0862: BARRIERS TO OPERATIVE TRAINING PROGRESSION FOR CARDIO-THORACIC SURGICAL HOUSE OFFICERS

D. Balmforth*, D. McCormack, A. Shipolini, K. Wong, R. Uppal. *The Barts Heart Centre, London, UK.*

Introduction: Cardiothoracic SHOs have a well-defined role in cardiac surgery to harvest conduit for bypass grafting. This role may cause trainees to miss opportunities to perform more complex parts of cardiac surgery. The next stage in training after vein harvesting is to perform median sternotomy. We audited the number of sternotomies performed by SHOs and investigated the conditions that facilitated them doing so.
Method: The prospective Recovery from Operation Quality Assessment System (ROQAS) database was used to identify all median sternotomies performed by SHOs.
Result: Between April 2011 and January 2015, 1939 patients were entered in the ROQAS database. Of these just 28 (1.4%) had median sternotomy performed by an SHO. SHOs were more likely to perform sternotomy if they worked with certain consultants or if the primary operator was a registrar ($p < 0.038$). No association was found with type of operation (CABG or valve) ($p = 0.299$), or with the availability of a surgical care practitioner to harvest conduit in place of the SHO ($p = 0.428$).
Conclusion: Our results suggest that the need to harvest saphenous vein is not a limiting factor in SHOs performing sternotomy. The most important factor seems to be the relationship between the trainer and the trainee.

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0924: TREATMENT OF PRIMARY SPONTANEOUS PNEUMOTHORAX AT A TERTIARY CENTRE

P. Birmpili*, M. Shackcloth. *Liverpool Heart and Chest Hospital, Liverpool, UK.*

Aim: Guidelines on management of spontaneous pneumothorax (PSP) were published by the British Thoracic Society in 2010. Our aim was to determine compliance with the guidelines and compare to a previous audit.
Method: Patients undergoing surgery for PSP at the Liverpool Heart and Chest Hospital during 2015 were identified from operating lists. Data regarding their admissions were extracted from Electronic Patient Records (EPR).
Result: Fifty-five patients underwent 57 operations for PSP. There were 41 males. Patients had a median age of 25 years (range 16-54). 61% of admissions were elective and 39% urgent. 55 operations were video-assisted thoracoscopic surgery (VATS). 71.5% of elective patients were referred after their second episode of ipsilateral or contralateral pneumothorax, while most (64%) of the urgent cases were referred after their first episode. Referral times for urgent cases have significantly decreased (median 5 days vs. 7 days $p = 0.04$). Median post-operative stay was 3.2 days in the elective and 3.5 days in the urgent group. In the urgent group the length of stay had decreased from 5 days ($p < 0.0001$). Complication rates were comparable in both groups.
Conclusion: BTS guidelines are adequately followed. This has significantly improved since the previous audit. VATS is now the standard approach.

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1377: THE RECOVERY FROM OPERATION QUALITY ASSESSMENT SYSTEM (ROQAS) DATABASE: A NOVEL TECHNOLOGY FOR THE REAL-TIME ASSESSMENT OF IN-HOSPITAL RECOVERY FOLLOWING CARDIAC SURGERY

D.J. McCormack*, D. Balmforth, P. Lohrmann, S. Ibrahim, A. Shipolini, R. Uppal. *Barts Heart Centre, London, UK.*

Objective: Public outcome recording is a mandatory aspect of surgical practice. Cardiac surgery led the way for publication of data but post-operative data collection is limited (death, stroke and renal impairment). We have developed a tool that facilitates progressive and detailed real-time analysis of outcomes.
Method: All patients undergoing cardiac surgery between April 2011 and January 2015 were included. Patient recovery was prospectively recorded for every day of their admission. Data was collected on over 30 complications, functional recovery and reasons for delayed progress. We analysed factors contributing to delayed discharge.
Result: 1939 patients were recruited (25422 patient-days). Group 1 ($n = 660$) experienced uncomplicated recovery whilst group 2 ($n = 1215$) experienced at least 1 complication. Mean lengths of stay for groups 1 and 2 were 5.03 and 11.8 days respectively. In group 2, discharges were delayed an average of 6.35 days (medical reasons = 5.03 days, social reasons 1.32). The average time to mobilise was 1.14 and 1.94 days for group 1 and 2 respectively.
Conclusion: The ROQAS database provides a unique perspective on patient recovery. It facilitates institutional learning and intelligent allocation of resources. We discuss the streamlining of the patient journey and future areas of development including artificial intelligence.

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Case reports

0328: ANCIENT SCHWANNOMA OF THE CERVICAL SYMPATHETIC CHAIN

R.C.T. Cheong[1,*], P. Bowles[1], S. Cartwright[2], A. Pelser[3]. [1] *Colchester University Hospital NHS Foundation Trust, Essex, UK;* [2] *Guy's Hospital, London, UK;* [3] *Brighton And Sussex NHS Trust, Brighton, UK.*

Introduction: Ackerman in 1951 suggested the terminology "ancient" schwannoma to connote the degenerative changes to the appearance of these lesions. Ancient schwannomas arising from the cervical sympathetic chain are rare with only 3 cases previously reported in the literature.
Case Report: A 36 year old female presented to the ENT clinic having noticed a lump on the left side of her neck over the last month. Fine needle aspiration was attempted with ultrasound scan but had inadequate cellular yield. At surgery the mass was found to be arising from the cervical sympathetic chain and was peeled away from the nerve sheath. An ancient schwannoma was confirmed on histology.
Discussion: The presence of vascular displacement is helpful in determining tumor origin. In our case, MRI revealed a displaced carotid artery in the antero-medial direction. Vagal schwannomas typically results in an increased distance between the carotid arteries and the internal jugular vein, whereas tumors that arise from the cervical sympathetic chain do not.
Conclusion: Ancient schwannoma of cervical sympathetic chain is a rare entity and can masquerade as other masses due to the site of location but can be differentiated by displacement of vessels seen on MRI or contrast-enhancing CT.

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0552: PYOPERICARDIUM SECONDARY TO ACHALASIA-ASSOCIATED SQUAMOUS CELL CARCINOMA OF THE OESOPHAGUS

J. Mason*, F. Dixon, H. Grimes, G. Jones. *Department of Upper GI Surgery, Royal Berkshire Hospital, Reading, UK.*

Introduction: Patients with achalasia of the oesophagus are known to be at increased risk of oesophageal squamous cell carcinoma (SCC). To our knowledge this is the first report of an achalasia-associated oesophageal SCC presenting with a malignant perforation into the pericardium. The patient provided informed consent for this case report.

Case report: A 51-year-old man diagnosed with oesophageal achalasia in 2008 presented with severe sepsis and multi organ failure. CT scan demonstrated a grossly distended mega-oesophagus containing large amounts of food debris and a pericardial effusion
Endoscopy revealed a grossly distended oesophagus, with a circumferential mass arising from the gastro-oesophageal junction and biopsy histology demonstrated poorly differentiated SCC. Microbiology results of the pericardial fluid confirmed an infective pyopericardium with growth of gram-negative bacilli (*Lactobacillus)* and *Candida* species. Given the growth of gastrointestinal flora within the pericardium we surmised that the patient had suffered a perforation of his tumour into the pericardium resulting in malignant pyopericardium. The patient was too unstable for pericardial window and was palliated.
Discussion: This unusual presentation was the result of progressive untreated achalasia with co-existing malignancy, which over time resulted in gradual erosion of tumour into the pericardium causing fistulation and eventual perforation.

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0697: ACTINOMYCOSIS IN ANO-SACROCOCCYGEAL INFECTION: A CASE SERIES

C.Y. Tan*, D. Artioukh. *Southport and Ormskisk NHS Trust, Merseyside, UK.*

Aim: Actinomycosis is a rare, chronic infection caused by anaerobic Gram-positive Actinomyces spp. Over 30 species has been isolated, Actinomyces turicensis was first identified by Wüst et al. in 1995. To date, only a handful of literatures had reported ano-sacrococcygeal infections caused by A. turicensis. We present the largest series of ano-sacroccygeal infections caused by this specific microbes.
Method: We identified fifteen microbiology cultures obtained from ano-sacrococcygeal infections that isolated Actinomyces spp. from January 2013 to December 2014. A. turicensis was the only strain identified in these samples.
Result: Eleven of these were isolated from pilonidal abscess and four were perianal abscess. All patients are immunocompetent and non-diabetic. 93% cases (n = 14) had concomitant microorganisms detected and most common is mixed anaerobes. All patient except one who was pregnant at time of presentation were treated with surgical drainage and 40% (n = 6) of patients received penicillin based antibiotic therapy following surgery.
Conclusion: Our series suggests clinical importance of A. turicensis as the emerging cause of ano-sacrococcygeal infection particularly in pilonidal abscess. We recommend that surgeon and microbiologist should work closely to tailor individual antibiotic therapy regimen following surgical drainage to achieve complete eradication of microbes and reduce risk of wound complications.

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0854: FROM ZERO TO HERO: SAVING THE LIVES OF PATIENTS ONE HERO AT A TIME

C. Ratcliff*, R. Gillet, D. Tez, A. Kaabneh, M. Hansrani. *James Cook University Hospital, Middlesbrough, UK.*

A 55 year old female patient presented with end-stage renal failure post chemotherapy for left sided breast cancer. She initially started peritoneal dialysis, but after repeated peritonitis was switched to haemodialysis. Over a 15 year haemodialysis history, she had fistulae created in all of her limbs, which unfortunately occluded. She had multiple tunnelled neck lines and developed an occluded left brachiocephalic vein and significantly stenosed superior vena cava. Catheter dialysis was becoming increasingly problematic with poor clearances and frequent need for catheter change. A further unsuccessful attempt was made at peritoneal dialysis. This lady was offered a HeRO (Hemodialysis Reliable Outflow) Graft. It involves insertion of a flexible reinforced long stent across any central vein stenosis/occlusion into the right atrium which can then be attached to a graft which runs in the limb for easy needling. We combined this new technology with an immediate needling graft (Acuseal) which allowed successful dialysis within hours of completing the procedure. This new technology has opened up new, potentially long-term options for safe dialysis in patients with central vein stenosis whilst utilising skills already available amongst the vascular access team, and can extend the lives of patients reaching the end of their haemodialysis life.

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0944: "ONE MAN'S TRASH IS ANOTHER MAN'S TREASURE": NEPHRECTOMY PATIENTS AS ALTRUISTIC TRANSPLANT DONORS

J. Ayers*, D. Cranston. *Oxford University Hospitals, Oxford, UK.*

There are 5,242 patients awaiting kidney transplantation in the UK. Although this waiting list decreased by 3% last year, there remains a significant deficit of available donor kidneys. Living donation is an increasingly important option and altruistic donors are able to contribute both directly and as part of a donor chain. While a direct contribution to the waiting list can benefit just a single recipient, an altruistic donation to a chain can have a greater impact with one donor facilitating many transplants.
We present a 3 case series in which patients undergoing therapeutic nephrectomies became altruistic kidney donors. In all cases nephrectomy was warranted for ongoing chronic pain. Function was fully preserved. Patients were matched locally with recipients, and altruistically donated their kidneys that otherwise would have been discarded. The recipients have had good short and medium-term outcomes.
We believe these cases highlight an untapped source of donor kidneys for transplantation. BAUS data shows 8,158 nephrectomies were performed in 2014; of these, the number performed for benign causes in otherwise normal kidneys could provide transplantable organs. Furthermore, if these patients became altruistic donors to a transplant chain, their donations could have a real effect on the kidney transplant waiting list.

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1053: SPLENO-GONADAL FUSION: ECTOPIC SPLENIC TISSUE POSING AS A TESTICULAR TUMOUR

T. Lee[1,*], B. Hussain[1], J. Calleary[1], K. Ahmed[2]. [1] *North Manchester General Hospital, Manchester, UK;* [2] *Royal Oldham Hospital, Oldham, UK.*

Case: A 56 year old Caucasian gentleman presented to a two-week wait Urology clinic with a painless right testicular lump. He had a history of asthma and Sjogrens syndrome. Examination was unremarkable. Testicular tumour markers were normal.
Scrotal ultrasound revealed a simple right sided extra-testicular cyst, but incidentally found a solid, hypervascular lesion within the left testis, consistent with tumour. The patient underwent left radical inguinal orchidectomy. Histology reported ectopic splenic tissue within the testicular parenchyma with no evidence of malignancy. Features were consistent with testiculo-splenic fusion.
Discussion: Spleno-gonadal fusion (SGF) is a very rare, congenital condition, with no known malignant potential, predominantly affecting the left gonad between the 5th and 6th week of gestation. It has been reported in all age groups but predominantly affects younger male populations (82% under the age of 30). It is associated with other congential abnormalities such as spina bifida, cleft palate and cardiac defects. SGF can be diagnosed with Technetium-99m sulphur colloid scintigraphy and there may be some benefit of this in equivocal cases or patients with associated conditions.