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Aim: Laparoscopic cholecystectomy is the gold standard treatment for symptomatic gallstone disease. The internet provides a vast information source that patients can access. It is imperative that the information relating to the procedure be accurate, relevant and understandable.

Methods: We identified 125 websites from searching "laparoscopic cholecystectomy" in the 5 most popular internet search engines. The websites were examined for readability by measuring the Flesch Reading Ease Score, the Flesch-Kincaid Grade Level, and the Gunning-Fog Index. The quality of the websites was measured by the DISCERN instrument, the Journal of the American Medical Association (JAMA) benchmark criteria, and Health on the Net Foundation (HON) certification.

Results: Overall, the quality was poor with the average DISCERN score being only 32.72(0-80). The mean reading grade level was 9 (recommended level-6). HON certification did correspond to significantly worse readability scores. Those that satisfied more of the JAMA benchmark criteria had significantly better DISCERN scores (P<.001)

Conclusion: Information relating to the laparoscopic cholecystectomy procedure is of a low standard and is in many cases written at too high a level for the general population. We, as surgeons have a responsibility to recommend accurate patient centred websites and thus ensure patients receive reliable information regarding their condition and treatment options.

0799: SIGNIFICANCE OF POST PANCREATICODUODENECTOMY DRAIN AMYLASE IN PREDICTING CLINICALLY HIGH GRADE PANCREATIC FISTULA AND ASSOCIATED LENGTH OF HOSPITAL STAY

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Aim: To derive a cut off value of the drain fluid amylase (DFA) to predict high grade pancreatic fistula (CSPF) according to the International Study Group of Pancreatic Surgery guidelines and to evaluate its association with the length of hospital stay.

Methods: Retrospective analysis of 115 patients who underwent pancreaticoduodenectomy between 04/2013 and 05/2014. Variables: DFA on postoperative day 3 - 5, hospital stay and complications.

Results: DFA median values: grade A fistula (PFA) 409.5 (n=4), grade B fistula (PFB) 367 (n=15), grade C fistula (PFC) 24660 (n=3). The DFA median for CSPF was 381.5 and for the group with PFA and without pancreatic fistula (NPF) was 22.5 (p<0.0001). Patients with CSPF had a more complicated post-operative period (p<0.05) and prolonged hospital stay (p<0.001). A DFA value of 109 had a sensitivity of 72.2% and specificity of 89.4% (p<0.05) in predicting CSPF and the area under the ROC curve was calculated as 0.859.

Conclusion: This study demonstrates the potential utility of the DFA value in predicting the risk of CSPF and its association with prolonged hospital stay.

0837: REGIONAL REFERRAL PATTERN TO WALES' TERTIARY HEPATOBILARY UNIT

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Aim: Colorectal cancer is the second most common malignancy in the UK. The development of colorectal metastases is ominous, 80% having liver involvement, 0.1% of the UK's population will develop colorectal metastases (CRLM) annually. All CRLM patients should have access to a tertiary hepatobiliary (HPB) unit. We studied CRLM referral patterns from each Healthboard (HB) in Wales to the HPB unit.

Methods: A retrospective analysis of patients with CRLM over a 27-month period was undertaken, accessing the Cancer Network Information Cymru (CANISC) database detailing all referrals and outcomes.

Results: The HPB unit received 1063 referrals over a 27-month period from 6 different HBs. There were 605 referrals (0.136% local population) from within the C&VUHB, 78 (0.013% local population) from ABMUHB, 193 (0.032% local population) from ABUHB, 79 from CTUHB (0.021% local population), 91 from HDUHB (0.024% local population) and 10 from PHB (0.008% local population).

Conclusion: A varied number of referrals from different HBs are received by HPB unit. As little as 0.008% of the population in some areas are being referred. Over 50% of referrals are from the same HB as the specialist liver unit. It is questionable whether all patients are having access to potentially curative liver resection.

0854: FEASIBILITY OF SKYPE APPOINTMENTS FOR FOLLOW-UP WITH POST LIVER CANCER RESECTION PATIENTS

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Aim: Leeds Hepatobiliary unit performs over 200 malignant liver resections yearly for patients from a wide geographical area. Patients require 10 years follow-up post-operatively. This study aimed to explore feasibility of Skype for post-operative follow-up.

Methods: Cancer resection follow-up patients attending outpatient clinics were surveyed to explore opinions of Skype for follow-up. The concept was discussed at the hospital Cancer Patient and Public Involvement group. Skype reliability was tested on Trust computers by piloting calls with staff off site. Patient recruitment to a feasibility study has started. Cost data was analysed to determine cost-effectiveness of Skype.

Results: Ten patients completed the clinic questionnaire. 40% had Skype access, however 60% were keen to participate. Enthusiasm for the study came from clinic patients and the Cancer PPI Group. Skype was found to be reliable with minimal technical interference. Cost analysis suggests Skype clinics will generate revenue and run at 1.6% of outpatient clinic costs. Nine of 32 eligible patients (28%) have been recruited to date. Preliminary data will be presented.

Conclusion: We have identified patient-directed interest in telemedicine follow-up. Skype clinics are reliable and cost-efficient, necessitating only a fraction of outpatient clinics costs. Patients' participation is reduced by technology.

0873: PRE-OPERATIVE CROSS-MATCHING IN ELECTIVE HEPATIC RESECTION AT A TERTIARY CENTRE

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Aim: Hepatic resection is major surgery and can be associated with significant intra-operative blood loss necessitating intra-operative transfusion. Historically as many as 10 units of blood have been cross-matched given the extent of intra-operative blood loss. With advances in surgical technique such large volume blood loss is a thing of the past. Our aim was to identify the number of cross-matched units per hepatic resection and the utilisation of these.

Methods: Retrospective review of all hepatic resections being undertaken over a one-year period. Data extracted from institution database. Details of units of blood cross-matched, intra-operative blood loss and units of blood transfused were collected.

Results: Over 12 months 134 patients underwent hepatic resection. The median blood loss was 400mls (0mls - 9000mls) per operation. The median number of units of blood cross-matched per procedure was 4 (2 − 8 units). The median number of units transfused was 0 (0 − 9 units).

Conclusion: Few patients required transfusion in our series. Despite a significant reduction in units of blood cross-matched compared to historical practice this data suggests that patients undergoing hepatic resection are still being over cross-matched. Over cross-matching will have significant financial implications on trusts and as such our practice should change.

0876: ACUTE GALLBLADDER DISEASE ADMISSIONS AUDIT: WOULD THE PROVISION OF A DEDICATED CHOLECYSTECTOMY OPERATING LIST IMPROVE PATIENT CARE?