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**Aim:** Periampullary diverticula (PAD) are frequently encountered in elderly patients undergoing ERCP and are associated with failure of ERCP in previous studies. The relationship of pre-ERCP liver biochemistry with PAD have been poorly examined. Our study aims to examine the relationship between pre-ERCP liver function biochemistry and with failed common bile duct (CBD) cannulations and PAD.

**Method:** Failed CBD cannulations and routine pre-ERCP liver biochemistry [serum bilirubin, alkaline phosphatase (ALP), aspartate transaminase (AST), alanine transaminase (ALT), gamma-glutamyl transferase (GGT), albumin and amylase] from 343 patients were retrospectively analysed. Non-parametric data from pre-ERCP biochemistry was analysed with Wilcoxon rank sum test. Statistical difference between PAD and failed cannulation was compared with Chi-square test.

**Result:** Periampullary diverticula were identified in 174 patients (50.7%). Failed cannulation occurred in 18 patients (10.3%) with diverticula compared to 9 patients (5.3%) without diverticulum (p=0.084). No significant statistical association was observed between the serum bilirubin (p=0.070), ALP (p=0.745), GGT (p=0.087), AST (p=0.426), ALT (p=0.318), albumin (p=0.359) and amylase (p=0.669) in both populations.

**Conclusion:** Common bile duct cannulation was equally successful patients irrespective of whether PAD was present or absent. Pre-ERCP liver biochemistry was a poor predictor of PAD.

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**0340: REDUCING RE-ADMISSIONS AFTER LAPAROSCOPIC CHOLECYSTECTOMY – A CLOSED LOOP AUDIT**

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**Aim:** To assess readmission rates following laparoscopic cholecystectomy, and to implement changes to improve our performance against national standards.

**Method:** Retrospective audit of 30-day readmissions between July-Sept 2014. Data was extracted from local computer systems; re-attending patients were examined. The initial audit identified post-operative pain as the commonest reason for readmission. As a result we introduced a peri-operative analgesia protocol (written using national day-surgery guidelines). Re-audit took place between July-Sept 2015.

**Result:** 110 and 115 laparoscopic cholecystectomies were performed over the initial and re-audit periods, respectively. Re-admission rates fell from 10.5% to 4.3% (p=0.06, two-tailed Z-test); Re-admission rates also fell, from 7.3% to 2.6% (p=0.10), and now compare favourably with the national standard of 5%.

In the initial audit, 7 of the 9 patients re-attending with post-operative pain had normal investigations (blood tests, ultrasound). Following intervention, re-attendance due to post-operative pain fell from 8.2% to 1.7% (p=0.03).

**Conclusion:** Introduction of a peri-operative analgesia protocol reduced re-admissions (7.3% vs. 2.6%, p=0.10), and significantly reduced re-attendance due to post-operative pain (8.2% vs. 1.7%, p=0.03). Further work will assess whether similar strategies could reduce re-admissions following other common day-case operations.

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**0387: INADEQUATE STAGING IN OESOPHAGEAL CANCER**

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**Aim:** To investigate if patient morbidity and mortality is influenced by not re-staging following completion of neoadjuvant chemotherapy prior to admission for oesophagectomy

**Method:** Retrospective audit reviewing total number of patients referred for oesophageal resection over a 2year period. Patient demographics, time frame between initial CT scan and admission for surgery, outcome of surgery (numbers of resections, open and close procedures, numbers of early post-operative deaths and numbers of early recurrences). A review of Scottish guidelines for staging of patients with oesophageal cancer was performed to determine if practice in Ninewells Hospital was in line with these guidelines.

**Result:** 29 patients were referred for oesophageal resection over the study period, 6 females and 23 males with age range 36 to 74 years. Time frame between initial CT and admission for surgery was on average 4month. 24/29 patients had oesophagectomy, 2/29 had open and close procedures due to disease progression, there were 2early post-operative deaths and 3early re-occurrences (less than 1 year). Practice in Ninewells was in line with national guidelines.

**Conclusion:** Potential patient harm is occurring by failing to re-stage these patients following completion of neoadjuvant chemotherapy prior to admission for oesophagectomy. There is no justification for not restaging these patients

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**0391: LAPAROSCOPIC ASSISTED GASTRECTOMY IN ELDERLY VERSUS NON-ELDERLY PATIENTS WITH GASTRIC CANCER: A UK CENTER EXPERIENCE**

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**Aim:** The elderly age group (EAG) accounts for more than 50% of gastric cancers (GC) in UK, however, evidence regarding surgical management of GC in this group is sparse. This study was designed to evaluate the outcomes following laparoscopic assisted gastric resections (LAGR) in the EAG.

**Method:** A retrospective review of the prospectively collected database from 2005 to 2015, including all curative LAGR. Age >70 were included in EAG. Length of stay (LOS), anastomotic leaks and in-hospital mortality were observed as primary outcomes. Continuous and categorical variables were analysed using Paired ‘t’ and chi square test respectively.

**Result:** A total of 60 patients were included, of which 39(65%) were included in EAG & 21(35%) in the control group (CG). The outcomes were comparable between the EAG & CG with no statistically significant difference in the median LOS (n=16.6 vs. 16.3; p=0.792), overall surgical complications (n=8(20.5%) vs. 2(4.8%); p=0.469), anastomotic leak (n=5(12.8%) vs. 2(4.8%); p=1.000), non-surgical complications (n=4(10.2%) vs. 2(9.5%); p=0.238) and in-hospital mortality (n=3(7.7%) vs. 0; p=0.54) as well.

**Conclusion:** This study emphasise the fact that, LAGR is safe to be offered to EAG as their outcomes are similar to the younger counterparts.

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**0459: STANDARDISED MEASUREMENT OF QUALITY-OF-LIFE FOLLOWING LAPAROSCOPIC CHOLECYSTECTOMY: A SYSTEMATIC REVIEW**

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**Aim:** Improvements in surgical outcomes following the introduction of laparoscopic cholecystectomy have recently led to increased focus on patient-reported quality-of-life (QoL) outcomes. A variety of QoL instruments exist, however there are no guidelines regarding their use following laparoscopic cholecystectomy. We aimed to assess the use of standardised QoL instruments following laparoscopic cholecystectomy in the current literature.

**Method:** Using the PRISMA approach, 231 records with 4706 references were identified using MEDLINE between 1990-2015. Inclusion criteria were full English language studies utilising standardised QoL methods in patients undergoing laparoscopic cholecystectomy. Studies using pain-assessment tools alone were excluded.

**Result:** Fifty-two studies using 14 different QoL tools were included. Most used Gastrointestinal-Quality-of-Life-Index (GIQLI; 38%) or Short-
Form-36 (38%) questionnaires. Eleven studies (21%) used more than one QoL tool. Whilst all studies measured post-operative QoL, 71% included pre-operative measurements. Post-operative follow-up ranged from 8 hours to 100 months. Twenty-one (40%) studies used disease-specific instruments.

**Conclusion:** Multiple QoL instruments are used following laparoscopic cholecystectomy with no standardisation in study design, instruments, or follow-up. We suggest adopting a single disease-specific instrument such as GIGLI, which has been validated in laparoscopic cholecystectomies, with further standardisation to enable better study comparisons and informed treatment choices by both clinicians and patients.

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**0465: ASSESSING PATIENT KNOWLEDGE OF THE BARIATRIC PROTOCOL PERI-SURGERY**

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**Aim:** To identify whether patients undergoing bariatric procedures are familiar with the peri-operative bariatric protocol. Evidence has shown bariatric outcomes are dependent on patient compliance to the protocol.

**Method:** Data was prospectively collected over 5 months from patients undergoing bariatric procedures using a questionnaire, on the day of surgery or day one post operatively.

**Result:** 50 patients of which 27 had sleeve gastrectomies and 23 had gastric bypass procedures completed the questionnaire with a mean age of 48 years. 24% of patients were non-adherent to their liver shrinking diet, 72% thought NSAIDs could be taken post procedure, only 14% of patients were aware of the correct dietary restrictions. Only 38% of patients were aware of expected weight loss post procedure.

**Conclusion:** A large proportion of patients undergoing bariatric surgery do not have adequate knowledge of the bariatric protocol. This may be a result of patients overloaded with information at clinic and the current information booklet being unclear. Subsequently, service changes were produced with a new information booklet created and a new bariatric application for mobile phones currently being developed. Currently re-auditing interventions and closed loop results will be complete by conference.

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**0485: HYPERBILIRUBINEMIA AND NEUTROPHIL PERCENTAGE AS MARKERS FOR APPENDICITIS: CAN THEY BE USED AS PREDICTIVE VALUES FOR SEVERITY OF APPENDICITIS**


**Aim:** Randomised controlled trials are increasingly showing that conservative management is an appropriate treatment option in patients with non-complicated appendicitis. The aim of this study was to establish whether hyperbilirubinemia and raised neutrophil percentage were predictive parameters in the prediction of inflamed, gangrenous or perforated appendicitis compared with white cell count (WCC), C-reactive protein (CRP), alanine transaminase (ALT) and alkaline phosphatase (ALP).

**Method:** Patients who underwent appendectomy between February 2012 and March 2015 were identified from electronic records. Data regarding demographic details, preoperative blood levels, intraoperative and histological findings were evaluated. Cases were grouped according to histological diagnosis. Comparison between groups made using a paired t-test. P <0.05 was accepted as statistically significant.

**Result:** The study group consisted of 206 patients (median age = 30.5) (6-85). In patients with a histologically normal appendix, mean bilirubin was 18.6 (13.5 in histologically normal appendix) with a 95% confidence interval (p=0.0039). Mean neutrophil % was 77.7 (71.3 in histologically normal appendix) with a 95% confidence interval (p=0.0005). WCC, CRP, ALT and ALP were not shown to be statistically significant in this study.

**Conclusion:** Hyperbilirubinaemia as well as Neutrophil percentage may be considered as an important marker for the prediction of abnormal appendiceal morphology.

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**0487: INVESTIGATION INTO THE DEMAND FOR A ‘HOT GALLBLADDER LIST’ AT GOOD HOPE HOSPITAL**

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**Aim:** Prior audit within the surgical department has shown that elective Laparoscopic Cholecystectomies are not being performed within the timeframe set out by current guidelines. A method of implementing and the demand for a ‘Hot Gallbladder List’ (HGBL) was investigated.

**Method:** All of the emergency admissions of gallstone disease over a four-week period were included. The patients were classified into groups based on their co-morbidities and the severity of their illness, 1 being the simple cases and 3 the most complex. Those patients fit for surgery and in groups 1–2 were deemed suitable for the ‘HGBL’.

**Result:** 37 patients were admitted over the four weeks. The diagnosis of the patients included cholecystitis (46%), biliary colic(19%), pancreatitis(13%), Cholangitis(11%), cholelithiasis(8%). Eight patients had inpatient operations, eleven were booked elective operations, thirteen reviewed in outpatients and five had no follow up. Of these patients eleven were suitable for the ‘HGBL’. Reasons for patients not being suitable for the list included being unfit for surgery(16%), category 3 patients(30%), long duration of symptoms(8%), requiring outpatient review(21%) or requiring further investigations(3%).

**Conclusion:** There is demand for two ‘HGBL’ per week in Good Hope hospital. This will be implemented to reduce elective waiting times for Laparoscopic Cholecystectomies.

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**0621: FACTORS PREDICTING COMPLICATED CHOLECYSTECTOMIES**

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**Aim:** The aim of study is to assess factors which may predict laparoscopic cholecystectomies in order to allocate patients to the appropriate hospital for surgery.

**Method:** This was a retrospective analysis of 94 patients who had elective laparoscopic cholecystectomy between May 2013 to December 2013. Complex procedures were defined as those with duration of surgery longer than 1.5 times the average time for each consultant or those in whom a drain had to be inserted as part of procedure. Factors assessed were radiological findings, disease factors, and previous intervention procedures.

**Result:** There was no significant difference in average time for a day case procedure between consultants (p=0.468). On univariate analysis, significant factors were sphincterotomy (p=0.000), ERCP (p=0.001), stenosis (p=0.003), cholangitis (p=0.010), previous cholecystitis (p=0.011), obstructive jaundice (p=0.012), elevated ALP (p=0.012), and dilated common bile duct (CBD) found on MRCP (p=0.022). On multivariate analysis, significant factors were sphincterectomy (p=0.000), ERCP (p=0.001), stenosis (p=0.003), obstructive jaundice (p=0.018), previous cholecystitis (p=0.022), elevated ALP (p=0.028), cholangitis (p=0.035), and a CBD stone found on MRCP (p=0.049).

**Conclusion:** Patients who have these factors can be expected to have a difficult laparoscopic cholecystectomy and should therefore not be done in