Results: 156 patients were included in the final analysis. Age group distribution was as follows: A = 44, B = 22, C = 27, D = 50, E = 13. Mortality was highest in the oldest patient group (A = 9%, B = 27%, C = 33%, D = 50% and E = 54%). Elderly patients are at higher risk of primary failure resulting in a longer time to achieve definitive access, exposure to more procedures and a higher risk of line-related complications. Over half of patients aged 70 years or older presenting for access surgery died within 3 years.

Conclusions: As AVG have been demonstrated to have lower primary failure rates and better outcomes at 2 years when compared to AVFs they represent a better primary option in elderly patients than autologous AVF.

1402: QUALITATIVE OUTCOME OF VASCULAR SOCIETY ABSTRACTS AND ITS IMPLICATIONS FOR FUTURE TRAINEES AND TRAINING UNITS

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Introduction: The VSGB&I is the leading organisation promoting vascular health, scientific research, excellence in education and training. We looked at the outcomes of the scientific abstracts presented at their conferences over a recent 6 year period to assess the rate and quality of successful publication in scientific journals.

Methods: Abstracts from 2006-2011 were searched if they were published and the time taken to publish it from initial presentation. PubMed search based on key words in the abstract and the authors was carried out. The impact factor of the journal published in, the unit that presented it were documented.

Results: 367 abstracts were presented with 65% being published in scientific journals. The median impact factor of the journals publishing these papers is 3.27 (IQR: 2.82-4.4). The median time duration to publish was 1 year (IQR: 1-2). The journal with highest publications was EJVES (n = 53). Time to publication did not differ with ‘Prize winning papers’ (p = 0.66). The percentage of abstracts turning into scientific papers has not changed over these years (p = 0.11).

Conclusions: A third of abstracts fail to be published after their presentation. With the centralisation of vascular service, and creation of regional vascular training, less active centres need to get more involved in academic research to give opportunity to local vascular trainees to enhance their portfolio and uplift the profile of the training centre.