patients with a normal appendix observed at laparoscopy were included. Any infective complication occurring within 30 days of the operation was included. The operative findings were compared to the pathology report.

Results: 266 case notes were reviewed. 33 patients were deemed to have a normal appendix at laparoscopy and subsequently underwent appendicectomy. 11/33 (33%) were found to have pathological reports showing either simple (n=8) or complicated (n=3) appendix. 5/33 (15%) patients had post-operative infective complications (3 IAIs, 2 WIs). Of these, one IAI was from a simple appendix, and the remaining four complications were from normal appendices.

Conclusion: Appendicectomy in patients with a normal appendix can have significant complications. However macroscopic assessment of the appendix can be inaccurate. Therefore a balance must be struck between potential risks and benefits when performing an appendicectomy in patients with a normal appearing appendix.

0248 SURVIVAL OF PATIENTS WITH OESOPHAGO-GASTRIC CANCER TREATED WITH NON-CURATIVE INTENT
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Background: Oesophagogastric cancer has the 5th highest incidence of cancers in the UK. The majority of these patients are initially diagnosed with advanced non-curable disease, which presents a large burden of care.

Aim: Assess the survival of patients with oesophago-gastric cancer treated with non-curable intent (chemotherapy and/or radiotherapy or best supportive care).

Methods: Overall, 788 patients from 9 different hospitals in South-East Wales were identified; diagnosed with oesophago-gastric cancer from 1993-2006 and given non-surgical management. During the recorded period 670 patients died and were used to calculate survival (using Kaplan-Meier curves and a Log-Rank test).

Results: The database included 788 patients in total: 495 males; median age 70 years, range 34-94 years. The median survival was 7 months. The median survival rates for each treatment group are: Best Supportive Care patients, 6 months (range 0-76months); Palliative Chemotherapy, 8 months, (range 2-76months); Chemoradiotherapy on a palliative basis, 11 months, (range 3-17months). The Log-Rank is 5.16 with a p-value of 0.076.

Conclusion: There was an observed positive survival trend for patients receiving palliative adjunct chemotherapy and/or radiotherapy when compared to best supportive care, although other factors need to taken into consideration when treating patients with advanced oesophago-gastric cancers.

0255 TARGETED NANOMEDICINE FOR THERAPY IN ORAL CANCERS
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Introduction: Oral squamous cell carcinoma is an aggressive disease, refractive to current therapies and there have been no significant improvements in patient prognosis over the past 25 years. Magnetic fluid hyperthermia (MFH) is a novel concept in cancer therapy using the unique properties of superparamagnetic iron oxide nanoparticles (SPIONs) to generate heat when placed within an external alternating magnetic field. MFH has previously safely been used as therapy in prostate cancer via direct intratumoral injection. We propose that MFH can be delivered more effectively using antibody targeting.

Methods/Results: The αvβ6 integrin is an exciting new target in OSCC, over-expressed in 80% of OSCC with minimal expression in healthy mucosa. We have recently developed a single chain antibody fragment (scFv) specific for αvβ6 which blocks αvβ6 mediated cell-cell adhesion and shows high ligand affinity on ELISA and FACS analysis. Further, we have conjugated the αvβ6 specific scFv to several commercially available SPIONs and demonstrated successful targeted cell kill in-vitro using OSCC cell lines.

Conclusion: These data give rise to the possibility of using antibody targeted MFH as a novel therapy in OSCC and recent advances in the application of MFH will be discussed.

0257 THE EFFECTIVENESS OF URODYNAMIC EVALUATION IN PATIENTS UNDER AGE OF 60 YEARS PRESENTED WITH LOWER URINARY TRACT SYMPTOMS
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Objective: To study the value of urodynamic investigation (UDI) in the management of patients under the age of 60 years presented with lower urinary tract symptoms and the impact of the UDs findings on subsequent treatment.

Methods: A retrospective study of 92 patients who attended the continence clinic at our institute for UDI was performed using case-records. The notes where studied for demographic characteristics, mode of presentation, investigations, treatment and disease progression. Primary endpoint was the discharge rate at 1 year.

Results: 85% of patients had flexible cystoscopy (n=78) with abnormal findings detected in 31% of patients. Flexible cystoscopy was a reliable tool for detecting bladder outflow obstruction (BOO) as their findings were compatible with subsequent UDI findings (p=0.003). 65% patients among all age groups had BOO. Only few had pure overactive bladder and they were in the 20-29 years group. 56% of patients between the age of 40 and 59 years who had UDI-proven BOO needed TURP with 100% 1-year discharge rate compared to only 8% in patients between 20-39 years (p=0.002).

Conclusion: UDI can be of value in investigating patients with LUTS. Our study shows that it can predict the need for TURP in patients with uro-dynamically proven BOO.

0258 CLINICAL OUTCOMES FOLLOWING CUBITAL TUNNEL RELEASE – SELF-ADMINISTERED QUESTIONNAIRES
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Background: To use self-administered questionnaires for clinical outcomes following cubital tunnel release - patient outcome measurement. QuickDash and a new questionnaire (ulnar neuropathy at the elbow questionnaire-UNEQ) used for assessment of symptoms severity of cubital tunnel compression before and after the day-case surgery.

Methods: 26 consecutive patients (18 males, 8 females) enrolled in the questionnaires with mean age of 47 (range 20-88). All underwent cubital tunnel release under GA as a day case operation.

Results: Mean of the post operative follow up is 12 months (range 2-19 months). There is significant improvement in the symptoms severity following cubital tunnel release as shown by QuickDash and UNEQ, with p values of 0.001 (95% CI 8.94-29.18) and 0.010 (95% CI 1.28-8.65). Sperman’s correlation coefficients between QuickDash and UNEQ were 0.552 preoperatively and 0.788 in the follow up.

Conclusions: As far as we aware, no other study has applied the UNEQ scoring system into their practice nor compared it with the QuickDASH score. Our study has shown that the UNEQ is a more responsive outcome measure compared to the Quick DASH for assessment of the surgical outcome following treatment for cubital tunnel syndrome. UNEQ is also more sensitive to the change in clinical condition.

0266 BILATERAL WRIST ARTHRODESIS USING RUSH PIN AND FRESH FROZEN FEMORAL HEAD ALLOGRAFT: A CASE REPORT
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Aims: We report a new method of treating rheumatoid patients suffering from failed Swanson arthroplasties of the wrist.

Methods: A rheumatoid patient underwent bilateral wrist arthrodesis for severe pain and instability following previous Swanson silastic arthroplasties. The Swanson implant was removed and a Rush pin was inserted at the base of the 3rd metacarpal. This was augmented with a frozen femoral head allograft. Two AO screws were then fixed from the 2nd and 4th metacarpals into the femoral bone graft (thereby improving rotational stability). The procedure was performed bilaterally at separate occasions.