Results: In the subsequent 21 patients there were no delays in wound healing and no seromas. This reduction in complications was statistically significant (p = 0.001, Fisher’s exact test).

Conclusion: This completed audit loop has shown a reduction in abdominal wound complications after a change in practice of wound closure. Rates of delayed healing prior to the change in practice were comparable, and are currently better than, those in the published literature.

0517: OBJECTIVE ASSESSMENT OF INITIAL EYE EXAMINATION IN PATIENTS PRESENTING WITH MID-FACE INJURIES

Kumaran Shanmugarajah1, Shiraz Sabah2, Ted Welman1, Suzanne Westley1, Ruth Skinner4, Nadine Haram2, Nicholas Segaren1, Jonathan Collier1, 1 Chelsea And Westminster Hospital, London, London, UK; 2 Barts and the London, London, UK

Aims: One fifth of patients with severe facial trauma suffer ophthalmic injury. We aimed to objectively evaluate the quality of the initial visual examinations in patients with mid-face injuries and to determine whether poor early examination was associated with suboptimal management.

Method: Patients (n=197) were retrospectively and prospectively recruited from two tertiary craniofacial centres. Initial visual examinations were scored objectively against published gold-standards.

Results: 162 patients met inclusion criteria. Complete visual examination was performed in one patient (0.6%). Soft tissue injury was the most frequently assessed parameter (n=123, 74.5%). Pupil position was the most poorly assessed parameter (n=10, 6.1%). Visual acuity was assessed in 32 patients (19.4%). Visual complications were included peripheral field loss, reduced acuity, residual ptosis, diplopia and epiphora. Patients who were seen by the ophthalmologist within one day had significantly (p<0.05) more comprehensive initial eye examination.

Conclusion: Early visual examination in patients with mid-face injuries was poorly performed. Importantly, visual acuity is performed in a minority of cases. More comprehensive initial eye examination was associated with prompt ophthalmology assessment. We propose the development of a standardised proforma for eye examination in patients with mid-face injury to ensure expeditious management of ocular injury.

0523: PAIN ASSOCIATED WITH INTRA LESIONAL STEROID INJECTION FOR KELOID/HYPERTROPHIC SCARS

Farid Saedi, Mohammed Amin Saleh, Ahmed Bhatti, Ali Juma. Countess of Chester Hospital, Chester, UK

Introduction: Keloid and hypertrophic scars are unfortunate consequences of any surgery that involves skin breaches. Various methods have been used for treating these scars. Intralesional steroid injection is one of the standard treatments. It involves multiple injections and commonly it is associated with pain.

Aims: To assess the severity of pain during steroid injection, considering multiple variables.

Material and Methods: A six months prospective trial was designed. Simple descriptive intensity scale to analyze severity of pain was used. Variables were age, gender, size, site, volume of injection and use of intralesional local anesthetic.

Results: 20 patients were included, male to female ratio 1:2, average age 25.6 yrs, 75% in head and neck region, average volume injected 0.46 ml to an average surface area of 2.2 cm². During injection; 85% reported mild to moderate pain, 5% sever and 10% no pain. 45% of patients had local anesthetics added to the injection.

Conclusion: Intra-lesional steroid injection is associated with pain however this can be minimized by using mixture of local anesthetic and steroid. The size and location of scars (head and neck regions) as well as number of injections given, may have direct effect on the pain experienced.

0559: TRENDS IN PLASTIC SURGICAL TRAINEE PRESENTATIONS – THE FUTURE OF OUR SPECIALTY IS IN OUR HANDS

Fern Coxon1, Jacqui Callear2, Helen Douglas2, Daniel Saleh2, 1 Northern General Hospital, Sheffield, UK; 2 Pinderfields Hospital, Wakefield, UK

Introduction: There are perceived future adversities for plastic surgeons such as loss of work to specialties previously providing secondary referrals.

We surveyed presentation at the largest pan-surgical trainees meeting worldwide to establish whether plastic surgery trainees (PTS) are disseminating their academic work amongst our allied surgical peers.

Method: Four recent Association of Surgeons in Training (ASIT) meeting abstracts were analysed. Total number of trainees and number of abstracts published by each specialty were compared. Number of trainee presentations at corresponding British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) meetings were also surveyed.

Results: Plastics ranked 6/9 in number of abstracts/trainee presented at ASIT. Over the four years surveyed PTS consistently increased academic output at ASIT from 0.3%-6.1% of all abstracts. This increase lags behind other specialties. General trainees produce significantly more abstracts (p = 0.005). The proportion of PTS attending and presenting at BAPRAS has consistently increased over the same survey period.

Conclusion: This survey indicates PTS are overall behind allied specialties on this generic platform sampled. Dissemination of work parallel to the increases seen at BAPRAS, amongst allied colleagues, is paramount to perpetuate the exposure of "what we do" to those we may rely upon for future collaboration.

0660: DESMOPLASTIC MALIGNANT MELANOMA: A SYSTEMATIC REVIEW

Farid Saedi, Rowan Pritchard Jones, Hassan Shaaaban. Whiston Hospital, Liverpool, UK

Background: Desmoplastic melanoma (DM) is a rare melanoma variant characterised by deeply infiltrating spindle cells with abundant fibrous matrix. Diagnosis is difficult due to similarity to sclerosing melanocytic nevi, and non-melanocytic skin lesions such as scars, fibromas or cysts.

Objectives: To review current literatures and evaluate clinical and morphological characteristics of this neoplasm.

Methods: We conducted a search of Medline, OVID and EMBASE using headings ‘Cutaneous Melanoma’ and ‘Desmoplastic’.

Results: From a total of 388 identified articles (the vast majority of which were case reports), 10 were included. Patient numbers were 11-280. DM is twice as common in males (63% of lesions) and most commonly occurs in head and neck region (53%). Diagnosis of DM can be difficult due to the absence of pigmentation, usually presents with advanced Breslow thickness (mean 2–6.5mm), and yet metastasises less than other melanoma variants (7.4–53%). Sentinel Lymph Node Biopsy is not commonly positive (5% from a series of 240 patients).

Conclusions: Effective diagnosis and management of DM demands clinicians be aware of this unusual clinical entity. It can be locally, but not systemically aggressive, as evidenced by low SLNB positivity and surgical excision remains the treatment of choice for DM.

0673: THE USE OF ABSORBABLE VERSUS NON-ABSORBABLE SUTURES IN HAND SURGERY: A SYSTEMATIC REVIEW OF THE LITERATURE

Jean Nehme1, 2, Foiz Ahmed1, 2, Ussamah El Khami1, 2, Emre Doghani1, 2, Nicholas Bennett1, 2, Ankur Pandya1, 2, Queen Alexandra Hospital, Portsmouth, UK; 2 Imperial College, London, UK

Introduction: In this study we systematically review the literature to compare primary clinical outcomes associated with use of absorbable and non-absorbable sutures in elective-hand-surgery.

Methods: This systematic review was conducted in accordance to the PRISMA statement. Multiple electronic search engines were used including PubMed, Medline, Ovid, Embase and Google Scholar.

Results: A total of seven comparative studies were included for analysis, all of which were randomized control trials (RCT). The total cohort of patients included from the seven trials was 414. Some patients had bilateral procedures and therefore the total cohort of hands was 420. The outcome measures included post-operative pain, wound-infection and aesthetics. None of the studies showed a statistical difference in wound-infection rates. Pain was assessed in three of the seven papers, none of which showed a statistically significant difference in a visual-analogue score of pain. Similarly, none of the papers reported statistically significant differences in wound-aesthetics.

Conclusion: This review of the literature suggests that there is no significant difference in wound-infection rates, post-operative pain, or cosmesis between absorbable and non-absorbable sutures in hand-surgery. We suggest that the inherent clinic-time savings and reduction in anxiety and...
pain (associated with removal of non-absorbable sutures) favours the use of absorbable sutures in the elective-hand-surgery. Further RCTs are required.

0687: READMISSION AUDIT IN A SINGLE PLASTIC SURGERY UNIT IN LIGHT OF RECENT DEPARTMENT OF HEALTH POLICY ON NON-PAYMENT FOR EMERGENCY READMISSIONS

John Martin, Adnan Tahir, Haroon Siddiqui. Department of Plastic Surgery, Jame’s Cook University Hospital, Middlesbrough, UK

Introduction: In April 2011 a Department of Health policy came into effect stating that no tariffs would be paid for readmission of patients to hospital within 30 days of discharge. The purpose of this audit was to determine the reasons behind readmissions in our unit.

Methods: We evaluated readmissions over a one-year period from October 2009 to October 2010. A total of 140 patients were identified. 50 patients were randomly selected to conduct this audit. We also compared the readmission rate in plastic surgery to other specialties in our hospital.

Results: Readmission to plastic surgery made up one per cent of the total readmissions in our hospital over a one-year period. Of the patients readmitted in plastic surgery, 34/50 (68 per cent) were emergencies and 16/50 (32 per cent) were elective. 18 per cent of readmissions were planned as part of ongoing treatment, for example delayed grafting of a wound bed, but were wrongly coded as readmissions. 8 per cent of readmissions were unrelated to the original admission.

Conclusions: This audit has shown that this rule is difficult to apply in surgical practice and coding errors for planned or unplanned admissions are complex and inaccurate in the NHS.

0744: RE-RUPTURE RATE FOLLOWING PRIMARY FLEXOR TENDON REPAIR OF THE HAND WITH POTENTIAL CONTRIBUTING RISK FACTORS: CASE SERIES

Mazin Ibrahim, Mai Rostom, Mohamed Asim Khan, Alastair James Platt. Castle hill hospital, Cottingham, UK

Aim: Flexor tendon injuries of the hand are common with over 3,105 per annum in the UK. This study was aimed to investigate re-rupture rate following primary flexor tendon repair at our institution and to identify potential risk factors.

Method: 51 patients with 101 flexor tendons’ injuries who underwent primary repair over one year period were reviewed. Data was collected on age, gender, occupation, comorbidities, injured fingers, hand dominance, smoking status, time to surgery, surgeon grade, type of repair and suture, and antibiotic use. Causes of re-rupture were examined.

Results: Re-rupture rate was 10.9%. Mean age was 35.8. Primary tendon repairs with re-rupture were compared to those without re-rupture. Univariate and multivariate analysis was undertaken to identify significant risk factors. Significantly higher rate was noted when the repair was performed on the dominant hand (p-value = 0.009), in zone 2 (0.001), and when a delay more than 72 hours occurred (0.01). Multivariate regression analysis identified repair in zone 2 injuries to be the most significant predictor of re-rupture.

Conclusions: Re-rupture rate of 10.9% was associated with delay in surgery, repair on dominant hand, and zone 2 repairs. Careful consideration for these factors is crucial to reduce this rate.

0803: PLASTIC SURGERY "TOURISM" COMPLICATIONS PRESENTING TO AN NHS HOSPITAL - A ONE YEAR RETROSPECTIVE STUDY

Nicholas Segaren 1, Kumaran Shamugaraaj 1, Sheraz Markar 4, Neil Segaren 1, Onur Gillette 3, Kalpesh Vaghela 1. 1 Chelsea and Westminster Hospital, London, UK; 2 Queen Victoria Hospital, East Grinstead, UK; 3 Royal Derby Hospital, Derby, UK; 4 Kingston General Hospital, London, UK

Aim: The advent of cosmetic surgery “tourism” packages has led to an increase in the number of people from the UK flying to foreign destinations to undertake procedures by plastic surgeons that may not have any affiliation to a regulatory body. Any complications from these operations are dealt with in NHS funded units back in the United Kingdom. We wanted to investigate the potential impact that these presentations had on our department.

Method: We conducted a retrospective study examining all presentations to Chelsea and Westminster Hospital for complications following plastic surgery procedures undertaken abroad. The data was collected from January 2011 to the end of December 2011.

Results: There were 21 patients in total, nineteen females and two males, the mean age was 38.6. Fourteen patients presented with complications from craniofacial procedures, and six following breast augmentation procedures. One patient was admitted with an infected buttock implant. The average in-patient stay was 2.6 days.

Conclusions: The popularity of cosmetic surgery abroad is increasing and therefore the complication rates will rise in the future. The recent scandal regarding the PIP breast implants has further highlighted the potential dangers of cut price cosmetic surgery abroad.

0825: AN AUDIT EXPLORING THE ADEQUACY OF CONSENT FORMS IN PATIENTS RECEIVING EMERGENCY BURNS TREATMENT

Samim Ghorbanian 1, Nicki Bystrzonowski 2, Pundrique Sharma 2, B Philips 2. 1 Lister Hospital, Stevenage, UK; 2 Broomfield Hospital, Chelmsford, UK

Aim: There is disparity between Consent Forms in patients receiving Emergency Burns Treatment. Our burns unit consents the majority of patients admitted to the Burns ITU for FCBT (Full Course of Burns Treatment). We aimed to assess the units consenting practice based upon two standards; those set out by the Department of Health and those taken from model Consent Forms produced by 4 Consultant Plastic Surgeons working within the Burns Department.

Method: 54 patients admitted the Burns ITU at Broomfield Hospital with a burns related injury between January-August 2010. These patients were retrospectively assessed.

Results: 90% of patients admitted to the Burns ITU were consented for FBCB. There was little consistency between the “Intended Benefits” and “Complications” of FCBT between patient Consent Forms and an even greater disparity when patient forms were compared to consultant forms.

Conclusions: Junior surgeons often carry out consent. Incorrect documentation on consent forms may invalidate consent and place both the consultant surgeon responsible for care and the trainee at risk of medicolegal consequences. This audit demonstrates the need for vigilance and discussion with consultants as to what information should be included on consent forms.

0971: MICRO-FENESTRATED SPLIT-THICKNESS SKIN GRAFT FOR PENILE RECONSTRUCTION

James Wokes, Damian Green, Ahmed Ali-Khan. Royal Victoria Infirmary, Newcastle, UK

Aim: Surgical management of penile cancer involves lesion excision and neo-glands reconstruction. Unsatisfactory aesthetic appearance with sexual and urinary dysfunction is common post-operatively. Reconstruction using meshed or sheet split thickness skin grafts (SSG) have been described, each with advantages and disadvantages. Our technique of micro-fenestrating exploits the advantages of both graft types.

Materials and methods: Since 2010, twenty-one patients have undergone penile reconstruction with micro-fenestrated SSG. The described technique produces uniform micro-fenestrations less than 200 micrometres in length.

Results: All patients successfully healed within one month of surgery.

Conclusions: Micro-fenestrated skin grafts allow free drainage of fluid from the penile wound surface without compromising the final aesthetic appearance of the neo-glands. Hand fenestrating could create similarly small spaces but can result in uneven fenestrations and can tear the graft. The reported method is superior as it is an easily reproducible technique generating uniform micro-fenestrations with all of the inherent benefits of both meshed and sheet grafts.

0990: IMPROVING PINNAPLASTY DAY-CASE RATES: SIMPLE CHANGE, SIGNIFICANT RESULTS!

Varun Chillal, Kwang Chear Lee, Ngi Wieh Yii. Leicester Royal Infirmary, Leicester, UK

Aims: Currently only 70.7% of pinnaplasties are performed as day-cases to improve