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**Aims:** To assess the necessity of preoperative blood grouping and saving before performing appendectomy based on the risk of a red blood cell (RBC) transfusion.

**Methods:** A computerised retrospective search of the database in a District General Hospital using the relevant OPCS-4 Codes for appendicectomies was performed over the period January 2012 to December 2014. The data was then cross referenced against the hospital blood bank database to identify patients who received blood products postoperatively. **Results:** We identified 1098 patients who had appendectomy over the 2-year period (excluding incidental appendectomies). Of these, 564 (51.4%) patients were male and the mean age was 29.6 years. Of the Appendicectomies performed, 832 (75.8%) were open and the remaining 266 (24.2%) were Laparoscopic. In total, six patients (0.5%) received blood products (Prothrombin complex concentrate, albumin or RBC) but only one patient (0.09%) required RBC transfusion. The risk of requiring RBC transfusion was 0.12% for open appendectomy and 0% for laparoscopic appendicectomies. **Conclusions:** In this District General Hospital, the risk of requiring RBC blood transfusion when undergoing appendectomy was extremely low (0.09%). Current local policy requiring all patients undergoing this operation to have routine preoperative blood grouping and saving requires amendment. Appendicectomies can be safely performed without delay in the administration of RBC transfusion should it be required. A change of policy will support efficient use of emergency operation theatres by reducing delays caused by incorrect/insufficient blood samples and also reduce fiscal expenditure on clinically unindicated tests.

**Biography:** Dr Margaret Senbanjo is a foundation programme trainee currently working in the West Midlands, UK. Dr Sarah Lort is a surgical trainee currently working in the West Midlands, UK. Dr Raj Patel is a Consultant Colorectal Surgeon at Russells Hall Hospital, UK.