service. The hot clinic is a consultant / associate specialist run clinic where GP referrals are evaluated.
Methods: A comparative retrospective review was undertaken before and after starting the hot clinic. Data regarding 79 patients reviewed in the hot clinic (HC) group over a 3-month period were compared to a similar number of patients seen routinely, 'non hot clinic' (NHC) group.
Results: There was a significant reduction in the waiting time to be seen by a doctor ($p < 0.0001$), time duration from presentation to getting blood results (HC= 95 minutes vs NHC=177.5 minutes, $p < 0.0001$) and US reports (HC=135 minutes vs NHC=1290 minutes, $p = 0.0019$) in the hot clinic group. 44.3% of patients in the HC group required admission whereas 82.3% in the NHC group were admitted to hospital (HC: n=35 vs NHC: n=65, $p = 0.0001$). Similar number of patients required surgical intervention in either group and there were very few readmissions in both groups.
Conclusions: The hot clinic is cost effective and improves the efficiency of delivering emergency surgical care.

0372 **THE INCIDENCE AND NATURAL HISTORY OF SCAR SENSITIVITY FOLLOWING HALLUX VALGUS SURGERY; ADDRESSING PATIENTS' CONCERNS**
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Introduction: Patients often report scar pain following forefoot surgery. However there is neither published material, nor are the effects quantified. This pilot study looks at the incidence and natural history of scar pain following hallux valgus surgery.
Methods: Patients who had hallux valgus surgery with a minimum follow up of 12 months were contacted with a questionnaire. Operation notes were reviewed to ensure standard operative procedure.
Results: 125 patients were contacted, response rate was 84%. 30% of patients had experienced scar sensitivity following surgery. Of these, 60% had undertaken non-surgical intervention. The mean duration of symptoms was 16 weeks, and 5% of patients still had minor ongoing scar symptoms. 100% of patients would opt to have the surgery again. The mean symptom severity score was 3 out of 10. Roles and Maudsley score ranged from 1 to 2.
Conclusions: Scar sensitivity is a recognised complication of forefoot surgery. A third of patients experience scar symptoms. Most were mild, did not affect function, almost always resolved with simple measures, and all patients would have surgery again. The results can be used to forewarn patients, address their concerns and give more accurate information as part of the consent and education process.

0375 **LAPAROSCOPIC SURGERY AND A SIMPLIFIED RAPID RECOVERY PROGRAMME (RRP) IS THE KEY TO EARLY DISCHARGE AFTER COLORECTAL RESECTIONS**
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Introduction: In 08/2006, we established a Rapid Recovery Programme (RRP) for laparoscopic (LCR) and open colorectal resections (OCR) encompassing patients and staff education regarding early mobilisation, feeding and discharge. No extra funding, high caloric drinks or advanced anaesthetic techniques are utilised, compared to the Enhanced Recovery Programme.
Aim: To assess the efficacy of basic RRP on median ward stay after LCR or OCR.
Methods: A prospectively maintained database was used to analyse data on patients undergoing LCR and OCR over 9 years (2001-10). The number of patients undergoing colorectal resections and their median hospital stay were compared before and after introduction of RRP.
Results: Single surgeon's experience including 151 LCR & 202 OCR. Age, sex, co-morbidities & previous surgery were comparable. In the first 18 months of RRP, median ward stay fell from 11-8 days for OCR but, remained at 6 days for LCR. However, over the next 36 months as the rate of LCR increased (37%-80%), median stay decreased to 3 days for LCR, but remained at 8 days for OCR. Readmission rates for LCR before and after RRP was 6.25% & 3.4% respectively.
Conclusion: Volume of LCR and emphasis on educating patients & staff may be more important than a fully funded ERP.

0378 **INTERNAL HERNIATION AFTER LAPAROSCOPIC LEFT HEMICOLECTOMY: AN UNDER-REPORTED EVENT**
Peter Mekhail, Avanish Saklani, Nader Naguib, Ashraf Masoud. *Prince Charles Hospital, Merthyr Tydfil, UK*

Introduction: Post left hemicolectomy, the neo-splenic flexure lies below and to the right of the DJ flexure leading to small bowel herniation behind the colo-colonic anastomosis Unlike laparoscopic surgery, open colonic resection creates adhesions in the mobilised planes, reducing the incidence of internal herniation. Symptomatic internal herniation is under-reported in the literature(9 cases). S trabaldo et al. found 5/436(1.14%) of left hemicolectomies with this complication.
Aim: Assess the incidence of small bowel obstruction secondary to internal herniation after laparoscopic left hemicolectomy.
Methods: All patients who underwent laparoscopic left hemicolectomy were identified from a prospectively maintained database. Patients who subsequently developed small bowel obstruction+/- surgical intervention were identified. Case notes were reviewed. Fischer's exact test was used for statistical analysis.
Results: 8/158 of our laparoscopic resections underwent left hemicolectomy between 2002&2010, 4 patients(50%) were re-admitted with small bowel obstruction. Two of them required surgical intervention (one small bowel resection and one small bowel decompression). Of the other 150 resection, 2 patients were admitted with small bowel obstruction, one of them required surgery. $p<0.0001$.
Conclusions: Laparoscopic left hemicolectomy carries a higher risk of internal herniation. A way of preventing internal herniation is to make the colo-colonic anastomosis through the small bowel mesentery.

0382 **CLINICAL SUCCESS OF HYBRID SURGICAL AND ENDOVASCULAR THERAPY IN MULTI-FOCAL PERIPHERAL ARTERIAL LESIONS – TWO YEAR OUTCOME STUDY**
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Objectives: We describe our 3 year experience of hybrid surgical and endovascular procedures in the management of multifocal peripheral arterial disease (PAD).
Method: From 2007 to 2010, 15 patients underwent hybrid procedures. Surgical intervention involved common femoral endarterctomy with PTFE or Vein patch augmented with stenting of common or external iliac, superficial femoral and politeal arteries individually or in combination. Patients were assessed clinically for symptomatic improvement at 12 and 24 months. Data was collected on technical success, clinical success; primary and primary assisted patency and limb salvage rates.
Results: Indications for surgery were claudication in 100% (n-15), rest pain in 38% (n-6) and ulcers in 25% (n-4). Eighty percent (n-12) of lower limbs had successful hybrid procedures. The average claudication distance improved from 30 to 300 yards ($P<0.05$) with 67% (7/12) of patients reporting no intermittent claudication. Rest pain and ulceration resolved in all patients. The primary patency rates were 100% (n-12) at 12 months and 92% (n-11) at 24 months. The primary assisted patencies were 100% (n-12) at 24 months. There were no limb losses.
Conclusions: Endovascular therapy in adjunct to common femoral endarterectomy provides a less invasive yet effective option in the management of multifocal PAD in selected patients.

0385 **ONCOLOGICAL OUTCOMES IN RECTAL AND RECTOSIGMOID CANCERS IN REGIONAL AUSTRALIA**
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Aims: This study will review the oncological outcomes for rectal and rectosigmoid cancer patients in an Australian regional surgeon's private practice over ten years.

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 pretreated. 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.

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 dye 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 RCAVF revised by formation of a NEO were identified from a prospectively maintained database and outcomes retrospectively analysed.
Results: Eighty patients had 81 RCAVFs 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 RCAVFs (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 RCAVFs 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) RCAVFs. 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 $\leq$ 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 $\leq$ 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.