Conclusions: Where both ultrasound and 99mTc sestamibi SPECT concur, this increases the sensitivity of pre-operative localisation techniques in minimally invasive parathyroidectomy.

0295 IS A NORMAL CEA ACCURATE FOLLOWING CURATIVE COLORECTAL CANCER SURGERY?

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Background: There are no nationally agreed guidelines about carcinoembryonic antigen (CEA) and computerised tomography (CT) for colorectal cancer follow-up. The aim of this study was to investigate timing and incidence of recurrence on CT in patients with normal CEA's.
Methods: A retrospective cohort study of patients undergoing curative colorectal cancer surgery 2006-2009. Patients were grouped by CEA into 3 groups; no rise, rise within normal limits, or elevated rise ≥2). Outcomes included CT recurrence, time to CEA rise, time to CT recurrence and mortality. Data analysis used SPSS v.18, Pearson Chi2, and Mann Whitney U tests.
Results: 440 patients were included, mean age 70.5 (range 29.0-97.42), 29%(n=129) had rectal carcinomas and 59.8%(n=263) were male. Median time from surgery to first CEA rise was 210 days(79-771) in Dukes' A/B vs. Dukes' C/D, 131.5 days(15-1022);p<0.001. 17% (n=28) with no CEA rise, 29.6%(n=16) with a CEA rise within normal limits (<10) and 71.4%(n=35) with elevated CEA had disease on CT. 13% (n=11) Dukes' A/B preoperatively with normal CEA's had recurrence, median time 210 days (range 79-771) from surgery to CEA rise.
Conclusion: Follow-up of all patients should use CEA and CT.

0298 EARLY HIGH CRP RISE PREDICTS MAJOR COMPLICATIONS AFTER COLORECTAL SURGERY

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Objective: Diagnosis of major complications after colorectal surgery is often delayed and this delay contributes to increased morbidity and mortality. The aim of this study is to monitor inflammatory markers that can predict complications in the early post-operative period.
Methods: A retrospective study of 337 patients undergoing elective major colorectal surgery from May 2006 to July 2010 by one surgeon was undertaken. Patients were followed up after surgery and blood tests, complications, interventions and outcomes were recorded. Patients were grouped according to their post-operative complications.
Results: Twenty seven of 337 (8%) patients developed surgical complications after major colorectal resections at a mean of 7.5 post-operative days. Other complication groups included wound infections (19.5%) and medical complications (4.7%). The CRP level showed a peak at the third post-operative day (158 + 0.64 vs. 114 + 0.19, $p < 0.05$) in the surgical complication group and remained significantly higher ($p < 0.05$) compared to patients with no surgical complication.
Conclusions: These data shows that an early high CRP rise in the early post-operative period is an important indicator of major surgical complications such as anastomotic leak or abscess formation. This parameter may be useful in earlier diagnosis of these complications.

0299 A PARADOXICAL CASE

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Introduction: Acute ischaemic limbs commonly arise due to thromboembolic disease. With the increasing diagnosis of cardiac shunts, the possibility of paradoxical emboli causing arterial occlusion is higher. Making this diagnosis can be difficult as we highlight here.
Case-study: A 44 year old presented with a 3-day history of a progressively cold, weak and numb left arm. He had diabetes, hypertension and hypercholesterolaemia. For the past 6 months, he suffered from bloody diarrhoea and un-intentional weight loss. The left arm was cold and pale with a capillary refill time >2s. Radial, ulnar and brachial pulses were unpalpable. An emergency left brachial-embolectomy was carried out establishing good inflow, outflow and perfusion. Over the next 24 hours, he developed similar symptoms requiring two further brachial-embolectomies.
Contrast echocardiography detected the presence of a patent foramen ovale with right-to-left shunting. The diarrhoea and PR bleeding prompted a sigmoidoscopy and histopathology confirmed acute Ulcerative Colitis (UC).
Conclusion: In our patient the UC resulted in a hyper-coagulable state, forming venous thrombi. These thrombi led to multiple paradoxical emboli through the formamen ovale, which subsequently occluded the brachial artery. Therefore, in cases of recurrent acute limb ischaemia, the presence of cardiac shunts should be sought as a possibile explanation.

0301 A SYSTEMATIC REVIEW OF MID-TERM OUTCOMES OF THORACIC ENDOVASCULAR REPAIR (TEVAR) OF CHRONIC TYPE B AORTIC DISSECTION

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Introduction: Thoracic Endovascular Repair (TEVAR) in chronic type B aortic dissection remains controversial and its mid-term superiority over open repair and medical therapy remains unknown. **Methods:** Medline, trial registries, conference proceedings and article reference lists were searched to identify studies reporting mid-term outcomes of TEVAR for chronic type B dissection.
Results: Seventeen studies (n=567) were reviewed. The technical success rate was 89.9% (range 77.6-100). Mid-term mortality was 9.2% (46/499); survival ranged from 59.1-100% in studies with a median follow-up of 24 months. 8.1% of patients (25/309) developed endoleak, predominantly type I. Re-intervention rates ranged from 0-60% in studies with a median follow-up of 31 months. 7.8% (26/332) developed distal aortic aneurysms or continued false lumen perfusion with aneurysmal dilatation. Rare complications included delayed retrograde type A dissection (0.67%), aorto-oesophageal fistula (0.22%) and neurological complications (paraplegia 2/447, 0.45%; stroke 7/475, 1.5%).
Conclusions: TEVAR for chronic type B dissection is technically feasible in specialist centers. The lack of natural history data for medically treated cases, significant heterogeneity in case selection and absence of consensus reporting standards for intervention are significant obstructions to interpreting the mid-term data. High quality data from registries and clinical trials are required to address this.

0305 INTRAVESICAL BOTOX FOR OVERACTIVE BLADDER

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Aim: Overactive bladder (OAB) affects over 16% of those above 40 years. Intravesical Botox has been shown to reduce void frequency, incontinence episodes and improve quality of life in patients with OAB. Known complications include urinary retention and need for intermittent self catheterisation (ISC).
Method: This study examined the outcomes for 204 patients undergoing a total of 323 intravesical Botox procedures, including 120 repeat procedures in 69 patients, over 5 years. Two formulations of botulinum toxin were used - Botox and Dysport.
Results: Mean administered dose of Botox was 195 IU and Dysport 613 IU. Mean doses used decreased by 43% and 41% respectively between 2005 and 2009/10. 171 patients were followed up in clinic at 5.5 months (mean) post procedure. 21 had further appointments 12 months post procedure and 2 at 15 months. 79% reported symptom improvement. The effect had worn off in 30% at 5.5 months, 70% at 12 months and 100% at 15 months. Need for ISC was documented in 18% of cases. There was no correlation between Botox dose and ISC.
Conclusion: Botox is an effective treatment for OAB. The effect lasts on average 5-10 months and repeat doses are often required. Approximately one fifth will require ISC.