

**Aim:** Common day case laparoscopic procedures are usually safe, with low rates of bleeding complications. At our trust most patients undergo pre-operative group and save (G&S) for these procedures, at a cost of £18.39 per sample excluding laboratory staffing costs. Our aim was to assess if routine G&S is indicated.

**Methods:** Retrospective review of all patients undergoing laparoscopic cholecystectomy (LC), laparoscopic inguinal hernia repair (LIH) and diagnostic laparoscopy (DL) April 2012–March 2014. Patients identified using hospital coding records. Transfusion department records were reviewed to see which patients had undergone pre-operative G&S or cross-match, and perioperative transfusion.

**Results:** 532 procedures in 2 years, 0 patients transfused for bleeding complications. 1 patient transfused to optimise pre-existing anaemia.\*

Procedure: n/G&S (%) / Crossmatch (%) / Transfused (%)

LC: 293/256 (87)/8 (3)/0

LIH: 123/67 (54)/2 (1.6)/0

DL: 116/88 (76)/6 (5)/1\* (0.9)

Total G&S cost £7558.

**Conclusion:** The transfusion rate for bleeding complications following laparoscopic day case surgery is 0% in our unit. G&S samples cost £7558 over 2 years. Abandoning pre-operative G&S appears to be clinically indicated and would lead to substantial financial savings.

#### 0543: AUDIT OF VENOUS THROMBOEMBOLIC ASSESSMENT IN GENERAL SURGERY

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**Aim:** Identify patients not risk assessed for VTE prophylaxis in general surgery and recognize clinical areas where assessment can be improved. Re-audit VTE assessment following implementation of changes.

**Methods:** Cycle 1: Data collection on VTE assessments performed over a two-week period in General Surgery using the central database, with a focus on the type of surgical admission and grade of Doctor undertaking the assessment. Cycle 2: Following the implementation of changes a re-audit was carried out over another two-week period.

**Results:** The actual number of VTE assessments done within 24 h on the central database was 61% (UGI) and 74% (LGI), which improved in Cycle 2–85% (UGI) and 90% (LGI). Of the total number of VTE assessments not done - 63% (UGI) and 50% (LGI) were in day case surgery, which improved to 20% (LGI) with minimal change for 61% (UGI) in cycle 2. The grade of doctor for undertaking VTE assessments remained relatively unchanged.

**Conclusion:** Following an awareness campaign and changes to data capture on the central database, overall number of VTE assessments performed in General Surgery improved following re-audit. For Lower GI, the number of VTE assessments not performed for day case surgery was also significantly improved.

#### 0565: EFFICIENCY OF THE COMPLETION OF DIAGNOSTIC SERUM AMYLASE FOR PATIENTS PRESENTING WITH ACUTE ABDOMINAL PAIN

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**Aim:** To evaluate the efficiency of the completion of serum amylase as a diagnostic investigation for all patients admitted under the general surgical team presenting with acute abdominal pain at Southport and Ormskirk Hospital NHS Trust.

**Methods:** Prospective data collection of all patients, from all referral sources, with acute abdominal pain during a 4week period.

**Results:** 115 patients were identified; 40.9% male, 59.1% female. Age range 19–91 years. 102 patients (88.7%) had serum amylase completed; 96.1% on admission, 3.9% within the first 48 h 13 patients (11.3%) had no amylase; 5 (38.5%) presenting with upper abdominal pain; 2 (15.4%) with no formal diagnosis after Consultant review at 48 h 43 (37.4%) patients presented with localised epigastric pain; 9 (7.8%) of whom were managed as serum amylase rise confirmed acute pancreatitis.

**Conclusion:** Acute pancreatitis is estimated to account for 3% of all hospital admissions within the UK; with a rising incidence. Although mortality rates have improved due to early diagnosis and clear guidelines, up to 25% of patients develop severe or life-threatening complications requiring higher-level care. Serum amylase level should be completed for all patients presenting with acute abdominal pain to ensure accurate and timely diagnosis and appropriate patient care.

#### 0703: FEASIBILITY OF DAY CASE LAPAROSCOPIC CHOLECYSTECTOMY IN A DISTRICT GENERAL HOSPITAL

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**Aim:** A prospective study was carried out to assess the feasibility of performing day case surgery in a district general hospital.

**Methods:** All patients admitted for day case laparoscopic cholecystectomy over a twelve-month period were included in the study. Selection criteria for a day case procedure included having an ASA status of I or II and having a responsible carer at home. Patients were discharged 4–6 h after surgery with a standard analgesia pack. Patients were then telephoned within 48 h of discharge.

**Results:** 78 patients underwent day case lap chole over a 9 month period. 6 patients (7.7%) were admitted to the ward. Of those discharged only 9 (12.5%) required further advice, 6 (8.3%) felt the analgesia was ineffective and 13 (18.1%) felt their analgesia was ineffective. Overall 79.2% of patients were satisfied with the service.

**Conclusion:** This study has demonstrated a reasonable rate of overnight stay (7.7%) and a high degree of patient satisfaction (79.2%), showing that it is feasible to perform this procedure as a day case in selected patients.

#### 0712: CAN WE PREDICT THE RESPONSE TO NEOADJUVANT THERAPY IN UPPER GI CANCER? A SYSTEMATIC REVIEW OF CANDIDATE BIOMARKERS

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**Aim:** Neoadjuvant therapies are used in the treatment of oesophago-gastric cancer to improve on poor outcomes and use has increased since evidence has suggested modest overall benefits. Only a minority of patients respond to therapy and typical 5-year-survival is still poor at 23–47%. Patients not responding risk the toxic effects of chemotherapy/chemoradiotherapy which may lead to abandoning curative treatments and a delay to surgery. There is a pressing need to find ways of predicting response to neoadjuvant therapy. Biomarkers offer the most potential and can be divided into two groups depending on whether they are sourced from tumour tissue or blood serum/plasma.

**Methods:** A systematic review of the Medline, CINAHL and EMBASE databases was performed using the NHS library and PubMed. Reference lists were cross-checked and the PubMed related articles feature was used to identify further relevant articles. A consort diagram details the search process.

**Results:** 52 studies were identified including a total of 6123 patients and 48 separate biomarkers. Markers were grouped according to mechanism of action and studies are summarised in tissue marker and plasma/serum marker tables.

**Conclusion:** There are many potentially useful markers. The solution will be provided by a panel of candidate markers but they require validation in prospective studies.

#### 0789: MAKING DIFFICULT, EASIER: STANDARDISATION OF TECHNIQUE OF LAPAROSCOPIC CHOLECYSTECTOMY IN THE MORBIDLY OBESE PATIENT: A TRAINEE'S AND SURGEON'S EXPERIENCE

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**Aim:** Laparoscopic cholecystectomy (LC) in the morbidly obese (MO) patient is increasingly encountered by surgical trainees. In MO patients, this operation is technically demanding. Further, conversion to an open procedure increases morbidity. We describe a systematic approach to