SELECTIVE USE OF MAGNETIC RESONANCE CHOLANGIO-PANCREATOGRAPHY (MRCP) PRIOR TO LAPAROSCOPIC CHOLECYSTECTOMY

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Introduction: The optimum strategy for investigating patients with symptomatic gallstones who have risk factors for common bile duct (CBD) stones is unclear. We have established an imaging protocol for patients at risk for CBD stones prior to laparoscopic cholecystectomy (LC).

Methods: Patients with symptomatic gallstones have either i) deranged liver function tests (LFTs), ii) a history of jaundice or iii) pancreatitis, iv) dilated biliary system on ultrasound scan, undergo an MRCP one week prior to cholecystectomy. Patients who had an abnormal MRCP underwent Endoscopic Cholangio-Pancreatogram (ERP) that week followed by surgery.

Results: A total of 43 patients from June 2005 to October 2006 underwent MRCP prior to LC. Seven patients (16%) were found to have CBD stones and subsequently underwent ERCP. MRCP demonstrated aberrant anatomy in 2 patients (5%). The median interval between MRCP and Cholecystectomy was 7 days (Range 0 to 95 days). There were no complications following ERCP. All patients in the series had cholecystectomy, 40 patients (93%) via a laparoscopic route.

Discussion: We have demonstrated that scheduling of MRCP, and ERP if required, one week prior to LC is feasible. The short time interval between pre-operative cholangiography and surgery may reduce the incidence of retained CBD stones.

Aims: To determine if outcomes for patients undergoing surgery for rectal cancer in Daisy Hill Hospital are consistent with ACPGBI guidelines.

Methods: Prospective case note review, using standardised proforma for patients treated for rectal cancer at Daisy Hill from 1/1/99 - 31/12/08. Results: ACPGBI guidelines were followed in 160 patients treated for rectal cancer in Daisy Hill Hospital over 10 year period. Abdomino-perineal resection rate 22% (<30%). Overall perioperative mortality 0% for electively resected cancers. 12.5% for palliative/emergency procedures (< 7% for elective, < 20% for emergency procedures). Anastomotic leak rate 4.1% (<8%). 93% of patients had total mesorectal excision (TME) for anterior resection. 5 year survival by Duke's stage: 83.3% Duke's A, 58.8% Duke's B, 28.5% Duke's C, 0% Duke's D. Overall 5 year survival 41% (49% - CRUK 2006). Local recurrence rate 1.8% (~10%). Wound infection rate 6.5% (~10%).

RE-ENTRY DEVICE (OUTBACK LTD) COULD MEAN THE END OF SURGERY FOR LONG IliAC ARtery OCCLUSIONs

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Aims: To determine the efficacy of subintimal angioplasty, aided by lumen re-entry device (Outback Ltd), as an alternative to surgery in long iliac artery occlusions.

Methods: This was a pilot study of subintimal angioplasty, with a re-entry device included 42 patients with median age of 60 years who had lifestyle limiting claudication (n = 20) or critical limb ischaemia (n = 22) were included. All iliac occlusions were type C (n = 25) and type D (n = 17) according to TASC classification. The primary outcome measure was patency at follow up. Secondary outcome measures were technical failure, late occlusions, complications, length of hospital stay and reduction in the use of surgical bypasses.

Results: The patency rate was 90% at a mean follow up of 14 months. There were 2 technical failures because of heavy calcification and 4 late occlusions when surgical bypass was later required. There were no complications and all patients were discharged within 24 hours. There was a downward trend in the use surgical bypasses for iliac occlusions during the study.

Conclusions: Subintimal angioplasty with a re-entry device is feasible for long iliac artery occlusions. It provides an excellent patency rate, one-day hospital stay and reduces in the need for surgical bypasses.

SERVICE IMPROVEMENT STRATEGY FOR THE INSERTION OF SUPRAPUBIC CATHETERS

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Aims: To provide service improvement to all patients requiring inser- tion of a suprapubic catheter (SPC) by introducing an outpatient service.

This will: • Decrease Theatre/General anaesthetic requirement and patient admission • Increase patient satisfaction and safety with SPC service • Provide an optimal training environment.

Methods: A comparison of patients undergoing first SPC insertion before and after institution of the outpatient(OP) SPC clinic utilising the MediPlus Seldinger SPC system.

Results: A total of 99 SPCs were inserted July 2007 – July 2009, comparing SPC inserted via Trocar to the Seldinger SPC. We have dramatically reduced the GA administered for SPC insertion 90% vs 3% following introduction of the SPC clinic with average length of stay being 28mins vs. 2.3 days when compared to Trocar SPC. 100% patients were highly/satisfied with procedure. We have increased theatre availability, 91% SPCs inserted in general/day surgery when using the Trocar compared with 11% on introduction of the clinic.

Conclusions: Introduction of the SPC outpatient clinic has increased patient satisfaction & safety. We have reduced the requirements for theatre/ general anaesthetic with its associated morbidity and mortality and reduced length of stay, reducing cost to the NHS. Finally we have provided an optimal training environment for all doctors to acquire this skill.

MULTIPLE RENAL TUMOURS: ONE STEP BEYOND CONSERVATIVE MANAGEMENT

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Introduction: Cryoablation of small (<4cm) incidental renal tumours is well reported with excellent outcomes at short/intermediate follow-up (3 years). Its use in the management of multiple and bilateral renal