patients with a normal appendix observed at laparoscopy were included. Any infective complication occurring within 30 days of the operation was included. The operative findings were compared to the pathology report.

**Results:** 266 case notes were reviewed. 33 patients were deemed to have a normal appendix at laparoscopy and subsequently underwent appendicectomy. 11/33 (33%) were found to have pathological reports showing either simple (n=8) or complicated (n=3) appendicitis. 53/33 (15%) patients had post-operative infective complications (3 IAs, 2 WIs). Of these, one IA was from a simple appendicitis, and the remaining four complications were from normal appendices.

**Conclusion:** Appendicectomy in patients with a normal appendix can have significant complications. However macroscopic assessment of the appendix can be inaccurate. Therefore a balance must be struck between potential risks and benefits when performing an appendicectomy in patients with a normal appearing appendix.

**0248 SURVIVAL OF PATIENTS WITH OESOPHAGO-GASTRIC CANCER TREATED WITH NON-CURATIVE INTENT**

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**Background:** Oesophagogastric cancer has the 5th highest incidence of cancers in the UK. The majority of these patients are initially diagnosed with advanced non-curable disease, which presents a large burden of care.

**Aim:** Assess the survival of patients with oesophago-gastric cancer treated with non-curative intent (chemotherapy and/or radiotherapy or best supportive care).

**Methods:** Overall, 788 patients from 9 different hospitals in South-East Wales were identified; diagnosed with oesophago-gastric cancer from 1993-2006 and given non-surgical management. During the recorded period 670 patients died and were used to calculate survival (using Kaplan-Meier curves and a Log-Rank test).

**Results:** The database included 788 patients in total; 495 males; median age 70 years, range 34-94 years. The median survival was 7 months. The median survival rates for each treatment group are: Best Supportive Care patients, 6 months (range 0-76 months); Palliative Chemotherapy, 8 months, (range 2-76 months); Chemoradiotherapy on a palliative basis, 11 months, (range 3-17 months). The Log-Rank is 5.16 with a p-value of 0.076.

**Conclusion:** There was an observed positive survival trend for patients receiving palliative adjuvant chemotherapy and/or radiotherapy when compared to best supportive care, although other factors need to be considered in future treatment decisions.

**0255 TARGETED NANOMEDICINE FOR THERAPY IN ORAL CANCERS**

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**Introduction:** Oral squamous cell carcinoma is an aggressive disease, refractory to current therapies and there have been no significant improvements in patient prognosis over the past 25 years. Magnetic fluid hyperthermia (MFH) is a novel concept in cancer therapy using the unique properties of superparamagnetic iron oxide nanoparticles (SPIONs) to generate heat when placed within an external alternating magnetic field. MFH has previously been shown to be used as therapy in prostate cancer via direct intratumoural injection. We propose that MFH can be delivered more effectively using antibody targeting.

**Methods/Results:** The αvβ6 integrin is an exciting new target in OSCC, over-expressed in 80% of OSCC with minimal expression in healthy mucosa. We have recently developed a single chain antibody fragment (scFv) specific for αvβ6 which blocks αvβ6 mediated cell-cell adhesion and shows high ligand affinity on ELISA and FACS analysis. Further, we have conjugated the αvβ6 specific scFv to several commercially available SPIONs and demonstrated successful targeted cell kill in-vitro using OSCC cell lines.

**Conclusion:** These data give rise to the possibility of using antibody targeted MFH as a novel therapy in OSCC and recent advances in the application of MFH will be discussed.

**0257 THE EFFECTIVENESS OF URODYNAMIC EVALUATION IN PATIENTS UNDER AGE OF 60 YEARS PRESENTED WITH LOWER URINARY TRACT SYMPTOMS**

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**Objective:** To study the value of urodynamic investigation (UDI) in the management of patients under the age of 60 years presented with lower urinary tract symptoms and the impact of the UDs findings on subsequent treatment.

**Methods:** A retrospective study of 92 patients who attended the continence clinic at our institute for UDI was performed using case-records. The notes where studied for demographic characteristics, mode of presentation, investigations, treatment and disease progression. Primary endpoint was the discharge rate at 1 year.

**Results:** 85% of patients had fitable cystoscopy (n=78) with abnormal findings detected in 31% of patients. Flexible cystoscopy was a reliable tool for detecting bladder outflow obstruction (BOO) as their findings were compatible with subsequent UDI findings (p = 0.003). 65% patients among all age groups had BOO. Only few had pure obstructive bladder and they were in the 20-29 years group. 56% of patients between the age of 40 and 59 years who had UDI-proven BOO needed TURP with 100% 1-year discharge rate compared to only 8% in patients between 20-39 years (p = 0.002).

**Conclusion:** UDI can be of value in investigating patients with LUTS. Our study shows that it can predict the need for TURP in patients with uro-dynamically proven BOO.

**0258 CLINICAL OUTCOMES FOLLOWING CUBITAL TUNNEL RELEASE – SELF-ADMINISTERED QUESTIONNAIRES**

Alex Wong, Shyam Kumar, Mark Webb. Counter of Chester Hospital, Chester, UK

**Background:** To use self-administered questionnaires for clinical outcomes following cubital tunnel release - patient outcome measurement. QuickDash and a new questionnaire (ulnar neuropathy at the elbow questionnaire-UQE) used for assessment of symptoms severity of cubital tunnel compression before and after the day-case surgery.

**Methods:** 26 consecutive patients (18 males, 8 females) enrolled in the questionnaires with mean age of 47 (range 20-88). All underwent cubital tunnel release under GA as a day case operation.

**Results:** Mean of the post operative follow up is 12 months (range 2–19 months). There is significant improvement in the symptoms severity following cubital tunnel release as shown by QuickDash and UNEQ, with p values of 0.001 (95% CI 8.94-29.18) and 0.010 (95% CI 12.8-8.65). Sperman’s correlation coefficients between QuickDash and UNEQ were 0.552 preoperatively and 0.788 in the follow up.

**Conclusions:** As far as we aware, no other study has applied the UNEQ scoring system into their practice nor compared it with the QuickDASH score. Our study has shown that the UNEQ is a more responsive outcome measure compared to the Quick DASH for assessment of the surgical outcome following treatment for cubital tunnel syndrome. UNEQ is also more sensitive to the change in clinical condition.

**0266 BILATERAL WRIST ARTHRODESIS USING RUSH PIN AND FRESH FEMORAL HEAD ALLOGRAFT: A CASE REPORT**

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**Aims:** We report a new method of treating rheumatoid patients suffering from failed Swanson arthroplasties of the wrist.

**Methods:** A rheumatoid patient underwent bilateral wrist arthrodesis for severe pain and instability following previous Swanson silastic arthroplasties. The Swanson implant was removed and a Rush pin was inserted at the base of the 3rd metacarpal. This was augmented with a frozen femoral head allograft. Two AO screws were then fixed from the 2nd and 4th metacarpals into the femoral bone graft (thereby improving rotational stability). The procedure was performed bilaterally at separate occasions.
0267 NATIONAL SELECTION FOR ST3: WHAT DO YOU REALLY THINK?
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Aim: National Selection for ST3 in Otolaryngology in England was carried out for the first time in April 2010. This was amongst active debate regarding this process of selection to higher surgical training in both ENT and other surgical specialties. Our objective was to formally collate viewpoints of all those involved in single centre national selection.

Methods: A nine question survey was distributed to trainees in both ENT and eight other surgical specialties at the annual conference of the Association of Surgeons in Training (ASiT), regional ENT Trainee meetings and an online version was posted on the Association of Otolaryngologists in Training (AOT) members forum.

Results: A total of 380 completed surveys were analysed. Only 21% were in favour of Single-Centre National Selection. More than 80% thought that trainers should be involved in selecting the trainees that would be working for them. 67% were in favour of a nationally coordinated application process with multicentre interviews.

Conclusion: The results show that there are strong concerns from both trainees and consultants from around the country that the current National Selection system does not allow local trainers to be engaged in recruitment and that a system which allows this input would be preferred.

0268 HIP FRACTURE SURGERY AND OBTAINING CONSENT: IS THE PROCESS TRULY INFORMED?
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Introduction: With current trends in life expectancy and the increasing prevalence of osteoporosis, treatment of fragility fractures places considerable demands on the NHS. Hip Hemiarthroplasty and Dynamic Hip Screw (DHS) remain the two most common operative procedures for management of hip fractures. An informed patient is one with a clear understanding of the proposed procedure and associated risks/complications.

Aim: To determine adequacy of the consent process for Hip Hemiarthroplasty & DHS.

Methods: N=100 (50Hemiarthroplasty/50DHS). Consent forms were analysed and information compared to that included on British Orthopaedic Association (BOA) endorsed procedure specific Orthoconsent forms.

Results: Hip Hemiarthroplasty: Grade of surgeon obtaining consent: SH086%, Registrar8%, Other6%. Risks/Complications documented: DVT66%, Bleeding94%, Pain40%, LDL20%, Dislocation62%, Infection100%, Altered wound healing6%, Nerve injury84%, Fracture26%, Vessel injury58%, PEG62%, Death20%. DHS: Grade of surgeon obtaining consent: SH078%, Registrar4%, Other18%. Risks/Complications documented: DVT66%, Bleeding94%, Pain50%, Infection100%, Catheterisation0%, LDL4%, AVN26%, (46% for Intra capsular NoF<65yrs), Stiffness24%, Nerve injury50%, Fracture16%, Vessel injury40%, Death26%.

Conclusion: Current documentation of consent for Hip Hemiarthroplasty and DHS does not satisfy BOA endorsed guidelines. It may be argued that in some instances consent is therefore not truly informed.

Addressing this aspect of the consent process will improve patient understanding and expectations. It may also reduce the likelihood of patient dissatisfaction, complaints and litigation.

0269 DOES ESSENTIAL DISCHARGE INFORMATION OF SURGICAL PATIENTS ARRIVE WITH GENERAL PRACTITIONERS IN A TIMELY FASHION?
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Aim: To establish the most efficient method of discharge letters arriving with general practitioners.

Introduction: Patient information from emergency and elective hospital surgical admissions arriving to general practitioners in a timely fashion is paramount.

Methods: All inpatient discharge letters from November 2009 were analysed to compare audit form (EMAS) and standard formulated discharge letters.

Results: 126 discharge letters (70 emergencies, 50 elective, 5 ward transfers, 1 unclear) were analysed (M:F 56:70). Inpatient stay ranged from 0 to 39 days. Number of days from discharge to dictation was higher for standard formulated discharge letters (Average 18.9, Min 2, Max 104) than audit form discharge letters (Average 11.04, Min 1, Max 14). EMAS letters had a higher number of days from dictation to typing (EMAS Average 3.94, Min 0, Max 14, Standard formulated Average 3.48, Min 0, Max 10). 15 discharge letters were not completed.

Conclusion: There is a significant time delay in discharge letters arriving to General Practitioners and discharge letters not completed. Currently the EMAS system appears to be faster however a new system is required. An electronic discharge system would ensure General Practitioners receive timely, correct, legible patient information including drug changes and improve patient safety.

0272 THE ROLE OF PREOPERATIVE DUPLEX ULTRASOUND AS AN ALTERNATIVE TO CONVENTIONAL ARTERIOGRAPHY IN DESIGNING THE SURGICAL STRATEGY IN PATIENTS WITH CRITICAL LIMB ISCHAEMIA UNDERGOING BELOW-KNEE REvascularization
Ali Navi, Behnam Shayegi, Jane Turner. Epsom & St Helier University Hospital, London, UK

Background: Conventional angiography (CA) is the gold standard for the pre-operative evaluation of the lower limb arterial tree despite well documented associated risks. Duplex ultrasound (DUS) is a non invasive alternative technique.

Aims: To investigate the role of DUS as a sole pre-procedural imaging study in patients undergoing below-knee revascularization.

Methods: A systematic review was performed using articles published within the last 10 years identified by searching the databases MEDLINE, EMBASE and The Cochrane Library. Selection criteria included cohort studies with good reference standards to quantify the diagnostic ability of DUS in below-knee revascularization.

Results: Five studies were included with a total of 528 patients. Two studies showed significant agreement in 389 patients between CA and DUS in mapping the below knee arterial tree (P<0.05). In the remaining 3 studies the calculated overall positive predictive value (PPV) and negative predictive value (NPV) were 93% and 90% respectively in total of 139 patients underwent DUS.

Conclusions: Although DUS has high PPV and NPV, CA is the gold standard diagnostic test in below-knee bypass surgery, DUS can replace CA as long as it can visualize at least one of the crural arteries which is in continuity of the superficial femoral artery.

0276 VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS IN ACUTE GENERAL SURGICAL PATIENTS: A 2 CYCLE AUDIT
Victoria Rushworth, Peter Chong, Michael Duff, Arfon Powell. Western Infirmary, Glasgow, UK

Background: Hospital in-patients have a tenfold increased risk of VTE. SIGN guidelines recommend all patients are individually risk assessed and receive thromboprophylaxis.