Method: Data was collected on demographics, type of surgery and DVT form September-2009 to September-2010.

Results: In total 9170 procedures performed, of which 315 were for breast cancer. 12 of these, had breast reconstruction. A total of 52 patients developed DVT: 2(0.63%) patients undergoing breast surgery developed DVT, compared with 27(0.83%) patients with abdominal surgery and 23(0.41%) with orthopaedic surgery. Of the 2 breast patients, the mean age was 52 and DVT occurred at 4.5-5 months postoperatively. One patient had metastatic disease, for which she was receiving palliative chemotherapy.

Conclusion: Our results demonstrate that breast surgery carries a low risk of thromboembolic disease. Despite not routinely prescribing LMWH postoperatively, VTE rates are comparable to general and orthopaedic surgery who receive prophylactic LMWH. These results support current practice.

0404 ELECTIVE ENDOVASCULAR THERAPY (ET) FOR CHRONIC MENSERTEIC ISCHAEMIA (CMI)
Jeremy Lynch, Max Marsden, Jeremy Taylor, Andrew Hatrick, David Gerrard, Peter Leopold, Patrick Chong. Frimley Park Hospital NHS Foundation Trust, Camberley, Surrey, UK

Objective: This single centre study examines the outcomes of elective ET for CMI. Emergency cases for acute mesenteric ischaemia were excluded.

Method: A retrospective 9 year review of consecutive elective ET cases for CMI. Emergency cases for acute mesenteric ischaemia were excluded.

Results: 17 patients (53% males / 76% ASA 3) with a median age of 79 years (49-89) received ET. Median LOS was 3 days (1-120) and follow-up was 12 months (0-97). Not all had classical post-prandial pain (53%), weight loss (53%) or diarrhoea (29%). Pre-ET investigations include abdominal ultrasound (47%), endoscopy (41%) and CT angiography (100%). Angiographic evidence of occlusion or stenosis (>70%) was observed in 1 axial vessel (n = 2), 2 axial vessels (n = 1), all 3 axial vessels (n = 4). 16/17 patients received a balloon-expandable stent with a technical success rate of 94%. There were no access vessel injuries or target vessel injuries. Post-ET, 2 patients required laparotomy for worsening ischaemia. Mortality rates were: peri-procedural (0%), 30-days (11%), 1-year (29%) and 3-years (42%). The 3-year cumulative rate of freedom from symptomatic recurrence was 76%.

Conclusion: Although acceptable mid-term outcomes for symptomatic success and survival rates were observed, worsening bowel ischaemia remains a risk post-ET. Patients should complete investigations for nonvascular causes of abdominal pain before ET is considered.

0407 IS SINGLE INCISION LAPAROSCOPIC APPENDICECTOMY A VIABLE APPROACH?
Haroon Rehman. University of Aberdeen, Aberdeen, UK

Introduction: Single incision laparoscopic appendectomy (SILA) is considered to be a lesser invasive alternative to traditional laparoscopic surgery. We aimed to analyse available data on this new approach.

Methodology: All available databases until December 2010 including Cochrane Controlled Trials Register, MEDLINE and EMBASE were searched and cross-referenced for studies describing SILA. Case and experimental reports, series with fewer than 5 patients and non-English papers were excluded. Outcome measures including operative time, post-operative hospital stay, pain scores, complications, conversion and mortality were analysed, stratified according to age and type of SILA approach. SPSS (18.0) was used for data collection and analysis.

Results: Database query yielded 79 papers, 40 were included (1 RCT, 39 case-series). Total cases were 2381 (688 females, 749 males), aged 15.0 ± 8.3 (7.0-37.5). Overall complication rate was 4.24%. Operating time was 40.9 ± 16.7 min (15.0-95.9) and longer in adults. A higher conversion rate was reported in children (6.0 vs. 1.7%). Mean hospital stay was 2.87 ± 1.28 days. No mortality was reported.

Conclusions: Incidence of complications with SILA remains low in adults and children. Adequately powered randomised trials are urgently required to assess the effectiveness SILA procedures. Occurrence of long term complication types remains unexplored.

0414 BARRIERS, FACILITATORS AND PATIENT-CENTEREDNESS IN MULTI-DISCIPLINARY CANCER TEAMS: A QUALITATIVE STUDY WITH A NATIONAL UK SAMPLE
Johnathan Lamb1, Sophie Strickland2, Benjamin Lamb3, Cath Taylor5, Nick Sevdalis4, James Green1, 1 East and North Herts NHS Trust, Welwyn Garden City, UK; 1, 2, 3, 4, 5 Imperial College London, London, UK; 1, 2 Kings College London, London, UK

Introduction: Team-working and clinical decision-making by multidisciplinary teams (MDTs) are important for effective cancer care. Whether different professional groups within MDTs share priorities regarding these aspects of MDT working is unknown.

Methods: Qualitative, open-ended questions regarding MDT effectiveness, clinical decision-making, and patient representation from the 2009 UK National Cancer Action Team survey were qualitatively analysed. Responses from 1792 participants, including doctors, nurses, and MDT-coordinators supported by direct quotes, are presented by professional group.

Results: Doctors felt that MDT treatment recommendations were not implemented because of poor knowledge of patients’ views. Nurses and MDT-coordinators felt that lack of personal contact with patients was to blame. Availability and completeness of radiological and pathological information were deemed important. The priority for nurses and MDT-coordinators was obtaining clinical notes. Nurses and doctors felt that more time in their job-plans to attend MDTs would improve their contribution. Documenting disagreements and telling patients honestly is preferred to presenting consensus. There was consensus that in MDT meetings nurses should represent patients’ views, but Consultants should communicate team recommendations to patients.

Conclusions: Discrepant views between professional groups in MDTs should be further explored and resolved, promoting effective teamworking and clinical decision-making, ultimately for the benefit of cancer patients.

0417 THE EFFECT OF A LAPAROSCOPIC SERVICE ON UPTAKE AND MAINTENANCE OF PERITONEAL DIALYSIS IN A DISTRICT GENERAL HOSPITAL
Sunil Amonkar, Jean Melville, Theo Ojima. Cumberland Infirmary, Carlisle, UK

Background: Laparoscopy offers an alternative method of peritoneal dialysis (PD) catheter placement. Historically this required a laparotomy, often with poor outcomes. We report our experience of this technique with a 3-year audit.

Methods: Retrospective analysis of patients who had laparoscopic peritoneal dialysis catheter placement between 2007 and 2010.

Results: 40 patients were studied. Median time to commence PD after laparoscopic insertion was 28 days (range 13-110), 6 patients developed complications prior to commencing dialysis necessitating further early surgical re-intervention. 35 patients went on to commence PD. Median duration of PD catheter use was 11.6 months (range 0.5-32), 17 patients encountered infection related catheter problems during PD, one had mechanical related problems, and 5 patients had both infection and mechanical related catheter problems. 9 of these patients required surgical re-intervention. PD was subsequently resumed in the majority of cases. Excluding for deaths (n = 2) and elective modality change of renal replacement therapy, 80% of laparoscopic inserted PD catheters were functional at 1 year.

Conclusion: Laparoscopic insertion of peritoneal dialysis catheter is a safe effective method which can be managed and maintained in a District General Hospital setting. The importance of prompt re-intervention for catheter malfunction was also highlighted by this audit.

0420 DESIGN AND IMPLEMENTATION OF A RECORD-KEEPING TOOL FOR HEAD AND NECK CANCER RECONSTRUCTION
Geoffrey Roberts, Ahmed Nawar, Bhagwat Mathur, Kallirroi Tzafetta. Mid Essex Hospitals, Chelmsford, Essex, UK

Introduction: Provision of peri-operative care for patients undergoing head and neck cancer resection with free tissue transfer reconstruction is