Aim: National guidelines recommend secondary prevention of cardiovascular disease in all patients with peripheral vascular disease. However, many patients undergoing vascular surgical procedures are not on optimal medical therapy. This study aims to assess the variation and impact of both antiplatelet and statin therapy on early morbidity and mortality in patients undergoing vascular surgery.
Methods: A retrospective analysis of all elective vascular operations in the calendar year of 2014 identified 155 patients who had undergone aneurysm, carotid, suprainguinal, and/or infrainguinal surgery. Optimal medical therapy was defined as preoperative treatment with a statin and antiplatelet agent. 30-day mortality, postoperative complications, and duration of stay were primary outcome measures.
Results: Overall, 77.4% of patients had optimal preoperative therapy. Those attending for carotid surgery had the highest rates of compliance (95.4%) with aneurysm patients having the lowest (60%). There were no 30-day postoperative deaths. There was no significant difference in duration of stay or complication rates between groups.
Conclusion: Preoperative optimisation with medical therapy in vascular surgery remains variable. Although this study shows minimal effect on short-term patient outcomes the long-term benefits of secondary prevention are well understood. From a local perspective, ongoing audit and education will be essential in ensuring improving optimisation.

0394: TECHNIQUES IN BELOW KNEE AMPUTATION (BKA): A SKEWED VIEW?

A. McKay*, J. Kaczynski, R. Holdsworth. *Forth Valley Royal Hospital, UK*

Aim: BKA is a common end point for both advanced critical limb ischaemia and aggressive diabetic foot sepsis and the results are highly influenced by surgical technique. Two major variations in technique are the type of skin incision and the use of a pneumatic tourniquet. We aimed to assess which techniques, if any, resulted in the best outcomes for patients undergoing BKA.
Methods: A retrospective data analysis was performed on all patients who underwent BKA in a single Vascular Surgery Department between 2005 and 2014. Primary outcome measures were post-operative haemoglobin drop, revision rate and mortality.
Results: 163 BK amputations were identified. 64.6% were male patients and the median age was 69 (IQR=18). Skin incisions were as follows: Burgess 55.2%, Skew 38.1%, Other 6.7%. 53.4% were performed with a tourniquet. No particular incision or use of tourniquet was associated with a significant difference in any primary outcome measure.
Conclusion: This small study highlights the variation in surgical practice that exists when performing BKA and its variable influence on surgical outcome. There was no single best-combined technique found and in practice, surgical preference and familiarity is often the determining factor in choice of technique.

0422: DOES THE USE OF WARFARIN AFFECT THE OUTCOME IN RADIOFREQUENCY ABLATION (RFA) OF VARICOSE VEINS?

M. Green*, C. Marshall. *University Hospitals of Coventry and Warwickshire, UK*

Aim: RFA is the recommended first line treatment of varicose veins. With increasing numbers of patients prescribed warfarin, we investigated whether there is any difference in failure rates (failure to occlude the treated vein) between these patients and those not taking warfarin.
Methods: A casenote review was performed on all patients who underwent RFA in a tertiary vascular centre between January 2011 and April 2013. Use of warfarin, or not, was noted, as well as the outcome of surgery at follow up review.
Results: 251 cases were identified. Of these, 73 had incomplete data and were excluded from the review. Of the remaining 178 patients, 16 (9%) were taking warfarin and 162 (91%) were not. Of the warfarinised patients, there was 1 recorded failure - 6.25%. Of those not on warfarin, 12 procedures failed - 7.4%.
Conclusion: Whilst limited in numbers, this project demonstrates comparable failure rates in both groups. These rates fall within those suggested by NICE[i]. Further work is needed to assess any disparity in longterm failure rates but this evidence suggests that warfarin use should neither be a contraindication to RFA nor discontinued prior to treatment.
[i] http://www.nice.org.uk/guidance/ipg8/resources/guidance-radiofrequency-ablation-of-varicose-veins-pdf

0461: RUPTURED AAA IN THE OCTOGENARIAN AND ABOVE: IS AGE A BARRIER TO SURGERY?

L. Henderson*, P. Buxton, A. Pherwani. *Royal Stoke University Hospital, UK*

Aim: Survival for ruptured abdominal aortic aneurysm(rAAA) is poor. Those over 80 have commonly been palliated; however an RCS publication 'Access all ages' in 2012 suggests that chronological age should not be a barrier to surgery. Our aim was to investigate the clinical decision making of rAAA in the Octogenarian and above (rAAA80) to see if our practice is in keeping with this ethos.
Methods: All rAAA80 during a 2.5 year period from Jan 2012-Jun2014 were retrieved from National Vascular Registry and clinical coding. Patient demographics, comorbidities and outcomes (palliative/surgery-open or EVAR) were recorded.
Results: Total rAAA80 n=35, M:F 21:12. Median age 86(IQR 83-89) with no significant difference between palliative and surgical groups(p=0.663). Palliative group n=14(40%). Surgical group n=21(60 %) with subgroups rEVAR n=12(57%) and Open n=9(43%), mortality was 33%(4/12) and 33%(3/9) respectively.
Conclusion: We have shown that 60% of rAAA80 proceed to surgery and the operative mortality rate is relatively favourable at 33%, which is much lower than the 40-60% operative mortality rates quoted in the literature. We concluded therefore that chronological age is no longer a barrier to rAAA repair in the Octogenarian and above.

0538: 5-YEAR RETROSPECTIVE AUDIT OF TEMPORAL ARTERY BIOPSIES

L. Sutton*, H. O'Hara, C. Fernandez, S. Das. *Hillingdon Hospital, UK*

Aim: Temporal artery biopsy (TAB) is performed in suspected cases of cranial giant cell arteritis. We aimed to determine if temporal artery biopsies were being performed in line with ACR (American college of rheumatology) guidelines.
Methods: A retrospective audit of all patients undergoing TAB at a single teaching hospital between the years 2009 to 2013 identified from operative records.
Results: 80 patients were identified as having had a temporal artery biopsy. Full data was available for 57 (4 archived files not available and 19 incomplete records). There were 16 positive biopsies.
29.92% (n=17) patients were male with 70.18% (n=40) being female. 9 positive biopsies were women and 7 were men, representing 22.5% and 41.18% of the female and male populations.
Forty patients (70.18%) had an initial ACR score of 3/4 at presentation.
In 14 positive biopsies, representing 87.5% of positive biopsies, >3 of the other criteria were positive. In two cases (3.39% of biopsies performed) the positive result influence the diagnosis by changing the ACR score from two to three.
Conclusion: Using the ACR criteria and restricting biopsies to cases in which it alters diagnosis can prevent an unnecessary procedure without jeopardising diagnostic accuracy.

0555: QUALITY OF CONSENT IN A REGIONAL VASCULAR UNIT: A RETROSPECTIVE AUDIT

L. Ewan*, A. Rahi. *East Lancashire NHS Trust, UK*

Aim: To assess consent practice in the Vascular Surgery Department at Royal Blackburn Hospital over a 3-year period compared to recommended guidelines for carotid endarterectomy.
Methods: This was a retrospective audit of 48 patients who underwent elective carotid endarterectomy between 2010-2013. Data included basic consent requirements according to guidelines and specific risks of carotid endarterectomy.