Methods: We examined all scheduled plastic surgery lists between March and May 2013, using the Galaxy recording system. We found 375 lists with sufficient information for analysis.

Results: 81% of lists were delayed, the average delay was 21 minutes, theatre and surgeon categories were the most common reasons for delay, patient and ‘other’ reasons were associated with the longest delays, there was variation between different theatres and wards.

Conclusions: Literature and experience suggest 4 potential interventions. Firstly, engagement of a coordinator has greatly reduced delay in hand surgery. This audit justifies such a role for plastic surgery. Secondly, the development and deployment of novel IT technologies. Thirdly, new methods of information dissemination; peer-to-peer teaching, or posters outlining the full patient pathway. Finally, emulating initiatives from industry, aviation or formula one racing.

0090: SPITZ NAEVI IN CHILDREN: 5 YEAR AUDIT IN A PAEDIATRIC HOSPITAL AND PROPOSED MANAGEMENT GUIDELINES

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Introduction: Spitz naevi have uncertain malignant potential and present diagnostic and management challenges. There is little guidance for managing this condition in childhood.

Methods: A literature search of Spitz naevi identified 226 articles for review. Management guidelines were developed based on best-available evidence. A retrospective audit of Spitz naevi in children, diagnosed between 2008 - 2013 was performed. Surgery, histology, follow-up and recurrence were analysed.

Results: 90 patients were included. Mean age was 9.0 years (range 1 to 17). 83 were benign Spitz naevi/variants; 7 atypical Spitz tumours (AST); none was malignant. Plastic surgeons managed 53, dermatologists 31, general surgeons 6. Initial biopsy was excision (79%), punch (10%), shave (7%), curettage (4%). Of Spitz naevi/variants, 64% were completely excised; 78% were followed-up (mean 5 months). All ASTs were completely excised; 57% were re-excised; all were followed-up. No cases recurred. Histological reporting was inconsistent with 31 different descriptive terms employed and few documented excision margins.

Conclusions: We found variable management of Spitz lesions, not always meeting our guidelines. We added amendments, including uniform histology reporting and MDT discussion of atypical lesions. We have produced guidelines for management of Spitz lesions in children based on written evidence and our own experience.

0176: TOO MANY COOKS: A QUALITY IMPROVEMENT PROJECT WHICH OUTCOMES AND OUR OWN EXPERIENCE.

Liverpool, UK.

Introduction: Too many cooks: a quality improvement project which evidence and our own experience.

Methods: Literature and experience suggest 4 potential interventions. Firstly, engagement of a coordinator has greatly reduced delay in hand surgery. This audit justifies such a role for plastic surgery. Secondly, the development and deployment of novel IT technologies. Thirdly, new methods of information dissemination; peer-to-peer teaching, or posters outlining the full patient pathway. Finally, emulating initiatives from industry, aviation or formula one racing.

0016: THE STAGING AND MANAGEMENT OF PYODERMA GANGRENO-SUM

Kuen Yew Chin 1,2, Zaher Jandali 1, Thanassi Athanassopoulos 1, Ninewells Hospital, Dundee, UK.

Introduction: Pyoderma gangrenosum (PG) is a rare autoimmune ulcerative disorder. There are no specific histopathologic or immunofluorescent diagnostic features, and is often a diagnosis of exclusion. A range of treatment options for PG has been described, including topical or systemic steroid therapy, chemotherapy and surgery.

Methods: Between April 2006 and February 2013, 12 patients with PG were treated. Mean age was 51-years (range 32–74). All patients were female, and the areas where PG developed included the breast, abdomen, thigh and leg. The total body surface area affected by PG ranged from 0.5–20%.

Results: 3 patients were treated with topical steroid, 2 patients were treated with topical and systemic steroid, 1 patient had systemic steroid and chemotherapy, and 5 patients had surgery with chemotherapy. Treatment was chosen based on severity, depth and extent of disease. Wound healing was achieved in all patients. We propose a step-wise treatment algorithm that includes topical steroid, oral steroid, immunotherapy and ultimately surgery.

Conclusions: PG should always be considered in any kind of ulcer or wound with delayed healing. Our treatment recommendation based on the disease stage will allow systematic effective treatment of this disabling condition.

0271: GLUTEAL FLAP PERINEAL CLOSURE FOLLOWING ABDOMINOPERINEAL EXCISION OF RECTUM

Kuen Yew Chinn, Isabel Teo, Christopher Stephens, James Paget, Matthew Hough. Department of Plastic Surgery, Ninewells Hospital, Dundee, UK.

Introduction: Perineal wound complications are common after abdominoperineal resection of rectum (APER). A range of reconstructive techniques has been described. The inferior gluteal artery perforator flap (IGAP) has been gaining popularity as a reconstructive option for this procedure.

Methods: A retrospective study of 32 consecutive patients who underwent immediate pedicled IGAP flap reconstruction of perineal wounds following APER to determine patient demographics, complications and results of surgery.

Results: The patient age ranged from 29-83 (average-65.5). 25% received pre-operative radiotherapy and 41% received intraoperative radiotherapy. Follow-up ranged from 5 months to 3 years. 19% also had reconstruction of vaginal wall. Minor complications occurred in 10 patients: 8 settled with conservative measures, 1 required washout of an infection and 1 required re-sutting of a dehiscence. All wounds healed by 3 months. There were no major complications.

Conclusions: IGAP is a reliable reconstructive option for patients undergoing APER. In our experience, this is simple to perform, provides adequate soft tissue to fill up dead space with low complication rates.

0324: PATIENT’S UNDERSTANDING OF SENTINEL LYMPH NODE BIOPSY FOR CUTANEOUS MALIGNANT MELANOMA

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Introduction: Determining the regional lymph node status through sentinel lymph node biopsy (SLNB) is the most important prognostic indicator in malignant melanoma. However, SLNB confers no proven survival benefit and carries a 5% risk of morbidity. We have found that despite adequate counselling, patients understanding of the procedure remains low.

Methods: A novel questionnaire consisting of ‘True’ and ‘False’ tick boxes was developed to assess patients understanding of SLNB. This was given to 20 consecutive patients on the morning of their surgery prior to undergoing SLNB. All patients were seen pre-operatively and counselled by a consultant surgeon.

Results: 90% of patients undergoing SLNB understood that SLNB is a staging tool. 10% believed that SLNB would prolong their survival. The majority (80%) thought that if their SLNB was negative, that they would not develop further disease thereafter.

Conclusions: Any patient who opts for SLNB should have a good understanding of the procedure, and in particular be well informed of its prognostic and not therapeutic role. This study highlights the urgent need to educate this group of patients. We have developed information leaflets to educate patients and will continue to assess levels of understanding.

0400: TREATMENT OF SEVERE HIDRADENITIS SUPPURATIVA OF THE AXILLA: THORACODORSAL ARTERY PERFORATOR (TDAP) FLAP VERSUS SPLIT SKIN GRAFT

Justin CR. Wormald 1, A. Balzano, John Clibbon, Andrea Figus. Plastic and