

0627: ONCOLOGICAL OUTCOMES IN PATIENTS WHO UNDERWENT GLANSECTOMY AND SKIN GRAFTING FOR TREATMENT OF PENILE SQUAMOUS CELL CARCINOMA

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Introduction: Penile carcinoma is rare and the majority of disease is seen as squamous cell carcinoma (SCC). 80% of disease is distally located and is often amenable to penile preserving surgery. Glansectomy with split skin grafting is a widely used procedure, however, only a small number of centers have published data.

Methods: A retrospective review was undertaken of all patients who underwent surgery for penile SCC under the care of a single surgical team. Grading and staging of disease as well as complication and recurrence rates were recorded.

Results: 12 out of a total of 14 patients underwent glansectomy and skin grafting for penile SCC. Mean follow up was 18 months. The majority of cases were T2G2. Disease specific survival was 92%. No local recurrence or complications were seen.

Conclusions: Recurrence rates from this study were comparable with other published data and the low complication rates seen here and elsewhere also compare favorably to less invasive treatment modalities such as radiotherapy. Compared with traditional, more radical surgery, glansectomy with skin grafting offers good oncological control while preserving penile length and function.

0629: TREATMENT OF INFANTILE HAEMANGIOMA WITH PROPRANOLOL IS BOTH SAFE AND EFFECTIVE

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Aim: Infantile haemangioma is the most common benign tumour affecting young children. Although not present at birth, it can very rapidly proliferate, causing problems with the child's development. During treatment of Hypertrophic Obstructive Cardiomyopathy with Propranolol, an incidental reduction in haemangioma size has been described. Our aim was to demonstrate the effect of propranolol treatment alone on haemangioma size whilst monitoring for any potential side effects.

Method: 74 children were treated for infantile haemangioma with propranolol, using a standard protocol. All of the children underwent a routine series of cardiovascular investigations prior to commencing therapy, and were monitored as inpatients for the initial 24 hours of treatment. Pre-treatment photographs allowed an assessment of any change in the lesion. In addition, the final 13 patients underwent 3D photography allowing more accurate evaluation of the growth or regression of the lesion.

Results: Subjective assessment using 2D photography demonstrated an improvement in the majority of lesions. All of the patients measured with 3D photography showed a reduction in surface area and volume of their haemangioma.

Conclusion: This study illustrates the safety and efficacy of propranolol treatment in a large series of infantile haemangiomas.

0649: AN AUDIT OF HUMAN BITES POST-EXPOSURE MANAGEMENT AT A REGIONAL PLASTIC SURGERY DEPARTMENT

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Introduction: Reported cases indicate the transmission risk of Hepatitis (Hep) B, C, and Human Immuno-deficiency Virus (HIV), via human bites. The Health Protection Agency (HPA) produced management guidance on the management for Human Bites. These stipulate blood-testing biter and patient for Hep-B, Hep-C and HIV. Hep-B vaccination for those indicated and screening at 6-weeks, 3-months and 6-months is recommended.

Methods: Case-note review of human bites managed by our department over 12 months (1st June 2011 - 31st May 2012) established our practice.

Results: 32 patient-notes were reviewed. 84.5% (n=27) were male (mean age 32.12yrs). 84.5% (n=27) sustained their injury fighting, with 34% (n=11) intoxicated. Hep-B vaccination status was recorded in 9% (n=3) of cases, and given in 12.5% (n=4) of occasions. No follow-up screening advice for GPs was identified, and the infection status of all biters remains unknown.

Discussion: The usual circumstances when human bites inhibit the likelihood of reducing their incidence. By improving patient management we limit the potential disastrous consequences. A poster highlighting

recommended management and investigation of human bites has been displayed in all clinical areas of our department. We aim to reduce the potential-risk of transmission and provide early diagnosis. We will re-audit our practice soon.

0773: EVOLUTION OF OTOPLASTY TECHNIQUE: A REVIEW OF 126 CONSECUTIVE PATIENTS

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Aim: Over 200 techniques have been described for prominent ear correction. We describe our choice of procedure and evaluate the post-operative outcomes of otoplasties performed by the senior author over a 10-year period.

Methods: Retrospective study of all otoplasties performed by the senior author (2002-2012) at a single hospital. Preoperative assessment included severity grading of ear prominence and cartilage stiffness. All patients were sent questionnaires.

Results: A total of 126 patients (237 otoplasties) with a mean age of 10 years (range 3-23) were evaluated. Only absorbable sutures were used. A posterior scoring technique was used in 191 otoplasties (80.5%). Scoring was not used for the remaining procedures and this has been since 2010. Complications occurred in 44 cases (18.6%) including asymmetry in 22 cases (9.3%) and recurrence in 13 cases (5.5%). Revisional surgery was performed in 11 cases (4.6%). There were no haematomas. All patients were satisfied with the improvement in appearance. Using multivariate analysis with logistic regression, younger patients (p<0.05) and use of posterior scoring (p<0.05) were both found to independently significantly increase the postoperative rate of asymmetry and recurrence.

Conclusion: Our evolved technique without the use of scoring is a safe procedure with a high satisfaction rate.

0807: THE ONE-STOP CLINIC IN PLASTIC SURGERY – DEVELOPMENT OF A NOVEL PROFORMA

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Introduction: The plastic surgery 'one-stop' service offers a streamlined approach to the diagnosis and management of day case skin cancer referrals. At this clinic, patients are assessed, consented and operated on in a 30-45 min time slot. Given the rapid turnover and variety of potential outcomes from a one-stop appointment, accurate and meticulous documentation is imperative.

Aim: A retrospective audit of 50 consecutive one-stop patients was performed to assess accuracy of documentation. We subsequently developed a novel proforma aimed to improve documentation standards and performed a further audit on 50 more cases to assess improvement.

Results: In the first audit, only 5.1% documented any risks/complications, 8% date/time and 25% documented the depth of excision. Using the new proforma, we found a statistically significant improvement in documentation of risks/complications [5.1% (2/50) to 100% (50/50)], date and time [8%(4/50) to 76%(38/50)], consultant [30% (15/50)to 94% (47/50)] and grade of surgeon [28% (14/50) to 100%].

Conclusion: Standards of documentation are difficult to maintain in a busy one-stop clinic. This pre-printed consent form and standardised operative record has been shown to improve documentation. We will continue to audit our performance, and ensure that meticulous standards are maintained.

0808: SENTINEL LYMPH NODE BIOPSY FOR CUTANEOUS MALIGNANT MELANOMA-OUTCOMES OF 199 CONSECUTIVE CASES

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Aims: To audit outcomes following sentinel lymph node biopsy (SLNB) for malignant melanoma, using the MSLT (Multicentre Selective Lymphadenectomy Trial) data as benchmarking standards.

Methods: We retrospectively analysed the case notes of all patients who had undergone SLNB at a single centre from 2003 to 2011.

Results: 199 patients were identified. The identification rate is 95.5% (190/199) compared to the standard of 99.3% (764/769). The incidence of positive SLN is 18.1% (36/199), compared to the standard 16% (122/764). The rate of false negative results was 9.8% (4/41) compared to the standard 3.4% (26/764). The melanoma-specific mortality is 14.2% (19/124) when the SLN