for the quality of information, bias for or against surgery and the authorship.
Results: The mean number of views per video was 31000(range 205 to 430949). Five videos offered good quality information, 11 had satisfactory information and 34 had poor information. The majority of the videos supported surgery with only two videos against surgery. The majority of videos were from individual patients (38) with 11 from commercial sources and 1 video from a surgical institution. There was a common thread in patient videos to chart their personal weight loss over a period of time.
Conclusions: The Internet is an increasingly used source of information on surgery. The quality of YouTube videos on gastric bypass is generally poor with little representation from the scientific or surgical community. Patients should be directed to better sources of information when considering their choices for weight loss surgery.

0781: PATIENT REPORTED QUALITY-OF-LIFE FOLLOWING LAPAROSCOPIC SURGERY FOR BENIGN OESOPHAGOGASTRIC DISEASE

Gary Dobson *, Richard Thompson, Andrew Kennedy. *Belfast City Hospital, Belfast, UK.*

Introduction: Patient reported quality-of-life (QoL) is an important factor in assessing surgical outcomes for benign disease. The aim of this study was to compare disease-specific QoL scores before and after laparoscopic surgery for benign oesophagogastric disease.
Methods: 181 patients who underwent laparoscopic paraoesophageal hernia (POH) repair, cardiomyotomy for achalasia or fundoplication for gastro-oesophageal reflux disease (GORD) between 2006 and 2013 by a single surgeon were asked to assess their symptoms using the GORD Health Related QoL Score and the Royal Adelaide Dysphagia Score (0=complete dysphagia, 45=normal).
Results: Responses were received from 121 patients comprising 34 POH repairs, 39 cardiomyotomies and 48 fundoplications. Median GORD scores improved significantly for all groups after surgery; POH 20.5 to 2 ($p<0.0001$), fundoplication 24.5 to 6.5 ($p<0.0001$) and cardiomyotomy 21 to 10 ($p=0.0008$). Dysphagia scores also improved significantly in the cardiomyotomy (7.5 to 30; $p<0.0001$) and POH groups (25 to 40.5; $p=0.044$). There was a non-significant worsening of dysphagia scores after fundoplication (45 to 35.25; $p=0.17$).
Conclusions: This study has shown that symptoms of GORD and dysphagia can be significantly improved following laparoscopic POH repair and cardiomyotomy. GORD scores are also significantly better after fundoplication but with a non-significant worsening in dysphagia scores.

0817: LAPAROSCOPIC ANTI-REFLUX SURGERY (LARS): DETERMINE THE HIATAL DEFECT REPAIR USING THE INTRA-OPERATIVELY CALCULATED SURFACE AREA (SA) CM2

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Introduction: The aim of this study was to evaluate laparoscopic anti-reflux surgery (LARS) techniques when repairing hiatal defects using the intra operatively calculated surface area (SA) at single-centre Upper Gastrointestinal Laparoscopic Unit.
Methods: 100 patients (mean age = 59, average BMI 31) with symptoms of GORD underwent LARS. The SA (cm2) was calculated using an endoscopic ruler and the formula;(1/2 x base x height) x2. The method of closure; Surgisis +/-simple tension free sutures, was recorded for each hiatal closure.
Results: The mean calculated SA repaired was 9.0cm2 and there was a 2%(2) recurrence rate. There were 3 modalities of repair; 1) Surgisis, posterior and anterior sutures (mean SA=10.0cm2, average BMI = 28); 2) Surgisis and posterior sutures (mean SA=9.5cm2, average BMI=29); 3) posterior sutures only (mean SA =6.1cm2, average BMI=32, mean number of sutures 3).
Conclusions: It was found that the greater the average SA cm2 of the hiatus hernia the greater the number of modalities of repair used. There was no correlation found between BMI and the surface area of the hiatus hernia. Currently there are no set standard for method of repair based on the SA of the defect; however guidelines have been derived from this study.

0835: THE ROLE OF LAPAROSCOPIC STAGING IN OESOPHAGEAL AND GASTRIC CANCER

Paul Cameron, Conor Kenny *, Khaled Hamdan. *Worthing Hospital, Western Sussex Hospitals, UK.*

Introduction: Accurate staging of oesophageal and gastric cancer is crucial in order to plan treatment. There is a general consensus that all gastric cancers should undergo laparoscopic staging, however the role of laparoscopic staging in oesophageal cancer is less clear. Our aim was to determine how often staging laparoscopy directly changed the management of our gastric and oesophageal cancer patients. These findings were used to define a local policy on staging laparoscopy.
Methods: Staging laparoscopies performed at Worthing Hospital over a 3 year period were reviewed. Endoscopic ultrasound results were used to determine tumour location using Siewert classification. Histology and cytology results were reviewed. Treatment decisions and final outcomes were assessed using the Somerset Cancer Register
Results: Staging laparoscopy directly changed treatment in 15% of patients (9% of gastric tumours, 20% of oesophageal tumours). Within the oesophageal cancers none of the distal oesophageal tumours yielded positive findings.
Conclusions: Laparoscopy identified additional significant disease in 15% of patients which had not been seen in prior investigations (CT, EUS, PET). Laparoscopic staging avoids unnecessary laparotomy. Staging laparoscopy should be performed in all gastric and gastro-oesophageal junction cancers. Laparoscopic staging should not be used for distal oesophageal cancers proximal to the gastro-oesophageal junction.

0907: LAPAROSCOPIC SUBTOTAL CHOLECYSTECTOMY WITHOUT CYSTIC DUCT LIGATION IN THE HAZARDOUS GALLBLADDER AND THE IMPACT ON ERCP RATES. A TEN-YEAR EVALUATION

Michelle Slater *, Jihène El-Kafsi, Thomas Dehn, Michael Booth. *Royal Berkshire Hospital, Reading, UK.*

Introduction: Cholecystectomy is made hazardous by distortion of the anatomy of Calots triangle by acute or chronic inflammation. We aim to assess the impact of a policy of laparoscopic subtotal cholecystectomy (LSTC) in difficult gallbladders on endoscopic retrograde cholangiopancreatography (ERCP) rates and subsequent readmissions.
Methods: This prospective study included cholecystectomies performed in the upper-gastrointestinal department in a district hospital between 2003 and 2013, after the introduction of LSTC.
Results: Of 2,011 laparoscopic cholecystectomies, 70 LSTCs without cystic duct ligation were performed in 45 men and 25 females of median age 62years. Twelve bile leaks were recorded, 4 temporary bile leaks resolved spontaneously, 8 required ERCP and stent insertion. Of these one required re-laparoscopy and washout. There were 10 readmissions in total, 6 patients required ERCP, 4 of these confirmed bile duct stones requiring extraction. Two patients required completion cholecystectomies. There were no deaths.
Conclusions: In the event of a hazardous dissection of Calots triangle, LSTC without cystic duct ligation is an alternative to open conversion. A 10-year evaluation has shown an ERCP rate of less than one case per year thereby not adding to the burden on ERCPs. Readmission rates were similarly low and comparable to that of routine laparoscopic cholecystectomies.

0985: CAN A ONE STOP UPPER-GASTROINTESTINAL CANCER CLINIC IN THE HIGHLANDS IMPROVE PATIENT CARE?

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Introduction: There is currently one designated oesophago-gastric (OG) cancer specialist centre for NHS Highland, which is a geographically massive area, representing 33% of the landmass of Scotland. This is the first study to look at the impact of rurality on the temporal pathway for patients with OG cancer who are treated by this unit.
Methods: Patients with OG cancers diagnosed from 1st January 2011- 31st October 2013 were identified using surgical the Multi-Disciplinary Team meeting minutes. Patients were divided into urban and rural groups, and further into elective and emergency. SPSS was used for statistical analysis.
Results: A total of 202 patients with OG cancers were identified. Only 25% of all elective patients received their CT scan on the same day as their UGI scope, resulting in multiple trips to hospital between scope and first

treatment. Rural patients travelled a statistically significant larger distance compared with urban patients in an elective setting (p<0.001). Emergency patients presented at a significantly older age compared to elective patients (p=0.004).
Conclusions: a one stop UGI cancer clinic could reduce travel distance for rural patients, potentially improving care and patient satisfaction.

0998: POSITRON EMISSION TOMOGRAPHY IN OESOPHAGEAL CANCER STAGING: A TAILORED APPROACH

David Bunting *, Wesley Lai, Grant Sanders. *Derriford Hospital, Plymouth, UK.*

Introduction: The authors aim to re-evaluate the role of PET-CT in the staging of oesophageal cancer (OC). They investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that can safely be spared from this investigation.
Methods: Consecutive patients undergoing PET-CT scan for the staging of localised OC diagnosed between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the PET-CT result, patients were stratified into low-risk or high-risk groups according to the likelihood of identifying metastatic disease on PET-CT based on specified CT/endoscopy criteria.
Results: In 385 undergoing PET-CT, metastatic disease was identified in 52(13.5%) patients. All 52 patients had been correctly stratified as high-risk according to the criteria. 112 patients were stratified as low-risk and 273 as high-risk. Mean time from diagnosis surgery was 68.6 days which compared to 49.6 days in a separate group of patients not undergoing PET-CT (p=0.04).
Conclusions: In one of the largest studies to date, the authors have introduced a new classification that can accurately stratify patients according to the risk of having metastatic disease. This could be used to avoid unnecessary PET-CT in 33% of patients.

1048: STAGING LAPAROSCOPY IN OESOPHAGO-GASTRIC CANCER: A TAILORED APPROACH

David Bunting *, Wesley Lai, Andrei Tanase, Grant Sanders. *Derriford Hospital, Plymouth, UK.*

Introduction: The authors aim to re-evaluate the role of staging laparoscopy (SL) in the management of oesophago-gastric cancer and investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that will not benefit and can be spared from this investigation.
Methods: Consecutive patients undergoing SL in the work-up of localised oesophago-gastric cancer between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the SL result, patients were stratified into low-risk or high-risk groups according to the likelihood of operability based on specific endoscopy/CT criteria.
Results: Of 193 patients undergoing SL, 28(15%) were found to have inoperable disease at SL. All 28 cases identified at SL had been correctly stratified as high-risk. 42 patients were predicted as low risk and 151 as high risk. None of the low risk patients went on to have inoperable disease at SL or laparotomy.
Conclusions: A proposed classification based on initial endoscopy and CT findings is able to identify a group of patients at low risk of having inoperable disease. This group, representing 25% of the cases subsequently deemed resectable on SL could have safely been spared the procedure.

1202: BIODEGRADABLE OESOPHAGEAL STENTS IN THE MANAGEMENT OF BENIGN AND MALIGNANT OESOPHAGEAL STRICTURES

Stephen McCain *, Scott McCain, Barry Quinn, Ronan Gray, Paul Rice. *Craigavon Area Hospital, Craigavon, UK.*

Introduction: Biodegradable oesophageal stents are used in the management of refractory benign oesophageal strictures and malignant strictures which may proceed to surgery. Our aim was to review the safety and efficacy of biodegradable oesophageal stents in the management of benign and malignant strictures.
Methods: Patients were identified using hospital coding data and radiology PACS. Charts and hospital databases were retrospectively reviewed. Data collected included patient demographics and outcomes. Dysphagia was graded using the Mellow and Pinkas dysphagia grading scale.
Results: Stents were deployed successfully in 29 of 30 attempts. 17 stents were inserted for benign and 12 for malignant disease. Pre and post procedure swallowing scores were recorded for 27 procedures and resulted in a mean improvement (2.88-1.15 p<0.002). One patient experienced transient chest pain. No serious complications occurred. There was no mortality at 30 days. 3 patients progressed to oesophagectomy with no anastomotic leaks in this group. 4 patients required repeat biodegradable stenting (mean 273 days). 5 patients with malignancy proceeded to metal stent insertion (mean 51 days).
Conclusions: Biodegradable stent insertion is a safe and efficacious method of treating oesophageal strictures, limiting repeat intervention in benign disease and allowing nutrition during staging of malignancy. There were no increased surgical complications at oesophagectomy.

Urology

0108: CORRELATION OF CLINICAL DIAGNOSIS VS URODYNAMIC DIAGNOSIS IN THE MANAGEMENT OF URINARY INCONTINENCE

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Introduction: The need for Urodynamics in the diagnosis of lower urinary tract has been a topic for debate for a long time. Even though it has improved the knowledge of the pathophysiology of lower urinary tract dysfunction, many are still reluctant to use this. The opinions for and against routine use of Urodynamics varies among clinicians. In our study we aim to evaluate the usefulness of urodynamics in the management of urinary incontinence.
Method: 100 patients who underwent Urodynamics were selected and Urodynamic diagnoses were compared with their clinical diagnosis based on their symptoms to determine if there was any correlation between the two.
Results: Of the 100 patients, 66 complained of urge incontinence and of these, 35 were found to have detrusor over activity on Urodynamics. The remaining 31 did not have urodynamically demonstrated urge incontinence. 4 Patients who complained of urge incontinence were actually found to have urodynamically proven stress incontinence. Among the 34 who did not complain of urge incontinence, 3 were found to have urodynamically proven detrusor over activity (8.8%).
Conclusions: The well known saying of Blaivas - ' *bladder is an unreliable witness* ' still hold true and Urodynamic study was found to play a vital role in the assessment of lower urinary tract dysfunction.

0116: THE MANAGEMENT OF URETERIC STONES IN THE EMERGENCY DEPARTMENT

Kirsty Dawson *, Tharani Nitkunan, Nasr Arsanious, Lindsay Dawson. *Croydon University Hospital, London, UK.*

Introduction: To develop a proforma detailing specific criteria regarding which patients with ureteric stones require admission and which patients can be safely discharged. Therefore, limiting unnecessary bed days and improving patient safety.
Methods: Data was collected prospectively for patients over 18 years, with image proven ureteric stones at Croydon University Hospital over 2 month periods; initially September-October 2012 and again August-September 2013, following the introduction of the proforma in December 2012. Parameters reviewed included patient epidemiological factors, imaging, observations, blood results and patient outcome (i.e. whether the patient had been admitted or discharged). The outcomes for patients were deemed appropriate or inappropriate using the British Association of Urological Surgeons (BAUS) guidelines.
Results: In the initial study, 28 patients met the inclusion criteria, of these, 22 patients (78.6%) had appropriate outcomes and 6 patients (21.4%) had inappropriate outcomes. In the repeat study following the implementation of the proforma, 21 patients met the inclusion criteria, of these, 18 (85.6%) patients had appropriate outcomes and 3 patients (14.35) had inappropriate outcomes.
Conclusions: The introduction of a proforma with specific criteria for admission has caused a reduction in unnecessary bed-days and improved patient safety by reducing the number of inappropriate discharges.

0125: RAISED PSA: IS THE PROSTATE BIG, BAD, OR BOTH?

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