Aim: Good Surgical Practice (RCS-2008) guidelines require that patient consent is "informed and un-harassed". Day-of-surgery consenting compromises this process and although common-place is ideally avoided. We assess the impact of specialist nurse consenting in clinic and surgeon education on reducing day-of-surgery consent rates.
Method: Documentation for all patients undergoing elective inpatient procedures was prospectively reviewed over 4 weeks. Results of the 1st cycle were presented at a departmental meeting where the advantages of consenting in clinic were promoted. Specialist nurse consenting in clinic was introduced for head and neck (H+N) services, whereas this was already in place for otology services. Re-audit occurred 8 months later.
Results: 200 notes were analysed (1st cycle=94, 2nd cycle=106) sub-divided into otology (42=21%), H+N (74=37%), and general (84=42%). Two-tailed Fisher exact test was applied to determine significance. Overall significant reductions in day-of-surgery consent was achieved (67/94 to 60/106, p=0.028) with subgroup analysis revealing improvements in H+N (31/38 to 17/36, p=0.0032) and general (31/32 to 35/52, p=0.00093) whereas no significant change occurred in otology (5/24 to 8/18, p=0.18).
Conclusions: Specialist nurse consenting in clinic and surgeon education are effective in reducing day-of surgery consent rates. These measures are cost-effective, easy to implement, and broadly applicable.

0749 EMERGENCY LAPAROSCOPIC SUB-TOTAL COLECTOMY: A GENERAL SURGICAL OPERATION?

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Aim: Sub-total colectomy (STC) is the treatment of choice for acute colitis refractory to medical therapy. Laparoscopic colorectal surgery improves the early outcomes of pain and hospital stay. Colonic surgery is increasingly undertaken by surgeons with a colorectal subspecialist interest. Should laparoscopic surgery for acute colitis be an operation for the emergency general surgeon?
Method: A service evaluation was carried out in an upper gastrointestinal unit with an emergency general surgery commitment and experience of routine laparoscopic colonic cancer surgery. Operative and morbidity data was collected prospectively on all patients undergoing emergency laparoscopic STC for inflammatory bowel disease in 2009 & 2010.
Results: 14 laparoscopic STC's (n=7 male) were performed. Two procedures were converted for difficult mesenteric dissection and a misplaced swab. The median age was 55(range 24-74) years. The median operating time was 240(range 180-330) minutes. The median hospital stay was 9(range 3-36) days. There was no mortality. The patient converted for difficult dissection required splenectomy following failed splenic preservation after iatrogenic injury during open dissection. A further patient required reoperation for small bowel obstruction.
Conclusion: Our findings would suggest that emergency laparoscopic STC is a safe and feasible operation for the general surgeon with laparoscopic experience.

0753 DOES RENAL FAILURE WORSEN OUTCOMES OF REVASCULARIZATION IN PATIENTS WITH LIMB ISCHEMIA?

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Aim: The aim of this study was to determine the impact of renal function upon limb salvage following endovascular and open surgical interventions in a district general hospital.
Methods: From January 2005 to December 2008, 181 patients underwent interventions for chronic limb ischemia. Primary patency, assisted patency and limb salvage were assessed using Cox regression analysis.
Results: 181 patients (male 61% with a mean age of 70 +/- 10 years) were followed up for 312+/- 127 days following intervention for lower limb ischemia (open [n=23, 12.7%], endovascular [158, 87.3%]). 6 (3.3%) patients were classified with TASC A disease, 61 (33.7%) with TASC B, 103 (56.9%) with TASC C and 11(6.1%) patients with TASC D disease. The overall primary patency, assisted patency and amputation rates were 61%, 79% and 13% respectively. The presence of renal failure did not worsen the patency or amputation rates (HR= 1.38, 95% CI 0.9-2.0 and HR=1.2; 95%CI 0.4-3.3; P>0.05 respectively). Similarly the glomerular fraction rate (GFR) did not alter the patency or amputation rates.
Conclusions: Patients with renal failure have good outcomes with endovascular and surgical intervention for limb ischemia. Aggressive management of patients with poor GFR and limb ischemia results in good outcomes.

0755 DOES GENDER AFFECT OUTCOME IN PATIENTS WITH CRITICAL LIMB ISCHAEMIA?

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Aims: Evidence exists to suggest that women are associated with poorer outcomes following revascularisation for critical limb ischemia. This gender-related disparity requires further corroboration in the UK.
Methods All patients undergoing lower limb infra-inguinal surgical bypass for critical limb ischaemia (Rutherford category 4-6) from January 2005 to December 2009 were identified from the departmental vascular database.
Results: We identified 208 patients (136 men; 65.4%), median age of 72 years (range 65-79yrs). At presentation, men were significantly younger than women (70yrs men vs. 77yrs; p<0.001 MW U test). No significant gender related difference was seen for either cardiovascular related co-morbidity or presence/absence of tissue loss. Significant gender related differences were seen for Hb, WCC, Na and urea (p<0.05 MW U test). No differences were observed for other biochemical variables. Furthermore, there was no significant difference in perioperative mortality (8.1% men vs. 2.8%, p = 0.227 Fisher's test), or 5 year mortality rate (33.1% vs. 44.4%, p=0.13 X2 test).
Conclusion: Our study does not confirm previous findings of gender associated mortality discrepancies. The high long term mortality rates require continued aggressive modification of cardiovascular risk factors.

0762 CLASSIFICATION OF SOUTH ASIAN BREAST CANCER PATIENTS (SABCP) FROM WEST YORKSHIRE: A CLUSTER ANALYSIS BASED ON DELAYED PRESENTATION

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Aim: To evaluate the factors influencing delayed presentation among SABCP.
Methodology: The ethnicity information documented in the electronic data base was used to identify SABCP from January 2000 to December 2004. Duration of symptom, tumour size, lympho-vascular invasion and lymph-node involvement were used to measure the delay using cluster analysis. The number of clusters was advised by Bayesian Information Criterion.
Results: 83 patients (Pakistani = 51; Indian = 32) were identified. The model identified 3 classes; class 1 (n=33) presented within 2 weeks with small tumours, negative lymphnodes and stage 1 or 2 disease. Class 2 (n=38) typically presented around 10 weeks with positive lymphnodes, lympho-vascular invasion and stage 2 or 3 disease. Class 3 (n=12) presenting late with large tumours and stage 3 disease. Breast screening was shown to be a strong predictor of short delay (p<0.01), whereas age was weakly associated with long delay (p=0.11). Neither ethnicity nor index of multiple deprivation (IMD) was associated with delay classification.
Conclusion: Breast screening was strongly associated with shorter delay in presentation. There was no association between IMD/ethnicity with delayed presentation. Further qualitative research is needed to understand delay in presentation of SABCP.

0763 FACTORS AFFECTING SEROMA COLLECTION BY SUCTION DRAINAGE POST-MASTECTOMY

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Aims: Suction drainage is routinely used following mastectomy but often delays discharge. This study identifies factors affecting postoperative drainage, seroma formation and length of stay in hospital following mastectomy with a view of implementing a 23-hour mastectomy service.
Methods: A prospective review of consecutive patients from August to December 2010 who underwent mastectomy for breast cancer. Their co-morbidities, neo-adjuvant status, number of drains, length of in-hospital stay and seroma volumes were recorded.
Results: 66 patients were included and divided into 3 groups: Mastectomy with sentinel node biopsies (n=34), Mastectomy with axillary clearance/ dissection (n=27) and Mastectomy alone (n=5). 32 patients (48.5%) developed seromas. Patients undergoing mastectomy with axillary clearance/dissection had higher volumes drained (460mls vs 170mls, $p<0.05$). Single drain patients had lesser amounts (220mls vs 435mls $p<0.05$) and shorter in-hospital stay (3.62 vs 4.94 days, $p<0.05$). Patients with co-morbidities (eg-Hypertension) and neo-adjuvant treatment drained higher volumes ($p<0.05$). No significant difference in the incidence of seroma versus number of drains, co-morbidities and neo-adjuvant therapy.
Conclusion: 23-hour mastectomy model benefits patients by minimising patient stress and reducing hospital length of stay. This study finds selected patients (without co-morbidities) undergoing less invasive procedure would be more suited for this model.

0767 DOES THE DURATION OF LAPAROSCOPIC SURGERY AFFECT HOSPITAL STAY?

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Aims: Laparoscopic surgery reduces hospital stay following colorectal surgery but does this benefit decrease as operative time increases. In this study we assess how operative time affects hospital length of stay and patient morbidity.
Methods: Data was collected from those patients who underwent laparoscopic anterior resections to establish length of surgery, hospital stay and complications. The patients were separated into two groups, surgery less than four hours and surgery over four hours.
Results: 21 patients were identified but complete data was available for 17 patients. 7 patients (mean 76yrs, 5m and 2f) underwent surgery in under four hours and 10 (mean 69yrs, 7m and 3f) over four hours. The median length of stay was 4 days if surgery was performed in under four hours, compared to 6 days if over four hours ($p=0.05$). There were no deaths in either group. 1(14%) patients had a complication if surgery was performed in less than four hours compared to 5(50%) if over four hours.
Conclusions: The length of hospital stay increases with operative time. Though not significant there was an increase in morbidity. This is a small study but we aim to increase recruitment. It appears that the benefits of laparoscopic surgery are lost with prolonged operative.

0771 IS HIGH DOSE BOTULINUM TOXIN IN COMBINATION WITH FISSURECTOMY SAFE AND EFFECTIVE IN THE MANAGEMENT OF CHRONIC ANAL FISSURE?

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Aims: To identify the efficacy and morbidity of using 100 units of Botulinum Toxin (BoTox) and fissurectomy in the management of chronic anal fissure (CAF).
Methods: All patients with CAF who underwent fissurectomy and BoTox injection, by a single surgeon over a period of thirty-two months were evaluated. Data collected included: demographics, duration of symptoms, location of fissure, symptomatic improvement, fissure healing, continence and complications. Patients were reviewed at three months following surgery or until complete healing.
Results: A total of 62 patients were included. The follow-up period ranged from 6-29 months. The mean age was 40 years. The fissure was located posteriorly in 42 patients, and anteriorly in 5. Indications were failure of topical therapy (40%), chronic symptoms/ signs (27%) or both (33%). At 3 month review 95% of patients showed improvement of symptoms. 42 of them had complete healing, of the remaining 17 patients, 14 had further injection or topical therapy, all subsequently healed. No recurrences reported. 90% of patients reported no complications. 6 patients reported a degree of incontinence in the immediate post-operative period. All reported normal continence by 3 months.
Conclusions: High dose BoTox and fissurectomy is a safe and effective management for CAF.

0772 DO VIDEO GAMES INCREASE APTITUDE ON SURGICAL SIMULATORS?

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Introduction: Different modalities have been introduced in video games: pad controllers, wireless motion controllers. Increasing awareness of simulation-based training, our study looks at the key question, does playing video games increase performance on surgical simulators?
Method: Thirty-four participants (17/17; Non-gamers/gamers) carried out simulated tasks on a virtual-reality surgical simulator. The gamers were split based on their experience with pad or wireless (Wii) controller. The tasks were assessed on time taken to complete, and errors made on the tasks.
Results: Three participants were excluded due to failing to complete the tasks. The gamers groups scored better results and had narrower ranges on all parameters. Gamer groups scored significantly better on time ($p=002$ Wii /$p=0.04$ Pad) Only the Wii gamers gained significant results on other parameters: Broken arrows ($p=0.016$) and Penetration ($p=0.009$)
Conclusion: Participants with experience in playing video games have scored better on all parameters, scoring with narrower range of data, which suggests a better discipline of technique. Playing computer games improves task time, but only the use of motion-sensitive controllers decreases task errors. Results from this study are most likely dependent on multiple factors, and video game exposure appears to be one of those factors.

0777 OBSERVED WORKPLACE BASED ASSESSMENTS: NEED FOR OBSERVATION!

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Introduction: Mini- CEX and Directly Observed Procedural skills (DOPS) are an integral component of the assessment process in surgical training, and provide evidence of a trainee's clinical abilities. There is limited evidence looking into the process of observed WPBA. The aim of the study was to evaluate current practice of conducting these observed assessments.
Methods: Online and paper based questionnaire survey was carried out among the Year 1 CSTs (Core Surgical Trainees) in the Wales Deanery.
Results: 26 CST1s participated in the study. Availability, friendliness and 'less likelihood of giving negative feedback' were the main attributes that dictated the choice of an assessor . Nearly 75% of DOPS assessments were fully observed compared to only 50% in Mini CEX. 47% received feedback on their assessments, and of these, only 42% had an action plan created. Majority (74%) of the trainees felt that the assessors were trained in giving feedback.
Conclusion: It is evident that the process of conducting observed WPBAs is flawed as not every assessment is being observed, thus raising questions about reliability and predictive validity. Assessor and assesse training in the process, coupled with 'allocated time' for assessments can make the process robust and educational.

0778 CLASSIFICATION OF THE AORTIC VISCERAL SEGMENT BY ZONES

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Aim: Complex aortic endografting has emerged as an alternative to open surgery for pararenal, suprarenal and thoracoabdominal aneurysms. The existing classification for these aneurysms is related to clamp placement