VTE prophylaxis. Following intervention only 33% were assessed for VTE prophylaxis. Although initial data was presented, change failed to occur possibly due to this can lead to significant financial gains for the treatment of this cohort of patients to help fund additional services. Achieving further improvement would necessitate further investment in services e.g. Orthopaedic cover over Bank Holidays. To justify this, further evaluation would be needed into associated healthcare costs. Unfortunately targeting these areas alone did not show any reduction in 30 day mortality. Further evaluation is needed to assess associated morbidity and mortality in these patients to allow potential reduction.

0992: WHAT HAS BEEN THE ROLE FOR MRI SCANNING OF THE KNEE IN PRIMARY CARE?

B. Kapur1, W. Marlow, A. Carroll, R. Parkinson. Wirral University Teaching Hospital Trust, UK

Aim: To assess the compliance of the existing GP radiology protocol in Older patients present to the GP with symptoms of osteoarthritis, for which radiographs aid the diagnosis. There is concern over the number of Magnetic Resonance Imaging (MRI) scan requests from Primary Care in this patient group. The current GP radiology protocol for knee pain is antero-posterior WB, lateral and skyline radiographs. An MRI can be considered if the diagnosis is in doubt.

Methods: Between March–May 2012, 390 GP requested MRI scans were performed at Wirral University Teaching Hospital. The MRI results were reviewed and of those referred to orthopaedics, a review of the clinic letter took place to assess the outcome.

Results: 117/390 patients referred to our orthopaedic unit following their MRI scan. 89/117 patients were >40 years. 20/89 of these patients had protocol compliant radiographs. 59/89 (66%) MRI scans were normal or showed osteoarthritis. 117 clinic letters were reviewed by the 2 senior authors. In 51/117 cases an MRI scan was deemed appropriate.

Conclusion: Our study shows that MRI scans are used as a diagnostic tool. Over 50% of MRI scans are thought to be performed inappropriately (66/117). This has financial implications.

Posters: Paediatric Surgery

0176: VENOUS THROMBOEMBOLISM PROPHYLAXIS IN CHILDREN: THE SLOW WHEELS OF CHANGE

L. Merker1, T. Murphy, R. Roberts, M. Brimiouille, R. Clark, M. Woodward. The Royal Bristol Children's Hospital, UK

Aim: Venous thromboembolism (VTE) in children is a rare but potentially catastrophic occurrence. Prevalence is 5.3 per 10,000 hospital admissions and increasing with rising childhood obesity. We evaluated the number of children at risk of VTE admitted to a paediatric surgery centre and audited compliance with VTE prophylaxis guidelines.

Methods: A prospective audit was undertaken (January–March 2014) with data gathered from notes and patients, with a re-audit (November 2014). Audit standards were set using British Committee for Standards in Haematology and local guidelines. Inclusion criteria were minimum overnight surgical admission and weight over 40 kg.

Results: 36 patients were identified initially. 61% (n = 22) had two or more risk factors for VTE. 100% required formal VTE risk assessment. 44% (n = 16) had evidence of assessment and 42% (n = 15) were prescribed VTE prophylaxis. Following intervention only 33% were assessed for prophylaxis.

Conclusion: As paediatric VTE is uncommon, prophylaxis consideration is often neglected. Less than half of at risk patients had their need assessed. Although initial data was presented, change failed to occur possibly due to staff changeover and time required to update guidelines and theatre checklists. This highlights the need for thorough departmental induction and more efficient protocol changes to improve patient safety.

0195: STREPTOCOCCUS MILLERI AND POST-APPENDICECTOMY ABDOMINAL ABSCESS

J. Lee1, D. Banerjee, R. England. Norfolk and Norwich University Hospital, UK

Aim: The importance of Streptococcus milleri with regard to abscess formation after appendicectomy in children remains unclear.

Methods: A retrospective data collection was performed using the hospital ICE system. All patients who underwent appendicectomy for appendicitis between November 2009 and October 2014 were identified. Patients less than 1 year, incidental and interval appendicectomy were excluded. Patient age, histology, swab results, ultrasound scan reports, hospital length of stay (HLOS) and readmission details were collected. Data from cultured patients were classified into three groups: Streptococcus milleri positive (SM); other organisms; and negative culture. Statistical comparisons were performed using Chi-square test and Z-score.

Results: A total of 444 patients were identified, from which 157 had a pus culture sent. SM patients (23%) were more likely to develop an abscess compared to other organisms (16.9%) (rr = 1.36, p < 0.05) and to develop advanced appendicitis, 73% SM group compared to 55% in other organisms. (rr = 1.32, p < 0.01). There was a longer HLOS stay of 6.9 days in SM patients vs 5.4 days in other species (p < 0.05).

Conclusion: Streptococcus milleri was associated with an increased risk of advanced appendicitis, abscess formation and prolonged hospital stay, after appendicectomy compared to other organisms.

0200: OUTCOMES OF LAPAROSCOPIC VERSUS OPEN PYELOPLASTY IN CHILDREN

S. Collinson1,2, A. Goyal2, S. Hennayake2, S. Jabeen2, 1The University of Manchester, UK; 2The Royal Manchester Children's Hospital, UK

Aim: Pelviureteric junction obstruction (PUJO) is the leading cause of antenatal hydronephrosis. Although its persistence into childhood may cause no problems, symptomatic disease presents as intermittent loin pain, vomiting and recurrent urinary tract infections. Primary prevention of disease encourages early intervention for PUJO to limit any decline in renal function. Over time, minimally invasive procedures have been encouraged and laparoscopic pyeloplasty has emerged in paediatric urology. Previously a thorough analysis of the success of laparoscopic pyeloplasty at Royal Manchester Children's Hospital had not been completed. An audit was therefore conducted to assess the complication rate of laparoscopic pyeloplasty and whether any predisposing factors to complications could be identified.

Methods: All consecutive patients aged 5 and above who underwent laparoscopic or open pyeloplasty during the period January 2006 to July 2013 were included. Patient demographics and operative details were recorded and analysed.

Results: Laparoscopic patients encountered a higher rate of post operative anastomotic leakage and long term persistent obstruction. Both approaches offered similar success rates of 92%. Laparoscopic pyeloplasty offered no definitive advantage over the traditional open approach.

Conclusion: Advances in training schemes, scrutiny of operative approach and thorough analysis of previous surgical errors will undoubtedly improve paediatric pyeloplasty outcomes.

0211: IS LAPAROSCOPIC CHOLECYSTECTOMY SAFE IN THE HANDS OF THE PAEDIATRIC SURGEON?

J. Burke1,*, P. Farrelly1, R. Craigie2, 1University of Manchester, UK; 2Royal Manchester Childrens Hospital, UK

Aim: One of the current controversies surrounding non-specialist paediatric surgery is whether paediatric laparoscopic cholecystectomy should be performed by an adult or a paediatric surgeon. The safety of this procedure performed by paediatric surgeons could be brought into question as the published data is often extrapolated from adult series.
067: MESENTERICO-LEFT PORTAL BYPASS (Rex-shunt) of Portal Vein Cavernoma: Assessment of Post-operative Changes in Body Mass

N. Alizai1, B. Chambers1,2, A. Kishore2. 1 University of Leeds, UK; 2 Leeds Teaching Hospitals NHS Trust, UK

Aim: Portal vein cavernoma (PVC) is a sequela of congenital portal vein thrombosis, a rare condition predominantly of an unknown aetiology. PVC predispenses to portal hypertension and reduced portal circulation, leading to significant growth impairment in children. The Rex-shunt restores portal blood flow by relieving pressure in the portal system. The aim of this study is to assess the significance of post-operative changes in body mass of patients over 12 months, following Rex-shunt surgery.

Methods: Four patients with PVC requiring Rex-shunt surgery were selected, and followed-up prospectively up to 12 months. The weight-for-age (z scores) were calculated pre-operatively and compared to the scores 2–3 months and 5–12 months post-operatively. A paired t-test was used to assess significance.

Results: Patients were aged 3.6 to 10.7 years (mean = 7.03). Compared to a mean pre-operative z score of 0.558, post-operatively there was an increase to 0.815 at 5–12 months (p = 0.389). An overall decrease in z score across 12 months was observed in one patient.

Conclusion: Over 12 months, despite an increase in absolute weight, there was no statistically significant improvement in weight-for-age z scores in patients with PVC after Rex-shunt surgery.

0603: REDUCING RADIATION DOSE TO CHILDREN RECEIVING PELVIC X-RAYS AT GREAT ORMOND STREET HOSPITAL

M. Jabbar1, L. Jeyaseelan2. 1 Royal Infirmary of Edinburgh, UK; 2 Great Ormond Street Hospital, UK

Aim: For children receiving pelvic X-rays a gonadal shield is used to reduce the dose of radiation received and subsequent risks. However this can be difficult in some children and misplacement can lead to obscuring of essential anatomy. The aims were to assess the placement of shields and audit against placement protocol.

Methods: The protocol states every male should have a shield for every X-ray, and females must have a shield after the first. 100 Pelvic X-rays were retrospectively analysed for placement of the shield, noting if anatomy was obscured and a repeat X-ray was done. It was then noted whether this was done as per protocol, and if not why.

Results: The protocol was adhered to in 19% of cases, with reasons for deviation including shield not used, or misplaced. 6% of patients had hip anatomy covered by the shield, and 2% of patients were sent for repeat X-ray.

Conclusion: Gonad shields are poorly placed, is appreciated this can be difficult in children due to lack of cooperation or difficult positioning. Modern equipment has greatly reduced the radiation dose and brings the need for any shielding into question. This issue is currently being considered by the Radiology Steering Group.

0672: SYSTEMATIC REVIEW OF SPECIALIST CENTRES VERSUS NON-SPECIALIST CENTRES IN THE MANAGEMENT OF GENERAL PAEDIATRIC SURGICAL CASES

D. Hanratty, T. Evans*, J. Pollitt, M. Foster. Royal Glamorgan Hospital, UK

Aim: General Paediatric Surgery (GPS) has traditionally been provided by General Surgeons in District General Hospitals, however subspecialisation means few Consultant General Surgeons are trained in GPS. JCST guidance states all general surgeons should be trained in paediatric general surgery to ST4 level. The aim of this study is to determine whether or not outcomes from General Surgeons are equivalent to Specialist Paediatric Surgeons.

Methods: A systematic review was performed according to the PRISMA statement. The search was performed in February 2014 using PubMed and MEDLINE.

Results: Of a total of 1107 articles screened, 11 articles involving patients undergoing GPS operations by General Surgeons vs Specialist Paediatric Surgeons were included in this review.

Eight studies compared appendicectomy outcomes. One study compared outcomes of inguinal herniotomy. There were no studies comparing outcomes of orchidopexy or umbilical hernia repairs.

Conclusion: This unique study proves that good outcomes can be obtained in GPS by General Surgeons. Despite a paucity of individual surgeons’ results in the literature, it appears we can meet JCST guidance by trainee in GPS away from tertiary referral paediatric centres with training provided by GPS consultants.

0989: PARENT, PATIENT AND PROFESSIONAL PERCEPTION OF ISSUES FOR CHILDREN LIVING WITH A STOMAS

O. Burdall*, C. Bohr, C. Spray, E. Cusick. University Hospitals NHS Trust, UK

Aim: Comparison of staff and patient perceptions of the psychosocial impact of stoma formation in children.

Methods: Thematic qualitative analysis through focus groups and interviews for school age children who have had stomas formed or reversed in the last 2 years and paediatric surgical teams.

Results: Seven children, 9 parents and 16 professionals attended focus groups or interviews with more families scheduled. Body image issues were identified by both staff and patient groups. Only one professional indentified the impact of stoma smell on toileting habits and only more senior surgeons identified stoma leaking as an issue. However, stoma bag leaks and smell were the major concerns among all patients leading to missed school and social activities. The majority of professionals also listed that technical issues, complications or skin irritation amongst the worst problems; but only 2 patients listed skin irritation as an issue despite often having suffered with it and none ranked any surgical complications or hospital visits as major problems.

Conclusion: Families did not perceive common surgical complications as issues, possibly reflecting expectation management at pre-operative counselling. A better understanding of the psychosocial issues these children face may lead to more realistic pre-operative counselling and support of families.

1003: SYMPTOMATIC GALLSTONES IN CHILDHOOD: TRENDS IN ANTHROPOMORPHIC DATA

S. Williams*, S. Adams, A. Mahomed. Royal Alexandra Children’s Hospital, UK

Aim: Obesity and female sex are strongly associated with gallstone disease as reported in adult literature. With increasing incidence of symptomatic cholelithiasis in childhood we wish to examine anthropomorphic trends in well children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis. Our aim was to review age, sex and weight for age (centile) for a single surgeon cohort of children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis.

Methods: A prospectively collected dataset of children undergoing laparoscopic cholecystectomy over a 9 year period, 2003–2012 was evaluated. Z-scores were calculated from weight and age at surgery from 1990 UK