

Abstract P181 Table 1 Inpatient antibiotics for patients diagnosed with Epididymo-orchitis

Age	<16	<20	20-29	30-39	40-49	50-59	60-69	70-79	80-89
No of patients	3	1	1	4	7	4	3	2	1
Doxy				1					
Cipro	1			1	1				
Doxy/cipro				1	3	1		1	
Gent							1		
Gent/cipro							1		
Gent/Cipro									
Ceftriax				1					
Gent/cipro/Doxy						1			
Taz/Doxy	1							1	
Taz/Cipro						1			
Taz					1				
Taz/Flucon					1				
Augmentin		1			1		1		
Cephalexin						1			
Ceftriaxone/ doxy			1						
Ceftriaxone/ Cipro/doxy					1				
Doxy/Cipro/Mero									1

P182 CLINICAL CASE NOTE REVIEW: ARE ALL APPROPRIATE UNDER- 16S BEING TESTED FOR CHLAMYDIA AND GONORRHOEA?

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Background/introduction The number of young people under the age of 16 diagnosed with Chlamydia Trachomatis and Neisseria Gonorrhoea continues to rise annually. STI testing is essential to promote safe sexual practice, minimise stigma and monitor levels of anti-microbial resistance.

Aim(s)/objectives This project aimed to determine the percentage of under- 16s who were not tested for chlamydia and gonorrhoea between January and April 2013. The role of testing was established with aims including:

- Comparison of attendance, testing and infection rates of males and females.
- Analysis of documented reasons for not testing.
- Percentage of eligible patients not documented to have been offered a sexual health screen (SHS).

Methods 200 patients were randomly selected by attendance at sexual health clinics over a four month period. Information was then gathered on each consultation using NaSH software. Information gathered included gender, age at consultation, tests requested and clinic attended.

Results Results showed that 56% of patients were not tested for chlamydia and gonorrhoea; 6% were not documented as having been offered a SHS. Reasons for not testing are documented below in descending order of prevalence:

Reason	Untested population (%)
SHS up to date	37
SHS declined	18
SHS not indicated	14
First time sexual activity	12
Not sexually active	10
Too early for SHS	4

Discussion/conclusion The rate of failure to document the offer of a SHS is reassuringly low. Rates of attendance and infection were highest in females. Healthcare professionals should continue to encourage testing of the sexually active and ensure offers of SHS are documented.

P183 TRICHLOROACETIC ACID (TCA) – A FORGOTTEN TREATMENT FOR GENITAL WARTS?

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Background/introduction Genital warts (GWs), are the most common STI in the UK. They can have a huge psychological impact on patients and can be very difficult to clear. There has been little research and few RCTs comparing treatments. In Glasgow, TCA is reserved for patients that standard treatments have failed.

Aim(s)/objectives To describe the use of TCA as a treatment for persistent and recurrent GWs and to review the local practice and protocol.

Methods We conducted a retrospective case review of all patients who received TCA in 2013 in our integrated sexual and reproductive health service with follow-up to the end of 2014. Patients were identified by prescriptions of TCA on our electronic patient record.

Results TCA was used on all types of warts in a variety of multiple locations. 20 out of 27 patients achieved clearance with TCA in 2013 (74%) and of these, 5 experienced recurrence in 2014 (25%). Patients with some level of immunosuppression may benefit from TCA treatment and respond earlier than those with a fully functioning immune system.

Discussion/conclusion TCA is an effective treatment for persistent and recurrent GWs; either used alone or with an adjuvant therapy, with relatively few side-effects. It can provide patients who have exhausted many/all other treatment options, positive results and improve mental well-being.

This audit also highlights the importance of improved documentation of warts by our staff and closer adherence to the existing clinic protocol for the management of GWs.

P184 EXPERIENCE OF THE TENDER PROCESS AND INTEGRATION OF SEXUAL HEALTH SERVICES: STAFF SURVEY

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Background/introduction In September 2013 four services merged to form a new integrated sexual health (ISH) service under a new NHS provider following a tender process.

Aim(s)/objectives To ascertain staff experience of the tender process and integration of sexual health services.

Methods All staff were asked to complete an online survey in 01/2015 (via SurveyMonkey®). Staff who did not transfer to the new NHS provider or who left the service before 01/2015 were not included.

Results 23/38 (61%) staff members (including medical, nursing, administrative and allied health professionals) responded. 5/23 (22%) were entirely/predominantly from a genitorurinary background and 9/23 (39%) entirely/predominantly contraception