led services represent best practice. Standards: RCS guidelines state all emergency surgical patients should be reviewed by a consultant surgeon at least once every 24 hours.
Methods: All patients seen in ESAU GP unit had demographics, time of arrival, time of senior review. Data for 200 patients was retrospectively collected and analysed before introducing a consultant-led service in May 2014. Data for 360 patients was collected following this.
Results: 42.6% of patients were male, 57.4% female. Median age was 46. The service evaluation revealed that patients were waiting a median of 2 hours 20 minutes for a senior review. 39.5% of patients were being admitted to hospital via this clinic. Following intervention, median time for senior review was 1 hour 10 minutes. Rate of admission was 39.5% before and 38.3% after.
Conclusion: RCS standards were already being met. The service evaluation saw a reduction of 50% in waiting time for senior review. There was no significant reduction in patient admissions.

Posters: Upper-gastrointestinal Tract Surgery

0055: THE EFFECTS OF IMMUNONUTRITION IN UPPER GASTROINTESTINAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: The beneficial of immunonutrition on overall morbidity and mortality remains uncertain. We undertook a systematic review to evaluate the effects of immune-enhancing enteral nutrition (IEN) in upper gastrointestinal (GI) surgery.
Methods: Main electronic databases [MEDLINE via Pubmed, EMBASE, Scopus, Web of Knowledge, Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Library, and clinical trial registry (ClinicalTrial.gov)] were searched for studies reported clinical outcomes comparing standard enteral nutrition (SEN) and immunonutrition (IEN). The systematic review was conducted in accordance with the PRISMA guidelines and meta-analysis was analysed using fixed and random-effects models.
Results: Nineteen RCTs with a total of 2016 patients (1017 IEN and 999 SEN) were included in the final pooled analysis. IEN significantly reduced post-operative wound infection (risk ratio (RR) 0.69, 95% confidence interval (CI) 0.50 to 0.94). Although, the combined results showed that IEN had a shorter hospital stay (RR -2.51 days, 95% CI -3.47 to −1.55), there was significant heterogeneity observed across these studies. There was no statistically significant benefit on other post-operative morbidities of interest (e.g. anastomotic leak) and mortality.
Conclusion: IEN decreases wound infection rates and reduces length of stay. It can be recommended as routine nutritional support in upper GI surgery.

0109: LAPAROSCOPIC TRANSGASTRIC SUBMUCOSAL DISSECTION FOR EARLY GASTRIC NEOPLASIA

J. O'Callaghan*, A. Foliaki, B. Braden, B. Sgromo. *Oxford University Hospitals, UK*

Aim: Peroral endoscopic submucosal dissection is technically challenging, particularly at the gastro-oesophageal junction. We present two cases of laparoscopic transgastric submucosal dissection as an alternative for the management of early neoplasia at the cardia.
Methods: The first case (female aged 76) had previous endoscopic mucosal resection with persistent focal high grade dysplasia on biopsies, the second (male aged 64) had an inconclusive endoscopic biopsy suspicious for malignancy.
Both cases were offered laparoscopic transgastric endoluminal surgery. Standard laparoscopic equipment was inserted transabdominally and into the stomach under vision. Three trocars were placed into the gastric body for the laparoscopic camera and two instruments, providing an excellent approach to the gastro-oesophageal junction. The lesions were marked circumferentially, raised by submucosal injection and resected by submucosal dissection. The three gastrostomies were closed by laparoscopic sutures.
Results: After an excellent recovery the first patient was discharged on post-operative day 1; histology showed low grade dysplasia. The second patient was discharged on post-operative day 2; histology revealed poorly differentiated adenocarcinoma (pT1b).
Conclusion: The excellent visualisation, improved instrument handling and versatility provided by this novel technique facilitates endoluminal resection of lesions at the gastro-oesophageal junction that are beyond the scope of peroral endoscopy.

0158: THE SURGICAL MANAGEMENT OF ACUTE UPPER GI BLEEDING: EXPERIENCES FROM A DISTRICT GENERAL HOSPITAL

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Aim: Acute upper GI bleeding (AUGIB) is the most common reason for emergency gastroenterological admission to hospital, with only 2% patients requiring surgical intervention. Our aim was to review those patients undergoing surgery after presenting with AUGIB.
Methods: Data was collected retrospectively for all patients between March 2008 and March 2013. Outcomes were compared to the UK Comparative Audit of AUGIB.
Results: 328 patients presented with AUGIB during the study period. 65.9% were male and 34.1% female. The mean age was 65 years, Glasgow-Blatchford score 8.4 and 30-day mortality 5.2%. In total, 11 patients (3.4%) underwent surgery. 1 patient proceeded straight to surgery. The remaining ten patients underwent surgery following repeat bleeding. 3 patients underwent 2 UGIE before proceeding to surgery and the remaining 7 proceeded to surgery after 1 UGIE. Mortality in those undergoing surgery was 9% (1/11), which was considerably lower than in the UK audit. 5 patients were felt to be too frail for surgical intervention and were palliated. These patients tended to be older (mean age 80.2 vs. 69.4 years) than those undergoing surgery and have more co-morbidities.
Conclusion: Surgery for AUGIB is infrequent. Our results suggest that the appropriate selection of cases is important.

0168: AWARENESS OF UPPER GASTROINTESTINAL BLEED GUIDELINES AMONGST FOUNDATION TRAINEES

S. Nisar*, M. Peter. *Bradford Royal Infirmary, UK*

Aim: Acute upper GI bleeding (UGIB) is a common cause of admission and carries a high mortality rate. NICE recently published guidance for managing acute UGIB. We assessed the awareness of this guidance.
Methods: A short online survey comprising 10 questions was used. The survey was emailed to foundation doctors in our trust.
Results: Pre-endoscopy - 57% stated they would use the Blatchford scoring system, whilst 43% chose the Rockall. Post-endoscopy - 23% stated they would use the Blatchford, whilst 77% chose the Rockall. 54.3% of the respondents stated they would not continue low dose aspirin after haemostasis had been achieved. 71.4% stated they would start a PPI at presentation. Regarding variceal bleeding - only 45.7% replied they would start antibiotics at presentation. 68.6% stated they would stop terlipressin after 5 days. For patients who rebleed 94.3% of respondents understood a repeat endoscopy is an option.
Conclusion: This survey is evidence that a large proportion of junior doctors are not aware of the latest NICE guidelines related to the management of UGIB. This in turn may impact on patient care. This also highlights the difficulty and the importance of keeping abreast of latest guidance and evidence for junior doctors.

0472: IS ROUTINE GROUP AND SAVE INDICATED FOR DAY CASE LAPAROSCOPIC SURGERY?

P. Thomson*, J. Ross, S. Mukherjee, B. Mohammadi. *University College Hospital, UK*

Aim: Common day case laparoscopic procedures are usually safe, with low rates of bleeding complications. At our trust most patients undergo pre-operative group and save (G&S) for these procedures, at a cost of £18.39 per sample excluding laboratory staffing costs. Our aim was to assess if routine G&S is indicated.
Methods: Retrospective review of all patients undergoing laparoscopic cholecystectomy (LC), laparoscopic inguinal hernia repair (LIH) and diagnostic laparoscopy (DL) April 2012–March 2014. Patients identified using hospital coding records. Transfusion department records were reviewed to see which patients had undergone pre-operative G&S or cross-match, and perioperative transfusion.
Results: 532 procedures in 2 years, 0 patients transfused for bleeding complications. 1 patient transfused to optimise pre-existing anaemia.*

Procedure: n/G&S (%)/Crossmatch (%)/Transfused (%)
LC: 293/256 (87)/8 (3)/0
LIH: 123/67 (54)/2 (1.6)/0
DL: 116/88 (76)/6 (5)/1* (0.9)
Total G&S cost £7558.

Conclusion: The transfusion rate for bleeding complications following laparoscopic day case surgery is 0% in our unit. G&S samples cost £7558 over 2 years. Abandoning pre-operative G&S appears to be clinically indicated and would lead to substantial financial savings.

0543: AUDIT OF VENOUS THROMBOEMBOLIC ASSESSMENT IN GENERAL SURGERY

A. Pervez*, M. Velasco, A. Schizas. *St Thomas' Hospital, UK*

Aim: Identify patients not risk assessed for VTE prophylaxis in general surgery and recognize clinical areas where assessment can be improved. Re-audit VTE assessment following implementation of changes.
Methods: Cycle 1: Data collection on VTE assessments performed over a two-week period in General Surgery using the central database, with a focus on the type of surgical admission and grade of Doctor undertaking the assessment. Cycle 2: Following the implementation of changes a re-audit was carried out over another two-week period.
Results: The actual number of VTE assessments done within 24 h on the central database was 61% (UGI) and 74% (LGI), which improved in Cycle 2–85% (UGI) and 90% (LGI). Of the total number of VTE assessments not done - 63% (UGI) and 50% (LGI) were in day case surgery, which improved to 20% (LGI) with minimal change for 61% (UGI) in cycle 2. The grade of doctor for undertaking VTE assessments remained relatively unchanged.
Conclusion: Following an awareness campaign and changes to data capture on the central database, overall number of VTE assessments performed in General Surgery improved following re-audit. For Lower GI, the number of VTE assessments not performed for day case surgery was also significantly improved.

0565: EFFICIENCY OF THE COMPLETION OF DIAGNOSTIC SERUM AMYLASE FOR PATIENTS PRESENTING WITH ACUTE ABDOMINAL PAIN

T. Cheung, R. Clifford*, S. Siew, R. Gunasekera. *Southport and Ormskirk Hospital NHS Trust, UK*

Aim: To evaluate the efficiency of the completion of serum amylase as a diagnostic investigation for all patients admitted under the general surgical team presenting with acute abdominal pain at Southport and Ormskirk Hospital NHS Trust.
Methods: Prospective data collection of all patients, from all referral sources, with acute abdominal pain during a 4week period.
Results: 115 patients were identified; 40.9% male, 59.1% female. Age range 19–91years. 102 patients (88.7%) had serum amylase completed; 96.1% on admission, 3.9% within the first 48 h 13 patients (11.3%) had no amylase; 5 (38.5%) presenting with upper abdominal pain; 2 (15.4%) with no formal diagnosis after Consultant review at 48 h 43 (37.4%) patients presented with localised epigastric pain; 9 (7.8%) of whom were managed as serum amylase rise confirmed acute pancreatitis.
Conclusion: Acute pancreatitis is estimated to account for 3% of all hospital admissions within the UK; with a rising incidence. Although mortality rates have improved due to early diagnosis and clear guidelines, up to 25% of patients develop severe or life-threatening complications requiring higher-level care. Serum amylase level should be completed for all patients presenting with acute abdominal pain to ensure accurate and timely diagnosis and appropriate patient care.

0703: FEASIBILITY OF DAY CASE LAPAROSCOPIC CHOLECYSTECTOMY IN A DISTRICT GENERAL HOSPITAL

K. Smith*, S. Rashid. *Wishaw General Hospital, UK*

Aim: A prospective study was carried out to assess the feasibility of performing day case surgery in a district general hospital.
Methods: All patients admitted for day case laparoscopic cholecystectomy over a twelve-month period were included in the study. Selection criteria for a day case procedure included having an ASA status of I or II and having a responsible carer at home. Patients were discharged 4–6 h after surgery with a standard analgesia pack. Patients were then telephoned within 48 h of discharge.
Results: 78 patients underwent day case lap chole over a 9 month period. 6 patients (7.7%) were admitted to the ward. Of those discharged only 9 (12.5%) required further advice, 6 (8.3%) felt the analgesia was ineffective and 13 (18.1%) felt their analgesia was ineffective. Overall 79.2% of patients were satisfied with the service.
Conclusion: This study has demonstrated a reasonable rate of overnight stay (7.7%) and a high degree of patient satisfaction (79.2%), showing that it is feasible to perform this procedure as a day case in selected patients.

0712: CAN WE PREDICT THE RESPONSE TO NEOADJUVANT THERAPY IN UPPER GI CANCER? A SYSTEMATIC REVIEW OF CANDIDATE BIOMARKERS

D. Bunting. *Derriford Hospital, UK*

Aim: Neoadjuvant therapies are used in the treatment of oesophagogastric cancer to improve on poor outcomes and use has increased since evidence has suggested modest overall benefits. Only a minority of patients respond to therapy and typical 5-year-survival is still poor at 23–47%. Patients not responding risk the toxic effects of chemotherapy/chemoradiotherapy which may lead to abandoning curative treatments and a delay to surgery. There is a pressing need to find ways of predicting response to neoadjuvant therapy. Biomarkers offer the most potential and can be divided into two groups depending on whether they are sourced from tumour tissue or blood serum/plasma.
Methods: A systematic review of the Medline, CINAHL and EMBASE databases was performed using the NHS library and PubMed. Reference lists were cross-checked and the PubMed related articles feature was used to identify further relevant articles. A consort diagram details the search process.
Results: 52 studies were identified including a total of 6123 patients and 48 separate biomarkers. Markers were grouped according to mechanism of action and studies are summarised in tissue marker and plasma/serum marker tables.
Conclusion: There are many potentially useful markers. The solution will be provided by a panel of candidate markers but they require validation in prospective studies.

0789: MAKING DIFFICULT, EASIER: STANDARDISATION OF TECHNIQUE OF LAPAROSCOPIC CHOLECYSTECTOMY IN THE MORBIDLY OBESE PATIENT: A TRAINEE'S AND SURGEON'S EXPERIENCE

A. Mastan*, N. Krishnamohan, Y.L. Goh, R.S. Date. *Royal Preston Hospital, UK*

Aim: Laparoscopic cholecystectomy (LC) in the morbidly obese (MO) patient is increasingly encountered by surgical trainees. In MO patients, this operation is technically demanding. Further, conversion to an open procedure increases morbidity. We describe a systematic approach to