗



Improving Continuity of Mental Healthcare Through Low-Cost Educational Interventions: A Quality Improvement Project in Sri Lanka

Nethmee S. Akmeemana, *M. Juraij*

Sri Lanka

BACKGROUND

Base Hospital Dehiattakandiya, a Type A Base Hospital in rural Sri Lanka, serves approximately 68,000 people. Its Mental Health Clinic reviews around 420 follow-up patients monthly under one regional Consultant Psychiatrist and one designated Medical Officer of Mental Health. Missed appointments can disrupt continuity of care, compromise treatment adherence and increase the risk of relapse. Identifying modifiable barriers to attendance is essential for improving outpatient mental health services.

AIM

To establish the baseline rate of missed mental health follow-up appointments over a three-month retrospective period, identify patient-reported reasons for non-attendance and evaluate the impact of targeted visual educational interventions on attendance.

METHODS

This quality improvement project adopted a Plan–Do–Study–Act (PDSA) framework. Baseline clinic attendance data were reviewed retrospectively over three months to establish the missed-appointment rate. Patient-reported reasons for defaulting were explored to identify potentially modifiable barriers. Based on the findings, targeted educational posters were developed and displayed in prominent clinic areas to reinforce the importance of scheduled follow-up and address identified barriers. Attendance rates were subsequently re-audited in two months to assess changes following implementation.

RESULTS

Forgetting scheduled clinic dates emerged as the most frequently reported reason for non-attendance, followed by patients perceiving themselves as recovered or improved and therefore considering further follow-up unnecessary. Following implementation of the targeted visual interventions, an improvement in clinic follow-up attendance was observed.

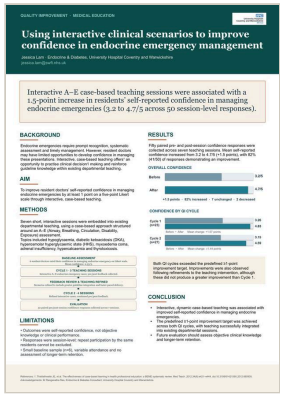
CONCLUSION

Simple, low-cost visual educational interventions may improve mental health outpatient attendance in resource-limited settings.

P090 · Audit or QI

Poster Hall 3

View poster ↗



Improving Confidence in Managing Endocrine Emergency Management Through Interactive, Case-Based Teaching

Jessica Lam

Warwick

BACKGROUND AND AIM

Endocrine emergencies require prompt recognition, structured assessment and appropriate initial management. This project aimed to improve resident doctors' self-reported confidence in managing endocrine emergencies by at least one point on a five-point Likert scale.

METHODS

A two-cycle educational quality improvement project was undertaken during an endocrine and diabetes rotation. Initial baseline confidence was assessed using a questionnaire completed by six resident doctors. Seven short, interactive teaching sessions covering different endocrine emergencies were incorporated into existing departmental teaching. Clinical scenarios presented evolving observations, examination findings, blood results and venous blood gas results, guiding learners through an A–E assessment. One resident actively worked through each case, making clinical decisions as new information emerged, with group discussion encouraged throughout. Each session concluded with a review of relevant national and local guidelines and management. Following the first cycle (three sessions), learner and consultant feedback informed modifications to the teaching, including more varied clinical parameters, greater guideline integration and faster-paced scenarios. Four further sessions were delivered in the second cycle. Pre- and post-session confidence was measured using the same five-point Likert scale.

RESULTS

Initial baseline confidence averaged 2.33/5 (n=6). Across 50 session-level questionnaire responses, mean confidence increased from 3.2/5 before teaching to 4.7/5 afterwards (+1.5), exceeding the target. In cycle one (n=23), mean confidence increased from 3.26 to 4.83 (+1.57); in cycle two (n=27), it increased from 3.15 to 4.59 (+1.44). Overall, 41/50 responses (82%) reported increased confidence.

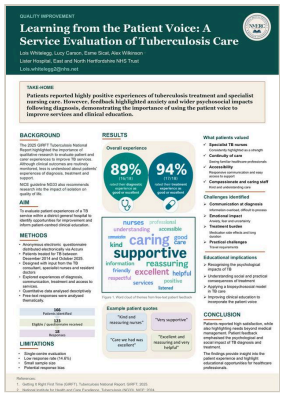
CONCLUSION

Interactive, case-based teaching was associated with improved self-reported confidence in managing endocrine emergencies. Incorporating active clinical decision-making and guideline-based discussion into short departmental teaching sessions provides a potentially reproducible and sustainable educational model with minimal additional resource requirements. Future evaluation should include objective knowledge assessment and longer-term retention.

P091 · Service evaluation

Poster Hall 3 View poster ↗

Learning from the Patient Voice: A Service Evaluation of Patient Experience of Tuberculosis Care



Lois Whitelegg, Lucy Carson, Alex Wilkinson

Lister Hospital

BACKGROUND

The 2025 GIRFT Review of Tuberculosis National Report highlighted the importance of qualitative research to evaluate patient and carer experiences to improve TB services. Although clinical outcomes are routinely monitored, less is understood about patients' experiences of diagnosis, treatment and support. The aim was to evaluate patient experiences of a TB service within a district general hospital to identify opportunities for improvement and inform patient-centred clinical education.

METHODS

An anonymous questionnaire was designed by the multidisciplinary TB team with reference to GIRFT recommendations and distributed electronically via Accurx to patients treated for TB between December 2014 and October 2025. It explored experiences of diagnosis, communication, treatment and access to services. Quantitative data were analysed descriptively and free-text responses were analysed thematically.

RESULTS

Of 166 patients identified, 123 were eligible, with 18 responses (14.6%). Mean age of respondents was 54 years (range 28-82 years). Overall, 16/18 respondents (88.9%) rated their diagnostic experience as good or excellent, 17/18 (94.4%) rated their treatment experience as good or excellent. Free-text responses highlighted that patients valued continuity of care, accessibility of services and support from specialist TB nurses. Challenges identified included communication at diagnosis, uncertainty, anxiety, medication side effects and travel requirements for care.

CONCLUSIONS

Respondents reported high satisfaction whilst highlighting needs beyond medical management. Patient feedback emphasised the psychological and social impact of TB diagnosis and treatment. Although the low response rate and small sample size limit these findings, the findings provide insight into the patient experience and highlight educational opportunities for healthcare professionals, particularly regarding communication at diagnosis and recognition of the wider impact of TB on patients' lives. Findings have informed plans to review patient information resources and incorporate patient experience into clinical education.

P092 · Poster

Poster Hall 3 View poster ↗

Giant Ileal Conduit Calculus Three Decades Following Urinary Diversion: A Case Report

Liam Roach, Adam Jones

Lancashire Teaching Hospitals

Ileal conduit calculi are an uncommon late complication of urinary diversion, with a reported incidence of 0–3% following ileal or colonic conduit formation. Giant conduit calculi are described predominantly in isolated case reports. We present a giant calculus arising three decades after ileal conduit formation despite preserved drainage and renal function.

An 83-year-old woman with ulcerative colitis underwent total colectomy and ileostomy in 1978. Following severe urinary incontinence and a failed artificial urinary sphincter, an ileal conduit was formed in the mid-1990s, with the bladder left in situ because of adhesions. She had known stomal stenosis but no recurrent urinary tract infections or previous urolithiasis. In February 2026, she presented with three weeks of lower abdominal pain and vomiting. Computed tomography demonstrated a 7-cm radiopaque calculus within the conduit without hydronephrosis. A 2022 hip radiograph retrospectively demonstrated that the calculus was already substantial.

In June 2026, she underwent laparotomy, adhesiolysis, conduit enterotomy and extraction in two fragments. Open surgery was selected because of the stone burden, narrow stomal aperture, long conduit and extensive adhesions. The hard, crystalline and granular calculus weighed 367 g and comprised 63% magnesium ammonium phosphate and 37% calcium phosphate. The enterotomy was closed primarily, and leak testing showed no extravasation. Postoperative eGFR was 68 mL/min/1.73 m^2 compared with 59 preoperatively. Loopography demonstrated unobstructed conduit drainage without leakage. She experienced no postoperative complications and was discharged after seven days.

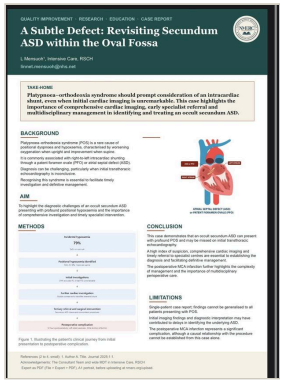
A giant, predominantly struvite calculus can develop silently within an ileal conduit despite satisfactory drainage, preserved renal function and no history of recurrent symptomatic infection. Stomal stenosis and urinary stasis may facilitate infection-associated stone formation. Management should be individualised according to stone burden, stomal calibre, conduit anatomy, adhesions and feasibility of minimally invasive access. Long-term surveillance and composition-directed recurrence prevention should be considered.

P093 · Poster

Poster Hall 3 View poster ↗

A Subtle Defect: Revisiting Secundum ASD within the Oval Fossa

Linnet Mensuoh



INTRODUCTION

Platypnoea–orthodeoxia syndrome (POS) is a rare condition characterised by positional dyspnoea and arterial desaturation, typically worsening when upright and improving when supine. It is commonly associated with intracardiac shunting through a patent foramen ovale (PFO) or atrial septal defect (ASD). This case highlights the diagnostic challenges of identifying an interatrial defect presenting with profound positional hypoxaemia.

CASE PRESENTATION

A 60-year-old male with mild asthma and recent hiatus hernia repair presented to his GP with loose stools, where incidental oxygen saturations of 79% on room air prompted hospital referral. Arterial blood gas demonstrated a PaO2 of 5.4 kPa, with significant positional variation and rapid improvement when supine. CT pulmonary angiography excluded pulmonary embolism but suggested pulmonary hypertension, while initial transthoracic echocardiography was unremarkable. Following ICU admission for respiratory support and monitoring, further investigations, including ventilation–perfusion scanning and bubble contrast echocardiography, identified an interatrial shunt, initially interpreted as a PFO. He was commenced on spironolactone and subsequently transferred to a tertiary cardiothoracic centre. Following a preoperative episode of atrial fibrillation, amiodarone was initiated. He underwent surgical secundum ASD closure using direct sutures, alongside left atrial appendage ligation and pulmonary vein isolation. Unfortunately, 12 hours postoperatively, he developed left-sided weakness, with imaging confirming an MCA territory infarction. He was subsequently transferred for specialist stroke rehabilitation.

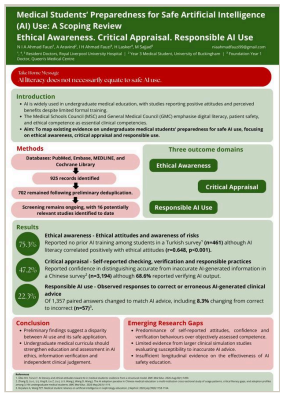
CONCLUSION

This case demonstrates the importance of considering intracardiac shunting in unexplained positional hypoxaemia, particularly when initial investigations are inconclusive. It highlights the value of comprehensive cardiac imaging, timely specialist referral and multidisciplinary management. Potential delays in definitive investigation and tertiary transfer also emphasise opportunities to improve diagnostic pathways and patient outcomes.

P094 · Poster

Poster Hall 3

View poster ↗



Medical Students' Preparedness for Safe Artificial Intelligence (AI) Use: A Scoping Review of Ethical Awareness and Critical Appraisal

Nurul Iman Athirah Binti Ahmad Fauzi, Aarthy Aravind, Imran Hakim bin Ahmad Fauzi, Hafeezah Lasker, Menahel Sajjad

Royal Liverpool University Hospital

BACKGROUND

AI is widely used in undergraduate medical education, with studies reporting positive attitudes and perceived benefits despite limited formal training. The Medical Schools Council (MSC) and General Medical Council (GMC) emphasise digital literacy, patient safety, and ethical competence as essential clinical competencies. This review gathers evidence on students' ethical awareness and readiness to appraise AI critically for responsible use.

METHODS

A systematic preliminary search, in accordance with JBI and PRISMA-ScR guidelines, was conducted in PubMed, Embase, MEDLINE, and Cochrane, which identified 925 records, with 702 remaining after deduplication. Screening is ongoing, with 16 potentially relevant studies identified to date.

RESULTS

In a Turkish cross-sectional study of 461 students, a positive correlation was found between AI literacy and ethical attitudes (r=0.648, p<0.001), with 75.3% reporting no prior training. Among a Chinese cohort of 3,194 students, 68.6% reported verifying AI-generated information, but a lower number (47.2%) reported confidence in determining the accuracy of information despite accumulating AI use (p = 0.297).

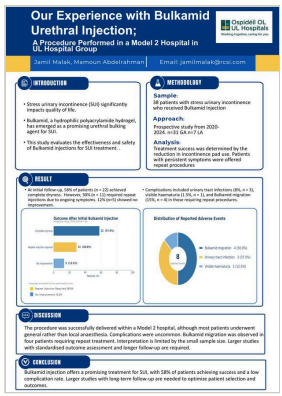
Another study with 57 participants highlighted possible limitations in AI-related judgement. 22.3% of 1,357 answers changed to match AI advice, including 8.3% changing from correct to incorrect. In a prospective observational study (n=26), interpretation assisted by AI increased diagnostic accuracy by 26.7%, but agreement with erroneous AI predictions increased significantly (p=0.037). Conversely, a teaching trial with 55 students found higher self-reported ratings of verification and inquiry following structured AI-assisted learning (p<0.001).

CONCLUSION

Preliminary findings present a disparity between AI utilisation and its safe application in clinical settings. Studies often rely on self-reported verification patterns, which does not establish objective ethical practice or critical appraisal. Experimental papers highlight vulnerability to inaccurate AI output, though these studies remain limited. In line with MSC and GMC guidelines, AI education should be integrated into the medical school curriculum to address ethical issues and improve verification skills.

AMBER POSTERS · MEDICAL EDUCATION & TEACHING · STATIONS P095–P104

P095 · Research · Poster Hall 3 · View poster ↗



Our Experience with Bulkamid Urethral Injection; a Procedure Performed in a Model 2 Hospital in UL Hospital Group

Jamil Malak, Mamoun Abdelrahman

Our Lady of Lourdes Hospital, Drogheda, Windmill Road, Moneymore, Drogheda, Co. Louth, A92 VW28, Ireland

BACKGROUND

Stress urinary incontinence (SUI) significantly impacts quality of life. Bulkamid, a hydrophilic polyacrylamide hydrogel, has emerged as a promising urethral bulking agent for SUI. This study evaluates the effectiveness and safety of Bulkamid injections for SUI treatment.

METHODS

A prospective study from 2020 to 2024 included 38 patients with SUI who received Bulkamid injections. Procedures were performed under general (n = 31) or local anesthesia (n = 7). Treatment success was determined by the reduction in incontinence pad use. Patients with persistent symptoms were offered repeat procedures. Complications and adverse events were monitored.

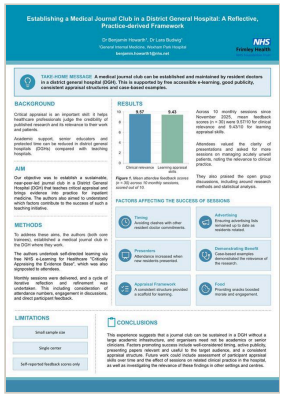
RESULTS

At initial follow-up, 58% of patients (n = 22) achieved complete dryness. However, 30% (n = 11) required repeat injections due to ongoing symptoms. The remaining 12% (n = 5) showed no improvement and declined further intervention. Complications included urinary tract infections (8%, n = 3), visible haematuria (1.5%, n = 1), and Bulkamid migration (15%, n = 4) in those requiring repeat procedures.

CONCLUSION

Bulkamid injection offers a promising treatment for SUI, with 58% of patients achieving success and a low complication rate. However, 30% required repeat injections, and migration of the bulking agent was observed in some cases. Larger studies with long-term follow-up are needed to optimize patient selection and outcomes.

P096 · Teaching intervention · Poster Hall 3 · View poster ↗



Establishing a Medical Journal Club in a District General Hospital: A Reflective, Practice-Derived Framework

Benjamin Howarth, Lara Budwig

Wexham Park Hospital

BACKGROUND

Critical appraisal of literature is an important skill, ensuring healthcare professionals understand the credibility and relevance of published research. Furthermore, academic support, senior educators and protected time can be reduced in District General Hospitals compared to Teaching Hospitals. Our objective was to establish a sustainable, near-peer-led journal club in a District General Hospital (DGH) that teaches critical appraisal and brings evidence into practice for inpatient medicine. The authors also aimed to understand which factors contribute to the success of such an initiative.

METHOD

To address these aims, the authors (both core trainees) established a medical journal club in the DGH where they work. The authors undertook self-directed learning via free NHS e-Learning for Healthcare, which was also signposted to attendees. Monthly sessions were delivered and a cycle of iterative reflection and refinement was undertaken, guided by participant feedback.

RESULTS

Across 10 monthly sessions since November 2025, mean overall feedback scores (n = 30) were 9.57/10 for clinical relevance and 9.43/10 for learning appraisal skills. Attendees valued the clarity of presentations and requested more sessions related to managing acutely unwell patients. The following factors affected the success of sessions: • Timing: avoiding clashes with other resident doctor commitments. • Advertising: ensuring advertising lists remained up to date as residents rotated. • Presenters: attendance increased when new residents presented. • Demonstrating Benefit: case-based examples demonstrated relevance of the research. • Appraisal Framework: a consistent structure provided a scaffold for learning. • Food: providing snacks boosted morale and engagement.

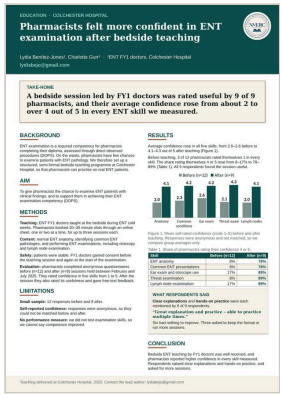
CONCLUSIONS

This work demonstrates that a journal club can be sustained in a DGH without large academic infrastructure. Factors promoting success include accessibility, good publicity, careful paper selection and a consistent appraisal structure. Future sessions will look to assess participant appraisal skills over time.

P097 · Teaching intervention

Poster Hall 3

View poster ↗



Bedside ENT Exam Teaching for Pharmacists: A Structured Programme Delivered by ENT Foundation Year 1 Doctors

Lydia Benitez-Jones, Charlotte Gurr

Colchester

BACKGROUND

ENT examination is a required competency for pharmacists completing their diploma, assessed through direct observed procedures (DOPS), but ward-based opportunities to examine patients with ENT pathology are limited.

METHODS

ENT FY1 doctors delivered structured, semi-formal bedside teaching sessions of 20–30 minutes to one or two pharmacists at a time, with up to three sessions per pharmacist, during ENT cold weeks. Sessions covered normal ENT anatomy, identification of common ENT pathologies, and ENT examination skills, including otoscopy and lymph node examination. Patients were stable, and consent was obtained before the session and at the start of the examination. Pharmacists completed questionnaires before (12 responses) and after (9 responses) sessions held between February and July 2025, rating confidence in five areas on a 1–5 scale; after sessions they also rated usefulness and gave free-text feedback.

RESULTS

Mean self-rated confidence increased in all five areas: anatomy 2.0 to 4.1, common presentations 2.3 to 4.2, ear examination and otoscope use 2.6 to 4.2, throat examination 2.1 to 4.3, and lymph node examination 2.0 to 4.1. All nine post-session respondents found the session useful. Respondents valued hands-on practice (6 of 9) and clear explanations of anatomy and common conditions (7 of 9). No concrete problems were raised; suggestions were to keep the questionnaire and run sessions more often.

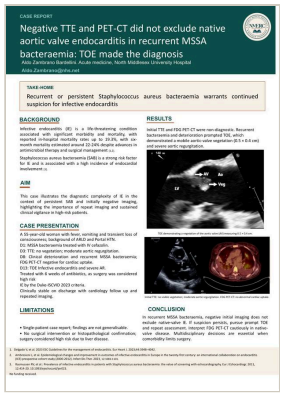
CONCLUSION

Bedside teaching delivered by FY1s was well received, and self-rated confidence rose in every area measured. Limitations include a small sample, self-reported ratings, and pre- and post-responses that could not be matched.

P098 · Teaching intervention

Poster Hall 3 View poster ↗

Delayed Diagnosis of Native-Valve Endocarditis in Recurrent MSSA Bacteraemia With Progressive Aortic Regurgitation Despite Negative Initial Imaging



Aldo Renatto Zambrano Bardellini

London

Infective endocarditis (IE) remains a life-threatening condition in which early diagnosis is essential to prevent valvular destruction and systemic complications. Persistent Staphylococcus aureus bacteraemia (SAB) is strongly associated with endocardial infection, yet diagnosis may be challenging when initial imaging is inconclusive.

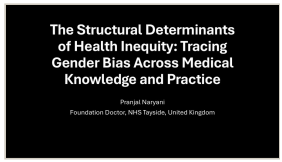
We describe a case of a 55-year-old woman who presented with fever, vomiting, and transient loss of consciousness. Blood cultures grew methicillin-sensitive Staphylococcus aureus (MSSA). Initial transthoracic echocardiography (TTE) and positron emission tomography-computed tomography (PET-CT) imaging failed to identify endocarditis. Despite appropriate antimicrobial therapy, she developed recurrent bacteraemia, ongoing pyrexia, and clinical deterioration. Transoesophageal echocardiography (TOE) subsequently demonstrated severe aortic regurgitation consistent with IE. Because of significant underlying liver disease, surgery was deemed prohibitive, and she was managed with prolonged intravenous antibiotics and cardiology follow-up for potential future valve intervention.

This case highlights the importance of maintaining a high clinical suspicion for IE in patients with persistent SAB. It supports guideline recommendations for early TOE when clinical suspicion remains high despite a negative transthoracic study. The final Duke-International Society for Cardiovascular Infectious Diseases (ISCVID) 2023 classification of the case aligned with definite IE. The patient completed six weeks of antibiotic treatment after blood culture clearance, which was achieved at week two following the start of antibiotic therapy.

P099 · Poster

Poster Hall 3 View poster ↗

The Structural Determinants of Health Inequity: Tracing Gender Bias Across Medical Knowledge and Practice



Pranjal Naryani

NHS Tayside, Scotland

BACKGROUND

Gender bias is a persistent and harmful practice in medicine deeply rooted in an ‘androcentric’ belief of human biology. While individual examples are documented, this review establishes how historical exclusions continue to manifest in modern clinical guidelines failing women and why structural accountability is a pressing reform.

METHODS

This narrative literature review examines origins, prevalence and results of gender bias in research, diagnosis and treatment. Literary pieces were identified through Google Scholar search engine using keywords and condition specific terms. Deliberately, a broad set of sources were considered, from peer reviewed journals to reputable news reports. As this review aimed to examine historical origins of bias, no restriction was placed on publication dates. Research may be subject to selection bias as was done by a single reviewer. No formal quality appraisal tools or predefined search protocol applied.

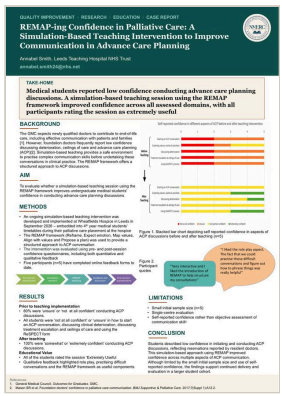
RESULTS AND DISCUSSION

Findings support that gender bias continues to impact current clinical practice. Early anatomists skewed anatomical hip ratios as evidence of female docility. Research is limited by and around reproduction reflecting effects of the Thalidomide tragedy. This limited health view has led to decades of flawed data. Examples include, all male trials assessing aspirin benefit in cardiovascular disease, toxic recommended doses of zolpidem due to lack of inclusion in trials and worse outcomes for Asthmatic women due to lack of sex based data. Current clinical guidelines fail to acknowledge data gaps or recommend evidence based treatments.

Bias beyond representation, is a structural determinant of healthcare quality, equity and governance. Healthcare has advanced remarkably but remains shaped by biases that actively cause harm. Bias decides what is taught, who is heard and what is relevant. Promoting gender equality needs collective responsibility and structural change at an institutional level while urging practitioners to question the evidence behind the care they provide.

P100 · Teaching intervention

Poster Hall 3 View poster ↗



REMAP-ing Confidence in Palliative Care: A Simulation-Based Teaching Intervention to Improve Communication in Advance Care Planning

Annabel Smith

Leeds

BACKGROUND

The GMC expects newly qualified doctors to be able to contribute to end of life care, stating effective communication as a part of this [1]. However, resident doctors in foundation training have reported low confidence in palliative care, with difficulty approaching discussions around the dying process and ceilings of care [2]. Interactive simulation-based teaching provides an opportunity to practise these complex conversations before undertaking them clinically.

METHODS

To address this, an ongoing simulation-based teaching was developed and implemented at Wheatfields Hospice in Leeds in September 2026, aimed at improving confidence around patient centred advance care planning (ACP) discussions. The REMAP framework (Reframe, Expect emotion, Map values, Align with values and Propose a plan) was used to provide a structured approach to ACP conversations. Sessions were embedded within 4th year Leeds Medical School students' timetables during their palliative care placement at the hospice. Five participants (n=5) have completed online feedback forms to date.

RESULTS

Before teaching, 80% of participants were 'unsure' or 'not at all confident' conducting an ACP discussion with patients; specifically, 60% were 'unsure' and 40% 'not at all confident' with how to start an ACP conversation, discuss clinical deterioration, and discuss treatment escalation and ceilings of care. Following simulation-based teaching and practice using REMAP, 100% of students were either 'extremely confident' or 'somewhat confident' in all aspects of ACP. All participants rated the teaching 'extremely useful', and qualitative feedback highlighted role play, practising difficult conversations and the REMAP framework as useful components.

CONCLUSION

Students described low confidence in initiating and conducting ACP discussions, reflecting reservations reported by resident doctors. This simulation-based approach using REMAP improved confidence across multiple aspects of ACP communication. Although limited by the small initial sample size and use of self-reported confidence, the findings support continued delivery and evaluation in a larger student cohort.

P101 · Teaching intervention

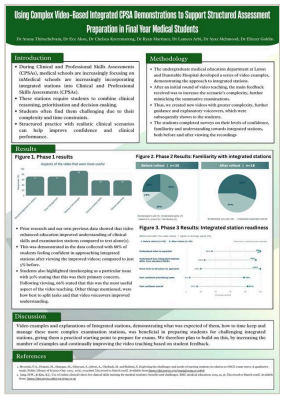
Poster Hall 3 View poster ↗

Using Complex Video-Based Integrated CPSA Demonstrations to Support Structured Assessment Preparation in Final Year Medical Students

Aruna Thiruchelvam, Eliezer Goldin, Lamees Arbi, Ece Aksu, Ryan Martinez, Chelsea Kyerematen, Awais Butt, Ayaz Mehmood

Luton and Dunstable Hospital

During Clinical and Professional Skills Assessments (CPSAs), medical schools are increasingly focusing on integrated stations which are stations requiring higher levels of prioritisation, critical thinking and clinical reasoning skills. Students often find these challenging owing to their complexity and time constraints (1).



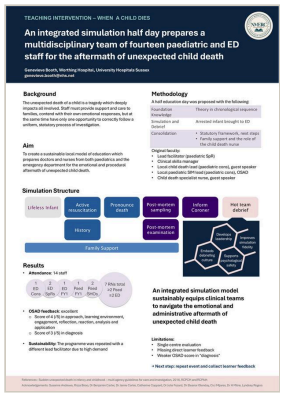
To address this, the undergraduate medical education department at Luton and Dunstable Hospital developed a series of video examples, demonstrating the approach to integrated stations. After an initial round of video teaching, the main feedback received was to increase the scenario's complexity, further mimicking the summative examinations. Taking this into account, we created new videos with greater complexity, further guidance and explanatory voiceovers, which were subsequently shown to the students. The students also completed surveys on their levels of confidence, familiarity and understanding towards integrated stations, both before and after viewing the recordings

Prior research and our own previous data showed that video enhanced education improved understanding of clinical skills and examination stations compared to text alone(2). This was demonstrated in the data collected with 88% of students feeling confident in approaching integrated stations after viewing the improved videos; compared to just 5% before. Students also highlighted timekeeping as a particular issue with 50% stating that this was their primary concern. Following viewing, 66% stated that this was the most useful aspect of the video teaching. Other things mentioned were how best to split tasks and that video voiceovers improved understanding.

Video examples and explanations of Integrated stations, demonstrating what was expected of them, how to time keep and manage these more complex examination stations, was beneficial in preparing students for challenging integrated stations, giving them a practical starting point to prepare for exams. We therefore plan to build on this, by increasing the number of examples and continually improving the video teaching based on student feedback.

P102 · Teaching intervention

Poster Hall 3 View poster ↗



Unexpected Child Death: Developing and Evaluating an Integrated Multi-disciplinary Simulation Programme

Genevieve Booth

KSS (Surrey/Sussex)

BACKGROUND

The statutory processes following an unexpected child death are complex, time-dependent, and legally rigorous. Managing a child's death also carries an immense emotional toll for clinicians. These competing factors both necessitate and complicate training on unexpected child death for the acute paediatric multi-disciplinary team (MDT). An integrated half-day education programme was developed to meet this critical and sensitive training need.

METHOD

An integrated 4-hour classroom and simulation curriculum was designed with the inclusion of key MDT stakeholders and delivered to acute paediatric and emergency department (ED) clinicians. The curriculum mirrored real-world chronology: initial ED presentation, advanced life support protocols, treatment withdrawal, pronouncement of death, and forensic sampling. This was followed by a high-fidelity simulation of a lifeless infant brought to ED, incorporating an immediate participant-led 'STOP5' hot debrief and followed by a faculty-guided advocacy-enquiry debrief. Concluding sessions addressed statutory pathways, the child death specialist nurse's role, and supporting the family. Educational quality was evaluated using the Objective Structured Assessment of Debriefing (OSAD) framework.

RESULTS

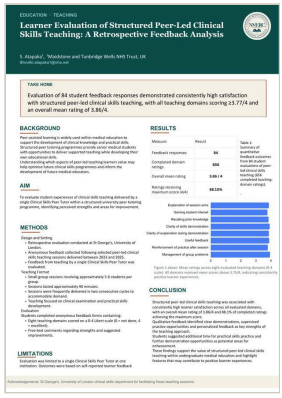
OSAD framework evaluation evidenced clearly defined learning objectives, an excellently structured curriculum, and high learner engagement. The candidate-led STOP5 tool effectively promoted immediate reflection, participant integration, and psychological safety during a high-stress scenario. Detailed faculty observation and debrief allowed communication and performance gaps to be addressed constructively, respectfully, and with clear emotional support signposting. Though on reflection, some areas of constructive feedback could have been debriefed more thoroughly utilising the advocacy-enquiry model. Overall a success, the education half day was repeated a few months later with another facilitator due to high demand.

CONCLUSION

Integrating didactic teaching on statutory frameworks with high-fidelity simulation and debrief provides an effective, repeatable model for teaching on unexpected child death procedures, which could be widely implemented across acute networks to support clinicians.

P103 · Teaching intervention

Poster Hall 3 View poster ↗


Learner Evaluation of Structured Peer-Led Clinical Skills Teaching: A Retrospective Feedback Analysis

Learning by Teaching: Exploring the Impact of Peer Teaching on Clinical Skills and Tutor Development in Undergraduate Medical Education

Shruthi Atapaka

Kent

BACKGROUND

Peer-assisted learning (PAL) allows medical students to learn clinical skills from their peers in an approachable and supportive environment. It also offers student tutors opportunities to develop teaching, communication and leadership skills, which are important competencies in future doctors.

AIM

To evaluate student experiences of peer-led clinical skills teaching in universities, identify strengths and areas for improvement, and explore its potential contribution to the development of future medical educators.

METHODS

Retrospective evaluation of anonymous feedback from 2023–2025 following peer-led clinical skills sessions for predominantly first- and second-year medical students. Sessions covered phlebotomy and clinical examinations, including cardiovascular, respiratory, abdominal, neurological and musculoskeletal examinations. Feedback was assessed across eight domains using a five-point scale (0–4). Free-text responses were reviewed for recurring themes.

RESULTS

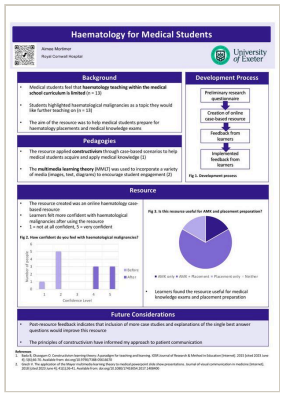
84 feedback responses provided 656 individual domain ratings. The overall mean rating was 3.86/4, with 88.1% of individual ratings scoring 4/4. The highest-rated domains were management of group problems (3.94/4, n=70) and clarity of demonstrations (3.92/4, n=83). Student engagement received the lowest mean rating (3.77/4), although scores remained high. Qualitative feedback highlighted clear, structured demonstrations, memory aids, clinically contextualised explanations, supervised practical experience and constructive individualised feedback. Opportunities for improvement included allowing more time for practical practice and increasing student engagement.

CONCLUSION

Feedback suggests that peer-led clinical skills teaching is highly valued. Structured demonstrations, supportive learning environments and opportunities for supervised practice were important features. PAL may offer reciprocal educational benefits by supporting junior students' clinical skills development while providing student tutors with opportunities to develop teaching, communication and leadership skills. Feedback can inform improvements to session delivery and the development of future peer educators, reinforcing the importance of teaching as a core competency in medical practice.

P104 · Teaching intervention

Poster Hall 3 View poster ↗



Development and Evaluation of a Learner-Informed Online Haematology Resource for Medical Students

Aimee Mortimer

Peninsula

BACKGROUND

Undergraduate exposure to haematology is often limited, leaving medical students underprepared for clinical placements and medical knowledge examinations. A preliminary needs assessment among medical students identified haematological malignancies as an area requiring additional teaching.

AIM

This project aimed to develop and evaluate a learner-informed online haematology resource to improve confidence in haematological malignancies and support preparation for placements and examinations.

METHOD

A needs assessment questionnaire was distributed to medical students (n=13) to identify learning needs in haematological malignancies. Findings informed development of an online case-based learning resource. The resource was designed using constructivist learning principles and Mayer's Multimedia Learning Theory and incorporated interactive cases and clinical scenarios. Learners completed pre- and post-intervention confidence ratings using a five-point Likert scale and provided qualitative feedback. Learner feedback informed refinement of the resource.

RESULTS

All 13 students reported that haematology teaching within the curriculum was limited and identified haematological malignancies as an area requiring further teaching. Following completion of the resource, confidence improved in all participants (13/13). Before resource use, confidence ratings were predominantly low (1-2/5), whereas post-intervention ratings increased to 4-5/5. Learners reported that the resource was useful for examination preparation and clinical placements. Qualitative feedback indicated that case-based learning and multimedia content enhanced engagement and knowledge application. Feedback also identified opportunities for further development, including the addition of clinical cases and more detailed explanations for single-best-answer questions.

CONCLUSION

A learner-informed, theory-based online haematology resource was associated with improved self-reported confidence in haematological malignancies among participating medical students. This approach may help address gaps in undergraduate haematology education. Limitations include the small sample size and reliance on self-reported outcomes. Future work should evaluate objective knowledge gains in a larger cohort.

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Angit C	T097	14:45	Pink Room
Anilkumar A	T073	13:15	Indigo Room
Aravind A	P094		Poster Hall 3
Arbi L	T041	13:35	Green Room
Arbi L	T042	13:55	Green Room
Arbi L	P101		Poster Hall 3
Ariyathilaka B	T033	14:45	Amber Room
Arora R	P076		Poster Hall 3
Asiri AHB	P083		Poster Hall 3
Atapaka S	T032	14:25	Amber Room
Atapaka S	P103		Poster Hall 3

Atte V	**T085**	13:35	Purple Room
Atwa A	**P048**		Poster Hall 2
Austin J	**T075**	13:55	Indigo Room
Awad M	**P021**		Poster Hall 1
Awadalla Y	**P049**		Poster Hall 2
Ayyaz D	**T009**	13:55	Red Room
Azam KU	**T008**	13:35	Red Room
Aziz H	**T049**	10:45	Teal Room
Bailey R	**P013**		Poster Hall 1
Bajaj V	**T091**	10:45	Pink Room
Bakaya K	**T062**	13:15	Blue Room
Baker J	**T023**	09:15	Amber Room
Baker S	**P055**		Poster Hall 2
Balakrishnan K	**P046**		Poster Hall 2
Bandara S	**P002**		Poster Hall 1
Barber J	**P087**		Poster Hall 3
Barber-Chavez I	**P078**		Poster Hall 3
Bardellini ARZ	**P098**		Poster Hall 3
Barlow E	**T037**	10:25	Green Room
Barud Y	**T047**	09:55	Teal Room
Bates R	**T031**	13:55	Amber Room
Bell RJ	**T024**	09:35	Amber Room
Benitez-Jones L	**P097**		Poster Hall 3
Bhatia D	**T025**	09:55	Amber Room
Bibi A	**P074**		Poster Hall 3
Binsent A	**P045**		Poster Hall 2
Biradar MI	**T066**	14:45	Blue Room
Birkhamshaw E	**P081**		Poster Hall 3
Bissoon AK	**T014**	09:55	Orange Room
Blair M	**T050**	11:05	Teal Room
Bloor AK	**T051**	13:15	Teal Room
Booth G	**P102**		Poster Hall 3
Bretherton C	**T018**	13:15	Orange Room
Buchan J	**P055**		Poster Hall 2
Budwig L	**P096**		Poster Hall 3
Bukhari SMH	**T067**	09:15	Indigo Room
Butt A	**T041**	13:35	Green Room
Butt A	**T042**	13:55	Green Room
Butt A	**P101**		Poster Hall 3
Camarata M	**T074**	13:35	Indigo Room
Capek E	**T050**	11:05	Teal Room
Carson L	**P091**		Poster Hall 3
Cato H	**P078**		Poster Hall 3
Cavanagh C	**P054**		Poster Hall 2
Chandramohan N	**T054**	14:25	Teal Room
Chinnasami VP	**T002**	09:35	Red Room
Chohan MS	**P046**		Poster Hall 2
Chong LJ	**T033**	14:45	Amber Room
Choudhury D	**P024**		Poster Hall 1
Chowdhury N	**T077**	14:45	Indigo Room
Chowdhury PD	**P086**		Poster Hall 3
Chuo E	**P044**		Poster Hall 2
Cimark K	**T060**	10:45	Blue Room
Cogswell E	**T065**	14:25	Blue Room
Collier J	**T068**	09:35	Indigo Room
Colvin T	**P019**		Poster Hall 1
Connell S	**T037**	10:25	Green Room
Consortium V	**T066**	14:45	Blue Room
Cotterell H	**P028**		Poster Hall 1
Cox K	**P052**		Poster Hall 2
Crispin J	**T002**	09:35	Red Room
D'Souza NA	**P065**		Poster Hall 2
Damola AA	**T085**	13:35	Purple Room
Dana W	**T055**	14:45	Teal Room
Davies H	**T052**	13:35	Teal Room
Davis L	**P045**		Poster Hall 2
Dawes Z	**T024**	09:35	Amber Room
Deen A	**T081**	10:25	Purple Room
Devey W	**P022**		Poster Hall 1
Dhanoa N	**P073**		Poster Hall 3
Diaz C	**T033**	14:45	Amber Room
Dickinson AR	**T025**	09:55	Amber Room
Dixit A	**T079**	09:35	Purple Room
Duce E	**P043**		Poster Hall 2
Earl S	**T094**	13:35	Pink Room
Ee WW	**P029**		Poster Hall 1
Egwuatu E	**P032**		Poster Hall 1
Elamin N	**T068**	09:35	Indigo Room
Elbashir M	**P021**		Poster Hall 1
Elboraeia R	**T078**	09:15	Purple Room
Elhaj EEI	**P021**		Poster Hall 1
Elkhouly O	**P003**		Poster Hall 1
Ellis B	**P020**		Poster Hall 1
Elnogoomi A	**P015**		Poster Hall 1
Elnour MAAE	**P021**		Poster Hall 1
Elsherbeny A	**P048**		Poster Hall 2
Eltahir R	**P021**		Poster Hall 1
Engward H	**T010**	14:25	Red Room
Erhayiem B	**T079**	09:35	Purple Room
Eve K	**T055**	14:45	Teal Room
Falode A	**P029**		Poster Hall 1
Fatah HA	**T053**	13:55	Teal Room
Fauzi IHA	**P094**		Poster Hall 3
Fauzi NIAA	**P094**		Poster Hall 3

Fazili A	P018		Poster Hall 1
Fenech M	P010		Poster Hall 1
Fernandez-Bussy S	T088	09:35	Pink Room
Fernando A	T084	13:15	Purple Room
Fernando A	T093	13:15	Pink Room
Fernando N	T007	13:15	Red Room
Fiyaz MR	P084		Poster Hall 3
Flaherty GT	P082		Poster Hall 3
Forster P	P041		Poster Hall 2
Forsyth J	T069	09:55	Indigo Room
Foster PJ	T066	14:45	Blue Room
Fu DJ	T066	14:45	Blue Room
Gabriels S	P060		Poster Hall 2
Galabada DP	T072	11:05	Indigo Room
Gallacher F	P006		Poster Hall 1
Gammanpila NT	T072	11:05	Indigo Room
Gardner A	P001		Poster Hall 1
Gaunt V	T037	10:25	Green Room
Gebrehiwot M	P016		Poster Hall 1
Ghelani J	T094	13:35	Pink Room
Giraldo-Martínez T	T087	09:15	Pink Room
Girgis A	T021	14:25	Orange Room
Goel A	T022	14:45	Orange Room
Goldin E	T041	13:35	Green Room
Goldin E	T042	13:55	Green Room
Goldin E	P101		Poster Hall 3
Goodier H	P055		Poster Hall 2
Gorman W	P017		Poster Hall 1
Gulati V	T022	14:45	Orange Room
Gupta A	P044		Poster Hall 2
Gupta G	T007	13:15	Red Room
Gurr C	P097		Poster Hall 3
Gurung L	T075	13:55	Indigo Room
Gurung P	T089	09:55	Pink Room
Hadfield O	T013	09:35	Orange Room
Hajibandeh S	P013		Poster Hall 1
Haleema M	T036	09:55	Green Room
Hamid H	T090	10:25	Pink Room
Harb E	T092	11:05	Pink Room
Hassan AAH	T037	10:25	Green Room
Hassan AAH	T095	13:55	Pink Room
Hassan RS	P021		Poster Hall 1
Hassan ZAEA	T009	13:55	Red Room
Hatim M	P053		Poster Hall 2
Heffel KK	T087	09:15	Pink Room
Holland L	T068	09:35	Indigo Room
Holmes A	P082		Poster Hall 3
Hosseini-Ashrafi M	T063	13:35	Blue Room
Howarth B	P096		Poster Hall 3
Howe E	T038	10:45	Green Room
Hu R	T066	14:45	Blue Room
Husain M	T093	13:15	Pink Room
Husain M	P085		Poster Hall 3
Hussain EYM	P021		Poster Hall 1
Ibrahim AAE	P021		Poster Hall 1
Ihedoro I	P032		Poster Hall 1
Iqbal H	P017		Poster Hall 1
Iqbal MS	P012		Poster Hall 1
Iqbal S	T035	09:35	Green Room
Iranpanah H	T055	14:45	Teal Room
Ishaku Z	P056		Poster Hall 2
Islam MR	T094	13:35	Pink Room
Islam MR	P015		Poster Hall 1
Iyamu J	T090	10:25	Pink Room
Jabble N	T021	14:25	Orange Room
Jacob DM	T053	13:55	Teal Room
Jafery SAO	T090	10:25	Pink Room
Jafri F	T074	13:35	Indigo Room
James A	T035	09:35	Green Room
Janaarthanan K	T060	10:45	Blue Room
Jannath H	T028	11:05	Amber Room
Jatin J	P025		Poster Hall 1
Jawahar R	T049	10:45	Teal Room
Jeffery S	P058		Poster Hall 2
Jhund P	P006		Poster Hall 1
Joerres C	T046	09:35	Teal Room
Johnson J	T035	09:35	Green Room
Jokinen T	T060	10:45	Blue Room
Jones AG	T060	10:45	Blue Room
Jones AG	P092		Poster Hall 3
Jones H	P050		Poster Hall 2
Jothi AA	T010	14:25	Red Room
Joy M	T052	13:35	Teal Room
Jude C	T089	09:55	Pink Room
Juraij M	P089		Poster Hall 3
Kala D	T057	09:35	Blue Room
Karali HF	P084		Poster Hall 3
Karunarathne S	P044		Poster Hall 2
Kassam A	T029	13:15	Amber Room
Kassim FY	P053		Poster Hall 2
Kaur M	T032	14:25	Amber Room
Kejiou K	P023		Poster Hall 1
Kelly T	T070	10:25	Indigo Room
Khairy WMZM	P082		Poster Hall 3

Khan A	**T016**	10:45	Orange Room
Khan A	**P042**		Poster Hall 2
Khan HK	**T003**	09:55	Red Room
Khan S	**P038**		Poster Hall 2
Khashkhusha A	**T071**	10:45	Indigo Room
Khaw PT	**T066**	14:45	Blue Room
Khawaja AP	**T066**	14:45	Blue Room
Khoo JX	**T049**	10:45	Teal Room
Khwaja I	**T062**	13:15	Blue Room
Kolakkat S	**P031**		Poster Hall 1
Koshy DI	**T017**	11:05	Orange Room
Koshy DI	**P056**		Poster Hall 2
Kothari N	**T079**	09:35	Purple Room
Kottearachchi JS	**P084**		Poster Hall 3
Kouta S	**P016**		Poster Hall 1
Kugarajah S	**P087**		Poster Hall 3
Kwon D	**T037**	10:25	Green Room
Kyeremateng C	**T041**	13:35	Green Room
Kyeremateng C	**T042**	13:55	Green Room
Kyeremateng C	**P101**		Poster Hall 3
Lai R	**T062**	13:15	Blue Room
Lalor L	**P047**		Poster Hall 2
Lam J	**P090**		Poster Hall 3
Lamare C	**T031**	13:55	Amber Room
Lana NV	**T087**	09:15	Pink Room
Larsen M	**T013**	09:35	Orange Room
Lasker H	**P094**		Poster Hall 3
Lau HL	**P029**		Poster Hall 1
Lawal A	**T087**	09:15	Pink Room
Lazanakis E	**T082**	10:45	Purple Room
Lebeau-Humarau L	**P054**		Poster Hall 2
Lee K	**P029**		Poster Hall 1
Lee O	**T014**	09:55	Orange Room
Leepetswe L	**P032**		Poster Hall 1
Leng Y	**T066**	14:45	Blue Room
Li L	**T044**	14:45	Green Room
Liang E	**P057**		Poster Hall 2
Lilley J	**T020**	13:55	Orange Room
Lillis A	**T054**	14:25	Teal Room
Liu C	**T037**	10:25	Green Room
Livesey E	**T049**	10:45	Teal Room
Lloyd J	**T013**	09:35	Orange Room
Low WX	**T018**	13:15	Orange Room
Luben RN	**T066**	14:45	Blue Room
Lydon S	**T078**	09:15	Purple Room
Maani GA	**P037**		Poster Hall 2
Mahmood A	**T029**	13:15	Amber Room
Mainasara MS	**T085**	13:35	Purple Room
Maitland R	**T050**	11:05	Teal Room
Majadah S	**T095**	13:55	Pink Room
Malak J	**P095**		Poster Hall 3
Malik N	**P078**		Poster Hall 3
Malik Y	**T011**	14:45	Red Room
Malika A	**T078**	09:15	Purple Room
Manhas N	**P025**		Poster Hall 1
Mani MR	**P065**		Poster Hall 2
Manser E	**T076**	14:25	Indigo Room
Mar WWW	**P053**		Poster Hall 2
Martinez R	**T041**	13:35	Green Room
Martinez R	**T042**	13:55	Green Room
Martinez R	**P101**		Poster Hall 3
Mascarenhas N	**T077**	14:45	Indigo Room
Mascarenhas N	**P026**		Poster Hall 1
Mazhar FA	**P004**		Poster Hall 1
McGee EG	**T003**	09:55	Red Room
McGowan R	**P077**		Poster Hall 3
McIlmunn C	**P058**		Poster Hall 2
McNally R	**T029**	13:15	Amber Room
Mebarek L	**T074**	13:35	Indigo Room
Mehmood A	**T041**	13:35	Green Room
Mehmood A	**T042**	13:55	Green Room
Mehmood A	**P101**		Poster Hall 3
Mensuoh L	**P093**		Poster Hall 3
Meshary AA	**T095**	13:55	Pink Room
Michael FH	**T053**	13:55	Teal Room
Milton C	**T010**	14:25	Red Room
Miskeen E	**T095**	13:55	Pink Room
Mithra-Johnson K	**T046**	09:35	Teal Room
Miu F	**P057**		Poster Hall 2
Mohamed M	**T045**	09:15	Teal Room
Mohammed A	**P021**		Poster Hall 1
Mohammed HES	**P021**		Poster Hall 1
Mohammed MEA	**P021**		Poster Hall 1
Mohammed-Janjua M	**T011**	14:45	Red Room
Mohammednour M	**P048**		Poster Hall 2
Mondeh R	**T037**	10:25	Green Room
Moon D	**T020**	13:55	Orange Room
Moore A	**T091**	10:45	Pink Room
Moore E	**T006**	11:05	Red Room
Moore-Dean J	**T038**	10:45	Green Room
Moqeem U	**T069**	09:55	Indigo Room
Morgan A	**T061**	11:05	Blue Room
Morrison I	**P005**		Poster Hall 1
Mortimer A	**P104**		Poster Hall 3

Muaddi NK	P083		Poster Hall 3
Mudawi M	P021		Poster Hall 1
Mui F	P057		Poster Hall 2
Mukherjee UJ	P051		Poster Hall 2
Mustafa M	P047		Poster Hall 2
Muthian S	T096	14:25	Pink Room
Muwanga A	T030	13:35	Amber Room
Nagra D	P046		Poster Hall 2
Najafi E	T021	14:25	Orange Room
Nam KT	T080	09:55	Purple Room
Naryani P	P099		Poster Hall 3
Nassir S	P074		Poster Hall 3
Navakumar G	P046		Poster Hall 2
Nayak A	T003	09:55	Red Room
Nesbitt A	T024	09:35	Amber Room
New HY	P063		Poster Hall 2
Newman C	T034	09:15	Green Room
Newton K	P062		Poster Hall 2
Nguyen MH	T043	14:25	Green Room
Niblett J	T023	09:15	Amber Room
Nicol L	P054		Poster Hall 2
Nnenna IG	T085	13:35	Purple Room
Nsiah DA	T081	10:25	Purple Room
Nsiah IKA	T081	10:25	Purple Room
Obels TJ	T064	13:55	Blue Room
Ogunfusika OH	P067		Poster Hall 2
Oladipo O	T004	10:25	Red Room
Omokhoa VO	P052		Poster Hall 2
Oommen E	T050	11:05	Teal Room
Oram L	T038	10:45	Green Room
Osman A	T014	09:55	Orange Room
Osman MOA	P021		Poster Hall 1
Owolabi N	P027		Poster Hall 1
Pagnamenta A	T079	09:35	Purple Room
Panshikar M	T022	14:45	Orange Room
Parameshwaran V	P087		Poster Hall 3
Pardo-Garcia R	T021	14:25	Orange Room
Patel A	T074	13:35	Indigo Room
Patel A	P039		Poster Hall 2
Patel PJ	T066	14:45	Blue Room
Pattnayak R	T034	09:15	Green Room
Peto T	T066	14:45	Blue Room
Philip N	T054	14:25	Teal Room
Philip N	P031		Poster Hall 1
Pimple O	P049		Poster Hall 2
Pinto MNMD	P011		Poster Hall 1
Prout R	T061	11:05	Blue Room
Pullan S	T061	11:05	Blue Room
Raghavan S	P064		Poster Hall 2
Rahman SA	T097	14:45	Pink Room
Rahman SA	P025		Poster Hall 1
Rai S	T092	11:05	Pink Room
Raja A	T087	09:15	Pink Room
Rangel AR	T087	09:15	Pink Room
Rasol MA	P040		Poster Hall 2
Rasquinha JR	P065		Poster Hall 2
Ratra S	P064		Poster Hall 2
Ravintharan D	P084		Poster Hall 3
Rehman Z	T027	10:45	Amber Room
Rekhi A	T035	09:35	Green Room
Riad M	T078	09:15	Purple Room
Riaz A	P076		Poster Hall 3
Rigby J	P023		Poster Hall 1
Rivera AG	T087	09:15	Pink Room
Roach L	T019	13:35	Orange Room
Roach L	T020	13:55	Orange Room
Roach L	P092		Poster Hall 3
Roberts M	P064		Poster Hall 2
Rodrigues R	P065		Poster Hall 2
Rogan A	P020		Poster Hall 1
Roshan A	P084		Poster Hall 3
Rosli MD	T003	09:55	Red Room
Roy A	T009	13:55	Red Room
Saad A	P021		Poster Hall 1
Saad P	T089	09:55	Pink Room
Sacco K	T088	09:35	Pink Room
Saeed T	P067		Poster Hall 2
Sagoo R	T040	13:15	Green Room
Sajad B	P088		Poster Hall 3
Sajjad M	P094		Poster Hall 3
Saleem FSM	T090	10:25	Pink Room
Saleem M	P063		Poster Hall 2
Salih TSM	P021		Poster Hall 1
San M	T096	14:25	Pink Room
Sanghrajka A	P066		Poster Hall 2
Sarrar L	T049	10:45	Teal Room
Sasindran S	P046		Poster Hall 2
Sathian S	P084		Poster Hall 3
Saxton M	T002	09:35	Red Room
Seeralan M	T004	10:25	Red Room
Seeralan S	T004	10:25	Red Room
Shaharudin A	P056		Poster Hall 2
Shaharudin NA	T017	11:05	Orange Room
Shahid U	T067	09:15	Indigo Room

Shahnaz A	**P075**		Poster Hall 3
Shahzad H	**P059**		Poster Hall 2
Shakeel A	**P081**		Poster Hall 3
Shamnani D	**P081**		Poster Hall 3
Shannon N	**T079**	09:35	Purple Room
Sharih A	**P051**		Poster Hall 2
Sharma P	**T053**	13:55	Teal Room
Sharmin M	**T022**	14:45	Orange Room
Shazahan MA	**P001**		Poster Hall 1
Sheehy N	**P047**		Poster Hall 2
Shehu FS	**P033**		Poster Hall 1
Shone L	**T040**	13:15	Green Room
Shum-Tim D	**T014**	09:55	Orange Room
Simpson M	**T063**	13:35	Blue Room
Singh A	**T001**	09:15	Red Room
Singh A	**T074**	13:35	Indigo Room
Singh B	**T016**	10:45	Orange Room
Singh M	**T004**	10:25	Red Room
Singh M	**T073**	13:15	Indigo Room
Singh S	**T096**	14:25	Pink Room
Sison MRCC	**P061**		Poster Hall 2
Sithik MNM	**T003**	09:55	Red Room
Smith A	**P100**		Poster Hall 3
Smith P	**T019**	13:35	Orange Room
Smith S	**P047**		Poster Hall 2
So J	**T071**	10:45	Indigo Room
Solari F	**T013**	09:35	Orange Room
Somaily MY	**T095**	13:55	Pink Room
Somaily MY	**P083**		Poster Hall 3
Squire J	**T088**	09:35	Pink Room
Srinivasan AV	**T073**	13:15	Indigo Room
Srinivasan RV	**T073**	13:15	Indigo Room
Stanford K	**P020**		Poster Hall 1
Stephens N	**P038**		Poster Hall 2
Stirling A	**P001**		Poster Hall 1
Stuart KV	**T066**	14:45	Blue Room
Suliman OAM	**P021**		Poster Hall 1
Sulkowski A	**T029**	13:15	Amber Room
Sullivan M	**T096**	14:25	Pink Room
Sun Z	**T066**	14:45	Blue Room
Sundaram NS	**T045**	09:15	Teal Room
Suresh R	**T052**	13:35	Teal Room
Suresh R	**P025**		Poster Hall 1
Suri M	**T079**	09:35	Purple Room
Syed AA	**T071**	10:45	Indigo Room
Szigeti A	**P007**		Poster Hall 1
Tabassum H	**P075**		Poster Hall 3
Tahir H	**P026**		Poster Hall 1
Tan Z	**P009**		Poster Hall 1
Tariq L	**P014**		Poster Hall 1
Tariq MT	**P012**		Poster Hall 1
Taylor C	**T056**	09:15	Blue Room
Taylor C	**P079**		Poster Hall 3
Tesař V	**T073**	13:15	Indigo Room
Thake AJ	**T088**	09:35	Pink Room
Thake AJ	**P010**		Poster Hall 1
Thapar A	**T010**	14:25	Red Room
Thiruchelvam A	**T041**	13:35	Green Room
Thiruchelvam A	**T042**	13:55	Green Room
Thiruchelvam A	**P101**		Poster Hall 3
Thomas A	**T096**	14:25	Pink Room
Thompson A	**T024**	09:35	Amber Room
Tiew TC	**P030**		Poster Hall 1
Tollitt J	**T071**	10:45	Indigo Room
Tosin F	**T085**	13:35	Purple Room
Trafford G	**T094**	13:35	Pink Room
Tranter A	**T051**	13:15	Teal Room
Trinidade A	**T035**	09:35	Green Room
Turgoose D	**T058**	09:55	Blue Room
Turk A	**T097**	14:45	Pink Room
Ugwu O	**P053**		Poster Hall 2
Vaicikauska L	**P054**		Poster Hall 2
Varatheeswaran A	**T055**	14:45	Teal Room
Varma M	**T009**	13:55	Red Room
Vazhappilly A	**P003**		Poster Hall 1
Veenarun A	**T056**	09:15	Blue Room
Veenarun A	**P079**		Poster Hall 3
Verma P	**P073**		Poster Hall 3
Wadhwa I	**P051**		Poster Hall 2
Walayt S	**P012**		Poster Hall 1
Walker I	**T026**	10:25	Amber Room
Walsh C	**T069**	09:55	Indigo Room
Wardere J	**P018**		Poster Hall 1
Warwick AN	**T066**	14:45	Blue Room
Watt M	**T050**	11:05	Teal Room
Wei JTS	**T018**	13:15	Orange Room
Wheeldon S	**P002**		Poster Hall 1
Whereat J	**T039**	11:05	Green Room
White W	**P087**		Poster Hall 3
Whitelegg L	**P091**		Poster Hall 3
Wickramasinghe D	**T046**	09:35	Teal Room
Wijesiriwardana A	**T084**	13:15	Purple Room
Wilkinson A	**P091**		Poster Hall 3
Williams G	**P063**		Poster Hall 2

Wood W	**P047**		Poster Hall 2
Xiangyang W	**T014**	09:55	Orange Room
Ying FKX	**T012**	09:15	Orange Room
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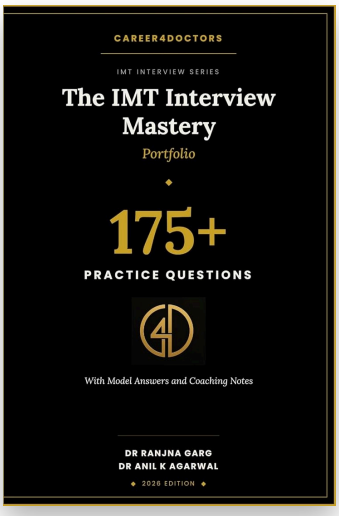

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