complications were reported. Following LTAD, 15 patients (5/15 had pre-LTAD diagnosis) developed SBP at median 60 (20–425) days. Post-LTAD SBP was treated with antibiotics but 5 died. In 10 patients LTAD was removed after median 10 days of antibiotics and only 4 were replaced. For those who had replacement, 2 of 3 patients given prophylaxis suffered recurrent SBP. Other indications for removal were leak (2); blockage (2). Patients needed hospitalization for median 19 (2–40) days in the 6 months prior to LTAD, and 12 (0–34) days in the following 6 months. In 11 of 20 patients with MELD score less than 21 (figure 1), the drain remained for 90 or more days while the median lifespan of LTAD in the whole cohort was 67 (6–463).

Conclusions In some patients, LTAD achieved long term palliation without hospital admission but many developed SBP post-insertion. Nevertheless, there was still a reduction in hospital stay. It was not possible to identify factors which might predict a successful outcome from this small cohort. Further research should focus on the impact of LTAD on quality of life measures, the role of antibiotic prophylaxis and better defining when LTAD is best employed in the natural history of patient’s with ascites.

At our DGH multiple audits have identified that there is poor compliance to an existing evidence based care bundle for patients with decompensated liver cirrhosis despite previous attempts to improve consistent use. Varying applicability of the bundle causes variation in the quality of care patients receive.

Presence of the existing bundle in the format of a sticker within the patient’s medical notes was audited along with application of the 6 main cirrhosis care bundle domains. Data was collected prior to and following intervention. A questionnaire was sent to junior medical staff to ascertain knowledge of the bundle and competency of performing paracentesis. Length of stay and 28 day mortality were used as patient outcome measures.

It was shown that adherence to the cirrhosis care bundle was poor. No patients had all of the recommended investigations carried out and none of the patients with ascites had an attempt to perform a diagnostic paracentesis. When asked 74% of junior doctors reported not feeling confident to perform paracentesis unsupervised. 45% of junior doctors were unaware of the existence of the cirrhosis care bundle. 48% of survey responders were foundation doctors.

The cirrhosis care bundle was redesigned into a printable format that can be accessed via the trust intranet because of concerns that the sticker might not always be available in clinical areas. The layout of the bundle was altered to improve usability and tick boxes were added to encourage the user to consider and complete each step in the bundle.

Doctors rotating between specialties and between trusts was also highlighted as an explanation of the high rates of