Aim: To investigate the efficacy of in-patient ERCP service for patients with CBD obstruction.

Methods: Retrospective study of patients admitted with CBD obstruction and had ERCP during January 2009 to June 2010. The time from admission to confirmation of diagnosis, to interventional ERCP, and the length of hospital admission were investigated. ERCP should be available within 5 days from admission in our institute.

Results: 107 patients (45 male, 63 female), with mean age of 68 years (24-95) were included. 46 patients had ERCP within 5 days (<5 days) of admission, 54 patients waited more than 5 days (>5 days), 7 patients were discharged for outpatient ERCP. There was significant delay (p=0.006) in >5 days group (median: 4 days) to achieve correct diagnosis by MRCP than <5 days group (median: 2 days). The total length of admission for >5 days group (median 11 days) was significantly longer (p=0.001) than <5 days group (median 6 days). However, there was no significant difference (p=0.5865) in length of hospital stay post ERCP between >5 days group (median 1 day) and <5 days group (median: 2 days).

Conclusion: Early diagnosis of CBD obstruction can avoid delay in treatment and unnecessary prolonged hospital admission. When appropriate, MRCP should be considered as the first line of investigation.

0647 INTRAOPERATIVE MOLECULAR DETECTION OF LYMPH NODE METASTASES AND MICRO-METASTASES: RESULTS OF THE FIRST UK CENTRE USING THE ONE STEP NUCLEIC ACID AMPLIFICATION ASSAY

Mahwash Babar 1, Rana Madani 1, Haresh Devalia 1, Lara Thwaites 1, Peter Jackson 1, Arun Chakravorty 1, Tracey Irvine 1, Mark Kissin 1, Graham Layer 2, 1 Royal Surrey County Hospital, Guildford, UK; 2 University of Surrey, Guildford, UK

Background: One step nucleic acid amplification (OSNA), a highly sensitive intraoperative assay of cytokeratin 19 mRNA, is used for the detection of sentinel lymph node (SLN) macro- and micro-metastases in breast cancer. We present our two year data following the introduction of OSNA in our unit.

Methods: Data was collected prospectively from 2008-10. All eligible patients were offered OSNA by five consultant breast surgeons. On detection of micro-metastasis (+) and positive but inhibited metastases (++), a level 1 axillary nodal clearance (ANC) and for a macro-metastasis (+++), a level 3 ANC was performed.

Results: 471 patients had 999 SLN analysed, median age being 61.34% (n=161/471) had positive SLN who had furtherANC. Of these, 48% (n=78/161) had (++), 37% (n=59/161) had (+) and 15% (n=24/161) had (+++) results. 17% (10/59) of the patients with (+) had positive non-SLN (NSLN), four (4/59, 6.8%) had four positive nodes (SLN+NSLN) thus receiving adjuvant radiotherapy. 8% (2/24) of those with (+) and 39% (30/78) of those with (+++) had positive NSLN.

Conclusion: Over a third of patients had OSNA positive SLN and underwent axillary surgery at the same operation. OSNA may potentially upstage patients with micro-metastases and long term studies are needed to determine the clinical relevance of molecular micro-metastatic disease.

0648 SEPSIS RELATED COAGULOPATHY IS A SIGNIFICANT PREDICTOR OF BLOOD PRODUCT USE IN EMERGENCY SURGICAL PATIENTS BUT MAY NOT REFLECT OUTCOME

Rachel Heard, Sherif Awad, Adam Brooks, Jonathan Alastair. Simpson Nottingham University Hospital, Nottingham, UK

Aim: To identify the proportion of emergency surgery patients with sepsis-related coagulopathy and compare postoperative outcomes.

Methods: Data were reviewed prospectively and cross-referenced with transfusion and pathology databases. Patients were categorised as non-Systemic Inflammatory Response Syndrome (SIRS), SIRS, or septic based on pre/intra-operative measures. Rates of coagulopathy, blood product transfusion, mortality and length of stay (LoS) were compared.

Results: 74 surgical patients were included (40 males), median age 65-years. 77% of the sepsis group (n=22) were coagulopathic, compared with 62% SIRS group (n=21) and 41% non-SIRS group (n=31) (P=0.034). 77% of the sepsis group received blood product transfusion vs. 66% and 32% SIRS and non-SIRS groups, (P=0.002). The SIRS group received the most blood transfusions on the day of surgery (62% vs. 22% non-SIRS group and 50% sepsis group, P=0.011). Median ITU stays were 8, 4 and 0 days respectively (P=0.001) for the sepsis, SIRS and non-SIRS groups; median hospital stays were 36, 11.5 and 15 days respectively (P=0.006); mortality at discharge was 14%, 25% and 10% respectively (P=0.42).

Conclusion: Overall, 30% emergency surgical patients developed peri-operative sepsis. There was clear correlation between sepsis, coagulopathy and transfusion but the relationship with LoS and mortality was not clear.

0649 THE IMPACT ON PLASTIC SURGERY OF POSTGRADUATE SURGERY REFORM IN THE UNITED KINGDOM

Daniel Saleh, Mark Liddington. Leeds Teaching Hospitals, Leeds, UK

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