

0808 LONG TERM RESULTS OF TWO GROUPS UNDERGOING ENDONASAL DACRYOCYSTORHINOSTOMY WITH AND WITHOUT STENTING: A CASE SERIES

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Objectives: This study was aimed to evaluate the short and long term results of endoscopic dacryocystorhinostomy with and without silicone stenting in chronic dacryocystorhinitis due to post-saccal blockage.

Methods: The study involved a case series of 89 patients (128 eyes) who underwent endoscopic dacryocystorhinostomy. All cases were operated by the senior author to make a uniform analysis of the results. The stented group comprised of 63 eyes (44 patients) performed between September 2002 and September 2005. While dacryocystorhinostomy without a stent were performed in 65 eyes (45 patients) between October 2005 and December 2006. The follow up period was up to 33 months after surgery.

Results: The short term success rate (6 months after surgery) was 70% in stented group and 97% in non stented group, while the long term success (at 33 months) was 89% in dacryocystorhinostomy without stent comparing with only 57% in dacryocystorhinostomy with a stent.

Conclusion: In this study, Non stented group show statistically significant improvement in symptoms on short and long term follow up ($p < 0.001$). Over the study period both groups show reduction in success rate, but this was statistically not significant.

0809 YOUNG WOMEN WITH RIGHT ILIAC FOSSA PAIN: SHOULD THEY CONTINUE TO BE ADMITTED UNDER THE GENERAL SURGEONS?

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Aim: In young women of reproductive age with right iliac fossa (RIF) pain, gynaecological pathology is frequently responsible. Conventionally, such patients are admitted under the general surgeons. Our objectives were to determine the proportion of these patients that have appendicitis and the value of leucocyte count, C-reactive protein (CRP) and temperature at presentation in selecting women with appendicitis.

Method: The admission leucocyte count, CRP and temperature data were obtained prospectively for 67 consecutive women of reproductive age admitted under the general surgeons with RIF pain over a 4-month period. The final diagnoses were recorded.

Results: Only 12 (18%) women had confirmed appendicitis, 18 (27%) had a gynaecological cause, 5 (7%) had non-specific pelvic fluid, 1 (2%) had a hepatic flexure tumour and 31 (46%) had non-specific abdominal pain. Patients with appendicitis had significantly higher admission temperature ($p = 0.0002$), leucocyte count ($P = 0.004$) and CRP ($P = 0.007$) compared to the non-appendicitis group.

Conclusions: Young women with RIF pain infrequently have appendicitis yet continue to be routinely admitted under the general surgeons. Our data suggests that this is inappropriate. Temperature, CRP and leucocyte count at presentation are simple tools to determine the likelihood of appendicitis and should be used to direct admissions appropriately.

0815 TRANSPERINEAL SECTOR BIOPSIES OF THE PROSTATE – ADDRESSING UNCERTAINTY

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Background: Accurate characterisation of prostate cancer is essential for optimisation of treatment strategies. Standard twelve-core transrectal biopsy may not provide an accurate reflection of disease burden given the frequency of mismatch in grade and disease volume in radical prostatectomy specimens. The purpose of this study was to determine whether our transperineal sector biopsy approach provides more accurate pathological information than transrectal biopsies.

Patients and Methods: From our prospective radical prostatectomy database, we identified 41 patients in whom both transrectal and transperineal biopsies had been carried out. At transperineal biopsy samples were removed preferentially targeting the peripheral zones (32 cores). All histological specimens were reviewed by specialist uropathologists.

Results: Median elapsed times between transrectal and transperineal biopsy and between transperineal and radical prostatectomy were 4.9 months and 2.8 months respectively. Using the radical prostatectomy specimen as the reference, 78% of transrectal biopsies under-estimated gleason score compared to 10% of transperineal biopsies ($p < 0.001$, X2-test). 84% of original transrectal biopsies were histologically upgraded following transperineal biopsies.

Conclusions: Transrectal twelve-core biopsies were significantly more likely to under-estimate the Gleason score of the radical prostatectomy specimen compared with transperineal sector biopsies. This has implications for men who have treatment decisions based upon current transrectal protocols.

0816 VESTIBULAR SCHWANNOMA SCREENING AUDIT

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Aims: To review the Hospital referral criteria for requesting MRI scans in clinically suspected vestibular schwannoma patients and compare with the Northern regional guidelines.

Methods: This was a retrospective audit which was performed in May 2010. All MRI scans of internal auditory meatus were retrieved from radiology department for the period of April to September 2009. A random Sample of 100 patients were analyzed and compared with the guidelines and out come reported.

Results: The results showed that 74% of the referrals were compliant with the Regional guidelines and 24% were non compliant with the guidelines.

Conclusions: The audit showed that out of 100 patients which were randomly audited, 76% were compliant with the regional guidelines and 24% non compliant. The MRI results were 100% negative for vestibular schwannoma. There were no departmental guidelines for MRI screening to rule out vestibular schwannoma. This was resulted in introducing a modified Northern Regional guideline for acoustic neuromas screening, incorporating clinical expertise to the regional guidelines.

0818 ARE SYMPTOMATIC TIA PATIENTS BEING APPROPRIATELY REFERRED FOR CAROTID ENDARTERECTOMY?

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Aim: During 2009, 42 patients underwent carotid endarterectomy (CEA) despite 1700 carotid Doppler ultrasound scans (cDUSS) being performed within the Morecambe Bay University Teaching Hospitals Trust for symptoms of transient ischaemic attack (TIA). We aimed to find out why the CEA rate is so low.

Methods: A database of cDUSS performed in 2009 was accessed, theatre logbooks reviewed and a corresponding list of CEAs gathered. Discharge letters were accessed for all patients with stenoses of $\geq 50\%$ not documented as having undergone CEA to find out why surgical intervention was not performed.

Results: 1654 patients underwent cDUSS of which 280 (16.9%) demonstrated stenoses of $\geq 50\%$. 80 patients were reviewed by the surgical team and deemed inappropriate for intervention. Of the 158 not encountered by surgeons, 88 (55.7%) were excluded by physicians, 61 (38.6%) had no documentation of decision, 7 (4.4%) patients refused and 2 (1.2%) were referred externally.

Conclusions: Of the 158 patients not reviewed by vascular surgeons, 97 (61.4%) were excluded appropriately. 61 (38.6%) patients had no defined management plan and as such are assumed to have had sub-adequate care. In pursuit of clinical excellence, patients with surgical pathology should be reviewed and managed by surgeons.