service. The hot clinic is a consultant / associate specialist run clinic where GP referrals are evaluated.

**Methods:** A comparative retrospective review was undertaken before and after starting the hot clinic. Data regarding 79 patients reviewed in the hot clinic (HC) group over a 3-month period were compared to a similar number of patients seen routinely, “non hot clinic” (NHC) group.

**Results:** There was a significant reduction in the waiting time to be seen by a doctor (p < 0.0001), time duration from presentation to getting blood results (HC = 95 minutes vs NHC = 177.5 minutes, p < 0.0001) and US reports (HC = 135 minutes vs NHC = 1290 minutes, p = 0.0019) in the hot clinic group. 44.3% of patients in the HC group required admission whereas 82.3% in the NHC group were admitted to hospital (HC: n = 35 vs NHC: n = 65, p = 0.0001). Similar number of patients required surgical intervention in either group and there were very few readmissions in both groups.

**Conclusions:** The hot clinic is cost effective and improves the efficiency of delivering emergency surgical care.

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**0372 THE INCIDENCE AND NATURAL HISTORY OF SCAR SENSITIVITY FOLLOWING HALLUX VALGUS SURGERY; ADDRESSING PATIENTS’ CONCERNS**

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**Introduction:** Patients often report scar pain following forefoot surgery. However there is neither published material, nor are the effects quantified. This pilot study looks at the incidence and natural history of scar pain following hallux valgus surgery.

**Methods:** Patients who had hallux valgus surgery with a minimum follow up of 12 months were contacted with a questionnaire. Operation notes were reviewed to ensure standard operative procedure.

**Results:** 125 patients were contacted, response rate was 84%. 30% of patients had experienced scar sensitivity following surgery. Of these, 60% had undertaken non-surgical intervention. The mean duration of symptoms was 16 weeks, and 5% of patients still had minor ongoing scar symptoms. 100% of patients would opt to have the surgery again. The mean symptom severity score was 3 out of 10. Role and Maudsley score ranged from 1 to 2.

**Conclusions:** Scar sensitivity is a recognised complication of forefoot surgery. A third of patients experience scar symptoms. Most were mild, did not affect function, almost always resolved with simple measures, and all patients would have surgery again. The results can be used to forewarn patients, address their concerns and give more accurate information as part of the consent and education process.

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**0375 LAPAROSCOPIC SURGERY AND A SIMPLIFIED RAPID RECOVERY PROGRAMME (RRP) IS THE KEY TO EARLY DISCHARGE AFTER COLORECTAL RESECTIONS**

Peter Mekhail, Nader Naguib, Avanish Saklani, Ashraf Masoud. Prince Charles Hospital, Merthyr Tydfil, UK

**Introduction:** In 08/2006, we established a Rapid Recovery Programme (RRP) for laparoscopic (LCR) and open colorectal resections (OCR) encompassing patients and staff education regarding early mobilisation, feeding and discharge. No extra funding, high caloric drinks or advanced anaesthetic techniques are utilised, compared to the Enhanced Recovery Programme.

**Aim:** To assess the efficacy of basic RRP on median ward stay after LCR or OCR.

**Methods:** A prospectively maintained database was used to analyse data on patients undergoing LCR and OCR over 9 years (2001-10). The number of patients undergoing colorectal resections and their median hospital stay were compared before and after introduction of RRP.

**Results:** Single surgeon’s experience including 151 LCR & 202 OCR. Age, sex, co-morbidities & previous surgery were comparable. In the first 18 months of RRP, median ward stay fell from 11-8 days for OCR but, remained at 6 days for LCR. However, over the next 36 months as the rate of LCR increased (3%-80%), median stay decreased to 3 days for LCR, but remained at 8 days for OCR. Readmission rates for LCR before and after RRP was 6.25% & 3.4% respectively.

**Conclusion:** Volume of LCR and emphasis on educating patients & staff may be more important than a fully funded ERP.

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**0378 INTERNAL HERNIATION AFTER LAPAROSCOPIC LEFT HEMICOLECTOMY: AN UNDER-REPORTED EVENT**

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**Introduction:** Post left hemicolectomy, the neo-splenic flexure lies below and to the right of the DJ flexure leading to small bowel herniation behind the colo-colonic anastomosis. Unlike laparoscopic surgery, open colonic resection creates adhesions in the mobilised planes, reducing the incidence of internal herniation. Symptomatic internal herniation is under-reported in the literature (9 cases). S trabaldo et al. found 5/436(1.14%) of left hemicolectomies with this complication.

**Aim:** Assess the incidence of small bowel obstruction secondary to internal herniation after laparoscopic left hemicolectomy.

**Methods:** All patients who underwent laparoscopic left hemicolectomy were identified from a prospectively maintained database. Patients who subsequently developed small bowel obstruction+/- surgical intervention were identified. Case notes were reviewed. Fischer’s exact test was used for statistical analysis.

**Results:** 8/158 of our laparoscopic resections underwent left hemicolectomy between 2002 & 2010, 4 patients (50%) were re-admitted with small bowel obstruction. Two of them required surgical intervention (one small bowel resection and one small bowel decompression). Of the other 150 resection, 2 patients were admitted with small bowel obstruction, one of them required surgery. p<0.0001.

**Conclusions:** Laparoscopic left hemicolectomy carries a higher risk of internal herniation. A way of preventing internal herniation is to make the colo-colonic anastomosis through the small bowel mesentery.

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**0382 CLINICAL SUCCESS OF HYBRID SURGICAL AND ENDOVASCULAR THERAPY IN MULTI-FOCAL PERIPHERAL ARTERIAL LESIONS – TWO YEAR OUTCOME STUDY**

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**Objectives:** We describe our 3 year experience of hybrid surgical and endovascular procedures in the management of multifocal peripheral arterial disease (PAD).

**Method:** From 2007 to 2010, 15 patients underwent hybrid procedures. Surgical intervention involved common femoral endarterectomy with PTFE or Vein patch augmented with stenting of common or external iliac, superficial femoral and popliteal arteries individually or in combination. Patients were assessed clinically for symptomatic improvement at 12 and 24 months. Data was collected on technical success, clinical success; primary and primary assisted patency and limb salvage rates.

**Results:** Indications for surgery were claudication in 100% (n=15), rest pain in 38% (n=6) and ulcers in 25% (n=4). Eighty percent (n=12) of lower limbs had successful hybrid procedures. The average claudication distance improved from 30 to 300 yards (P<0.05) with 67% (7/12) of patients reporting no intermittent claudication. Rest pain and ulceration resolved in all patients. The primary patency rates were 100% (n=12) at 12 months and 92% (n=11) at 24 months. The primary assisted patencies were 100% (n=12) at 24 months. There were no limb losses.

**Conclusions:** Endovascular therapy in adjunct to common femoral endarterectomy provides a less invasive yet effective option in the management of multifocal PAD in selected patients.

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**0385 ONCOLOGICAL OUTCOMES IN RECTAL AND RECTOSCIMOID CANCERS IN REGIONAL AUSTRALIA**

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**Aims:** This study will review the oncological outcomes for rectal and rectoscopicoid cancer patients in an Australian regional surgeon’s private practice over ten years.