0053 EFFECT OF PARATHYROIDECTOMY ON QUALITY OF LIFE IN PRIMARY HYPERPARATHYROIDISM
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Introduction: Many patients with primary hyperparathyroidism (1oHPT) are diagnosed when they are considered to be ‘asymptomatic’. The National Institute of Health (NIH) 2009 Conference provided guidelines on management of such patients; however they have been criticised by surgeons and endocrinologists for being too conservative. ‘Asymptomatic’ patients with 1oHPT may suffer with non-specific complaints, alleviation of which may only be noticed after parathyroidectomy.

Aims: Our purpose was to assess impact of parathyroidectomy on pre-operative symptoms in patients with 1oHPT, using a validated symptom scoring tool. In addition, relationship between symptom improvement and calcium reduction was investigated.

Method: Consecutive patients with 1oHPT, undergoing first time neck exploration from December 2008 to June 2010, prospectively completed parathyroidectomy assessment of symptoms (PAS) questionnaires pre-operatively and 6 weeks post-operatively. Pre and postoperative serum calcium levels were noted.

Results: 79 patients underwent first time neck exploration for 1oHPT over the study period. 71 (90%) patients had symptom improvement according to PAS scores. 32 patients did not meet NIH criteria for surgery, of these 26 (81%) experienced symptom improvement. No relationship was demonstrated between symptom improvement and serum calcium (Pearson’s correlation co-efficient 0.04).

Conclusion: Parathyroidectomy should be considered the treatment of choice for patients with biochemical evidence of 1oHPT.

0059 HYPERTENSION AND THE POST-CAROTID ENDARTERECTOMY CEREBRAL HYPERPERFUSION SYNDROME
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Objective: Cerebral hyperperfusion syndrome is a preventable cause of stroke after carotid endarterectomy. The purpose of this review was to identify the optimal blood pressure control strategy post-operatively.

Method: A systematic review of the PubMed database (1963-2010) was performed using appropriate search terms according to PRISMA guidelines.

Results: 36 studies were identified as fitting a priori inclusion criteria. Post-operatively, the incidence of severe hypertension was 19%, symptomatic hyperperfusion 1% and intracerebral haemorrhage 0.5%. The mean systolic blood pressure of patients who went on to develop hyperperfusion syndrome was 164 mmHg and the cumulative incidence rose appreciably above 150 mmHg. The mean systolic blood pressure of cases was 189 mmHg at presentation. The incidence of symptomatic hyperperfusion in the first week was 92% with a median time to presentation of 5 days. 36% of patients presented with seizures 31% with hemiparesis and 33% with both. The proportion of patients with severe hypertension was significantly higher in cases than in post-CEA controls (p < 0.0001, Odds ratio 19). Three large case-control studies identified postoperative hypertension as a risk factor for ICH.

Conclusion: There is level-3 evidence for the prevention of intracerebral haemorrhage through control of postoperative blood pressure. We describe a new blood pressure control strategy for validation in a prospective study.

0063 SURGINOTETM: A SOFTWARE PROGRAM DESIGNED TO IMPROVE THE ACCURACY AND QUALITY OF OPERATION NOTE-KEEPING AND FACILITATING PAYMENT BY RESULTS
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Background: SurgiNoteTm is database program designed by a surgeon for surgeons. The aim was to produce clear, concise operation notes, and also aid clinical coders in accurately coding procedures and co-morbidities, resulting in increased accuracy and efficiency of coding. This ultimately results in accurate payments for the Trust. SurgiNoteTm has several features including production of an automatic discharge summary for the patient, providing a foundation for clinical audit and allowing logbook records to be traced. SurgiNoteTm can be accessed from any computer on the Trust intranet, aiding follow-up at peripheral hospitals within the Trust.

Results: Since the introduction of SurgiNoteTm an audit has demonstrated there has been a 34% decrease in overall coding inaccuracy (p < 0.00001). This has resulted in a reduction in income error by 6% with a 18,442 saving per month. The average coding time, from patient discharge to when coded, was reduced from 14 days (range 2 to 91 days) to 9 days (range 0.1 to 48 days) (p < 0.0001).

Conclusion: The introduction SurgiNoteTm has been acceptable to all parties using it. Improving source documentation has demonstrated a clear reduction in both procedure coding inaccuracy, incomplete coding of co-morbidities and improved efficiency in coding.

0068 TRANSANAL HAEMORROIDAL DEARTERIALISATION – EARLY OUTCOMES AFTER MUTUAL MENTORING
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Introduction: We assessed the feasibility and safety of introducing Transanal Haemorrhoidal Dearterialisation (THD) into a colorectal unit for patients unsuitable for outpatient sclerotherapy or haemorrhoid banding.

Methods: Two colorectal surgeons attended a THD training course, observing 5 procedures. The technique involves ligation of the haemorrhoidal arteries in the anorectum by Doppler guidance and reduction of the haemorrhoidal prolapse by circumferential internal anorectal mucopexy. Subsequently, they mentored each other, before undertaking procedures independently and then training junior surgeons. Following surgery, patients were contacted to ascertain recovery and any complications.

Results: Over 9 months, from December 2009 to August 2010, 40 THD cases were undertaken (M 21: F 19. Mean age = 52). Thirty-two of the 40 patients were managed as daycases (80%). Of these 40, 23 were contacted 4 days post-operatively, and 9 retrospectively. Of these 32, 17 (53%) had returned to normal activity by day 4 post-operatively. There were no immediate complications, and no readmissions. One patient’s haemorrhoidal disease has recurled (2.5%).

Conclusions: THD has been safe to introduce, with approximately half of patients returning to normal by the fourth day. Comparisons with other haemorrhoidal surgical techniques and long-term outcomes are required.

0075 PATTERNS OF INJURY IN MOTORCYCLE ACCIDENTS; RELATIONSHIPS TO MORTALITY AND OUTCOME
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Introduction: This study looked used of Trauma Scores in A+E in predicting outcome for patients who had been involved in motorbike accidents in Ho Chi Minh City, Vietnam over a one month period from April-May 2010.

Methods: The data was collected at Cho Ray Hospital. Patients were included who had been riding on a motorbike, involved in a road traffic collision (RTC) and that this RTC was the reason for presentation to the Emergency Department. These patients were collected using convenience sampling. This longitudinal observational study used the Trauma Injury Severity Score (TRISS) and its components Injury Severity Score (ISS) and Revised Trauma Score (RTS) as well as looking at physiological parameters to predict the level of intervention that would be required.

Result: ISS showed the best correlation to outcome followed by TRISS. The physiological parameters best correlated with outcome were Respiratory rate and GCS. Cranial and Facio-cranial injuries were most common injuries.

Conclusion: Despite well documented limitations the Trauma Scores, the ISS showed a good correlation with outcome for this small group. The injury profile of the patients suggests that more needs to be done regarding the helmet design in Vietnam to prevent head and facial injuries.