Aim: To evaluate the outcomes of patients diagnosed with acute cholecystitis undergoing emergency laparoscopic cholecystectomy, versus medical management. This was done in the light of a growing body of evidence suggesting that urgent management is safe and effective in reducing duration of hospital stay and re-admission.
Method: We collected data on patient demographics, length of stay, re-admission rates, treatment offered and complication rates over a one year period and analysed in SPSS. A multivariate General Linear Model was used to determine the effect of independent patient variables (demographics, laboratory and imaging results), on outcome measures.
Result: From a total of 250 admissions, 92 underwent emergency laparoscopic surgery. The average hospital stay was 4.1 days for emergency laparoscopic cholecystectomy versus 7.87 days for medically managed patients. Overall readmission rates were comparable between the patients treated with emergency laparoscopy and those medically managed, but interestingly, re-admission rates halved for the emergency laparoscopic cholecystectomy group who had their procedures done after 24hours but within one week of admission.
Conclusion: Emergency cholecystectomy appears effective in reducing re-admission rates when performed after the first 24 hours. Significant reduction in length of stay indicates that emergency cholecystectomy is cost effective in an NHS setting.

http://dx.doi.org/10.1016/j.ijsu.2016.08.444

1309: THE USE OF OGD IN ROUTINE PREOPERATIVE INVESTIGATION FOR BARIATRIC SURGERY: FINDINGS AND IMPLICATIONS FOR MANAGEMENT

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Background: The use of oesophago-gastro-duodenoscopy (OGD) as part of routine workup for patients undergoing bariatric surgery is controversial. Some suggest the procedure is necessary as significant incidental findings are common; others argue that it should be used selectively. Currently, there is no universal recommendation in the context of bariatric surgery.
Aim: To establish the incidence of positive OGD findings in preoperative bariatric surgery patients and identify the incidence of alteration to surgical management, in order to deduce global recommendations for the role of routine OGD in this cohort.
Method: Endoscopy reports and clinic letters were reviewed for 409 patients who underwent OGD over a two-year period (1/10/2013-1/10/2015) in a specialist bariatric unit.
Result: Of the 409 cases, 310 were abnormal (75.7%). The most common finding was hiatus hernia (49.4%). 364 patients (89.0%) had surgery. Of these, 39 (10.7%) experienced change to the surgical procedure planned, 3 (0.08%) had a delay to surgery, and 322 (88.5%) had no change post-OGD.
Conclusion: The majority of patients had abnormal findings on OGD, with a large proportion resulting in change to surgical management due to this. We therefore conclude that routine OGD is an essential and valuable component of preoperative workup for bariatric surgery.

http://dx.doi.org/10.1016/j.ijsu.2016.08.445

1326: BENEFIT OF ROUTINE HISTOPATHOLOGY TESTING FOR SLEEVE GASTRECTOMY SPECIMENS

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Aim: Sleeve gastrectomy (SG) is a popular procedure for morbid obesity. Literature debates routine versus selective histopathological testing of gastric remnants. In our unit specimen histopathological testing takes 30 minutes, costing £65, and we perform an average of 100 SG procedures per year. We aim to evaluate the benefit of routine histopathology for SG specimens.
Method: Retrospective review of SG specimen findings from November 2010-2015. Case-notes were analysed for demographics, pre-operative gastroscopy findings, operation notes and histology reports.
Result: 106 specimens were sent for histopathology, with one non-bariatric case excluded. Median age was 44 years, median BMI 47.5kg/m2 (range 36.1-68.2 kg/m2) and female-to-male ratio 2.7: 1.
Routine pre-operative gastroscopy, performed in 79% of cases, found 32 abnormal cases: gastritis, oesophagitis or duodenitis in 31, 22 hiatus hernias, 4 ulcers and 3 polyps, of which one was a neuroendocrine tumour. All 10 patients positive for Helicobacter pylori commenced treatment pre-operatively.
Histological testing identified 82 abnormal specimens (78%). Findings included: gastritis (76%), fundic polyps (4%), gastrointestinal stromal tumours (2%), hyperplasia (4%) and 2 neuroendocrine tumours (2%); both required MDT discussion, endoscopy and blood tests.
Conclusion: Results justify routine testing of SG specimens, as significant abnormal findings necessitated deviation from the routine bariatric pathway.

http://dx.doi.org/10.1016/j.ijsu.2016.08.446

1331: ROUTINE CHOLANGIOGRAPHY IN THE MODERN ERA

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Introduction: Performing routine on table cholangiogram (r-OTC) during laparoscopic Cholecystectomy (LC) remains a subject of debate. Advocates for r-OTC highlight the reduced risk of injury to the common bile duct (CBD) visualisation of the biliary tree thereby facilitating the management of ductal stones.
Aim: We aimed to test the hypothesis that r-OTC reduces the risk of CBD injury and improves overall management of gallstone disease.
Method: Data of patients undergoing r-OTC over a two year period (October 2013 to September 2015) was collected.
Result: A total of 1005 patients (75.1% female, mean age 51) were included. 836 (83.2%) LC were performed electively compared to 169 (16.8%) emergency operations. There was no CBD injury in our study population. 4 (0.4%) cases were converted to open cholecystectomy. R-OTC showed ductal stones in 101 patients (10.1%) of which 86 (85.2%) patients underwent a CBD exploration and stone extraction during the same operation.
Conclusion: Our study suggests that high volume r-OTC is associated with a low of risk of bile duct injury and can be performed safely in emergency as well as elective patients. It also demonstrates the use of r-OTC in ductal stone detection and hence low re-admissions to hospital with retained stones.

http://dx.doi.org/10.1016/j.ijsu.2016.08.447

Urology

0091: FEMALE ARTIFICIAL URINARY SPHINCTERS: EARLY EXPERIENCE

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Introduction: Implantation of artificial urinary sphincters (AUS) in females is uncommon in the UK. An anticipated increase in female AUS in our practice prompted this study.
Method: A retrospective review was performed of all female AUS inserted by a single surgeon over 5 years.
Result: 5 patients were identified with a median age of 48 years (33-59). Median follow up was 6 months (2-18). 3 patients had a neurological diagnosis. The remaining two patients had multiple failed incontinence procedures. Preoperatively patients used a median of 5 pads/day(2-6). 2 experienced severe flooding and 2 used intermittent self-catheterisation.