0869: ANTIPLATELET THERAPY FOLLOWING PERIPHERAL ARTERIAL STENTING: A COMPLETE AUDIT CYCLE

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Aim: To audit against local guidelines supported by best evidence (Cochrane review) on the use of anti-platelet therapy (APT) in patients following peripheral artery stenting. To improve compliance by educating doctors and implementing a customised electronic discharge summary.
Methods: Retrospective analysis of medical records and discharge summaries for all patients undergoing angioplasty and stenting for lower limb peripheral artery disease between October 2011 and August 2013. Findings were presented at a trust clinical governance meeting where doctors were educated about guidelines and introduced to a customised electronic discharge summary. Practice was re-audited 6 months later.
Results: A total of 100 patients were included in the original audit. Only 28% of patients were prescribed appropriate dual APT. 16% of patients received no post-procedure therapy with a further 25% receiving Aspirin only. Re-audit following doctor education and implementation of a customised electronic discharge summary showed significant improvement in all domains with 64% of patients being prescribed correct dual APT.
Conclusion: Anti-platelet therapy in patients with known peripheral artery disease and especially in those having undergone angioplasty and stenting is essential in minimising risk of re-occlusion. Doctor education and the use of customised discharge summaries as an aide-memoire improves compliance with guidance.

0900: TELEPHONE SURVEY OF PATIENT SATISFACTION POST-DISCHARGE FROM HOSPITAL

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Aim: Patient discharge is a complex process involving a multidisciplinary team and can readily become delayed. It has been shown that patient satisfaction is higher when patients are contacted after discharge from hospital. This pilot study involved a telephone survey of patients within 2 weeks of discharge.
Methods: Participants – 36 vascular patients at the Queen Alexandra Hospital, Portsmouth, UK. Telephone survey within 2 weeks of discharge using a pre-designed pro-forma.
Results: 29 patients participated. 26 felt involved in discharge planning, varying from full involvement to some involvement. 2 patients felt no involvement and 1 did not want to be involved. 55.2% reported a delay in discharge: up to 1 hour (n=2), 1-2 hours (n=6), 2–4 hours (n=2), days to weeks (n=6). The delays were reported to be due to delays in paperwork / medicines or social situation.
Conclusion: Patient satisfaction was greater when patients were involved with discharge planning and their social situation was taken into account. 8 patients perceived 2 hours to discharge as a delay; this could potentially be avoided by anticipating discharges and preparing paperwork the day before. This pilot study will be rolled out across surgery to improve discharge planning and patient perception.

0921: EVALUATION OF PROMS FOLLOWING AAA REPAIR

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Aim: Patient reported outcome measures (PROMS) is a useful tool to improve the quality of healthcare. This notion is supported by the national AAA quality improvement programme. We aim to explore PROMS in patients undergoing AAA repair.
Methods: PROMS pre and post AAA repair were collected from August'12 to December'14 using a previously piloted questionnaire. Data was collected in four domains pre-operatively (diagnosis/ information/ pre-operative care/ quality of life) and three domains post-operatively (post-operative care/ recovery/ discharge). Descriptive statistical analysis of our results was performed.
Results: PROMS were collected from 43 patients (M=39, F=4) pre-operatively and 45 (M=39, F=6) patients post-operatively. Pre-operative questionnaire results: 10% of patients reported wanting more information about their procedure and its complications. A detailed explanation and leaflets were reported as the best ways of delivering this. Post-operative questionnaire results: 73% of patient had open AAA repair. Recovery matched expectations in 88% of patients. "Time to recovery" was given as the most common reason for discrepancy in remaining patients.
Conclusion: PROMS following AAA repair remains positive despite the centralisation of vascular services. Appropriate information giving to include a more detailed explanation of the procedure and its potential complications pre-operatively could lead to a reduction in perceived poor patient outcomes post-surgery.

0954: COHORT STUDY OF BUFFERED VERSUS UNBUFFERED TUMESCENT ANAESTHESIA IN THE TREATMENT OF VARICOSE VEINS WITH ENDOVENOUS LASER ABLATION

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Aim: Tumescent anaesthesia (TA) is essential to the success of endovenous thermal ablation (EVTA) in the treatment of superficial venous insufficiency; however lidocaine administration produces pain due to its acidic pH. The addition of sodium bicarbonate significantly reduces patient-reported pain during skin infiltration, but there is currently no evidence to support this practice within the context of TA for EVTA. He hypothesise that buffered TA can reduce peri- and post- procedural pain.
Methods: 31 consecutive patients underwent endovenous laser ablation (EVLA) plus ambulatory phlebectomy under local TA, buffered to physiological pH. These patients were compared to a previous cohort of patients receiving identical treatment with standard (unbuffered) TA.
Results: Peri-procedural pain, stated on patient-reported 10cm visual analogue scale was significantly lower in patients receiving buffered TA compared to standard TA (median 1cm, IQR 0.25-2.25 vs median 4cm, IQR 3-6, $p<0.001$). There was no difference between the groups in the time taken to resume normal activities ($p=0.541$). Both groups demonstrated significant improvements in 12 week venous clinical severity score (VCSS) over baseline (both $p<0.001$).
Conclusion: Increasing the pH of TA, with the addition of sodium bicarbonate, decreased pain and augmented patient comfort and satisfaction.

0987: EARLY AND LATE ANEURYSM RUPTURE AFTER EVAR: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: Endovascular aneurysm repair (EVAR) has gained increasing popularity for the treatment of abdominal aortic aneurysms (AAA). Early and late rupture after EVAR, however, remains a persistent concern limiting its long-term efficacy. We performed a systematic review and meta-analysis to assess the current trend.
Methods: We searched Pubmed, EMBASE and Cochrane Database of Systematic Reviews from 2000 to 2014. References list of potentially eligible articles were further screened. Publications reporting the rate of aneurysm rupture after EVAR in addition to either the aetiology or management were included.
Results: Twelve studies involving 4654 patients were identified. The pooled incidence was 1.4% with a median time to rupture of 28 months (IQR= 20.8-36.5 months). Rate of rupture has remained static (median incidence: 0.6% from 2000 to 2003 and 0.8% from 2008 to 2011). Preceding complications existed in 46.8% of patients, with type 1 endoleaks being the leading aetiology. For patients suitable for intervention, conversion to open repair was most commonly performed.
Conclusion: Aneurysm sac rupture is a rare but significant complication of EVAR. Of concern is the high proportion of patients who rupture with no preceding complications. Further research on the optimal surveillance protocol is still needed.