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, Sherif 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 BARNSLY 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 circumstomal 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, CLINICOPA-ThOLOGICAL FACTORS AND SURVIVAL IN PATIENTS UNDERGOING RESECTION FOR COLORECTAL CANCER

Afon 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 Lakhan, 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 clerkers from two comparable surgical units was carried out. Each clerking was marked for 37 essential components such as name of clerker, 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 Lim 1, Ian David Hunter 2, Andrew David Roland Northeast 3, Patrick Neil Thomas Lintott 1, 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.
Results: One hundred and thirty sets of notes were reviewed (88 male, age range 37 to 94 years; median 73 years). The results were analysed according to three groups - trainees operating without consultant supervision (Group T; n=16), trainees supervised by consultants (Group T&C; n=24), consultants as primary surgeon (Group C; n=90). Patient age and proportion of emergency to elective cases between groups T and C and between groups T and T&C were significantly different. In terms of outcome - only 30 day and 1 year mortality rates between Group T and Group C were found to be significantly different.

Conclusion: One year mortality is significantly different when comparing trainees operating without supervision versus consultants as primary surgeon; however, this may be attributable to differences in patient population and proportion of emergency cases. Trainees operating without consultant supervision may provide worse outcomes but with proper supervision, outcomes are the same as with consultant as the primary surgeon.

0711 RESUSCITATING THE CRITICALLY ILL CHILD – SHOULD THE ADVANCED PAEDIATRIC LIFE SUPPORT COURSE BE MADE MANDATORY FOR ENT TRAINEES?
Sirhan Alvi, Joanna Watson, Vinay Varadarajan. Pennine Acute Hospitals NHS Trust, Manchester, UK

Aim: To conduct a national survey to gauge the confidence of ENT higher specialty trainees in dealing with the critically ill child.

Method: A survey distributed to all UK ENT higher specialty trainees and collected by an online survey service. Undertaken between the months of September and November 2010.

Results: A total of 74 out of 337(22% response) of UK ENT higher specialty trainees completed the questionnaire, of which 34 were near to the end of completing their training (ST6/Spr4+). 34% (n=25) had attended an APLS course or equivalent before. 54% were confident performing basic life support in children. 82% were confident dealing with an airway/breathing problem in a child. 20% were confident performing advanced life support. 42% were confident managing a child in shock. 87% did think that attending an APLS course would form a useful part of their ENT training.

Conclusion: This survey highlights areas where ENT trainees feel deficient in managing the critically ill child. Although 87% of trainees felt that APLS should be a mandatory course in ENT training, 34% of trainees had actually attended the course. This compares more favourably to previous postal questionnaires that found that only 9% of ENT consultants held a certificate.

0712 LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: COMPLICATIONS REQUIRING FURTHER SURGERY, WEIGHT LOSS AND READMISSIONS IN A COHORT OF 309 PATIENTS
Michael Wilson, Ali Alhamdani, Kamal Mahawar, Maureen Boyle, Peter Small. Sunderland Royal Hospital, Sunderland, UK

Aim: To determine the frequency and aetiology of complications, readmissions and weight loss following laparoscopic roux en y gastric bypass (LRYGB) in a cohort of 309 patients.

Methods: Data was analysed from a prospective database.

Results: 309 patients underwent LRYGB between January 2005 and August 2010 with no mortality. Patients have achieved an excess body weight loss of 54.3% at a mean follow-up of 17.9 months. Mean age at LRYGB was 43.4, operating time 3h 00m, postoperative hospital stay of 3.7 days. Rates of early (<30d) and late (>30d) readmission were 6.5% and 15.5% respectively. 13.9% patients had BMI >30 and 4.5% were aged 60 or over. Major complications requiring early reoperation (<30d) were seen in 6 (1.9%) patients: 2 haemorrhages, 2 anastomotic leaks, 1 para-umbilical hernia and 1 relook laparoscopy with no abnormality seen. Major complications in the late (>30d) postoperative period included: 1 anastomotic leak, 4 internal hernias, 4 incisional hernias, 3 redo jejunojunostomy, 5 adhesiolysis.

Conclusions: We report safe and effective performance of laparoscopic roux en y gastric bypass in a new bariatric unit with acceptable morbidity, mortality, and weight loss that is comparable with other reported series.

0713 BLADDER MANAGEMENT FOLLOWING THE REPAIR OF COLOVESICAL FISTULAE
Jonathan Wild, Karen Jones, Clare Murphy, Peter Goodfellow. Chesterfield Royal Hospital, Chesterfield, Derbyshire, UK

Background: The purpose of this study was to assess current practice amongst surgeons with regards timing of urinary catheter removal and to assess the value in performing a routine postoperative retrograde cystogram following repair of CVF.

Method: Patients were identified from a prospectively maintained radiology database. Main outcomes measured were the number of postoperative days to performing cystogram, whether the cystogram revealed a urine leak and the number of postoperative days to catheter removal. Urinary tract complications were also recorded.

Results: 32 patients were identified as having undergone a post-operative cystogram. Aetiology was diverticular disease (n=26), neoplasia (n=5) and Crohn’s disease (n=1). All bladder repairs were simple (trigone not involved). Mean time to cystogram was 10.5 days (5-14). Two urine leaks were detected. Mean time to catheter removal was 13.1 days (5-21). Six patients (19%) developed UTIs.

Conclusion: This study shows that a routine follow-up cystogram following simple bladder repair during the surgical repair of a CVF may not be necessary, however larger studies are required and at present this should be left to the discretion of the operating surgeon. Prolonged urinary catheterization causes complications such as urinary tract infection and patient discomfort, as well as prolonged hospital stay. The timing of catheter removal needs more scrutiny and practice needs to be standardised.

0716 PSYCHOLOGICAL PREDICTORS OF WEIGHT LOSS FOLLOWING BARIATRIC SURGERY
James Kynaston1, Andrew Mitchell1, Emma Morrow2, Duff Bruce2, 1Aberdeen Royal Infirmary, Aberdeen, UK; 2Aberdeen Surgical, Aberdeen, UK

Aims: To assess the value of a pre-operative psychological assessment as a predictor of weight loss in patients undergoing Bariatric surgery. Comparing Becks Anxiety Inventory (BAI) score and Becks Depression Inventory (BDI) score with percentage excess weight loss.

Methods: All patients undergoing bariatric surgery in two hospitals between January 2009 & October 2010 were included. All had a pre-operative psychological assessment by a single chartered psychologist. Peri-operative and follow-up data was extracted from the prospectively collected National Bariatric Surgery Registry. Data was analysed using SPSS version 19.

Results: 105 patients underwent surgery during the study period (n=79 female). Median age was 47 (range 23-62) years. The median follow up period was 8 months. Comparison of BAI score (n=64) against percentage excess weight loss: minimal anxiety 56% (n=33); mild anxiety 45% (n=19); moderate anxiety 46% (n=9) and severe anxiety 44% (n=3). Comparison of BDI score (n=64) against percentage excess weight loss: minimal depression 55% (n=32); mild depression 48% (n=12); moderate depression 46% (n=10) and severe depression 41% (n=10). Linear regression: t = −2.088 (P = 0.041).

Conclusions: We have shown a significant link between severity of depression and excess weight loss after bariatric surgery. This may have implications in our future practice.

0717 COMPLETENESS OF SKIN CANCER EXCISIONS: DATA COLLECTION AND 12 MONTH RESULTS
Kamil Asaad1, Parneet Gill2, Duncan Brian1, Carolina Herrera1, Jenny L.C. Geh1, 1St Thomas’ Hospital, London, UK; 2Royal Free Hospital, London, UK