



The Association of Surgeons in Training

Background: ATLS guidelines advise early definitive care of trauma patients. This leads to shorter hospital and intensive care unit (ICU) stays and lower mortality. 9 district general hospitals serve Northern Ireland's 1.8 million population with The Royal Victoria Hospital (RVH) Belfast being the region's tertiary referral trauma centre. It was our perception that delays in early definitive care were occurring.

Methods and Patients: Using the Fractures Outcome Research Database, we analysed transfer times, collected prospectively, for multi-trauma patients admitted to the RVH from 2000–2008. Mechanism of injury and injuries sustained were used to describe the patient group. 546 patients were identified (121 Female, 425 Male). Age: <20 (23%), 20–30 (36%), 30–40 (25%), 40–50 (15%).

Results: 73% of multi-trauma patients were transferred to the RVH within 24 hrs of injury (mean 40.2 hrs, median 4.4 hrs, range 1hr–72hrs). 87% of multi-trauma patients requiring ICU are transferred within 24hrs (mean 29.8 hrs, median 6.5 hrs, range 1hr–72hrs). 188/546 (35%) were admitted directly to RVH; 116/546 (20%) were admitted to ICU. Mechanism of injury: Road traffic accidents 80.6%, falls 12.8%, crush injury 2.4%, gunshot injury 2%, miscellaneous 2.2% Intensive care patient distribution of injury: Pelvic 42/116 (36%), Femoral shaft 57/116 (49.1%), Spine 64/116 (55.2%).

LOCALISATION OF INTRA-THYROIDAL PARATHYROID ADENOMA WITH SESTAMIBI SCANNING

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Background: Parathyroidectomy is the definitive treatment for primary hyperparathyroidism but accurate localisation of the affected gland is essential to cure. The need for localisation studies, and the optimal method, remain a matter of debate. Up to 10% of parathyroid glands may be ectopic and these cases represent an added operative challenge.

Method: We report a single centre experience of parathyroidectomy over 5 years ending 2008. Data was collected through retrospective casenote review.

Results: 51 patients underwent parathyroidectomy for primary ($n = 50$) or recurrent ($n = 1$) hyperparathyroidism. Average age was 61.3 years (range 34–81) and 6 patients were male. All patients underwent 99mTc-labelled sestamibi isotope scanning. In 42 cases (82%) sestamibi scanning correctly localised a functioning adenoma. In the 9 remaining cases, 8 adenomas were identified correctly at operation and one operative specimen was reported as normal parathyroid tissue. 4 of 51 patients had intrathyroidal adenomas, of which all were localised on sestamibi scanning but only one was visible at operation. In each case hemithyroidectomy was performed and histology confirmed removal of adenoma.

Discussion: In this series, routine preoperative sestamibi scanning enabled accurate localisation of intrathyroidal parathyroid adenoma. This method of pre-operative localisation enabled hemithyroidectomy to be confidently undertaken in all such cases.

ARE INFLAMMATORY MARKERS USEFUL IN ADULT APPENDICITIS?

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Aim: The diagnosis of appendicitis and decision to operate is based primarily on clinical assessment. However, white cell count (WCC) and C-reactive protein (CRP) are often measured in patients with suspected

appendicitis. The aim of this study was to assess the importance of these markers for appendicitis.

Methods: Data was collected retrospectively on consecutive patients who underwent emergency appendicectomies at our institution over a one year period from November 2008. Preoperative WCC and CRP measurements were correlated with appendix histology.

Results: 174 appendicectomies were carried out during this period (male: female 64%: 36%, mean age 33). 134 (77%) patients had histologically-confirmed appendicitis, 27 (16%) normal appendices were removed. WCC and CRP were significantly raised in patients with appendicitis (normal vs appendicitis WCC 8.3 vs 14.1 $p = 0.008$, CRP 31 vs 123 $p = 0.0001$). 43% of appendices were gangrenous or perforated, with CRP significantly ($p = 0.07$) raised in these patients (CRP 174) compared to those with simple appendicitis (CRP 83). WCC was also raised (14.7 vs 13.6, $p = 0.25$). 2 patients had appendicitis with both normal WCC and CRP levels.

Conclusion: WCC and CRP are raised in appendicitis. CRP levels can indicate disease severity. Patients with normal WCC and CRP levels are unlikely to have appendicitis, but the diagnosis cannot be excluded.

SAFETY AND FEASIBILITY OF LAPAROSCOPIC ANTERIOR RESECTION FOR COMPLICATED SIGMOID DIVERTICULAR DISEASE: A CASE SERIES

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Aims: Laparoscopic procedures for colorectal cancer are well established, however similar surgery for complicated diverticular disease is reputed to be more technically challenging and is associated with greater shorter term complications. The aim of this audit was to assess the safety and feasibility of minimal access surgery in these patients.

Method: The first thirty five consecutive patients undergoing laparoscopic anterior resection for complicated sigmoid diverticular disease were audited prospectively. Data recorded included patient demographics, duration of surgery, conversion rate, operative blood loss, length of stay and post operative complications, including in-patient mortality. Numerical results are presented as median and interquartile ranges (IQR).

Results: Of the 35 patients which underwent surgery (M: F of 9:26; median age of 66 years), 20 (57%) had had previous open abdominal operations. The median operating time was 177 minutes, with a median of 100 ml estimated blood loss. There were 4 (11%) conversions to open surgery. 5 (14%) patients developed postoperative complications but there were no immediate postoperative deaths. The median length of hospital stay was 4 days and there were 3 (9%) readmissions within 3 months.

Conclusions: These results attest to the safety and feasibility of laparoscopic surgical resection in complicated sigmoid diverticular disease.

SELF-EXPANDING METAL STENTING FOR MALIGNANT COLONIC TUMOURS: A PROSPECTIVE STUDY

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Background: Self-expanding metal stents (SEMS) have been used in the management of malignant colorectal obstruction for palliation or as a bridging tool to single-stage surgery. We present the clinical results of a series of patients with colonic cancer in whom SEMS were inserted endoscopically under radiological guidance.