1308: REDUCING COMPLICATIONS FOLLOWING GOLD WEIGHT INSERTION FOR FACIAL PALSY
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Introduction: Gold weight implants are a quick and effective intervention to address incomplete eyelid closure in patients with facial palsy. However, they are not without risk, including extrusion and migration. Our aim was to review our own complications with gold weights in a specialist centre setting, and compare to different techniques described in the literature.
Methods: Theatre records, implant registry and consultant logbooks were used to identify patients who underwent gold weight insertion with documented follow-up between 2004 and 2011. The occurrence of extrusion and migration was studied.
Results: In 44 patients (mean age 59 years), who underwent 58 gold weight insertions, there were 3 (5.2%) extrusions and 10 (17.2%) migrations. The 3 extrusions occurred at a median of 572 days postoperatively; all elected against further implantation. Nine patients experienced 10 episodes of migration; all except one underwent placement on repositioning of the weight. A statistically significant reduction in complications resulted, if the weight was secured to the tarsal plate (p=0.0460).
Conclusions: Our review highlights the problem of migration and the lack of agreement as to the best method for reducing this. The simple technique used to secure the weight to the tarsal plate compares favourably with other methods when considering overall patient morbidity.

1320: HAND TRAUMA: A PROSPECTIVE STUDY OF ITS EPIDEMIOLOGY, INFECTION RATES AND FUNCTIONAL OUTCOMES WITH CONSIDERATION OF THE ROLE OF EARLY HAND THERAPY AND PROPHYLACTIC ANTIBIOTICS
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Introduction: Hand trauma accounts for 20% of A&E attendances. Effective treatment aims to swiftly achieve return of function. We review the epidemiology of hand trauma presenting to a major unit and assess infection rates and functional outcomes.
Methods: 101 consecutive patients with hand injuries were followed up for one month post injury. Data were prospectively collected: demographics, injury details, management, infection rate and functional outcome (measured using the short Michigan Hand Questionnaire, MHQ).
Results: Hand trauma predominantly affected young males in employment (73% male, median 36 yrs, 95% employed). 60% of cases involved the dominant hand. 50% of cases required surgery. Overall 30-day infection rate was 7%. This was much higher (22%) when prophylactic antibiotics were not administered for open injuries. Median MHQ score was 3.83/5 (‘good’) at 30-days post treatment, though function was improved in patients who received early hand therapy (<7 days). Median time for return to work was 20 days.
Conclusions: Hand trauma predominantly affects the young working population causing significant disability and loss of productivity. Our study suggests that prophylactic antibiotics may reduce infective complications and early hand therapy plays an important role in improved functional outcomes. A higher-powered study is recommended to confirm these findings.

1347: A LITERATURE REVIEW OF THE RISK OF VENOUS THROMBOEMBOLISM AND THROMBOPROPHYLAXIS IN PATIENTS UNDERGOING MICROSURGICAL BREAST RECONSTRUCTION
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Introduction: The aims of this literature review were to assess the risk of venous thromboembolism (VTE) in patients undergoing microsurgical breast reconstruction (MSB); the risk factors associated with the development of these events and whether clear guidelines exist regarding thromboprophylaxis in this patient population.
Methods: A multi-literature review was conducted. Initially several studies were identified through a comprehensive literature search. The highest level of evidence was sought for. Overall, the evidence encountered were retrospective observational studies, two-armed studies being unethically feasible. Results: Previous studies have indicated that VTE rates are approximately 0-6%. Risk factors for VTE in this patient population are well established. Other surgical subspecialties with similar VTE rates (e.g., gynaecological surgery), advocate prolonged peri-operative thromboprophylaxis. Despite attempts at VTE risk stratification, no such universal changes to thromboprophylaxis have yet been adopted in MSB.
Conclusions: The reviewed literature highlighted the significant risk of VTE in patients undergoing microsurgical breast reconstruction. Furthermore, thromboprophylaxis regimens vary considerably between institutions. A standardised and exclusive approach to thromboprophylaxis should be considered in this patient population.

Surgical training and education

0019: VALUES-BASED PRACTICE IN SURGERY: A NEW APPROACH TO SURGICAL DECISION-MAKING
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Introduction: When making a clinical decision, many different values may be involved: the patient’s, their relatives’, the clinician’s, society’s or the Trust’s. However, how often do clinicians ask patients, ‘What is important to you?’ We assume we know what our patients want but it isn’t always as simple as we think. Values-based practice (VBP) can help to improve our skills for working with values alongside evidence in clinical decision-making.
Methods: We set up a series of seminars, open to consultants, trainees, multidisciplinary staff and patients to introduce the concept of VBP in Surgery for the first time. Through exercises, we showed attendees that values are deeply personal and vary to a surprising degree, even amongst clinicians. Applying this to case studies showed the importance of recognising this in our clinical practice. Feedback from attendees was universally positive.
Conclusions: We would like to expand the VBP message from its current regional status to a national one, and the AST 2014 Conference would offer us the opportunity to invite the next generation of surgeons to ask their patients, ‘What is important to you?’ - and perhaps to be surprised by the answer.

0040: TRACHEOSTOMIES AND LARYNGECTOMIES: ARE JUNIOR DOCTORS CONFIDENT AT MANAGING THESE IN AN EMERGENCY?
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Introduction: This survey sought to establish the level of junior doctors’ knowledge in distinguishing between a tracheostomy and a laryngectomy, the management of such patients in an emergency, and to assess the need for further training.
Methods: Thirty-six junior doctors (11 Foundation year 1s, 16 Foundation year 2s and 9 junior doctors in other posts) within one Foundation Trust were invited to complete a survey to establish their knowledge of anatomical differences between a tracheostomy and laryngectomy, and the correct route of oxygen delivery in an emergency. Respondents were also asked if they felt they had received sufficient training in this area.
Results: There was an obvious lack of confidence amongst junior doctors with only 31% able to describe the anatomical difference. 75% wrongly identified the correct route of emergency oxygen administration in laryngectomy patients; 61% wrongly identified the route of emergency oxygen administration in tracheostomy patients. 97% did not think they had received sufficient training, despite all doctors having completed a life support course.
Conclusions: Our results indicated that our respondents had a poor level of understanding regarding the differentiation and management of patients with tracheostomies and laryngectomies. This demonstrates a clear need for additional training in this area.

0047: THE PATH TO A MICHELIN STAR: HOW DOES AN EXPERT CHEF’S PERCEPTION OF THE JOURNEY ILLUMINATE THE DEVELOPMENT OF EXPERTISE IN MODERN PLASTIC SURGICAL TRAINING?
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Introduction: The acquisition of expertise is a complex phenomenon. This study aims to understand the acquisition of expertise by comparing the
development of expertise between Michelin star chefs and consultant plastic surgeons.

**Methods:** Four consultant plastic surgeons and three Michelin star chefs were interviewed. Interviews were recorded, transcribed and analysed. Themes related to the acquisition of expertise were identified.

**Results:** Specific factors were identified that proved fundamental in becoming an expert and maintaining expertise. These factors were personal; innate talent, motivation, deliberate self-practice and adaptability, and external; the environment and time.

**Conclusions:** “The spinning top model” was constructed to explain how the coordination of specific factors over time enabled the development of expertise. Experts never lost momentum and acquired skills through deliberate self-practice, persistent motivation and the “hunger to be better.” The spinning top model can be applied to modern surgical training as it emphasises that innate ability and talent play only a small part in development of expertise, more important were motivation, deliberate practice and adaptability. The model can be used to promote confidence and encourage trainees in that while innate ability is important the ability to become an expert is within their own hands.

**0067: A CASE SERIES OF ISOLATED SPLENIC ECHINOCOCCAL CYSTS: A 20-YEAR EXPERIENCE AND LEARNING REFERENCE FOR CURRENT TRAINING**

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**Introduction:** Isolated splenic echinococcal cysts are rare, constituting less than 2.3% of all hydatid cysts. We report our experience of isolated splenic hydatidosis in a District General Hospital.

**Methods:** All patients diagnosed with isolated splenic hydatid cysts between 1993 and 2013 were identified from a prospective database. Patient demographics, presentations, management and outcomes were recorded.

**Results:** 6 patients had isolated splenic hydatid cysts in the 20-year period. All patients originated from rural areas in northern Greece and southern Albania (M:F = 1:1; Age: 23-78), one patient presented with acute abdomen. The remaining five presented with severe abdominal pain. Additional symptoms include malaise (2), vomiting (1) and symptomatic splenomegaly (1). All patients had eosinophilia (3.1-7.3%). Preoperative diagnosis was established using USS or CT, and confirmed by positive enzyme-linked immunosorbent assay (ELISA) for echinococcal antibodies. All patients underwent open splenectomy with hypertonic saline washout and perioperative antibiotic therapy. Recurrence was identified at 5-year follow-up.

**Conclusions:** Isolated splenic hydatid cysts are rare but should be included in the differential diagnoses of acute abdomen with eosinophilia particularly if patient originate from rural regions. Splenectomy with antibiotics (albumazole) is the treatment of choice. This rare splenic pathology should remain as important learning reference for future surgical training.

**0069: THE UNITED KINGDOM FREEDOM OF INFORMATION ACT (2000) IN HEALTHCARE RESEARCH: A SYSTEMATIC REVIEW**

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**Introduction:** The Freedom of Information Act (2000) potentially offers access to huge amounts of data. We aimed to investigate its use in healthcare research since 2005.

**Methods:** An extensive literature search was undertaken to January 2013. Papers were considered if they described utilising the UK Freedom of Information act to gather data for healthcare research. Number and characteristics of studies utilising the Act to collect data for healthcare research and features that improved data acquisition was collected.

**Results:** Sixteen articles were included. The median number of requests was 86 (range 1-172), total number of requests was 1,732 and 15,817 pieces of data were retrieved. A median of five questions were asked per study and mean response rate was 86%. The NHS litigation authority responded to 100% of requests, Primary Care Trusts to only 81%. There was a positive correlation between number of requests made and data obtained (0.508, p<0.05) and number of requests made and increased response rate (0.737, p<0.01).

**Conclusions:** Researchers should make greater use of the act to access information they need that is not otherwise disclosed. We discuss issues with research utilising the act and how future research of this type could be optimised.

**0077: WHAT DO NURSES EXPECT FROM NEWLY QUALIFIED DOCTORS?**

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**Introduction:** The 2009 GMC document ‘Tomorrow’s Doctors’ identified the standards expected of Newly Qualified Doctors (NQDs). Nurses regularly observe Foundation Doctors in the clinical environment. We investigated if the observations and expectations of nurses reflect the GMC guidance.

**Methods:** Ethical and Strategic Health Authority approval was granted. Twenty-two nurses of varying experience were recruited. The 41 skills and domains recommended in Tomorrow’s Doctors that the researchers considered would be most applicable to the nurses’ observations were identified. Participants were asked which of the domains they expected and which they had observed a NQD to be able to perform. Qualitative data was collected regarding the conduct and attitudes of NQDs and analysed using thematic analysis.

**Results:** Nurses have a low expectation of NQDs skills and abilities. This is not only in regards to perceived competence but also the breadth of skills nurses have observed NQDs to possess.

**Conclusions:** Nursing staff decide who to contact in the medical team. Lack of knowledge of NQDs skills sets may result in NQDs being bypassed in favour of more experienced members of the team. Therefore efforts should be made to increase awareness amongst nursing staff and allied health professionals of the GMC’s guidance of NQDs.

**0129: THE WIKIPEDIA MEDICAL STUDENT: COMPARING THE QUALITY OF VASCULAR SURGERY TOPICS ACROSS TWO COMMONLY USED EDUCATIONAL RESOURCES**

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**Introduction:** The aims of the study are to: (1) Assess the quality of the respective Wikipedia.org articles against the equivalent chapters in a standard textbook of surgery; (2) Identify any errors of omission in either resource; (3) Compare the readability of both resources using validated ease-of-reading and grade-level tools.

**Methods:** Eight fundamental topics in vascular surgery were analyzed in this study. The respective articles were accessed from Wikipedia.org through its native search engine; equivalent chapters from Schwartz Principles of Surgery 9th edition were marked. Quality was evaluated using the DISCERN tool, errors of omission were evaluated using a proprietary scoring system designed by the author(s), and readability was evaluated using a variety of validated ease-of-reading scoring systems.

**Results:** Schwartz Principles of Surgery 9th ed. scored highest in quality with perfect DISCERN scores of 5 and had the lowest errors of omission, while Wikipedia.org scored best for readability being, on average, understandable by most Grade 12 educated students. Inter-observer concordances validate these results.

**Conclusions:** Schwartz Principles of Surgery 9th ed. is superior to Wikipedia.org when critiquing quality, and errors of omission, while Wikipedia.org is superior to the textbook when considering the ease of reading.

**0146: THE IMPACT OF FEEDBACK ON SURGICAL PERFORMANCE: A SYSTEMATIC REVIEW**

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**Introduction:** Increasing patient demands, costs and emphasis on safety have led to performance tracking of individual surgeons. Several methods of using this data, including feedback have been proposed. Our aim was to systematically review the impact of feedback of outcome data to surgeons on their performance.

**Methods:** MEDLINE, Embase, PsycINFO, AMED and the Cochrane Database were searched by two independent reviewers. 60 data-points per study were extracted.

**Results:** The search strategy yielded 1531 citations. Seven studies were eligible comprising 18,365 cases or procedures by 48 surgeons. Overall,