0076 ENHANCING SURGICAL TRAINING USING ENDOSCOPY LIST E-BOOKING SYSTEM
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Aims: The Royal College SAC requires endoscopy accreditation for gastrointestinal surgeons. Trainee work pattern changes make attendance at training lists difficult. This study evaluates the use of endoscopy training lists before and after the introduction of an electronic booking system.

Methods: Training lists were audited for 24 months in 2007/08 and for 4 months in 2010 after the introduction of the e-booking system. Utilisation at training lists differed.

The Royal College SAC requires endoscopy accreditation for gastrointestinal surgeons. Trainee work pattern changes make attendance at training lists difficult. This study evaluates the use of endoscopy training lists before and after the introduction of an electronic booking system.

Results: In 2007/08, 12 trainees performed 677 procedures (1858 points). 47.0% was on training lists. Training lists were 17.7% utilised (95% CI 16.6%–18.8%). In 2010, 10 trainees performed 276 procedures (766 points). 65.0% were on training lists. The lists were 61.0% utilised in 2010 (95% CI 57.6%–64.4%). The most significant improvements were in upper GI and medical training lists.

Conclusions: Significant improvement in training list utilisation was evident after implementation of the e-booking system. Such systems may aid surgical training within modern work patterns.

0077 INVESTIGATION OF PLASMA LYSOZYME AS A PUTATIVE BIOMARKER IN CAROTID ATHEROSCLEROSIS
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Introduction: We have demonstrated a relationship between arterial plasma lysozyme levels and extent of coronary artery disease, identifying lysozyme as an atherosclerotic burden biomarker. This study aimed to determine whether arterial plasma lysozyme is able to distinguish symptomatic from asymptomatic carotid atherosclerosis.

Method: Arterial (n=54) and venous (n=28) plasma samples were collected from patients pre-carotid endarterectomy for asymptomatic (n=29) and symptomatic (n=25) carotid stenosis. Carotid plaque specimens were obtained (n=7). Venous plasma was collected from individuals without carotid stenosis (n=13). Plasma lysozyme levels were determined by ELISA (Biomedical Technologies, Mass).

Results: There was no significant difference in the sum of carotid stenoses or proportion of patients with known ischaemic heart disease between the asymptomatic and symptomatic groups. Venous plasma lysozyme levels were significantly higher in patients with carotid stenosis than individuals without (mean 5.110µg/ml vs. 1.273µg/ml, p<0.0001). Arterial plasma lysozyme levels were significantly higher in patients with carotid stenosis than individuals without (mean 5.123µg/ml vs. 1.273µg/ml, p<0.0001). Arterial plasma lysozyme levels were higher in patients with symptomatic than asymptomatic carotid stenosis (median 10.38µg/ml vs. 5.149µg/ml, p=0.0161).

Conclusion: The role of lysozyme in carotid atherosclerosis risk stratification warrants further investigation.

0083 SYSTEMATIC REVIEW OF CLINICAL EFFECTIVENESS OF ALLOPURINOL IN TREATING GOUT, COMPARED TO FEBUXOSTAT, AMONG PATIENTS WITH CONFIRMED DIAGNOSIS OF GOUT
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Introduction: Gout is a disorder of urate metabolism characterised by hyperuricaemia, crystal deposition, inflammation, and tophi. Severe acute attacks of gout are treated with non-steroidal anti-inflammatory drugs (NSAIDs) or colchicine, or with allopurinol. Febuxostat is a xanthine oxidase inhibitor which reduces uric acid levels and is a direct alternative to allopurinol.

Methods: Systematic review and meta-analysis. Inclusion criteria (5 RCTs, 1 Cohort, & 1 Economic Evaluation Study), comparing allopurinol alone or with other drugs and placebo. These criteria are confirmed diagnosis of gout, use of allopurinol, use of placebo, and reduction in serum urate levels, tophii size and adverse effects.

Results: Meta-analysis demonstrated statistically significant reduction in serum urate levels and tophi size, in favour of febuxostat 80mg compared to allopurinol 300mg.


0087 AN AUDIT OF MEDIUM TERM RESULTS AFTER MODIFIED KARYDAKIS OPERATION: SUITABILITY AS A DAY-CASE PROCEDURE
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Aims: The commonest treatment for pyloric stenosis is the open pyloromyotomy and drainage, but recurrence ranges from 21 – 55%, suggesting this is seldom a long-term solution. We describe our experience with a modified Kar- ydakis procedure in surgical treatment of pyloric stenosis.

Methods: Seventy-two patients who underwent a modified Karydakis procedure performed by a single surgical firm over a 6 year period were identified from theatre logs and the clinical notes scrutinised.

Results: Immediate post-operative course was uneventful in 70 cases, with 2 patients requiring wound care. Duration of hospital stay ranged from day-stay in 24/42 day-case procedures, overnight-stay in 16/30 in-patient cases, with mean stay for the remaining 14 cases of 4 days (range 2-6 days). Median time off work was 3 weeks, with regular analgesia required most frequently for 7 days. At 4 week follow-up, 4 patients received antibiotics. At clinic discharge, 68 patients were asymptomatic. There was 1 recurrence, 20 months post-operatively. Sixty-seven patients participated in telephone follow-up, ranging from 2 – 52 months post- clinic discharge. Of these, 64 remained asymptomatic.