**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 evidence and our own experience.

**0176: TOO MANY COOKS: A QUALITY IMPROVEMENT PROJECT WHICH IMPROVED THE RESPONSE TIME TO A GENERAL PRACTITIONER CALL FOR A SUSPECTED MALIGNANT MELANOMA**

Kuen Yeow Chin 1*, Isabel Teo, Christopher Stephens, James Paget, Matthew Hough. Department of Plastic Surgery, Ninewells Hospital, Dundee, UK.

**Introduction:** Literature review shows that a large proportion of patients with malignant melanoma present via the general practice pathway. Systemic review of the literature shows that the response time to a suspect malignant melanoma phone call should be ≤2 hours. Our service is currently exceeding this expectation and 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**

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**Introduction:** Perineal wound complications are common after abdominoperineal resection of rectum (APR). 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 APR 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-suturing of a dehiscence. All wounds healed by 3 months. There were no major complications.

**Conclusions:** IGAP is a reliable reconstructive option for patients undergoing APR. 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**

K.Y. Chin 1*, Isabel Teo, Matthew Hough. Ninewells Hospital, Dundee, UK.

**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 an experimental procedure, 80% thought that if their SLNB was positive, that they would not go on to further surgery. The majority believed 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**

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**Introduction:** Thoracodorsal artery perforator (TDAP) flaps are considered the gold standard for the reconstruction of the axilla in patients with hidradenitis suppurativa (HS). However, the results of axillary reconstruction with free flaps for HS are often suboptimal.

**Methods:** A prospective, non-randomized, single-centre cohort study was carried out. Twenty consecutive patients undergoing flap reconstruction for HS were included in the study. All patients had a history of multiple failed surgical procedures before the decision was made to proceed with flap reconstruction.

**Results:** All patients had successful flap survival. There were no major complications or wound dehiscence. The mean follow-up period was 12 months. The cosmetic outcome was assessed using a visual analog scale (VAS) score and was excellent in all cases. The flap reconstruction was able to achieve complete wound closure and reduce the recurrence rate of HS in the axilla.

**Conclusions:** TDAP flap reconstruction is an effective and safe option for the treatment of severe HS of the axilla. It provides excellent functional and aesthetic outcomes, and offers a low complication rate compared to split skin grafts.
Reconstructive Surgery Department, Norwich and Norfolk University Hospital, Norwich, UK.

Introduction: Hidradenitis suppurativa (HS) is an inflammatory disease affecting the apocrine glands of the axillary, groin and mammary regions with considerable physical and psychosocial sequelae. Extensive severe HS is associated with large resections, high rates of recurrence and postoperative complications. The best method of excision and reconstruction is yet to be identified. We present a direct comparison between two reconstructive procedures for extensive, severe HS.

Methods: We prospectively evaluated 27 consecutive patients with Hurley’s Stage III HS of the axilla who underwent surgical excision with reconstruction using either split-skin graft (SSG) reconstruction (n=12) or the thoraco-dorsal artery perforator (TDAP) flap reconstruction (n=15). We evaluated operative variables, quality of life (DLQI) and pain/discomfort (VAS) before and after surgery.

Results: The TDAP flap reconstruction leads to significantly fewer subsequent procedures, faster recovery and fewer complications than the SSG reconstruction. All patients reported improved quality of life (QOL) postoperatively. The TDAP flap group showed significantly more improvement than the SSG group.

Conclusions: Excision and reconstruction using both TDAP flap and SSG reconstructive techniques improve QOL for patients with severe axillary HS. The TDAP flap is superior to SSG in terms of improvements in QOL recovery, rate of complications and need for subsequent procedures.

0786: PERI-PROSTHETIC INFECTIONS – TO REMOVE OR NOT TO REMOVE*
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Introduction: Plastic surgeons are often asked to cover soft tissue defects following peri-prosthetic joint infections (PJ). Traditionally, covering defects whilst retaining potentially infected prostheses has been frowned upon however; orthopaedic colleagues frequently challenge this opinion. We aimed to review current literature to evaluate use of debridement and implant retention (DAR), with emphasis on its use in the presence of soft tissue defects.

Methods: Medline search conducted between June 2012-June 2013 using the terms PJ, implant retention and DAR.

Results: 43 studies examining the use of DAR in a total of 1796 cases of hip or knee in PJ were identified. Success rates ranged from 20–100%. There were 5 clearly described treatment protocols.

Conclusions: Implant retention in PJ is no longer merely a palliative resort but can be adopted as part of a strategy to cure. Literature on the management of PJ is heterogeneous, but improved outcomes are seen when patients are selected for DAR according to an established protocol. Meticulous debridement and early soft tissue coverage are key elements for success. Many plastic surgeons are unaware of the DAR protocol. We recommend a formalised multidisciplinary team approach to PJ with institution of mutually agreed protocols to avoid unnecessary removal of prosthesis.

0971: A STUDY OF GRAFT TAKE FOLLOWING THE EXCISION OF ULCERATED SKIN CANCERS
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Introduction: The authors were concerned that clinically there appeared to be a high graft failure rate following excision of ulcerated skin lesions from the scalp and lower limb. If graft take was indeed low then leaving such wounds to heal by secondary intention would be a reasonable option. Our aim was to determine graft take following excision of ulcerated and non-ulcerated skin cancers.

Methods: A retrospective audit was performed of 35 patients who underwent excision of skin cancer(s) + SSG/FTSG. Documentation included: Site, histopathology, antibiotic use, and history of chronic illness, steroid, anti-coagulation, tobacco usage.

Results: 6 cases developed haematomas, cellulitis or over-granulation. All 6 lesions were ulcerated. The mean graft take at sites of ulcerative and non-ulcerative lesions were 74.7% and 80% respectively (t-test p= 0.07). The mean take at the scalp and lower limb was 89.3% and 74.7% respectively (t-test p= 0.45).

The mean graft take between antibiotic and non-antibiotic groups with ulcerative lesions was 74% and 73.3% respectively (T-test p= 0.95).

Conclusions: Graft take rates were sufficiently high to justify grafting of these wounds rather than leaving them to heal by secondary intention. This was a small preliminary audit and needs to be confirmed by a larger prospective audit of similar cases.

0986: TWO SURGEON OPERATING IN BILATERAL DIEP FLAP BRUST RECONSTRUCTION
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Introduction: DIEP flap breast reconstruction is well established and often considered the gold standard. The rise in patients seeking risk-reducing mastectomies has increased the number of bilateral reconstructions in one sitting. We present our experience with bilateral DIEP flap breast reconstructions and compare operative times and complication rates between 1- and 2-Consultant surgeon teams.

Methods: A retrospective review of 81 patients (162 flaps), who underwent bilateral DIEP flap reconstruction between January 2006 and February 2013, was performed. The first group of 44 patients were operated on by a single surgeon, whereas the second group of 37 patients were operated on by two surgeons.

Results: The annual number of patients undergoing bilateral reconstruction increased 7-fold from 2006 to 2012. The difference in median operative time between the two groups was not statistically significant (p=0.457, Mann-Whitney test). The flap failure rate was significantly lower in the 2-Surgeon group: 1.3% vs. 5.6% in the 1-Surgeon group. Other complications included haematoma and revision of anastomosis, all of which required re-operation. Their rate was not significantly different between the two groups.

Conclusions: The 2-Surgeon approach has several advantages including a reduction in complication rate and potentially increasing teaching opportunities.

1014: NECK DISSECTION FOR NOSE-POSITIVE HEAD AND NECK CUTANEOUS MALIGNANT MELANOMA

Introduction: There are no specific guidelines for level and structure preservation neck dissection (ND) for managing cutaneous head and neck malignant melanomas. Loco regional recurrence is reported as 16-32% despite comprehensive neck surgery. We present the outcomes of ND for node-positive cutaneous head and neck melanoma at a single hospital.

Methods: All patients (2007-2012) who had a ND for cutaneous head and neck melanoma were identified. Outcomes including disease free and overall survival were retrospectively correlated with patient demographics, ND level, histology and use of adjuvant therapy.

Results: 22 NDs were evaluated (14 modified radical NDs, 7 selective NDs, 1 radical ND) in 20 patients with mean age of 66 years (range 45-82; 85% male). Loco regional recurrence occurred in 8 patients (40%) on average 8 months after ND. In 55% of patients, a higher number of positive metastatic lymph nodes were detected than preoperatively. Eight patients (40%) received adjuvant radiotherapy but this was not associated with improved regional control.

Conclusions: Node-positive cutaneous head and neck malignant melanoma patients often have a higher burden of involved lymph nodes histologically than can be detected preoperatively. Novel adjuvant therapies may affect the number of patients who proceed to lymph node dissection in the future.

1072: DIAGNOSTIC UTILITY OF FINE NEEDLE ASPIRATION FOR ASSESSMENT OF CUTANEOUS MALIGNANCIES IN THE PLASTIC SURGERY CLINIC
James Warbrick-Smith, Emma Ladds , Jonathon Pleat. Frenchay Hospital, Bristol, UK.

Introduction: Palpable lymmphadenopathy in the context of cutaneous malignancy requires histological assessment. Fine Needle Aspiration (FNA) forms part of the plastic surgeon’s armamentarium, but diagnostic yield can be variable. We audited pathology reports for FNAs carried out by surgeons or radiologists and compared rates of unsatisfactory specimens, clarifying reasons for non-diagnostic specimens.

Methods: FNAs performed between 02/2012 and 10/2013 were identified by SMODED coding data. Pathology reports were scrutinised, and cross-