tak[808]g part and learning how to organise such a trip can prove invaluable and diversifies our training experience.

**Methods:** A strong emphasis on the multidisciplinary aspect of Cleft Lip and Palate surgery is paramount. Under the guidance of Emeritus Professor ST Lee of the Singapore General Hospital Plastic Surgery Department, we describe the process of starting up a mission trip to Hainan, China. The involvement of health professionals including Plastic Surgeons, Anaesthetists, Orthodontists and Speech and Language Therapists are key to a successful mission trip.

**Results:** Having participated in two consecutive years, each yearly mission trip was a success. In total, 46 patients were screened and 31 of those (ages 4 months to 27 years of age) were operated on. A total of 19 patients were referred for Speech and Language therapy. A total of 7 patients had dental procedures done.

**Conclusion:** As a trainee, I believe that such trips provide a learning opportunity to work in an environment different from that in the UK. It also concentrates learning and broadens our exposure to Cleft Lip and Palate Surgery.

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**METHODOLOGY**

**Aim:** To investigate current trends in the provision of open elective inguinal hernia repair following the implementation of EWTD.

**Methods:** We conducted a retrospective study on 569 consecutive open and laparoscopic inguinal hernia repairs between 2007 and 2011. We retrieved the relevant details from theatre registers and cross-checked the data retrieved with logbooks of Core Trainees where possible.

**Results:** Overall numbers of open inguinal hernia repairs performed had decreased from 184 in 2007 to 120 in 2011 with a mean percentage decrease of 13% per year. The proportion of laparoscopic hernia repairs performed increased significantly over the last four years (18% vs 38%, Chi-square test; P<0.001). The proportion of open inguinal hernia repairs attended by Senior House Officer (SHO) grade decreased significantly between 2008 and 2011 (51% vs 24%, Chi-square test; P<0.01). In particular, there were no significant differences in the attendance of Core Trainees as compared to non-trainee grade SHOs.

**Conclusion:** The reduction in overall case volume and increase in laparoscopic repairs further diminished training opportunities for Core Trainees in open elective inguinal hernia repair. Targeted theatre attendance might reduce missed training opportunities in the era of EWTD.

**METHODOLOGY**

**Aim:** To report the outcomes of renal transplantation from live donors (LD) in patients receiving pre-transplant Tacrolimus (TAC) loading in a single transplant unit.

**Methods:** A retrospective analysis was performed of LD renal transplants between July 2008- 2010, Patients were preloaded with TAC prior to transplantation (0.05mg/kg twice daily), beginning 4 days pre-operatively. TAC levels were measured pre-operatively (day 0) and target range was 8-10 ng/ml. Patient and graft outcomes were analysed using standard statistical methods.

**Results:** In the cohort (n=81) the mean (SD) day 0 TAC level was 10.5 (+/-7.0); 3 patients had delayed graft function (DGF, day 0 TAC levels of 3.9, 7