Methods: A retrospective review of research presentations at the annual congresses of ASCBI from 2007 to 2010 was undertaken. Abstract books were reviewed for presentations on training and education.

Results: A total of 153 research presentations were made over the study period. Of those, there were 49 oral presentations (OP) [oral 37 (76%), E-poster of distinction 12 (24%)], and 104 poster presentations (PP).

Training delivery and assessment (TDA) represented the most frequently researched area (OP=45%, PP=43%), followed by learning / development and teaching (OP=13%, PP=16%), perception and practice assessment (OP=14%, PP=19%), career choice assessment (OP=14%, PP=6%), clinical outcome assessment (OP=6%, PP=10%), and miscellaneous (OP=8%, PP=6%). Year wise analysis revealed highest number of presentations (combined oral and poster) made in 2007 (48), followed by 2008 (37), and 2009 and 2010 (34 each).

Conclusion: Our results confirm that training reforms proved catalyst to researching surgical training in the UK. TDA remains the most frequently researched area.

0394 THE OUTCOME OF RADILOGICALLY INSERTED GASTRODUODENAL STENTS TO TREAT MALIGNANT GASTRIC OUTLET OBSTRUCTION

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Introduction: Malignant gastric outlet obstruction can be palliated surgically or by self-expanding metallic stent (SEMS) insertion. Our aim was to review the outcome of patients who underwent radiological SEMS insertion.

Methods: Patients were identified from a prospectively collected interventional radiological database.

Results: Between December 2000 and September 2010, 105 SEMS were inserted in 59 males and 36 females. Median age was 73 (range 39–89) years. SEMS were inserted trans-ORAL (n = 61) or trans-gastrically (n = 44). Site of obstruction was the stomach (n = 39), duodenum (n = 54) or gastroenterostomy (n = 12). Technical success was 86.7% overall, 83.6% for trans-oral insertion and 90.9% for trans-gastric insertion. Ten patients developed complications from stenting. Median gastric outlet obstruction severity score was 1 pre-stent insertion and 2 post-insertion. Median survival was 41.5 days (range 1–624). Median length of hospital stay was 13 days (range 1–153). Eight (8.6%) patients required repeat SEMS insertion due to tumour ingrowth.

Conclusion: The technical success rate for the insertion of palliative SEMS is high. Insertional technique can be tailored to the individual patient depending on the location of the obstructing tumour. These patients have a limited life expectancy and a very poor prognosis.

0396 IABP USAGE IMPROVES OUTCOME – MYTH OR REALITY?

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Background: An aging, co-morbid population has resulted in increased use of intra-aortic balloon pumps (IABP). Controversy remains about when the need for an IABP device is a surrogate for poor patient status and outcome may be improved by prophylactic insertion in high risk patients. We have not seen significant complications, however any change to practice must be cautious and supported by further studies.

0397 AN AUDIT OF ENTERAL NUTRITION AND ANTIBIOTIC ADMINISTRATION IN PATIENTS WITH ACUTE PANCREATITIS IN A DISTRICT GENERAL HOSPITAL

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Background: Evidence has shown that enteral nutrition in acute pancreatitis can attenuate the acute phase response and improve clinical disease severity. There remains no consensus view on the value of antibiotic prophylaxis.

Aim: To evaluate the mode of nutrition and the practice of antibiotic use in patients presenting with acute pancreatitis.

Methods: A retrospective case note review, of consecutive patients admitted with acute pancreatitis from January to August 2010.

Results: We identified 27 admissions. Aetiology was determined in 80% of cases. In total 18 (66.7%) patients were severity scored. The majority (n=21) were kept NBM for greater than 24 hours. The average length of stay was 6.5 days in those kept NBM for greater than 24 hours, compared with 4 days for those kept NBM for less than 24 hours. Antibiotics were administered in 2 patients with no proven source of sepsis.

Conclusion: The majority of patients diagnosed with acute pancreatitis are kept NBM. Doctors need to be aware of the benefits of enteral nutrition in these patients, to prevent gut translocation and attenuate sepsis. Length of hospital stay could also be reduced in this group. This has important ramifications in the current economic climate.

0402 SURGICAL SITE INFECTIONS IN OTORHINOLARYNGOLOGY

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Introduction: Surgical site infections (SSIs) are an important cause of health-care associated infections. The Health Protection Agency’s Surveillance of Healthcare Associated Infections Report in 2008 published SSIs rates of various surgical procedures in England. Feedback on SSI rates can enable the unit to compare its rates over time and with other hospitals.

Aim: To identify the rate of SSIs at Doncaster Royal Infirmary, ENT department.

Methods: Data was collected from the ward book and the trust’s computer system. All patients with a SSI from Aug 2008 to July 2009 were indentified. Individual notes were studied.

Results: A total of 2441 procedures were performed. 11 patients (0.45%) had developed SSIs. Of those affected, 82% were male, 18% female, 73% were smokers, and the mean age was 44. Only 60% of the patients had any microbiology done and anti-biotics were not prescribed as per trust protocol.

Conclusion: A SSIs rate of 0.45% is low compared to national rates. The unit should be encouraged to keep up with their universal infection control measures. Medical staff will be educated regarding the trust’s anti-biotics/microbiology protocol. A re-audit will be performed.

0403 DOES BREAST CANCER SURGERY HAVE A SIGNIFICANT THROMBOEMBOLIC RISK?

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Background: Studies have estimated the venous thromboembolism (VTE) risk of up to 1.1% in patients undergoing surgery for breast cancer and up to 1.5% for breast reconstruction. Current guidelines recommend use of prophylactic low molecular weight heparin (LMWH) for all patients undergoing surgery for cancer. Local policy for breast surgery is not to give prophylactic LMWH, unless a reconstruction is being performed. Our aim was to compare the rate of deep vein thrombosis (DVT) post-operatively across all surgical specialties.
Single incision laparoscopic appendicectomy (SILA) is considered to be a lesser invasive alternative to traditional laparoscopic surgery. We aimed to analyse available data on this new approach. Occurrence of long term complication types remains unexplored.

**Introduction:** Team-working and clinical decision-making by multidisciplinary teams (MDTs) are important for effective cancer care. Whether different professional groups within MDTs share priorities regarding these aspects of MDT working is unknown.

**Methods:** Qualitative, open-ended questions regarding MDT effectiveness, clinical decision-making, and patient representation from the 2009 UK National Cancer Action Team survey were qualitatively analysed. Responses from 1792 participants, including doctors, nurses, and MDT Coordinators supported by direct quotes, are presented by professional group.

**Results:** Doctors felt that MDT treatment recommendations were not implemented because of poor knowledge of patients’ views. Nurses and MDT Coordinators felt that lack of personal contact with patients was to blame. Availability and completeness of radiological and pathological information were deemed important. The priority for nurses and MDT Coordinators was obtaining clinical notes. Nurses and doctors felt that more time in their job-plans to attend MDTs would improve their contribution. Documenting disagreements and telling patients honestly is preferred to presenting consensus. There was consensus that in MDT meetings nurses should represent patients’ views, but Consultants should communicate team recommendations to patients.

**Conclusions:** Discrepant views between professional groups in MDTs should be further explored and resolved, promoting effective teamworking and clinical decision-making, ultimately for the benefit of cancer patients.

**Method:** Data was collected on demographics, type of surgery and DVT form September-2009 to September-2010.

**Results:** In total 9170 procedures performed, of which 315 were for breast cancer. 12 of these, had breast reconstruction. A total of 52 patients developed DVT. 2(0.63%) patients undergoing breast surgery developed DVT, compared with 27(0.83%) patients with abdominal surgery and 23(0.41%) with orthopaedic surgery. Of the 2 breast patients, the mean age was 52 and DVT occurred at 4.5-5 months postoperatively. One patient had metastatic disease, for which she was receiving palliative chemotherapy.

**Conclusion:** Our results demonstrate that breast surgery carries a low risk of thromboembolic disease. Despite not routinely prescribing LMWH postoperatively, VTE rates are comparable to general and orthopaedic surgery who receive prophylactic LMWH. These results support current practice.

**Objective:** This single centre study examines the outcomes of elective ET for CMI.

**Method:** A retrospective 9 year review of consecutive elective ET cases for CMI. Emergency cases for acute mesenteric ischaemia were excluded.

**Results:** 17 patients (53% males / 76% ASA3) with a median age of 79 years (49-89) received ET. Median LOS was 3 days (1-120) and follow-up was 12 months (0-97). Not all had classical post-prandial pain (53%), weight loss (53%) or diarrhoea (29%). Pre-ET investigations include abdominal ultrasound (47%), endoscopy (41%) and CT angiography (100%). Angiographic evidence of occlusion or stenosis (>70%) was observed in 1 axial vessel (n=2), 2 axial vessels (n=11), all 3 axial vessels (n=4). 16/17 patients received a balloon-expandable stent with a technical success rate of 94%. There were no access vessel injuries or target vessel injuries. Post-ET, 2 patients required laparotomy for worsening ischaemia. Mortality rates were: peri-procedural (0%), 30-days (11%), 1-year (29%) and 3-years (42%). The 3-year cumulative rate of freedom from symptomatic recurrence was 76%.

**Conclusion:** Although acceptable mid-term outcomes for symptomatic success and survival rates were observed, worsening bowel ischaemia remains a risk post-ET. Patients should complete investigations for nonvascular causes of abdominal pain before ET is considered.