Methods: Between 2000 and 2010 76 patients (median, 72 years) presented with rectal and rectosigmoid cancers. The perioperative mortality rate (PMR), overall (OS) and cancer-specific survival (CSS) and local recurrence (LR) rates were calculated.

Results: Sixty percent presented with Dukes C and D lesions. The PMR was 1.4%. Of the 66 patients that underwent surgical resection, LR was 6% and isolated LR 1.5%. OS was 65% and CSS between 76% and 85% for those treated with curative intent. LR for resected rectal cancers treated with preoperative radiotherapy was 0% compared with 15% for those not pre-treated. Furthermore, 71% of rectal cancers within 10cm of the anal verge received preoperative radiotherapy with LR between 0 and 6%. In comparison, 18% of rectal cancers above 10cm received preoperative radiotherapy with LR between 18 and 35%.

Conclusions: A large proportion of patients present to this service with advanced rectal and rectosigmoid cancers. There is a correlation between preoperative radiotherapy and reduced LR rates with a need to reassess the management of higher rectal cancers in this service.

ABSTRACTS

0389 PRO-INFLAMMATORY STIMULI AND NOT REACTIVE OXYGEN SPECIES REGULATE ADHESION MOLECULE EXPRESSION UPON HUMAN LIVER SINUSOIDAL ENDOTHELIAL CELLS DURING HEPATIC ISCHAEMIA-REPERFUSION INJURY
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Introduction: Cellular adhesion molecule (CAM) expression upon liver sinusoidal endothelial cells (LSEC) mediates the influx of inflammatory cells during the Ischaemia-Reperfusion Injury (IRI) seen after orthotopic liver transplantation (OLT). Pro-inflammatory cytokines such as Tumour Necrosis Factor-alpha (TNFα) influence LSEC CAM expression. Reactive Oxygen Species (ROS) can regulate cell death during OLT, but whether TNFα couples to ROS to increase CAM expression upon LSEC is not known.

Methods: LSEC were isolated from human liver tissue and exposed to an in vitro model of IRI. CAM expression was determined by ELISA, PCR and immuno-fluorescence. ROS production, apoptosis and necrosis were determined by labelling cells with the fluorescent dyes 2’-7’-Dichlorofluorescin, Annexin-V and 7-ADD respectively in a three-colour reporter assay and subjecting cells to FACs analysis.

Results: LSEC express the TNFα receptor TNFR1. TNFα stimulation of LSEC does not increase intracellular ROS accumulation or cell death during IRI. TNFα increases LSEC expression of the CAMs Intracellular Adhesion Molecule-1 (ICAM), Vascular Adhesion Molecule (VCAM) and E-selectin during IRI. This increased CAM expression is dependent upon p38-mediated mobilisation of intracellular CAM stores and an increased rate of mRNA transcription.

Conclusion: TNFα increase CAM expression upon human LSEC during IRI and mediates an increase in the inflammatory cell infiltrate seen after OLT.

0390 OPERATIVE SALVAGE OF RADIOCEPHALIC ARTERIOVENOUS FISTULAS BY FORMATION OF A PROXIMAL NEOANASTOMOSIS
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Objective: We examined the outcomes of radiocephalic arteriovenous fistulas (RCAVFs) salvaged by formation of a neo-anastomosis in the proximal cephalic vein segment (NEO). Design of Study: Patients with a RCAF revised by formation of a NEO were identified from a prospectively maintained database and outcomes retrospectively analysed.

Results: Eighty patients had 81 RCAVs revised by formation of a NEO. Primary patency of the NEO (n = 81) at 12, 24 and 36 months was 78.5%, 68.9% and 54.9%, respectively. Compared to NEOs that were performed on immature RCAVs (n = 50), those performed on mature fistulas (n = 31) exhibited improved patency rates (P = .04). There was no difference in the primary patency of the NEO between those performed for failed (n = 25) and failing (but patent) (n = 56) fistulas (P = .15). There was one case (1.2%) each of bleeding, infection, and steal post-NEO. Four patients (4.9%) required further interventions on their NEOs. Conclusions: Operative salvage of RCAVs by formation of a NEO demonstrates good patency and low complication rates, and can be performed with reasonably good results in patients with either failed or failing (but patent) RCAVs. These patients should not automatically proceed to elbow fistula formation, rather, proximal neo-anastomosis should be considered.

0391 ABSCESSES – FINANCIAL IMPLICATIONS OF DELAY IN SURGERY
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Introduction: Cutaneous abscesses are a common pathology presenting under the auspices of the general surgical on-call take. They commonly require drainage under general anaesthesia. Whilst often a simple procedure they can be superseded on emergency lists by more pressing emergencies which has a huge financial impact.

Methods: All superficial abscesses drained under general anaesthesia from December 2009–December 2010 were included.

Results: A total of 269 patients underwent incision and drainage of an abscess. There were 134 females and 135 male patients. The average age was 38.7 years. Average length of stay was 42 hours. If pre-operative stay was ≤ 24 hours then total length of stay was 34 hours. If pre-operative length of stay was >24 hours then length of stay increased to 79 hours. 47% of surgery was done within the working day (0800–1659) compared to 38% out-of-hours (2000–0759).

Conclusions: Shortening pre-operative length of stay reduces overall length of stay resulting in financial gain. A total saving if stay had been ≤ 24 hours would have been £34,419. At our hospital there was an increase in out-of-hours operating to reduce wait times. Introduction of an “abscess hour” using day-case admission pathways could reduce length of stay.

0392 ON THE DAY CANCELLATIONS WITHIN THE BREAST SURGERY DIRECTORATE
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Introduction: On the day cancellations carry significant consequences for patients, surgical teams and trusts. If a cancellation is made with enough notice, it is possible to reschedule another case.

Method: Breast cases cancelled on the day of surgery over the last 5 years, were identified from coding. Notes were reviewed for 34 patients cancelled due to fitness as a result of lack of information recorded.

Results: 179 on the day cancellations were made within breast surgery, accounting for 18% of the total in general surgery. Main reasons were due to patient fitness (48%), and an operation deemed no longer necessary (24%). Of the 34 cases reviewed, unfitness was due factors relating to the patient (53%), preoperative assessment (32%), primary care (6%), anaesthetic teams (6%) and surgical teams (3%).

Conclusion: Cancellations are important and mostly avoidable. Patient fitness and necessity of an operation are significant causes in breast surgery. Measures to overcome these include using ‘consent clinics’ to confirm existing need for surgery, in advance anaesthetic assessments rather than on the day, and use of a ‘hotline’ to contact patients prior to confirm preoperative preparation and enquiry regarding new significant symptoms which may have adverse outcomes for surgery.

0393 RESEARCHING SURGICAL TRAINING AND EDUCATION – A REVIEW OF PRESENTATIONS AT THE ANNUAL CONGRESSES OF ASGBI
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Aims: We hypothesized that the introduction of modernizing medical careers based surgical training reforms in 2007 would invite more research in this area. The aim of this study was to examine such research presented to annual meetings of ASGBI.