Results: In the subsequent 21 patients there were no delays in wound healing and no seromas. This reduction in complications was statistically significant (p=0.001, Fisher’s exact test).

Conclusion: This completed audit loop has shown a reduction in abdominal wound complications after a change in practice of wound closure. Rates of delayed healing prior to the change in practice were comparable, and are currently better than, those in the published literature.

0517: OBJECTIVE ASSESSMENT OF INITIAL EYE EXAMINATION IN PATIENTS PRESENTING WITH MID-FACE INJURIES

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Aims: One fifth of patients with severe facial trauma suffer ophthalmic injury. We aimed to objectively evaluate the quality of the initial visual examinations in patients with mid-face injuries and to determine whether poor early examination was associated with suboptimal management.

Method: Patients (n=197) were retrospectively and prospectively recruited from two tertiary craniofacial centres. Initial visual examinations were scored objectively against published gold-standards.

Results: 162 patients met inclusion criteria. Complete visual examination was performed in one patient (0.6%). Soft tissue injury was the most frequently assessed parameter (n=123, 74.5%). Pupil position was the most poorly assessed parameter (n=10, 6.1%). Visual acuity was assessed in 32 patients (19.4%). Visual complications were included peripheral field loss, reduced acuity, residual ptosis, diplopia and epiphoria. Patients who were seen by the ophthalmologist within one day had significantly (p=0.05) more comprehensive initial eye examination.

Conclusion: Early visual examination in patients with mid-face injuries was poorly performed. Importantly, visual acuity is performed in a minority of cases. More comprehensive initial eye examination was associated with prompt ophthalmology assessment. We propose the development of a standardised proforma for eye examination in patients with mid-face injury to ensure expeditious management of ocular injury.

0523: PAIN ASSOCIATED WITH INTRA LESIONAL STEROID INJECTION FOR KELOID/HYPERTRIPTROPHIC SCARS

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Introduction: Keloid and hypertrophic scars are unfortunate consequences of any surgery that involves skin breaches. Various methods have been used for treating these scars. Intraleisional steroid injection is one of the standard treatments. It involves multiple injections and commonly it is associated with pain.

Aims: To assess the severity of pain during steroid injection, considering multiple variables.

Material and Methods: A six months prospective trial was designed. Simple descriptive intensity scale to analyze severity of pain was used. Variables were age, gender, size, site, volume of injection and use of intralesional local anesthetic.

Results: 20 patients were included, male to female ratio 1:2, average age 25.6 yrs, 75% in head and neck region, average volume injected 0.46 ml to an average surface area of 2.2 cm². During injection; 85% reported mild to moderate pain, 5% sever and 10% no pain. 45% of patients had local anesthetics added to the injection.

Conclusion: Intra-lesional steroid injection is associated with pain however this can be minimized by using mixture of local anesthetic and steroid. The size and location of scars (head and neck regions) as well as number of injections given, may have direct effect on the pain experienced.

0559: TRENDS IN PLASTIC SURGICAL TRAINEE PRESENTATIONS – THE FUTURE OF OUR SPECIALTY IS IN OUR HANDS

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Introduction: There are perceived future adversities for plastic surgeons such as loss of work to specialities previously providing secondary referrals.

We surveyed presentation at the largest pan-surgical trainees meeting worldwide to establish whether plastic surgery trainees (PTS) are disseminating their academic work amongst our allied surgical peers.

Method: Four recent Association of Surgeons in Training (ASIT) meeting abstracts were analysed. Total number of trainees and number of abstracts published by each speciality were compared. Number of trainee presentations at corresponding British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) meetings were also surveyed.

Results: Plastics ranked 6/9 in number of abstracts/trainee presented at ASIT. Over the four years surveyed PTS consistently increased academic output at ASIT from 0.3%-6.1% of all abstracts. This increase lags behind other specialties. General trainees produce significantly more abstracts (p=0.005). The proportion of PTS attending and presenting at BAPRAS has consistently increased over the same survey period.

Conclusion: This survey indicates PTS are overall behind allied specialties on this generic platform sampled. Dissemination of work parallel to the increases seen at BAPRAS, amongst allied colleagues, is paramount to perpetuate the exposure of “what we do” to those we may rely upon for future collaboration.

0660: DESMOPLASTIC MALIGNANT MELANOMA: A SYSTEMATIC REVIEW

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Background: Desmoplastic melanoma (DM) is a rare melanoma variant characterised by deeply infiltrating spindle cells with abundant fibrous matrix. Diagnosis is difficult due to similarity to sclerosing melanocytic nevi, and non-melanocytic skin lesions such as scars, fibromas or cysts.

Objectives: To review current literatures and evaluate clinical and morphological characteristics of this neoplasm.

Methods: We conducted a search of Medline, OVID and EMBASE using headings ‘Cutaneous Melanoma’ and ‘Desmoplastic’.

Results: From a total of 388 identified articles (the vast majority of which were case reports), 10 were included. Patient numbers were 11–280. DM is twice as common in males (63% of lesions) and most commonly occurs in head and neck region (53%). Diagnosis of DM can be difficult due to the absence of pigmentation, usually presents with advanced Breslow thickness (mean 2-6.5mm), and yet metastasises less than other melanoma variants (7.4-53%). Sentinel Lymph Node Biopsy is not commonly positive (5% from a series of 240 patients).

Conclusions: Effective diagnosis and management of DM demands clinicians be aware of this unusual clinical entity. It can be locally, but not systematically aggressive, as evidenced by low SLNB positivity and surgical excision remains the treatment of choice for DM.

0673: THE USE OF ABSORBABLE VERSUS NON-ABSORBABLE SUTURES IN HAND SURGERY: A SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction: In this study we systematically review the literature to compare primary clinical outcomes associated with use of absorbable and non-absorbable sutures in elective-hand surgery.

Methods: This systematic review was conducted in accordance to the PRISMA statement. Multiple electronic search engines were used including PubMed, Medline, Ovid, Embase and Google Scholar.

Results: A total of seven comparative studies were included for analysis, all of which were randomized control trials (RCT). The total cohort of patients included from the seven trials was 414. Some patients had bilateral procedures and therefore the total cohort of hands was 420. The outcome measures included post-operative pain, wound-infection and aesthetics. None of the studies showed a statistical difference in wound-infection rates. Pain was assessed in three of the seven papers, none of which showed a statistically significant difference in a visual-analogue score of pain. Similarly, none of the papers reported statistically significant differences in wound-aesthetics.

Conclusion: This review of the literature suggests that there is no significant difference in wound-infection rates, post-operative pain, or cosmesis between absorbable and non-absorbable sutures in hand-surgery. We suggest that the inherent clinic-time savings and reduction in anxiety and