

However, moving the diagnostic cut off to a more stringent EF<5% resulted in fewer patients re-presenting with pain (13% v 40%,  $p=0.055$ , Chi squared). Histology demonstrated abnormal pathological changes in all examined specimens (cholecystitis or cholesterosis).

**Conclusion:** Despite cholecystectomy, a proportion of DG patients will re-present with pain. More stringent cut-off values for defining gallbladder dysfunction may improve outcomes. In DG pathological changes within the gallbladder are common, suggesting DG is not a purely functional entity.

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### 1083: EARLY POST-OPERATIVE ACUTE KIDNEY INJURY AFTER OESOPHAGO-GASTRIC RESECTION PREDICTS MAJOR MORBIDITY

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**Aim:** To define the incidence and determine the consequences of post-operative Acute Kidney Injury (AKI) following major oesophago-gastric (OG) resection in a regional unit

**Method:** The NICE guideline definition of AKI was used. Patient information was obtained from analysis of a prospectively maintained database. Patient undergoing resection over a 2 year period were included. Complications were classified according to the Clavian Dindo system.

**Result:** There were 218 patients included with mean age of 66 years (range 25–90) and a male preponderance (68% male; 32% female). Patients undergoing gastrectomy tended to be older than those undergoing oesophagectomy; mean age 69 years (range 32–90) compared with 63 years (range 25–84). AKI incidence post resection was 24.3% (53/218). The rate was higher in patients undergoing oesophagectomy compared with gastrectomy (39/105; 37.1% vs 14/113; 12.4%; Chi Squared 18.8  $P<0.005$ ). Occurrence of AKI predicted complications of Clavian Dindo grade 3 or above (Gastrectomy 5/14 CD3(+), 9/99 CD3(-)  $P<0.05$ ; Oesophagectomy 20/32 CD3(+), 12/68 CD3(-)  $p<0.005$ , Chi squared test)

**Conclusion:** AKI post OG resection is common and strongly associated with post-operative morbidity. Oesophagectomy is associated with AKI in more than a third of cases. Whether strategies to prevent AKI in OG patients reduces overall morbidity warrants further study.

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### 1115: DIARRHOEA AFTER LAPAROSCOPIC CHOLECYSTECTOMY: CURRENT CONSENTING PRACTICE INAPPROPRIATE

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**Aim:** New-onset post-operative diarrhoea is a significant problem and is reported in the literature in up to 30% of patients undergoing laparoscopic cholecystectomy. However, the majority of patients are not informed of this complication pre-operatively. We aim to look at current consenting practice for laparoscopic cholecystectomy in our unit.

**Method:** Retrospective analysis of prospectively maintained consent forms of patients undergoing laparoscopic cholecystectomy in a single unit from February to August 2015. We analysed data on the consenting doctor and whether this complication was mentioned.

**Result:** 74 patients underwent laparoscopic cholecystectomy under 8 different consultants. 14 patients (18.9) were consented by non-consultants (registrars and SHO's) and the remaining 58 (81.1%) were consented by consultants. 22 patients (29.7%) were consented for post-operative diarrhoea. Of these, 20 (90.9%) were consented by a single consultant. 52 patients (70.3%) were not consented. 6 of 8 consultants did not consent any of their patients for this complication.

**Conclusion:** Our study shows that the majority of patients are not being consented for post-operative diarrhoea which is against good surgical practice and can be a cause of litigation in the future. This should be rectified by following good consenting practice protocol and surgeon's education.

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### 1127: FRAGILITIES OF BARIATRIC HEALTH TOURISM IN AN ENVIRONMENT DEVOID OF A FORMAL BARIATRIC SERVICE

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**Introduction:** The 2014 The National Bariatric Surgical Register (NBSR) reported a significant increase in the uptake of Bariatric surgery around the UK with 76.2% of the procedures performed funded by the National Health Service. In Northern Ireland (NI), there is no bariatric service. Consequently, obese patients are lured abroad with high expectation and little knowledge of the inherent risks.

**Aim:** With no accurate means of measuring the incidence of 'Bariatric Health Tourism' from NI, we used a surrogate measure to indirectly reflect the magnitude of this practice.

**Method:** Patients undergoing surgical salvage [SS] following index bariatric surgery [IS] elsewhere were sourced from the Theatre Management System 1/1/10-31/12/14. The demographic and outcomes of SS were reviewed.

**Result:** 46 [45F: 1M] patients underwent 80 salvage surgical procedures, 20 presenting as an emergency. 41/46 had undergone Laparoscopic Adjustable Gastric Band. The mean time from IS to SS was three years. IS produced a significant weight loss in 50% of patients. 17/46 experienced a significant surgical complication of SS. Cumulative length of stay was 326 days [23 in ICU].

**Conclusion:** These data reflect the inherent risks of bariatric health tourism in an environment devoid of a structured service to deal with morbid obesity

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### 1219: 14-YEAR EXPERIENCE OF OESOPHAGECTOMIES FOR CANCER; HOW HAS THE MULTI DISCIPLINARY TEAM CHANGED OUTCOMES?

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**Aim:** There are 8500 new cases of oesophageal cancer in the UK every year, with 13% overall 5-year survival. Oesophagectomy with neoadjuvant chemo-radiotherapy remains the best chance of cure in patients with resectable tumours, but 30-day post-operative mortality is between 3–6.3%. Our aim was to assess the impact the MDT has had on patient selection for operative management and the result on patient outcomes.

**Method:** Data was retrospectively collected from the period 2001–2015 using the electronic patient record. A comparison was made between patients pre and post introduction of the MDT in 2007, these included patient demographics, staging, pre-operative treatment and subsequent operative approach, post-operative mortality and long term survival.

**Result:** A total of 813 patients underwent an oesophagectomy for cancer between 2001–2015. Patient demographics and ASA grades were similar. There was a significant difference in numbers of patients undergoing neoadjuvant chemo-radiotherapy. 30-day mortality was similar but 5-year survival was improved.

**Conclusion:** The introduction of the MDT has contributed to the improvement in 30-day mortality and 5-year survival through improved patient selection. Their role helps to identify patients who on further evaluation are unlikely to have improved survival with operative management and therefore avoids the morbidity associated with this.

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### 1281: MANAGEMENT OF ACUTE CHOLECYSTITIS: A COMPARISON OF OUTCOMES FOLLOWING EMERGENCY CHOLECYSTECTOMY VERSUS MEDICAL MANAGEMENT

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