Introduction: Single incision laparoscopic appendicectomy (SILA) is a lesser invasive alternative to traditional laparoscopic surgery. We aimed to analyse available data on this new approach. Occurrence of long term complication types remains unexplored.

Method: Data was collected on demographics, type of surgery and DVT form September-2009 to September-2010.

Results: In total 9170 procedures performed, of which 315 were for breast cancer. 12 of these, had breast reconstruction. A total of 52 patients developed DVT. 2(0.63%) patients undergoing breast surgery developed DVT, compared with 27(0.83%) patients with abdominal surgery and 23(0.41%) with orthopaedic surgery. Of the 2 breast patients, the mean age was 52 and DVT occurred at 4.5-5 months postoperatively. One patient had metastatic disease, for which she was receiving palliative chemotherapy.

Conclusion: Our results demonstrate that, breast surgery carries a low risk of thromboembolic disease. Despite not routinely prescribing LMWH postoperatively, VTE rates are comparable to general and orthopaedic surgery who receive prophylactic LMWH. These results support current practice.

0404 ELECTIVE ENDOVASCULAR THERAPY (ET) FOR CHRONIC MENSETERIC ISCHAEMIA (CMI)
Jeremy Lynch, Max Marsden, Jeremy Taylor, Andrew Hatrick, David Gerrard, Peter Leopold, Patrick Chong. Frimley Park Hospital NHS Foundation Trust, Camberley, Surrey, UK

Objective: This single centre review examines the outcomes of elective ET for CMI.

Method: A retrospective 9 year review of consecutive elective ET cases for CMI. Emergency cases for acute mesenteric ischaemia were excluded.

Results: 17 patients (53% males / 47% ASA III) with a median age of 79 years (49-89) received ET. Median LOS was 3 days (1-120) and follow-up was 12 months (0-97). Not all had classical post-prandial pain (53%), weight loss (53%) or diarrhoea (29%). Pre-ET investigations include abdominal ultrasound (47%), endoscopy (41%) and CT angiography (100%). Angiographic evidence of occlusion or stenosis (>70%) was observed in 1 axial vessel (n=2), 2 axial vessels (n=11), all 3 axial vessels (n=3). 16/17 patients received a balloon-expandable stent with a technical success rate of 94%. There were no access vessel injuries or target vessel injuries. Post-ET, 2 patients required laparotomy for worsening ischaemia. Mortality rates were: peri-procedural (0%), 30-days (1%), 1-year (11%) and 3-years (42%). The 3-year cumulative rate of freedom from symptomatic recurrence was 76%.

Conclusion: Although acceptable mid-term outcomes for symptomatic success and survival rates were observed, worsening bowel ischaemia remains a risk post-ET. Patients should complete investigations for non-vascular causes of abdominal pain before ET is considered.

0407 IS SINGLE INCISION LAPAROSCOPIC APPENDICECTOMY A VIABLE APPROACH?
Haroon Rehman. University of Aberdeen, Aberdeen, UK

Introduction: Single incision laparoscopic appendicectomy (SILA) is considered to be a lesser invasive alternative to traditional laparoscopic surgery. We aimed to analyse available data on this new approach.

Methodology: All available databases until December 2010 including Cochrane Controlled Trials Register, MEDLINE and EMBASE were searched and cross-referenced for studies describing SILA. Case and experimental reports, series with fewer than 5 patients and non-English papers were excluded. Outcome measures including operative time, post-operative hospital stay, pain scores, complications, conversion and mortality were analysed, stratified according to age and type of SILA approach. SPSS (18.0.0) was used for data collection and analysis.

Results: Database query yielded 79 papers, 40 were included (1 RCT, 39 case-series). Total cases were 2381 (688 females, 749 males), aged 15.0 ± 8.3 (7.0-37.5). Overall complication rate was 4.24%. Operating time was 40.9 ± 16.7 min (15.0-95.9) and longer in adults. A higher conversion rate was reported in children (6.0 vs. 1.7%). Mean hospital stay was 2.87 ± 1.28 days. No mortality was reported.

Conclusions: Incidence of complications with SILA remains low in adults and children. Adequately powered randomised trials are urgently required to assess the effectiveness SILA procedures. Occurrence of long term complication types remains unexplored.

0414 BARRIERS, FACILITATORS AND PATIENT-CENTEREDNESS IN MULTI-DISCIPLINARY CANCER TEAMS: A QUALITATIVE STUDY WITH A NATIONAL UK SAMPLE
Johnathan Lynch1, Sophie Strickland2, Benjamin Lamb3, Cath Taylor3, Nick Sevdalis4, James Green1, 1 East and North Herts NHS Trust, Welwyn Garden City, UK; 1 Barking, Havering and Redbridge University Hospitals NHS Trust, Ilford, UK; 1 Whipps Cross University Hospital NHS Trust, London, UK; 1 Imperial College London, London, UK; 1 Kings College London, London, UK

Introduction: Team-working and clinical decision-making by multidisciplinary teams (MDTs) are important for effective cancer care. Whether different professional groups within MDTs share priorities regarding these aspects of MDT working is unknown.

Methods: Qualitative, open-ended questions regarding MDT effectiveness, clinical decision-making, and patient representation from the 2009 UK National Cancer Action Team survey were qualitatively analysed. Responses from 1792 participants, including doctors, nurses, and MDT-coordinators supported by direct quotes, are presented by professional group.

Results: Doctors felt that MDT treatment recommendations were not implemented because of poor knowledge of patients’ views. Nurses and MDT-coordinators felt that lack of personal contact with patients was to blame. Availability and completeness of radiological and pathological information were deemed important. The priority for nurses and MDT-coordinators was obtaining clinical notes. Nurses and doctors felt that more time in their job-plans to attend MDTs would improve their contribution. Documenting disagreements and telling patients honestly is preferred to presenting consensus. There was consensus that in MDT meetings nurses should represent patients’ views, but Consultants should communicate team recommendations to patients.

Conclusions: Discrepant views between professional groups in MDTs should be further explored and resolved, promoting effective teamworking and clinical decision-making, ultimately for the benefit of cancer patients.

0417 THE EFFECT OF A LAPAROSCOPIC SERVICE ON UPTAKE AND MAINTENANCE OF PERITONEAL DIALYSIS IN A DISTRICT GENERAL HOSPITAL
Sunil Amonkar, Jean Melville, Theo Ojimba. Cumberland Infirmary, Carlisle, UK

Background: Laparoscopy offers an alternative method of peritoneal dialysis (PD) catheter placement. Historically this required a laparotomy, often with poor outcomes. We report our experience of this technique with a 3-year audit.

Methods: Retrospective analysis of patients who had laparoscopic peritoneal dialysis catheter placement between 2007 and 2010.

Results: 40 patients were studied. Median time to commence PD after laparoscopic insertion was 28 days (range 13-110), 6 patients developed complications prior to commencing dialysis necessitating further early surgical re-intervention. 35 patients went on to commence PD. Median duration of PD catheter use was 11.6 months (range 0.5-32). 17 patients encountered infection related catheter problems during PD, one had mechanical related problems, and 5 patients had both infection and mechanical related catheter problems. 9 of these patients required surgical re-intervention. PD was subsequently resumed in the majority of cases. Excluding for deaths (n=2) and elective modality change of renal replacement therapy, 80% of laparoscopic inserted PD catheters were functional at 1 year.

Conclusion: Laparoscopic insertion of peritoneal dialysis catheter is a safe effective method which can be managed and maintained in a District General Hospital setting. The importance of prompt re-intervention for catheter malfunction was also highlighted by this audit.

0420 DESIGN AND IMPLEMENTATION OF A RECORD-KEEPING TOOL FOR HEAD AND NECK CANCER RECONSTRUCTION
Geoffrey Roberts, Ahmed Nawar, Bhagwat Mathur, Kallirroi Tzafetta. Mid Essex Hospitals, Chelmsford, Essex, UK

Introduction: Provision of peri-operative care for patients undergoing head and neck cancer resection with free tissue transfer reconstruction is
challenging, necessitating a multidisciplinary team approach. Integrated care pathways are in widespread use but had not been previously assessed in the authors’ unit.

**Design:** A scoring tool was developed to assess the standards of record keeping based on guidance in Good Surgical Practice, 2008. A retrospective assessment of 14 sets of case notes was conducted. The results were used to develop a daily record keeping proforma for the multi-disciplinary team. Following implementation and re-audit, a two sample t-test was used to analyse the significance of the change in score. A questionnaire investigated the views of the MDT regarding record-keeping.

**Results:** Mean scores increased from 22.2/50 to 42.7/50 (p<0.05) following the implementation of the tool. Of the nine members of the MDT questioned, all felt that head and neck record-keeping needed improving, primarily in MDT (9/9) and doctors’ (7/9) record keeping. All felt that MDT and doctors’ record-keeping, and inter-disciplinary communication, were improved by the tool.

**Conclusions:** This record-keeping tool is an effective means of improving record-keeping standards and inter-disciplinary communication, with implications for clinical and medico-legal aspects of patient care.

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**0421**  
**DOES ONE SIZE FIT ALL? CANCER MDT WORKING ACROSS DIFFERENT TUMOUR TYPES**  
Benjamin Lamb1, Nick Sevdalis2, Cath Taylor3, James Green4, 1Whipps Cross University Hospital NHS Trust/Imperial College London, London, UK; 1Imperial College London, London, UK; 2Kings College London, London, UK; 3Whipps Cross University Hospital NHS Trust, London, UK

**Introduction:** Multidisciplinary cancer teams (MDTs) must work to the same specifications regardless of speciality or location. Anecdotally, the workload of MDTs differs between specialities. Our aim was to identify similarities and differences between MDTs of different tumour types.

**Methods:** Data from the 2009 National Cancer Action Team survey covering MDT structure, clinical decision making, team governance, and professional development was analysed. 2054 respondents included doctors, nurses, allied healthcare professionals and administrators. Comparison was made between urology, breast, colorectal, lung, haematology, upper GI, gynaecology and head & neck MDTs.

**Results:** Consensus between tumour types was found across 75% of the domains assessed. There were no differences concerning MDT infrastructure, or team governance. There was major consensus regarding teamwork, MDT membership and MDT development. Differences between tumour types occurred regarding preparation and organisation for MDT meetings, and clinical decision-making process (all P<0.001, Mann Whitney U).

**Conclusions:** Many of the characteristics needed for effective MDT working are common to different specialities, implying that assessment and training tools may be universally employed. However, this analysis also identifies some areas that may require a tailored approach. In particular, members from all common tumour types expressed variation in some areas of teamwork and clinical decision making.

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**0424**  
**IMPLEMENTATION OF A NURSE-LED CLINIC FOR ELECTIVE TONSILECTOMY REFERRALS IN THE UK: PATIENT SATISFACTION OF THE SERVICE**  
Martina Munonyara, Takawir Kamani, Estel Walker. Lincoln County Hospital, Lincoln, UK

**Introduction:** Nurse-led clinics have been long established within ENT to tackle economic and staffing resources. For this reason, in 2006 a nurse-led ‘one stop’ pre-admission clinic was introduced in Lincoln County hospital, Lincoln. Subsequently, we conducted a study to assess whether the service was fulfilling patient satisfaction since the implementation of the clinic.

**Materials and Methods:** A prospective study was performed on patients who attended the clinic. Patients were contacted by telephone to participate in a telephone patient satisfaction survey. A proforma comprising of questions was used to ascertain patient satisfaction.

**Results:** All 23 patients consented to participate. Overall, all patients were happy about being assessed by a nurse. No patients felt unsatisfied about the outcome of the pre-assessment clinic. Most patients felt prepared for tonsillectomy. Areas patients were dissatisfied with the service was due to cancellation of the procedure and where a patient would have preferred to have seen a doctor prior to the procedure as means of reassurance to their family.

**Conclusions:** ENT nurse-led clinics deliver effective, safe and resourceful service provision. In regards to elective tonsillectomy, nurse pre-assessment clinics are regarded to offer good patient satisfaction. Therefore, they should be recommended.

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**0438**  
**SYSTEMATIC REVIEW OF DAY-CASE LAPAROSCOPIC FUNDOPLICATION IN ADULTS**  
Harun Thomas, Sanjay Agrawal. Homerton University Hospital, London, UK

**Aim:** This study reviews the published literature on day-case laparoscopic fundoplication in adults.

**Methods:** Systematic search was performed in Medline, Embase and Cochrane library using the medical subjects headings (MeSH) terms “ambulatory surgical procedures” AND “fundoplication” with further free text search and cross references. All articles on day-case laparoscopic fundoplication which described patient selection criteria, same-day discharge, complications and readmissions were reviewed.

**Results:** There were no randomised controlled trials. Thirteen cohort studies were included in this review. Of these 10 were on planned same-day discharge in adults with a 93.3% (739 out of 792 patients) success rate. 34 (4.29%) patients developed complications and 39 (3.08%) patients were readmitted. Three studies which looked at planned 23 hour discharge in adults reported a 97.94% (571 out of 583 patients) success rate with 25 patients (4.29%) developing complications and 5 patients (0.87%) being re-admitted. Nausea, pain, fatigue and pneumothorax were the commonest causes for overnight admission. Dysphagia and pain were the main reasons for readmission. Most patients were satisfied with day-case laparoscopic fundoplication.

**Conclusion:** Laparoscopic fundoplication seems safe and practical as a day-case procedure in adults. Outcome measures like postoperative pain, complications, readmissions and patient acceptability are good.

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**0440**  
**THE 2-WEEK RULE FOR SUSPECTED HEAD AND NECK CANCER: CAN A ONE-STOP CLINIC APPROACH IMPROVE PATIENT SERVICES?**  
Laura Prichard, Ian Whitehead, Ram Moorothy, Paul Pracy. Queen Elizabeth Hospital, Birmingham, UK

**Introduction:** A number of groups have audited the 2-week wait for suspected head and neck cancer since its introduction in 2000. These studies have consistently shown that the referral criteria have a low pick up rate for malignancy and question whether they provide a benefit to the patient.

**Aim:** Assess the cancer detection rate for 2-week wait referrals and decide whether a one-stop clinic would be appropriate.

**Method:** A retrospective audit of all 2-week referrals from July 2009 to July 2010.

**Results:** Total 2-week wait referrals =622; Confirmed malignancy= 35 (6%); Total malignancies between July 2009-July 2010= 143. Only 230 patients (37.0%) required a follow-up appointment of which 182 patients underwent further investigations. Only 93 patients (15%) underwent a FNA and 76 (12%) an ultrasound scan.

**Discussion:** Our study confirms that the majority of patients diagnosed with head & neck malignancy are referred through routine referral pathways. The limited need for FNA and ultrasound scans suggests that there is unlikely to be a significant benefit to patients or a more efficient use of resources by implementing a one-stop clinic.

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**0442**  
**IS RESTORATIVE RESECTION RATE A TRUE QUALITY INDICATOR OF RECTAL CANCER SURGERY?**  
Sanjeev Dayal, Haitham Qandeel, Arijit Mukherjee, A.L. Khan. Hairmyres Hospital, NHS lanarkshire, East Kilbride, UK