90% of those responding had returned to sport, with 50% making a full return to their previous standard. The mean improvement in Oxford Score following surgery was 12.3. The improvement in Oxford Score, age and gender had an influence on return to sport.

Conclusions: Return to sport is a useful outcome measure, but not in isolation. Athletes wishing to return to sport following shoulder stabilisation can expect good outcomes provided they comply with the rehabilitation protocol. Psychology plays a large role in a patient’s decision to return to sport.

0274: A COMPARISON OF CONSENT: PROXIMAL FEMUR FRACTURES VERSUS ELECTIVE TOTAL HIP REPLACEMENT
Simon Humphry, Efstratios Gerakopoulos. Gloucestershire Royal Hospital, Gloucester, UK

Aims: To compare consent documentation for patients having surgery for proximal femur fractures (PFFs) versus elective patients undergoing total hip replacement (THR).

Methods: Concurrent audits over a 28-day period of consent forms for adult patients (with capacity) undergoing surgery for PFFs and elective THR within the same department. Standards based on British Orthopaedic Association (BOA) endorsed ‘Orthoconsent’ website guidelines, modified following departmental consultant survey.

Results: PFFs: n=24. Consenter grade: consultant=0% middle grade=8%, SHO=92% nurse=0%. Consenter operating=13%. Sticker/stamp on consent form: 0%. Proportion of risks/complications documented: 56%. Information provided: 0%. Elective THR: n=50. Consenter grade: consultant=28% middle grade=30%, SHO=4% nurse=38%. Consenter operating=62%. Sticker/stamp on consent form: 78%. Proportion of risks/complications documented: 76%. Information provided: 58%.

Conclusions: Senior doctors and specialist nurses take consent for the majority of elective THRs, with better documentation of risks/complications and improved provision of information. In contrast, consent for patients undergoing surgery for PFFs is mainly obtained by ward-based junior doctors. The role of stickers/stamps appears beneficial, although this audit suggests an update is needed, in accordance with the BOA endorsed guidelines. Although the study numbers are low, it demonstrates the need for further research into consenting practices and better training/support for junior doctors.

0275: IMPROVING CONSENT IN PATIENTS UNDERGOING SURGERY FOR PROXIMAL FEMUR FRACTURES THROUGH THE INTRODUCTION OF ‘CONSENT CARDS’ FOR JUNIOR DOCTORS
Simon Humphry, Efstratios Gerakopoulos. Gloucestershire Royal Hospital, Gloucester, UK

Aims: To audit the consent for risks/complications in patients undergoing surgery for proximal femur fractures (PFFs) to re-audit following introduction of a ‘consent card’, listing risks/complications, for use by senior house officers (SHOs).

Methods: Initial audit over a 28-day period of consent forms for adult patients (with capacity) undergoing surgery for PFFs. Standards based on British Orthopaedic Association endorsed ‘Orthoconsent’ website guidelines, modified following departmental consultant survey. Subsequent piloting of a ‘consent card’ (easy storage in pockets / behind identity badges) for SHOs and re-audit to the same standards and timescale.

Results: Primary audit: n=24. Consenter grade: >SHO=8%, SHO=92%. Proportion of risks/complications documented: 56% (>SHO=90%–56%). Re-audit following introduction of ‘consent card’: n=38. Consenter grade: >SHO=11%, SHO=89%. Proportion of risks/complications documented: 90% (>SHO=69%, SHO=92%).

Conclusions: Consenting of patients undergoing surgery for PFFs is mainly undertaken by orthopaedic (or covering specialties) SHOs. Documented consent for risks/complications has been shown to be poor. Through provision of ‘consent cards’ to SHOs a significant improvement in consent standards has been achieved. Whilst further changes are anticipated (particularly regarding SHO inductions) it is hoped that ‘consent cards’ will improve SHO confidence in consenting, with subsequent improvement in patient information and reduction of complaints and litigation.

0280: ORTHOPAEDIC SURGEONS’ PERCEPTION OF INTRAOPERATIVE BLOOD LOSS
Basil Budair, Taiceer Abdul-Wahab, Tim McBrine, Mujeeb Ashraf. University Hospital Birmingham NHS Foundation Trust, Birmingham, UK

Introduction: One of the questions on the WHO checklist to surgeons is: what is the anticipated blood loss? We feel that orthopaedic surgeons are poor at estimating peri-operative blood loss.

Aim: To assess the accuracy of orthopaedic surgeons’ perceptions of intra-operative blood loss, both pre and post operatively.

Methods: Patients undergoing hip fracture surgery from April to December 2011. Registrars were asked pre and post operatively what they expected the blood loss to be. Actual loss was calculated based on the amount of blood retrieved in both swabs and the suction.

Results: 55 patients undergoing hip fracture surgery were included. The mean pre op estimated value was 260mL and mean actual value was 465mL (P value = 0.01). In 44 (80%) patients blood loss was underestimated. The mean difference between pre op estimation and actual loss was 205mL i.e. almost 80% difference! Mean pre op estimate was 260mL and mean post op estimate 270mL (not significantly different).

Conclusion: Orthopaedic surgeons are poor at estimating blood loss. Answers to the WHO checklist question posed could be misleading and therefore pose a clinical risk. We propose the question be changed to: - Are you expecting excessive blood loss? Yes / No.

0401: THE PORTRAYAL OF BACK PAIN IN THE UK PRESS
Clarissa Cheah, William James Nash, Mohamed Mussa, Arash Danesh, Andrew Harris, Shafic Said Al-Nammari. Princess Alexandra Hospital, Harlow, UK

Method: National newspaper articles were retrieved from LexisNexisTM Professional over 6 months (May 2009- October 2009), using the terms “back pain/ backpain/ back ache/ backache”.

Results: 284 articles were collected. 62% were from tabloids and 38% from broadsheets. 15% of articles were case reports. Back pain was mentioned in passing in 75% of all articles. It was the main topic in 18% and the sole topic in 7% of papers. The causes of back pain were mentioned in 11% of articles. Non-surgical treatment was more likely to be mentioned. (Fishers’ Exact Test p=0.01). 10% of papers included a quote from an “expert”. Overall, 98% of articles portrayed a neutral tone, with 1% positive or negative. Articles concerning physiotherapists or new surgical techniques were significantly more likely to show a positive overall tone. (Fishers’ Exact Test p=0.04).

Conclusion: The aetiology of back pain is poorly represented and quoted “experts” are frequently from non-medical personnel. New surgical treatments receive significantly less attention than new non-surgical treatments. We need to engage with the press and positively influence their reportage of back pain.

0404: SYMPTOM LENGTH, DOMINANCE AND GENDER DO NOT AFFECT RATE OF PROGRESSION TO SURGICAL DECOMPRESSION IN PATIENTS WITH CARPAL TUNNEL SYNDROME
Nicholas Gill, Munier Hossein, Mel Jones, Yshbyt Gwynedd. Bangor, UK

Aims: To assess predictive factors in progression to surgical decompression following steroid injection in Carpal Tunnel Syndrome.

Methods: Retrospective data analysis from patients who received steroid injections for Carpal Tunnel Syndrome over a 2 year period with a minimum 1 year follow up.

Results: 59 patients had 79 Carpal Tunnels injected over 2 years. 35 patients chose surgery following steroid injection (59%), with 24 patients not progressing to surgery (41%). In the group that underwent surgery, the mean length of symptoms was 35.3 months (range 4-180) with 19 patients (56%) having symptoms for greater than 2 years. In the non surgical group the mean length of symptoms was 42.9 months (range 3-180) with 14 of the sub-group (56%) suffering with symptoms for greater than 2 years (P=0.02). 59% of the dominant sided Carpal tunnels injected resulted in surgery, whereas 67% of the non dominant sided Carpal Tunnels injected progressed to surgery (P=0.15). 9 symptomatic males (26%) and 26 females (74%) underwent surgery following injection compared to 8 males (33%) and 16 females (67%) who didn’t undergo surgery following injection (P=0.56).
Conclusion: Length of symptoms, symptomatic dominant side and gender are poor predictors of progression to surgery following carpal steroid injection.

0408: ORTHOPAEDICS IN THE UK PRESS
Clarissa Cheah 1, William James Nash 1, Arash Danesh 2, Andrew Harris 2, Mohamed Musa 2, Shafic Said Al-Nammar 3, 1 Princess Alexandra Hospital, Harlow, UK; 2 Southend Hospital, Southend, UK

Aim: To determine the portrayal of Orthopaedics in the United Kingdom press.

Methods: National newspaper articles were retrieved from LexisNexisTM Professional over 1 year (May 2009- May 2010), using the terms “Orthopaedic” or “Orthopedic”.

Results: 850 articles were retrieved and 504 were relevant. Orthopaedics receives UK press attention as a main theme and in passing, concentrating on trauma and lower limbs. Majority of articles were neutral (37%). Articles looking at orthopaedic surgeons in trauma and lower limbs were significantly more likely to be negative than other. This profession must engage the press to improve the public image of orthopaedics.

0416: ELASTIC STOCKINGS OR TUBIGRIP FOR ANKLE SPRAIN: A RANDOMISED CONTROLLED CLINICAL TRIAL
Muhammad Junaid Sultan 1, Adam McKeown 1, Iain McLaughlin 1, Charles McColllum 1, 1 University Hospital of South Manchester, Manchester, UK; 2 Universit of Manchester, Manchester, UK

Background: Ankle sprains are generally self-limiting but significant proportion of patients with ankle sprains has persistent symptoms for months.

Aims: To evaluate whether elastic stocking improve recovery following ankle sprain.

Methodology: All patients within 72 hours of ankle sprain were identified in Accident & Emergency or the Fracture Clinic. Consenting patients, stratified for sex, were randomized to either: i) tubigrip or ii) class II below knee elastic stockings (ES) which were fitted immediately. The deep veins of the injured leg were imaged by duplex Doppler for deep vein thrombosis (DVT) at four weeks. Outcome was compared using the American Orthopaedic Foot and Ankle Score(AOFAS) and SF12 V2 for quality of life.

Results: In the 36 randomised patients, the mean (95% CI) circumference of the injured ankle treated by ES was 23.5(23-24)cm initially and 22(22-23)cm and 22(21-22.5) cm at 4 and 8 weeks (p<0.001) compared with 24(23-25) cm initially and 24(23-25) cm and 24(23-24.5) cm using tubigrip (p<0.001). By 8 weeks, the mean AOFAS and SF12V2 scores were significantly improved by ES at 99(81) and 119(118-121) compared with 88(11) and 192(99-107) with tubigrip (p<0.001). Of the 34 duplex images at four weeks, none had a DVT.

Conclusion: Compression improves recovery following ankle sprain.

0437: MINIMALLY INVASIVE AKIN OSEOTOMY FOR HALLUX VALGUS
Samuel James, Richard Walter, James Davis. Department of Trauma and Orthopaedics, Torbay Hospital, Torbay, Devon, UK

Aims: Since 2009, a minimally invasive Akin osteotomy procedure has been carried out at a UK district general hospital, for the treatment of mild- to-moderate hallux valgus. The outcomes of this procedure are not well described in the international surgical literature. This case series describes radiological outcomes and complications at a median follow-up of 13 months.

Methods: The notes and radiographs of all patients who underwent this procedure were analysed retrospectively.

Results: Twenty six patients underwent the procedure between March 2009 and June 2011. 96% of cases were successfully performed as a daycase. All patients were followed-up in clinic. Mean pre-operative hallux valgus angle was 20.0°, mean post-operative hallux valgus angle was 7.7°, a statistically significant reduction (p<0.05). Overall complication rate was 27%, 2(7.7%) patients developed infections requiring oral antibiotics, 1(3.8%) patient required removal of the osteotomy screw, and 4(15.2%) patients had ongoing pain and/ or stiffness at the 1st MTPJ.

Conclusions: This case series demonstrates that a minimally invasive Akin procedure is effective at reducing hallux valgus angle. Overall complication rate was comparable to minimally invasive distal first metatarsal osteotomies. Randomised controlled trials are required to further compare the technique to alternative minimally invasive or open techniques.

0444: THE INTERSPINOS DEVICE ‘SPINOS’: A CASE SERIES
Sophy Rymaruk, Arif Razak, James Doyle. Fairfield General Hospital, Pennine Acute Hospital Care Trust, UK

Interspinous devices can be used to achieve distraction between the spinous processes to improve symptoms in spinal canal stenosis. The study was to identify radiological and clinical outcomes when using the Spinos (Privelop Spine) device in lumbar canal stenosis.

Patients were identified and retrospectively analysed. Pre-operative and post-operative canal area and Oswestry Low Back Pain Disability questionnaire scores were recorded. 9 patients underwent surgery, one at two levels. Most was at L4/S (67%). All patients underwent general anaesthesia, with a mean 4 day inpatient stay. Mean percentage increase in canal area at the level of surgery was 44%, range -3% to 158% (8% at the level above, 21% at the level below) which equated with a mean area increase of 41 mm², range -7 mm² to 98 mm² (14 mm² at the level above, 23 mm² at the level below). Patients reported an improvement of 3% in their questionnaire results. The Spinos device seems to show promising results with regards improvement in canal size, however patient outcomes are disappointing. The potential for day case surgery under local anaesthesia needs to be evaluated further, but would have significant technological advantage in terms of anaesthetic morbidity and cost effectiveness.

0447: LOCAL INFILTRATION ANALGESIA COULD BE SUPERIOR TO NERVE BLOCK IN TOTAL KNEE ARTHROPLASTY SURGERY – A RETROSPECTIVE STUDY OF 87 CASES
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Aim: Total knee arthroplasty (TKA) is associated with significant post-operative pain. Local infiltration analgesia (LIA), a relatively new technique for postoperative TKA pain control, was introduced at our hospital in 2011, although conventional nerve block (NB) remains the method of choice. This study compares outcomes between LIA and NB in TKA patients.

Method: One hundred randomly selected TKA cases from 2011 were reviewed; thirteen exclusions did not fit the two groups (Local or Block). Sample characteristics and treatment outcomes were compared. Significant differences were determined by chi-squared and t-tests.

Results: Both groups had similar sample characteristics and no significant differences in pain measurements, frequency of dressing, venous morphine and range of motion of the operated knee at 6-week follow-up. Length of Stay (t(85) = 3.170, p = 0.002) was significantly longer in the Block (M = 4.635, SD = 1.10) than in the Local (M = 3.91, SD = 1.06) group. Oral Morphine use (t(85) = 2.744, p < 0.007) was significantly higher in the Block (M = 1.83, SD = 1.57) than in the Local (M = 0.98, SD = 1.31) group. Complication rates were similar for both groups.

Conclusions: Local group patients had significantly shorter hospital stays and used less morphine, with no increase in complications. LIA can be considered a safe approach and larger controlled randomised studies should be encouraged.

0448: PERIOPERATIVE STRATEGIES IN THE MANAGEMENT OF PATIENTS WITH PROXIMAL FEMUR FRACTURES IN 2011: A NATIONAL SURVEY OF ORTHOPAEDIC SPECIALIST TRAINEES
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