

Conclusion: An integrated multidisciplinary diabetic foot-care service and care pathways have reduced limb loss and mortality, but this involves a significant inpatient and outpatient workload. Detailed reporting is necessary for clinical quality and improvement purposes and future health economic studies.

1272: ENDOVASCULAR ANEURYSM REPAIR VIA CAROTID ARTERY ACCESS: A VIABLE ALTERNATIVE?

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Aims: To present a systematic review of endovascular aneurysm repairs utilising the carotid artery for access

Methods: Review methods were according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Literature from five electronic databases was searched. Studied outcomes included mortality, stroke, spinal cord ischaemia (SCI), contraindications to traditional access, adjuncts for cerebral perfusion and intraoperative cerebral monitoring.

Results: 11 studies representing 12 patients were eligible for analysis. The mean age was 64.5 with a male: female ratio of 3:1. 30-day mortality was 8.3% (1/12) with the same patient suffering SCI. The stroke rate was 0% (0/12). In 75% (9/12) of cases, traditional access was contraindicated by iliac disease and the remainder because of an existing ligated aortic stump (8.3%) or the need to access the ascending aorta (16.7%). 83% (10/12) of patients were unfit for open procedure. 50% (6/12) of patients were considered for subclavian/axillary access with data unavailable for the remainder. Of those considered, 50% (3/12) had vessels too small and the remainder conduits for pre-existing grafts or occluded.

Conclusion: Although there is a relative paucity of literature, this study demonstrates when traditional endovascular access is impossible and an open procedure contraindicated, carotid artery access is a viable alternative with excellent 30-day survival and low rates of neurological sequelae.

1276: HONEY FOR THE TREATMENT OF CHRONIC VENOUS LEG ULCERS

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Aim: Medical honey is used for wound management in NHS hospitals, especially on vascular surgical wards, but does available evidence support this? A best evidence topic on the use of honey was written according to a structured protocol. The clinical question addressed was: In patients with chronic venous leg ulcers (CVLUs), does the use of medical grade honey as compared to standard wound therapy improve clinical outcomes?

Method: A total of 299 papers were identified using the reported search protocol, of which five articles represented the best evidence to answer the clinical question. The authors, journal, date and country of publication, patient group studied, study type, relevant outcomes and results of these papers are tabulated.

Results: Two of the five studies were randomised controlled trials with contradictory **Conclusions:** one supporting the use of honey and the other suggesting there is no additional benefit. The other three studies supported the use of honey, but these were of lower grade evidence and had numerous methodological faults.

Conclusions: Therefore, the clinical bottom line is that there is no conclusive evidence that honey improves outcome in patients with VLU, and until more robust RCTs are conducted, its benefit should be considered unproven.

1295: TEMPORAL ARTERY BIOPSY: SIZE DOES NOT MATTER (A COMPLETED AUDIT CYCLE)

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Aim: Giant cell arteritis (GCA) is a large and medium vessel systemic vasculitis. Temporal artery biopsy (TAB) can establish the diagnosis, however a negative biopsy does not exclude it. It has been suggested that TAB length should be at least 1 cm to improve diagnostic accuracy.

Method: Retrospective audit. 149 patients who had 151 temporal artery biopsies from April 2006 to February 2012 were identified from pathology and theatre records (first cycle). 23 patients from March 2012 to Sept 2012 (second cycle).

Results: In total, there were 23 positive biopsies (13.2%), 142 negative (81.6%) and 9 insufficient samples (5.2%). Regarding size of biopsy, mean was 0.73 cm for positive samples and 0.65 cm for negative ones (t-test: $P=0.229$ NS). 0.08 cm is not considered a clinically significant difference. 108 patients fulfilled all 3 ACR criteria prior to biopsy (62%), and only 4 patients changed ACR score from 2 to 3 after biopsy. Average biopsy size increased from 0.65 to 0.7 in the second cycle.

Conclusions: There is no clear benefit in harvesting specimens longer than 0.6 cm postfixation and corticosteroid treatment should not be delayed in anticipation of the biopsy, however harvesting specimens according to the guidelines is feasible.

1310: ANGIOPLASTIES MAY BE SAFELY PERFORMED AS A DAYCASE PROCEDURE

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Aim: With centralisation of vascular surgery and increasing pressure on hospital beds, services must be streamlined. Angiograms are often day case procedures but angioplasties involve overnight observation. This study was performed to determine whether day case angioplasties are safe in principle.

Methods: This was a retrospective analysis of 100 consecutive angiogram/plasty patients in 2012. Length of stay and post procedure events were evaluated.

Results: 47 angiograms and 53 angioplasties were performed. 28% patients were admitted for overnight stay following angiogram; over a third (38%) for further urgent surgical management. One patient required admission following a myocardial infarction during the procedure.

58% patients were admitted following angioplasty; in 2 patients (6%) only this was for further surgical management. 1 patient (3%) was admitted for social reasons and a further patient was admitted with a procedural complication. Of patients admitted routinely for overnight stay post procedure there was only 1 complication and no re-admissions for complications following day case discharge in this group.

Conclusions: In principle, elective day case angioplasty is safe for selected, low risk patients who have an uncomplicated procedure. We propose implementation of a day case pathway with simultaneous prospective audit to ensure ongoing continuous evaluation of safety.

1314: MANAGEMENT OF VISCERAL ARTERY ANEURYSMS (VAA): AN EXPERIENCE ON 23 CASES IN A SINGLE CENTRE

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Aim: To analyse our 10 years of experience in the management of VAAs.

Methods: Retrospective analysis of a prospectively maintained database between 2002 and 2012 was performed excluding renal artery aneurysms. Case notes and radiology results were also reviewed.

Results: Total of 23 VAAs identified; 16 true and 7 pseudo-aneurysms. 12 (52%) were male, average age 69 years (47–93y). 9 (39%) patients symptomatic, 14 (61%) VAAs were discovered incidentally. 7 (30%) were splenic, (30%) were pancreaticoduodenal, 4 (17%) were hepatic. 9% aneurysms were related to chronic pancreatitis, 4% due to infective endocarditis, 13% post ERCP, 4% post splenectomy (pseudo-aneurysm). 12 patients were treated endovascularly (10 embolization, 2 covered stents) and 2 with open surgery. All aneurysms except 1 (surgery abandoned due to high risk of haemorrhage) had primary technical success (93%). In-hospital survival rate was 93%, with 1 peri-operative mortality of a ruptured VAA treated by embolization. 1 patient following embolization and another due to stent migration identified with re-expansion of their aneurysms (17%). 5 patients were treated conservatively and 5 entered into a surveillance programme. Estimated five-year aneurysm related complication free survival rate was 51.4%.

Conclusion: Our study demonstrates VAAs can be treated using endovascular techniques with low peri-procedure mortality and morbidity.