



# ASiT The Association of Surgeons in Training

**Methods:** Questionnaires were distributed to Plastics and Orthopaedics specialist trainees during regional teaching. They were asked about their experience of fasciotomies and to illustrate surgical approaches. Results were compared to the joint guidelines published by BAPRAS/BOA.

**Results:** A total of 36 trainees completed the questionnaires, 19 in Plastics surgery and 17 in Orthopaedics. 22% of trainees had never assisted in fasciotomies. The majority of trainees had little or no clinical experience with fasciotomies, with only 33% amongst both specialities having performed fasciotomies. Only 47% demonstrated knowledge of appropriate planes of dissection. Over 50% of trainees in Plastics surgery and 70% in Orthopaedic surgery were not familiar with safe techniques for leg Fasciotomy as recommended by the guidelines.

**Conclusion:** With the reduction of training hours, special attention needs to be granted to areas of limited exposure. This audit highlights the need for training adjuncts such as, cadaveric workshops and audiovisual seminars in order to cover shortfalls of current training.

## LAPAROSCOPIC ANTI-REFLUX SURGERY IMPROVES DAYTIME SOMNOLENCE

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**Aims:** To establish if laparoscopic anti-reflux surgery (LARS) improves daytime somnolence.

**Methods:** Prospective analysis of pre and post operative Epworth Sleepiness Score (ESS) in twenty consecutive patients undergoing LARS in an Upper GI Unit in a six months period. The questionnaire asked subjects to rate their probability of falling asleep on a scale of increasing probability from 0 to 3 in eight different situations. The scores for the eight questions were added to obtain a single number. A number in the range 0–9 is considered to be normal while a number in the range 10–24 is considered to indicate that specialist medical advice should be recommended.

**Results:** ESS scores pre and six months post operatively were analysed using a Paired t- test. A preoperative mean of 11.26 (on a scale of 0–24) was noted, the post operative mean was noted to be at 7.63. Application of Paired- t test indicated a  $p < 0.05$ .

**Conclusions:** Patients with severe gastro-oesophageal reflux disease who underwent a LARS procedure noted a significant improvement in daytime sleepiness. This is perhaps most likely related to a reduction in nocturnal acid reflux-related arousals.

## LOSS OF ΔNP63 EXPRESSION IN OESOPHAGEAL SQUAMOUS CELLS: A CRITICAL STEP IN THE FORMATION OF BARRETT'S METAPLASIA?

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Oesophageal cancer is the 6th leading cause of cancer death and has a 5 year survival of <15%. The incidence of oesophageal adenocarcinoma has tripled in the last 30 years. Patients often present with disseminated disease that responds poorly to conventional therapies. Barrett's oesophagus is a premalignant lesion, characterised by metaplasia of squamous oesophageal epithelium into intestinal-like columnar epithelium at the gastro-oesophageal junction. Analysis of a panel of embryologically important genes implicated in Barrett's using HET1A (an SV40 immortalised human oesophageal squamous cell line used extensively in previous studies) revealed absence of ΔNp63, a critical gene in the development of normal squamous epithelium. ΔNp63 mRNA and protein was expressed in

biopsies from normal oesophagus and in primary squamous oesophageal cells from oesophagectomy specimens. In phase contrast HET1A cells appeared squamous, however in organotypic culture they lack squamous morphology and they demonstrate a cytokeratin expression profile suggesting early columnar differentiation. This data suggests that loss of ΔNp63 may be a fundamental step in the metaplastic response to acidic bile in the distal oesophagus and furthermore that the HET1A cell line may be a useful tool to study the early stages of Barrett's transformation.

## TERMINAL ILEAL PHOTOGRAPHS ARE MORE CONVINCING THAN CAECAI PHOTOGRAPHS AT VERIFYING THE EXTENT OF COLONOSCOPIC EXAMINATION

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**Background:** Documenting extent of examination is an important quality indicator in colonoscopy. There is little evidence that caecal photographs, the current standard, are effective for this. Consequently, other means of verifying total colonoscopy are emerging.

**Methods:** Prospective study comparing effectiveness of ileal and caecal photographs at convincing independent reviewers of completed colonoscopy. Paired caecal and terminal ileal (TI) photographs from 216 consecutive, completed colonoscopies performed in routine clinical practice by seven endoscopists of varying experience were reviewed by three independent, experienced endoscopists. Each completed a questionnaire regarding how compelling the images were in verifying complete colonic examination. The ease of TI intubation during a dedicated attempt was evaluated for each procedure.

**Results:** Successful TI intubation and photography: 87%. Median intubation time 1minute 24seconds (range 5seconds to 11minutes 26seconds, SEM 5.4seconds). TI photographs significantly more likely to be considered convincing (median 94.7%) than caecal photographs (median 65.3%,  $p < 0.0001$ ). Excellent inter-observer agreement: TI photographs ( $\kappa = 0.91$ ) versus caecal photographs ( $\kappa = 0.67$ ).

**Conclusion:** TI images are significantly more compelling than caecal photographs at convincing independent reviewers of complete colonoscopic examination. Attempted ileoscopy achieves a high success rate (87%) with little impact on procedure time. TI photographs should be the preferred means of documenting total colonoscopy.

## RISK FACTORS, INCIDENCE, TEMPORAL COURSE AND OUTCOMES OF AIR LEAKS FOLLOWING SURGERY FOR SPONTANEOUS PNEUMOTHORAX

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**Aims:** Air leak following spontaneous pneumothorax surgery is a well recognized complication. However, literature on this topic is sparse. We carried out a study to address this short coming.

**Methods:** A retrospective case note review was conducted of all patients undergoing pneumothorax surgery from December 2008 to September 2009. The incidence, temporal course and outcome of post-operative air leaks (PAL) were analyzed.

**Results:** 45 patients underwent pneumothorax surgery over this period. 24 patients (53.3%) were noted to have air leak on the post-operative evening. This reduced to 14(31%) by day 1. The number of PALs had declined to 11(24%), 9(20%), 7(16%), 6(13%), 4(9%) by days 2,3,4,5 and 6