

plastic surgeon's skill set in treating trauma patients. Recognising this role is vital to ensuring on-going quality care, enabling workforce planning, and meeting specialist training requirements.

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1286: MORTALITY ESTIMATES IN ELDERLY BURNS: A NORTHERN IRELAND REGIONAL UPDATE

J.M. Clements*, C. Black, K. Khan, B. Fogarty, A. Rashid. *Norman C Hughes Regional Burns Unit, Royal Victoria Hospital, Belfast, UK.*

Introduction: Mortality in the thermally injured elderly patient remains a challenge for burns surgeons. The aim of this audit was to provide an update on region wide Northern Irish (NI) mortality estimates in elderly burns patients with comparison to previously reported local data (1996–2005).

Method: A six year (01/01/10 - 31/12/15) retrospective case note & Electronic Care Record review was conducted on all patients over 65 years admitted to the Regional NI Burns Unit. The primary outcome measure was mortality rates represented by LA50 score. Secondary outcome measures were median burn size, presence of inhalation injury and admission to ICU.

Result: Recent study data outlined first. 96 patients (51M: 45F) were identified compared with 143 (65M: 78W) in the earlier study. Mean age (75 vs 76.7 years), median burn size (2 vs 3%TBSA) were comparable. Only 6 patients sustained a burn >15% TBSA compared with 21 patients in the earlier study. Admissions to ICU (12 vs 14), inhalation injuries (7 vs 10) and LA50 score (22 vs 21) were all comparable.

Conclusion: Despite a 33% increase in size of the >65 year population between 1996–2015 these data would suggest a reduction in the severity of thermal injury with comparable mortality estimates.

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1316: COMPLICATIONS OF SENTINEL LYMPH NODE BIOPSY FOR MELANOMA - A SYSTEMATIC REVIEW OF THE LITERATURE

J. Moody^{1,2,*}, R. Ali^{1,2}, J. Hardwicke¹. ¹Queen Elizabeth Hospital, West Midlands, UK; ²School of Clinical and Experimental Medicine, University of Birmingham, West Midlands, UK.

*Corresponding author. Queen Elizabeth Hospital, West Midlands, UK.

Aim: The complications reported after sentinel lymph node biopsy (SLNB) for melanoma is highly variable in the worldwide literature; the overall complication rate varies between 1.8% and 29.9%. With heterogeneous reporting of morbidity data, no 'average' complication rates of this procedure has been reported. This systematic review aims to determine the average complications rates associated with SLNB.

Method: A systematic review of English-language literature from 2000–2016, which reported morbidity information about SLNB for melanoma, was performed. Identified papers were reviewed according to Consolidated Standards of Reporting Trials (CONSORT) and the Methodological Index for Non-Randomized Studies (MINORS).

Result: After application of inclusion and exclusion criteria, 19 articles progressed to the final analysis. 8146 patients were included. The overall complication rate was 11.2% (95% CI: 8.1–14.8). The incidence of infection was 3.0% (95% CI 1.5–4.9); seroma 5% (95% CI: 2.2–8.8); haematoma 0.4% (95% CI: 0.2–0.8) lymphedema 1.6% (95% CI: 0.6–3.0) and nerve injury 0.4% (95% CI: 0.2–0.7). There was no statistically significant difference in morbidity between the sites of SLNB.

Conclusion: This study provides information about the incidence of complications after SLNB. It can be used to counsel patients about the procedure and it sets a standard against which surgeons can compare their practice.

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Surgical training and education

0074: WHY MEDICAL STUDENTS WITH AN INTEREST IN SURGERY CHOOSE NOT TO INTERCALATE

R. Simson^{1,*}, D. Baird². ¹Newcastle University, Newcastle-Upon-Tyne, UK; ²North West Thames Surgical Registrar, UK.

Aim: To explore what proportion of medical students interested in surgery choose not to intercalate and why. To evaluate perceptions regarding intercalating on surgical careers and assess attitudes of medical schools to intercalating as perceived by students.

Method: Cross-sectional questionnaire sent to members of Student Surgical Societies at all Medical Schools in Great Britain and Ireland.

Result: Of 234 responses, 190 students expressed an interest in surgical careers of whom 130 were definitely interested and 60 possibly interested. Intercalation rates were 55% and 35% respectively but only 14% in those uninterested in surgery ($p < 0.05$). Although 69% of students agreed that intercalating would help their surgical career, 33% of these were still against intercalating. The main reasons against intercalating were another year of study (68–71%) and perceived extra financial burden (51–59%).

42% of students felt they were not given enough information about intercalation by their university and only 29% felt encouraged to intercalate.

Conclusion: Rates of intercalation varied significantly depending on commitment to surgery but many chose not to intercalate despite acknowledging career benefits. Others did not think that intercalating would help surgical careers. If medical schools provided better information and encouragement to students, intercalating rates could be greater.

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0098: FEASIBILITY OF AN 'EXTRA-CURRICULAR' CLINICAL RESEARCH MATCHING SCHEME FOR UNDERGRADUATE MEDICAL STUDENTS

P. Sutton^{1,*}, J. Evans¹, V. Jha¹, R. Cresner². ¹University of Liverpool School of Medicine, Liverpool, Merseyside, UK; ²Alder Hey Children's Hospital NHS Foundation Trust, Liverpool, Merseyside, UK.

Introduction: Pressures on the undergraduate curriculum have resulted in reduced exposure to skills in research, involvement in which is a key requirement for career progression.

Method: Doctors within Merseyside submitted projects to a centrally co-ordinated scheme which matched projects to self-selecting undergraduate medical students. A follow-up questionnaire of student participants at 12 months was used to evaluate the feasibility and success of the scheme.

Result: Student demand ($n=87$) was higher than project submission. Thirty-five projects from multiple systems were matched: gastrointestinal (5), respiratory (5), reproductive (6), musculoskeletal (4), cardiovascular (3), nervous (2) and endocrine (1). Project types were either prospective clinical (12), retrospective clinical (11) or basic science (3). All respondents ($n=29$; 83%) reported a clearly defined research question. Students contributed to multiple areas including: protocol refinement, literature reviewing, patient recruitment, data collection and analysis, writing and presentation. Students had met with their supervisors a median of 5 (range 1–15) times since project conception, and at 12 months 4 (14%) had achieved published abstracts and/or presentations. Free text responses about the scheme were generally very positive, with only 3 (10%) reporting prohibitive logistical difficulties.

Conclusion: A clinical research project matching scheme is deliverable for undergraduate medical students, providing educational benefit and portfolio enhancement.

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0196: COMPARISON BETWEEN THE EFFECT OF A SELF-ADMINISTERED AND A TRAINER-ADMINISTERED SURGICAL CHECKLIST ON THE LAPAROSCOPIC TASK PERFORMANCE

M. El Boghdady*, B. Tang, I.S. Tait, A. Aljijani. *Cuschieri Skills Centre, Ninewells Hospital and Medical School, Dundee, UK.*