1% and 2% topical glycopyrrolate with Botox injections for the management of axillary hyperhidrosis.

**Method:** Forty consecutive patients with axillary hyperhidrosis were allocated to one of four study groups [10 patients to each group]: (i) 1% glycopyrrolate spray; (ii) 2% glycopyrrolate spray; (iii) Subcutaneous Botox injections; (iv) No treatment (control).

Clinical outcomes were measured using a prospectively-administered questionnaire, completed both pre-treatment and 6 weeks after starting treatment. Forty healthy volunteers without axillary hyperhidrosis completed the same questionnaire. Pre- and post-treatment scores were compared within and between study groups.

**Result:** All three treatment groups showed a significant (p<0.05) improvement in their hyperhidrosis scores following treatment. The degree of improvement was less for the 1% glycopyrrolate group when compared with the Botox group (p<0.05), but there was no difference in treatment outcomes between the 2% glycopyrrolate and Botox groups. No treatment group reduced the hyperhidrosis to a level similar to those without hyperhidrosis.

**Conclusion:** 2% topical glycopyrrolate spray is as effective as Botox injections for the treatment of axillary hyperhidrosis.

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**0743: RECTUS ABDOMINIS DIASTASIS AND OUTCOMES OF SURGICAL CORRECTION: A SYSTEMATIC REVIEW**

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**Aim:** Surgical correction of Rectus abdominis diastasis and its indications remain controversial. This study aims to review the outcomes of its surgical correction.

**Method:** Medline and EMBASE databases were searched for original studies pertaining to the surgical correction of rectus abdominis diastasis.

**Result:** A total of 73 articles were identified, 8 of which were relevant for assessing the long-term outcomes and success rates of surgical correction. With the exception of two studies, all studies showed a zero percent reoccurrence rate. A 10% reoccurrence rate at 1-year and 40% at 6-months follow up were noted in two studies, respectively. No major complications or deaths were reported.

**Conclusion:** Vertical plication of the anterior rectus sheath may be considered safe, although reoccurrence has been reported. A future study with a large sample size and a long follow up period assessing reoccurrence using a paramedian method of vertical and transverse plication with strict definitions of reoccurrence needs to be performed. Criteria for treatment should however be degree of abdominal distension rather than the degree of diastasis.

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**1013: ABDOMINAL FREE FLAP BREAST RECONSTRUCTION OUTCOMES AND COST ANALYSIS: A REVIEW OF 172 CONSECUTIVE CASES**

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**Aim:** The deep inferior epigastric artery perforator (DIEP) free flap is considered the gold standard for autologous breast reconstruction. We present the outcomes and cost analysis of abdominal free flap breast reconstruction (FFBR) at a single hospital.

**Method:** All abdominal FFBRs performed (July 2010–September 2014) by the senior authors were evaluated. Outcomes including hospital stay and complications were retrospectively correlated with patient demographics, comorbidities, tumour characteristics, use of adjuvant therapy, reconstruction type, surgical technique and timings. Actual costs were compared with reimbursement from Health Resource Group tariffs.

**Result:** A total of 172 patients with mean age 52 years (range 28-79) underwent 193 FFBRs (21 bilateral, 151 unilateral; 110 delayed, 83 immediate) including 178 DIEP flaps. Mean total theatre time was 331 min (unilateral delayed), 339 min (unilateral immediate) and 452 min (bilateral). Average inpatient stay was 4.4 days. Complications occurred in 31 patients (18%) including 3 flap failures (1.6%). Compared to received reimbursement, the average actual costs for unilateral delayed (£4540), unilateral immediate (£4787) and bilateral (£6205) FFBRs resulted in net profits of £2899, £2652 and £1367 per case respectively.

**Conclusion:** Our study allowed us to identify areas to improve service delivery and efficiency.

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**1218: RE-AUDIT: CHALLENGES IN EDUCATING BURN VICTIMS ON HOW TO APPLY FIRST AID TO BURN INJURIES PRIOR TO ARRIVAL IN HOSPITAL**


**Background:** Adequate burns first aid affects the progression and outcome of a burn injury. It is well known that there are different educational and compliance challenges in the adult versus paediatric population. The British Burns Association (BBA) introduced the first national UK burns awareness day to address these challenges.

**Method:** A retrospective re-audit of adult and paediatric inpatients admitted to the burns unit before and after the intervention of a BBA national burns awareness day. Deliberate injury, chemical and electrical burns were excluded. Data was collected over 2 months with the standard being the NICE burns first aid guidelines of stopping the burn(S), removing clothes(R), running under cool water(W).

**Result:** In total 101 patients sustained either a flame/scald burn, 21 were excluded due to inadequate documentation. Burn first aid was attempted in 93% vs 100% of children in the re-audit. This compared to burns first aid being attempted in 60% vs 73% of adults in the re-audit. The component consistently performed correctly, despite attempting, was cooling the burn wound. Less than 50% did this (W) properly across both groups.

**Conclusion:** Room exists to improve public awareness of burns first aid, particularly the appropriate cooling of a burn.

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**1221: PLASTICS OPERATIVE WORKLOAD IN MAJOR TRAUMA CENTRES: A NATIONAL PROSPECTIVE SURVEY**

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**Background:** The introduction of major trauma centres (MTCs) in the UK in 2012 has resulted in a significant improvement in trauma survival. The impact of the major trauma network on plastic surgical operative workload has not previously been described. This study aims to quantify this workload to help guide service design, postgraduate training, and workforce provision.

**Method:** A prospective, multicentre study was performed over a three-month period. All Trauma Audit & Research Network-eligible patients presenting to eleven MTCs in England were identified. Operative data was obtained for those requiring plastic surgery.

**Result:** Of those requiring surgery, 227 patients (14%) required plastic surgical intervention over 366 operations. During these operations, 847 procedures were performed, mainly on the extremities (81%). Wound debridement occurred in 63% of operations and free flaps in 10%. Consultant plastic surgeons performed 61% of operations.

**Conclusion:** Although major trauma is often an unrecognised aspect of the plastic surgeon’s workload, this data demonstrates the importance of the