

0224: AUDIT OF CLINICAL CODING ACCURACY FOR LAPAROSCOPIC CHOLECYSTECTOMY – ROOM FOR IMPROVEMENT?Kelly Haldane, Yik L. Pang, Emma L. Court*. *North Bristol NHS Trust, Bristol, UK.*

Introduction: Accurate clinical coding ensures correct remuneration through Payment by Results. Data quality depends upon comprehensive clinical notes for each admission. This study aimed to identify clinical coding errors for patients undergoing laparoscopic cholecystectomy in our NHS Trust.

Methods: Notes of 19 consecutive elective and 18 emergency laparoscopic cholecystectomy patients (15M, 22F, range 25–79 years) across two hospitals were retrospectively reviewed. Operations, procedures and co-morbidities detailed in notes for the laparoscopic cholecystectomy admission were recorded. Clinical coding data for each admission was obtained from Coding and IT Departments. The two data sets were then compared.

Results: Recording of operations/procedures performed was correct in all 37 cases. Co-morbidity coding data omissions among the elective cohort was 9/19 cases (47.4%) and 8/18 (44.4%) emergency cases. The commonest omissions were cardiovascular disease, respiratory disease, gastrointestinal disease and obesity. There were no diabetic coding errors. The payment deficit for incorrect coding was £3087.58.

Conclusions: The accuracy of operation/procedural codings in our study may be linked to the WHO theatre checklist, which verifies the procedure name. However, accuracy of co-morbidity coding data was poor. We recommend clinical coding education sessions for doctors and introduction of a mandatory co-morbidities section in the electronic discharge summary programme.

0479: THE BARIATRIC MULTI-DISCIPLINARY TEAM MEETING: A USEFUL RESOURCE OR A SOURCE OF DELAY?Naomi Bullen*, Jeremy Gilbert, Michael Clarke, Allwyn Cota, Ian Finlay. *Royal Cornwall Hospitals Bariatric and Metabolic Surgery Unit, Truro, UK.*

Introduction: Multi-Disciplinary Team meetings (MDT) are recommended for management of bariatric surgery patients despite limited evidence for their effectiveness. This study assessed the impact of the MDT upon patient care decisions and delays in treatment.

Methods: A retrospective case note analysis of MDT decisions between Feb 2012 - July 2013 was performed. Pre MDT opinions of surgeon, anaesthetist and dietician were compared with subsequent MDT decisions. Consequent delays to treatment were also recorded.

Results: 200 patient's notes were analysed. Pre MDT opinions by the surgeons were that 176/200 (88%) patients should proceed to surgery and 24 (12%) required further investigation. There was MDT agreement in 115/176 (65.3%) but disagreement in 61/176 (34.7%). In 34/176 (19.3%) anaesthetist opinion differed, and in 55/176 (31.2%) dietician's opinion differed. Mean delays to treatment resulting from MDT inspired interventions / investigations were 95 days.

Conclusions: The MDT approach resulted in a change in decision for a significant number of patients (34.7%). This can be interpreted as resulting in improved quality of care for these patients however this was at the expense of a mean 95 days delay to treatment. We conclude that the MDT approach is clinically valuable, and have identified areas for reducing subsequent delays.

0483: CAN WE ACCEPT LAPAROSCOPIC SLEEVE GASTRECTOMY (LSG) AS A SINGLE STAGE BARIATRIC PROCEDURE? A SYSTEMATIC REVIEWAhmed Ahmed*, Mohamed Eltom, Bijendra Patel. *Barts Cancer Institute, London, UK.*

Introduction: LSG has been proposed as a single stage bariatric procedure as short and midterm results have been promising. The aim of this review is to study the long-term (≥ 5 years) weight loss outcome of LSG and its effect on the major obesity related comorbidities.

Methods: A systematic search of all published data till June 2013 in three electronic databases was performed. All published English articles of adults who underwent LSG with a minimum follow-up of 5 years post-operative, were included.

Results: 11 studies, with a total number of 326 patients, were included in the review. Pre and postoperative (≥ 5 yrs) BMIs were 50 and 38 kg/m² respectively with the mean %EWL was found to be 60%. There has been improvement or complete resolution of most of the comorbidities.

Conclusions: This review demonstrates that LSG can be accepted as a single stage bariatric procedure with satisfactory long-term results. The results

drawn have been similar to the promising short and midterm results published in the literature and were found to be acceptable and comparable to LRYGB and DS outcomes. LSG is technically less challenging, has acceptable outcomes and fewer complications compared to other procedures.

0544: MANAGING BARIATRIC SURGICAL PATIENTS LOST TO FOLLOW UP IN OTHER CENTRESAndrew Robson*, Monika Brzezinska, Chris Shearer. *Forth Valley Royal Hospital, Larbert, UK.*

Introduction: Bariatric procedures are increasing in the UK with proven health benefits. Long-term follow-up is mandatory to maintain weight loss and recognise complications.

Methods: A retrospective review was conducted of patients presenting at our NHS Trust between January 2011 and October 2012 (22 months), following procedures performed in other hospitals.

Results: Twenty-seven patients were identified with a median age of 46 years (range 23–61). Twenty-five patients had previously undergone gastric band insertion and two had received gastric bypass surgery. The original treatment was in other NHS centres (3), private UK (19) or private EU (5) hospitals. Nineteen patients were referred electively for assessment from primary care with reflux, band slippage, suspected band leak, incisional hernia, failure to lose weight, or seeking routine follow up. Eight patients presented as emergencies: dysphagia (2), vomiting and dehydration (1), band erosion (2), incarcerated stomach (2) and necrotic stomach (1). These were treated by partial gastrectomy (1), laparoscopic removal of bands (5) or band emptying (2).

Conclusions: Our study identifies a surprisingly high number of patients who presented with significant complications but had no follow-up arrangements in place from their original hospital. Follow-up after bariatric surgery appears haphazard and its importance should be reinforced.

0619: TO MESH OR NOT TO MESH? A FIVE YEAR RETROSPECTIVE STUDY EVALUATING PATIENT PERSPECTIVE OF MESH AND NON-MESH REPAIR OF UMBILICAL AND PARA-UMBILICAL HERNIAMatthew Arneill^{*1}, Matthew Tyson², Holly Pridham-Young², Evelin Jones², Emma Tyson³, Kelvin Gomez². ¹Department of General Surgery, Craigavon Area Hospital, Armagh, UK; ²Nevill Hall Hospital, Abergavenny, UK; ³Royal Surrey County Hospital, Guildford, UK.

Introduction: Five year retrospective study evaluating patient perspective of mesh and non-mesh repair of umbilical and para-umbilical hernia.

Methods: Single centre study comprising 250 consecutive patients over a 5 year retrospective study period. Postal questionnaire to assess patient perceived complications following hernia repair and offer of clinical review.

Results: Total of 109(44%) patients responded, 2 were excluded due to incomplete data. Mean age 55.99 years (range 31–83). In total, data was collected for 46 mesh repairs and 61 non-mesh repairs. Total of 15(32.61%) patients with mesh repair reported problems at repair site compared to 18(29.51%) non-mesh repair patients, $p=0.731$. Of the problems reported with mesh repairs, there were 9(36%) complaints of lump at repair site, 13(52%) of pain at repair site and 3(12%) other. Of non-mesh repairs, 9(36%) of lump, 13(52%) of pain and 3(12%) other. Of the 8 mesh repair patients that attended for follow up, 1 recurrence was noted on examination. 9 non-mesh repair patients attended and 3 hernia recurrences were noted.

Conclusions: There is no significant difference in patient perceived complications between mesh and non-mesh umbilical/para-umbilical hernia repair. Both forms of repair appear to be acceptable to patients with a low number of long term follow-up complications.

0640: YOUTUBE AS A SOURCE OF INFORMATION ON LAPAROSCOPIC GASTRIC BYPASSAlbert Wee Tun Ngu*, Duncan Light, Michael Courtney, Bussa Ramachandra Gopinath. *University Hospital of North Tees, Stockton-on-Tees, UK.*

Introduction: YouTube is an increasingly used source of information on medical topics by patients and the general public. This study was undertaken to assess the quality, bias and authorship of videos on gastric bypass on YouTube.

Methods: A search was conducted on YouTube for "laparoscopic gastric bypass". The first 50 results were assessed by two independent surgeons