dosing. Potential initiatives to improve the proportion of patients weighed include, better staff education, a strategic approach to recording patients notes and electronic prescribing.

THE IMPACT OF SURGICAL APPROACH ON THE ANATOMY OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
K. Aboelmagd, M. El-Husseiny, F.S. Haddad. UCL Medical School, United Kingdom

The Transstibial (TT) approach to anterior cruciate ligament (ACL) reconstruction has produced excellent clinical results, however some patients still experience persistent rotational tibial instability and graft failure. Non-anatomic femoral tunnel positioning has been associated with unsuccessful ACL reconstructions. This study compares the position and length of femoral tunnels produced from TT and Transportal (TP) approaches to ACL reconstruction.

Post-operative radiographs were obtained from 122 patients who underwent single-bundle ACL reconstruction. Two groups were assigned; Group 1 contained 80 patients who underwent TT reconstruction, Group 2 contained 42 patients who underwent TP reconstruction. Femoral tunnel angle, length and position were measured in the coronal and sagittal plane. Data analysis used the Mann Whitney U test, with \( P < 0.05 \) defined as significant. Inter and intra observer reliability was determined using the intraclass correlation coefficient. TP femoral tunnels were significantly shorter, \( P < 0.0001 \), (TP median 38.1 mm, TT median 48.44 mm), and more oblique in the coronal plane, \( P < 0.0001 \), (TP median 44.3°, TT median 58.6°). TP femoral tunnels were positioned further around the clock face, \( P < 0.0001 \), (TP median 47.1°, TT median 30.2°), and significantly more posteriorly along Blumensaat’s line, \( P < 0.0001 \), (TP median 69.79%, TT median 61.64%). Sagittal plane TP tunnels were significantly more oblique, \( P < 0.0001 \), (TP median 60.8°, TT median 79°).

This study has shown that the TP approach to ACL reconstruction produces shorter and more oblique femoral tunnels positioned more posteriorly along the femoral notch compared to TT femoral tunnels.

SURVEY OF ANTIBIOTIC PROPHYLAXIS FOR INFECTIVE ENDOCARDITIS (IE) IN UK DENTAL PRACTICES 3-YRS FOLLOWING NICE: WHAT DENTISTS DO AND WHAT PATIENTS WANT
Matilda Powell-Bowns. Dundee Medical School, United Kingdom

Background: NICE guidelines published in 2008 recommend no prophylaxis for any cardiac patient undergoing dental or non-dental manipulations except for procedures at an infected non-dental site. This is in contrary to recommendations from other international bodies.

Objectives:

- To evaluate compliance in UK dental practices to NICE guidelines.
- To obtain ‘at-risk’ patients’ opinion regarding the use of IE prophylaxis.

Methods: 200 dental practices were randomly selected from a cohort of 5253 across eighteen UK counties. The practices received a questionnaire regarding their IE prophylaxis policy and reviewed their current practise regarding this matter. 50 pre- and post-operative patients considered to be “at-risk” by NICE underwent a telephone survey. The survey discussed current guidelines regarding IE prophylaxis and questioned patients regarding their preference.

Results: 46.5% dental practices responded, of which 96% reported following NICE guidelines. 46% of the respondents still prescribed prophylactic IE antibiotics. 22% of respondents correctly identified cardiac patients “at-risk”.

100% of patients contacted completed the study. 52% patients felt they warranted IE prophylaxis. 74% were unaware that NICE do not recommend prophylaxis irrespective of risk. 96% of patients would prefer to have prophylaxis.

Conclusion: The study suggests 36 months following publication of NICE guidelines; dentists remain unsure regarding IE prophylaxis. Considering that the majority of informed “at-risk” patients want to receive prophylaxis, there is possibly now a need to review the NICE guidelines.

THE IMPACT OF A SINGLE SURGICAL INTERVENTION FOR PATIENTS WITH CLEFT LIP AND PALATE LIVING IN EASTERN ETHIOPIA
Matthew Fell. Severn Foundation School (FY1), United Kingdom

Aims: Humanitarian organisations commonly provide reconstructive treatment for patients with cleft lip and/or palate (CLP) in developing countries where care is otherwise unavailable. This study aimed to assess whether a single surgical intervention was sufficient to produce an observable change in the life of a patient with CLP living in rural Hararge in eastern Ethiopia.

Methods: 356 patients with a cleft lip and/or palate, who received surgical treatment at least 6 months previously, were interviewed and examined in 21 rural health centres in Ethiopia.

Results: Cleft patients and their families expressed unhappiness before treatment, mainly because the society reacted negatively towards the deformity, isolating the patient from community activities. After the operation, the vast majority (98.5%) experienced a positive improvement in their lives. The percentage of school-aged children participating in education almost doubled (from 44% to 78%), some older patients were able to marry, but employment was unaffected. The type of cleft was the biggest factor in predicting outcome, with unilateral cleft lip patients having the best result. Bilateral cleft lip patients tended to have a good outcome but the dehiscence rate (8%) was higher than unilateral cleft lip (0.3%). Most patients were satisfied with the treatment and outcome, but 80% of patients with an unoperated cleft of the palate wanted further treatment.

Conclusions: This unique study has given an insight into the effectiveness of surgical treatment for cleft lip/palate patients in a rural setting in Ethiopia.

EVALUATION OF CT UROGRAPHY AS A SECOND-LINE INVESTIGATION IN PATIENTS PRESENTING WITH VISIBLE HAEMATURIA IN THE HIGHLAND REGION
Ola Blach. University of Aberdeen Medical School, United Kingdom

Background: Visible haematuria is a cardinal symptom of urinary tract malignancy, and is commonly investigated initially with cystoscopy and ultrasonography. CT urography replaced IV urography as the second-line investigation in the Highlands in 2005 but its ability to detect significant urological pathology, not otherwise picked up by ultrasound and cystoscopy, has never been assessed.

Design & aim: A prospective observational study comparing the diagnostic yield of CT urography with first-line ultrasonography and cystoscopy.

Results: The overall sensitivity of CT urography in detection of urological pathology was 94.0% vs. 61.2% of ultrasonography. Both were highly specific: 97.5% and 96.9%, respectively. Despite the good agreement between the two tests (k = 0.612 vs. 0.059, \( p < 0.001 \)), detectability of pathology was significantly higher on CT urography (McNemar: \( p < 0.001 \)), with 9.3% more ‘abnormal’ cases diagnosed, including 1 renal carcinoma, 2 benign renal masses, and 62% more calculi. Urothelial malignancy and hydronephrosis were equally well detected by both investigations. 225 “incidental” lesions were identified in 137/227 patients following CT urography.

Conclusion: The management of patients with visible haematuria was not changed significantly by the use of CT urography. Therefore, ultrasonography and cystoscopy should continue to be used as the first-line tests for identifying the source of bleeding. CT urography should be reserved as a second-line investigation for older patients, for those with additional risk factors, and for further evaluation of abnormalities detected on ultrasound or cystoscopy. One debatable benefit of CT urography lies in its detection of incidental asymptomatic pathology at the expense of additional radiation dose and higher cost.

AN OBSERVATIONAL STUDY OF TRANSFUSION MANAGEMENT IN A CARDIAC SURGICAL UNIT IN TRINIDAD
Oliver Harrison. Severn Foundation School, United Kingdom

Cardiac surgery patients are amongst the biggest consumers of blood transfusions of all surgical patients. Cell salvage devices (cell savers) have helped reduce this requirement and the risks of transfusion (including infection...
transmission and immunological complications). The present study investigates the intraoperative transfusion requirements in off-pump coronary artery bypass grafting (OPCABG) and cost implications of blood products and cell savers in a Background: of limited resources. Prospective data collection identified 60 patients undergoing off-pump coronary artery bypass graft (OPCABG) surgery at Eric Williams Medical Sciences Complex, Trinidad. Data relating to these patients (including pre-operative haemoglobin (Hb), graft number, presence of diabetes, ejection fraction, pre-operative serum creatinine, intra-operative blood use and blood loss) and cost values for cell saver disposables and blood preparation were obtained. Twenty units of packed red blood cells (pRBCs) were given in theatre (to 16/60 patients; 27%). Transfusion requirement was significantly lower in patients with fewer grafts required, higher preoperative Hb level and non-diabetic patients. Cell saver disposables and one unit of pRBCs were estimated to cost TT$5000 and TT$1700 respectively. Each patient transfused cost TT$2125. The study demonstrates the financial implications of routine cell saver use in OPCABG in a setting of limited resources. The cost effectiveness of routine cell saver use remains to be elucidated, but we recommend the selective use of cell savers in patients who are at a higher risk for transfusion.

ENDOVENOUS LASER THERAPY (EVLT) FOR THE TREATMENT OF LONG AND SHORT SAPHENOUS VARICOSE VEINS
Dr. Mudugal, Dr. Heffernan, Mr. Zeynali, Mr. Mason, Mr. Jones, Mersey Foundation School (FY1), United Kingdom

Introduction: Our study has prospectively looked at all patients undergoing this procedure for incompetence of both long and short saphenous veins in Southport Hospital between 2006 and 2011 to assess efficacy and effectiveness.

Method: The audit was a prospective study. The data was collected from 2006 to 2011. There were no exclusion criteria: all patients that had the procedure were included. Incidence of complications and further procedures needed were prospectively recorded for all patients who underwent EVLT during this time. The effects on existing leg ulcers were also recorded.

Results: 1689 patients were included. M:F 537:1152. Median age 59 years (range 18–97). Complications included numbness (1.1%), phlebitis and inflammation (0.88%), wound complications (0.24%) and neuralgia (0.059%). No patients developed a DVT. 41% patients had no complications whatsoever. 15 of 68 leg ulcers healed completely after the procedure. 687 of the 926 patients who had residual veins after the procedure went on to have sclerotherapy.

Conclusion: Our study demonstrated that the EVLT can be safely used for the treatment of varicose veins caused by venous insufficiency in lower limbs with very low complication rates. This procedure can even be used in patients with severe comorbidities in order to treat leg ulcers which result from venous insufficiency. The major disadvantage of EVLT is a significant number of patients (40–55%) need sclerotherapy for residual veins following the procedure.

VARICOCELE EMBOLISATION AT BHFT: AN AUDIT ON OUTCOMES OVER 6 YEARS
Dr. Sean Mcllhone, Wessex Foundation School, United Kingdom

Background: Varicocele Embolisation (VE) has been performed at BHFT for men with localised symptoms and/or fertility issues. This audit reviews the long-term effects of VE to facilitate management and consent for future patients.

Methods: Patient records were found for 79/83 men recorded having VE at BHFT (2005–2011). Records were reviewed and patients were contacted by phone/email/post to assess symptoms and/or fertility issues at their 3-month follow-up appointment and today. Seventy-seven of these men were included in the final follow up data.

Results: Many subjects were lost to follow-up. Sixteen subjects (21%) had no recorded data 3 months post-op. Forty-eight subjects (62%) were lost to follow-up today (mean time 3.3 years post-op). Of those who were followed-up: at 3 months, 26 subjects (72%) had improved or no symptoms whereas 10 (28%) had no change. Today, 27 subjects (93%) had improved or no symptoms. Two (7%) had no change. Two men (7%) had confirmed varicocele recurrence.

Sixteen men had the procedure for fertility issues. Four (25%) of these men have since fathered children. Three (19%) had documented sperm concentration increase post-op.

Conclusion: VE provides symptomatic relief up to 5 years post-op with low recorded rates of recurrence. A quarter of subjects with previous fertility issues now have children.

Many subjects were lost to follow-up, making results validity questionable. This is multifactorial and will be discussed. Consequently, BHFT is optimising following up patients (via SMS texting/up-to-date email addresses) so that in future our outcome data are more complete.