achieved bony union eventually with good alignment. Oxford Shoulder Scores indicated good shoulder function with a mean score of 41.5.

Conclusion: Our data would support the use of hook plates in the treatment of lateral clavicular fractures.

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Upper-gastrointestinal surgery

0045: BILATERAL THORACOSCOPIC SPLANCHNOTOMY: A SIMPLE TOOL TO ALLEVIATE PAIN IN CHRONIC PANCREATIC DISEASE

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Aim: Chronic intractable pain is a common problem in severe pancreatic disease. Bilateral thoracoscopic splanchnotomy (BTS), a thoracoscopic neurotomy of the splanchnic nerves, is very rarely performed, yet may provide significant pain relief in these patients. We describe our experience of a highly simple and effective technique of BTS, with reference to original intra-operative photographs and anatomic images.

Method: Five patients underwent thoracoscopic splanchnotomy (four bilateral) in our institution over 10 years (mean age: 51 years). All were dependent on opioid analgesia. Our minimally invasive strategy involves prone positioning and two thoracoscopic ports for each hemithorax, permitting easy exposure and simple dissection of the greater and lesser splanchnic nerves.

Result: All four patients undergoing BTS reported marked improvement in pain control, with a reduction in opioid requirements that lasted until death in the two patients with pancreatic cancer, and for approximately 12 months in those with chronic pancreatitis (median follow-up: 18 months). There were no postoperative complications.

Conclusion: BTS is an effective intervention in carefully selected patients with a life expectancy of at least six months. We present a safe, simple and minimally invasive approach, with the potential to reduce opioid dependency and improve quality of life.

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0054: DEFINITIVE TREATMENT OF COMMON BILE DUCT STONES WITH ENDOSCOPIC SPHINCTEROTOMY ALONE IN PATIENTS 70 YEARS AND ABOVE: IS IT JUSTIFIED?

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Context: Prophylactic Cholecystectomy after ERCP and Sphincterotomy (ES) for CBD stones is recommended. However, in the elderly and unfit, cholecystectomy may be avoided. This is significant with a rising elderly population.

Aim: To evaluate the likelihood of developing recurrent biliary complications in those who did not have cholecystectomy after ERCP.

Methods: Retrospective cohort consisted of 80 patients 70 years and over with gall bladder stones and concomitant CBD stones who had an index ERCP. The cohort was followed to over with gall bladder stones and concomitant CBD stones who had an index ERCP. The cohort was followed to see how many patients had cholecystectomy subsequently and how many did not. The incidence of recurrent biliary complications were compared between the two groups for 2 years.

Result: 80% of patients who did not have cholecystectomy remained asymptomatic. On the other hand, only 66% who had cholecystectomy remained asymptomatic. The major recurrent complications were cholangitis 40%, cholecystitis in 25% and Biliary colic in 20%. The relative risk for developing recurrent complications in the group who did not have cholecystectomy was RR=0.638, 95% CI (0.3093-1.3159), p 0.2237. Although not significant, there were no increase in complications in those who were treated expectantly.

Conclusion: There is no compelling evidence to suggest that it is unsafe to adopt a wait and watch policy.

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0139: LAPAROSCOPICALLY ASSISTED PERCUTANEOUS ENDOSCOPIC GASTROSTOMY, A SAFE TECHNIQUE


Aim: Gastrostomy feeding is considered when enteral tube feeding is required for more than 4 weeks. Percutaneous endoscopic gastrostomy (PEG) and Radiologically inserted gastrostomy (RIG) are well-established, safe, minimally invasive techniques. Commonly performed under sedation and local anaesthesia. PEG and RIG are occasionally not technically possible, often where unfavourable patient anatomy prevents safe direct percutaneous gastric puncture. Laparoscopically assisted PEG tube placement has been practiced in our institution as an alternative to open gastrostomy. We aimed to review our practice.


Result: 9 patients underwent lap-assisted PEG. Mean age 61, range 18-97. Indications included; pharyngeal carcinoma (2), and unsafe swallow due to neurological disease (7); Including Stroke (2), Cerebral Palsy (2), Learning difficulties, (1) Friedrich’s ataxia (1) and Schizophrenia with Parkinson’s Disease (1). All patients underwent safe PEG insertion with no post-operative complications. Patients with malignant disease underwent gastrostomy via an introducer technique whereas those with neurological disease underwent pull through technique.

Conclusion: Lap-assisted PEG is a safe and reliable technique for establishing enteral tube feeding. Care pathways are needed for patients to access this procedure when conventional PEG or RIG insertion are not possible.

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0251: IS PERIAMPUTAL DIVERTICULUM ASSOCIATED WITH FAILED CBD CANNULATION AND PRE-ERCP LIVER BIOCHEMISTRY?
Aim: Periampullary diverticula (PAD) are frequently encountered in elderly patients undergoing ERCP and are associated with failure of ERCP in previous studies. The relationship of pre-ERCP liver biochemistry with PAD have been poorly examined. Our study aims to examine the relationship between pre-ERCP liver function biochemistry and with failed common bile duct (CBD) cannulations and PAD.

Method: Failed CBD cannulations and routine pre-ERCP liver biochemistry [serum bilirubin, alkaline phosphatase (ALP), aspartate transaminase (AST), alanine transaminase (ALT), gamma-glutamyl transferase (GGT), albumin and amylase] from 343 patients were retrospectively analysed. Non-parametric data from pre-ERCP biochemistry was analysed with Wilcoxon rank sum test. Statistical difference between PAD and failed cannulation was compared with Chi-square test.

Result: Periampullary diverticula were identified in 174 patients (50.7%). Failed cannulation occurred in 18 patients (10.3%) with diverticula compared to 9 patients (5.3%) without diverticulum (p = 0.084). No significant statistical association was observed between the serum bilirubin (p = 0.070), ALP (p = 0.745), GGT (p = 0.877), AST (p = 0.426), ALT (p = 0.318), albumin (p = 0.359) and amylase (p = 0.669) in both populations.

Conclusion: Common bile duct cannulation was equally successful patients irrespective of whether PAD was present or absent. Pre-ERCP liver biochemistry was a poor predictor of PAD.

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0391: LAPAROSCOPIC ASSISTED GASTRECTOMY IN ELDERLY VERSUS NON-ELDERLY PATIENTS WITH GASTRIC CANCER: A UK CENTER EXPERIENCE

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Aim: The elderly age group (EAG) accounts for more than 50% of gastric cancers (GC) in UK, however, evidence regarding surgical management of GC in this group is sparse. This study was designed to evaluate the outcomes following laparoscopic assisted gastric resections (LAGR) in the EAG.

Method: A retrospective review of the prospectively collected database from 2005 to 2015, including all curative LAGR. Age >70 were included in EAG. Length of stay (LOS), anastomotic leaks and in-hospital mortality were observed as primary outcomes. Continuous and categorical variables were analysed using Paired t’ and chi square test respectively.

Result: A total of 60 patients were included, of which 39(65%) were included in EAG & 21(35%) in the control group (CG). The outcomes were comparable between the EAG & CG with no statistically significant difference in the median LOS (n=16.6 vs. 16.3; p=0.792), overall surgical complications (n=8(20.5%) vs. 2(4.8%); p=0.469), anastomotic leak (n=5(12.8%) vs. 2(4.8%); p=1.000), non-surgical complications (n=4(10.2%) vs. 2(9.5%); p=0.238) and in-hospital mortality (n=3(7.7%) vs. 0; p=0.54) as well.

Conclusion: This study emphasise the fact that, LAGR is safe to be offered to EAG as their outcomes are similar to the younger counterparts.

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0459: STANDARDISED MEASUREMENT OF QUALITY-OF-LIFE FOLLOWING LAPAROSCOPIC CHOLECYSTECTOMY: A SYSTEMATIC REVIEW

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Aim: Improvements in surgical outcomes following the introduction of laparoscopic cholecystectomy have recently led to increased focus on patient-reported quality-of-life (QoL) outcomes. A variety of QoL instruments exist, however there are no guidelines regarding their use following laparoscopic cholecystectomy. We aimed to assess the use of standardised QoL instruments following laparoscopic cholecystectomy in the current literature.

Method: Using the PRISMA approach, 231 records with 4706 references were identified using MEDLINE between 1990-2015. Inclusion criteria were full English language studies utilising standardised QoL methods in patients undergoing laparoscopic cholecystectomy. Studies using pain-assessment tools alone were excluded.

Result: Fifty-two studies using 14 different QoL tools were included. Most used Gastrointestinal-Quality-of-Life-Index (GIQLI; 38%) or Short-GIQLI (20%). GIQLI and Short-GIQLI were the preferred instruments.

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0387: INADEQUATE STAGING IN OESOPHAGEAL CANCER

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Aim: To investigate if patient morbidity and mortality is influenced by not re-staging following completion of neoadjuvant chemotherapy prior to admission for oesophagectomy.

Method: Retrospective audit reviewing total number of patients referred for oesophageal resection over a 2 year period. Patient demographics, time frame between initial CT scan and admission for surgery, outcome of surgery (numbers of resections, open and close procedures, numbers of early post-operative deaths and numbers of early recurrences). A review of Scottish guidelines for staging of patients with oesophageal cancer was performed to determine if practice in Ninewells Hospital was in line with these guidelines.

Result: 29 patients were referred for oesophageal resection over the study period, 6 females and 23 males with age range 36 to 74 years. Time frame between initial CT and admission for surgery was on average 4 months. 24/29 patients had oesophagectomy, 2/29 had open and close procedures due to disease progression, there were 2 early post-operative deaths and 3 early recurrences (less than 1 year). Practice in Ninewells was in line with national guidelines.

Conclusion: Potential patient harm is occurring by failing to re-stage these patients following completion of neoadjuvant chemotherapy prior to admission for oesophagectomy. There is no justification for not restaging these patients.

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0340: REDUCING RE-ADMISSIONS AFTER LAPAROSCOPIC CHOLECYSTECTOMY – A CLOSED LOOP AUDIT

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Aim: To assess readmission rates following laparoscopic cholecystectomy, and to implement changes to improve our performance against national standards.

Method: Retrospective audit of 30-day readmissions between July-Sept 2014. Data was extracted from local computer systems; re-attending patients had their notes manually reviewed. The initial audit identified post-operative pain as the commonest reason for re-admission; as a result we introduced a peri-operative analgesia protocol (written using national day-surgery guidelines). Re-audit took place between July-Sept 2015.

Result: 110 and 115 laparoscopic cholecystectomies were performed over the initial and re-audit periods, respectively. Readmission rates fell from 10.5% to 4.3% (p=0.06, two-tailed Z-test). Re-admission rates also fell, from 7.3% to 2.6% (p=0.03). Further work will be conducted to determine if practice in Ninewells Hospital was in line with these guidelines.

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