Conclusions: Negative laparotomies rates are reducing but slowly. It is important for institutions such as those in rural South Africa to invest in surgical expertise to be able to select appropriate cases for exploratory laparotomy and therefore reduce patient morbidity and reduce hospital costs.

Upper-gastrointestinal surgery

0018: CHRONIC NEUROPATHIC PAIN POST THORACOTOMY FOR IVOR LEWIS OESPHAGECTOMY

Mohamed Elsharif*, Laura Lewis, Bruno Sgromo. *Oxford Radcliffe Teaching Hospitals, Oxford, UK.*

Introduction: Chronic pain post thoracotomy is a well-recognised problem following oesophagectomy due to various aspects related to the incisions location and may theoretically involve a neuropathic component due to compression of intercostal nerves under the rib spreader. Reported incidence has varied [11%-80%] with various surgical and anaesthetic techniques being used over the years, as a tertiary referral centre which performs 100 oesophagectomies a year we conducted this study to establish incidence in contemporary practice and assess whether or not a neuropathic component was involved.
Methods: Detailed phone questionnaires using PAINDETECT assessment tool were conducted with 43 oesophagectomy patients a year following their surgery.
Results: Incidence of chronic pain was reported at 56%, the majority of patients had at least 1 neuropathic feature in their pain descriptors, but only 4% fulfilled all criteria for neuropathic pain. Only 50% of sufferers were receiving pain treatment of any sort.
Conclusions: Current day practice is still associated with a high incidence of chronic pain, however only a minority of patients fulfil the criteria for neuropathic pain bringing into question our assumptions about the nature of this pain. Long-term pain management should be reviewed and audited as a service quality indicator.

0023: OUTCOMES OF LAPAROSCOPIC FUNDOPLICATION WITH THE USE OF BIO-MESH IN PATIENTS WITH GORD OR LARGE SYMPTOMATIC HIATAL HERNIAS

Michelle Christodoulidou*, Sarah Hassan, Paul Sutton, Joseph Varghese. *Royal Bolton Hospital NHS Foundation Trust, Bolton, UK.*

Introduction: Since 2011 in cases where we have identified a large hiatus hernia during Laparoscopic fundoplication, the hiatal repair was augmented with biosynthetic mesh (Gore Bio-A®). With this audit we aimed to establish the impact of the addition of mesh on symptomatic outcomes.
Methods: All Laparoscopic fundoplication's performed between October 2011 and January 2013 by a single surgeon were included. The data were collected retrospectively and patient outcomes (GORD-HRQL quality of life questionnaire) were obtained both pre and post-operatively.
Results: 23 patients with a median age of 63 years underwent the procedure, 14 of which received mesh augmentation. Comparable symptomatic improvement (GORD-HRQL) was seen in both groups. Three patients (13%) complained of mild dysphagia (2 in the mesh group), one patient from the mesh group had a minor surgical site infection and one patient from each group had a post-operative pneumonia. No patient required a re-operation for recurrence of symptoms.
Conclusions: Augmentation of the hiatal repair with biosynthetic mesh may be necessary to achieve comparable postoperative outcomes in selected cases with a large hiatus hernia. We suggest a randomised control trial with long-term follow-up for definitive evaluation.

0187: AN AUDIT OF MANAGEMENT OF ACUTE PANCREATITIS IN A NETWORKED DISTRICT GENERAL HOSPITAL

Mohammed Elsayed*, James Pine, John Wayman, John Robinson. *Cumberland Infirmary, Carlisle, UK.*

Introduction: To re-audit the management of acute pancreatitis against the UK Working Party on Acute Pancreatitis guidelines in a DGH after introduction of tertiary centre networking.
Methods: A northern regional audit was performed in 2007. Following the introduction of networking with the tertiary centre a re-audit was undertaken on consecutive patients admitted with acute pancreatitis, between May 2012 and March 2013.
Results: 33 patients were identified. Aetiology was determined in 75.8% (Target 80%, previously 88.0%). Diagnosis was achieved within 48 hours in all patients and severity stratification in 66.7% (Target 100%, previously 17.6%). Imaging within 24 hours was performed in 75.8% (Target is 100%, previously 26.9%). Overall survival rate was 96.5% (Target 90%, previously 94.4%). In severe cases 42.9% were admitted to high dependency unit (Target 100%, previously 24.3%). 75.0% had computer tomography after seven or more days of admission (Target 100%, previously 81.8%). 60.0% of patients with severe gallstone pancreatitis had an urgent endoscopic retrograde cholangiopancreatography (Target 100%, previously 20.0%). Survival in severe cases was 85.7% (Target 70%, previously 83.3%).
Conclusions: There is an improvement in adherence to national guidelines and patient outcome since the initial regional audit and greater collaborative working between secondary and tertiary units.

0191: VENOUS THROMBOEMBOLISM RISK IN GASTRIC CANCER PATIENTS

Ruth Graham*, Joy Singh. *Glangwili General Hospital, Carmarthen, UK.*

Introduction: To show patients with Gastric cancer have an increased risk of VTE and that this risk increases further with chemotherapy.
Methods: CANISCC database was used to identify patients diagnosed with Gastric Cancer from 2008-2012. Clinical portal allowed identification of patients who had follow-up CT scans and those who were diagnosed with Pulmonary Embolism (PE) or Deep vein thrombosis (DVT). The Health Board chemotherapy database was used to identify treatment regimes.
Results: Of the 157 patients identified, 103 went on to have treatment and 62 had follow-up CT scans. 53 patients had chemotherapy, 15 in association with surgery and 3 with endoscopic treatment. 31 patients had surgery and 19 endoscopic treatment only. A total of 5 PEs and 8 DVTs were identified. PEs were noted in patients who had surgery and chemotherapy (3,20%) and chemotherapy alone (2, 7.7%). DVTs were identified in patients who had no treatment (2, 3.7%), chemotherapy alone (2, 5.7%) and surgery alone (4, 12.9%).
Conclusions: Patients with Gastric Cancer have a higher risk of PE/DVT than the general population. Our results suggest around 1/5 patients who have surgery and chemotherapy will have a PE. We recommend VTE prophylaxis during treatment.

0194: BARIATRIC SURGERY PRODUCES SIGNIFICANT AND SUSTAINED REDUCTION IN POLYPHARMACY DEPENDENCY IN OBESE PATIENTS – A RETROSPECTIVE REVIEW OF POST-OPERATIVE OUTCOMES IN NHS LOTHIAN

Stefanie Chua*[,1], Laura Arthur[1], Andrew de Beaux[2], Bruce Tulloh[2], Peter Lamb[2]. [1]*University of Edinburgh, UK;* [2]*Department of General and Upper GI surgery, Royal Infirmary of Edinburgh, UK.*

Introduction: To evaluate medication dependency, prescription costs, weight and BMI for patients pre- and post-bariatric surgery in NHS Lothian.
Methods: 140 patients who underwent 162 procedures from November 2003 - March 2012 were identified from a prospectively maintained departmental database. Data was collated from case notes and electronic records review. Weight, height and prescription drugs pre- and post-operatively at yearly intervals were recorded where available up to 4 years post-surgery. Drug pricing was sourced from www.bnf.org. Follow-up data was complete for 54 patients who were included in this analysis. Paired t-tests were calculated in SPSS v.19 with significance set at $p<0.05$.
Results: The number of obesity-related drugs taken daily decreased significantly at 1-year post-surgery from 3.3 ± 2.6 to 1.6 ± 1.8; $p<0.000$. This reduction in medication use was sustained at yearly intervals until 4 years post-surgery. There was significant reduction in drug costs pre-operatively; mean £541.94, and 1-year post-operatively; mean £234.75, $p=0.002$. Reduced drug costs were sustained at yearly intervals up to 4 years. Weight decreased significantly: pre-operative mean 140.78kg, 1-year post-operative mean 106.55kg, $p=0.000$. Weight loss was significant and sustained across 4 years.
Conclusions: Bariatric surgery produced significant weight loss with associated sustained reduction in obesity-related medication dependency and cost.