removal, poor pain control (11.3% vs 4.8%) and early post-operative complications (42.9% vs 16.2%) (p<0.01).

Conclusions: This study reveals 8 key factors associated with failed day-case discharge, 7 of which are preventable. We have outlined a targeted approach to minimize these to achieve higher day-case rates, significant cost savings and better patient care.

0017 CONSERVATIVE VERSUS OPERATIVE TREATMENT OF ISOLATED THORACOLUMBAR BURST FRACTURES
Joseph Rowton. University of Aberdeen, Aberdeen, UK

Introduction: Management of thoracolumbar burst fractures is a controversial topic. It is generally accepted that unstable fractures should be managed operatively, but there still remains no general consensus as to what represents a stable or unstable fracture.

Methodology: A retrospective analysis of thirty-six patients identified as having suffered an isolated thoracolumbar burst fracture and treated at The Alfred Hospital in Melbourne from 2007 to 2010 was performed. The Alfred’s orthopaedic database was used to identify eligible patients and data obtained from medical records and radiological imaging, including radiographs and computed tomography. In addition, all patients were contacted and asked to complete a questionnaire to assess functional outcomes, pain, and satisfaction with treatment.

Results: Operative and conservative treatment displayed similar functional outcomes. Average low back pain scores were lower in the non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative. Higher levels of mental functioning were reported.

Conclusions: This review has added to the current popular opinion that non-operative treatment results has outcomes comparable with operative. Greater disability was also reported in the operative. Mental scores were also assessed with non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative.

0018 THE USE OF REVERSE THERMOSENSITIVE POLYMER (LEGOO®) FOR TEMPORARY VESSEL OCCLUSION IN CLAMPLESS PERIPHERAL VASCULAR SURGERY: EARLY SINGLE CENTRE EXPERIENCE
Joseph Shalhoub, Ankur Thapar, Alun Davies. Imperial College London, London, UK

Background: There is an enduring need to develop and assess methods of vascular haemostasis to limit direct vessel trauma, particularly in arterial surgery. LegoO (Plurimed Inc, Woburn, MA) is a reverse thermosensitive polymer which is a viscous liquid at room temperature, becoming a gel at body temperature.

Methods: A retrospective analysis of thirty-six patients identified as having suffered an isolated thoracolumbar burst fracture and treated at The Alfred Hospital in Melbourne from 2007 to 2010 was performed. The Alfred’s orthopaedic database was used to identify eligible patients and data obtained from medical records and radiological imaging, including radiographs and computed tomography. In addition, all patients were contacted and asked to complete a questionnaire to assess functional outcomes, pain, and satisfaction with treatment.

Results: Operative and conservative treatment displayed similar functional outcomes. Average low back pain scores were lower in the non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative. Greater disability was also reported in the operative cohort. Mental scores were also assessed with non-operative compared to the operative.

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0019 HYPERTENSION AND THE POST-CAROTID ENDARTERECTOMY CEREBRAL HYPERPERFUSION SYNDROME
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Introduction: Cerebral hyperperfusion syndrome (CHS) is a preventable cause of haemorrhagic stroke after carotid endarterectomy. There is no consensus on blood pressure thresholds, choice of antihypertensive or duration of treatment.

Method: A systematic review of the PubMed database was performed, yielding 36 relevant articles.

Results: Following carotid endarterectomy, the incidence of CHS was 1% and intracerebral haemorrhage 0.5%. The cumulative incidence of cases rose sharply above a sBP of 150mmHg. The mean sBP of CHS cases was 189mmHg (95% CI 183-196mmHg) at presentation. 92% of CHS occurred in the first week with a median time to presentation of 5 days (IQR 3-6 days), 36% presented with seizures, 31% with hemiparesis and 33% with both. The proportion of patients with severe hypertension was significantly higher in cases than post-CEA controls (p<0.0001). Three large case-control studies identify post-operative hypertension as a risk factor for intracerebral haemorrhage.

Conclusion: There is level 3 evidence for the prevention of intracerebral haemorrhage through control of post-operative blood pressure. We suggest a definition for cerebral hyperperfusion syndrome, blood pressure thresholds, duration of monitoring and a post-operative blood pressure control strategy for validation in a prospective study.

0023 THE PATIENTS’ PERSPECTIVE OF CAROTID ENDARTERECTOMY
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Objectives: Carotid endarterectomy (CEA) has level 1 evidence for prevention of embolic stroke in high-risk carotid stenosis. Despite this, no studies as yet have directly evaluated the patients’ perspective of this treatment. Here, for the first time, we determine patient satisfaction and perception of CEA.

Methods: Consecutive patients were identified from a prospectively-maintained carotid database. A validated telephone questionnaire was conducted. Questions related to pre-operative symptoms, experience of procedure and future interventions.

Results: Of the 192 patients included, 136 completed the telephone questionnaire (71% response rate). 92% were satisfied with the explanation they received from their surgical team. However, despite pre-operative information-giving, less than half (48%) understood that the operation was aimed at preventing future strokes. 85% of patients received CEA under local anaesthesia (LA), of whom 16% reported severe or unbearable pain. Most patients would repeat CEA if necessary (83%) and 67% stated a future preference for LA CEA. The majority of patients (96%) were satisfied with their treatment overall.

Conclusion: This research has shown that the patients’ perspective of CEA is mostly positive. However, greater emphasis must be placed on patient understanding and intra-operative pain management to further improve quality of care.

0025 ANALYSIS OF CHANGES IN THE 3-DIMENSIONAL ANATOMY OF PALATAL SHELVES OF UNILATERAL CLEFT LIP & PALATE PATIENTS FOLLOWING VOMER FLAP REPAIR
Nishantha Perinparajah, David Drake. Morriston Hospital, Swansea, UK

Introduction: Cleft palate+/-lip incidence is 1:1000 live births, where babies can encompass feeding, aesthetics, breathing, speech, articulation, hearing and psychological problems. Together with lip repair, the vomer flap closes the anterior palate; resulting in subsequent narrowing of the posterior palatal cleft. However, it is unclear whether this is a result of palatal shelf growth, shelf angulation changes or both.

Aims: To determine the changes in palatal shelf dimensions and angulations following a vomer flap in UCLP patients.

Methods: A retrospective longitudinal 3D analysis of models from 25 patients were assessed for palatal shelf length, angulations, cleft width measurements using Seckel’s landmarks. Previous studies have used manual Vernier’s callipers to record this. 3D scanners are more accurate in providing reproducible measurements, hence was utilised in this study.

Results: 50 casts were scanned using the 3D Picza Laser scanner and then a single investigator recorded measurements using Seckel’s reference points along with the cleft widths, palatal widths and Lengths.