

<http://dx.doi.org/10.1016/j.ijisu.2016.08.509>**1102: DOES FINE NEEDLE ASPIRATION AND CYTOLOGY REALLY HELP IN THE MANAGEMENT OF PAROTID TUMOURS?**I. Pereira^{*}, N. Syed, U. Selbong. *Royal Derby Teaching Hospitals, Derby, UK.***Aim:** Fine needle aspiration biopsy (FNAB) and cytology are routinely performed when assessing parotid masses. We aimed to determine accuracy of FNAB in detecting parotid tumours.**Method:** The study included patients who presented with a parotid mass to the Oral & Maxillofacial Department between April 2010 to March 2015. We audited all FNAB with a confirmed benign or malignant parotid tumour. The data was collected using the pathology database and electronic case notes for definitive management and final histology results.**Result:** We identified 103 patients who had FNAB performed for a parotid mass. The results of FNAB were reported as benign in 64 patients (62.1%), malignant in 13 patients (11.7%), and non diagnostic in 26 patients (25.2%). Postoperative histopathologic diagnoses were reported as benign in 46 patients, malignant in 11 patients, and as other in 12 patients. The most common histopathological diagnoses was pleomorphic salivary adenoma (n=37) and Warthin's tumour (n=27). The sensitivity and specificity rates for malignant conditions were 92.3% and 96.7%, respectively.**Conclusion:** Parotid tumours should be managed by taking into consideration the clinical history, imaging and FNAB. This audit showed that FNABs are important for pre-operative planning, although it may have limitations especially with malignant tumours.<http://dx.doi.org/10.1016/j.ijisu.2016.08.510>**1374: THE USE OF NASOLABIAL FLAPS FOR HEAD AND NECK CANCER RECONSTRUCTION: AN ANALYSIS OF 101 CASES**B. Collard^{*}, M. Chaudhry, S. Belone, A. McLennan, J. Bowden, M. Esson. *Royal Devon and Exeter Hospital, Exeter, UK.***Introduction:** The nasolabial flap is a highly versatile flap used for both intraoral and extra oral defects. It allows for the restoration of defects with positive outcomes, both aesthetically and functionally, with low failure rates. The aim of this study is to look at the use of nasolabial flaps, over a ten year period in reconstructive surgery of patients with head and neck cancer.**Method:** We retrospectively analysed 101 patients who have undergone oral cancer resection using nasolabial flaps for reconstruction. We review general outcome, complications, tumour location and size of the defect reconstructed.**Result:** Over a ten year period we analysed 101 cases of nasolabial flaps. This included reconstruction of defects in the maxilla, buccal mucosa, mandible, tongue and floor of mouth. The most common side reconstructed was the lateral tongue, followed by the floor of mouth. The patient age ranged from 46-90 years. In most cases, a neck dissection was also performed.**Conclusion:** The nasolabial flap is an excellent versatile local flap of choice in patients requiring oral reconstruction. It offers good long term aesthetic and functional benefits with low donor morbidity making it a perfect procedure for elderly patients or those with numerous comorbidities.<http://dx.doi.org/10.1016/j.ijisu.2016.08.511>**Miscellaneous****0043: NIL BY MOUTH: WHEN AM I ALLOWED TO EAT?**C. King^{*}, S. Scattergood, P. Jethwa. *East Surrey Hospital, Redhill, UK.***Aim:** Patients are traditionally denied food or drink 6 hours prior to surgery, but It was noticed that many patients were given improper fasting advice prior to procedures. Delays or cancellations to surgery equates to longer stays in hospital, with excess funding for prolonged length of stay.**Method:** Data from acute surgical patients across 3 surgical wards was collected looking at advice given regarding fasting status, time from decision for surgery and actual time of surgery, the cause for this delay also was recorded. Advice regarding fasting status was then implemented and further re-audited to see if there was a reduction in delay to theatre. Nursing staff were also surveyed on the benefit of this intervention.**Result:** With the introduction of guidelines regarding pre-operative fasting less patients were delayed or cancelled for their procedure. Feedback from nursing staff was positive, showing a positive patient and also staff impact from the use of this simple instructional measure.**Conclusion:** This audit showed the importance of fasting guidelines in reducing the number of patients cancelled or delayed to go to theatre. This intervention will aid trusts in reducing the cost spent on length of stay for patients.<http://dx.doi.org/10.1016/j.ijisu.2016.08.266>**0219: USING PATIENTS' OWN EXPERIENCE IN PROVIDING EFFECTIVE EDUCATION TO NEW CANDIDATES FOR RENAL TRANSPLANTATION**P. Abreu^{*}, H. Machin, J. Moberly, G. Pryor, J. Shallcross, A. Strong, K. Ward, A. Sharma. *Royal Liverpool University Hospital, Liverpool, UK.***Background:** Renal transplant is the most effective management for end-stage renal failure. For a number of years the Renal Transplant Unit at the Royal Liverpool University Hospital has run a patient education forum aimed at educating patients on the process of transplantation, increasing their autonomy and empowering them to make better informed decisions.**Aim:** To assess the participants' perception of the usefulness of the patient education forum.**Method:** A retrospective observational review was conducted. Data on patient's perceptions was collected over 6 meetings between October 2011 and September 2014.**Result:** A total of 71 questionnaires were collected. Fifty-seven patients rated the forum as very useful. Nine patients rated it as excellent and five as good. The aspects most enjoyed by the participants were the narratives from patients who already had undergone a renal transplant, mentioned by twenty-nine participants, followed by the informative and educational aspect of the forum, mentioned by nineteen participants.**Conclusion:** The patient education forum is a useful information tool. The participants enjoy most aspects of it. This indicates that there is the need for information to be delivered in this format. Efforts should be made to continue to promote this activity to our patients.<http://dx.doi.org/10.1016/j.ijisu.2016.08.267>**0233: THE CHALLENGES OF CONDUCTING RESEARCH IN A RURAL ZAMBIAN HOSPITAL**C. Gunner^{1,*}, G. Conn². ¹Sheffield Teaching Hospitals, Sheffield, UK; ²Mid-Essex Hospital Services NHS Trust, Chelmsford, UK.**Aim:** Where resources are limited decisions regarding their allocation must be well informed, yet carrying out research in such settings brings challenges. We aim to describe some of the challenges we encountered while undertaking research investigating negative laparotomies in rural Zambia.**Method:** A retrospective study was carried out of patients presenting to our hospital with abdominal pain, distension or trauma over a 12 month period. Case-notes were examined and a database compiled. Comparison was made with theatre records. Reflection was carried out to identify hurdles and potential solutions for future research.**Result:** Locating notes within medical records was challenging. 83 patients meeting inclusion criteria were identified from medical notes. 52 patients underwent laparotomy (62.7%). 2 patients had a negative laparotomy (3.8%). Documentation was poor in available notes: results of only 30% of x-rays,