experience also correlated significantly and positively with technical skill (p=0.02) and less errors (p=0.04). A strong positive correlation was seen in all other measures.

Conclusions: This study was able to distinguish surgeons based on their real-world laparoscopic experience using a novel animal tissue right hemicolectomy model. Thus, the construct validity of the platform is established in this feasibility study.

0104 DIAGNOSTIC VALUE OF PRE-OPERATIVE INVESTIGATIONS IN ACUTE APPENDICITIS
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Introduction: The aim of this study was to prospectively evaluate the diagnostic value of admission total white cell count (WCC), C-Reactive Protein (CRP), Neutrophil:Lymphocyte ratio (NLR), Ultrasound and Computerised Tomography (CT).

Methods: Admission WCC, CRP and NLR were recorded, as were preoperative USS and CT results if performed. ROC curve analysis was used to assess the diagnostic accuracy of WCC, CRP and NLR. Specificity and Sensitivity were calculated for USS and CT.

Results: 200 patients were referred to the general surgical department with an average age of 30.2±15.9 years. 98 patients underwent appendicectomy (50 were laparoscopic procedures). 15 patients had post-operative complications. 72 patients had pathology that was positive of acute appendicitis. ROC curve analysis demonstrated the greatest sensitivity of WCC (AUC 0.826, 95% C.I. 0.764 – 0.888, p<0.001), followed by NLR (AUC 0.796, 95% C.I. 0.733 – 0.859, p<0.001) and then CRP (AUC 0.633, 95% C.I. 0.555 – 0.711, p=0.002). USS sensitivity was 46.2% and specificity 87.5%. CT sensitivity was 100% and specificity 75%.

Conclusion: WCC has a good diagnostic accuracy compared to NLR and CRP in predicting acute appendicitis. CT has a greater sensitivity and specificity than USS.

0110 THE FEASIBILITY AND EARLY RESULTS OF FENESTRATED ENDOGRAFTING FOR JUXTARENAL ABDOMINAL AORTIC ANEURYSMS
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Aims: To assess the early results following fenestrated endovascular aneurysm repair (F-EVAR) for juxtarenal abdominal aortic aneurysm from a single centre.

Methods: Data were collected prospectively and analysed retrospectively for consecutive patients undergoing F-EVAR from September 2007-August 2010. All patients were unsuitable for conventional endovascular repair.

Results: Fifteen patients, all men with a mean age of 72.1(±5.9) years were treated during the observed period. Median follow-up was 12 (interquartile range 7-24) months. Forty-six target vessels were treated (32 fenestrations and 14 scallops) with 28 covered and 5 uncovered stents. Follow-up showed 1 renal artery stent occlusion. Two patients had small persistent type 2 endoleaks. There were no cases of type 1 endoleak, stent migration or graft limb occlusion and no re-interventions. The mean estimated Glomerular Filtration Rate remained unchanged for the duration of follow-up (P=0.993). The D2 remained stable (P=0.268) whereas D3 gradually reduced over the follow-up period although the difference did not reach statistical significance. There was no aneurysm related death and one death at 12 months was related to severe congestive cardiac failure.

Conclusions: F-EVAR is a valid treatment option for patients with complex aortic aneurysm morphology and is associated with low morbidity and mortality in the first year.

0114 EVIDENCE TO PREDICT INCREASED DIFFICULTY AND ADVERSE OUTCOME FOR ELECTIVE CHOLECYSTECTOMY
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Aims: We investigate if patients initially presenting as an emergency with complications of choledolithiasis represent more of a challenge with subsequent elective surgery than those initially seen in outpatient clinic.

Methods: Retrospective analysis of elective cholecystectomy practice in district general hospital over 3 years. Notes and hospital database systems used for data capture. Same admission emergency cholecystectomies excluded.

Results: Between July 07 and March 10, 787 elective cholecystectomies included in study. 746 laparoscopic, 13 open and 28 converted (3.8%). Initial presentation of gallstone disease in outpatient clinic 540 patients (group 1) and as emergency admission 247 patients (group 2). Median time on waiting list 74 days.

Mean operation time for those patients in group 1 was 42 minutes vs 57 minutes for group 2 (p<0.001). Conversion rates 2.6% vs 5.8% (p<0.03). In incidence of complications not significantly different 9.2% vs 8.9% (p=0.18).

Conclusion: Those patients whose initial presentation of gallstone related disease is as an emergency, take significantly longer to operate on, have significantly higher conversion rate and are likely to stay longer post operatively. However complication rate is no different.

0115 SURGICAL SCHOLARLY ACTIVITY; PUBLICATION RATES OF GENERAL SURGEONS DURING A FIVE YEAR PERIOD IN A SINGLE UK DEANERY
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Aims: Specialist registrars (SpR) in surgery frequently suffer criticism during the RITA process because of a perceived paucity of publication output. The aim of this study was to measure the publication output of Consultant Surgeons working within the Wales deanery during a 5 year period.

Methods: PubMed was searched for the cited publications of all substantive Consultant General Surgeons practicing in the Wales deanery between 2005 and 2009. Results were analyzed in relation to geographical area, hospital type, subspecialty interest, and impact factor.

Results: The total number of publications was 443 (12 RCTs, 336 scientific papers, 12 reviews, 71 case reports, and 12 letters). Of the 111 surgeons, 73 (65.8%) achieved at least one publication (median 2, range 0-62). Publication productivity was associated with teaching hospital status (p<0.008), local health board or trust (p<0.001) and university academic surgeons (p<0.001). The median sum value of journal impact factor per consultant was 2.0810 (0 to 172.8710), and higher sum impact factors were associated with teaching hospital surgeons (p<0.005), local health board (p<0.001), university academic surgeons (p<0.001), and publication productivity (p<0.001).

Conclusion: Consultants and SpRs alike, who partake in the RITA process, should be aware of such data when discussing academic activity.

0118 THE ABCD OF HANDOVER: A SIMPLE SYSTEM TO IMPROVE THE QUALITY OF SURGICAL HANDOVER
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Introduction: Good clinical handover is vital to ensuring high care standards across numerous shift changes, so prevalent since introduction of EWTD. Handover processes are rarely monitored and prone to error, with serious adverse events a potential consequence.

Aim: To evaluate and improve handover quality in a tertiary referral centre for Plastics/Orthopaedics.

Method: The handover process was audited against standards set by Royal College of Surgeons. Data was collected over a month period for both initial and re-audit.

A simple model, the ABCD of Handover, to improve the quality of handover was then devised and implemented prior to re-audit.
Results: Poor handover practice was demonstrated initially, then improved upon with the ABCD Handover model. Fifty two percent took handovers (78.6% after re-audit). The number of admissions discussed improved from 28.2% to 87.6%, p<0.05). Complete, accurate, patient information was presented at 71.4% of this study, poor initial compliance with Royal College guidelines was significantly improved through the use of a simple model, the ABCD of Handover.

Conclusion: Good handover is vital in surgical practice in the EWT era. In this study, poor initial compliance with Royal College guidelines was significantly improved through the use of a simple model, the ABCD of Handover.

0119 CORRELATION BETWEEN PROVISIONAL AND ACTUAL DIAGNOSIS IN EMERGENCY SURGICAL PATIENTS
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Introduction: Diagnostic accuracy is important in hospital to ensure patients receive appropriate investigations and treatment. "Inaccurate diagnoses may lead to poor patient outcome, complaint or even litigation". This audit aimed to observe correlations between provisional diagnosis of different grades of doctors and discharge diagnosis.

Method: 100 retrospective acute surgical discharges were analyzed between 7/10/10 and 1/11/10 at Walsall Manor Hospital. Comparisons were carried out between all stages of diagnosis.

Results: 12% of discharge diagnoses were absent. Initial referral diagnosis was accurate in 27% of cases. 19% of cases had 100% diagnosis correlation from all review stages. 33% of patients had an operation.

Discussion: There was an increase in correlation with more senior review. A&E referral diagnosis (33%) had better correlation compared to GP referrals (31%). Diagnosis were missing at all stages of review particularly at specialist registrar level (40%) followed by consultants (29%).

Conclusion: Poor correlation with referral and discharge diagnosis is likely due to lack of experience of clerking junior doctors. This highlights the need for early senior review. Less than half of emergency surgical admissions undergo an operation. Accurate working diagnoses are important in order for appropriate care to be given by the multidisciplinary team.

0122 PATIENT PREFERENCES IN THE MANAGEMENT OF ASYMPTOMATIC CAROTID STENOSIS
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Background: Carotid stenosis accounts for approximately 20% of ischaemic strokes and can be managed using best medical therapy, carotid endarterectomy or carotid artery stenting. The management of asymptomatic carotid stenosis remains a topic of debate amongst clinicians. The aim of this study was to explore patient preference in the management of asymptomatic carotid stenosis.

Method: A patient information booklet and questionnaire was developed, validated and distributed to patients meeting specific pre-determined inclusion criteria. Treatment preferences and reasoning behind choices were analysed, and relationship to patient demographics evaluated using appropriate statistical methods.

Results: One-hundred-and-two questionnaires were analysed (94% response rate). Forty-nine subjects preferred best medical therapy (48%), 31 selected carotid endarterectomy (30%) and 22 opted for carotid artery stenting (22%). This sequence of preferences remained unaltered in subgroup analyses by age (<70 years or >70 years) or gender. Our findings mirror the results of a recent online poll of medical professionals opinion on intervention in this patient group (NEJM 2008;358:e23).

Conclusion: Patients prefer medical therapy over intervention and endarterectomy over stenting. These findings are particularly important in the setting of divergence of opinion amongst clinicians surrounding the best management of asymptomatic carotid stenosis.

0123 HOW EXPENSIVE ARE DOCUMENTATION ERRORS IN UROLOGY? A NOVEL APPROACH TO CLINICAL CODING AUDIT
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Introduction: Clinical coding is an error-prone process by which clinical work is translated into revenue. Urology typically performs poorly, presumably because of multiple attendances and large caseloads. Coding audit is necessary to assess quality, but is a notes-driven process that does not take into account documentation error. The purpose of this study was to determine the impact of documentation error on coding performance in urology.

Methods: We produced consultant-affirmed prospective database of all clinical work in a standard audit timeframe. This was coded using standard texts and compared to the published coded data. Discrepancies were agreed multi-disciplinarily, and scrutinised for monetary significance and cause.

Results: Of 348 inpatient episodes, 49 (14.1%) had a mistake of any kind and 12 (3.4%) incurred financial penalty with a combined lost of £14661. HRG change was associated with documentation error (p=0.006) and emergent mode of admission (p=0.002). On average, documentation error was considerably more costly than coding error (£1244 per case vs £198 per case).

Conclusions: Urology is prone to coding errors, consistent with previous data. Documentation error was considerably more costly than coder-error, leading to questions of the validity of current coding audit practices, although no doubt ameliorable with effective training.

0126 COMPLICATIONS AFTER THYROIDECTOMY: A 10 YEAR EXPERIENCE IN A DISTRICT GENERAL HOSPITAL
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Aim: Patients undergoing thyroid surgery are consented for a 1% risk of permanent hypocalcaemia and voice changes. The aim of this study is to determine the incidence of complications in patients undergoing thyroid surgery in our hospital.

Methods: From January 1999 to March 2009, all patients who underwent thyroid surgery under the care of one surgeon were identified from the database and included in the study.

Results: Data were recorded on 559 patients. 35/498 patients (6.3%) with benign pathology and 20/61 (32.8%) with thyroid malignancy had post-operative complications (p=0.0001). The overall incidence of permanent hoarseness and hypocalcaemia was 0.54% and 1.07% respectively. The incidence was higher in patients over the age of 60 years (17/284 versus 38/275, p=0.002) and in those having completion thyroidectomy (13/50 versus 42/509, p=0.004). Multivariate logistic regression revealed only thyroid malignancy to be significantly associated with postoperative complications (p=0.0001).

Conclusion: The incidence of permanent complications in thyroid surgery is low, patients with thyroid malignancy being at a higher risk. Thyroid surgery appears to be safe in the hands of a General Surgeon with a subspecialist interest.

0127 OUTCOMES OF REFERRALS FOR BILIOUS ASPIRATES AND VOMITING TO A TERTIARY NEONATAL SURGICAL UNIT
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Background: Bilious aspirates or bilious vomiting in neonates can indicate a range of serious gastrointestinal disorders requiring surgical intervention. Recognition of the gravity of the presenting symptom is vital for expedient referral to an appropriate hospital with neonatal surgical facilities. We investigated the outcomes of such referrals to a neonatal unit.

Method: Over an 18 month period there were 22 referrals with bilious vomiting or aspirates. Median gestational age was 31 weeks (26-40). Mean