Conclusion: Liver resection is safe and feasible. Multiple resections are possible and patients should be referred to liver unit for assessment of resection even if they have multiple metastases.

EARLY VERSUS DELAYED APPENDICECTOMY DURING ADMISSION WITH LOWER ABDOMINAL PAIN

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Introduction: The decision to perform appendicectomy in this country is often made following clinical assessment only. Those with an unclear diagnosis undergo a period of observation. This study aimed to compare those having an early operation with those who waited.

Methods: A review of 545 appendicectomies was performed. Patients were split into two groups: those who had appendicectomy on the first or second days of admission (Group A), and those who had their operation on subsequent days (Group B). Comparison was made between the two groups' demographics, laboratory results, post-operative stay and complications.

Results: There were 461 patients in group A and 84 in group B. There were significantly more females in group B (p = 0.004). The mean age of the two groups was similar. 80% of patients in group A had appendicitis histologically and 60% in group B. There was a difference between the rate of non-perforated appendicitis between the two groups (p = 0.02), but not between perforated appendicitis (p = 0.63). The complication rate in group B was higher (p = 0.03).

Conclusion: Delaying appendicectomy increased post-operative morbidity. There was also a high rate of negative operation in this group. Early use of radiology may improve diagnostic accuracy in patients where clinical assessment is unclear.

COULD ABSCESS MANAGEMENT BE IMPROVED?

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Abscesses are a common presentation as a general surgical emergency. We undertook an audit of abscess presentations at a teaching hospital. In a six-month period, 233 cases presented, resulting in many overnight admissions. In the audit period, 133 patients were admitted, leading to 129 bookings for theatre and 102 cases performed. Patients were booked for theatre according to deemed urgency. The average time from admission to booking was 11 hours 11 minutes. The mean time from booking to start of procedure was 16 hours and 29 minutes. The mean time from presentation to start of procedure was 24 hours 19 minutes. Non-consultant career grade surgeons performed the majority of cases. The mean duration of procedure was 15 minutes. Only 23.8% of cases were performed within the allocated timescale deemed by category of booking. Abscess management is a neglected surgical emergency, but a procedure in which junior trainees may quickly gain competency. The financial burden exerted by abscesses from a six-month audit quantified the impact of unnecessary overnight stay at £40,800. Arranging urgent elective theatre times for the following day could reduce this. Competent junior surgical trainees could undertake many of these cases.

THE VALUE OF ROUTINE SURVEILLANCE COMPUTERISED TOMOGRAPHY SCAN IN COLORECTAL CANCER FOLLOW-UP

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Recurrent colorectal cancer is often diagnosed at an unresectable stage. CT surveillance for early diagnosis of metastases has not been ascertained. Our aim was to determine if routine interval computerised tomography (CT) improves the detection of metastases. Patients who underwent curative surgery at one hospital for colorectal cancer and appropriate adjuvant treatment were included in a program of chest, abdominal and pelvic surveillance CT scanning at 6, 12, 18 and 24 months after surgery. Further analysis was made to examine any differences in detection of metastases in relation to initial staging at diagnosis. 235 colorectal cancer patients entered the follow-up programme between January 2000 – 2005. 33 were Dukes A, 113 were Dukes B and 89 were Dukes C. Metastases was found in 42 (31%) of the 137 patients imaged at 6 months, 28 (20%) of the 141 patients imaged at 12 months, 13 (11%) of the 115 patients imaged at 18 months and 16 (16%) of the 100 patients imaged at 24 months. Routine CT is not justified more than one year after surgery in Dukes A patients. In Dukes B and C patients routine surveillance CT identified significant numbers with new metastases for at least two years after surgery.

INFLUENCE OF HOSPITAL AT NIGHT (H@N) ON MORBIDITY AFTER EMERGENCY APPENDICECTOMY

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Aims: H@N reduces the number of trainees providing cover, with the surgical SpR non-resident on call, whilst patients are cared for by a multi-disciplinary team. This study aims to evaluate how H@N affects outcomes after emergency appendicectomy.

Methods: A retrospective study of outcomes after appendicectomy over 3 months before (Nov 2008- Jan 2009) and after (Feb 2009- April 2009) introduction of H@N.

Results: We studied 49 patients pre H@N (15 female, median age 29 (6-75)) and 44 patients post H@N (15 female, median age 22 (10-61)). Median time from admission to diagnosis was 2.5 (0.5-96) versus 3 (0.5-23) hours and 7 (0.5-23) versus 10 (0.5-23) hours from diagnosis to operation. Seventeen versus 15 patients had laparoscopic surgery. Median length of stay was 2 days for both groups. Complications occurred in 8 patients pre H@N with 5 re-admissions and in 5 patients post H@N with 3 re-admissions. Histology was normal in 8 versus 4; acute suppurrative in 29 versus 34; gangrenous in 2 versus 3 and perforated in 10 versus 3 cases.

Conclusions: H@N has not resulted in any significant delay to diagnosis of and treatment for appendicitis. There was no significant impact on morbidity after emergency appendicectomy.

LIVER TRAUMA: ONE YEAR CASE SERIES FROM A BUSY DGH

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Introduction: Blunt liver trauma accounts for 15–20% of abdominal injuries, and is responsible for more than 50% of mortalities. The size of the liver, its delicate parenchyma, and relatively fixed position make it prone to blunt injury.

Aim: To analyze if blunt liver trauma can be safely managed in a DGH set up with less clinical exposure and experience

Method: A retrospective analysis of 1 yr trauma data with blunt injuries to abdomen with liver injuries at our DGH was carried out Outcome: A total of 5 cases of blunt trauma to liver were isolated, 4 out of 5 had grade 4/5 injuries and were operated at DGH on arrival, and 1 patient had capsular haematoma, and underwent percutaneous drainage. Operative help from