
The Association of Surgeons in Training

Methods: Electronic Personal Assessment Questionnaire (ePAQ) is a validated tool that evaluates all aspects of pelvic floor function (urinary, bowel, vaginal and sexual). This tool was completed by ten patients (9 female) undergoing SNS for FI before and after the SNS implant. Responsiveness was calculated using effect size (ES) and standardised response mean (SRM). A value of 1 suggests high response and value between 0.20 and 1 shows an acceptable response.

Results: The highest pre implantation score was recorded in bowel continence and bowel quality-of-life. These also showed the largest ES and SRM values following SNS (bowel continence ES = 2, SRM = 1, QOL ES = 0.9 SRM = 0.6). Other domains showed little or no improvement. Global improvement in function was self reported as much better by 20%, somewhat better by 30% and about the same by 50% patients.

Conclusions: Despite the evidence that SNS improves global pelvic floor function in patients with urinary, faecal and sexual function, surprisingly we were unable to show that in patients with predominantly faecal incontinence.

INFORMED CONSENT FOR PSA TESTING: AN OUTPATIENT AUDIT

Ashok R. Gunawardene, Mark Kitchen. Sheffield Teaching Hospitals

Introduction: Detection and treatment of early prostate cancer through the use of PSA testing has yet to be proven to reduce mortality from the disease. In light of this and the impact of positive results on patients’ lives, men should be making fully informed decisions when they consider undergoing the test to investigate the possibility of cancer.

Methods: 106 men attending a Urological outpatients department completed a questionnaire that assessed the level of patients’ awareness of three important facts about PSA testing at the time of their first test.

Results: 75/106 (70.8%, 95% CI = 61.5–78.6) were aware that ‘PSA is a blood test used in the investigation of prostate cancer’, 56/106 (52.8%, 95% CI = 43.4–62.1) were aware that ‘having a PSA test is likely to result in further investigations’ and 34/106 (32.1%, 95% CI = 24.0–41.5) were aware that ‘PSA is not 100% accurate in the detection of prostate cancer’. 27/106 (25.5%, 95% CI = 18.1–34.5%) were aware of all three facts.

Conclusions: Levels of informed consent found to be unsatisfactory in this audit. This finding confirms the need for more care to be taken in adequately counselling patients before allowing them to decide whether or not to undergo PSA testing.

WNT SIGNALLING IN ADULT STEM CELLS

Shahab Dadbin. Biomedical tissue research laboratory York University Biology department

There is a large body of research evidence supporting the use of mesenchymal stem cells (MSCs) derived from human bone marrow for many therapies. These include cell therapies for degenerative and inherited diseases. In order to make use of MSCs in these therapies, it is essential to find safe and efficient methods to control their proliferation and differentiation. The Wnt signalling pathway is one of the groups of pathways which controls proliferation and differentiation in these cells. One of the subtypes of Wnt signalling pathways is known as Wnt/calcium pathway. In this project Wnt5a ligand was used to investigate some of the effects of Wnt/calcium signalling pathway in MSCs. It was found that calcium was released in response to Wnt5a, via intracellular calcium stores. A dose response curve of Alkaline phosphatase activity was observed during osteogenic differentiation in response Wnt5a treatment. Date also showed Wnt5a did not have a proliferative effect in MSCs or during osteogenic differentiation. Using RT-PCR techniques, genes involved in Wnt/calcium signalling pathway during osteogenic differentiation were identified. Wnt5a was found to be expressed in MSCs, with a reduction in expression through osteogenic differentiation.

PEER ASSESSMENT FOR EVALUATION OF TECHNICAL SKILLS IN SURGERY

A. Currie, R. Aggarwal, C. Sugden, T. Lewis, P. Ziprin, A. Darzi. Department of Biosurgery and Surgical Technology, Imperial College London

Aims: Virtual reality (VR) simulation can enhance patient safety through early technical skills acquisition outside the operating theatre. However, optimal methods to evaluate progression are unclear. Expert evaluation, even via video-analysis, is time-consuming for faculty, and consequently delays feedback. This study compares novice peer- and self-rating with expert-rating on a laparoscopic VR simulator.

Methods: 20 paired surgical trainees (F1-ST5) undertook a procedural task (gall bladder dissection) on the LapMentor VR simulator. The operator and observer independently scored the procedure using a validated modified OSATS scale (total score range 4 to 20). The procedures were recorded and post-hoc assessed by an expert rater.

Results: Surgical trainees rated themselves more technically proficient than peer-ratings for total score (median 9.08 versus 12.00, p = 0.046) and precision (2.17 versus 3.08, p = 0.026), though not for unnecessary movements, confidence of technique and respect for tissue. Correlation with expert assessment was superior for peer (r = 0.782, p = 0.003) versus self-assessment (r = 0.595, p = 0.041).

Conclusions: Assessment of technical skill by peers is a more suitable measure of performance than self-assessment, on a simulator task. Peer-assessment may reduce the need for faculty supervision for competency-based technical skills training.


O. Jones, V. Srivastava, R. Cochran, T. Gate. Wrexham Maelor Hospital

Aim: To determine five-year survival rates for all patients with a new diagnosis of breast cancer diagnosed during 2001–2003 at a single Welsh DGH.

Method: All patients diagnosed during 2001–2003 were included. – Pathology results were analysed to confirm the diagnosis and determine local recurrence rates. – All deaths recorded were obtained from the Myrddin computer programme.

Results: 435 patients satisfied the inclusion criteria. 11 patients were excluded due to no record of follow-up. Three patients were male. – Mean age 62.13 years (Range: 27.67 – 96.79). – Mean follow up 61.85 months (Range: 0.57 – 100.23). – One and five-year survival was 92.41% and 73.35% for all patients. – One and five-year survival improved to 97.74% and 83.55% respectively for those having undergone curative surgery for invasive disease (n = 310). – 8/310 (2.6%) developed a local recurrence during the follow up period.

Discussion: A period analysis from 2005 predicted a one and five-year survival rate of 92.1% and 77.9% for Wales during this period. – The local recurrence rate reported in this series compares favourably with the literature.