0819  TRANS-RECTAL ULTRASOUND GUIDED PROSTATE BIOPSY RELATED SEPSIS: A DGH EXPERIENCE OF FLUOROQUINOLONES
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Introduction: Though it is proven that post Transrectal Ultrasound (TRUS) guided biopsies of the prostate infection rates are reduced with prophylactic antibiotics - there is widespread variation with no consensus. Fluoroquinolones are most common but there are reports of fluoroquinolone-resistant strains of E. coli causing post-biopsy sepsis.

Methods: In a DGH, we performed an interventional study of patients undergoing a TRUS biopsy comparing a prospective group with a retrospective control. The control group comprised 71 consecutive patients in a 6 month period. New antimicrobial prophylaxis guidelines were introduced and 92 patients were then followed, with comparable profiles to the controls. The primary end-point was hospitalisation secondary to sepsis within a month.

Results: The control regime consisted of 3 days of ciprofloxacin 500mg BD PO, and the new regime comprised Metronidazole 500mg PO prior to, and Gentamicin 160mg IV immediately before, the procedure. There were 4 (4.3%) cases of documented TRUS-biopsy related sepsis with the new regime compared to the one case (1.4%) in control group. All urine cultures were negative, though E.coli was the most frequent cause of urosepsis (50%) on blood cultures.

Conclusion: Our study supports the use of fluoroquinolones as part of a prophylactic regime for TRUS biopsies of the prostate.

0823  IS THE TIMING OF DEFINITIVE SKELETAL FIXATION AND SOFT TISSUE COVERAGE IN THE MANAGEMENT OF GUSTILLO TYPE 3 OPEN TIBIAL FRACTURES COMPLIANT WITH BOA/BAPRAS GUIDELINES?
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Introduction: BOA/BAPRAS guidelines state that in complex lower limb trauma first debridement take place within 24hrs; soft tissue coverage is achieved at time of definitive skeletal fixation within 7 days of injury. This study investigates compliance with BOA/BAPRAS guidelines in regard to the timing of soft tissue reconstruction in the management of lower limb trauma in one UK Centre.

Methods: A retrospective audit was carried out from 2009-2010. 175 cases of lower limb trauma with plastic surgery input were identified. 21 patients were identified as having a Gustillo type 3 open tibial fractures. 15 male and 6 female patients were included with an age range of 17-88 years. The management of patients was compared with the BOA/BAPRAS guidelines.

Results/Discussion: 95% had their first debridement with in 24 hours. 85% of patients had definitive soft tissue reconstruction within 7 days, 40% at time of definitive soft tissue fixation. Three patients had local flaps and 18 had a free tissue transfer.

Conclusion: This study demonstrates good compliance with timing of first debridement and soft tissue coverage. However it highlights the need for greater co-operation between Orthopaedic/Plastic teams in achieving soft tissue coverage at the time of definitive soft tissue coverage.

0831  SETTING UP A TEACHING PROGRAMME FOR SURGICAL CORE TRAINEES – EXPERIENCE FROM THE OXFORD SCHOOL OF SURGERY
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Aim: We report our experience of setting up and running a Deanery wide monthly teaching programme for all surgical Core Trainees.

Methods: In 2007 we performed a needs analysis by questionnaire to all 56 surgical SHOs in the Oxford Deanery.

Results: The questionnaire was returned by 45 SHOs, with 75% in favour of a regional teaching programme, as only 50% received formal teaching at a local level. The vast majority (86%) of trainees asked for clinical cases, followed by basic surgical skills (76%) and exam practice (71%). Critical Care, Anatomy and Physiology were asked for by 69%, 64% and 58% respectively. Other suggestions included journal club, patient safety, medical ethics and career advice.

Conclusion: We constructed a teaching blueprint mapped on the ISCP Curriculum with one themed teaching session per month. We also compiled a Deanery booklist of recommended reading material and basis of “homework” prior to teaching sessions. Each teaching session consists of three parts, utilising different teaching modalities, with a main focus on small group work and discussion of topics with senior trainees and consultants. We collect feedback after every session, enabling continuous improvement of the programme, which is now in its third year.

0833  THE MANAGEMENT OF ACUTE SHOULDER DISLOCATION
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Background: Shoulder dislocation is the most common joint dislocation. Modern advances in radiological imaging and shoulder surgery have emphasised the dangers of the traditional reduction techniques such as Kocher’s and the Hippocratic method, which are still advocated by text books and clinicians.

Aim: To discover the current management techniques for acute traumatic anterior shoulder dislocation. A survey was conducted of orthopaedic and emergency physicians to discover their preferred reduction techniques, analgesia, position of immobilisation and imaging.

Method: 50 questionnaires were collected from London trainees (CT/STs). The most popular reduction technique used was Kocher’s (56%).

Results: Most respondents favoured initially using inhaled Ethonox (60%) for analgesia and if unsuccessful used systemic analgesia and sedation (opiates and/or benzodiazepines). Only 8% of trainees used an intra-articular block. The majority of trainees (80%) immobilise the shoulder in internal rotation. All trainees perform pre- and post-reduction X-Rays and 32% would recommend an MRI after reduction.

Conclusion: We believe that trainees should adopt safer reduction techniques such as Milch’s, Stimpson and Scapular Techniques. Kocher’s and Hippocratic techniques have been associated with neurovascular complications and fractures and are generally not recommended. We also feel that guidelines should be introduced for the management of this problem.

0834  CHARACTERISATION OF LABEL RETAINING CELLS IN THE MOUSE FLEXOR TENDON USING BROMODEOXYURIDINE PULSE-CHASE EXPERIMENTS
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Aim: Tendon healing is slow and poor following injury. Current management is often surgical but it has its drawbacks due to delayed healing or adhesion formation. We hypothesise that this is due to low numbers of tendon progenitor cells giving rise to tendons’ poor healing potential. Bromodeoxyuridine (Brdu) pulse-chase experiments allow the detection of label retaining cells (LRCs). Brdu incorporates into the DNA during S phase. Brdu can then be detected using standard immunohistochemistry. This study aims to quantify and spatially locate tendon progenitor cells in unwounded mouse flexor tendon.

Method: Mice were injected with 10µg/kg Brdu twice daily for a period of three days. The label was then chased for one, four or eight weeks. Cell density and percentage of Brdu-positive cells in the skin and the flexor tendon were calculated.

Results: LRC density in the flexor tendon was 18.5 (4.4), 28.2 (6.0), and 1.6 (0.2) cells/mm2 after one, four and eight weeks of chase, respectively. LRC density was significantly higher at the entheses of the flexor tendon than in its core (P < 0.5). In skin, LRC density was significantly higher than that in the flexor tendon (P < 0.5). The spatial distribution of LRCs was represented in a three-dimensional model.

0835  THE VASCULARITY OF ZONE II
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