following breast surgery is controversial. This meta-analysis was performed to assess efficacy SPWC compared to other techniques of pain management. Material and Methods: Medline search was performed using for Mesh terms anaesthetics, local administration, mastectomy, mammoplasty and breast reconstruction. The meta-analysis included randomised control trials that compared SPWC with other forms of pain control. Post-operative opioid requirements and pain measured in visual analogue scale (VAS) were analysed using Comprehensive Meta-analysis Software version 2.

Results: Four randomised controlled trials evaluating 147 women were included in the final analysis. The overall standard difference in means was 0.094 and 0.033 for post-operative opioid requirement and pain respectively favouring the SPWC and local anaesthetic infusion group.

Conclusion: Surgically placed wound catheters and local anaesthetic infusion is clinically safe in a wide range of surgical procedures on the breast and there appears to be a trend towards improved post operative pain relief. A well designed RCT of patients undergoing breast surgery with an adequate number is of patients required to emphatically demonstrate if the operative site infusion with local anaesthetic solution postoperatively is safe and efficacious.

0165 EPISTAXIS: REDUCING THE LENGTH OF STAY OF PATIENTS WITH NASAL PACKS
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Objectives: To assess the efficacy of treating patients with epistaxis by the use of anterior nasal packs in an outpatient setting, and identify exclusion criteria for this modality of treatment.

Design: A protocol was designed to identify patients at higher risk of complications, taking into consideration the criteria for day case surgery, and the known risks for difficult to control epistaxis.

Participants: A retrospective case notes review of all patients admitted with epistaxis to Northampton General Hospital otolaryngology department in 2009.

Main outcome measures: The proportion of patients fit for outpatient management, and the complication rates in the inpatient and outpatient subgroups.

Results: 97 patients required nasal packs. 62/97 patients fit for discharge, saving 118 days. 6% of patients fit for discharge had a bleed with the pack in situ, compared to 26% of patients unfit for discharge. This shows a significant difference between the chance of having further epistaxis whilst the nasal pack was in situ (p<0.0001) between these subgroups of patients, and only 6% of patients would have returned to hospital following discharge.

Conclusions: This study has shown that using our protocol, discharging patients with nasal packs is safe. This will decrease the cost of inter-hospital transfers, and ensure beds are available for elective admissions.

0170 DOES INACCURATE STAGING OF EARLY OESOPHAGEAL CANCERS AFFECT SURVIVAL?
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Aims: Oesophageal cancer is the 5th most common cancer in the UK. Potentially curable tumours staged as early oesophageal cancers are treated with surgery alone, whilst patients with more advanced disease are offered neoadjuvant therapy, in addition to surgery or chemoradiotherapy with a curative intent. Our aim was to assess if inaccurate pre-operative staging of early oesophageal carcinoma has survival implications.

Method: Retrospective analysis of a 10 year database of all patients diagnosed and operated on with early oesophageal malignancy in South East Wales. Statistical analysis was calculated using a Kaplan-Meier log rank survival test.

Results: 50 patients were included in our analysis (38 males, age range = 45-78 years) whom on pre-operative staging had AJCC stage < 2, and therefore proceeded straight to surgical intervention. 23 patients should have received neoadjuvant therapy based on post-operative histology (due to > T3 tumour and/or positive nodal status). The mean survival for these patients was 40.6 months (range 2.5-79 months) compared to 48.7 months for patients who did not require neoadjuvant therapy. (Log rank 2.23 p = 0.135).

Conclusion: Despite pre-operative understaging in 46% of our patients with early oesophageal cancers there was no difference in survival between the two groups.

0171 EDUCATIONAL RESOURCES FOR TRAINEES IN ORAL AND MAXILLOFACIAL SURGERY (OMFS): A BASELINE STUDY
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Introduction: There are a number of educational resources available to trainees in OMFS. To date there has been no comprehensive review of what educational resources are available to trainees their opinions of these resources.

Method: In September 2010, a questionnaire was sent out to all the OMFS trainees in the United Kingdom. The questionnaire asked about their exposure to six main areas. Demographics, Teaching days; study days and budget allowance; courses and conferences attended; the impact of European working time directive (EWTD) on training; educational resources they used and their opinions of these and resources readily available in their library.

Results: In the UK there are a total of 137 trainees, 113 (82%) males and 24 (18%) females. 83 (61%) completed the questionnaire. Study budgets allowance ranged from £320 to £1100. There was a wide range of exposure to study days, study sessions, regular journal club and teaching days throughout the UK. There are few OMFS specific electronic resources available to OMFS trainees which the trainees rated as good.

Conclusion: This baseline study demonstrates there is wide regional variation in educational support for trainees in OMFS in the UK. This may need to be addressed to standardise opportunities in OMFS education nationally.

0172 INTRAMEDULLARY FIXATION OF DIAPHYSEAL CLAVICLE FRACTURES USING THE ROCKWOOD CLAVICLE PIN: A REVIEW OF 68 CASES
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Aim: To assess the outcomes of diaphyseal clavicle fractures treated with intramedullary fixation using the Rockwood pin.

Methods: We conducted a retrospective analysis of diaphyseal clavicle fractures treated with intramedullary fixation using the Rockwood pin between 2004 and 2010. Sixty-eight procedures were carried out on 67 patients. Functional outcome was assessed using the Disability of the Arm, Shoulder and Hand (DASH) questionnaire.

Results: There were 52 (77.6%) male and 15 (22.4%) female patients with an average age of 35.8 years. Fractures were classified according to the Edinburgh system. Indications for fixation were: acute management of displaced fractures (56, 82.4%), delayed union (2, 2.9%), nonunion (8, 11.8%) and malunion (2, 2.9%). The average time to pin removal was 3.7 months and average follow-up prior to discharge was 6.9 months. Sixty-six (97.1%) fractures united. Two (2.9%) cases of non-union were treated with repeat fixation using a contoured plate and bone graft. The most common problem encountered postoperatively was discomfort due to subcutaneous pin prominence posteriorly (12, 17.6%). The average DASH score was 6.04 (0 – 60).

Conclusion: Advantages of intramedullary fixation include: a cosmetically favourable scar, preservation of periosteal tissue and avoidance of stress risers associated with screw removal.

0173 INTRAOPERATIVE CELL SALVAGE IN PRIMARY HIP ARTHROPLASTY
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