surgical management, in terms of safety and efficacy, in the patients operated in our institution.

Methods: Between 2006-2010, all patients with Graves disease treated by surgery at our institute were included. Patients were referred with a confirmed prior diagnosis of Graves’ disease. All patients had total thyroidectomy.

Results: A total of 64 patients underwent thyroidectomy for GD. Mean age was 36 years (range 17-66 years); 60 women (94%) and 4 men (6%). 44(69%) underwent surgery for recurrent disease after medical or radio iodine therapy.20 (31%) had surgery as a primary treatment after short preparation with anti-thyroid drugs to reach an euthyroid status. Historical findings showed hyperplastic goiter in 40 (63%) colloid goitre in 14 (22%) and thyroiditis was the main pathological observation in 6 (9%). Incidental malignancy was found in 4 patients (6%). O(9%) had transient hypocalcaemia and 1(1.6%) had permanent hypocalcaemia. No vocal cord related complications were observed.

Conclusion: Total thyroidectomy for Graves’ disease provides a definitive treatment with a low complication rate. This procedure can be safely recommended as a primary treatment, in experienced hands.

0677 POST-OPERATIVE ANALGESIA FOLLOWING MINOR SURGICAL EXCISION OF CUTANEOUS LESIONS: HOW MUCH IS NECESSARY?
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Aim: There are no set guidelines as to the nature and duration of postoperative analgesia in patients undergoing minor surgery for excision of cutaneous lesions. This study aimed to establish an effective regime for analgesic prescription in patients undergoing such procedures.

Methods: A retrospective review of 50 patients treated for excision of cutaneous lesions over a two month period was conducted. The type and duration of analgesic was recorded from patient notes. These patients were contacted post-operatively via telephone to enquire how much analgesia had been taken, and whether there was any breakthrough pain.

Results: Data was collected on 36 patients who underwent excision of cutaneous lesions under local anaesthetic. No analgesia was prescribed in 18 patients. Paracetamol and Co-codamol was prescribed in 16 and 2 patients respectively. The range of prescription duration was 2-7 days. However, patients only self-administered a maximum of 2 days of analgesics post-operatively. No patients reported any breakthrough pain.

Conclusion: Patients should be advised to take paracetamol for pain relief, unless contraindicated, as it is readily available as an over the counter medication. Prescription of 2 days of paracetamol is sufficient for pain relief in patients undergoing excision of cutaneous skin lesions.

0679 TENSION FAECOPNEUMOTHORAX: A RARE PRESENTATION OF COLONIC DIVERTICULAR PERFORATION
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Introduction: Tension faecopneumothorax is rare, typically occurring following strangulation of a diaphragmatic hernia. We report a case of colonic diverticular perforation presenting with faecopneumothorax which developed into tension pneumothorax.

Case Report: A 69-year-old gentleman presented with abdominal pain, vomiting and erratic bowel habit. Past history included left thoracoabdominal oesophagectomy for gastro-oesophageal junction adenocarcinoma. Examination revealed tachycardia, tachypnoea and a distended, peritoneal abdomen. Chest radiograph demonstrated pneumoperitoneum and left-sided pneumothorax. The patient rapidly deteriorated due to tension pneumothorax. Immediate needle decompression and tube thoracocentesis released a large amount of air, followed by faeculent fluid. Laparotomy revealed faecal peritonitis secondary to a large hepatic flexure perforation. No pathology was noted in the hiatus area. Right hemicolectomy with end ileostomy was performed. Histology was consistent with diverticular perforation.

Discussion: Infrathoracic intestinal herniation is a reported complication following oesophagectomy. Although no visceral herniation was noted in our case, a diaphragmatic defect was likely created during previous surgery. Diverticular perforation therefore resulted in air and intestinal contents being transmitted from the peritoneal into the pleural cavity. This explains the picture of generalised peritonitis complicated by pneumothorax, which rapidly developed into tension faecopneumothorax. This case demonstrates that: 1) previous hiatal surgery can predispose to pneumothorax and/or hydrothorax when a hollow viscus perforates intraperitoneally, and 2) in the presence of pneumothorax, abdominal as well as pulmonary causes should be ruled out.

0680 LIFE, LIMB AND HEARING – HOW TO SAVE ALL THREE!
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Aim: To establish if the sound levels produced by power tools in the orthopaedic theatre is within the Health and Safety Executive (HSE) Control of Noise at Work Regulations 2005, which help prevent acoustic trauma to operating staff and patients.

Methods: A sound-level meter was used to measure the sound pressure level generated by various high-powered tools in routine orthopaedic procedures. Mean sound levels using the dBA scale were recorded at the ear level of the operating surgeon and scrub nurse. Measurements were taken during 39 procedures. We compared the sounds produced by the different tools and checked mean sound values against the HSE recommendations.

Result: Our study proved that sound levels in theatre were often in excess of the safe level of noise guidelines. The average power saw sound levels (87.16dBA) exceeded the recommended daily weekly exposure of 87.00dBA.

Conclusion: The sound levels of orthopaedic instruments continue to be in excess of guidelines posing a threat to the hearing of both staff and patients. The acoustic trauma can lead to irreversible sensorineural hearing loss. This could be classed as an iatrogenic injury. We recommend the use of ear protection for patients undergoing orthopaedic procedures and theatre staff.

0681 DOES CONCOMITANT INFERIOR TURBINE SURGERY AFFECT THE LIKELIHOOD OF REVISION NASAL SURGERY?
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Background: Septoplasty is an accepted surgical intervention to improve the nasal airway. However, the role of concomitant surgery on the inferior turbinate remains debated. We want to investigate if inferior turbinate surgery at the time of septoplasty would impact the likelihood of revision septoplasty and corrective septorhinoplasty.

Patients and Methods: Retrospective chart review of consecutive patients undergoing septoplasty with or without inferior turbinate surgery over 12 years (1998-2010). Patients were identified from theatre log books and were excluded if they underwent any other nasal procedure. Data collected include demographics, type of primary surgery, and grade of surgeon along with revision nasal surgery in this cohort.

Results: A total of 2068 eligible patients with a mean age of 39 (range 16-73) years were investigated. Two groups were identified: A, septoplasty alone (768, 38.1%), B, septoplasty with inferior turbinate surgery (1280, 61.9%). Most of the operations in both groups were performed by the surgeons in training. The incidence of revision nasal surgery was 5.1% (40/788, revision septoplasty=21, corrective septorhinoplasty=19) in group A compared with 2.3% (30/1280, revision septoplasty=20, corrective septorhinoplasty=10) in group B.

Conclusions: Based on our experience, concomitant inferior turbinate reduction would appear to decrease the likelihood of revision nasal surgery.

0682 “KI-67 EXPRESSION AND AXILLARY LYMPH NODE METASTASES (ALN) IN INVASIVE BREAST CANCER”
Grit Dabritz, Akmal Miswan, Nicola Rowe, Mohammed Absar. The Pennine Acute Hospitals NHS Trust, Manchester, UK
To examine whether Ki-67 can be used as a predictor for ALN involvement.

**Aim:** To examine whether Ki-67 can be used as a predictor for ALN involvement.

**Methods:** A prospective study of 230 patients with invasive breast cancer undergoing SLN biopsy between January 2009 and December 2010. Histopathology reports were reviewed regarding Ki-67, tumour grade, Oestrogen, Progesterone and Herceptin receptor and ALN status.

**Results:** The highest incidence of positive axillary lymph nodes occurred in patients with Ki-67 levels of 26-50%; 13(31.7%). In the group with Ki-67 levels ≤10%, 11-25%, 51-75% and >75% lymph node involvement occurred in 15(18.1%), 20(30.3%), 6(21.4%) and 2(16.7%) patients respectively.

**Discussion:** Higher levels of Ki-67 were not associated with ALN involvement. Ki-67 is therefore not suitable as a single marker for the presence of ALN metastases.

**Conclusion:** In view of the need for more sophisticated markers, lowering the threshold for adjuvant chemotherapy ought to be considered. In the meantime Ki-67 remains an important factor in the decision about adjuvant treatment.

**0683 AN AUDIT OF ENT TRAINING OPPORTUNITIES DURING NIGHTS ON-CALL**

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**Aims:** The JCST requirements for otolaryngology training state that trainees must have completed 300 nights on-call by the end of their training. Due to European working time directive often this can result in trainees being required to take time off work during office hours. In this study we aim to quantify the experience gained from nights on call by SHO’s and SpR’s.

**Methods:** During a two week period, the night time (21:00pm-09:00am) activity of ENT SHO’s and SPR’s was monitored across 10 hospitals across the Severn and Southwest Peninsula training region. The data was collected by daily telephone interview and emails.

**Results:** On average SHO’s were receiving a mean of 1.2 new referrals a night (range 0.43-3.09) with a mean admission rate of 0.5 patients (range 0.29-1.36). The SpR was called once every 5 days (mean) per hospital although some registrars covered up to 3 hospitals. Operating rates were 1 operation in 25 nights per hospital.

**Conclusion:** This study found that the out of hour’s activity for ENT SpR’s was minimal. In view of this the compulsory 300 night’s on-call may be detrimental for ENT training against the backdrop of the European working time directive.

**0684 A RETROSPECTIVE AUDIT OF WARD ATTENDEES TO A NEUROSURGICAL UNIT: OPTIMISING WARD ATTENDEE CLINIC SERVICE DELIVERY**

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**Aim:** The new NHS White Paper will reform the way hospitals are funded; GP’s are now able to buy services from the private sector. NHS Hospitals must look at the services they provide to improve their efficiency and cost effectiveness. An audit of an informal ward attendant service in a neurosurgical unit was carried out to identify areas that could be more efficient.

**Method:** We retrospectively audited neurosurgical ward attendances from 22/12/09 until 24/11/10. An audit proforma and information from electronic records provided a comprehensive database.

**Results:** During the period audited 107 males and 98 females visited the ward. Patients presented for a range of reasons including: 62 for wound review, 42 for suture removal, and 3 for breaking bad news. Lengths of stay were variable, ranging from less than 30 minutes (69 patients) to over 180 minutes (9 patients). During which 20 CT Scans, 45 spinal X-Rays and 40 sets of bloods where taken. A GP letter was completed in only 9% of visits.

**Conclusions:** A dedicated Doctor with dedicated time slots would improve efficiency and the number of GP letters written. Breaking bad news should be moved to the consultant led clinic. GP’s should be charged this service.

**0686 FUNCTIONAL SEPTORHINOPLASTY: TRAINEES VERSUS TRAINERS**

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**Background:** Septorhinoplasty is an advanced skill, mostly reserved for the consultants but senior trainees are also expected to carry out this procedure successfully. Revision rhinoplasties could be a useful parameter to assess the outcome of initial rhinoplasties. We wanted to investigate if the patients were disadvantaged if operated upon by the trainee surgeons.

**Patients and Methods:** Retrospective chart review of all functional septrhinoplasties over last 12 years (1998-2010). The patients were identified from the theatre logbooks. Data collected include demographics, grade of surgeon, and incidence of revision nasal surgery. We have investigated the incidence of revision septrhinoplasty based on the grade of the surgeon performing the primary septrhinoplasty.

**Results:** A total of 805 patients (mean age 32 years) were identified. Of this, 33% (263) were operated on by the trainees and 67% (542) by a consultant surgeon. Surgical interventions were: Rhinoplasty (63/805), Septorhinoplasty (573/805), and Open septrhinoplasty (157/805). Twelve patients required revision surgery: 2 were operated upon by the trainees (2/263=0.8%) and consultants performed surgery in 10 patients (10/542=1.8%)

**Conclusions:** Our data shows that trainees can be expected to achieve a satisfactory outcome after septrhinoplasty and patients do not seem to be disadvantaged if operated upon by surgeons in training.

**0687 PATIENTS REFERRED TO HEAD AND NECK CANCER CLINIC: DO THEY REFLECT THOSE AT HIGHEST RISK?**

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**Introduction:** The 2-week wait referrals for suspected head and neck cancer were developed to ensure that those patients at highest risk could be seen quickly. Unfortunately studies have shown a low cancer diagnosis rate.

**Aim:** Assess whether high-risk demographic groups are being appropriately referred.

**Material and Methods:** A retrospective case analysis of 622 patients referred to the head and neck cancer clinic at Queen Elizabeth Hospital Birmingham between July 2009 and July 2010.

**Results:** Mean Age - 57 (range 18 - 95 years): Male: Female = 46:54; Ethnicity: White (all groups) = 57%; Black (All Groups) = 4%; Asian (all groups) = 8%; Chinese = 1%; Mixed (all groups) = 1%

**Discussion:** The demographics of our patient cohort show that high-risk groups are not accessing this referral pathway. We suggest a number of recommendations to improve the pathway including: improving GP access to appropriate local epidemiological data; appropriate weighting of high-risk groups on referral proforma; improving patient information amongst high-risk groups.

**0688 A 5 YEARS PARALLEL OBSERVATION STUDY OF THE USE OF SEQUENTIAL COMPRESSION BIOMECHANICAL DEVICE (SCBD) IN CRITICAL LIMB ISCHAEMIA (CLI) PATIENTS WITH UN-RECONSTRUCTABLE PERIPHERAL VASCULAR DISEASE (PVD) VS PRIMARY AMPUTATION IN A TERTIARY REFERRAL VASCULAR CENTRE**

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The aim of our study is to find out the long term outcome of the use of the SCBD as an alternative treatment for patients with CLI who are unfit for revascularisation.

From 2004 to 2009, 170 patients had joined the SCBD programme. We matched controlled 75 primary amputations which were performed in the