

surgical precision with psychological care. Improving conflict-related trauma care is a necessity, so that the patient remains at the forefront of surgical decisions. Future research may include long-term outcomes of scar revision in conflict survivors and development of integrated surgical-psychosocial protocols.

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No Reds, No CT heads: Assessing Inappropriate Trauma CT Head Scans in UK Emergency Departments

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Background: Evidence-based guidelines (NICE NG232) are designed to safely identify ED trauma patients who truly need CT head scans. Practitioners may understandably request scans in the absence of these criteria defensively, yet this can expose patients to unnecessary radiation and costs. The authors aimed to assess how often CT head requests adhere to these guidelines and to evaluate the necessity of scans performed when criteria are not met.

Methods: The authors undertook a two-cycle audit of adult trauma CT head scans at a West Midlands DGH in 2025. Each request was assessed against NICE criteria, and it was recorded whether any intracranial pathology was identified or management was affected. In cycle 1, a poster (“No Reds? No CT Heads”) was introduced, visually demonstrating all criteria in one cartoon mnemonic. In cycle 2, the poster was further amended to incorporate local audit data, emphasising that none of the previous inappropriate scans had been positive, and including information on radiation dose (2mSv/scan) and cost (£120/scan).

Results: Across three two-week periods, 148 scans were reviewed. At baseline, 78.8% (41/52) met criteria. This increased to 81.6% (40/49) after cycle 1 (not significant) and 89.4% (42/47) after cycle 2, a statistically significant improvement over baseline ($p=0.042$). Yield for acute injury increased from

11.5% to 17.0%. No inappropriate scan identified an acute injury in either cycle.

Conclusions: Defensive ordering is prevalent. Non-specific interventions alone had little effect. When combined with targeted local feedback, cost, and radiation data, inappropriate scanning halved without loss of sensitivity.

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Management of Heart Failure in Primary Care

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Background: Heart failure is a frequent and advancing condition that significantly contributes to morbidity and mortality in the UK. Effective primary care management is critical for early diagnosis, optimal treatment, and suitable ongoing monitoring. This clinical audit aims to assess the quality of heart failure management within a primary care setting and its comparison to NICE guideline NG106 across the following domains: diagnostic confirmation, pharmacological treatment, specialist referrals and annual reviews with lifestyle advice.

Methods: A retrospective clinical audit was conducted at a single general practice in Tyldesley, Manchester. This involved 39 patients with a confirmed diagnosis of heart failure. Data was collected manually from electronic health records using a structured data extraction template. Descriptive statistics were used to analyse diagnostic practices, medication prescribing, lifestyle interventions and referral patterns.

Results: Echocardiogram data was available for 97% of patients with only 44% of BNP results documented. 55% of patients with HFrEF or HFmrEF were managed using full guideline recommended therapy. 90% of patients received annual review follow-ups which included lifestyle advice, with disparities relating to alcohol dependent counselling and weight management. Of the 39 patients included in the clinical audit only 56% of patients were referred to specialist heart failure services.