the rate of same-day discharge. This audit evaluated the effectiveness of this change and factors influencing patient stay.

Methodology: Data was collected retrospectively. All patients undergoing pinnaplasties from the March 2009-April 2010 were identified from theatre databases using the ORMS procedure codes D03.1 and D03.3. One month was allowed after policy change before the 2nd cycle of the audit was performed for another 12 months.

Results: A total of 55 patients were audited in the 1st cycle and 49 in the 2nd cycle. There was a significant increase of 28% in the number of pinnaplasties performed as day cases post-policy change from the 1st cycle rate of 62% (p<0.001). All pinnaplasties were performed under general anaesthetic. Gender, mean age, distance from hospital, grade of operating surgeon, and anaesthetic duration had no influence on patient stay. Post-policy change, 5 patients required overnight stay for pain (n=2) and vomiting (n=3).

Conclusions: We have demonstrated that a significant increase in pinnaplasties done as day-cases can be achieved by a simple change in policy without compromising patient care.

1103 WINNER OF RCS/ASIT POSTER PRIZE: WHO NEEDS A DOCTOR TO IDENTIFY A MALIGNANT MELANOMA?

Catherine Bradshaw, Elisabeth Royston, Paul Stephens, Peter Budny. Stoke Mandeville Hospital, Aylesbury, Buckinghamshire, UK

Aims: The incidence of cutaneous melanoma is increasing faster than any other cancer worldwide (Lens 2004). We hypothesize that lay people can distinguish between malignant melanoma and benign naevi with a similar accuracy to specialist doctors, highlighting the importance of self-examination for early diagnosis.

Methods: Standardised photographs with a histological diagnosis of either malignant melanoma or benign naevi were selected. Three cohorts - specialist doctors (plastic surgeons and dermatologists), non-specialist doctors and lay people - were asked to identify these photographs as benign or malignant. Participants then received a short educational leaflet on recognition of melanoma and asked to re-assess the same photographs.

Results: There was no significant difference in the correct identification rates between specialist doctors, non-specialist doctors and lay people (mean scores of 88%, 90% and 79% respectively). Following education, across all cohorts the number of benign lesions incorrectly identified as melanoma increased (false positives). The rate of missed melanoma remained less than 3% throughout the study (false negatives).

Conclusions: Innately, most people can correctly distinguish between benign and malignant lesions. This questions the current dogma for education focusing on recognition of specific features of malignant melanomas. Patient awareness and self-examination are therefore important for early diagnosis.

1107: ARE PLASTIC SURGEONS EXCISING TOO MANY BENIGN LESIONS? SKIN LESIONS EXCISED IN A TERTIARY REFERRAL CENTRE

Kenneth Joyce, Jemima Dorairaj, Miriam Byrne, Padrac Regan, Jack Kelly, Deirdre Jones, Alan Hussey. Galway University Hospital, Galway, Ireland

Aim: With existing resources, the demand for management of malignant skin lesions, in addition to the expanding benign cohort is unsustainable - reflected in longer waiting-lists. We audited lesions excised over a 6-month period in our Plastic Surgery service.

Methods: Theatre log-books and histopathological reports of skin lesions excised in April-October 2010 were analysed. Additionally, a proforma was completed by plastic surgery trainees to assess the surgeon's clinical impression of lesions excised in September 2011.

Results: 825 lesions were excised in 580 patients, 56% female, 44% male. Benign to malignant ratio (BMR) was 3.7:1, 608 (79%) benign lesions versus 165 (21%) malignant. Of the malignant lesions excised, basal cell carcinoma were most common (128), followed by squamous cell (32) and malignant melanoma (4). Data was available on 125 lesions excised in September 2011. 96 lesions (76.8%) were suspected benign and 29 lesions (24.4%) either high-risk or malignant lesions. GP impressions were obtained for 84 patients giving a GP malignant lesion sensitivity of 56% (14/25). Plastic surgeons clinical impressions were obtained on 110 patients giving a malignant lesion sensitivity of 90.3% (28/31).

Conclusion: The large proportion of benign lesions excised is questionable, potentially warranting re-evaluation of policies dictating current practice.

1128: A SINGLE CENTER 10 YEAR REVIEW AND SUB-SET DATA ANALYSIS OF BECKER EXPANDER BREAST IMPLANTS

Katia Sindali, Marcus Davis, Sam Orkar, Queen Victoria Hospital, East Grinstead, W. Sussex, UK; St Thomas’ Hospital, London, UK

Aim: To identify, review and analyse the data of ‘Becker’ breast implants inserted at the Queen Victoria Hospital, East Grinstead, over a 10 year period (1999-2009), and compare results with the published literature.

Method: Patients undergoing breast implantation using Becker Expander Implants were identified from theatre records and coding. Case notes of the 368 patients (424 implants) identified were retrospectively studied, looking at patient demographics, reasons for implantation and explantation, volumes expanded, complications, type of Becker implanted used and time in-situ.

Results: Average time in-situ was 49.46 months, with the average volume expansion being 272.25ml. 2 in 5 implants were exchanged for fixed volume implants, a finding consistent with all reasons for use of Becker breast expanders.

Complication rates were statistically higher in the Cancer reconstruction group (15.7%) (p=0.05). There was no statistical difference between whether or not an anatomical (Becker 35) or Round (Becker 25 & 50) was used.

Conclusions: Becker breast implants are a cost effective and reliable method of breast reconstruction in a variety of indications. However, a large number of these implants are explanted and exchanged for fixed volume implants having suffered no complication to warrant explantation.

1148: PREDICTING RECURRENCE IN PATIENTS UNDERGOING SENTINEL LYMPH NODE BIOPSY FOR MELANOMA

Kenneth Joyce, Fiachra Martin, Niall McInerney, Deirdre Jones, Michael Kerin, Jack Kelly, Alan Hussey, Padrac Regan. Galway University Hospital, Galway, Ireland

Aim: The aim of this study was to audit all melanoma patients who underwent SLNBx in Galway University Hospital between 2005-2010.

Methods: Binary Logistic regression analysis was performed using SPSSv18 on recognised predictive parameters of tumour aggression with relation to sentinel node positivity and recurrence rates. 186 melanoma patients underwent SLNBx between 2005-2010. Patients were assessed through retrospective analysis of histopathology reports, chart and radiology review.

Results: 186 patients underwent SLNBx. 115 female (63%) and 69 male (37%). Superficial spreading melanoma was the most common subtype (46%) followed by nodular melanoma (25.5%). 169 patients had a negative sentinel node, 15 patients a positive node and in 2 patients a sentinel node could not be identified. SLNBx positive patients had an average Breslow thickness of 3.9mm compared with 2.1mm in SLNBx negative patients. Breslow depth and ulceration of the primary tumour were identified as the strongest predictors of sentinel node positivity. The strongest predictor of local recurrence was melanoma subtype with nodular melanoma associated with 62.5% of all local recurrences.

Discussion: SLNB is central to staging of malignant melanoma. This study highlights factors that predict those who are at high risk of recurrence in the presence of a negative SLNB.

1158: THE VERY LONG POSTERIOR TibIAL Artery (VLPTA) FLAP: CONCLUSIONS FROM CASE SERIES AND LITERATURE REVIEW

Leela Sayed, Noemi Kelemen, Stephen Williams, Graham Offer. Leicester Royal Infirmary, Leicester, UK

Aims: Case series and literature review outlining the advantages and complications of using a pedicled very long posterior tibial artery (VLPTA) flap in patients with lower limb injuries and/or infection.

Methods: We report three patients who underwent below-knee amputation and reconstruction using the VLPTA flap. Approximately 10cm of tibia was preserved. Intact intrinsic foot muscles and sole of the foot were harvested with subsequent proximal dissection of the posterior tibial neurovascular pedicle. The heel pad was secured over the anterior aspect of the tibia. An Ovid Medline search was also performed.
**Results:** All patients have a viable flap and ambulate with below-knee prosthesis. A number of cases report sensation over the stump and have good range of movement at the knee joint. Five cases were complicated with minor flap infections but all were successfully treated with antibiotics and excision.

**Conclusions:** The benefits of the VLPTA flap are numerous. Firstly, the glabrous skin of the sole is specifically designed for weight-bearing and resisting shearing forces incurred upon ambulation. The pedicled flap addresses complications associated with anastomosis of free flaps and also provides sensation to the stump. Furthermore, the flap can provide sufficient coverage to enable conservation of length.

**1169: BITES: A SURGICAL EMERGENCY?**
Fergal Marlborough, Patrick Addison, Emma Murray. St John’s Hospital, Livingston, UK

**Background/Introduction:** Current protocol assumes bite injuries are infected at presentation and should be treated with emergency debridement. In busy units many fail to reach theatre within 24 hours of injury.

**Aims/Objectives:** To compare outcomes in patients that did not reach theatre within 24 hours with those who did, and therefore determine if bites could be managed non-urgently.

**Method:** We audited patients admitted to the plastics unit with bites over 12 months, looking at time to theatre, number of operations, and antibiotic therapy.

**Results:** Of 56 patients, 6 avoided theatre, as wounds improved with antibiotics. 23 reached theatre within 24 hours (early), 15 between 24-48 hours (delayed) and 12 went 48 hours post bite (late). Mean number of operations for the early group was 1.13 versus 1.20 for the delayed group, which was insignificant. “Bad outcomes”, defined as persistent infection after initial debridement, occurred in 4/23 patients in the early, 0/15 in the delayed and 4/12 in the late group.

**Discussion:** In systemically well patients without structural damage antibiotics may allow surgery to be delayed. Clinical improvement with antibiotics may negate the necessity for surgery. In late presenters, who have clinical evidence of infection urgent surgical washout should be considered.

**1196: ULTRASOUND SCANNING IN THE ASSESSMENT OF POST OPERATIVE FLEXOR TENDON REPAIRS**
Fergal Marlborough, Jim Armstrong, Marcus Bisson. Hutt Hospital, Wellington, New Zealand

**Introduction:** Ultrasound diagnosis of flexor tendon rupture post repair is an area that has not been researched widely. A cheap imaging modality, ultrasound could assist with follow up.

**Objectives:** To discover if ultrasound was useful in follow-up of flexor tendon repairs, specifically diagnosis of post-operative tendon rupture.

**Method:** Over four weeks, patients having undergone flexor tendon repair were imaged. 2 operators, FM (junior doctor) and JA (plastic surgeon) visualised the scans. Data was recorded on injury method, range of movement (ROM), volar-dorsal tendon thickness at repair site and at the corresponding undamaged tendon at the on the contralateral hand.

**Results:** 16 patients were involved, with 19 repaired tendons scanned. Mean thickness was 4.22mm in repaired tendons versus 3.6mm in healthy counterparts. This was insignificant. In 2 patients with less ROM than expected at their stage post-repair, ultrasound confirmed sliding motion of the tendon, aiding to exclude rupture.

**Discussion:** Ultrasound may have a role in assessing tendon repairs, particularly in patients who neither have clinical evidence of total tendon division nor full range of flexion. As a real-time modality it could be used in outpatient settings. Limitations include operator dependency and wound pain from pressure applied by ultrasound probes.

**SURGICAL TRAINING AND EDUCATION**

**0041: MENTOR-MENTEE RELATIONSHIPS IN THE CHANGING WORLD OF MEDICAL AND SURGICAL TRAINING: DO MENTORS STILL KNOW WHO IS WHO?**
Shofiq Islam, Jennifer Cole, Alexandra Lee, Christopher Taylor, Brian Isgar. Dept of General Surgery, The Royal Wolverhampton Hospital, Wolverhampton, West Midlands, UK

**Aim:** To determine the views and understanding of new titles used to describe junior doctors in training amongst a group of hospital consultants; following the implementation of Modernising Medical Careers in the UK.

**Methods:** A questionnaire survey of 75 consultants working in a district general hospital in the West Midlands UK, eliciting information about views and knowledge of current nomenclature. Consultants were asked to match equivalent positions with those based on the traditional system.

**Results:** Our survey revealed some lack of understanding of the new nomenclature. Replies were received from 52 consultants. Only 56%(n=29) of consultants felt they fully understood the terms. The most common title correctly matched was FY1 with House Officer (100%, n=52). 88%(n=46) matched ST3 with Junior Registrar, similarly 82%(n=43) matched ST7 with Senior Registrar. Only 50%(n=26) correctly matched ‘Speciality Doctor’ with Staff Grade/Associate Specialist. Under half surveyed correctly matched ST1 and GP-VTS with the correct equivalent. Only one respondent individually recorded a perfect matching score. There was no statistically significant difference between consultant surgeons and physicians. We did not find a statistically significant difference in the number of correctly matched responses with respondents’ age, gender or experience.

**Conclusion:** The result of our survey suggested potential disruption to the mentor and mentee relationship.

**0054: THE GRADUATING MEDICAL COHORT: FUTURE SURGEONS DEMONSTRATE A DIFFERENT SET OF CAREER INFLUENCES**
Daniel Stevens 1, John Mason 1, John Jackson 1, Rebecca Woolf 1, Justice Kynoch 2, Emily Hotton 3, 1 Cardiff University, Cardiff, UK; 2 Glasgow University, Glasgow, UK; 3 University of Bristol, Bristol, UK

**Aim:** To identify influencing factors for graduating doctors considering a career in surgery.

**Methods:** A pre-existing questionnaire was distributed using SurveyMonkey® to all graduating doctors at Cardiff, Bristol and Glasgow Schools of Medicine. Respondents provided demographic information, their ideal career choice and the specialty that realistically they saw themselves working in. Following this, respondents rated 19 career influences using a 5-point Likert scale. Data were analysed using independent t-tests.

**Results:** 232(73.32%) responded. 42 ideally wanted a surgical career compared with 190 who didn’t. Those who wanted a surgical career were less influenced by patient relationships (p<0.001), working hours(p<0.001), stress(p<0.007), lifestyle(p<0.001) and training length(p<0.03) when compared to those not wanting a surgical career. They were more influenced by financial potential(p<0.015) and prestige from the public(p<0.01). Only 25(59%) of those who wanted a surgical career felt they would realistically achieve it. Those who were not confident of achieving this goal were significantly more influenced by job security(p<0.014), lifestyle(p<0.025), competitiveness(p<0.003), and their financial situation(p<0.03).

**Conclusions:** There are clear differences in influencing factors between potential surgeons and the rest of the graduating medical cohort. Those confident of achieving a surgical career demonstrate a set of influences that differ from those who are not.

**0108: HOW COMPETENT ARE SCOTTISH SURGICAL TRAINEES IN CENTRAL VENOUS CATHETER INSERTION?**
Eugene Tang, Marion Mackinnon, Stephen McNally. Royal Infirmary of Edinburgh, Edinburgh, UK

**Aim:** Central venous catheter (CVC) insertion is a key skill required by trainees in acute specialties and one of the core competencies of ISCP. Recent changes in training/reduced working hours may have impaired training. This study determines the changes in CVC experience in Scottish surgical registrars compared to other acute specialty registrars between 2006 and 2011.

**Methods:** An online questionnaire was designed using web-based software. Invitations were sent to registrars (SpRs/ST3+) in General Surgery, Anaesthetics and Medicine throughout Scotland in 2006 and 2011.

**Results:** 233 registrars replied in 2011 and 175 from 2006. 97.9% of current trainees could insert CVCs. Only 26.4% of surgeons had inserted over 50 lines with anaesthetists (71.8%) placing the greatest number (p<0.0001) (physicians 45.2%) and a reduction of total numbers over the 5 year period. Anaesthetists also inserted more CVCs per annum. In 2011 most trainees in