0397: PSYCHOSOCIAL ISSUES FACED BY PATIENTS AFTER CLEFT SURGERY: A STUDY IN A SELECTED HOSPITAL IN KATHMANDU, NEPAL
Alice King 1, University of Leeds, Leeds, UK.
Introduction: Cleft lip and palate can cause adverse psychosocial effects, including social exclusion, negative emotions, and low confidence. Previous research in developing countries has not concentrated on post-surgical experiences. Therefore, it is unclear whether these adverse psychosocial effects continue after repair, or whether repair counteracts negative experiences, increasing psychosocial well-being. Aim: To discover which psychosocial issues are faced by children living in Nepal after cleft surgery.
Methods: A qualitative interview-based study with a sample group of six children and five guardians. Thematic content analysis was used to uncover themes.
Results: Pre-surgical experiences were similar to those in current literature. Expectations were for a future in which the cleft had no effect. Some expectations were met, but some negative effects remained. The post-surgical experiences were mostly positive; children found it easier to join in with social activities and felt happier. Issues remained, such as continued teasing and unhappiness with scar appearance. Participants discussed community education as a method to reduce negative social experiences.
Conclusions: The post-surgical psychosocial experiences of these children are more positive than before repair. However, the results are still not entirely positive and some residual problems remain. Recommendations have been made for further research and changes in practice.

Military surgery

0425: WAR AND PEACE A SURVEY OF CONTINUED PUNISHMENT ATTACKS IN BELFAST 2012-13
Kevin McGarry 1, Duncan Redmill. Royal Victoria Hospital, Belfast, UK.
Introduction: Assessing number of patients treated in the regional trauma centre over 17 months with punishment style gunshot wounds including; method of injury, number of wounds, sites and ongoing care. Assessing the number of patients treated in the first 12 months of this period with punishment style beatings.
Methods: Detailed A&E chart review filtering punishment style attacks - 17 month review for gunshot wounds, 12 month review for suspected punishment beatings.
Results: 39 patients suffered gunshot wounds. 28 (27 male, 1 female) deemed to be punishment style injuries. Mean age 26 (range 15-68), 21 patients required admission, 25% required orthopaedic intervention, 21% deemed to be punishment beatings.
Conclusions: Despite the 1998 Good Friday Agreement vigilante style punishment attacks continue to significantly impact upon local health care resources in N. Ireland. This survey will act as a platform for further research. Punishment shootings are now actually occurring at a higher rate than immediately post peace (1). By calculating morbidity expenditure at a later date, direct cost comparison to the P.C. Nolan study (2000) will be made.

1228: STABILITY OF EXTERNAL FIXATORS IN MANAGEMENT OF COMPLEX LOWER LIMB FRACTURES: A BIOMECHANICAL STUDY
Sush Ramakrishna 1, Colin Lupton 1, Chris Hand 1, Ian Pallister 2, Sarah Stapley 1, 1Queen Alexandra Hospital, Portsmouth, UK; 2Morrison Hospital, Swansea, UK.
Introduction: The technique of external fixation in the management of long bone injuries has long been recognised in both military and civilian settings. Of utmost importance is the stability achieved when utilising simple, multiplanar devices which are light weight for ease of carrying and setting. Of upmost importance is the stability achieved when utilising Hoffman II constructs.
Methods: A randomised selection of surgical procedures was chosen over a two-week period in one DGH. The number of checks performed and length of stop moment were secretly recorded.
Results: 20 procedures were observed, performed by different surgeons, anaesthetists and theatre staff. 65% of cases did not have the full ‘core team’ present for the stop moment – the anaesthetist being the most frequent absentee. Length of stop moment ranged from 0-122 seconds with a mean of 33.4 seconds. Zero cases completed all 17 checks, the worst offender performing 7/17. One third of cases started skin preparation before the end of the stop moment. Only 10% conducted a sign out formally.
Conclusions: This demonstrates significant lack of proper use of the Checklist, potentially leading to increased rates of post-operative complications and mortality. Performed correctly, it should take 2-3 minutes. Formal training should be administered to all staff overseeing its implementation.

0112: TEMPORAL ARTERY BIOPSY: DO THEY MAKE THE CUT?
A.E.L. McMurrain, S.J. Boom. University Hospital Ayr, Scotland, UK.
Introduction: The British Society for Rheumatology 2010 Giant Cell Arteritis (GCA) Guideline endorses Temporal Artery Biopsy (TAB) as the only specific diagnostic test for this condition. Furthermore, they state that biopsies should be no less than 1cm, and ideally more than 2cm in length, as this influences the likelihood of biopsy positivity. This audit investigates whether TABs carried out in our hospital met these guidelines.
Methods: The histopathology reports for all TABs between January 2011 and June 2013 were examined. Data on biopsy length and histological diagnosis was collated.
Results: 56 TABs showed a range of lengths from 0.5cm to 3.1cm, with a mean of 1.4cm. 37 biopsies were >1cm (66.1%) and 13 were <2cm (23.2%). 19 TABs (33.9%) did not meet the standard. Additionally; 7 biopsies showed features of GCA, 6 of these (85.7%) measured >1cm.
Conclusions: This audit shows we do not meet the stated guidelines. Furthermore, TABs measuring >1cm are more common in the small group of positive results. This validates the minimum recommended biopsy length and displays the importance of adhering to this standard. We suggest changes intended to increase the number of biopsies meeting these guidelines, and thereby increase the likelihood of accurate results.

0182: HOW DO SURGICAL SPECIALTIES COMPARE TO PHYSICIANS WHEN QUESTIONED ON THE INVESTIGATION AND MANAGEMENT OF VENOUS THROMBOEMBOLISM?
Tom Evans, University Of Oxford, Oxford, UK.
Introduction: To compare clinical knowledge of surgical and medical specialties in the appropriate investigation of suspected acute pulmonary embolism (PE) and the role that Inferior Vena Cava (IVC) filters play in management of the condition. Comparing the results with the 2003 British Thoracic Society (BTS) and 2008 British Journal of Haematology (BJH) guidelines as a national reference standard.
Methods: A clinical questionnaire was produced based on the BTS guidelines. Two hundred and seventy seven participants completed the questionnaire within three NHS Trusts. The level of experience amongst participants ranged from foundation year doctors to consultants physicians.