Aim and Objectives: NICE guidelines, 2006, state at least 15 block dissections/year. Block dissections performed electively or therapeutically in the axilla or groin, usually for skin malignancy are investigated in this paper. The aim of this study was to determine if the benefit would be derived from compression garments applied immediately post-operatively compared to those applied after the onset of lymphoedema.

Materials and Methods: Prospective data on 2 groups of patients operated on by the same surgeon were reviewed over 2 years. The use of prophylactic compression garments was routine in 1 group (n=23) and not used routinely in the other group (n=20) as per protocol in two different trusts. The indications for surgery and complications including infection, readmission and lymphoedema were examined.

Results: The majority of patients were treated for stage III/IV melanoma; other indications included SCC. Our findings showed a significantly higher rate of complications in those patients not treated with immediate post-operative compression garments.

Conclusions: Compression garments appear to reduce complication rate, particularly lymphoedema. Providing a prophylactic compression garment service could significantly reduce the incidence and cost of post-operative complications in block dissections.

0629 GALLSTONE PANCREATITIS: OUTCOMES OF POOR COMPLIANCE TO GUIDELINES
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Aim: UK guidelines recommend ERCP within 72 hours for severe gallstone pancreatitis. Definitive management with cholecystectomy should be performed during the same admission or within 2 weeks. Our aim was to assess management of gallstone pancreatitis in our institution.

Method: Retrospective analysis of all patients admitted between 2000-2010 with a first episode of gallstone pancreatitis.

Results: 67 patients were identified (mean age 35 years [18-87]). The overall mortality was 4% (3/67). 58% (39/67) received interventional treatment for gallstones. 46% (31/67) had cholecystectomy only; 68% (21/31) laparoscopic and 32% (10/31) open. 90% (28/31) had surgery within 6 months, 7% (2/31) within 2 weeks and 3% (1/31) during admission. Median time delay was 90 days [3-365]. 12% (8/67) had ERCP. Only 1 patient had ERCP within 72 hours, 6 patients (75%) during the same admission and the remaining within 6 weeks. 3 patients had ERCP only whilst 5 also had cholecystectomy. 12% (8/67) of patients were readmitted with biliopancreatic complications on at least 1 occasion (median time interval 10 days [1-122]). There were no readmissions after definitive treatment.

Conclusion: Our data shows poor compliance with UK guidelines resulting in high readmission rates. An increase in resources is required to facilitate availability of earlier treatment.

0631 THE EFFECT OF PSYCHOLOGICAL STATUS ON PAIN AND SURGICAL OUTCOME IN PATIENTS REQUIRING ARTHROSCOPIC SUBACROMIAL DECOMPRESSION
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Background: Preoperative depression and anxiety have been linked to poorer postoperative outcomes such as increased pain. Few previous studies have investigated these relationships in patients requiring upper limb orthopaedic surgery. This study aims to explore the relationship between preoperative depression and anxiety and postoperative shoulder pain and function in patients requiring arthroscopic subacromial decompression (ASAD) for impingement syndrome.

Methods: This prospective study investigated a series of ASAD patients in 2009/2010. Mental status, shoulder function and shoulder pain were measured using the Hospital anxiety and depression scale, the Oxford shoulder score and the Pain visual analogue scale. Questionnaires were completed 2 weeks preoperatively and 3 and 6 weeks postoperatively.

Results: 31 patients (20 female; 11 male; mean age 55 years) participated. Preoperatively 9 (29%) patients were anxious, 9 were depressed and 5 were both. No significant correlation was seen between preoperative depression and anxiety and postoperative shoulder pain and function scores. Preoperative anxiety correlated significantly with preoperative shoulder pain (p< 0.05). Shoulder pain, function and mental state scores improved significantly by 6 weeks postoperatively (p< 0.05).

Conclusion: Mental state improved significantly during the postoperative period. However preoperative mental status did not predict the outcome of ASAD in patients with impingement syndrome.

0632 THE EFFICACY OF IN-PATIENT ENDOSCOPIC RETROGRADE CHOLAN-GIOPANCREATOGRAPHY (ERCP) SERVICE FOR PATIENTS WITH COMMON BILE DUCT (CBD) OBSTRUCTION
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