

T.E.M. Morrison, A. Jaffer, A.N. Knight\*, C. Wong. *Yorkshire and the Humber Deanery, UK*

**Aim:** Despite guidelines, management of gallbladder disease varies. This audit aims to assess variation in management of acute gallbladder pathology at the authors' institution where patients are admitted under upper (UGI) and lower gastrointestinal (LGI) surgical care, but cholecystectomies are not routinely performed by the latter.

**Methods:** Prospective data was collected over 4 weeks including patient demographics, specialty of responsible consultant, duration of stay, discharge plans, re-admission and complication rate.

**Results:** 53 patients of mean age 48.8% were admitted with gallbladder pathology. 46% were admitted under the care of an UGI Consultant, 50% LGI and 4% other specialties. 27.8% were patients with known cholelithiasis and > 1 hospital admission. Primary investigations included ultrasound (74%), CT (22.2%) and MRCP (11.1%). 9.3% underwent ERCP and 7.4% percutaneous drainage. 5 patients under UGI care underwent acute cholecystectomy. Average stay for UGI admissions was 6.3 days and 12.4 for LGI. 57.1% of patients under LGI care were referred to UGI on discharge. 4 patients were re-admitted with pancreatitis or cholecystitis.

**Conclusion:** This study suggests patients may benefit from a dedicated cholecystectomy operating list, led by upper GI surgeons to avoid repeated admissions due to cholelithiasis and its complications. Further audit is planned.

#### 0986: MANAGEMENT OF IMPACTED BILE DUCT STONES ENCOUNTERED DURING LAPAROSCOPIC BILE DUCT EXPLORATION (LCBDE)

J. Khan\*, M.K. Nassar, J. Lau, H. Qandeel, A. Nassar. *Monklands Hospital, UK*

**Aim:** Impacted stones increase the difficulty, operative time, potential for morbidity, failure or conversion.

**Methods:** We reviewed 884 LCBDE to identify risk factors and evaluate techniques and outcomes.

**Results:** 82 patients had impacted stones (9.3%), 70% were females. Median age 57 years. 96% were emergency admissions; 67 jaundiced (82%) but only 4 with pancreatitis. Cholangiography showed multiple CBD stones (1-80) in 56%, number range of impacted stones 1 to 20+. 20% had more than one impacted stone. Transcystic exploration was successful in 22(26.8%). Choledochotomy was performed in 60 patients with clearance in 50(83%), open conversion in 6 and retained stones in 4. The median operation time was 3 hours. Impaction was at the lower CBD in 70%, mid-CBD in 15.8%, intrahepatic in 11%. All required using a choledochoscope. For lower CBD impaction; biopsy forceps fragmentation in 40%, basket manipulation 25.6% or pushing stone using choledochoscope in 4 cases. For mid-CBD impaction: Grasper fragmentation; 15 cases, is the most useful tool. Ultrasound lithotripsy occasionally used for big or hard stones. Intrahepatic impaction: Balloon catheter disimpaction is effective (10 cases).

**Conclusion:** Impacted stones are difficult to predict. The operative technique needs to be tailored to individual cases.

#### 0995: HYPERAMYLASEMIA AFTER LAPAROSCOPIC COMMON BILE DUCT EXPLORATION

J. Khan\*, J. Lau, H. Qandeel, A. Nassar. *Monklands Hospital, UK*

**Aim:** To evaluate the incidence and clinical outcome of Hyperamylasemia following laparoscopic common bile duct exploration (LCBDE) in a unit where suspected common bile duct stones are managed by intraoperative cholangiogram (IOC) followed by LCBDE.

**Methods:** A database containing prospectively collected data about all patients undergoing LCBDE under the care of one surgeon was used to record postoperative serum amylase levels on the first morning following surgery.

**Results:** Postoperative serum amylase levels were recorded in 407 patients, 33% male and 67% female with a median age of 62 years who underwent LCBDE over a 12 year period 2002-2013. 7% had acute cholecystitis. 54% patients were jaundiced at the time of surgery and Open conversion was necessary in 2(0.5%) cases.

Hyperamylasemia was observed in 13.26%(n=54) patients and pancreatitis in 3.4%(n=14) patients. Death from a respiratory complication was observed in one elderly high-risk patient (0.3%). Median length of hospital stay was 8(IQR: 4-13) days.

**Conclusion:** Serum amylase should be measured post LCBDE to allow early detection and appropriate management of pancreatitis. Postoperative hyperamylasemia does occur following LCBDE but is of no clinical significance. The risk of postoperative pancreatitis following LCBDE in this series is 3.4% and appears to be related to the transcystic approach.

#### 1001: RELEVANCE OF ROUTINE POST-CHOLECYSTECTOMY HISTOPATHOLOGICAL TESTING IN DIFFERENT AGE DEMOGRAPHICS: A COST-BENEFIT ANALYSIS

R. Zakeri\*, P. Latham, J. Jackson, T. Kingston, S. Yeluri, C. Kelty. *Sheffield Teaching Hospitals NHS Foundation Trust, UK*

**Aim:** Routine histopathological analysis of cholecystectomy specimens is current practice within many trusts. In our unit, a tertiary centre for hepatobiliary surgery, we perform approximately 1000 cholecystectomies per-annum, the cost of histological testing being £65, taking 15-60minutes per gallbladder analysed.

We aim to determine the cost-benefit value of routine histology in light of current demographics and ever-increasing financial constraints.

**Methods:** Retrospective analysis of all cholecystectomy cases performed over 1 year (October 2013-14). Histopathology reports were reviewed and case notes analysed in those identifying malignancy.

**Results:** 983 cholecystectomies were performed, with 70 cases excluded due to known intra-abdominal malignancy or incorrect coding. Median age was 53(range 16-90) with female:male ratio 2.5:1. 90.7% of cases were elective, 45.0% day-case, with 95.0% performed laparoscopically (conversion rate=9.0%). Gallbladders were sent for histological testing in 92.9%. Most were reported as chronic cholecystitis(92.0%). Malignancy was identified in 4 cases(0.47%). No patients in this subgroup underwent further surgery or oncological treatment.

**Conclusion:** We deduce that cost and time implications for routine histology post-cholecystectomy cannot be justified in this cohort, the majority of whom are younger with presentation grossly atypical of cholangiocarcinoma. We combine these findings with concurrent analysis of cholangiocarcinoma patients to deduce guidelines for selective histological testing.

## Posters: Maxillofacial Surgery

#### 0022: BLOWING YOUR NOSE: SOMETHING NOT TO BE SNIFFED AT

S. Dolan, A. Dolan\*, M. Perry. *University of Dundee, UK*

**Aim:** Facial subcutaneous emphysema is a recognised complication of facial and orbital fractures caused by penetrating or blunt trauma, combined with positive pressure airway events such as the application of continuous positive airway pressure, use of peak flow meters and nose blowing. Fractures involving the lamina papyracea allow gas to travel into the paranasal sinuses and inferiorly through the fascia neck planes, to enter the mediastinum via dissection of the hilum of the lungs. Patients with subcutaneous emphysema and pneumo-mediastinum may develop significant complications if not treated.

**Methods:** Here we present a case where a patient developed extensive cervico-facial emphysema and pneumo-mediastinum following undisplaced zygoma and orbital floor fracture.

**Conclusion:** We highlight the potential serious complications of pneumo-mediastinum, and we recommend Accident and Emergency Room trainees recognise the important need to inform patients with facial trauma not to blow their nose prior to Oral and Maxillofacial surgery intervention.

#### 0429: COMPARISON OF 640-SLICE MULTIDETECTOR COMPUTED TOMOGRAPHY (MDCT) VERSUS 32-SLICE MDCT FOR IMAGING OF THE OSTEO-ODONTO-KERATOPROSTHESIS LAMINA

L. Kishikova<sup>1,\*</sup>, J. Norris<sup>1</sup>, V. Avadhanam<sup>2</sup>, P. Koumellis<sup>3</sup>, I. Francis<sup>3</sup>, C. Liu<sup>2</sup>. <sup>1</sup>Brighton and Sussex Medical School, UK; <sup>2</sup>Sussex Eye Hospital,