Background: Association of Coloproctology of Great Britain and Ireland guidelines recommend that self-expanding-metallic-stents (SEMS) should be considered in the management of large bowel obstruction for patients with inoperable malignancy, or to convert an emergency situation into an elective one. We reviewed our practice in the setting of a district general hospital.

Methods: Fifteen patients (7 female, Age mean 74 years, sd ± 10) had a SEMS inserted between December 2006 and November 2009. All had large bowel obstruction or obstructive symptoms due to malignancy. SEMS were inserted using a combined endoscopic-radiological approach. Six (42%) were inserted as an emergency, and nine (58%) electively.

Results: Cancers were located in the descending colon 2 (20%), sigmoid 8 (53%), rectosigmoid 3 (20%) and rectum 1 (7%). Eleven (72%) stents were inserted successfully. Four (28%) were unsuccessful due to inability to traverse the stricture (3), and perforation. Stent patency rates were 11 (100%) at 3 months, 8 (73%) at 6 months, and 3 (27%) at 9 months. Six patients died without further intervention at a mean of 5 (sd ± 5) months.

Conclusions: SEMS play an important role in the management of inoperable malignancy, or to convert an emergency situation into an elective one. We reviewed our practice in the setting of a district general hospital.

EVALUATION OF FINDINGS IN PATIENTS UNDERGOING COLONOSCOPY OR FLEXIBLE SIGMOIDOSCOPY FOLLOWING ABNORMAL BARIUM ENEMA: THE IMPLICATION OF POSSIBLE VERSUS DEFINITE LESIONS REPORTED ON BARIUM ENEMAS

A. Eisawi, N. Battersby, O. Adedeji. University Hospital Birmingham

Introduction: Abnormal barium enemas (BE) account for approximately 7% of all indications for colonoscopic (CE) in our unit involving time investment for patients, prolonged bowel preparation and anxiety. The objective of this audit was to determine if CE following BE yielded enough pathologies to justify CE without further review of the BE.

Methods: 91 patients who had an abnormal barium enema as an indication for CE were selected from the endoscopy database between October 2006 and November 2007.

Results: Eleven of 20 (55%) polyps were reported as “definite” and 7/30 (23%) reported as “possible” by radiologists were verified by CE. CE demonstrated 34 polyps, 16 (47%) of which were missed by barium enema. Only 21/34 polyps on CE were adenomas histologically. Of 26 colonic lesions suspicious for cancer, 9 (35%) were reported as possible by radiologists. CE verified 6/9 (67%) in the “definite” and 1/17 (6%) in the “possible” group.

Discussion: Most BE reports necessitating a CE are not definite in their diagnosis. When BE reports are definite for neoplastic lesions, there is a high yield of benign and malignant lesions on CE, when the report is uncertain, the yield for both is less.

BLOOD PRODUCT PREPARATION AND USAGE IN EVAR

P.J. Grover, R. MacGregor, M.J. Metcalfe, I.J. Franklin, A.H. Davies. Charing Cross Hospital

Introduction: Blood product transfusion is a significant cost and complication in endovascular aortic aneurysm repair (EVAR). We assessed blood product preparation and usage in EVAR at our unit.

Methods: Data was collected retrospectively for all primary abdominal EVAR procedures between March 2007 and January 2009 at a single centre. Demographics, procedure details, blood product usage and peri-operative haemoglobin were recorded.

Results: 57 patients underwent primary EVAR procedures during this period of whom 82% were male with a mean age of 74 years (65.6-82.5). 7% were fenestrated. Mean duration of procedure was 196 minutes (110-282) and median length of stay was 7 days (IQR 4-9.5). Mean preoperative haemoglobin was 13.01g/dl. 28% of patients required a blood transfusion during their hospital stay with a median of 2 units (IQR 2-5.25) used. No sample was received for group and save in 39% of patients. In 37% of cases a median of 4 units of blood (IQR 2-6) was cross-matched and not transfused. Median length of stay and duration of procedure was not significantly different between transfused and non-transfused groups.

Conclusions: A significant proportion of patients were transfused following EVAR, however, peri-operative preparation of blood products varied widely with safety and cost implications.

LONG TERM FOLLOW UP OF PLASMA KINETIC TURP

C. Nayar, R. Lloyd-Hughes, G. Sole. Hereford County Hospital

Introduction: Trans-urethral resection in saline uses bipolar energy for TURP negating the need to use glycine irrigation with its associated complications. We present our 4 year follow up data.

Patients and methods: Between January 2003 and November 2005 68 patients underwent plasma kinetic trans-urethral resection of prostate (pktpurp) at our institution. Follow up data was available for 57 patients.

Results: The average resection time for pktpurp was 46 minutes (range 20-90) with a mean resection volume of 21.6 g (range 3-66 g). The mean haemoglobin drop following pktpurp was 0.89 g/dl (range +0.9 to -2). The average drop in sodium level post operatively was 1.48 mmol/l (range +4 to -3). The average drop in chloride level post operatively was 1.23 mmol/l (range +0.6 to -2). The average drop in potassium level post operatively was 1.36 mmol/l (range +0.2 to -5). The average drop in sodium level post operatively was 1.48 mmol/l (range +4 to -3). The average drop in chloride level post operatively was 1.23 mmol/l (range +0.6 to -2). The average drop in potassium level post operatively was 1.36 mmol/l (range +0.2 to -5). The average drop in sodium level post operatively was 1.48 mmol/l (range +4 to -3).

Conclusions: Pktpurp is a safe alternative to standard turp and appears to have a similar efficacy in the long term.

DEFAULT DAY CASE URETEROSCOPY & URETERO-RENOSCOPY: A SINGLE SURGEON EXPERIENCE

L. Clarke, H. Eccleston, D.C. Shackley. Salford Royal Foundation Trust

Introduction: Managerial emphasis on increased efficiency drives a move towards more daycase (DC) surgery. Previous studies on daycase uroscopy (URS) or ureterorenoscopy (FURS) have been selective. We report our experience of default DC URS/FURS of consecutive patients referred for any reason.

Methods: A case-note review of all patients having URS/FURS, under a single surgeon, over a 2-yr period (January 2008-December 2009). All were listed with the intention to treat as daycase whenever possible. An analysis was performed.

Results: 120 patients were listed for URS/FURS. Indications included diagnostic-56; therapeutic (stones-53, strictures/TCC-11). DC surgery was precluded in 40/120 due to emergency/ high ASA / and social reasons, leaving 80(66%) patients scheduled for DC URS/FURS. Thirteen patients (13/80-16%) required unplanned admission so 67/120 (56%) patients actually had DC surgery. Of these, 43 had URS & 24 FURS with 32 being
diagnostic. 25 therapeutic. Stents were inserted in 22(33%) DC & 24(45%) in-patients. The 30-day readmission rate was: DC 13% (9/67), in-patients 4% (2/53). Re-admission was for pain 7/11 (often stent-related), infection 3/11 and bleeding 1/11.

Conclusions: Day-case ureteroscopy is both feasible and safe. The financial & social advantages of same day admission/discharge have to be balanced against an increased re-admission rate of 4 vs. 13%.

RETROSPECTIVE ANALYSIS OF THE QUALITY OF UROLOGICAL PATIENT HANDOVERS

Milan Samarage¹, Saera Butt². ¹Imperial College London; ²Northwick Park Hospital, Middlesex

A retrospective analysis was done on all patient handovers in October and November 2009 in Northwick Park Hospital. The nature of the handovers were assessed in terms of a number of measures such as completeness of information given, initial investigations carried out / requested and initial management of patients. Adverse events related to each patient’s hospital admission were also recorded. Investigations and management plans implemented were compared against Hospital protocols. Many points leading to poor quality handovers were identified, including inadequate patient details being handed over, patients being inappropriately handed over, poor quality of immediate management of patients prior to handover. Almost all handovers identified as being substandard did not comply with Hospital based handover and management protocols. Adverse outcomes identified included the development of complications, increased length of stay in hospital, misidentification of patients and patients not been seen within 24h post-admission by a specialist team. Many handovers were found to be of substandard quality with a marked correlation between such handovers and adverse outcomes and the occurrence of serious incidences. Such findings are likely to be reflective of trends in the Hospital as a whole and are to be addressed by clearly outlining existing handover protocols.

PREVALENCE & EXTENT OF SEXUAL PROBLEMS ON SELF ASSESSMENT IN A POPULATION OF AGING MEN – A 4 YEAR UK EXPERIENCE

Aiman Muneer, A.R.E. Blacklock. University Hospitals of Coventry & Warwickshire (UHCW), Coventry, United Kingdom

Traditionally men perceive themselves as “healthy” & less likely to suffer from health issues. This has led to difficulty in men admitting to & seeking help, especially for sexual problems, causing under- & undiagnosed diseases. AIMS To study incidental prevalence of sexual problems and extent on self-assessment in a population of aging men (NOT presenting with sexual problems).


Results: Over 1525 men attended the Awareness Days and 1267 men with mean age 63.09(61.5, 62.6, 63.25) years (33-88 years) had PSA levels checked and filled in questionnaires. 584(53.14%) of respondents had some degree of erectile problems with 94(8.58%) complaining of a severe problem. 521(47.71%) had some degree of ejaculatory problems with 46 (4.23%) complaining of severe problem. 898(8.17%) had some degree of pain during ejaculation with 12(1.1%) assessing it severe.

DO DOPPLER WAVEFORMS AT THE COMMON FEMORAL ARTERY ACCURATELY PREDICT ILIAC STENOSIS?

S. O’Neill, R.K. George, W.D. Wallace, A. McKinley, P.H. Blair. Department of Vascular and Endovascular Surgery, Royal Victoria Hospital, Northern Ireland, United Kingdom

Objective: Duplex ultrasound is a useful investigation for peripheral arterial disease. It can map out disease, however limitations exist when attempting to visualise iliac vessels. Examining common femoral artery (CFA) Doppler waveform morphology is often used as a surrogate indicator for iliac disease. The aim was to evaluate whether CFA Doppler waveform assessment predicted the presence of significant iliac artery stenosis as visualised on Magnetic Resonance Angiography (MRA).

Method: 3-year retrospective study of patients investigated using CFA Doppler waveforms and MRA. Patients identified from vascular laboratory and radiology databases. Waveforms were assessed and reported real-time by vascular technicians as monophasic, biphasic or normal triphasic. Results were compared with MRA findings reported by consultant radiologists.

Results: In 76 patients, 119 waveforms were assessed. MRA demonstrated 37 iliac vessels with significant stenosis. 32 (86%) had abnormal waveforms (monophasic or biphasic), 5 were triphasic. In 82 cases where MRA showed no significant stenosis, waveforms were abnormal in 35 (43%). Abnormal CFA waveforms have sensitivity of 86% and specificity of 57%. Monophasic waveforms alone were more specific (88%) but less sensitive (57%) for predicting iliac lesions.

Conclusion: Whilst CFA waveform morphology is a useful adjunct in detection of iliac disease normal triphasic waveforms do not exclude iliac stenosis.

OUTCOME OF PATIENTS WITH POTENTIALLY CURATIVE OESOPHAGO-GASTRIC CANCER WITHIN THE HIGHLANDS AND ISLANDS OF SCOTLAND

C.N. Parnaby, R. Coggins, A. Tamijmarane. Raigmore Hospital, Inverness

Background: A lack of data exists examining the outcome of patients with potentially curative oesophago-gastric (OG) cancer from a remote and rural setting. We aimed to assess this patient group within the Highlands and Islands of Scotland.

Methods: A retrospective analysis of 75 consecutive patients with potentially curative OG cancers was performed (March 05-March 09).

Results: OG cancers were: oesophageal (n = 25), junctional (n = 26) and gastric (n = 24). 12 out of 75 patients had a preoperative dietician assessment. Of the 51 patients with oesophageal or junctional cancer: 5 received endoscopic ultrasound (EUS) and all had a staging CT. 2 were non-resectable at laparotomy. 15 had non-curative resections (positive circumferential margin [n = 14] and a positive distal resection margin [n = 1]). Of the 24 patients with gastric cancer: 12 had a staging laparoscopy and 23 had a staging CT. One patient was non-resectable at laparotomy (laparoscopy satisfactory). 3 had positive resection margins. In-hospital mortality was 12% and the anastomotic leak was 4%. After median follow-up of 17 months (IQR6-26), 19 patients died from metastatic disease.

Conclusions: Our study compares favourably with previous national OG cancer audits. Based on SIGN 87 (management of OG cancer, 2006) recommendations, our audit has identified deficiencies in the following: preoperative nutrition, staging laparoscopy and EUS.

CHANGING TRENDS IN LAPAROSCOPIC CHOLECYSTECTOMY CONVERSION RATES IN A SPECIALIST SETTING