teaching would improve the quality of patient care and service provided. After interactive teaching sessions, marked improvement was demonstrated with 83.3% confident in identifying ST elevation on ECGs (p-value: 0.0152) and 66.6% felt confident in the initial management of paediatric epiglottitis (p-value: 0.242).

Conclusion: Senior SHO led departmental peer to peer teaching is a useful tool in improving confidence in out of hours cross-cover trainees.

0973: DEVELOPING AN AFFORDABLE SIMULATOR OF LAPAROSCOPIC TECHNIQUES FOR UNDERGRADUATE TRAINEES
Joseph M. Norris, Matthew D. Smith. Brighton and Sussex Medical School, Brighton, UK

Aim: To produce an affordable and effective laparoscopic simulator for undergraduate trainees.

Method: A pattern was produced to build a novel laparoscopic simulator, for under £100; using a handsaw, drill and screwdriver. This consisted of an opaque plastic crate with a plywood base, two trochars and disposable laparoscopic instruments. A laptop was used in combination with LEDs and a webcam to visualise the box interior. A more realistic laparoscopelike ‘deluxe’ version can be produced with slightly more technical ability.

Results: The described set up has allowed undergraduate trainees to gain familiarity with laparoscopic techniques, beginning with simple manipulation, progressing through to more relevant procedures. Novices begin by moving easy to grasp objects (e.g. beads) between containers, then attempt more challenging manipulations, such as stacking sugar cubes, threading polo-mints onto cotton and tying suture material to ‘ligate’ fastened drinking straws. These techniques introduce the necessity of careful instrument placement and increase students’ comfort and dexterity with laparoscopy.

Conclusions: It is difficult for undergraduates to gain exposure in laparoscopic skills, a now common surgical technique. Here, we demonstrate an affordable alternative that has given many undergraduates important experience with laparoscopic techniques, allowing them to safely improve their manual skill and confidence.

1014: A SYSTEMATIC REVIEW INTO THE INCIDENCE AND CAUSES OF INFERIOR EPIGASTRIC ARTERY (IEA) PSEUDOANEURYSM AND THE EVOLVING TREATMENT TRENDS
Alison Hunter, Oliver Gosling, Andrew Stewart. Musgrove Park Hospital, Taunton, UK

Aims: Review reported incidence and causes of IEA pseudoaneurysm, and evolving treatment preferences.


Results: Reported IEA pseudoaneurysm cases have increased significantly (p = 0.005) over the last thirty years. In total 25 cases of IEA pseudoaneurysm have been reported since 1973; 56% in the past ten years. Prior to 2001 abdominal retention sutures were the commonest known etiology. Since 2001 trochar insertion has become the joint leading cause of IEA pseudoaneurysm alongside open abdominal surgery. The most frequent treatment of choice since 2001 is percutaneous coil embolisation (50% vs. 10% pre-2001), replacing open surgical excision (21% vs. 70% pre-2001).

Conclusions: Incidence of reported IEA pseudoaneurysms is rising. Laparoscopic trochar insertion is increasingly reported as the cause. Treatment options have evolved; percutaneous coil embolisation has replaced traditional surgical excision as the leading treatment of choice.

As laparoscopic surgery continues to gain popularity, promoting awareness of trochar-induced IEA injury and the potential complications is critical to reduce patient morbidity.

1017: AN EVALUATION OF PLASTIC SURGERY IN UK MEDICAL SCHOOLS
Sridhayan Mahalingam1, Puja Kalia2, Arjuna Nagendran1. 1 University College London Medical School, London, UK; 2 University of Leeds, School of Medicine, Leeds, UK

Background & Aim: Although plastic surgery is a postgraduate specialty, career choices are increasingly made as a medical student. Whilst medical schools are required to provide structured teaching in surgery the proportion devoted to plastic surgery remains unknown. The aim of this study was to investigate UK medical student opinions of this field.

Methodology: Using a questionnaire-based format, issues addressed include: satisfaction with teaching, exposure and consequent impressions of this specialty.

Results: 160 medical students were recruited from 7 medical schools nationally. Almost half of medical students have considered plastic surgery as a career choice. 60% of students have had no exposure; 80% are unsatisfied with current provisions for plastic surgery teaching. Average exposure to medical students was 1.6 hours; 91% felt this insufficient in making an informed career choice in this field. Student impressions were dominated by the financial gains.

Conclusions: There is limited exposure to plastic surgery within the UK medical school curriculum. The lack of experience in such a diverse field may reflect students stereotypically associating this specialty with glamour. Greater undergraduate exposure would enable students to make an informed career choice in plastic surgery whilst providing them with a skill set pertinent for any surgical career.