definitive treatment for gallstones following an admission with pancreatitis. Secondly, to evaluate the readmission rate with biliary complications that occur due to a delay in surgical management; and thirdly, to estimate the financial cost resulting from the recurrent admissions and subsequent investigations.
Methods: A retrospective analysis included patients with gallstones pancreatitis who were admitted across a local trust between June 2011 and January 2013. Patients with severe pancreatitis and those unfit for surgery were excluded.
Results: 40 patients were included in the study. 45% of patients readmitted with biliary complications. Only 1 patient (2.5%) had cholecystectomy within 2 weeks of admission as per guidelines. Estimated cost of extra investigations required during readmissions exceeded £20,000.
Conclusions: There is an evident breach regards timing of cholecystectomy following mild gallstones pancreatitis in accordance with the guidelines, with a compliance rate of 2.5%. This has resulted in high readmission rate with biliary complications, and subsequently a high extra cost.

0086: SYSTEMATIC REVIEW OF THE VALUE OF LYMPH NODE RATIO AS AN INDEPENDENT PROGNOSTIC INDICATOR IN RESECTABLE PERIAMPULLARY TUMOURS

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Introduction: Several recent studies suggests that the lymph node ratio (LNR) is of greater prognostic value compared to lymph node status in patients undergoing resection of periampullary carcinomas. Our aim was to review all current available evidence regarding the value of LNR as an independent prognostic indicator for periampullary tumours.
Methods: A comprehensive review of the literature on papers published up until the end of December 2012 that included outcome data in relation to LNR were evaluated. Data were extracted and pooled hazard ratio (HR) analysis was performed to determine the relationship between LNR and overall survival.
Results: Fourteen studies were identified (7566 patients). Pooled analysis of the HR of studies performing multivariate analysis with LNR cut off values of 0.2 and 0.3 demonstrated an increase in HR from 1.52 (1.25-1.84) to 1.66 (1.35-2.05) respectively. LNR was reported to be an independent and powerful prognostic indicator in all but one study. Seven studies reported that an increase in LNR is significantly associated with a worse prognosis. Three studies that measured disease-free survival all reported a worse disease-free survival as LNR increased.
Conclusions: LNR is an important and independent predictor of overall survival in periampullary tumours. Further studies are required to determine the LNR that provides the greatest prognostic information.

0096: MANAGEMENT OF GALLBLADDER POLYPS IN A DISTRICT GENERAL HOSPITAL

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Introduction: Early detection and surveillance of gallbladder polyps can reduce the risk of progression to gallbladder malignancy, which carries a poor prognosis. A recently published review recommends regular ultrasound follow-up for polyps between 6-10mm in diameter, cholecystectomy for those >10mm and no follow-up for polyps <6mm. Our aim was to evaluate the practice of gallbladder polyp management in a district general hospital over a three-year period.
Methods: Patients who had gallbladder polyps diagnosed on ultrasound between 2010 and 2013 were identified from the electronic reporting system. Data was retrospectively collected for these cases including sonographic and operative details.
Results: One hundred and forty six patients were included. The mean age at diagnosis was 50 years and the male:female ratio was 1:1.9. 20% of cases had polyps between 6-10mm. Of these, only 41% had a follow-up ultrasound within 12 months. 78% of cases had polyps <6mm, yet 38% of these had a follow-up scan. Polyps >10mm were identified in two patients to whom cholecystectomy was offered.
Conclusions: Our surveillance practice for gallbladder polyps is currently suboptimal and inefficient based on current recommendations in the literature. Clear national guidelines on the management of gallbladder polyps will facilitate the refinement and standardisation of practice.

0160: MANAGEMENT OF COLORECTAL LIVER METASTASIS IN IRELAND: A NATIONAL ANALYSIS

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Introduction: To examine the current practice & referral patterns of both consultant surgeons/oncologists and multi-disciplinary meetings (MDM) around Ireland in respect to the management of CLM.
Methods: A three-way approach was employed: 1) Assessment of the number of CLM resections performed nationally (2005-2011). 2) An online survey of consultant surgeons/oncologists, assessing their practice, & referrals criteria to dedicated HPB-centres. 3) A review of relevant MDM's nationally inquiring details regarding CLM patients and subsequent management for November 2012 & February 2013.
Results: During 2005-2011, an annual mean of 1,467 underwent colorectal resection. During the same period only 63 CLM-resections on average annually were performed. Response to the consultant survey was 61.2%. Main negative factors for referral included; age, co-morbidities, bilobar disease, >5 lesions, and CEA>60 ng/ml. 8 of 11 specialist centres replied. In November-2012; 234 patients were discussed at MDM. 39 (16.6%) had CLM, 33.3% which were subsequently referred to a HPB-centre, with 5 (12.8%) referred to oncology and the remaining 53.9% palliative. Similar results were reported for February 2013.
Conclusions: CLM resection rates in Ireland remain low. Reasons include lack of consensus on resectability, and recognized referral pathways. Negative referral factors in some instance are outdated. MDM's provide both consistent and coordinated care-pathway with excellent links to dedicated HPB-centres.

0307: BSG GUIDELINE COMPLIANCE FOR THE MANAGEMENT OF GALLSTONE PANCREATITIS – A CHANGE IN PRACTICE WITH ROOM FOR IMPROVEMENT?

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Introduction: The British Society of Gastroenterology (BSG) set standards for the management of acute pancreatitis. A previous audit demonstrated 40.5% compliance with guidelines for definitive intervention of biliary pancreatitis within two weeks. We have evaluated our change in practice following this study.
Methods: Data were obtained retrospectively for 110 consecutive patients admitted with acute pancreatitis during a nine month period, and their management evaluated against the guidelines.
Results: One hundred and ten patients (63 male) were admitted with acute pancreatitis during a nine month period, with mean age 54.7 years. Pancreatitis was secondary to gallstones in 51 patients. Ten patients (9.1%) had severe pancreatitis, six died. Mean length of stay of gallstone pancreatitis patients was 9.3 days (range 2-78 days). Intervention included: ERCP (13 patients, mean inpatient wait 6.4 days, outpatient 42 days); cholecystectomy (24 patients, mean wait: 12.5 days (range 1-81 days)). There was 75% compliance with BSG guidelines regarding definitive intervention within 2 weeks.
Conclusions: Following the addition of supplementary cholecystectomy lists and a conversion to 'surgeon of the week' admission policy, this study demonstrated improvement (40.5% to 75%) over the previous audit for intervention for biliary pancreatitis. Further delays could be prevented by expediting ERCP waiting times.

0369: LIVER RESECTION FOR METASTATIC GASTROINTESTINAL STROMAL TUMOURS: PRE-TREATMENT CLASSIFICATION AND LONG-TERM OUTCOME

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Introduction: GISTs are a rare tumour for which adjuvant chemotherapy with tyrosine kinase inhibitors has improved outcomes. Yet the precise role for TKIs in pre-operative setting remains unclear. This study aimed to review a single centre's outcomes of patients who underwent liver