

0953: EXTRACORPOREAL SHOCKWAVE THERAPY FOR GREATER TROCHANTERIC PAIN SYNDROME: GOOD EARLY RESULTS

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Introduction: Refractory trochanteric pain, including in patients who have had arthroplasty surgery, can be a complex problem. NICE has produced preliminary guidelines suggesting a benefit from extracorporeal shockwave therapy. Shockwave is a well-established therapy for other enthesopathy and bursitis indications, and is generally a well-tolerated therapy.

Methods: We undertook to evaluate the efficacy of this therapy. 35 patients with a radiological diagnosis of bursitis/enthesopathy were referred for three courses of ECSWT. The trochanter was located using palpation only. They had three 4-5 minute sessions, once a week. Pre and 3 month post treatment pain levels were also recorded using a 10-point VAS.

Results: 5 patients dropped out. Follow up was obtainable for 28 hips. The average pre-treatment score was 6.068, with an average reduction of 3.068. 22 out of 28 patients had an improvement (78.6%). 5 (17.9%) had a complete resolution. 6 patients (21.4%) had no improvement, with 3 (10.7%) having worse pain at that time. Patients were also asked if

Conclusions: We conclude there is a significant benefit to this therapy and it is useful in the treatment of this often intractable and disabling problem, with less potential comorbidity than operative therapy.

0955: A 1 YEAR STUDY OF A NEW TISSUE ENGINEERED BIOMATERIAL FOR REGENERATION OF FOCAL OSTEOCHONDRAL DEFECTS

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Introduction: Articular cartilage defects are notoriously difficult to heal. Damage as a result of disease or injury therefore frequently leads to formation of an osteochondral defect. Conventional repair methods have a number of disadvantages in terms of cost, they require multiple operations and there is a risk of infection.

Methods: We therefore developed a novel multilayered scaffold in our lab. It consists of three seamlessly intergraded, highly porous layers that allow cells to migrate and proliferate without any interference. Each layer is custom built to encourage the formation of distinct tissue that mimic the composition and structure of the native articular cartilage tissues.

Results: We used a caprine model to investigate the regenerative capacity. Defects in one joint were implanted with our multilayered scaffold and the opposite limbs of the same animal were either left empty or implanted with a market competitor. The quality of the repair was graded macroscopically using the ICRS (International Cartilage Repair Society) score and assessed using micro-CT (computed tomography) analysis and histological staining of the samples.

Conclusions: At 1 year the controls showed some degradation of the cartilaginous layer, whereas the multilayered scaffold group showed formation of hyaline-like cartilage over the defect and regeneration of the subchondral bone.

1011: DAY CASE SURGERY FOR OPEN REDUCTION AND INTERNAL FIXATION OF CLAVICLE FRACTURES AND ACROMIO-CLAVICULAR JOINT STABILISATION. IS THIS A REASONABLE ALTERNATIVE?

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Introduction: The purpose of the study was to assess the feasibility ORIF of clavicle fractures and ACJ stabilisation as an urgent planned day-case procedure.

Methods: A consecutive cohort of patients presenting with clavicle fractures requiring ORIF or AC joint dislocation requiring stabilisation were admitted either to a day-case facility or inpatient bed for operation between July 2011 and December 2012. Note was made of type of injury, surgical procedure, length of stay and post-operative course. Outcomes were assessed with the Leiden Perioperative care Patient Satisfaction Questionnaire (LPPSq).

Results: 48 patients underwent ORIF of the Clavicle (38) or ACJ Stabilisation (10). 18 patients underwent surgery and were discharged that day (ORIF Clavicle = 13, ACJ Stabilisation = 5). Of the remaining patients, 30% had a hospital stay of less than 24 hours. The LPPSq questionnaire identified high levels of patient satisfaction in all areas questioned. 59% would be happy to undergo day-case surgery if the same injury were to occur again. There were no re-admissions within 30 days.

Conclusions: ACJ stabilisations and ORIF of clavicles can be safely performed as a day-case procedure. This is generally well tolerated by most patients. There are obvious financial gains for trusts to performing day-case surgery.

1017: DO AGE AND GENDER AFFECT THE EFFICACY OF EXTRACORPOREAL SHOCKWAVE THERAPY FOR ENTHESOPATHY?

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Introduction: Extracorporeal Shockwave Therapy (ECSWT) is a popular treatment for enthesopathies. In our centre this is utilised for plantar fasciitis, Achilles tendonitis and greater trochanteric pain syndrome (GTPS). However it is difficult to predict which patients will improve.

Methods: We evaluated the effect of age and gender on improvement after, and subjective opinion of, shockwave, by correlating these with change in Visual Analogue Score (VAS).

Results: 200 patients were included. 74.6% of women and 65.7% reported an improvement, with an average of 2.79 points for women and 1.54 for men, $p=0.0023$. For plantar fasciitis, this was most marked, with women (74) having an average improvement of 3.28, men (55) 1.42, with $p=0.00009$. There was no significant correlation with age overall ($p=0.06287$) but there was for plantar fasciitis ($p=0.01335$). 81.3% of women and 53.3% of men felt subjectively improved, 70% of those aged 20-40, 78.6% of those 40-60 and 88.9% of those 60-80 felt they had improved. There was no significant difference between the different groups here.

Conclusions: These results show a statistically significant overall difference in the results of treatment for shockwave treatment for female patients over male patients, however there is no significant correlation for age.

1058: DOCUMENTATION OF ORTHOPAEDIC TRAUMA THEATRE CANCELLATIONS IN A LARGE TEACHING HOSPITAL IN SCOTLAND: CLOSING THE LOOP

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Introduction: Prior audit in 2012 demonstrated poor compliance with the Association of Anaesthetists of Great Britain and Ireland guidelines on Theatre Efficiency (2003). The authors sought to evaluate the impact of introducing dedicated proforma stickers to facilitate such documentation.

Methods: All same day cancellations in a busy trauma and orthopaedic emergency service in Scotland over an eight-week period between November 2013 and January 2014 were analysed prospectively.

Results: Data was collected for 56 cancellations; wherein the decision to cancel was taken at the trauma meeting in 32.1% ($n=18$), and by a consultant in 64.3% ($n=36$). Patients were informed by Senior / House Officers in 28.6% ($n=16$), Registrars in 12.5% ($n=7$), and Consultants in 58.9% ($n=33$); and within an hour of the decision being taken in 96.4% ($n=54$). The dedicated proforma was used in 62.5% ($n=35$) of cases, and free text documentation in 33.9% ($n=19$); there was no documentation in 3.6% ($n=2$). The reason for cancellation was documented in 98.2% ($n=55$), rescheduling details in 80.4% ($n=45$), and action taken or required in 78.6% ($n=44$).

Conclusions: The introduction of a proforma sticker has greatly increased the rate and quality of documentation for trauma theatre cancellations in our hospital.

1051: IMPAIRED COGNITIVE FUNCTION AND ITS EFFECT ON THE MANAGEMENT OF PAIN IN NECK OF FEMUR FRACTURES

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Introduction: Current NICE guidelines clearly set out an approach to managing pain in acute neck of femur (NOF) fractures. A recent series by