

pain (associated with removal of non-absorbable sutures) favours the use of absorbable sutures in the elective-hand-surgery. Further RCTs are required.

0687: READMISSION AUDIT IN A SINGLE PLASTIC SURGERY UNIT IN LIGHT OF RECENT DEPARTMENT OF HEALTH POLICY ON NON-PAYMENT FOR EMERGENCY READMISSIONS

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Introduction: In April 2011 a Department of Health policy came into effect stating that no tariffs would be paid for readmission of patients to hospital within 30 days of discharge. The purpose of this audit was to determine the reasons behind readmissions in our unit.

Methods: We evaluated readmissions over a one-year period from October 2009 to October 2010. A total of 140 patients were identified. 50 patients were randomly selected to conduct this audit. We also compared the readmission rate in plastic surgery to other specialties in our hospital.

Results: Readmission to plastic surgery made up one per cent of the total readmissions in our hospital over a one-year period. Of the patients readmitted in plastic surgery, 34/50 (68 per cent) were emergencies and 16/50 (32 per cent) were elective. 18 per cent of readmissions were planned as part of ongoing treatment, for example delayed grafting of a wound bed, but were wrongly coded as readmissions. 8 per cent of readmissions were unrelated to the original admission.

Conclusions: This audit has shown that this rule is difficult to apply in surgical practice and coding entries for planned or unplanned admissions are complex and inaccurate in the NHS.

0744: RE-RUPTURE RATE FOLLOWING PRIMARY FLEXOR TENDON REPAIR OF THE HAND WITH POTENTIAL CONTRIBUTING RISK FACTORS: CASE SERIES

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Aim: Flexor tendon injuries of the hand are common with over 3,105 per annum in the UK. This study was aimed to investigate re-rupture rate following primary flexor tendon repair at our institution and to identify potential risk factors.

Method: 51 patients with 101 flexor tendons' injuries who underwent primary repair over one year period were reviewed. Data was collected on age, gender, occupation, co morbidities, injured fingers, hand dominance, smoking status, time to surgery, surgeon grade, type of repair and suture, and antibiotic use. Causes of re-rupture were examined.

Results: Re-rupture rate was 10.9%. Mean age was 35.8. Primary tendon repairs with re-rupture were compared to those without re-rupture. Univariate and multivariate analysis was undertaken to identify significant risk factors. Significantly higher rate was noted when the repair was performed on the dominant hand (p -value = 0.009), in zone 2 (0.001), and when a delay more than 72 hours occurred (0.01). Multivariate regression analysis identified repair in zone 2 injuries to be the most significant predictor of re-rupture.

Conclusions: Re-rupture rate of 10.9% was associated with delay in surgery, repair on dominant hand, and zone 2 repairs. Careful consideration for these factors is crucial to reduce this rate.

0803: PLASTIC SURGERY "TOURISM" COMPLICATIONS PRESENTING TO AN NHS HOSPITAL – A ONE YEAR RETROSPECTIVE STUDY

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Aim: The advent of cosmetic surgery "tourism" packages has led to an increase in the number of people from the UK flying to foreign destinations to undertake procedures by plastic surgeons that may not have any affiliation to a regulatory body.

Any complications from these operations are dealt with in NHS funded units back in the United Kingdom. We wanted to investigate the potential impact that these presentations had on our department.

Method: We conducted a retrospective study examining all presentations to Chelsea and Westminster Hospital for complications following plastic

surgery procedures undertaken abroad. The data was collected from January 2011 to the end of December 2011.

Results: There were 21 patients in total, nineteen females and two males, the mean age was 38.6. Fourteen patients presented with complications from craniofacial procedures, and six following breast augmentation procedures. One patient was admitted with an infected buttock implant. The average in-patient stay was 2.6 days.

Conclusions: The popularity of cosmetic surgery abroad is increasing and therefore the complication rates will rise in the future. The recent scandal regarding the PIP breast implants has further highlighted the potential dangers of cut price cosmetic surgery abroad.

0825: AN AUDIT EXPLORING THE ADEQUACY OF CONSENT FORMS IN PATIENTS RECEIVING EMERGENCY BURNS TREATMENT

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Aim: There is disparity between Consent Forms in patients receiving Emergency Burns Treatment. Our burns unit consents the majority of patients admitted to the Burns ITU for FCBT (Full Course of Burns Treatment). We aimed to assess the units consenting practice based upon two standards; those set out by the Department of Health and those taken from model Consent Forms produced by 4 Consultant Plastic Surgeons working within the Burns Department.

Method: 54 patients attended the Burns ITU at Broomfield Hospital with a burns related injury between January-August 2010. These patients were retrospectively assessed.

Results: 90 % of patients admitted to the Burns ITU were consented for FBCT. There was little consistency between the "Intended Benefits" and "Complications" of FCBT between patient Consent Forms and an even greater disparity when patient forms were compared to consultant forms.

Conclusions: Junior surgeons often carry out consent. Incorrect documentation on consent forms may invalidate consent and place both the consultant surgeon responsible for care and the trainee at risk of medico-legal consequences. This audit demonstrates the need for vigilance and discussion with consultants as to what information should be included on consent forms.

0971: MICRO-FENESTRATED SPLIT-THICKNESS SKIN GRAFT FOR PENILE RECONSTRUCTION

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Aim: Surgical management of penile cancer involves lesion excision and neo-glans reconstruction. Unsatisfactory aesthetic appearance with sexual and urinary dysfunction is common post-operatively. Reconstruction using meshed or sheet split thickness skin grafts (SSG) have been described, each with advantages and disadvantages. Our technique of micro-fenestrating exploits the advantages of both graft types.

Materials and methods: Since 2010, twenty-one patients have undergone penile reconstruction with micro-fenestrated SSG. The described technique produces uniform micro-fenestrations less than 200 micrometres in length.

Results: All patients successfully healed within one month of surgery.

Conclusions: Micro-fenestrated skin grafts allow free drainage of fluid from the penile wound surface without compromising the final aesthetic appearance of the neo-glans. Hand fenestrating could create similarly small spaces but can result in uneven fenestrations and can tear the graft. The reported method is superior as it is an easily reproducible technique generating uniform micro-fenestrations with all of the inherent benefits of both meshed and sheet grafts.

0990: IMPROVING PINNAPLASTY DAY-CASE RATES: SIMPLE CHANGE, SIGNIFICANT RESULTS!

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Aims: Currently only 70.7% of pinnaplasties are performed as day-cases nationally, representing a savings opportunity of £115K per year. Since July 2010, our department has listed all pinnaplasties as day-cases to improve