

**Aims:** We aimed to study patients presenting to breast clinic with incidental breast lesions discovered by increasing usage of Computerized Tomography (CT) scans.

**Methods:** A prospective study over a 3-year period, including patients with incidental breast abnormalities detected by CT scans. These patients were assessed by clinical breast examination with mammography, ultrasonography and tissue biopsy if indicated.

**Results:** A 264% increase was observed in the total number of thoracic CT scans (1939 scans in 2005 and 5115 scans in 2010). 26 patients were included in this study with CT scans showing incidental breast lesions. Age range was 50–92 (median 82.5) years. Clinical indications of CT scans were evaluation of the abnormal chest x-ray (8, 31%), preoperative evaluation of non-breast malignancy (3, 11%), infectious diseases (3, 11%), weight loss (7, 27%) and miscellaneous (5, 20%). 13 (50%) had breast cancers, 1 (4%) had lymphoma and 12 (46%) had benign breast conditions. These 13 breast cancer patients constitute 1.36% of the total 956 breast cancers diagnosed over this three-year period.

**Conclusions:** A significant number of breast lesions incidentally found on CT scans are shown to be breast cancers (50%). These patients need rapid access to one-stop breast clinic for full evaluation.

#### 0800 EVALUATING THE ACCURACY OF CT STAGING OF COLON CANCERS AND ITS RELEVANCE TO FOXROT TRIAL

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**Background:** Colorectal adenocarcinoma is the third most common cancer in the UK, with 35,000 new cases/year and 16,000 deaths annually. Computer Tomography (CT) has been the principal investigation in staging colon cancer.

FOXROT is an on-going multi-centre randomized controlled trial about Neoadjuvant chemotherapy. FOXROT enrolls patients with poor prognosis i.e. T3/T4 and N1 disease.

**Aim:** Determine the accuracy of CT staging of colorectal cancers and suitability of enrolling patients into the current FOXROT trial.

**Methods:** Retrospective study carried from Sept07 to Sept09. 32 patients were scanned with our old CT scanner (single slice 10mm thickness), and prospectively 36 patients were scanned with the new thin-slice CT (64-slice 2mm thickness/slice) from Aug08. Scans were staged by our gastro-intestinal (GI) radiologist (Sobin&Wittekind2002) blinded to postoperative histological staging.

**Results:** Two patients excluded as histology revealed a carcinoid tumour and an adenoma respectively. 55 patients were found to have T3/T4 disease and another patient had T2 N1 disease. 30 patients had non-matching T disease, and 29 patients with non-matching N disease.

**Conclusions:** CT only over-staged 4 patients (6%). The new CT scanners are more sensitive in evaluating nodal involvement. CT is an accurate reliable tool in staging colon cancers particularly transverse and descending colon.

#### 0803 AUDIT OF KIRSCHNER-WIRE PINNING OF DORSALLY TILTED DISTAL RADIUS FRACTURE

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**Aims:** We aim to explore the difference in the early radiological outcomes and reoperation rates between patients with dorsally tilted distal radius fracture treated with different methods using K-wires.

**Methods:** Retrospective evaluation of radiographs using electronic PACS. Measurements were taken on each fracture (5 on anteroposterior and 3 lateral views) in the immediate post-operative period and at two weeks follow-up.

**Results:** 73 (18 intrafocal techniques: 55 conventional) adult patients were treated in 2009. Average ages were 59.2 and 58.8 in the intrafocal and conventional groups respectively. Female patients were majority in each group (72.2% intrafocal and 78.2% conventional). Using Frykman's

classification, there were 88.9% intraarticular fractures in the intrafocal group against 85.5% in the conventional group ( $p=0.71$ ). Median radiocarpal interval in the intrafocal group was significantly higher than the conventional group (2.1mm vs 1.8mm,  $p<0.02$ ). There was no significant difference in other measurements. Post-reduction measurements were observed to be lower than normal values ( $p>0.05$ ). One patient in each group underwent revision surgery due to loss of reduction post-operatively at two weeks.

**Conclusion:** Both intrafocal and conventional K-wire pinning techniques produced similar early post-operative reduction results and low failure rates leading to revision surgery.

#### 0805 LOCAL ANAESTHETIC BREAST CANCER EXCISION IN UNFIT PATIENTS: A SAFER OPTION

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**Aim:** Elderly and medically unfit patients make up a small but significant proportion of breast cancer patients. We aimed to study their cancer excisions under local anaesthesia (LA).

**Methods:** A prospective study of breast cancer excisions under LA from Mar 2008 to date. Preoperatively American Society of Anaesthesia (ASA) status, Portsmouth Physiologic and Operative Severity Score for enumeration of Mortality and Morbidity (PPOSSUM) and oestrogen receptor (ER) status were assessed.

**Results:** 17 patients were included, with average age of 81 years (range 59 - 94 years). 10 patients had ASA grade 3 and 7 patients had ASA grade 2. Preoperative PPOSSUM score predicted morbidity at 28.5 % (range 15 - 60%) and mortality at 1.8 % (range 0.1 - 6.1%). The observed morbidity was 5.8 % (one patient developed haematoma) and mortality was 0%. Size range of tumours was 13–47mm (median 26mm). 9 patients were ER negative and 7 were positive. The follow-up range was 8–34 months (median 19 months).

**Conclusions:** Medically unfit breast cancer patients can benefit from excision under LA. All patients in this selected 'unfit' group were treated as day cases. Despite a relatively short follow-up, all patients currently remain disease free.

#### 0806 ARE JUNIOR SURGEONS INSERTING CENTRAL LINES WITHOUT ADEQUATE TRAINING OR EXPERIENCE? AN AUDIT OF CURRENT PRACTICE

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**Background:** 200,000 central lines are inserted annually in the UK. NICE guidelines from 2002 recommend trained, competent operators use ultrasound to insert all lines. A 2004 NICE survey identified training inadequacies and equipment shortages. We audited insertion of central lines at a DGH against the NICE guidance.

**Methods:** Questionnaires concerning clinician grade, technique, ultrasound use and ultrasound training were completed by clinicians inserting lines in theatres.

**Results:** Surgeons inserted fewer lines than anaesthetists overall, but a greater proportion of emergency lines. Ultrasound was frequently used (65% elective, 85% emergency, 70% overall), but surgeons had less training in ultrasound than anaesthetists, especially surgeons inserting emergency lines. Fewer middle-grades/SpRs had formal training than SHO's and consultants but inserted the most lines.

**Conclusion:** Ultrasound was used less frequently than recommended by NICE; many lines are inserted by junior surgeons without training in ultrasound use and in emergency situations. Inserting central lines out of hours, unsupervised and untrained, potentially jeopardises patient care. For junior surgeons to continue inserting lines safely, there is a need for accessible, formal training in ultrasound for vascular access and the technique of line insertion.

We propose a simple training programme that can be deployed quickly and without significant cost implications.