Previous five years. The median follow up was 13 months with average of 18.3 months (ranged from 1 to 62 months). Sustained clinical improvement was reported in 68% of patients. Sustained hemodynamic improvement were noted with: Mean toe pressure increase from 39.9mmHg to 55.42mmHg post 12 months of treatment with mean difference in Toe Pressure of 15.49mmHg, P= <0.0001; and Mean Popliteal flow increase from 35.44cm/sec to 55.91 cm/sec 12 months post treatment with Mean Difference in Popliteal Flow of 20.47cm/sec, P=0.0001. 30 day mortality was 99.4%. Mean Amputation free survival rate was 18 months with limb salvage rate at 5 years of 94%. Freedom from MACE at 5 Years was 62.5%. All cause survival was 68.4% at 5 years. Ten patients underwent AKA and one had BKA. Out of fifty four who died from their co-morbidities only five patients lost their legs before death.

0690 PREDICTING APPENDICITIS IN FEMALE PATIENTS WITH RIGHT ILLIAC FOSSA PAIN: TOWARDS AN EFFICIENT PATIENT JOURNEY Sheena Patel1, Sonia Bouri2, Janindra Warusavitarne1. 1 St Mark’s Hospital, Middlesx, UK; 2 Imperial College, London, UK

Objectives: Right iliac fossa (RIF) pain in females creates diagnostic difficulty, resulting in management delay when ambiguity exists between surgical and gynaecological pathologies. We aim to identify differentiating predictive factors and formulate a management algorithm for these patients.

Methods: 141 female patients admitted under the surgeons with RIF pain were retrospectively reviewed. White cell count (WCC), C-reactive protein (CRP), βHCG, temperature, imaging (ultrasound or computerised tomography), gynaecology input, diagnosis and management were recorded.

Results: 80/141 patients had surgery, 59 had appendicectomies; 53 were appendicitis histologically. 25 cases were gynaecological, with less than half receiving gynaecological input. 18% of females of childbearing age did not have βHCG tested. Raised WCC/CRP were significantly associated with appendicitis. 64% of gynaecology cases had raised WCC/CRP. Results influenced the management of 70% of patients scanned, including those treated conservatively.

Conclusion: A simple algorithm, which includes laparoscopy for females presenting with RIF pain and raised WCC or CRP may reduce delay to definitive treatment and unnecessary investigations. Using this algorithm, 87% of patients with appendicitis would have undergone early laparoscopy and 22% of scans prevented. Such an approach can be cost-effective and ensure an efficient patient journey.

0691 AVOIDING PITFALLS IN THE FAST-TRACKING OF HIP FRACTURES Nicky Bennett, Usman Khattak, Zeeshan Khan. Scunthorpe General Hospital, Scunthorpe, UK

Aims: To determine the safety of current Fast-tracking practice. To improve safety by introducing a checklist and re-audit to prove its effectiveness.

Methods: We recruited 61 patients over 2 months presenting to A&E with hip fractures. Medical notes were assessed using an evaluation tool by 2 investigators. A colour-coded checklist ensured adequate assessment and appropriate patient selection. This was an easily readable version of PARS (Patient At Risk Score) including other variables: age, injury mechanism, other injuries and oxygen saturations. Re-audit at 10 months.

Results: The initial audit identified 8 (of 61) patients inappropriately fast-tracked: two <60yrs; two with significant missed injuries; two with significant cardiac problems. The second audit identified 3 (of 46) patients inappropriately fast-tracked: 1 with a missed radial head fracture; 1 initial fracture was disproved; 1 had a PARS score of 4. All patients recovered uneventfully contrasting with the first cycle. The fast-tracking tool indenitified 2 patients with significant medical co-morbidities who received urgent medical input before transfer.

Conclusion: We designed and introduced a simple tool allowing safe fast-tracking and have shown this to significantly reduce the number of inappropriante patients admitted with unstable medical conditions.

0693 BLOOD TRANSFUSION PRODUCT REQUIREMENTS AND WASTAGE IN THORACOABDOMINAL ANEURYSM REPAIR M. Sherafat, M.J. Metcalfe, C. Cantwell, R.G.J. Gibbs. Imperial College NHS Trust, London, UK

Objective: To evaluate the transfusion demand and product wastage during the first 48 hours of Thoracoabdominal aneurysm (TAA) repair surgery.

Methods: The transfusion department’s database and patients’ records were retrospectively analysed between 2004 and 2008.

Results: Average intraoperative blood transfusion requirements per patient for types II and III aneurysms were 12.1 RBC units and 1.9 platelet pools for open repair compared to 10.5 RBC units and 1.7 platelet pools for hybrid repair Average intraoperative blood transfusion requirements per patient for type IV aneurysms were 11.7 RBC units and 2.0 platelet pools for open repair compared to 4.3 RBC units and 0.0 platelet pools for FEVAR. Blood product wastage per patient intraoperatively and up to 48hrs post-operatively consisted of 0.2 and 0.1 RBC, 0.1 and 0.5 pools of platelets, 0.4 and 0.1 packs of FFP and 0.1 and 0.0 units of cryoprecipitate respectively. The wastage cost was £68.14 (intraoperatively) and £117.15 (upto 48hrs postoperatively) per patient. Overall, of the platelets requested but not actually transfused, 47% were wasted, a cost of £6670.

Conclusion: New protocols for volumes and timings of cross matching blood products and the use of a TEG® analyzer should reduce blood product wastage in modern endovascular repair of TAA.

0694 A CASE FOR PROCEDURE-SPECIFIC CONSENT FORMS Meena Arunakirinathan, Ahmed Sadiq, Anand Rajasekaran. University of Manchester, Manchester, UK

Aim: Consent forms record a dynamic process necessitating time, clarity of explanation and patience. Procedure-specific consent forms provide better standardised, authoritative information leaving time to counsel patients, compared with generic forms. The aim was to compare how informed patients were of risks and benefits of surgery according to published guidelines, aided by generic or procedure-specific forms.

Methods: Sixty cases using generic consent forms for either Laparoscopic Sterilisation or Circumcision were sampled (groups A and B respectively). Additionally, twenty cases each of Cataract and Laparoscopic Nephrectomy (groups C and D respectively) with procedure-specific forms implemented were studied retrospectively. Data was evaluated against The Royal College of Surgeons set standards.

Results: Clear discrepancies in the delivery of accurate information arose where procedure-specific forms were not used. In group A, four of the nine major risks were never once specified. Two further risks were mentioned in only 10% of cases. In group B, one of nine major risks was omitted on all forms. Three other risks were omitted in over one-third of cases. Groups C and D demonstrated 100% compliance with recommended standards.

Conclusion: Implementation of procedure-specific consent forms is recommended across specialties to ensure efficient delivery of all recommended risks and benefits.

0695 THE UTILIZATION OF MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY IN DETECTING CHOLEDOCHOLITHIASIS: A DISTRICT GENERAL HOSPITAL EXPERIENCE Jessie M. Wu, Quat Ullah, Muhammad H. Shiwani. University of Sheffield, Sheffield, UK

Objectives: To investigate the use of magnetic resonance cholangiopancreatography (MRCP) in relation to diagnosing cholecdocholithiasis and to determine whether radiologic and laboratory information can be used as predictors for MRCP-evident cholecdocholithiasis.

Patients and Methods: Data were collected retrospectively from 100 consecutive MRCP requests starting in July 2009 at Barnsley Hospital NHS Foundation Trust. Data extracted from the request cards include MRCP indication and liver function test (LFT) results. If the LFTs were not noted on the request card, pre-MRCP LFTs were identified from ICE, an electronic results reporting system. Pre-MRCP transabdominal ultrasound results, MRCP and ERCP results were also collected.
Results: Of the 100 MRCP request cards reviewed, 96 requests were used in this study. The most common indication for MRCP was to identify the presence of common bile duct (CBD) stones (87.5%). Of the 84 requests for suspected choledocholithiasis, 17 cases (20.2%) were detected using MRCP. Dilated CBD on ultrasound scans and hyperbilirubinemia have poor positive predictive values (0.25, 0.2).

Conclusion: Diagnosing suspected choledocholithiasis is the most common indicators for requesting a MRCP. However, commonly used predictors of CBD stones such as dilated CBD on US and hyperbilirubinemia have a poor correlation to MRCP-evident CBD stones.

0697 CASE-CONTROL DIVERGENCE OF A PIVOTAL STUDY OF TINZAPARIN ALONE VERSUS WARFARIN FOR TREATMENT OF ACUTE DEEP VENOUS THROMBOSIS AND PULMONARY EMBOLISM. EARLY EXPERIENCE, Q-TWIST AND PARADIGM SHIFT IN MANAGEMENT OF DVT IN A TERTIARY REFERRAL CENTRE

Nader Hamada, Wael Tawfick, Shereif Sultan. UCHG, Galway, Ireland

The aim of this study is to evaluate the use of LMWH (Tinzaparin) as a single treatment for acute DVT in contrast to the use of Warfarin as regards venous recanalisation, pulmonary embolism (PE) clearance and complications rate.

Between January 2008 and January 2010, 22 patients were treated with Tinzaparin alone for mean of 3 months (1-6 months) they were matched control with 22 patients who started on Tinzaparin for one week and sustained on warfarin.

Mean period of follow-up was 11.4 months (1-23 months). At 45 days, 18 patients managed with Tinzaparin confirmed good or complete recanalisation of DVT, compared to only 11 of the Warfarin managed patients (P=0.056).

The mean time to recanalisation was 3 months in the Tinzaparin group, as opposed to 9 months in the warfarin group (P=0.039).

The quality time spent without symptoms of disease or toxicity of treatment (Q-TWIST) was enhanced in the Tinzaparin group of patients (11.5 months) judged to the Warfarin group (7.2 months) (P=0.042).

Treatment of acute DVT and PE with Tinzaparin alone ensures ameliorated recanalisation and necessitates shorter duration of treatment with less post thrombotic limb complications in comparison to patients who treated with Warfarin.

0698 REVERSAL OF LOOP ILEOSTOMY AT BARNSLEY HOSPITAL: LOW MORBIDITY BUT LONGER LENGTH OF STAY

Christopher Whitfield, Theodor Offori. Barnsley Hospital NHS Foundation Trust, Barnsley, UK

Aim: Loop ileostomies are frequently constructed during colorectal procedures. Restoring intestinal continuity has important physiological and psychological implications. Awareness of potential complications is important in operative planning and acquiring informed consent. We review the experience of a District Hospital in loop ileostomy reversal.

Methods: Patients undergoing loop ileostomy reversal at Barnsley Hospital between September 2005 and May 2010 were identified retrospectively from operating theatre logbooks. Demographic, procedure-specific and post-operative data were obtained from patient records.

Results: 23 patients (23M:10F) underwent loop ileostomy reversal during the study period. Median age was 63.6 years (range 19.2–87.6). 22 were constructed during elective low anterior resection for rectal carcinoma and 11 during emergency procedures. Reversal was via circumstomatal incision in 31 patients. 2 required laparotomy. Median length of stay was 6 days (range 2–21). First bowel action was recorded at median day 3 (range 1–6). 3 minor complications occurred (2 wound infections, 1 pulmonary infection). No deaths, re-operations or 30-day readmissions occurred.

Conclusion: Low morbidity in relation to loop ileostomy reversal was demonstrated. However, length of stay was slightly in excess of other published experience. Further comparison is necessary to establish whether cautious post-operative build-up or other factors were responsible.

0700 THE RELATIONSHIP BETWEEN RIGHT SIDED TUMOURS, CLINICO-PATHOLOGICAL FACTORS AND SURVIVAL IN PATIENTS UNDERGOING RESECTION FOR COLORECTAL CANCER

Arfon Powell, Donald McMillan, Paul Horgan. University of Glasgow, Glasgow, UK

Aim: The aim of the present study was to examine the relationship between right sided colon cancer, clinicopathological factors and survival in patients undergoing surgery for colorectal cancer.

Methods: 630 patients underwent surgery for colorectal cancer between 2000-2010. The relationship between site, age, sex, anaemia, mode of presentation, Dukes stage, differentiation, components of the Peterson index, modified Glasgow Prognostic Score (mGPS) and survival was examined.

Results: There were 211(33%) right sided tumours, 189(30%) left sided tumours and 230(37%) rectal tumours. Right sided tumours were associated with increasing age (p<0.001), anaemia (p<0.001), emergency presentation (p<0.001), poor differentiation (p<0.001) and mGPS(p<0.001) but not survival (p=0.675). On univariate survival analysis in right sided tumours; Dukes stage (p=0.004), peritoneal involvement (p=0.001), vascular invasion (p<0.001) and mGPS (p=0.015) predicted poor cancer survival.

Conclusion: The results of the present study show that although right sided tumours are associated with increasing age, anaemia, emergency presentation and poor differentiation these factors do not have prognostic significance in these patients. Also, the results suggest that tumour and host factors are important in determining cancer survival in right sided tumours.

0703 DO CLERKING PROFORMAS IMPROVE MEDICAL RECORD KEEPING IN ACUTE SURGICAL ADMISSIONS: RESULTS OF A CASE CONTROLLED STUDY

Neeta Lakhani, Harriet Percival, James Stephenson, Sanjay Chaudhri, Priyank Jani. Department of Surgery, University Hospitals of Leicester, Leicester General Hospital, Leicester, LE5 4PW, UK

Introduction: Junior doctors are often the first to clerk acute surgical admissions. This is frequently the only opportunity to obtain a thorough clerking. Omitting essential parts of this clerking can be detrimental to patient care. In many clinical settings clerking proformas have been introduced. This study investigates whether clerking proformas are an effective clerking tool in the acute surgical setting.

Method: A retrospective, case controlled study of 20 junior doctor clerking from two comparable surgical units was carried out. Each clerking was marked for 37 essential components such as name of clerk, time/date of admission, drug history, allergies and social history.

Results: None of the clerking without the use of a proforma scored 100% for inclusion of all essential history criteria, with only 69% scoring >90%. Of the clerking with a proforma 23 out of the 37 (62%) included all essential criteria, with 84% including >90%. The most commonly neglected areas of the clerking documentation were past surgical history, family history and initial plan and impression.

Discussion: In acute surgical admissions clerking proformas can be used to obtain more accurate clerking documentation than information documented without a proforma. This should help improve the diagnostic accuracy and quality of care.

0706 OUTCOMES IN PERIPHERAL VASCULAR BYPASS OPERATIONS PERFORMED BY TRAINEES

Jeffrey Lim1, Ian David Hunter2, Andrew David Roland Northeast3, Patrick Neil Thomas Lintott4. 1 North Bristol NHS Trust, Bristol, UK; 2 Oxford Radcliffe Hospitals NHS Trust, Oxford, UK; 3 Buckinghamshire Hospitals NHS Trust, High Wycombe, UK

Objective: To determine if peripheral vascular bypasses performed by trainees have worse outcomes.

Methods: Peripheral vascular bypass operations at a single institution from September 2004 to September 2009 were reviewed. Indication, case schedule, operating surgeons, operative details, complications, follow-up, patency duration and mortality were recorded.