transmission and immunological complications). The present study investigates the intraoperative transfusion requirements in off-pump coronary artery bypass grafting (OPCABG) and cost implications of blood products and cell savers in a Background: of limited resources. Prospective data collection identified 60 patients undergoing off-pump coronary artery bypass graft (OPCABG) surgery at Eric Williams Medical Sciences Complex, Trinidad. Data relating to these patients (including pre-operative haemoglobin (Hb), graft number, presence of diabetes, ejection fraction, pre-operative serum creatinine, intra-operative blood use and blood loss) and cost values for cell saver disposables and blood preparation were obtained. Twenty units of packed red blood cells (pRBCs) were given in theatre (to 16/60 patients; 27%). Transfusion requirement was significantly lower in patients with fewer grafts required, higher preoperative Hb level and non-diabetic patients. Cell saver disposables and one unit of pRBCs were estimated to cost TT$5000 and TT$1700 respectively. Each patient transfused cost TT$2125. The study demonstrates the financial implications of routine cell saver use in OPCABG in a setting of limited resources. The cost effectiveness of routine cell saver use remains to be elucidated, but we recommend the selective use of cell savers in patients who are at a higher risk for transfusion.

**ENDOVENOUS LASER THERAPY (EVLT) FOR THE TREATMENT OF LONG AND SHORT SAPHENOUS VARICOSE VEINS**

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**Introduction:** Our study has prospectively looked at all patients undergoing this procedure for incompetence of both long and short saphenous veins in Southport Hospital between 2006 and 2011 to assess efficacy and effectiveness.

**Method:** The audit was a prospective study. The data was collected from 2006 to 2011. There were no exclusion criteria: all patients that had the procedure were included.

Incidence of complications and further procedures needed were prospectively recorded for all patients who underwent EVLT during this time. The effects on existing leg ulcers were also recorded.

**Results:** 1689 patients were included. M:F 537:1152. Median age 59 years (range 18–97). Complications included numbness (1.1%), phlebitis and inflammation (0.88%), wound complications (0.24%) and neuralgia (0.059%). No patients developed a DVT. 41% patients had no complications whatsoever. 15 of 68 leg ulcers healed completely after the procedure. 687 of the 926 patients who had residual veins after the procedure went on to have sclerotherapy.

**Conclusion:** Our study demonstrated that the EVLT can be safely used for the treatment of varicose veins caused by venous insufficiency in lower limbs with very low complication rates. This procedure can even be used in patients with severe comorbidities in order to treat leg ulcers which result from venous insufficiency. The major disadvantage of EVLT is a significant number of patients (40–55%) need sclerotherapy for residual veins following the procedure.

**VARICOCELE EMBOLISATION AT BNHFT: AN AUDIT ON OUTCOMES OVER 6 YEARS**

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**Background:** Varicocele Embolisation (VE) has been performed at BNHFT for men with localised symptoms and/or fertility issues. This audit reviews the long-term effects of VE to facilitate management and consent for future patients.

**Methods:** Patient records were found for 79/83 men recorded having VE at BNHFT (2005–2011). Records were reviewed and patients were contacted by phone/email/post to assess symptoms and/or fertility issues at their 3-month follow-up appointment and today. Seventy-seven of these men were included in the final follow-up data.

**Results:** Many subjects were lost to follow-up. Sixteen subjects (21%) DNA'd and 25 (32%) had no recorded data 3 months post-op. Forty-eight subjects (62%) were lost to follow-up today (mean time 3.3 years post-op) Of those who were followed-up: at 3 months, 26 subjects (72%) had improved or no symptoms whereas 10 (28%) had no change. Today, 27 subjects (93%) had improved or no symptoms. Two (7%) had no change. Two men (7%) had confirmed varicocele recurrence. Sixteen men had the procedure for fertility issues. Four (25%) of these men have since fathered children. Three (19%) had documented sperm concentration increase post-op.

**Conclusion:** VE provides symptomatic relief up to 5 years post-op with low recorded rates of recurrence. A quarter of subjects with previous fertility issues now have children. Many subjects were lost to follow-up, making results validity questionable. This is multifactorial and will be discussed. Consequently, BNHFT is optimising following up patients (via SMS texting/up-to-date email addresses) so that in future our outcome data are more complete.