**Conclusion:** Patients under 80 years of age were discharged sooner when treated on the ERAS pathway regardless of whether their right hemicolectomy was open or laparoscopic. However, patients over the age of 80 had a shorter hospital stay when not put on the ERAS pathway.

**Results:** Ages ranged from 3 months to 12 years. The indications for surgery included 288 (64%) performed for phimosis and 164 (36%) performed for cultural or religious reasons. Of the 310 parents available for long-term follow up, 9 (3/310, 2.9%) parents or patients were dissatisfied with the cosmetic appearance following sutureless circumcision. Thirty-six (11.6%) of the 310 parents contacted reported that their son experienced post-operative pain, with a mean severity score of 7 out of 10 (range 1 – 10).

**Conclusion:** The use of 2- OCA as a tissue adhesive for sutureless circumcisions is an alternative to the standard suture technique. The use of this tissue adhesive, 2-OCA, results in comparable complication rates to the standard circumcision technique but results in excellent post-operative cosmetic satisfaction.

**Method:** A retrospective review (over a month) for patients undergoing elective Oral Maxillofacial Surgery at King’s College Hospital. The ASA grade, grade of surgery, number and type of investigations were evaluated against the guideline.

**Results:** 47 patients in total. 10 patients (21.3%) were appropriately investigated relative to the guideline, 2 (4.2%) were under investigated. 35 patients (74.5%) were over investigated. The total cost of unnecessary investigations over the period studied amounted to £342.98. If this figure is extrapolated to all the surgical departments it is significantly larger.

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**Conclusion:** There is a significant difference in the rectal cancer distribution within this geographical area, especially with regards to the CRM positivity. Mortality is higher in CRM positive group. Larger studies would enhance the understanding of the demographics of rectal cancer distribution within this region.

**Aim:** Flexible nasoendoscopy is an essential tool in the current practice of Otorhinolaryngologists. ENT UK guidance on Flexible Nasoendoscope decontamination states that the ideal disinfecting agent and process should be effective and has low capital and maintenance costs. Our objective is to compare the efficacy and cost effectiveness of chlorine dioxide wipes versus automated wash.

**Methods:** The tip of flexible nasoendoscope is immersed into a culture of Staphylococcus epidermidis (STE), with microbiological swabs taken from the tip of the flexible nasoendoscope before the immersion and after the process of decontamination with either chlorine dioxide wipes or automated wash. Microbiological swabs are then checked for growth of STE. Cost calculation was performed.

**Results:** Post-decontamination, samples from Chlorine dioxide wipes showed 2% (1 out of 50 swabs) growth of STE as opposed to 28% (14/50) from the automated wash. \( P = 0.00 \). On a 10-year cost calculation, the automated wash had a lower cost.

**Conclusion:** Further studies are required to see if the results are replicable. Study should be performed on real patients to check the significance of improper decontamination.