Background: Reduction mammoplasty is one of the most common surgical procedures performed by plastic surgeons. The aim was to report the incidence of cancer in reduction mammoplasty specimens and suggest alternative cost-effective ways of identifying and managing patients with carcinoma.

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 (0.5%). 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.

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 modality 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

Subramanian Nachiappan, Saradambal Lingachetti, Caris Grimes, Stephen Black. St Helier Hospital, Carshalton, UK

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

James Barnett, Omar Pathmanaban, Ian Kamaly-Asl, Brian Bigger. University of Manchester, Manchester, UK

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

515

0209 PAEDIATRIC CIRCUMCISION: A STUDY EXAMINING POST-OPTERATIVE COMPLICATIONS, PARENTAL ANXIETY AND ITS IMPACT ON PRIMARY CARE
Kenneth Jose Porter 1, Nazima Hoque 2, John Payne 3, 1 Guys and St Thomas’ Hospital, London, UK; 1 Royal Surrey Hospital, Guildford, UK; 1 Queen Mary’s Hospital, Sidcup, UK

Background: Complications of paediatric circumcision include pain, bleeding, infection and poor cosmesis. Pre-operative counselling and structured post-operative regimes are vital for maintaining good clinical care and to prevent parental anxiety which can lead to unnecessary visits to the GP increasing the burden to primary care.

Aims: To evaluate post-operative complications and parental satisfaction with a paediatric circumcision service provided by a district general hospital.

Methods: In a one year retrospective study 30 patients with a median age of 6 years were operated on by the same surgeon and given similar pre and post-operative advice including leaflets, paracetamol as analgesia, dressing regimes and one month follow up appointments. Patient notes and telephone questionnaires were used to record post-operative complications, GP visits and parental satisfaction.

Results: All complications and GP visits occurred within the first week. 27% of patients required extra analgesia and two patients had post-operative infections. 23% of parents visited a GP within a week anxious about their child’s analgesia requirements, cosmesis and infection. 30% of parents thought that their child should be seen earlier post-operatively.

Conclusions: On discharge ibuprofen and paracetamol should be prescribed and all patients should be followed up within a week of having a circumcision.

0210 INCENTIVISING DAY-CASE LAPAROSCOPIC CHOLECYSTECTOMY
Dominic P.J. Howard, Richard Boulton, Usman Khalid, Shieh Yao, Douglas McWhinnie, Milton Keynes General Hospital, Milton Keynes, Buckinghamshire, UK

Aims: Day-case laparoscopic cholecystectomy (DCLC) is one of four high volume “Best Practice” NHS tariffs proposed for 2010. Improving DCLC rates represents an ideal opportunity to make significant NHS cost savings and simultaneously improve patient care. This study investigates whether a NHS financial incentive can trigger an improvement in the day-case rate at a medium-sized Foundation Trust with a background DCLC rate of 35%.

Methods: Prospective data over 4 months in 2010 was statistically compared with that in 2007, 2008 and 2009 following the implementation of a financial incentive strategy.

Results: Sex, age, ASA grade and operation length did not differ significantly between year groups. The DCLC rate was significantly higher in 2010 after the implementation of the strategy (68.5% vs 30.9 – 39.6% p<0.001 2-tailed Chi-squared (χ2) test).

Conclusions: The DCLC rate increase appeared to be without adverse consequences, with low complication rates and a 2.2% readmission rate. This study outlines 3 simple commandments to be followed by NHS Trusts to enable a sustained improvement in their DCLC rate. Clearly, not all patients are suitable for day-case discharge. However, it would appear that the maximum upper limit for any trust to aim for is 75% post operative analgesia.

0212 A COMPARISON OF JOINT INJURIES AND FRACTURES SUSTAINED THROUGH HIGH SCHOOL AMERICAN FOOTBALL IN ILLINOIS, USA. WHAT FACTORS AFFECT THE TYPES OF INJURIES SUSTAINED?
David Neilly 1, Campbell Maceachern 2, Richard Erickson 3, James Bidwell 1, 1 School of Medicine and Dentistry, University of Aberdeen, Aberdeen, UK; 1 SportsMed, Wheaton Orthopaedics Ltd, Illinois, USA; 1 NHS Grampian, Aberdeen, UK

In North America, high school American Football is a highly competitive sport associated with a variety of injuries. This study aimed to ascertain the orthopaedic injuries sustained and factors influencing injury, investigated over 2 seasons (2007-2009) at 5 high schools in DuPage County, Illinois, USA.

Methods: Anonymous data was collected over 8 weeks from the accident records of certified athletic trainers, each injury originally diagnosed by an orthopaedic surgeon. 1100 records were encountered, with 111 patients fitting selection criteria. A template sheet was developed and piloted to aid data collection. Variables recorded included; playing surface (grass/synthetic turf), training sessions per week, age of athletes and scenario (practice/competition). The injuries were categorised and Fisher’s exact test applied for each variable.

Results: A fractured radius (30%) was the most common fracture, and patella fracture the least common (2%). The most frequent joint injuries were acromioclavicular joint separation (19%). Playing more times per week was protective for knee injuries (P<0.05), but increased the likelihood of shoulder injuries (P<0.05).

Conclusions: Playing on synthetic turf rather than grass does not increase the risk of fractures or joint injury. Training and competitive play more times per week can reduce risk of knee injuries in high school athletes.

0213 INCREASING TRAINING OPPORTUNITIES UNDER THE EWTD
Steven Jones, Andrew Gwy. Mid Cheshire Hospitals NHS Foundation Trust, Leighton Hospital, Crewe, Cheshire, UK

Introduction: The EWTD has reduced surgical training to 18,000 hours over 8 years. Vascular trainees are still expected to have been involved in 200 major vascular operations. We assessed EWTD implementation on trainee involvement in major vascular cases at a District Hospital.

Methods: A retrospective audit of one consultant surgeon’s Intercollegiate Surgical Curriculum Project (ISCSP) logbook was performed. Trainee involvement in all vascular major cases from 2001-2009 was analysed.

Results: The overall number of cases remained constant (45-50 per year). In 2005 after the introduction of the 58hr working week, major cases performed without a trainee doubled to 22% (n=10). Since this time however trainee involvement has increased such that in 2009 only 2 major cases (4%) were performed without a trainee present. Most strikingly, the proportion of supervised operating since 2005 has increased year by year from 42% in 2005 to 55% in 2009.

Discussion: The level of supervised operating is above that observed in similar studies of changes to training imposed by the Calman reforms. The results show training opportunities in vascular surgery can be maximised despite restrictions in working hours. Important factors are probably trainee flexibility and enthusiasm for training on the part of the consultant supervisor.

0214 A DISTRICT GENERAL EXPERIENCE OF TRANSVERSUS ABDOMINUS PLANE BLOCK IN LAPAROSCOPIC COLORECTAL SURGERY
Steven Jones, Vashisht Sekar, Arifulloha Khan, Zaherahi Damani, Chelliah Selvasekar, Mid Cheshire Hospitals NHS Foundation Trust, Leighton Hospital, Crewe, Cheshire, UK

Aims: To assess the safety of ropivacaine 2mg/kg for Transversus Abdominus Plane (TAP) block and to assess its impact on post-operative analgesia requirements, length of stay and time to opening bowels.

Method: A case controlled study of the first 20 patients to receive TAP block and Patient Controlled Analgesia (PCA) compared with 20 matched cases who received PCA only.

Results: No adverse reactions were noted. There is decreased overall use of PCA dose in the TAP group but no difference in patient demand for PCA or in actual delivered doses from the PCA between the two groups within the first 12hrs post operatively. Time to first bowel opening was 2 days in the TAP group compared with 5 days in the control group. Total postoperative length of stay was 5.5 days in the TAP group compared with 8 days in the control group.

Conclusion: The expedited return of bowel function in the TAP group contributed to a shorter in-hospital stay.