Results: Of the 100 MRCP request cards reviewed, 96 requests were used in this study. The most common indication for MRCP was to identify the presence of common bile duct (CBD) stones (87.5%). Of the 84 requests for suspected choledocholithiasis, 17 cases (20.2%) were detected using MRCP. Dilated CBD on ultrasound scans and hyperbilirubinemia have poor positive predictive values (0.25, 0.2).

Conclusion: Diagnosing suspected choledocholithiasis is the most common indicators for requesting a MRCP. However, commonly used predictors of CBD stones such as dilated CBD on US and hyperbilirubinemia have a poor correlation to MRCP-evident CBD stones.

0697 CASE-CONTROL DIVERGENCE OF A PIVOTAL STUDY OF TINZAPARIN ALONE VERSUS WARFARIN FOR TREATMENT OF ACUTE DEEP VENOUS THROMBOSIS AND PULMONARY EMBOLISM. EARLY EXPERIENCE, Q-TWIST AND PARADIGM SHIFT IN MANAGEMENT OF DVT IN A TERTIARY REFERRAL CENTRE
Nader Hamada, Wael Tawﬁck, Sherif Sultan. UCHG, Galway, Ireland

The aim of this study is to evaluate the use of LMWH (Tinzaparin) as a single treatment for acute DVT in contrast to the use of Warfarin as regards venous recanalisation, pulmonary embolism (PE) clearance and complications rate.

Between January 2008 and January 2010, 22 patients were treated with Tinzaparin alone for mean of 3 months (1–6 months) they were matched control with 22 patients who started on Tinzaparin for one week and sustained on warfarin.

Mean period of follow-up was 11.4 months (1–23 months). At 45 days, 18 patients managed with Tinzaparin conﬁrmed good or complete recanalisation of DVT, compared to only 11 of the Warfarin managed patients (P=0.056).

The mean time to recanalisation was 3 months in the Tinzaparin group, as opposed to 9 months in the warfarin group (P=0.039).

The quality time spent without symptoms of disease or toxicity of treatment (Q-TWIST) was enhanced in the Tinzaparin group of patients (11.5 months) judged to the Warfarin group (7.2 months) (P=0.042).

Treatment of acute DVT and PE with Tinzaparin alone ensures ameliorated recanalisation and necessitates shorter duration of treatment with less post thrombotic limb complications in comparison to patients who treated with Warfarin.

0698 REVERSAL OF LOOP ILEOSTOMY AT BARNSLEY HOSPITAL: LOW MORBIDITY BUT LONGER LENGTH OF STAY
Christopher Whitﬁeld, Theodor Offori. Barnsley Hospital NHS Foundation Trust, Barnsley, UK

Aim: Loop ileostomies are frequently constructed during colorectal procedures. Restoring intestinal continuity has important physiological and psychological implications. Awareness of potential complications is important in operative planning and acquiring informed consent. We review the experience of a District Hospital in loop ileostomy reversal.

Methods: Patients undergoing loop ileostomy reversal at Barnsley Hospital between September 2005 and May 2010 were identified retrospectively from operating theatre logbooks. Demographic, procedural-speciﬁc and post-operative data were obtained from patient records.

Results: 23 patients (23M:10F) underwent loop ileostomy reversal during the study period. Median age was 63.6 years (range 19.2–87.6). 22 were constructed during elective low anterior resection for rectal carcinoma and 11 during emergency procedures. Reversal was via circumstomal incision in 31 patients. 2 required laparotomy. Median length of stay was 6 days (range 2–21). First bowel action was recorded at median day 3 (range 1–6). 3 minor complications occurred (2 wound infections, 1 pulmonary infection). No deaths, re-operations or 30-day readmissions occurred.

Conclusion: Low morbidity in relation to loop ileostomy reversal was demonstrated. However, length of stay was slightly in excess of other published experience. Further comparison is necessary to establish whether cautious post-operative build-up or other factors were responsible.

0700 THE RELATIONSHIP BETWEEN RIGHT SIDED TUMOURS, CLINICOPA-THOLOGICAL FACTORS AND SURVIVAL IN PATIENTS UNDERGOING RESECTION FOR COLORECTAL CANCER
Arsen Powell, Donald McMillan, Paul Horgan. University of Glasgow, Glasgow, UK

Aim: The aim of the present study was to examine the relationship between right sided colon cancer, clinicopathological factors and survival in patients undergoing surgery for colorectal cancer.

Methods: 630 patients underwent surgery for colorectal cancer between 2000–2010. The relationship between site, age, sex, anaemia, mode of presentation, Dukes stage, differentiation, components of the Peterson index, modified Glasgow Prognostic Score (mGPS) and survival was examined.

Results: There were 211 (33%) right sided tumours, 189 (30%) left sided tumours and 230 (37%) rectal tumours. Right sided tumours were associated with increasing age (p<0.001), anaemia (p<0.001), emergency presentation (p<0.001), poor differentiation (p<0.001) and mGPS (p<0.001) but not survival (p=0.675). On univariate survival analysis in right sided tumours; Dukes stage (p=0.004), peritoneal involvement (p=0.001), vascular invasion (p=0.001) and mGPS (p=0.015) predicted poor cancer survival.

Conclusion: The results of the present study show that although right sided tumours are associated with increasing age, anaemia, emergency presentation and poor differentiation these factors do not have prognostic significance in these patients. Also, the results suggest that tumour and host factors are important in determining cancer survival in right sided tumours.

0703 DO CLERKING PROFORMAS IMPROVE MEDICAL RECORD KEEPING IN ACUTE SURGICAL ADMISSIONS: RESULTS OF A CASE CONTROLLED STUDY
Neeta Lakhani, Harriet Percival, James Stephenson, Sanjay Chaudhri, Priyank Jani. Department of Surgery, University Hospitals of Leicester, Leicester General Hospital, Leicester, LE5 4PW, UK

Introduction: Junior doctors are often the first to clerk acute surgical admissions. This is frequently the only opportunity to obtain a thorough clerking. Omitting essential parts of this clerking can be detrimental to patient care. In many clinical settings clerking proformas have been introduced. This study investigates whether clerking proformas are an effective clerking tool in the acute surgical setting.

Method: A retrospective, case controlled study of 20 junior doctor clerks from two comparable surgical units was carried out. Each clerking was marked for 37 essential components such as name of clerk, time/date of admission, drug history, allergies and social history.

Results: None of the clerking without the use of a proforma scored 100% for inclusion of all essential history criteria, with only 69% scoring >90%. Of the clerking with a proforma 23 out of the 37 (62%) included all essential criteria, with 84% including >90%. The most commonly neglected areas of the clerking documentation were past surgical history, family history and initial plan and impression.

Discussion: In acute surgical admissions clerking proformas can be used to obtain more accurate clerking documentation than information documented without a proforma. This should help improve the diagnostic accuracy and quality of care.

0706 OUTCOMES IN PERIPHERAL VASCULAR BYPASS OPERATIONS PERFORMED BY TRAINEES
Jeffrey Lim 1, Ian David Hunter 1, Andrew David Roland Northeast 2, Patrick Neil Thomas Lintott 3, 1 North Bristol NHS Trust, Bristol, UK; 2 Oxford Radcliffe Hospitals NHS Trust, Oxford, UK; 3 Buckinghamshire Hospitals NHS Trust, High Wycombe, UK

Objective: To determine if peripheral vascular bypasses performed by trainees have worse outcomes.

Methods: Peripheral vascular bypass operations at a single institution from September 2004 to September 2009 were reviewed. Indication, case schedule, operating surgeons, operative details, complications, follow-up, patency duration and mortality were recorded.