Conclusions: Of improvement with or best practice indicators inappropriate for this group.

In elderly patients (n = 896), none of the trauma best practice indicator significantly improved either outcome measure. ISS and age were independent, additive factors for GOS and mortality (p < 0.001).

Conclusions: With outcomes significantly worse in older patients, the lack of improvement with “best practice” indicates an important area for wider study, and may be due either to an underestimation of their injury severity, or best practice indicators inappropriate for this group.

http://dx.doi.org/10.1016/j.ijsu.2016.08.054

0431: EXTENDING INDICATIONS IN ROBOTIC PARTIAL NEPHRECTOMY: THE DEVELOPMENT OF THE PRACTICE AFTER 200 CASES

Aim: Robotic partial nephrectomy (RPN) is becoming the gold standard technique in the surgical management of small renal masses. Our aim is to assess development of RPN within one centre over 5 years to measure quality outcomes and changes in case complexity.

Method: A prospective database of 200 elective cases from one institution was chronologically split into 4 groups of 50 patients: peri-, intra- and post-operative outcomes were compared. We compared length of stay, tumour size, warm ischaemic time (WIT), operative time and PADUA score.

Results: 181 cases were performed transperitoneally with 4 conversions to open surgery. Complications consisted of 1 transfusion, 5 positive margins and 3 Clavien IIIa/b complications. In comparing groups 1 and 4, mean PADUA score increased from 7.11 to 7.63 (p = 0.045), mean length of stay decreased from 3.76 to 2.6 days (p < 0.001), mean WIT decreased from 18.3 to 16.4 minutes (p = 0.0245), mean operative time decreased from 180 to 162 min (p < 0.012).

Conclusion: Despite taking on more complex cases, we have reduced length of stay, WIT and operative times. With increased experience, it is possible to broaden the suitability of patients for RPN without compromising outcomes.

http://dx.doi.org/10.1016/j.ijsu.2016.08.055

00956: HEAD AND NECK CANCER-RELATED LYMPHOEDEMA AND POTENTIAL SURGICAL OPTIONS
N. Leung. Morrison Hospital, Swansea, UK.

Aim: To report on the increasing burden of head and neck cancer-related lymphoedema (HNCR), and to identify and evaluate the efficacy of surgical techniques for the treatment of this condition.

Method: Medline was searched from inception to identify relevant articles on surgical techniques used for the treatment of HNCR. All studies reporting on the application and efficacy of these techniques were included.

Results: The epidemiology of head and neck cancer is changing, and more patients are surviving the disease and living for protracted periods with HNCR. Conservative therapies yield reasonable outcomes but require lifelong compliance. Our literature search retrieved six studies reporting on the application of surgery to the management of HNCR, and the current techniques include liposuction, lymphatic-venous bypass, lymphatico-lymphatic bypass and autologous lymphatic transfer. Whilst yielding promising outcomes, these reports are observational studies and are limited by small sample sizes.

Conclusion: Surgery presents an attractive, potentially curative alternative to time-consuming, lifelong compliance with compression and physiotherapy for the management of HNCR. However, there remains clear research needs. Standardized methods for diagnosing and characterizing HNCR are lacking, and randomized controlled trials are necessary to elucidate the true effectiveness of these techniques. The management of HNCR is an exciting challenge.

http://dx.doi.org/10.1016/j.ijsu.2016.08.067

0217: WEEKEND HOSPITALIZATION AND MORTALITY RATES

Aims: Recent publications suggest higher mortality in patients admitted at the weekend. The aim of this study is to analyse whether there is an increased risk of death when admitted on a weekend compared to weekday admissions in a single Health Board in Wales.

Method: A retrospective observational study was conducted over a 3-year period from April 2012 to March 2015 inclusive. We analysed the number of deaths on each day of the week. These deaths were correlated to their day of admission.

Results: 448,827 patients were admitted during this 3-year period. 8099 deaths occurred. The crude mortality rate for elective and emergency admissions on a weekday was 1.5-1.7% whereas it was 2.8-2.9% for all admissions on the weekend. The average mortality rate for emergency admissions over the weekend was 3.2% with 95%CI [3.05% to 3.36%] and for the weekdays was 3.05% with 95% CI [2.97% to 3.13%]. No significant difference for mortality rate by weekend and weekday (p=0.243) when excluding elective admissions.

Conclusions: This study clearly demonstrates that mortality rates are unrelated to the day of admission in our Health Board. This suggests that