Conclusion: Length of symptoms, symptomatic dominant side and gender are poor predictors of progression to surgery following carpal steroid injection.

0408: ORTHOPAEDICS IN THE UK PRESS
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Aim: To determine the portrayal of Orthopaedics in the United Kingdom press.
Methods: National newspaper articles were retrieved from LexisNexisTM Professional over 1 year (May 2009–May 2010), using the terms “Orthopaedic or Orthopedic”.
Results: 850 articles were retrieved and 504 were relevant. Orthopaedics was mentioned in passing in 56%, the main topic in 29% and the sole topic in 15%. Trauma (41%) was the main focus, followed by frames and paediatrics. The main anatomical focus was lower limbs (58%), upper limbs (12%) and spine (11%). Orthopaedic surgeons were quoted in 32% of articles. 20% of articles were hospital related. The rest were orthopaedic device company related (16%), new techniques (11%) and orthopaedic articles. 20% of articles were hospital related. The rest were orthopaedic

Conclusions: Orthopaedics receives UK press attention as a main theme and in passing, concentrating on trauma and lower limbs. Majority of articles were neutral or positive, but the tone of articles of orthopaedic surgeons were 50% negative, 30% positive and 20% neutral.

0416: ELASTIC STOCKINGS OR TUBIGRIP FOR ANKLE SPRAIN: A RANDOMISED CONTROLLED CLINICAL TRIAL
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Background: Ankle sprains are generally self-limiting but significant proportion of patients with ankle sprains has persistent symptoms for months.
Aims: To evaluate whether elastic stocking improve recovery following ankle sprain.
Methodology: All patients within 72 hours of ankle sprain were identiﬁed in Accident & Emergency or the Fracture Clinic. Consenting patients, stratified for sex, were randomized to either: i) tubigrip or ii) class II below knee elastic stockings (ES) which were ﬁtted immediately. The deep veins of the injured legs were imaged by duplex Doppler for deep vein thrombosis (DVT) at four weeks. Outcome was compared using the American Orthopaedic Foot and Ankle Score(AOFAS) and SF12 V2 for quality of life.
Results: In the 36 randomised patients, the mean (95% CI) circumference of the injured ankle treated by ES was 23.5(23-24)cm initially and 22(22-23) cm and 22(21-22.5) cm at 4 and 8 weeks (p<0.001) compared with 24(23-25)cm initially and 24(23-25) cm and 24(23-24.5) cm using tubigrip (p<0.001). By 8 weeks, the mean AOFAS and SF12v2 scores were signiﬁcantly improved by ES at 99(81) and 119(118-121) compared with 88(11) and 192(99-107) with tubigrip (p<0.001). Of the 34 duplex images at four weeks, none had a DVT.
Conclusion: Compression improves recovery following ankle sprain.

0437: MINIMALLY INVA SIVE AKIN OSTEO TOMY FOR HALLU X VALGUS
Samuel James, Richard Walter, James Davis. Department of Trauma and Orthopaedics, Torbay Hospital, Torbay, Devon, UK
Aims: Since 2009, a minimally invasive Akin osteotomy procedure has been carried out at a UK district general hospital, for the treatment of mild-to-moderate hallux valgus. The outcomes of this procedure are not well described in the international surgical literature. This case series describes radiological outcomes and complications at a median follow-up of 13 months.
Results: Twenty six patients underwent the procedure between March 2009 and June 2011. 96% of cases were successfully performed as a daycase. All patients were followed-up in clinic. Mean pre-operative hallux valgus angle was 20.0°, mean post-operative hallux valgus angle was 7.7°, a statistically signiﬁcant reduction (p<0.05). Overall complication rate was 27%, 2 (7.7%) patients developed infections requiring oral antibiotics, 2 (7.7%) patient required removal of the osteotomy screw, and 4 (15.2%) patients had ongoing pain and/or stiffness at the 1st MTPJ.
Conclusions: This case series demonstrates that a minimally invasive Akin procedure is effective at reducing hallux valgus angle. Overall complication rate was comparable to minimally invasive distal ﬁrst metatarsal osteotomies. Randomised controlled trials are required to further compare the technique to alternative minimally invasive or open techniques.

0444: THE INTERSPINOUS DEVICE ‘SPINOS’: A CASE SERIES
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Interspinous devices can be used to achieve distraction between the spinous processes to improve symptoms in spinal canal stenosis. The study was to identify radiological and clinical outcomes when using the Spinos (Privelope Spine) device in lumbar canal stenosis.
Patients were identiﬁed and retrospectively analysed. Pre-operative and post-operative canal area and Oswestry Low Back Pain disability questionnaire scores were recorded. 9 patients underwent surgery, one at two levels. Most was at L4/5 (67%). All patients underwent general anaesthesia, with a mean 4 day inpatient stay. Mean percentage increase in canal area at the level of surgery was 4%, range -3% to 15% (8% at the level above, 21% at the level below) which equated with a mean area increase of 41 mm², range -7 mm² to 98 mm² (14 mm² at the level above, 23 mm² at the level below). Patients reported an improvement of 3% in their questionnaire results. The Spinos device seems to show promising results with regards improvement in canal size, however patient outcomes are disappointing. The potential for day case surgery under local anaesthesia needs to be evaluated further, but would have signiﬁcant theoretical advantage in terms of anaesthetic morbidity and cost effectiveness.

0447: LOCAL INFILTRATION ANALGESIA COULD BE SUPERIOR TO NERVE BLOCK IN TOTAL KNEE ARTHROPLASTY SURGERY – A RETROSPECTIVE STUDY OF 87 CASES
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Aim: Total knee arthroplasty (TKA) is associated with signiﬁcant post-operative pain. Local infiltration analgesia (LIA), a relatively new technique for postoperative TKA pain control, was introduced at our hospital in 2011, although conventional nerve block (NB) remains the method of choice. This study compares outcomes between LIA and NB in TKA patients.
Method: One hundred randomly selected TKA cases from 2011 were reviewed; thirteen exclusions did not ﬁt the two groups (Local or Block). Sample characteristics and treatment outcomes were compared. Signiﬁcant differences were determined by chi-squared and t-tests.
Results: Both groups had similar sample characteristics and no signiﬁcant differences in pain measurements, frequency of dressing, venous morpnie and range of motion of the operated knee at 6-week follow-up. Length of Stay ( t(85) = 3.170, p = 0.002) was signiﬁcantly longer in the Block (M=4.65, SD=1.10) than in the LIA (M=3.91, SD=1.06) group. Oral Morpnie use ( t(85) = 2.744, p = 0.007) was signiﬁcantly higher in the Block (M=1.83, SD=1.57) than in the LIA (M=0.98, SD=1.31) group. Complication rates were similar for both groups.
Conclusions: Local group patients had signiﬁcantly shorter hospital stays and used less morphine, with no increase in complications. LIA can be considered a safe approach and larger controlled randomised studies should be encouraged.
Hip fractures are a frequent event, with a lack of evidence as to how these patients are globally treated peri-operatively and a need exists to identify current management patterns. A UK web-based survey investigated the rationale of fixation of AO 3.1A.1 and AO 3.1A.3 fractures, post-operative x-rays, venous, VTE prophylaxis and follow up. 249 trainees responded. 98% chose a sliding hip screw for the AO 3.1A.1 fracture. For the AO 3.1A.3 fracture 95% chose an intra-medullary device. 24% of respondents selected the option most representative of current NICE guidelines for VTE prophylaxis. 79% requested post-operative x-rays and 87% outpatient follow up.

Trainees show compliance with published evidence in terms of their choice of fixation of the AO 3.1A.1 fracture pattern. Fixation of the AO 3.1A.3 fracture with an intra-medullary device is clearly common place, but the evidence to support this is currently not conclusive. Routine post-operative x-rays are not supported by the evidence and are unnecessary in terms of cost and radiation exposure. Routine outpatient follow up is an increased burden on finite resources.

This work is evidence of contemporary hip fracture peri-operative care and has implications in light of the growing burden of these injuries.

**0494: THROMBOEMBOLIC PROPHYLAXIS IN ACUTE ACHILLES TENDON RUPTURE**

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**Aim:** Current evidence for routine thromboprophylaxis in acute Achilles tendon (TA) ruptures is controversial and lacking. Rate of a venous thromboembolic event (VTE) reportedly varies between 6.3%-34%. No national guidelines have been set specifically for this purpose. The aim of this audit is to assess the rate of VTEs and review the need for routine thromboprophylaxis for VTE at our local Orthopaedics Department with suggestions of a protocol of management.

**Method:** Retrospective review of patient demographics, management of acute TA rupture, follow up and rate of VTEs using case notes and imaging services for patients with acute TA rupture during May 2009 to October 2011.

**Results:** The rate of VTE in our case series of 76 patients was 6.6% (5/76) during the 30 months study period. 3 patients had distal DVT and 2 patients had non-fatal pulmonary embolism all within 3 months of TA rupture diagnoses. All patients had associated risks for thromboembolic events.

**Conclusions:** In view of the evidence, low incidence of VTE does not support the use of routine chemoprophylaxis. However, anticoagulation should be considered for patients who have additional factors contributing to VTEs in the setting of acute TA ruptures.

**0508: AUDIT OF HANDOVER PRACTICE IN ORTHOPAEDICS AND TRAUMA – CAN IMPROVEMENTS BE MADE?**

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**Aims:** To assess the efficiency and safety of patient handover in a level 2 trauma centre with a catchment of 650,000 patients.

**Method:** A two week sample of handover sheets was compared to the national standards from the Royal College of Surgeons, England. These identify categories of handover information. Fifteen doctors (Foundation Year 1 to Core Surgical Trainee Year 2) collected whatever documentation for handover had been used. A template handover sheet was then created and our data presented at the multi-disciplinary departmental meeting. It was readily adopted as the working on-call list and three months later the audit cycle was completed.

**Results:** The initial audit revealed 54% of the minimum information was handed over. The re-audit showed this to be 90% and of all the points within the guideline, 66% were now being handed over - an increase of 36% and 27% respectively.

**Conclusion:** A clear need for improvement in handover practice has been fulfilled by the introduction of a simple, well designed template - demonstrating a safer and more complete handover practice. Shift patterns add to the challenge of handover and a system needs to be in place to accommodate this to optimise patient care.