Aim: Common day case laparoscopic procedures are usually safe, with low rates of bleeding complications. At our trust most patients undergo pre-operative group and save (G&S) for these procedures, at a cost of £18.39 per sample excluding laboratory staffing costs. Our aim was to assess if routine G&S is indicated.

Methods: Retrospective review of all patients undergoing laparoscopic cholecystectomy (LC), laparoscopic inguinal hernia repair (LIH) and diagnostic laparoscopy (DL) April 2012–March 2014. Patients identified using hospital coding records. Transfusion department records were reviewed to see which patients had undergone pre-operative G&S or cross-match, and perioperative transfusion.

Results: 532 procedures in 2 years, 0 patients transfused for bleeding complications. 1 patient transfused to optimise pre-existing anaemia.

- Procedure: n/G&S (%)/Crossmatch (%)/Transfused (%)
  - LC: 293/256 (87)/8 (3)/0
  - LIH: 123/67 (54)/2 (1.6)/0
  - DL: 116/88 (76)/6 (5)/1 (0.9)
  - Total G&S cost £7558.

Conclusion: The transfusion rate for bleeding complications following laparoscopic day case surgery is 0% in our unit. G&S samples cost £7558 over 2 years. Abandoning pre-operative G&S appears to be clinically indicated and would lead to substantial financial savings.

0543: AUDIT OF VENOUS THROMBOEMBOLIC ASSESMENT IN GENERAL SURGERY

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Aim: Identify patients not risk assessed for VTE prophylaxis in general surgery and recognize clinical areas where assessment can be improved. Re-audit VTE assessment following implementation of changes.

Methods: Cycle 1: Data collection on VTE assessments performed over a two-week period in General Surgery using the central database, with a focus on the type of surgical admission and grade of Doctor undertaking the assessment. Cycle 2: Following the implementation of changes a re-audit was carried out over another two-week period.

Results: The actual number of VTE assessments done within 24 h on the central database was 61% (UGI) and 74% (LGI), which improved in Cycle 2 –85% (UGI) and 90% (LGI). Of the total number of VTE assessments not done - 63% (UGI) and 50% (LGI) were in day case surgery, which improved to 20% (LGI) with minimal change for 61% (UGI) in cycle 2. The grade of doctor for undertaking VTE assessments remained relatively unchanged.

Conclusion: Following an awareness campaign and changes to data capture on the central database, overall number of VTE assessments performed in General Surgery improved following re-audit. For Lower GI, the number of VTE assessments not performed for day case surgery was also significantly improved.

0565: EFFICIENCY OF THE COMPLETION OF DIAGNOSTIC SERUM AMYLASE FOR PATIENTS PRESENTING WITH ACUTE ABDOMINAL PAIN

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Aim: To evaluate the efficiency of the completion of serum amylase as a diagnostic investigation for all patients admitted under the general surgical team presenting with acute abdominal pain at Southport and Ormskirk Hospital NHS Trust.

Methods: Prospective data collection of all patients, from all referral sources, with acute abdominal pain during a 4-week period.

Results: 115 patients were identified; 40.9% male, 59.1% female. Age range 19–91 years. 102 patients (88.7%) had serum amylase completed; 96.1% on admission. 3.9% within the first 48 h 15 patients (11.3%) had no amylase; 5 (38.5%) presenting with upper abdominal pain; 2 (15.4%) with no formal diagnosis after Consultant review at 48 h 43 (37.4%) patients presented with localised epigastric pain; 9 (7.8%) of whom were managed as serum amylase rise confirmed acute pancreatitis.

Conclusion: Acute pancreatitis is estimated to account for 3% of all hospital admissions within the UK; with a rising incidence. Although mortality rates have improved due to early diagnosis and clear guidelines, up to 25% of patients develop severe or life-threatening complications requiring higher-level care. Serum amylase level should be completed for all patients presenting with acute abdominal pain to ensure accurate and timely diagnosis and appropriate patient care.

0703: FEASIBILITY OF DAY CASE LAPAROSCOPIC CHOLECYSTECTOMY IN A DISTRICT GENERAL HOSPITAL

K. Smith*, R. Rashid. Wishaw General Hospital, UK

Aim: A prospective study was carried out to assess the feasibility of performing day case surgery in a district general hospital.

Methods: All patients admitted for day case laparoscopic cholecystectomy over a twelve-month period were included in the study. Selection criteria for a day case procedure included having an ASA status of I or II and having a responsible carer at home. Patients were discharged 4–6 h after surgery with a standard analgesia pack. Patients were then telephoned within 48 h of discharge.

Results: 78 patients underwent day case lap chole over a 9 month period. 6 patients (7.7%) were admitted to the ward. Of those discharged only 9 (12.5%) required further advice, 6 (8.3%) felt their analgesia was ineffective and 13 (18.1%) felt their analgesia was ineffective. Overall 79.2% of patients were satisfied with the service.

Conclusion: This study has demonstrated a reasonable rate of overnight stay (7.7%) and a high degree of patient satisfaction (79.2%), showing that it is feasible to perform this procedure as a day case in selected patients.

0712: CAN WE PREDICT THE RESPONSE TO NEOADJUVANT THERAPY IN UPPER GI CANCER? A SYSTEMATIC REVIEW OF CANDIDATE BIOMARKERS

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Aim: Neoadjuvant therapies are used in the treatment of oesophago-gastric cancer to improve on poor outcomes and use has increased since evidence has suggested modest overall benefits. Only a minority of patients respond to therapy and typical 5-year survival is still poor at 23–47%. Patients not responding risk the toxic effects of chemotherapy/chemoradiotherapy which may lead to abandoning curative treatments and a delay to surgery. There is a pressing need to find ways of predicting response to neoadjuvant therapy. Biomarkers offer the most potential and can be divided into two groups depending on whether they are sourced from tumour tissue or blood serum/plasma.

Methods: A systematic review of the Medline, CINAHL and EMBASE databases was performed using the NHS library and PubMed. Reference lists were cross-checked and the PubMed related articles feature was used to identify further relevant articles. A consort diagram details the search process.

Results: 52 studies were identified including a total of 6123 patients and 48 separate biomarkers. Markers were grouped according to mechanism of action and studies are summarised in tissue marker and plasma/serum marker tables.

Conclusion: There are many potentially useful markers. The solution will be provided by a panel of candidate markers but they require validation in prospective studies.

0789: MAKING DIFFICULT, EASIER: STANDARDISATION OF TECHNIQUE OF LAPAROSCOPIC CHOLECYSTECTOMY IN THE MORBIDLY OBSESE PATIENT: A TRAINEE’S AND SURGEON’S EXPERIENCE

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Aim: Laparoscopic cholecystectomy (LC) in the morbidly obese (MO) patient is increasingly encountered by surgical trainees. In MO patients, this operation is technically demanding. Further, conversion to an open procedure increases morbidity. We describe a systematic approach to
performing a laparoscopic cholecystectomy in MO patients to help surgical trainees minimise technical difficulties, conversions and consequentially morbidity in these patients.

**Methods:** A standardised technique of dealing with a laparoscopic cholecystectomy in the MO patient is illustrated. Development of the surgical technique is based on cumulative years’ experience from various surgical units by an Upper GI surgeon and a case series of 25 patients.

**Results:** This technique describes methods of coping with challenges at key stages of the operation. Pre-operatively, a liver shrinkage diet is recommended. A more efficient way to transfer a patient is described. A safe technique of induction of pneumoperitoneum, port placement and ways to deal with the challenge of exposing the cystohepatic triangle is diagrammatically illustrated.

**Conclusion:** The systematic approach as described above provides trainees with a framework to deal with the challenges faced in MO patients to make this demanding operation simpler and also to reduce overall morbidity to the patient.

**0833: A 9-YEAR REVIEW OF LAPAROSCOPIC FUNDOPICATION WITH EMPHASIS ON AGE AND OUTCOME**

M. Shinkwin, E. Williams, A. Woodward, A. Rasheed, M. Nutt. Royal Gwent Hospital, UK

**Aim:** Gastro-oesophageal reflux disease (GORD) affects 30% of the population and fundoplication is considered the standard surgical treatment. The aim of this study was to determine whether age, sex, type of hiatus hernia, type of fundoplication and having pre-operative barium swallow had an effect on successful surgery.

**Methods:** A 9 year retrospective analysis was performed on all patients having undergone laparoscopic fundoplication in one Healthboard.

**Results:** 97 patients with complete datasets were identified (51 males, 46 females). Mean follow-up was 12 months. The age range was 27–88 years, mean 52 years. 75 patients had a sliding hiatus hernia, 11 paraoesophageal hernias, 6 no hernias and 5 mixed type. 45 patients had a pre-operative barium swallow. 86% of patients had 360° fundoplication, 6% 180° wraps, 7% 270° wraps, 1% 90° wrap. Binary logistic regression demonstrated that age had an inverse correlation with symptom resolution (p = 0.026). This inverse correlation was more marked in females (p = 0.027).

**Conclusion:** This study demonstrates the likelihood of symptom resolution following surgery for GORD decreases with age. Young females have the best outcome and this was independent of type of hernia, surgical procedure or pre-operative barium swallow studies.

**0866: BARIATRIC SURGERY IN PATIENTS WITH TYPE 2 DIABETES**

K. Stewart*, A. Vijayaraman, M. Alley, J. Bradley, S. Dresner. The James Cook University Hospital, UK

**Aim:** Bariatric surgery for the treatment of obesity is an increasingly available intervention and studies suggest this could result in rapid improvement in glycaemic control in patients with type 2 diabetes mellitus (T2DM). The aim was to assess effect of post-operative weight loss on glycaemic control.

**Methods:** A single-centre retrospective analysis of 16 patients with T2DM undergoing bariatric surgery in 2012. Information was collected on procedure type-laparoscopic sleeve gastrectomy (LSG) or laparoscopic Roux-en-Y gastric bypass (RYGB), weight, HbA1c and diabetic medications pre-operatively, at 6 months, and 12 months. Quantitative and statistical analysis was performed.

**Results:** 44% LSG (n = 7), 56% LRYGB (n = 9). Mean pre-operative weight was 122.5 kg, 99 kg at 6 months, and 96.2 kg at 12 months, with mean excess weight loss of 48.4%. Pre-operative mean HbA1c was 55.4 mmol/mol. 42 mmol/mol at 6 months (p = 0.0002) and 40.0 mmol/mol at 12 months (p = 0.03). Pre-operatively 69% required oral therapy; 19% insulin. At 6 months 94% required only metformin, with 100% diabetes remission at 12 months.

**Conclusion:** There was significant weight loss post-operatively. 73% had >30% excess weight loss at 12 months. All patients with diabetes achieved remission at 12 months. Excellent additional outcomes to weight reduction can be achieved from bariatric procedures. This is attained through careful patient selection, pre-operative optimisation of comorbidities, and multidisciplinary approach.

**0867: A RETROSPECTIVE AUDIT OF PATIENT SELECTION FOR BARIATRIC SURGERY**

K. Stewart*, A. Vijayaraman, M. Alley, J. Bradley, S. Dresner. The James Cook University Hospital, UK

**Aim:** Bariatric surgery is a suitable treatment for appropriate and specially selected patients with complex obesity which has not responded to alternative treatments. The aims were to review patient selection for bariatric surgery and ensure patients are being appropriately selected with recommendations from NICE CG43.

**Methods:** 75 consecutive cases from 2012 were included in this single-centre retrospective audit. Information was collected at BMI at first referral, non-surgical measures trialled prior to referral, contact with obesity services, commitment to procedure and long-term follow-up, and discussion at multi-disciplinary team (MDT) meeting. Quantitative analysis was performed.

**Results:** 75% female (n = 36) and 25% male (n = 19) included. 49% had laparoscopic sleeve gastrectomy (LSG) and 51% laparoscopic Roux-en-Y gastric bypass (RYGB). At first referral body mass index (BMI) was most commonly 46–50 in 36% of patients, then 25% BMI 36–40. Prior to surgery, 93% had trialled non-surgical weight loss measures. 67% had attended specialist obesity services. Discussion regarding long-term follow-up was recorded in 61%, with MDT discussion in 12%.

**Conclusion:** All patients had basic information recorded at first referral. All patients should attend specialist obesity services and have discussion at MDT in-line with NICE guidance (updated Nov 2014) which requires improvement to meet audit standards. Appropriate clinical selection of fully informed patients is important to achieve optimal outcomes.

**0910: RISK OF COMMON BILE DUCT STONES (CBD) STONES WHEN DERANGED LFTS HAVE RETURNED TO NORMAL**

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**Aim:** To investigate the incidence of persistent CBD stones at the time of surgery, in a group of patients whose deranged LFT’s have returned to normal.

**Methods:** A retrospective review of patients who underwent laparoscopic cholecystectomy with on table cholangiography for symptomatic gallstone disease, whom had deranged LFT’s at the time of presentation, but had since returned to normal prior to surgery.

- Potential risk factors were considered; preop biliary dilatation, age, pancreatitis at presentation, pattern of deranged LFTS as well as individual rises in markers.

**Results:** Study involved 288 patients. 21.5% had CBD stones at time of surgery, 90 patients had CBD dilatation, of which 34% had CBD stones. CBD stones were more common in patients with CBD dilatation (p < 0.0001).

**Conclusion:** CBD stones are not an uncommon finding in these patients at the time of surgery. CBD stones are more common in patients with dilatation on peri-operative imaging. Even with a non dilated biliary tree, CBD stones are found in a small but clinically significant proportion of patients, this it was not possible to clinically predict which patients would have them, therefore making routine cholangiography an option in these patients.

**0914: A STUDY OF HELICOBACTER PYLORI INFECTION IN PERFORATED PEPTIC ULCER DISEASE**

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