

multiple organ dysfunction syndrome (MODS), systematic inflammatory response syndrome (SIRS), sepsis, fat embolism, morbidity and mortality in patients admitted with poly-trauma.

**Method:** CENTRAL, MEDLINE 1950 – present, EMBASE 1980 – 2015 and AMED (1985 to 2015) were searched for the relevant papers. Studies written in English language, which compared the timing effect of the orthopaedic intervention (Early vs. Delayed), on the aforementioned complications in patients with poly-trauma, were included.

**Result:** 7 studies met the inclusion criteria encompassing a total of 3,461 participants. 2 studies advocated early intervention compared to 5 studies supporting the use of damage control orthopaedics and delaying the timing of surgery for > 24 hrs (Delayed intervention). The complication rates varied across the studies for each intervention category. Nevertheless, the mortality rate was higher with the delayed intervention in 6 of the 7 studies.

**Conclusion:** It appears that delaying the definitive orthopaedic surgical intervention is the more popular choice due to the reduced complication rates, compared to early interventions. Nevertheless, our findings cannot validate such approach, as the appropriate intervention could be case dependent.

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### 1237: TRENDS IN DISCHARGE LOCATIONS FOR PATIENTS POST HIP FRACTURES: A 10 YEAR EXPERIENCE FROM AN IRISH TRAUMA CENTRE

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**Introduction:** With the introduction of the Irish governments Nursing Home Support Scheme in 2009 we set out to assess if there has been a decrease in patients being discharged to nursing homes after hip fractures and compare our rates with national rates.

**Aim:** Assess trends in discharge destination for all hip fractures over a 10 year period.

**Method:** Data acquisition from hospital registry for all hip fractures presenting to our institution from 2005–2015 and from the National Hip Fracture Database from 2013. Patients were categorised by age, sex, pre-admission location and length of inpatient stay. Annual rates of patient being discharge to nursing homes was accumulated and comparison made with national rates.

**Result:** A total of 4,395 patients were admitted with or who subsequently developed a hip fracture, from January 2005 until September 2015. 1019 were discharged to nursing homes and long stay facilities. Annual figures show that there has been a decline in patients being transferred to long term care facilities.

**Conclusion:** Since inception of Nursing Home Support Scheme, there are annually, fewer patients transferring to nursing home care. Future projections should further invest in rehabilitation and home support services for patients.

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### 1262: INAPPROPRIATE MEASUREMENT OF POSTOPERATIVE C-REACTIVE PROTEIN IN TRAUMA AND ORTHOPAEDIC SURGERY: A QUALITY IMPROVEMENT PROJECT

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**Aim:** Measurement of early postoperative CRP is inappropriate where infection is not suspected. This quality improvement project aimed to reduce the cost of inappropriate early postoperative CRP testing at a busy major trauma centre.

**Method:** Retrospective audit. All adult general trauma patients, and elective patients undergoing hip or knee primary arthroplasty in May 2015 were included. Hand and foot surgery, and patients with a pre-operative

leucocytosis were excluded. CRP was collected at three time points; post-operative days 1,2 and 3.

**Result:** 65 elective and 122 trauma patients were included (mean age=64.8y, range=18-98). CRP was measured in 90 (48%) postoperative patients; 24 (37%) elective cases and 66 (54%) trauma cases. A total of 118 tests were requested between postoperative days 1 and 3. Only 24 of the 90 patients tested had >1 CRP to monitor a trend. At a cost of £3.29 per test, our department spends £388/month or £4658/year on inappropriate testing. Extrapolated to the Welsh deanery, there is a cost-saving potential of £160,205 in elective, and over £300,000 in trauma settings.

**Conclusion:** Early postoperative CRP testing is common, and may mislead clinical judgement. Avoiding inappropriate postoperative CRP testing in general trauma patients has a small, but significant economic benefit.

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### 1327: CRITIQUING OPERATIVE FRACTURE FIXATION: THE DEVELOPMENT OF AN ASSESSMENT TOOL

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**Introduction:** A tool for formally assessing operative fracture fixation would provide a framework for orthopaedic surgeons to plan procedures, enable feedback on the technical aspects of surgery to be provided and thereby assist in development and training. It could also be used remotely to allow distant mentoring. The aim of this work was to develop a tool and undertake reliability and validity assessments.

**Method:** The developed tool comprises of 4 questions which reflect AO principles (pertaining fracture reduction, stability, implants used and overall surgical impression). Ten orthopaedic consultants were selected as reviewers and completed the assessment of 20 cases using an online webpage. Inter-observer reliability and content validity were assessed by accepted means.

**Result:** Average measure inter-class correlation coefficients ranged from 0.91–0.92. A Cronbach's Alpha of 0.97 indicated excellent internal consistency. A content validity ratio of 0.65 indicated the expert reviews considered the tool valid.

**Discussion:** The results of this initial work are promising. Further evaluation will assess intra-assessor reliability. A smartphone application will be developed to enable the tool to be introduced for use in Africa as part of the AO Alliance Foundation with the aim of assisting in surgeon training.

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### 1351: A REVIEW OF FUNCTIONAL OUTCOMES AND UNION RATES IN PATIENTS WITH LATERAL CLAVICULAR FRACTURES TREATED WITH HOOK PLATE FIXATION

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**Introduction:** Clavicular hook plates have been used over the last decade in the treatment of lateral clavicular fractures with good rates of union reported throughout the literature. Fewer studies have reported the functional outcome. We aimed to review the functional outcomes.

**Method:** 21 patients were included with Neer II & III fractures treated with hook plates between March 2010 and February 2015. Patients were followed up post plate removal and evaluated clinically using the Oxford Shoulder Score. Their post plate radiographs were assessed by an independent radiologist and bony union documented.

**Result:** Mean age was 40 (range 14–63) with a male: female ratio of 17: 4. Mean follow up was 5 months post injury (1–26). The hook plate remained for a mean time of 4.3 months (2–16). One patient developed a post-operative wound infection treated with antibiotics, 2 patients developed adhesive capsulitis, one patient had not achieved bony union prior to hook plate removal at 16 months, two patients required revision. All patients

achieved bony union eventually with good alignment. Oxford Shoulder Scores indicated good shoulder function with a mean score of 41.5.

**Conclusion:** Our data would support the use of hook plates in the treatment of lateral clavicular fractures.

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## Upper-gastrointestinal surgery

### 0045: BILATERAL THORACOSCOPIC SPLANCHNOTOMY: A SIMPLE TOOL TO ALLEVIATE PAIN IN CHRONIC PANCREATIC DISEASE

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**Aim:** Chronic intractable pain is a common problem in severe pancreatic disease. Bilateral thoracoscopic splanchnotomy (BTS), a thoracoscopic neurotomy of the splanchnic nerves, is very rarely performed, yet may provide significant pain relief in these patients. We describe our experience of a highly simple and effective technique of BTS, with reference to original intra-operative photographs and anatomical images.

**Method:** Five patients underwent thoracoscopic splanchnotomy (four bilateral) in our institution over 10 years (mean age: 51 years). All were dependent on opioid analgesia. Our minimally invasive strategy involves prone positioning and two thoracoscopic ports for each hemithorax, permitting easy exposure and simple dissection of the greater and lesser splanchnic nerves.

**Result:** All four patients undergoing BTS reported marked improvement in pain control, with a reduction in opioid requirements that lasted until death in the two patients with pancreatic cancer, and for approximately 12 months in those with chronic pancreatitis (median follow-up: 18 months). There were no postoperative complications.

**Conclusion:** BTS is an effective intervention in carefully selected patients with a life expectancy of at least six months. We present a safe, simple and minimally invasive approach, with the potential to reduce opioid dependency and improve quality of life.

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### 0054: DEFINITIVE TREATMENT OF COMMON BILE DUCT STONES WITH ENDOSCOPIC SPHINCTEROTOMY ALONE IN PATIENTS 70 YEARS AND ABOVE: IS IT JUSTIFIED?

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**Context:** Prophylactic Cholecystectomy after ERCP and Sphincterotomy (ES) for CBD stones is recommended. However, in the elderly and unfit, cholecystectomy may be avoided. This is significant with a rising elderly population.

**Aim:** To evaluate the likelihood of developing recurrent biliary complications in those who did not have cholecystectomy after ERCP.

**Methods:** Retrospective cohort consisted of 80 patients 70 years and over with gall bladder stones and concomitant CBD stones who had an index ERCP. The cohort was followed to find how many had cholecystectomy subsequently and how many did not. The incidence of recurrent biliary complications were compared between the two groups for 2 years.

**Result:** 80% of patients who did not have cholecystectomy remained asymptomatic. On the other hand, only 66% who had cholecystectomy remained asymptomatic. The major recurrent complications were cholangitis 40%, cholecystitis in 25% and Biliary colic in 20%. The relative risk for developing recurrent complications in the group who did not have cholecystectomy was RR=0.638, 95% CI (0.3093-1.3159), p 0.2237. Although not significant, there were no increase in complications in those who were treated expectantly.

**Conclusion:** There is no compelling evidence to suggest that it is unsafe to adopt a wait and watch policy.

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### 0153: SYSTEMATIC REVIEW: THE MANAGEMENT OF ACUTE FOOD BOLUS OBSTRUCTION

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**Introduction:** Food bolus is a common encounter in A&E departments. Despite this only 8% of surveyed hospitals have guidance on the management of such presentations.

Most of these patients fail a pharmaceutical intervention in A&E before being referred. This prompted us to improve the management of food bolus obstruction and create local guidelines.

**Method:** Relevant studies (35 papers) were identified and reviewed through a search on OvidSp Medline® and the US National library of Medicine resources in June 2015

**Result:** There is no evidence that pharmaceutical intervention is more effective than conservative management.

56% of patients reported spontaneous resolution of symptoms within 24 hours of conservative treatment. There is weak evidence regarding the effectiveness of using gas forming agents, and have a 3% risk of a mucosal tears and an increased risk of aspiration. Glucagon has an adverse effect on the transit time through the oesophagus and therefore should be avoided. The misconception of using Hyoscine Butylbromide came from a misquoted paper that its author has subsequently disproved.

**Conclusion:** Initial (24 hours) management should be conservative, avoidance of pharmacological agents is advised. If fails then mid-distal obstructions should be managed with flexible oesophagoscopy, and higher obstructions managed with rigid oesophagoscopy.

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### 0193: LAPAROSCOPICALLY ASSISTED PERCUTANEOUS ENDOSCOPIC GASTROSTOMY, A SAFE TECHNIQUE

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**Aim:** Gastrostomy feeding is considered when enteral tube feeding is required for more than 4 weeks. Percutaneous endoscopic gastrostomy (PEG) and Radiologically inserted gastrostomy (RIG) are well-established, safe, minimally invasive techniques. Commonly performed under sedation and local anaesthesia. PEG and RIG are occasionally not technically possible, often where unfavourable patient anatomy prevents safe direct percutaneous gastric puncture. Laparoscopically assisted PEG tube placement has been practiced in our institution as an alternative to open gastrostomy. We aimed to review our practice.

**Method:** A retrospective review of patients undergoing Lap-assisted PEG between 1.1.2013 and 21.8.2015.

**Result:** 9 patients underwent lap-assisted PEG. Mean age 61, range 18-97. Indications included; pharyngeal carcinoma (2), and unsafe swallow due to neurological disease (7); Including Stroke (2), Cerebral Palsy (2), Learning difficulties, (1) Friedrich's ataxia (1) and Schizophrenia with Parkinson's Disease (1). All patients underwent safe PEG insertion with no post-operative complications. Patients with malignant disease underwent gastrostomy via an introducer technique whereas those with neurological disease underwent pull through technique.

**Conclusion:** Lap-assisted PEG is a safe and reliable technique for establishing enteral tube feeding. Care pathways are needed for patients to access this procedure when conventional PEG or RIG insertion are not possible.

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### 0251: IS PERIAMPULLARY DIVERTICULUM ASSOCIATED WITH FAILED CBD CANNULATION AND PRE-ERCP LIVER BIOCHEMISTRY?