

Aim: NHS hospitals currently have limited capacity for emergency laparoscopic cholecystectomy (LC) in emergency theatre. A new pathway allowing emergency LC on elective lists was evaluated to assess cost effectiveness and impact on patient care.

Methods: We identified acute admissions for biliary complaints between April - September 2014 prospectively, and collected data on readmissions, length of stay (LOS) and conversions. Data, including referral mode, admissions whilst awaiting surgery and conversions, was collected retrospectively on elective LC performed during this period.

Results: Out of 207 acute admission, 115(56%) were eligible for emergency surgery. 33(28.7%) had emergency surgery; 20 in emergency theatre and 13 on the pathway. Of the 13, one was converted and LOS averaged 8 days. 11(13.4%) of the remaining 82 were readmitted whilst awaiting surgery. 131 patients had elective LC. Of these, 38(29%) had prior acute admission. LOS for these 38 patients averaged 8 days. None required conversion. Five (13.1%) of the 38 had readmissions whilst awaiting surgery; mean LOS was 6 days.

Conclusion: It is feasible to do emergency LC on elective lists. It may prevent readmission in patients undergoing delayed surgery, although impact on LOS and conversions remains to be assessed.

0355: THE RESULTS OF LAPAROSCOPIC STAGING FOR PERIAMPULLARY CARCINOMA AT A TERTIARY PANCREATICOBILIARY CENTRE

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Aim: Despite pre-operative radiological staging a significant proportion of patients with periampullary cancers have occult metastases or local vessel involvement at attempted resection and undergo a palliative bypass. Recent guidelines have suggested that Staging Laparoscopy (SL) should be undertaken in selected cases prior to resection. We studied the effectiveness of SL in detecting metastatic disease and avoiding non-therapeutic laparotomy.

Methods: This retrospective study reviewed patients who underwent SL between January 2009 and September 2014. These patients had raised carbohydrate antigen 19-9 (CA 19-9) levels and/or suspicious clinico-radiological features.

Results: 105 patients (53 Female, Mean age= 69 years) underwent SL of which 23 (21.9%) had metastases. 66 patients underwent attempted resection, however 13 were found to have metastases or locally advanced disease. This resulted in 12 palliative bypasses and 1 open and close laparotomy being performed. Overall 10 (9.8%) patients had a false negative SL.

Conclusion: SL is useful in the staging of periampullary neoplasms enabling a significant number of patients to avoid the attendant morbidity of a non-therapeutic laparotomy. There is room for improvement with the use of this technique to reduce the near 10% false negative rate.

0454: MANAGEMENT OF PANCREATIC CYSTS WITHIN A UK TERTIARY CENTRE

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Aim: Our aims were to review the investigation and management of pancreatic cysts at a tertiary referral centre.

Methods: Retrospective data was collected on patients coded with a diagnosis of 'simple cyst of pancreas' over a 32-month period (January 2012-August 2014).

Results: 97 patients were identified and 65 of these had been subsequently discussed at the hepatopancreatobiliary multidisciplinary (MDT) team meeting. Patients were excluded from this study with a history of pancreatitis (n = 8). Fourteen patients (24%) presented with abdominal/back pain that may have been attributable to the identified cyst. Thirty-nine patients (67%) were investigated with cross sectional imaging and endoscopic ultrasound (EUS). The MDT decision was: to remove sixteen patients (28%) from the cancer pathway due to predicted indolent behavior or comorbidity and unsuitability for further investigation and management; to perform active surveillance of twenty-three patients

(40%); and perform surgery in the remaining sixteen patients (28%). Of those that underwent surgery, histopathology and cytology found that fourteen were benign lesions and in two cases found evidence of malignancy.

Conclusion: Appropriate imaging and further management found that the majority of lesions are benign. As growth and malignancy were observed, we advocate the role of long-term surveillance.

0568: DUODENUM PRESERVING PANCREATIC HEAD RESECTION VERSUS PANCREATODUODENECTOMY FOR CHRONIC PANCREATITIS: SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: Two surgical procedures are used for symptom control in chronic pancreatitis: pancreaticoduodenectomy (PD) and duodenum preserving pancreatic head resection (DPPHR). We compare their efficacy and safety.

Methods: We searched public databases (Cochrane Library, Cochrane Database of Systematic Reviews, DARE, CENTRAL, MEDLINE, EMBASE, Science Citation Index, ClinicalTrials.gov, WHO trials) for randomised controlled trials comparing PD and DPPHR in the CP setting.

Results: We identified 495 trials. Five trials published in seven papers were included. The DPPHR group was comprised of 135 patients and the PD group of 134. There were no statistically significant differences between the two groups in terms of pain relief (RR 1.09, 95% CI 0.94-1.25), mortality (RR 2.89 95% CI 0.31-26.87), overall morbidity (RR 0.7 95% CI 0.36-1.35). DPPHR was less time consuming (MD -135.02 95% CI -138.70, -131.35), led to shorter hospital stay (MD -2.81, 95% CI -3.89, -1.73) better occupational rehabilitation (RR 1.40 95% CI 1.10-1.78), increased post-operative weight gain (RR 1.92, 95% CI 1.43-2.59) and decreased need for post-operative transfusion (MD -2 95% CI -2.94, -1.06).

Conclusion: DPPHR can be considered a superior alternative to PD since there are no differences in mortality and overall morbidity but there are significant differences in secondary outcomes.

0576: APPROPRIATE PRESCRIBING OF ORAL NUTRITIONAL SUPPLEMENTATION (ONS) IN THE POST-OPERATIVE PERIOD: A COMPLETE AUDIT CYCLE IN A TERTIARY REFERRAL CENTRE

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Aim: The benefits of post-operative oral nutritional supplementation (ONS) are established. National Institute for Health and Clinical Excellence Guidance highlights the importance of appropriate ONS in patients at risk of malnutrition, requiring Dietetics assessment. This audit aimed to determine the percentage of patients prescribed ONS who had been referred to Dietetics, and to identify late-referral. Re-audit aimed to assess appropriate ONS prescribing following intervention.

Methods: Data were gathered on 80 inpatients at a Tertiary Centre for Hepatopancreatobiliary Surgery commencing November 2013. Electronic and paper medical records were reviewed. The main outcome measure was whether patients prescribed ONS had been referred to Dietetics. Data analysis used the Chi-squared test. Re-audit (with identical method and data gathered on 95 patients) followed an inter-professional learning event.

Results: Audit revealed 70% of patients prescribed ONS were referred to Dietetics, compared with 97% on re-audit. There was a significant difference between the two groups (p value <0.0001). Nineteen-percent of patients audited had late-referrals, compared with 0% on re-audit.

Conclusion: Audit identified the need for increased awareness of appropriate ONS prescribing. Re-audit demonstrated an effective intervention (now a regular Departmental event), highlighting the importance of co-ordinated multidisciplinary team-working with positive implications for patient-care and community teams.

0617: AVAILABILITY OF ACCESSIBLE AND HIGH-QUALITY INFORMATION ON THE INTERNET FOR PATIENTS UNDERGOING LAPAROSCOPIC CHOLECYSTECTOMY