

patients can exhibit thoracic pathologies, which require surgical intervention. We evaluated the outcomes and complications of these thoracic procedures.

Methods: Retrospective analysis of clinical variables for consecutive patients undergoing ECMO treatment during a 4 year period.

Results: 70 patients underwent ECMO with an age range of 18–74 (median 54 years). 54.6% had at least one complication relating to ECMO. 11 patients (15.7%) required thoracic surgical intervention whilst on ECMO, their duration of ECMO ranging 2–28 days (median 16 days). The mean ICU stay was 41.4 days (range 13–61 days). A total of 10 isolated intercostal chest-drains were inserted, with a bleeding rate of 10% (significant haemothorax). Three patients underwent thoracotomy/VATs for evacuation of empyema/haemothorax. Two of these 3 patients (66.7%) developed significant bleeding requiring re-exploration/ packing, however none died. In-hospital mortality in the 11 patients was 27.3%, similar to the total ECMO group ($p=0.28$).

Conclusions: A small but significant proportion of ECMO patients require thoracic surgical intervention, which carries the risk of major bleeding, especially with interventions such as thoracotomy/VATs. However, in-hospital mortality rates are acceptable for this high-risk patient population, and are not related to thoracic surgical intervention.

Case reports

0215: CASE REPORT OF ANOMALOUS SYSTEMIC SUPPLY TO THE LOWER LEFT LUNG LOBE

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A 2-month-old boy with history of tachypnoea and dyspnoea since birth was admitted for recurrent respiratory tract infections. Chest X-Ray demonstrated hyperinflation and interstitial infiltrates in the lower zones with normal cardiac shadow. Persistence of respiratory symptoms after weeks of antibiotic treatment and failure to thrive led us to investigate further. Transthoracic echocardiography revealed no structural heart defects. Chest CT scanning suggested anomalous vascular supply of the lower left lobe, with a patent bronchus supply. Upon surgical exploration via a right thoracotomy, a large branch of the descending aorta was found to supply the region, with numerous additional venous collaterals draining into the inferior pulmonary vein. Systemic supply of a lung lobe is a rare congenital malformation falling on the pulmonary sequestration spectrum- Pryce I with vessels frequently coming off the abdominal aorta and celiac axis. The typical presenting symptom- haemoptysis was absent here. Treatment options depend on the presence of normal pulmonary artery lobe supply. Where this exists, ligation/embolisation of the abhorrent vessel is sufficient, whereas in this case lobectomy was necessary. With facilities such as CT angiography not readily available in resource poor institutions, a high index of suspicion is needed to expedite diagnosis and treatment.

0241: CASE REPORT: THE FIRST CASE OF LAPAROSCOPIC URETERIC RE-IMPLANTATION IN A SOLITARY URINARY SYSTEM

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Ureteric strictures can be caused by traumatic pelvic surgery, urolithiasis and instrumentation. There are various treatment options for ureteric stricture, one of which is laparoscopic re-implantation. The current report describes the first documented case on the feasibility of laparoscopic ureteric re-implantation for ureteric stricture in a solitary kidney.

A literature search using PubMed was performed on laparoscopic re-implantation for ureteric stricture. We could not identify any published cases on laparoscopic re-implantation on a single urinary tract system.

A 56 years old female with a history of chronic left pelvi-ureteric junction (PUJ) obstruction presented with uro-sepsis secondary to right sided urolithiasis. The patient had a left nephrectomy following a period of haemo-dialysis, and developed right-sided ureteric stricture following repeated ureteroscopy to manage her stone disease. Treatment with ureteric stenting was unsuccessful and the patient underwent

laparoscopic ureteric re-implantation to avoid repeated instrumentation and nephrostomy insertion, and to prevent the development of end-stage renal failure. The procedure was uneventful and post-operative imaging revealed no anastomotic leakage.

Laparoscopic re-implantation for ureteric stricture in a single urinary tract system following unsuccessful ureteric stenting is feasible and offers good functional outcomes.

0273: NOVEL USE OF AMBU® ASCOPE™ 2 FOR CHOLEDOCHOSCOPY

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Common bile duct exploration is facilitated by using a reusable fibre optic scope. This is the first report of the use of a disposable video-endoscope for this purpose.

We present a case where a 73-year-old female required open cholecystectomy and common bile duct exploration for localised gallbladder perforation following a deterioration in her condition. Equipment failure required the authors to use a disposable airway intubation video-endoscope in place of a reusable fibre optic choledochoscope for the exploration.

This case demonstrates that the Ambu® aScope™ 2 (a disposable airway intubation video-endoscope) may be a viable alternative to a reusable fibre optic choledochoscope in the event of equipment failure. Further assessment is required.

Keywords: Fibre optic scope; Intubation video-endoscope; Reusable flexible choledochoscope; Common bile duct exploration.

0295: SURGICAL CLIPS WITHIN A CBD CALCULUS THREE YEARS AFTER LAPAROSCOPIC CHOLECYSTECTOMY

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A 70-year-old man presented with ascending cholangitis three years after a laparoscopic cholecystectomy complicated by a cystic duct stump bile leak. MRCP demonstrated biliary dilatation and a common bile duct (CBD) stone.

A Billroth II gastrectomy for ulcer disease many years earlier was felt to preclude an endoscopic approach to the bile duct, so a percutaneous transhepatic cholangiogram (PTC) was performed.

This revealed a CBD calculus very clearly containing the two surgical clips originally placed on the cystic duct, with no evidence of a further bile leak. The PTC tract was dilated and the calculus broken up and pushed into the duodenum. An endoscopic procedure was required to clear the fragments. Clip migration is described and is associated with complications of laparoscopic surgery. The presence of surgical material in the CBD can act as a nidus for stone formation. Absorbable polydioxanone (PDS) clips are available and may prevent this rare complication.

0299: ARTHROSCOPIC COBALTATION OF A SYMPTOMATIC MEDIAL DISCOID MENISCUS

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The discoid medial meniscus is rare with an estimated incidence of 0.12%. The recommended treatment of symptomatic discoid meniscus is partial excision and saucerisation. We describe a novel technique for saucerisation of a discoid meniscus in a 29 year old male with a long history of medial right knee pains and decreased range of movement of his right knee.

The Arthrocare Super MultiVac 50 Arthrowand is introduced through standard anterolateral and anteromedial ports and the coblation of the meniscus begins in the mid portion before moving outwards once resection depth is identified. Any remaining edges may be trimmed using the arthroscopic shaver or the Arthrowand.

At six weeks follow up the patient reported an 80% improvement in pain symptoms and function including driving and standing for extended periods of time. His range of motion preoperatively was 15° extension to 120° flexion improving to 5° and 145° respectively post-operatively.

Surgical intervention is often required for symptomatic discoid meniscus. Arthroscopic treatment of a complete discoid meniscus is a technically