to assess junior surgical trainees’ perception and practice in promoting smoking cessation.

**Methods:** We conducted an online and paper based survey to assess junior doctors’ perception and practice about smoking cessation. We approached 140 core surgical trainees working within Yorkshire deanery and Wales deanery regions to complete a nine item questionnaire.

**Results:** The response rate was 48% (n=73). Ninety two percent of respondents only assessed quantitative smoking status and 72% did not assess patients’ interest in smoking cessation. Fifty percent routinely advised their patients to stop smoking and another 60% counselled them for less than a minute. A vast majority (90%) did not receive any training for smoking cessation counselling. However, 71% believed that they would benefit from counselling training sessions.

**Conclusions:** Despite limited training opportunities, junior trainees’ interest in smoking cessation training remains preserved. Such training should be made widely available to all junior trainees for their role as potential agents for change.

**0499 ASSESSMENT OF THE ACCURACY OF AORTASCAN FOR DETECTION OF ABDOMINAL AORTIC ANEURYSM (AAA)**

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**Background:** AortaScan AMI 9700 is a portable 3D ultrasound device that automatically measures the maximum diameter of the abdominal aorta without the need for a trained sonographer. The accuracy of the device has previously been compared with conventional ultrasound and found to have 90% sensitivity. Our objective was to determine its accuracy against definitive imaging with CT.

**Methods:** Seventy-one subjects from AAA screening and surveillance programs were examined (33 AAA on conventional ultrasound and 38 controls). An operator blinded to the aortic size scanned the aorta using AortaScan as per the instruction manual. Subjects then underwent CT of the aorta. The largest measurement obtained by AortaScan was compared against CT aortic measurement.

**Results:** The CT scan confirmed the diagnosis of AAA in 33 subjects. The mean diameter was 2.8cm (range 1.5-5.5cm). The largest diameter missed by AortaScan was 4.4cm. The sensitivity, specificity, positive and negative predictive values were 78%, 76%, 74% and 80% respectively.

**Conclusion:** AortaScan AMI 9700 can detect AAA without the need for a trained operator and has potential in a community-based screening programme. It would, however, need further technical improvement to increase sensitivity before it could be considered a replacement for trained screening personnel.

**0500 DOES VASCULAR INJURY AFFECT THE OUTCOME OF IIIB TIBIAL FRACTURES?**

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**Introduction:** This study assesses the influence of vascular injuries on the outcome of IIIB tibial fractures managed at the lower limb ortho-plastic unit at Frenchay Hospital.

**Materials and Methods:** Notes of patients reconstructed with free tissue transfer since 2006 were retrospectively reviewed. Data was collected on patient demographics and vascular integrity. Outcome was measured using the Enneking score. The Mann-Whitney U-test was used to compare the outcome of patients with and without vascular injury.

**Results:** 65 patients were identified; only 20 patients with complete vascular documentation were considered which consisted of 13 males and 7 females, with a mean age of 44.9 years (20-80 years). 14 (70%) patients had a normal angiogram, and 6 (30%) patients had sustained a vascular injury. These consisted of a combination of PTA (2/6), ATA (2/6) and PA (3/6) injuries. The mean Enneking score was 28.9 (8-39), with a mean follow-up time of 11.5 months (6-19 months). The mean Enneking score for patients without and with vascular injury was 28.4 and 23.3. Comparison of the 2 groups was statistically significant (p=0.03).

**Conclusion:** Vascular injury influences the outcome of tibial fractures. We would advocate the use of pre-operative angiogram prior to free soft tissue reconstruction.

**0501 QUALITY OF INTRA-OPERATIVE FLUOROSCOPY FOR PATIENTS WHO UNDERGO CANNULATED SCREW FIXATION OF HIP FRACTURE**

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Adequate intra-operative fluoroscopy during internal fixation of hip fractures can reduce the necessity for post-operative radiographs. We reviewed the quality of intra-operative fluoroscopic images performed in our department.

Intra-operative radiographs were reviewed for all patients who underwent cannulated screw fixation of intracapsular hip fracture between January 2007 and January 2010 (n=123). Imaging was deemed adequate if both antero-posterior (AP) and lateral images were recorded on the picture archiving system with full patient details (name, date of birth, hospital number), screw entry point was visible on AP view and fracture reduction and position of screw tip in the femoral head were visible on both views.

Most patients were female (n=92) of mean age 71 years. 87% of images were adequate (n=107). In 11 cases the screw tip position could not be determined on the lateral image due to over penetration. Confirmation of fracture reduction was not possible in two cases. 2 patients only had one view. In one case the entry point of the screws was not visible on the AP. In most cases, intra-operative fluoroscopic imaging during cannulated screw fixation of hip fracture is adequate. In patients with adequate intra-operative films, postoperative films are not necessary.

**0502 ADULT DAY CASE TONSILLECTOMY: WHAT DO PATIENTS PREFER?**

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**Aim:** To assess inpatients’ preferences towards their length of hospital stay for tonsillectomy.

**Methods:** 117 adult inpatients underwent elective tonsillectomy in a tertiary centre during a 6-month period. 103 patients were included in our study; incomplete or unreturned questionnaires were excluded. A scale of 1–4 was used at three intervals: prior to surgery and then in the evening and morning following tonsillectomy (1 was allocated if they indicated ‘strongly agree’ for same day discharge, 2 for ‘agree’, 3 for ‘partly disagree’ and 4 for ‘strongly disagree’).

**Results:** The average scores for the morning of the operation was 1.98, whilst the scores for the evening after and the next morning after the operation were 2.30 and 2.11, respectively.

**Conclusion:** The majority of patients would have been satisfied with same day discharge. A small number of patients changed their preference towards inpatient stay when asked postoperatively in the evening compared to the preoperative period (P = 0.001). This can be explained by pain and anaesthetic effects that are more noticeable in the immediate postoperative period. When asked on the following morning, there was no significant difference to preoperative results, and therefore, a trend towards same day discharge remained (P = 0.231).

**0508 MANAGEMENT OF ELDERLY PATIENTS WITH BREAST CANCER**

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**Background:** Optimal management of breast cancer in elderly patients remains unclear. Women aged ≥70 years diagnosed with breast cancer are less likely to undergo surgery and if surgery is performed, they are less