operation notes & recurrent feedback could be the answer for a sustained improvement.

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**0795: WILL PEOPLE USE OUT OF HOURS CLINICS? AN ASSESSMENT OF NON-ATTENDANCE AT EVENING CLINICS COMPARED TO MORNING CLINICS**

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An initiative clinic has been running for a little over 1 year, in the evenings to see the vascular consultant. This review looked at the attendance of both morning and evening clinics to compare the ‘Did Not Attend’ (DNA) rates for each.

Out of a total 1004 appointments for all clinics, 80 were marked DNA - 8%. The initiative clinics had a DNA rate of 5%. The general vascular and wound clinics had a combined DNA rate of 9%. The Initiative clinics (evenings) had DNA rates significantly lower than general vascular clinics (p=0.0082), Wound clinics (p=0.0082) and both wound and general vascular clinics combined. (p=0.0047). The consultant in this study works Mondays for clinics and administration and Thursdays for operating lists. He has other commitments on the other days. Work is ongoing to assess the reasons for the lower DNA rate, including access.

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**0982: AVAILABILITY OF EVIDENCE SUPPORTING NOVEL IMPLANTABLE DEVICES USED IN GASTROINTESTINAL SURGERY: CROSS-SECTIONAL, OBSERVATIONAL STUDY**

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**Aim:** The IDEAL Framework advocates high quality evidence to support innovation in surgical devices. We aimed to determine the proportion of novel, implantable devices used in gastrointestinal surgery that are supported by evidence from randomised controlled trials (RCTs).

**Method:** A list of novel, implantable devices used in gastrointestinal surgery was compiled via a Delphi consensus process. Serial systematic searches for published, on-going and unpublished RCTs were performed via the PubMed database and sixteen international clinical trial registries. The primary outcome was availability of published RCT evidence for each device. The secondary outcome was quality of published trials, according to the Cochrane Risk of Bias tool.

**Result:** Some 116 eligible devices were identified. A total 127 published RCTs were identified for 32/116 (27.6%) devices. Most trials were high risk of bias, and consequently only 12/116 devices (10.3%) were supported by at least one published RCT with low risk of bias. Of 84/116 devices without a published RCT, 17/84 (20.2%) had at least one on-going RCT and 5/84 (6.0%) had at least one unpublished RCT.

**Conclusion:** Most novel implantable devices available in everyday gastrointestinal surgery are not supported by published RCT evidence. Trials that exist are generally at high risk of bias.

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**0990: WHEN IS A SEBACEOUS CYST NOT A SEBACEOUS CYST? ROUTINE HISTOPATHOLOGICAL EXAMINATION OF BENIGN SKIN LESIONS**

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**Aim:** Epidermal inclusion cysts (also known as sebaceous cysts) are commonly asymptomatic but may be excised for cosmetic reasons. Lesions excised are routinely sent for histopathology examination despite having the hallmark of sebaceous cysts and no red flag features on clinical examination. Our aim was to evaluate the pattern of, and need for, routine histopathology examination of benign cutaneous lesions particularly epidermal inclusion cysts.

**Method:** Retrospective analysis of clinical and pathology data on all epidermal inclusion cysts excised from a Scottish district general hospital.

**Result:** Over the study period, 320 sebaceous cysts were excised and sent for routine histopathology examination. 276 (85%) lesions were judged by either the referring GP, or the assessing surgeon to be an epidermal inclusion cyst. 230 (72%) lesions were diagnosed as epidermal inclusion cysts by both GP and surgeon and still sent to pathology at a cost of £150 each.