

Results: 147 completed questionnaires were received. A majority of GPs (59%) but fewer medical (16%) and surgical (27%) trainees reported a favourable portfolio experience. Surgical trainees reported low levels of support and feedback within portfolios but 36% acknowledged its relative usefulness in charting clinical skills. No group considered portfolios to provide an accurate reflection of trainees' knowledge and clinical judgement, although positivity regarding portfolios increased with years of utilisation.

Conclusions: The fact that the portfolio can be used as a log book to chart clinical skills is pertinent in a craft specialty and since surgeons have been using log books in paper form for decades, this may explain their relative acceptance of this aspect of the portfolio. Portfolios require further development as an educational assessment tool. The higher acceptance of portfolios by GP trainees may relate to their use within a closely mentored training environment.

0482 OPEN OR LAPAROSCOPIC APPENDICECTOMY IN A DGH SETTING

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Aim: The value of laparoscopic appendicectomy (LA) over open appendicectomy (OA) is contentious. The aim of this study was to audit the outcomes of the two techniques over a 6 months period in a DGH setting.

Methods: Patients undergoing emergency appendicectomies over a 6 month period in a single institution were audited. Outcomes recorded included demographics, grade of operating surgeon, duration of surgery, complications and postoperative length of stay (PLOS).

Results: Ninety four patients (M:F, 49:45; median age 24 (15–43) years) were recruited. The majority of cases were performed laparoscopically (45 (48%) LA, 32 (34%) OA, and 17 (18%) conversions). Twelve (13%) procedures were performed by consultants, or with a consultant present, of which only 3 (3%) were performed laparoscopically. Median operative time was longer for LA (LA 90 (74–121) min versus OA 65 (49–130) minutes; $p=0.002$). Eleven (12%) patients developed complications. There were no differences in PLOS between LA and OA (respectively 1(1–3) and 2 (1–2) days; $p=0.893$).

Conclusion: Longer operative times and high conversion rates question the value of laparoscopic appendicectomy in a DGH where formal training for this procedure is not always readily available.

0484 IMPROVED CENTRAL LINE MANAGEMENT, FACILITATED BY AUDIT, POTENTIALLY REDUCES LINE SEPSIS

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Aim: Prolonged use of a Central Venous Line (CVL) carries increased infection risk. However, rigorous monitoring of the length of time lines are in situ and documenting the reasons for continued use are not frequently performed. This audit describes a simple intervention and the subsequent improvement in clinical practice.

Method: Two 3-week audit cycles were completed, surveying all patients having CVL placement within a two week period, allowing one week for follow-up. Demographic data, CVL indication, duration and complications were collated. Following one cycle, proformas were placed routinely on patients' observations charts, prompting daily review of CVL indication and complications by medical staff. The cycle was then repeated.

Results: Between cycles 1 and 2, 17 and 19 lines were placed: groups were similar in baseline demographics, operative contamination, emergency/elective status, and CVL indications. Regular re-appraisal of CVL indication/complications increased in both nursing $p=0.037$, and medical notes $p<0.001$ between cycles. Line sepsis reduced after the intervention ($n=3$ cycle 1, $n=0$ cycle 2) $p=0.095$. Median duration of each CVL was 4.5 and 4.0 days respectively.

Conclusion: This intervention has increased awareness of staff, significantly improving documentation, with a concordant reduction in line related sepsis over the study period.

0485 LAPAROSCOPIC COLORECTAL SURGERY – INITIAL EXPERIENCE IN A SMALL UK DISTRICT GENERAL HOSPITAL

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Aim: To assess the safety and efficacy of laparoscopic-assisted colorectal surgery in a small District General Hospital (DGH).

Methods: A retrospective case note review of all patients undergoing laparoscopic colorectal resection (benign and malignant conditions), between Dec 07– Feb 2010, in a single unit, was performed.

Results: All procedures were performed by one operator (DM), at the initial part of the learning curve. Forty patients, age range 42–92 yrs, underwent colorectal resection. Operations included, 11 right hemicolectomies, 21 left sided/anterior resections, 2 APR, 2 panproctocolectomies and 4 rectopexys. Malignancy resection was performed on 26 patients. Conversion to open surgery was 37.5%, 12.5% being due to adhesions. Mean length of procedure– 3.5 hours. There was 1 anastomotic leak, ultimately dying, mortality rate 2.5%. Median hospital stay was 9 days. 1 patient had a positive CRM. Median lymph node harvest– 12.

Conclusion: There is a paucity of reports in the UK assessing the safety and efficacy of laparoscopic colorectal surgery in DGHs. Our study, from a small DGH, shows laparoscopic colorectal surgery to be safe, with acceptable outcomes in terms of morbidity, mortality and oncologically. This study, (detailing initial outcomes) is in keeping with the results from the UK CLASICC trial.

0486 FIFTY-ONE INGUINAL HERNIAE REPAIRED UNDER LOCAL ANAESTHETIC WITH EXCELLENT SATISFACTION RATINGS AND LOW PAIN SCORES

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Aim: To determine acceptability and feasibility of delivering a day surgery local anaesthetic hernia repair (LAHR) service.

Methods: Prospective data was collected following patient counselling, preoperative priming in an outpatient setting, and LAHR in day surgery using a LA 'cocktail' solution allowing a maximum of 106mls per person. Age, sex, BMI, surgeon (consultant or trainee), length of procedure, volume of LA required, Visual Analogue Scores (VAS) of patient satisfaction and pain experience using 10cm line scored out of 100, and finally patient choice were recorded.

Results: Of 51 patients mean age was 64.5years (32–92), M:F ratio 46:5, mean BMI 24.7(19–32), duration of procedure 54.6mins(23–100), and mean volume of LA solution used was 42.9ml(14–84). Patient satisfaction scored mean 95/100, median 96/100 (range 71–100/100). Pain score mean 20/100 and median 16/100 (2–60/100). At the end of LAHR, patients were asked their choice for hernia repair, 45(88.2%) chose LA while 6(11.8%) opted for GA. Comparison of trainee ($n=32$) versus consultants ($n=19$) revealed higher pain scores of 26.3 in the consultant group vs 16.2/100. The 6 patients who chose GA as preference had pain scores of 44.0 vs 16.7/100 of the LA group.

Conclusions: LAHR has been successful with high satisfaction ratings and low pain scores.

0487 COLONOSCOPY ASSISTED LAPAROSCOPIC RESECTION OF CAECAL POLYPS

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Background: Colonic polyps are a frequently occurring pathology and as there is abundant evidence that virtually all colorectal carcinomas begin as adenomatous polyps, early resection is recommended prior to progression to carcinoma. There has been debate about the endoscopic versus surgical management of those adenomatous polyps which are larger than 15 mm in diameter, are flat and extended or difficult to see as endoscopic resection carries with it a risk of perforation. Traditional surgical management may

involve a more extensive resection than perhaps is necessary for the type of polyp.

Aim and Method: We propose a novel technique of laparoscopic resection of benign caecal polyps using colonoscopy to assist and guide to the location of the polyp and then use laparoscopic stapling devices to locally resect the area of caecum containing the polyp. This is minimally invasive to the patient and they can be discharged the following day.

Results: Our series of 3 patients so far have all had a complete resection proven on histology and have recovered well with no complications.

0489 DOES PREOPERATIVE LOCALISATION FOR TOTAL PARATHYROIDECTOMY IN PATIENTS WITH RENAL FAILURE IMPROVE OUTCOME?

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Background: Secondary hyperparathyroidism is a common complication of established renal failure (ERF). The aims of this study were to determine patient and operative characteristics which might predict persistent or recurrent hyperparathyroidism after surgery. To assess the influence of pre-operative imaging on the ability to locate and remove parathyroid glands during both the initial and repeat surgery.

Methods: A retrospective study of all chronic kidney disease patients requiring a total parathyroidectomy because of failed medical management from 1st January 1999 to 31st December 2008. Patient characteristics, preoperative imaging, medical treatment, operative findings, histology and patient outcome were all studied.

Results: 75 patients underwent total parathyroidectomy during this period were followed up for an average of 44.5 months. 61 (81%) had removal of all parathyroid glands with associated fall in parathyroid hormone level. Pre operative imaging was used in 15 patients (20%) and found to be unhelpful in directing surgery in 12 of 15 (80%) cases. Four patients underwent repeat parathyroid surgery for recurrent/persistent RHPT with pre operative imaging used in two cases.

Conclusion: A high success rate can be achieved without pre-operative imaging and is therefore not indicated prior to the first parathyroidectomy operation.

0490 OESOPHAGECTOMIES CAN BE MANAGED WITHOUT ROUTINE HDU OR ITU ADMISSION

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Introduction: Traditionally patients are admitted to ITU or HDU as part of routine post Oesophagectomy care. Demand for critical care beds remains unpredictable and often exceeds supply. The 2010/2011 winter surge in swine flu has increased demand for critical care and national media has reported cases of elective surgery cancelled due to a shortage of critical care beds.

Aim: To review practices at Derriford Hospital, Plymouth where oesophagectomies are routinely managed on a dedicated upper GI surgery ward.

Method: Data from 71 consecutive Oesophagectomies, (performed 1st January 2008 - 31st December 2009) was collected retrospectively using case notes and electronic records.

Results: 71 Oesophagectomies were performed (male: female ratio 4.1:1). 54 Patients were transferred directly from theatre recovery to the upper GI surgery ward (76%), 17 went directly to HDU or ITU (24%). There was no statistically significant difference in age or tumour stage between ward managed and critical care groups. There was no statistically significant difference in total post-operative length of stay. Overall in-patient and 30 day mortality were both 2.8%.

Conclusion: The majority of oesophagectomies can be managed without routine critical care with no increase in in-patient or 30 day mortality compared to national oesophago-gastric cancer audit data.

0493 ASSOCIATION BETWEEN PATENT FORAMEN OVALE & ACUTE SUPERIOR MESENTERIC ARTERY OCCLUSION: IMPLICATIONS FOR INTESTINAL TRANSPLANTATION

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Background: Acute vascular catastrophe of the mid gut resulting in intestinal failure is a common diagnosis in adult patients presenting for intestinal transplantation. Acute occlusion of the superior mesenteric artery (SMA) is associated with arterial embolic events secondary to atrial fibrillation, valvular defects and thrombophilia. Patent Foramen Ovale (PFO) may present with acute embolic events i.e. cryptogenic stroke. Association of PFO with acute SMA occlusion has not been previously reported.

Method: From 06/2008-11/2010, 17 patients were listed for intestinal transplantation at Oxford Transplant Centre. Patients listed due to acute SMA occlusion underwent thrombophilia screening and bubble contrast echocardiography in addition to transthoracic echocardiography. Detectable PFOs were closed with transcatheter transluminal prostheses.

Results: 35% (n=6) suffered acute SMA occlusion. Within this cohort, 50% (n=3) had PFOs. 33% (n=2) demonstrated thrombophilia. 75% (n=3) with SMA occlusion without thrombophilia, had PFOs.

Conclusion: There is an association between PFO and acute SMA occlusion in potential intestinal transplant recipients. 75% with acute SMA occlusion and no other embolic aetiology had PFOs, compared to probe patency incidences of 15-35% reported in the general population. This study identifies treatable pathology which could result in further embolic events post-transplantation. During preoperative assessment we recommend investigating for PFOs, so to close defects pre-transplantation.

0494 DO WE CONSENT OUR PATIENTS UNDERGOING ABDOMINAL SURGERY FOR THE RISK OF DEVELOPING POST-OPERATIVE ADHESIONS?

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Aim: Laparotomy is associated with many postoperative risks including adhesions which should be included on the consent for the surgery. Aim of our study was to review the consent forms, taken from patients undergoing laparotomy, for the record of risks of postoperative adhesions related to surgery.

Method: Data was collected prospectively including all admissions for laparotomy, between February-August 2010, at the district general hospital. Consent forms were analysed for patient demographics, the grade of the consenting doctor and record of the adhesions among the post operative risks.

Results: One hundred fourteen patients underwent laparotomy, median age was 68.5 years (range: 17-91), 64 were females. In 54 cases operation was scheduled as elective. Thirty two patients (28%) had previous laparotomy or intra-abdominal surgery. Adhesions were documented in two (1.7%) cases by Consultant Surgeons only. Core Surgical (n=18) and Higher Surgical Trainees (n=79) consented remaining patients, however none of them included adhesions as a post operative risk.

Conclusion: This study highlighted deficiencies in current consent practice which is a complex medico-legal process. Consent is required to provide patients with accurate information regarding surgery and should include risk of the postoperative adhesions. To improve the process of consenting more training should be delivered for surgical trainees.

0498 PERCEPTION AND PRACTICE OF JUNIOR SURGEONS REGARDING SMOKING CESSATION IN THE SURGICAL PATIENTS

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Aims: Smoking is a well known risk factor in development of various medical and surgical conditions, costing the National Health Service approximately 1.5 billion pounds a year. Doctors' advice has been considered vital in promoting smoking cessation. The aim of this study was