0470 TOTAL LAPAROSCOPIC MANAGEMENT OF COLONIC PERFORATION WITH SIGMOID 'PERFOROSTOMY'
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Aims: Minimal access surgery is under utilised in the management of colonic emergency. This study reports on the use of laparoscopy to manage colonic perforations. We describe an alternative approach to the conventional management of colonic perforations, solely using laparoscopic techniques.

Methods: Sequential patients with non-neoplastic colonic perforation and evidence of minimal faecal contamination at laparoscopy were analysed. Following diagnostic laparoscopy, peritoneal toilet was achieved by copious lavage. The sigmoid colon was mobilised and the perforation site was exteriorised to form a stoma – 'perforostomy'.

Results: Two patients, 43 year old male and 66 year old female, presenting with idiopathic sigmoid perforation and delayed iatrogenic recto-sigmoid perforation, post-polypectomy respectively, were managed utilising this approach. In both cases, the perforostomy was completed without conversion to open surgery. Successful reversal of their perforostomies was performed in the fourth post-operative month.

Discussion: The modern management of colonic perforation is evolving. The above procedure can facilitate this process by providing an intermediate strategy between the traditional Hartmann’s procedure or the more recent laparoscopic drain insertion for pelvic sepsis. The laparoscopic exteriorisation of the perforated site reported here represents a novel approach. It achieves faecal diversion without requiring the construction of a conventional stoma.

0472 ENHANCED RECOVERY IS FEASIBLE IN BARIATIC PATIENTS: EARLY OUTCOMES OF ENHANCED RECOVERY FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS
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Aim: We introduced an enhanced recovery protocol (ERP) for our bariatric patients in May 2009. We have evaluated our early outcomes following laparoscopic roux-en-y gastric bypass (LRYGB).

Methods: Our ERP includes: Ten day liver reducing diet; Catheters, naso-gastric and postoperative surgical drains are not routinely used. Day 0 - early ambulation and sips, day 1 - free fluids, day 2 - soft diet. Home on the 2nd/3rd postoperative day. We compared early outcomes in historical (group A, n=121) versus enhanced recovery patients (group B, n=188).

Results: 309 patients underwent LRYGB between January 2005 and August 2010 with no mortality. Following the implementation of ERP we have reduced our operating time (3h21m v 2h46m, p<0.0001) and postoperative hospital stay (5.1 days v 2.7 days, p<0.0001) with no difference in early (<30d) readmission rates (9.1% v 4.8%, p=0.1576). In both cohorts, 3 patients have required surgery in the early (<30d) postoperative period. This data includes the learning curve of all three of our surgeons.

Conclusions: We report the safe adoption of an ERP for LRYGB. Operating time and hospital stay have significantly reduced without evidence of adverse outcomes, some of which may be attributed to learning curve experience.

0474 VASCULAR SURGERY CASE REPORT: TRELLES-8 PHARMA-CO-MECHANICAL THROMBECTOMY SYSTEM FOR THE TREATMENT OF ILIOfEMORAL DEEP VENOUS THROMBOSIS
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Aims: To present and discuss the first patient in our hospital to undergo treatment with Trellis-8 Pharmaco-Mechanical Thrombectomy (PMT) system for iliofemoral deep venous thrombosis (DVT). Methods/Case: A 46 year old male presented with an acute painful swelling of the left thigh. Ultrasound (US) Doppler identified left common femoral/external iliac DVT. US guided percutaneous puncture of the left popliteal vein was performed. The Trellis-8 catheter was advanced through the clot. Tissue Plasminogen Activator was delivered between two occlusion balloons positioned at opposite ends of the clot, while a powered oscillating wire caused clot breakdown and facilitated with clot aspiration via the catheter. Post-procedure venography demonstrated a patent venous system and clinically there was reduced leg swelling. The procedure was well tolerated with no complications and the patient had an overnight stay in surgical special care.

Results/Discussion: Isolated Thrombolysis with Trellis-8 is characterised by reduced lytic dosage, shorter treatment times, reduced systemic effects of thrombolytics, maintenance of valvular function, lower costs and fewer long-term complications compared to conventional forms of DVT treatment.

Conclusion: Trellis-8 enabled thrombus removal in a single visit to the interventional angiography suite. Continued surveillance and audit of a cohort of patients will determine long-term success rates.

0475 EVALUATION OF SURGICAL TEAM PERFORMANCE IN ELECTIVE OPERATIVE THEATRES
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Introduction: Theatre team work performance correlates well with technical error rates. Measurement of both concepts requires carefully developed and validated methods. We studied teamwork and process variations in elective orthopaedic surgery using new methods, and present our initial results and data on the reliability of the new scales.

Methods: Researchers (Human Factors Specialists and Surgical Trainees) were trained in observational methods for evaluating teamwork (Oxford NOTECHS II) and the identification of surgical flow disruptions (Glitch count) which were co-operatively developed by research group members from earlier versions. After initial training, observers validated their scale use by pairwise independent observation of hip and knee replacement operations, comparing scores retrospectively. Agreement was evaluated using the RWG (J) test.

Results: 20 elective orthopaedic operations were observed. Excellent agreement was demonstrated between all observers. Less agreement is found with scoring the nursing sub-teams, and the highest when scoring surgical sub-teams. A linear Regression analysis demonstrates a relationship between operative duration and the number of glitches (r^2=0.41, 6.33 glitches/min ± 2.88 SE, p=0.044), but not non-technical skills.

Conclusion: Oxford NOTECHS II and Glitch count proved reliable in this group of observers. Teamwork and technical performance of the teams was high, but scope for improvement was identified.

0480 SURGICAL POSTGRADUATE PORTFOLIOS – ARE THEY CUTTING IT WITH TRAINEES?
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Aim: Postgraduate training has widely adopted the portfolio to measure progression. Surgery is a craft specialty and therefore, we hypothesized that expectations and utilisation of portfolios would differ between specialty trainees.

Methods: A piloted, mixed methodology questionnaire was distributed via multiple routes to postgraduate trainees in surgery, medicine and general practice.