0776: EVALUATING THE OUTCOME OF CONGENITAL TALIPES EQUINOVARUS TREATED BY THE PONSETI METHOD

Liam Yapp 1, Jamie Maclean 2, Rami Abboud 1, 1 University of Dundee, Dundee, UK; 2 NHS Tayside, Dundee, UK.

Aim: The Ponseti method has become the primary treatment of Congenital Talipes Equinovarus (CTEV). However, current methods of clinical assessment are subjective and often hard to repeat. Integration of biomechanical evaluation could improve monitoring of disease progression as it can provide objective and quantifiable data. This study aims to evaluate the long-term outcome of Clubfoot treated with the Ponseti method using long term clinical, functional and biomechanical assessment.

Methods: Seventeen children were assessed in this study. The IMAR Clubfoot scale grades clinical and functional outcomes using questionnaires and clinical examination. Biomechanical parameters were evaluated using digital foot pressure and gait analysis systems.

Results: All subjects scored highly in clinical and functional outcomes. Despite this, biomechanical studies have been able to identify subtle abnormalities that were unapparent on clinical examination and may suggest residual deformity.

Conclusions: A foot which scores well clinically and functionally is not necessarily normal biomechanically. Biomechanical investigation can identify sub-clinical abnormalities. It is therefore recommended that a combined clinical, functional and biomechanical assessment be used to monitor the progress of CTEV after treatment with the Ponseti method. This will help to track the progression of the Clubfoot deformity and enable early identification of relapse.

0845: RE-INTERVENTION RATE POST PAEDIATRIC APPENDICECTOMY. DO WE MEET THE MARK? (5 YEAR AUDIT DATA AGAINST THE NEW NATIONAL STANDARD)

Emma Gosnell, Paul Jackson, Samuel Ogunbiyi, Manoj Shenoy, Brian Davies. Dept of Paediatric Surgery, Nottingham University Hospital, Nottingham, UK.

Aim: To evaluate the stresses around ‘waiting to be seen’ in the Paediatric surgical out-patient department of a teaching hospital.

Methods: A prospective collection of data from 10 of each of our 5 most common elective procedures was undertaken. For each, we identified the percentage of instruments used, the cost related to processing the existing tray, the time needed to perform the required count and the additional instruments requested.

Results: Overall, 28.12% of instruments were used: circumcision 21.87%, Hypospadias repair 26.56%, PPV ligation 28.12%, Umbilical Hernia Repair 25%, orchidopexy 28.12%. A median of 85 and 61 seconds was recorded in each of the performed counts. Additional instruments required included a bone cutter for circumcision and microvascular instruments for hypospadias repair. The annual processing cost was calculated as £22,420.

Conclusion: Based on findings, we designed a new customised paediatric set for our common elective procedures containing 30 instruments. This is estimated to reduce annual costs by 36%.

0842: ARE WE PROVIDING A SATISFACTORY PAEDIATRIC SURGICAL OUT-PATIENT SERVICE? (AUDIT RESULTS OF A PATIENT SURVEY)

Parnika Sharma, Amy Hanley, Samuel Ogunbiyi, Paul Jackson, Shalinder Singh. Dept of Paediatric Surgery, Nottingham University Hospital, Nottingham, UK.

Aim: To audit the stresses around ‘waiting to be seen’ in the Paediatric surgical out-patient department of a teaching hospital.

Methods: Patient satisfaction questionnaires were administered to parents/carers attending the paediatric surgical outpatient department over a five week period. Responses were then compared with the guidelines recommended by the Royal College of Physicians in the document ‘how friendly is your out-patient department’ (2004). A minimum standard of 67%, was set for each parameter assessed.

Results: 120 patient satisfaction surveys were administered. Ninety-nine responses were obtained (82.5%). Patients were satisfied with the overall hospital facilities (76%), the children’s play area (73%) and the information provided during their clinical consultation (80%). They also found the staff approachable and identifiable (80%). They were dissatisfied with the waiting time to see a doctor (52%), and how well they were kept informed if the clinic was running late (43%).

Conclusion and recommendations: The main cause of stress to patients in the paediatric surgical out-patient is lack of communication about how late a clinic is running. Staff awareness and training may lead to an improvement in this.
**0875: APPLICATIONS OF TUBE STOMAS IN THE PAEDIATRIC SURGICAL POPULATION**

Suzannah Lant, Ibrahim Arosi, Sarah L. Almond, Sumita Chhabra, Nick Lansdale, Basem A. Khalil, Antonino Morabito. Paediatric Autologous Bowel Reconstruction and Rehabilitation Unit, Department of Paediatric Surgery, Royal Manchester Children's Hospital, Oxford Road, Manchester.

Formation of a tube stoma comprises purse-string suture of bowel around a catheter. The bowel is secured to the abdominal wall, and the catheter brought out through the fascia. This technique has been described in the management of short bowel syndrome. It reduces the length of bowel required to form stomas, diverts the proximal enzyme-rich effluent away from the skin and enables controlled dilatation of the proximal bowel for future surgical reconstruction. We aimed to investigate whether such stomas might be effective in managing other groups of patients requiring proximal stoma formation.

Three neonates with proximal jejunal atresia underwent formation of tube jejunostomy at initial laparotomy. Size discrepancy between the proximal and distal atretic segment precluded primary anastomosis and would have increased the risk of prolapse in a spouted stoma. Additional considerations were preservation of residual bowel length and protection of skin. The procedures were well tolerated. No skin excoriation was evident and proximal effluent was successfully recycled distally. This permitted enteral feeding, thus avoiding prolonged parenteral nutrition, promoting bowel adaptation and reducing risk of infection.

Tube stoma intervention can be extended to other paediatric surgical conditions, in which it facilitates progression to enteral feeding and prevents complications.

---

**1168: THE IMPACT OF LATE DETECTION OF DEVELOPMENTAL DYSPLASIA**

Matthew Lee, Laura Jackson, Michael Singh. 1 Dept of Paediatric Surgery, Birmingham Childrens Hospital, Birmingham, UK; 2 Dept of Urology, Royal Hallamshire Hospital, Sheffield, UK.

**Introduction:** Randomised controlled trials suggest that laparoscopic pyeloplasty (LP) is superior to open pyeloplasty (OP) with benefits including shorter length of stay. We reviewed process and outcomes over 20 months following introduction of LP in our centre.

**Methods:** Retrospective single centre comparison of LP vs OP for operation duration, length of stay and complications.

**Results:** 119 cases assessed over 18 months (89 OP, 30 LP). Median pre-operative stay was longer for LP (1.19 days vs. 1.83 days (LP), p=0.024). Overall length of stay was no different (median 3.05 days OP vs 3.29 days LP, p=0.64). Median operation duration was 33.0 minutes (OP) vs. 44.5 minutes (LP) p=0.07. There was no difference in the complication rates (p=0.36).

**Conclusions:** Laparoscopic pyeloplasty is not associated with a higher rate of complications. LP had shorter length of post-operative stay but a longer pre-operative stay. This might reflect institutional factors such as staffing and equipment availability.

---

**1286: EPIDIDYMO-ORCHITIS – ARE WE MANAGING THESE CASES APPROPRIATELY?**

Lara Bone, Thomas Saunders, Oliver Gee. Birmingham Children's Hospital, Birmingham, UK.

**Aim:** Epididymo-orchitis is a common cause of acute scrotal pain and can be a presenting symptom of structural urinary tract abnormalities. We audited the management of patients presenting to Birmingham Children's Hospital with epididymo-orchitis in accordance with European Society for Paediatric Urology guidelines.

**Methods:** We examined admission notes, microbiology investigations, radiology results and, if indicated, operative notes of patients presenting between January 2009 and October 2012 (n=42). The age range was 1 month to 16 years.

**Results:** Of patients diagnosed with epididymo-orchitis 35% had a urine sample sent for M&MS. Of these, only 27% had a positive urine culture; the predominant organism was E.coli. The majority of patients (76%) were diagnosed following scrotal exploration; a quarter of wound swabs grew E. coli. Following diagnosis, 39% of patients went on to have a renal tract ultrasound, of which only 8% were found to have an abnormality that may have contributed to their presentation. None of these patients have re-presented.

**Conclusions:** We demonstrated that in a first presentation of epididymo-orchitis, where the urine culture is negative, further renal tract imaging may not be necessary. This highlights the importance of sending appropriate microbiology specimens.

---

**1422: INCIDENCE OF METACHRONOUS INGUINAL HERNIA**

Keren Sloan, Ramy Waly, Majella McCullagh. Royal Belfast Hospital for Sick Children, Belfast, UK.