0076 ENHANCING SURGICAL TRAINING USING ENDOSCOPY LIST E-BOOKING SYSTEM
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Aims: The Royal College SAC requires endoscopy accreditation for gastrointestinal surgeons. Trainee work pattern changes make attendance at training lists difficult. This study evaluates the use of endoscopy training lists before and after the introduction of an electronic booking system.

Methods: Training lists were audited for 24 months in 2007/08 and for 4 months in 2010 after the introduction of the e-booking system. Utilisation was calculated as the number of 'points' used by trainees divided by the total points available for the lists. (Training lists have up to 16 points, whilst service lists up to 24. Gastroscopy, sigmoidoscopy, colonscopy, upper GI EUS, and ERCP confer 2, 4, 5 and 6 points respectively).

Results: In 2007/08, 12 trainees performed 677 procedures (1858 points). 47.0% was on training lists. Training lists were 17.7% utilised (95% CI 16.6%–18.8%). In 2010, 10 trainees performed 276 procedures (766 points). 65.0% were on training lists. The lists were 61.0% utilised in 2010 (95% CI 57.6%–64.4%). The most significant improvements were in upper GI and medical training lists.

Conclusions: Significant improvement in training list utilisation was evident after implementation of the e-booking system. Such systems may aid surgical training within modern work patterns.

0077 INVESTIGATION OF PLASMA LYSOZYME AS A PUTATIVE BIOMARKER IN CAROTID ATHEROSCLEROSIS
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Introduction: We have demonstrated a relationship between arterial plasma lysozyme levels and extent of coronary artery disease, identifying lysozyme as an atherosclerotic burden biomarker. This study aimed to determine whether arterial plasma lysozyme is able to distinguish symptomatic from asymptomatic carotid atherosclerosis.

Method: Arterial (n=54) and venous (n=28) plasma samples were collected from patients pre-carotid endarterectomy for asymptomatic (n=29) and symptomatic (n=25) carotid stenosis. Carotid plaque specimens were obtained (n=13). Plasma lysozyme levels were determined by ELISA (Biomedical Technologies, Mass).

Results: There was no significant difference in the sum of carotid stenoses or proportion of patients with known ischaemic heart disease between the asymptomatic and symptomatic groups. Venous plasma lysozyme levels were significantly higher in patients with carotid stenosis than individuals without (mean 5.110± 1.273µg/mL vs. 0.0001). Arterial plasma lysozyme levels were significantly higher in patients with carotid stenosis than individuals without (mean 9.267± 2.249µg/mL, p<0.0001). Arterial plasma lysozyme levels were higher in patients with symptomatic than asymptomatic carotid stenosis (median 10.38± 5.149µg/mL, p=0.016). Symptomatic carotid plaque had significantly more lysozyme (median 28.38± 12.49µg/mL vs. n=17; 13.17± 6.69µg/mL, p=0.001). Plasma lysozyme levels were significantly higher in patients with carotid stenosis than in control group of patients with normal coronary angiograms (n=81) (median 6.49± 1.260µg/mL, p=0.0001). Arterial plasma lysozyme levels were higher in patients with symptomatic than asymptomatic carotid stenosis (median 10.38± 5.149µg/mL, p=0.016).

Conclusion: The role of lysozyme in carotid atherosclerosis risk stratification warrants further investigation.

0083 SYSTEMATIC REVIEW OF CLINICAL EFFECTIVENESS OF ALLOPURINOL IN TREATING GOUT, COMPARED TO FEBUXOSTAT, AMONG PATIENTS WITH CONFIRMED DIAGNOSIS OF GOUT
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Introduction: Gout is a disorder of urate metabolism characterised by hyperuricaemia and gouty arthritis. Successful treatment depends on maintenance of plasma urate levels. Allopurinol is a direct inhibitor of xanthine oxidase (XO), Febuxostat acts through non-competitive blockade of the active site of XO.

Aim: To evaluate clinical effectiveness of allopurinol in reducing serum urate levels/tophi size among patients with confirmed diagnosis of gout.

Methods: 370 references, 27 relevant to the review question, 7 met the inclusion criteria (5 RCTs, 1 Cohort, & 1 Economic Evaluation Study), comparing allopurinol alone or with other drugs and placebo. These criteria are confirmed diagnosis of gout, use of allopurinol, use of placebo, and reduction in serum urate levels, tophi size and adverse effects. Databases: CINHAL, Web of Knowledge, Cochrane central, Embase, Medline, Scopus, NHS EED.

Results: Meta-analysis demonstrated statistically significant reduction in serum urate levels and tophi size, in favour of febuxostat 80mg compared to allopurinol 300mg.


0087 AN AUDIT OF MEDIUM TERM RESULTS AFTER MODIFIED KARYDAKIS OPERATION: SUITABILITY AS A DAY-CASE PROCEDURE
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Aims: The commonest treatment for pilonidal abscess is incision and drainage, but recurrence ranges from 21% to 55%, suggesting this is seldom a long-term solution. We describe our experience with a modified Kar- yakdis procedure in surgical treatment of pilonidal disease.

Methods: Seventy-two patients who underwent a modified Karydakis procedure performed by a single surgical firm over a 6 year period were identified from theatre logs and the clinical notes scrutinised.

Results: Immediate post-operative course was uneventful in 70 cases, with 2 patients requiring wound care. Duration of hospital stay ranged from day-stay in 39/42 day-case procedures, overnight-stay in 16/30 in-patient cases, with mean stay for the remaining 14 cases of 4 days (range 2-6 days). Median time off work was 3 weeks, with regular analgesia required most frequently for 7 days. At 4 week follow-up, 4 patients received antibiotics. At clinic discharge, 68 patients were asymptomatic. There was 1 recurrence, 20 months post-operatively. Sixty-seven patients participated in telephone follow-up, ranging from 2 - 52 months post-clinic discharge. Of these, 64 remained asymptomatic.
Aims: Patients should be informed about the risks and benefits of transfusion, but only 13 were aware of an information leaflet they received. Twenty-three patients said information was explained clearly, but only 13 were aware of an information leaflet. All those receiving a leaflet said they read it and had no questions. Recall of transfusion risks was low, with just 12 patients informed of risks. Despite this, 29 patients were satisfied overall with the information they received.

Conclusions: A leaflet would increase the information available to patients and can be distributed relatively easily. These are currently being introduced at each bedside, in pre-operative patient information packs and in Outpatient Clinics, with re-assessment planned in six months.

0091 CHANGE IN PRACTICE LEADS TO MORE EFFECTIVE BLOOD CROSS MATCHING SCHEDULE FOR ELECTIVE AND EMERGENCY VASCULAR SURGERY PATIENTS AT ST GEORGE’S VASCULAR INSTITUTE
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Introduction: Preoperative blood cross matching schedules may lead to a waste of valuable resources. This aim of this study was to demonstrate that modernizing a cross matching schedule reduces inappropriate blood ordering, saves money and maintains patient safety.

Method: A retrospective case review study was conducted of all patients admitted to a regional vascular centre from June 2009 to October 2009 and the crossmatch/transfusion ratio calculated per procedure. Following evaluation of this a new cross matching protocol was introduced. Further case reviews were carried out from March 2010 and assessed according to the same parameters.

Results: In the first cycle 272 units of blood were cross-matched of which 218/272 (80.1%) were unused. The overall crossmatch: Transfusion (CT) ratio was 5:1. Following implementation of the new protocol, 183 units were cross-matched with the proportion of unused blood falling to 61% and a CT ratio of 2:1. Representing a potential departmental saving of £90,000 per year. Within this period, none of the patient’s with a ‘group and save’ sample required intra-operative blood transfusion.

Conclusion: This complete audit cycle highlights the successful implementation of forward-thinking clinical protocol. Meaningful change was achieved to an antiquated system with potentially significant financial savings while maintaining patient safety.

0096 SUTURELESS THYROIDECTOMY USING LIGASURE IS SAFE AND RESULTS IN SIGNIFICANT OPERATIVE TIME SAVINGS
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Aim: To assess the results of thyroideotomy using the Ligasure device and compare them with the published figures in The British Association of Endocrine Surgeons "Second National Audit Report 2007"