non-surgical treatment options however medium and longer term results are required to help substantiate these findings.

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1284: ENDOVENOUS LASER THERAPY (EVLT) IN THE TREATMENT OF SHORT SAPHENOUS (SSV) VARICOSE VEINS (VVS) – LONG TERM FOLLOW UP

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Introduction: The 2013 National Institute for Health and Care excellence (NICE) varicose vein guidelines recommended endothermal ablation as first line treatment for VVs of the great saphenous vein (GSV), but deemed it inappropriate to extrapolate outcomes to the SSV. Several studies have demonstrated equivalent short term outcomes, however few studies report long-term outcomes.
Method: Between 19/09/2006 - 18/12/2013, 2174 EVLT ablations were performed on patients with VVs of the GSV and SSV. 299 EVLT procedures were performed on 268 patients' SSVs. All patients were invited to a Doppler ultrasound assessing post-treatment appearances of the SSV and completed a patient questionnaire.
Result: 100 patients with 108 treated SSVs (Male n=33, Female n=67) completed the study. The median age was 60 (28-84) years and median follow up 5.5 years (0.8-8years) post treatment. Median return to normal activity and driving was 7days (0-28). 88% of patients felt that their presenting symptoms had improved following treatment. 72% were either 'satisfied' or 'very satisfied' with the result. Recurrence rate at and beyond 5 years following treatment was only 8.3%.
Conclusion: Local long term recurrence rates are more favourable than those reported nationally. This alongside high patient satisfaction supports the use of EVLT in SSV varicosities.

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1319: BIOCHEMICAL PREDICTORS OF NECROTISING SOFT TISSUE INFECTION IN INTRAVENOUS DRUG USERS

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Aim: To assess the biochemical predictors of necrotising soft tissue infection (NSTI) in intravenous drug users (IVDU).
Method: Retrospective analysis of all IVDUs admitted between December 2011 and August 2014 and divided them into 3 cohorts (NSTI, simple abscess and cellulitis). The biochemical parameters and length of hospital stay were compared between the cohorts with Kruskal Wallis Test.

Result: A total of 111 cases(44 female and 67 male) were identified. 10 NSTIs, 26 simple abscesses and 75 cellulitis cases were identified. The hospital stays for NSTIs were significantly longer, with median stays of 18 days(1 to 45), followed by 10 days(3 to 47) for abscesses and 2 days(0 to 19) for cellulitis cohort(p=0.000). The C-Reactive Protein(CRP) and urea were significantly higher in NSTIs(p=0.000; 0.025). NSTI and abscess cohorts also had lower sodium and albumin than cellulitis cohort(p=0.002; 0.001). NSTIs had the highest lactate and similar white cell counts as abscess cohort but they did not reach statistical significant(p=0.336; 0.123).
Conclusion: The length of hospital stay was significantly longer in IVDUs with NSTI. High CRP and urea as well as low albumin and sodium levels predict the NSTI in IVDUs. White cell counts and lactate are not specific in determining NSTI.

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1334: USING TRANS-VAGINAL DUPLEX ULTRASOUND TO DETECT PELVIC VEIN INCOMPETENCE IN WOMEN: A DIAGNOSTIC READABILITY AND INTEROBSERVER VARIABILITY STUDY

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Aim: The association between chronic pelvic pain in women and pelvic vein incompetence (PVI) is becoming increasingly recognised. Furthermore, current literature also proposes the use of trans-vaginal duplex ultrasound (TVDU) in the diagnostic workup for PVI. This study Aim: to assess the level of diagnostic readability and interobserver variability with using TVDU to diagnose PVI.
Method: At a large University Teaching Hospital, TVDU scans for 45 women were made anonymous and retrospectively reviewed by a second vascular scientist to assess diagnostic readability. A further 14 women with clinical suspicion of PVI were prospectively scanned by two blinded vascular scientists to ascertain interobserver variability. Both diagnostic readability and interobserver variability we determined by calculating percentage agreement and Cohen's kappa coefficient (κ).
Result: Comparison between scan diagnosis and review diagnosis for retrospectively reviewed TVDU images showed 71% total agreement; demonstrating moderate agreement (κ=0.48, p=0.000). Of the 14 women who underwent double scans, total agreement for PVI diagnosis was 93%; showing very good agreement (κ=0.84, p=0.001).
Conclusion: TVDU is a useful imaging modality for investigating PVI with good inter-observer agreement.

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