offers a simple and consistent alternative to bandaging/stocking to assess healing rates and compliance.
Method: Serial patients attending the vascular out-patients with non-healing venous ulcers despite the standard treatment were prospectively recruited to have the JuxtaCURES^{TM}.Site, size, and chronicity of wound were documented on index visit and follow-up visits until discharge/ near healing. Questionnaire was sent to assess compliance.
Result: JuxtaCURES^{TM} was offered to patients with clinical diagnosis of venous leg ulcer,n=20(21legs). The duration of the ulcers prior to treatment was {24months(18-69),median(IQR)} . The wound size improved from {45cm^2(4-209)} to {24cm^2(0-94),p<0.05; 7 patients had complete healing. All patients' self-reported high compliance compared to their previous therapy.
Conclusion: This pilot study suggested high compliance and enhanced wound healing. While this is a small group pragmatic prospective study, with a learning curve for the users/prescribers it suggested that JuxtaCURES^{TM} could be offered to wider group of patients, with better compliance. Self-application minimises the human/material cost and time compared with other forms of compression.

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0559: ELECTIVE VERSUS EMERGENCY INFRA-INGUINAL BYPASSES PERFORMED AT A HIGH VOLUME VASCULAR CENTRE: PATENCY RATES DO NOT VARY BEYOND 30 DAYS

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Aim: The aim of this study is to analyse 6-month patency rates of elective versus emergency infra-inguinal bypasses (IIB) in a high volume centre.
Method: Patients undergoing IIB between May 2013 and June 2014 were analysed. Demographics, co-morbidities and procedure details were recorded. Primary end-points were 30 day and 6-month graft failure. Secondary endpoints included complications, re-do surgery, and 30-day mortality.
Result: 51 elective and 37 emergency IIBs were compared. There was no significant difference in demographics, co-morbidity or length of stay. Type of bypass was performed equally (P=0.93). Vein and prosthetic grafts were used at similar rates (P=0.36). There was no significant difference between 30-day complication rates. 30-day graft failure occurred in 7 non-elective (14%) and 2 elective patients (5%) (p=0.032). 9 elective and 5 emergency patients were excluded from the 6-month patency analysis due to lack of data. Of the 74 patients analysed, 35/42 elective (83%) and 21/32 emergency (66%) IIBs had patent grafts at 6 months (p=0.10). 71% of elective and 72% of emergency grafts patent at 30 days were patent at 6 months.
Conclusion: Emergency IIB is associated with greater risk of short-term graft failure but 6 months patency rates appear to be similar.

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0567: DO VASCULAR PATIENTS WANT ACCESS TO OUTPATIENT SERVICES OUTSIDE OF STANDARD WORKING HOURS (MONDAY-FRIDAY 0900–1700)? A PROSPECTIVE, CROSS-SECTIONAL SURVEY OF VASCULAR OUTPATIENTS AT NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

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Aim: To assess patient opinions regarding extended access to outpatient clinic(OPC) outside of standard working hours(09: 00-17: 00 Monday-Friday)(OOH).
Method: Patient demographics and diagnoses were recorded and Likert scales were used to measure opinions of an OOHOPC service. Analysis using Minitab15(State Coll,PA).
Result: 113Patients attended vascular OPC(54.9**%** male, median age 72[54-78]years)**.** 28.3% were employed and took time off work to attend clinic. Overall, 96.3% were satisfied with the existing(0900-1700 Monday to Friday) service. Only 21.1% felt OOHOPC access was important but 60.9% were likely to access this, given the option. Varicose vein patients were younger than patients with all other vascular diagnoses(49[41-54]vs.74 [66-81]years; p<0.0001) and more likely to work (78.9% vs. 11.7%; p<0.0001). Younger patients felt access to OOHOPC was more important than older patients(54[44-70]vs.71[59-79]years; p=0.01)and were more likely to access OOHOPC than older patients (67[50-77]vs.77[66-81]years; p=0.0293). Given the choice of OOHOPC access on a Monday-Thursday(1700-2000), Friday(1700-2000) or Saturday-Sunday(0900-1700), the majority chose the former(66.1%,5.3%,28.6% respectively; p<0.0001). 43.2%Patients would book their appointment online given then option, with younger patients more likely to do this than older (56[46-72] vs.77[72-81]years; p<0.0001).
Conclusion: This study demonstrates younger patients in employment would access an OOHOPC given the option and most would prefer to attend on a Monday-Thursday evening.

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0592: COMPARISON OF FUNCTIONAL OUTCOMES POST 10 WEEK HOME EXERCISE PROGRAMME AND A 10 WEEK SUPERVISED EXERCISE PROGRAMME IN INTERMITTENT CLAUDICATION PATIENTS

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Aim: To investigate the difference in functional outcomes of Intermittent Claudication (IC) subjects who undertook a supervised or unsupervised home exercise programme.
Method: The study used a non-randomised test-retest. 21 subjects were recruited from IC patients referred by vascular consultants for exercise intervention. Identical cardiovascular circuit exercise regimens were given to both groups. Outcome measures assessed were the claudication onset (COD) and maximal walking distance (MWD) during a six minute walk test (6MWT) and visual analogue scores (VAS) for pain and for confidence to exercise.
Result: There was no significant difference between groups in the outcomes for COD (p=0.713), VAS for pain (p=0.826) or VAS for confidence to exercise (p=0.971). However the MWD demonstrated a significant difference in outcome between the groups (p=0.044). The mean improvement for the SEP group was 16 metres where the mean change in value was -6.82 metres in the HEP group (p=0.044).
Conclusion: Supervised exercise improved maximal walking distance compared to unsupervised home exercise. However, there was no statistical difference between the groups outcomes post intervention for COD, VAS for pain and VAS for confidence to exercise. Supervised exercise appears preferable to non-supervised exercise in improving the functional walking ability of IC sufferers

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0623: SARTORIUS MUSCLE FLAP AS RESCUE MANAGEMENT IN INFECTED, DEHISCED, VASCULAR PROSTHETIC GRAFT WOUNDS. A CASE SERIES

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Objective: Infection and subsequent dehiscence of groin wounds around prosthetic grafts remain a significant management challenge. We present a case series of three patients who were treated using sartorius muscle flaps.
Case Series: A 70-year-old male was discharged following femoropopliteal bypass but re-presented with cellulitis nine days later which preceded wound dehiscence and graft blow-out. This required emergency groin exploration and vein patch angioplasty with a sartorius muscle flap for graft coverage. He was discharged eighteen days later and finished a six-week course of antibiotics with a well healed wound.

A 61-year-old male was admitted for EVAR with femoro-femoral crossover but continued groin leakage from a post-operative seroma necessitated wound exploration, lavage and sartorius flap. He recovered well and is completing a three-month course of antibiotics as an outpatient.
A 57-year-old female was admitted for a common femoral endarterectomy and femoro-femoral crossover. Post-operatively her wound dehisced leading to exposure of the underlying graft and she returned to theatre for washout, exploration and sartorius flap. She continues to recover on long-term antibiotics.
Conclusion: Graft coverage with a sartorius muscle flap, in combination with long-term antibiotics, remains a viable rescue management for patients with groin wound infection and dehiscence around prosthetic grafts.

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0627: EVALUATING A NEW INTRAOPERATIVE CLASSIFICATION SYSTEM FOR REPORTING COMPLEXITY LEVEL IN ENDOVENOUS PROCEDURES – THE ASPVCS CLASSIFICATION

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Objective: To construct new classification for reporting complexity in endovenous procedures -the Ashford & St Peter's Venous Classification System (ASPVCS).
Method - ASPVCS is constructed using four domains: number of truncal veins treated, number of zone avulsions, number of major anatomical variations (e.g. significant bending), and number of minor anatomical variation (e.g. need for side pressure). Total operative duration used as proxy for level of complexity. Effect of each domain on duration quantified using correlation and Regression analysis.
Result: - ASPVCS classification applied on 69 patients undergoing 82 procedures. Median age was 64. Number of main truncal veins treated was 1 (55%), 2 (25%), 3 (16%) and 4 (4%). Major anatomical variations found in 45% of cases. Average procedure duration was 44 min (13-155 min). Significant correlation found between operative duration and total number of main vein trunks (0.62. $p<.0001$) and number of major anatomical variations (0.36. $p < 0.05$). Multiple regression analysis showed all domains apart from minor anatomy variation do explain variance in operative duration ($R2 = .55$, $R2Adjusted = .52$, $p < .05$).
Conclusion - ASPVCS scoring can be used in reporting and predicating outcome for intraoperative anatomical variation and is correlated to level of procedure complexity.

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0823: DELAYS IN DELIVERY OF CAROTID SURGERY

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Introduction: Nice guidelines recommend that patients with high-risk transient ischaemic attack or non-disabling stroke should receive carotid endarterectomy within 7 days of referral to reduce the risk of stroke.
Method: A retrospective study of all symptomatic patients who underwent carotid endarterectomy was conducted between 1/1/12 and 30/12/14 to assess adherence to NICE guidelines regarding carotid endarterectomy referral times. Data was collected from electronic records and paper notes using a pro forma. Deprivation quintile ranking was calculated from the national deprivation data set.
Result: 196 patients were identified. Overall 53% were treated within 7 days of referral. Guideline adherence improved each year (2012=45.5%, 2013=50.7%, 2014=64.3%). Patients with amaurosis fugax or highest deprivation ranking had lower adherence (38% amaurosis fugax. 5th quintile 44%). The number of referrals and operations were lower at the weekends (<5%).
Discussion: There was a clear improvement from 2012 to 2015. However 35.7% are still treated outside 7 days. To increase guideline adherence: access needs to improve, especially for those with higher deprivation rankings or amaurosis fugax. Access could be improved by: referring and operating at weekends; prioritising symptomatic patients over asymptomatic patients; transferring patients between consultants; considering dedicated emergency slots on theatre lists.

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0851: CHALLENGES FACING TIMELY INTERVENTION FOR CAROTID DISEASE IN MODERN VASCULAR NETWORKS

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Introduction: Centralization in vascular surgery services promotes large hub sites serving a network of hospitals. This produces challenges for time-essential procedures e.g. carotid endarterectomy (CEA). NICE guidance recommends carotid imaging within 7 days and CEA within 14 days from cerebral event. We assessed the time to surgery for patients from each of our network sites against these recommendations.
Method: National Vascular Registry data was analysed for each of the four centres in our network, from January 2013 to September 2015.
Result: HUB site showed median time (IQR) from event to CEA of 10 (6-14) days. This compares to spoke site 1: 13 (9-22), site 2: 11 (9-22), site 3: 15 (7-55). Resulting in adherence to NICE guidance of 78%, 52%, 72%, and 48% respectively for each site. Site 3 underwent improved vascular services during this time, which changed the median time from 41 (78-67) to 12 (7-17) days.
Discussion: Overall 31% of patients in our network had surgery outside the NICE recommendation. There was considerable variation by site of referral. Spoke 3 which joined the network during the audit showed improvement in time to surgery demonstrating the need for spoke surgeons to be present at regional sites beyond the hub.

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0925: THE "WEEKEND EFFECT" IN VASCULAR SURGERY ADMISSIONS: MEDICAL FACT OR POLITICAL FICTION?

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Aim: To investigate patient outcomes in lower limb ischaemia (LLI) and assess whether a weekend admission has a negative impact on patient care.
Method: Data from LLI admissions over 15 months was collected retrospectively on demographics, complication and mortality rates. Statistical analysis was performed using SPSS.
Result: 158 patients were identified. 116 were admitted on a weekday (group A) and 42 during the weekend (group B). Male to female ratio was 2.3 (group A) and 1.6 (group B) ($p=0.35$), with a mean age of 70 (SD 15.1) and 70.6 (SD 15.4) years respectively ($p=0.86$). Co-morbidities in the two groups were not significantly different: diabetes mellitus ($p=0.78$), ischaemic heart disease ($p=0.65$), renal impairment ($p=0.21$), pulmonary disease ($p=0.79$) and smoking ($p=0.20$). Time to intervention (radiological or surgical) was calculated as a mean of 2.5 days (group A) and 3.8 (group B) ($p=0.18$). Mortality was 6.9% (group A) and 11.9% (group B) ($p=0.63$). Return to theatre for bleeding or re-occlusion was not significantly different in the two groups ($p=0.53$), nor was the amputation rate ($p=0.82$).
Conclusion: Despite a trend towards longer time to intervention and increased mortality at the weekend, no statistically significant difference in patient outcomes during the weekend was identified.

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0963: TEMPORAL ARTERY BIOPSY: IS IT WORTH IT?

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