Methods: All patients attending breast clinic between 1st January 2008 - 31st December 2010 with breast pain only, undergoing mammography, were assessed. Patients were then divided into the under 50 and over 50 age group for comparison.

Results: 315 patients were assessed, 168 (53%) were under 50 years old (mean 43). All had clinically normal breasts on examination. Six (3.5%) patients had indeterminate mammographic abnormalities in the under 50’s age group, versus eight (5%) in the over 50’s group. All had benign findings following further investigation. One (0.6%) patient in the under 50’s group had a malignant mammographic abnormality - this was on the asymptomatic side in a 48 year old. In those patients over 50 years, three (2%) had malignant abnormalities on mammography, of which two were confirmed malignancies.

Conclusions: Malignancy is rare in patients under the age of 50 presenting with pain only. In the setting of a normal clinical examination, routine mammography is not necessary, and may lead to further unnecessary investigations and anxiety.

0571: MAJOR BREAST AND AXILLARY SURGERY – FEASIBILITY OF A 23 HOUR PATHWAY

Rachel Clancy, Roger Watkins. Frenchay Hospital, Bristol, UK

Aims: Length of hospital stay for mastectomy patients has declined. Hospital Episode Statistics data for 2010-11 showed the average length of stay is still almost four days. Without compromising clinical care the aim of this study was to evaluate the feasibility and safety of a new pathway aimed at discharging patients within 24 hours of surgery.

Methods: From December 2008 suitable breast cancer patients requiring mastectomy and/or major axillary surgery were offered same day admission and discharge home within 24 hours.

Results: 126 patients (mean age:60; range27-86) were included from 2008-2011. 99.7% underwent mastectomy with either axillary node sampling (ANS) (10), sentinel lymph node biopsy (SNB)/95, axillary node clearance (ANC)(20) or no axillary procedure (10). 4 (3%) had bilateral mastectomy with either ANS(1), SNB(2) or no axillary procedure (1). 18% patients underwent ANC with either wide local excision (4), repeat excision (1) or no breast procedure (18). 97 (77%) patients were discharged within 24 hours. 24(19%) were discharged on second day and 4(3%) required a three night stay. One patient developed ventilatory problems post-operatively requiring transfer to ITU. None of the 97 patients required unplanned readmission.

Conclusions: Major breast and axillary surgery can be safely performed with a minimal length of post-operative stay in suitable patients.

0589: ONE-STAGE DELAYED BREAST RECONSTRUCTION USING STRATIFIC AND PERMANENT IMPLANT

Victoria Bonello, Siva Gopalswamy, Sheikh Ahmad. Royal Cornwall Hospital, Truro, Cornwall, UK

Aim: This case series aims to determine the degree of patient satisfaction and complication rates associated with a novel method of one-stage delayed breast reconstruction. Method: Six patients underwent reconstruction, one of which was bilateral, over an eight-month period. Stratifice™ was used to create a subpectoral/allogenic graft pocket spacious enough to accommodate a permanent implant, hence eliminating the need for further intervention following the index procedure. The creation of a neo-inframammary fold was essential to produce a natural looking result.

A patient satisfaction questionnaire was conducted six months following the procedure. The complication rate was determined after review of case notes.

Results: All patients showed satisfaction with the cosmetic outcome and especially with the ease of return to normal activities. One early post-operative complication was noted. This involved a small area of poor wound healing at the site of previous irradiation, necessitating excision of scar tissue.

Conclusion: This case series has demonstrated that this new technique is an excellent option for patients wishing to undergo a less extensive form of delayed reconstruction. It is associated with less tissue disruption than other reconstructive procedures, hence reducing the length of recovery and complication rates whilst giving the reconstructed breast a natural appearance.

0600: GYNECOMASTIA: IS IT COST-EFFECTIVE TO INVESTIGATE ALL PATIENTS IN A FINANCIALLY RESTRAINED NHS?

Habil Tafazal, Hiren Chauhan, Meblooba Mirza. Sandwell General Hospital, Birmingham, UK

Aim: Gynecomastia is a common condition, with many men being referred to the already busy rapid access breast clinic. As surgery for gynecomastia is classed as non-essential, is it cost-effective to investigate all patients?

Method: Retrospective analysis of 97 patients referred from primary care. All patients were male, aged 17 to 89 years. The costs of the following investigations were calculated. Blood tests including LFTs, U&Es, TSH, FSH, LH, prolactin, testosterone, oestradiol, AFP, HCG and imaging in the form of mammography and ultrasound.

Results: The cost of a complete set of blood tests for each patient, including staffing and reagents, totals £35. Mammography and ultrasound cost £110 each. 87% of the patients were investigated with blood tests; the majority of which were normal. 43% had a mammogram, 52% had an ultrasound. Neither breast cancer nor endocrine pathology was detected in any cases. Total cost of the blood tests was £3000; mammography costs were over £4500.

Conclusions: Investigating all patients may not be cost effective but a selected combination of tests may be useful. We recommend that blood tests do not add value towards diagnosis and are an unnecessary additional cost to the already financially restrained NHS.

0649: A COMPLETE AUDIT CYCLE OF PREOPERATIVE SURGICAL SITE MARKING VERIFICATION CHECKLIST


Aims: Correct preoperative surgical site marking is a major patient safety issue. The aim of this audit was to examine the compliance with preoperative surgical site marking verification checklist (PMVC) used at this trust.

Methods: A prospective audit (101-patients) and a re-audit following staff education (125-patients) examined PMVC for correct written confirmation of: (a) side and procedure, (b) marking verification checks on ward (checks 1 and 2), and preoperatively in theatre (checks 3 and 4), (d) safety net signings if any of checks 1-4 were not completed (checks 5 and 6).

Results: All patients had correct side and operation description listed. Ward documentation for checks 1 and 2 were complete in 100% and 97% in initial-audit, and in 100% and 98% in re-audit period, respectively. In theatre documentation for checks 3 and 4 were complete in 70% and 48% in initial-audit, and in 80% and 74% in re-audit period. Further safety net checks 5 and 6 were not completed in either case (initial-audit–58%, re-audit–36%). No inadvertent side surgery error occurred in either cohort.

Conclusions: A significant improvement in practice was demonstrated following staff education and regular close audit is necessary to ensure compliance to PMVC which is pivotal in preventing error.

0664: IMPACT OF PROPHYLACTIC ANTIMICROBIALS ON THEINCIDENCE OF POST-OPERATIVE WOUND INFECTION AND SUBSEQUENT DELAY IN ADJUVANT THERAPY FOR BREAST CANCER

Dilraj Bilku, Caroline Brammer. Royal Wolverhampton Hospital NHS Trust, Wolverhampton, West Midlands, UK

Introduction: Breast surgery is considered clean but studies have shown rates of infection to be 3% to 30%. Wound infection results in the delayed start of adjuvant breast cancer treatment. We therefore conducted an audit to analyse compliance with guidelines (SIGN guideline 84,104).

Methods: 68 patients undergoing radiotherapy following wide local excision for breast cancer across four units were analysed. Data was extracted from treatment sheets, operation notes and anaesthetic charts.

Results: Antibiotic prophylaxis was administered in 28 patients (41%) of which six (21%) developed wound infection. No antibiotics were given in 40 patients (59%) of which 20 (50%) developed wound infection. There was a delay in the initiation of radiotherapy in 31 patients. In two patients (7%) the delay was due to wound infection while in ten patients (32%) the delay was due to wound infection and adjuvant chemotherapy.