Methods: All patients who underwent breast reduction surgery in Sheffield over a 10-year period were identified from an electronic prospective database. The histopathology reports were analysed. Case records of all patients with significant abnormalities were examined.

Results: Between October 1999 and April 2010, 1,588 patients underwent reduction mammoplasty. 9 specimens showed atypical hyperplasia (0.57%). 5 cancers were detected (0.31%), 4 were invasive (3 lobular, 1 ductal) (0.25%) and 1 was DCIS (0.06%). A lump was palpated by the pathologist in 2 of the 4 patients with invasive cancer. Patients with invasive disease underwent mastectomy (3) and axillary nodal staging (4).

Conclusion: The incidence of occult carcinoma in reduction mammoplasty specimens is very low. These patients are often treated by mastectomy because of inadequate information on margins. Gross evaluation detected abnormalities in 50% of the patients with invasive cancer. Surgeons should feel the specimen and mark any suspicious nodularity to direct microscopic examination. Specimen x-ray may be utilized following macroscopic examination.

0204 FEEDBACK FOLLOWING CRITICAL INCIDENT FORM REPORTING IN SURGICAL SPECIALTIES
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Introduction: The feedback loop plays an integral role in the improvement of patient care resulting in system improvements and corrective actions. A significant feature involves feedback to the reporter with noticeable actions and interventions. However, current consensus is that the feedback process rarely occurs and this can have a negative impact especially in the high risk arena of surgery.

Aim: To identify the degree of feedback and action following the submission of critical forms in the General Surgery, Orthopaedics and ENT surgical departments in a London teaching hospital.

Method: Data was collected from departmental Risk Leads as well as from the Risk Department and subsequently analysed.

Results: On average ≥58% of incident reporters did not receive any form of feedback following their report. Furthermore, on average 61% of incidents did not result in any action taken. Surprisingly, no correlations were obtained showing an increase in the percentage of incidents evaluated as incident risk assessment score increased.

Conclusion: The degree of feedback and action following incident reporting in the General Surgery, Orthopaedics and ENT surgical departments is insufficient. It is crucial therefore to correct the problems highlighted by this study. Recommendations have been made based on review of the literature.

0205 QUALITY OF LIFE ASSESSMENT FOLLOWING ADENOTONSILLECTOMY FOR OBSTRUCTIVE SLEEP APNOEA IN CHILDREN
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Aim: To use a validated quality of life (QOL) questionnaire to assess the impact of adenotonsillectomy on QOL of children with obstructive sleep apnoea (OSA).

Method: Forty-six children treated with adenotonsillectomy for OSA were used. OSA was diagnosed via overnight pulse oximetry. The QOL questionnaire used was adapted from the 6-item instrument developed by de Serres et al (2000). Patient carers completed the questionnaire via telephone. The questionnaire contained six questions, each assessing the improvement of a specific domain following adenotonsillectomy. Domains included: physical suffering, sleep disturbance, speech/swallowing problems, emotional distress, activity limitations and caregiver concerns. Carers scored each domain on a point scale ranging from “none” (0) to “couldn’t be more” (6).

Results: The QOL of all children improved after surgery. The greatest average improvement scores were in: caregiver concern, physical suffering and sleep disturbance. The modal questionnaire score was 4 (corresponding to an improvement score of “quite a bit”) and the overall average questionnaire score was 4.2, corresponding to an overall QOL improvement score of “quite a bit”.

Conclusion: Adenotonsillectomy provides measurable improvements in QOL of children with OSA. All children’s QOL improved following adenotonsillectomy with greatest QOL improvements in caregiver concern, physical suffering and sleep disturbance.

0206 ONE STOP VASCULAR CLINICS WOULD IMPROVE WAITING TIMES FOR PATIENTS REQUIRING VENOUS SURGERY
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Introduction: To evaluate whether having a dedicated Doppler ultrasound service within vascular clinics would reduce waiting time for venous surgery.

Method: A six month retrospective study of 40 patients who have had venous surgery, comparing the interval between first outpatient appointment (OPA) and operation. One consultant is trained in Doppler ultrasonography and does his own investigations with a portable device in his clinic.

Results: Patients were split into three distinct groups: A) 1st OPA (Doppler done by consultant in clinic) directly to Theatre; B) 1st OPA to Outpatient Doppler to Theatre; C) 1st OPA to Outpatient Doppler to 2nd OPA to Theatre. The groups had 16, 13, and 11 patients respectively. The mean time to surgery (days) were A: 82.9 (CI 95% 58.3 - 107.6), B: 116.3 (CI 95% 94.2 - 138.4) and C: 128.5 (CI 95% 104.9 - 152.0), (p = 0.0148, one-way ANOVA).

Conclusions: Having ultrasonography in vascular clinics clearly shortened waiting times. Options to make this service possible include training the vascular specialist in ultrasonography or having a dedicated ultrasonography service in the clinic. This is also cost-effective, saving an estimated £3124 per annum on follow-up appointments, and would leave these appointments available for other patients.

0208 THE MIGRATORY AND MITOTIC BEHAVIOUR OF GLIOMA STEM CELLS IN VITRO: OPTIMISATION OF LIVE-CELL TIME-LAPSE MICROSCOPY
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Gliomas are the most common primary brain tumours. They are composed of invasive, neoplastic, neuroglial cells and the most prevalent subtype is glioblastoma multiforme (GBM), a malignant, diffusely invasive astrocytoma with a poor prognosis (~12 month survival). Here the motility and mitotic divisions of a rare population of tumorigenic cancer stem cells from GBM tumours were studied in vitro. The aim was to optimise a time-lapse microscopy technique for imaging live cells in serum-free, defined culture medium and provide a baseline for future mechanistic studies of cancer stem cell migration/invasion and proliferation. A method was optimised to image individual cells in an environmentally controlled chamber as subconfluent, adherent monolayers on a laminin substrate over 24 hours. The cells were tracked using image-analysis software. The baseline distances, speed of migration and the number of mitotic divisions for 6 GBM stem cell lines from different