and RFF respectively had an ASA-II status and 67.7% of ALT-flap patients were ASA-I.

Conclusion: Complication rates of RFF and FFF were comparable; however RFF offered 4% greater success. There were no significant differences between pre and post-operative Hb or Cr in patients over 65 (p=0.245). FFF and RFF success per-unit increase in ASA were 0.4 times lower (CI: 0.20, 0.79; p=0.0088). FFF is favourable in haematologically compromised patients.

MISCELLANEOUS SURGERY

0025: FLUID AND ELECTROLYTE MANAGEMENT IN ADULT SURGICAL PATIENTS IN BRONGLAIS HOSPITAL

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Aim: Good quality fluid and electrolyte balance is integral to patients' recovery and can reduce complications postoperatively. The GIFTASUP (2009) guidelines set clear standards for fluid management. This project assessed fluid management in Bronglais General Hospital (Aberystwyth). The aim was to ascertain if practice reached the standard described in GIFTASUP and improve any deficiencies.

Method: Data was collected on the general surgery ward. All patients on IV fluids during one week were recruited. Data was taken from input/output charts, drug charts and laboratory results. An education sheet and data results were disseminated amongst surgical and nursing teams. Data was collected after 6 months.

Results: 52 patients were included. Appropriate volume is given to the majority of patients (average: 2.1l). All patients received an inappropriate amount of sodium as part of a maintenance regime. However, this improved from 100% receiving > 150mmol to 83% in the second round (range: 131-482mmol), 12% compliance in potassium prescribing in first round improved to 58%.

Conclusions: There is an inappropriate reliance on normal saline as part of maintenance regimes and inadequate amounts of potassium being prescribed. Moderate improvement was seen with simple educational interventions.

0038: DOCTORS RECOGNISED BY THE BRITISH HONOURS SYSTEM: HOW DO SURGEONS FARE?

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Aims: The British honours system rewards doctors for achievement and services to medicine. We aimed to establish the numbers of Surgeons honoured, the duration of clinical practise involved, as well as additional factors.

Methods: A retrospective analysis of doctors receiving honours (Knight / Dame, CBE, OBE, MBE) in the last decade was performed. Demographics of all honoured doctors, including number of year’s service were collected. Data pertaining to Surgeons were compared to other hospital-based specialties.

Results: 417 doctors were identified. 243 were hospital based clinicians with a subspecialty affiliation. Of the 243, Surgeons accounted for 8% (n=34) of honoured hospital doctors. The mean number of years from registration to conference of honours for surgeons was 36.9 (SD 6.9). General surgery ranked third overall based on absolute numbers of individuals honoured. Professors constituted >50% all honoured Surgeons. The incidence rate for conference of honours: 3.0 cases per 1000. There was no statistical difference between the number of years service and the subsequent conference of honours between Surgeons and other secondary care specialties (p=0.05).

Conclusion: Surgeons are well represented amongst clinicians recognised by the honours system. Academic distinction in surgery would appear to confer an advantage. The findings may be interest to Surgeons in training.

0065: THE INNERVISION SURGICAL SMOKE REMOVAL SYSTEM

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Aims: The use of energy based surgical instruments results in the production of smoke. This can obscure the operative view and has potential health implications. The Innervision is a medical device designed at our institution. It clears smoke by electrostatic precipitation.

Methods: A pre-clinical validation study, on live porcine models was conducted to test the device. Monopolar, bipolar and ultrasonic instruments were used to generate smoke. An independent laparoscopic surgeon conducted the trial. The primary outcome measure was the maintenance of a smoke free field. Secondary endpoints included adverse events up to 28-days post surgery.

Results: 6 porcine models were included. When comparing Innervision "on" versus Innervision "off", there was a significant difference in no. of times the electrosurgical tool could be used before the field was obscured by smoke. In all cases, this was in favour of the Innervision "on" setting (no. of cuts with clear view comparing "on/off" setting: 41:9 with monopolar, 44:6 with bipolar, and 96:4 with ultrasonic). Post-mortem showed normal biochemistry, haematology and histology results.

Conclusions: Current systems for smoke removal are limited. The Innervision system is a novel approach to conventional designs. It is non-intrusive, non-drying, does not led to desufflation and works continuously without intervention by the surgeon.

0067: DO WE INSIST ON REPORTING BY CONSORT AND PRISMA? A SURVEY OF ‘INSTRUCTIONS TO AUTHORS’ IN SURGICAL JOURNALS

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Background: Guidance has been published on how best to report randomised controlled trials (Consolidated Standards of Reporting Trials - CONSORT) and systematic reviews (Preferred Reporting Items for Systematic Reviews and Meta-analysis - PRISMA). The aim of this study is to establish to what extent surgical journals formally endorse CONSORT and PRISMA in the reporting of randomised controlled trials and systematic reviews.

Methods: We studied 136 surgical journals indexed in the Journal Citation Report. Author guidelines were scrutinized for the following guidance: conflict of interests (COI), the Uniform Requirements for Manuscripts (URM), clinical trial registration, CONSORT and PRISMA.

Results: We found the frequency of guidance endorsement as follows: COI 82%, URM 62%, trial registration 32%, CONSORT 29% and PRISMA 10%. Journals with a higher impact were more likely to adopt trial registration (p=0.001), CONSORT (p=0.001) and PRISMA (p=0.004). Journals with editorial offices in the UK were more likely to endorse trial registration (p=0.01) and CONSORT (p<0.001).

Conclusion: Standardised guidelines produced to improve publication practice have not widely been implemented by surgical journals. This may over contribute to a poorer quality of published research. Editors of surgical journals should uniformly endorse reporting guidance and update their instructions to authors to reflect this.

0086: ADHERENCE OF TRIALS OF OPERATIVE INTERVENTION TO THE CONSORT STATEMENT FOR NON-PHARMACOLOGICAL TREATMENTS: A COMPARATIVE STUDY

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Introduction: The CONSORT statement for non-pharmaceutical treatment (CONSORT-NPT) provides a set of recommendations for the reporting of randomised trials including those assessing operative interventions. We study the adherence of operative trials published in surgical journals to the CONSORT-NPT and raise surgical awareness of the statement.

Methods: Five surgical journals from a range of surgical specialties were electronically searched for randomised controlled trials of operative intervention at time periods before and after publication of the CONSORT-NPT statement. A 33-point check-list containing the CONSORT-NPT items was designed and the adherence of trials meeting the inclusion criteria determined independently by two authors. Scores were compared for trials published before and after publication of the CONSORT-NPT.

Results: 84 of 191 trials initially identified in the literature search were analysed. There was a significant improvement of 4.7 points in the mean