Background and Method: With a changing pattern of healthcare provision procedures traditionally undertaken in an inpatient setting are increasingly occurring in independent sector treatment centres. We undertook a prospective study of 386 patients having a laparoscopic cholecystectomy to evaluate the effectiveness of a previously published risk-score (RSCLo score) in predicting which patients required conversion.

Results: We found no significant difference between the RSCLo scores of those requiring conversion and those completed laparoscopically; with median scores of -6 and -7 respectively. We found significantly different rates of conversion between males and females and between those with and without previous upper abdominal surgery.

Discussion and Conclusions: We found the RSCLo score to be an ineffective method of predicting which patients were at risk of conversion to an open cholecystectomy. We have devised a simple risk-score (Bradford-score), when applied to our study population it divides the population into low-risk and high-risk groups with rates of conversion of 1.4% and 8.4% respectively (p < 0.05). This scoring system allows the identification of the patients most at risk of conversion to an open procedure, and therefore less suited to a procedure outside a major hospital setting.

0666 A CLINICAL AUDIT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) ON FIVE SURGICAL WARDS AT NUH
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Background: The majority of evidence for ERAS lies within colorectal surgery. Evidence for its benefit in other specialties is limited. Protocols for ERAS have been introduced in 5 specialties within NUH.

Aims: To determine the application of ERAS principles within the identified specialties.

Method: Patients undergoing colorectal, gynaecological, gynaecologic oncological, upper gastrointestinal and hepato-pancreaticobiliary surgery within defined ERAS protocols were audited prospectively. The primary outcomes were length of stay and ERAS success (determined by discharge in accordance with protocol).

Results: 125 patients were audited. ERAS success ranged from 63.6% in gynaecology to 29.2% in gynaecologic oncology. Good compliance with protocol led to improved ERAS success in all specialties. Significant predictors of ERAS success (p<0.05) were demonstrated where patient population allowed. In colorectal surgery: ASA ≤ 2, laparoscopic open surgery, eating breakfast on day 1, distance walked on days 1 and 2, and removal of IVI, catheter and PCA/epidural as recommended by protocol. In gynaecology and gynaecologic oncology: eating a normal diet on day 1 and catheter removal on day 1.

Discussion: The major issues affecting the ability to comply with the principles of ERAS were identified. These include poor patient motivation, inadequate anti-emetic control and sub-optimal patient mobilisation. They should be implemented and subsequent re-audit instituted.

0668 3D CONTRAST ENHANCED ULTRASOUND OF CAROTID ATHERO-SCLEROSIS
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Contrast enhanced ultrasound is an emerging technology for assessment of carotid plaque morphology, perfusion and inflammation. 2D ultrasound is the current standard for plaque assessment. However it suffers from sampling error and section location is difficult to reproduce.

Aim: A feasibility study to identify whether 3D imaging could address these problems.

Method: 6 patients with 50-99% carotid stenosis were imaged following bolus injection of 2ml of intravenous SonoVue (Bragco, Italy) at a mechanical index of 0.27. The GE Logiq E9 ultrasound platform and the L6-16 probe were used to capture a 1 minute cine loop of 2D imaging, followed by a repeat injection and 3D acquisition at 40 seconds. Three dimensional plaque models were then constructed.

Results: 3D imaging provided a mean of 5x1mm sections instead of 1 for visual plaque analysis. In one patient ulceration not detected on 2D contrast imaging was seen on 3D.

Conclusion: 3D contrast enhanced ultrasound imaging is feasible and has the potential to provide improved visualisation of plaque vulnerability features by reducing sampling error. The resulting 3D models may assist in surgical planning. Continuous 3D acquisition and contrast quantification software are required before this technique can be introduced for stratification of carotid stroke risk.

0669 LONG-TERM GASTROINTESTINAL OUTCOMES AFTER STREPTOCOCCUS BOVIS BACTERAEMIA
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Aim: To review the clinical outcomes of patients with S. bovis bacteraemia in our hospital trust, particularly regarding gastrointestinal pathology.

Methods: A retrospective cohort study of patients with S. bovis bacteraemia was performed. Clinical records and general practitioner questionnaires were reviewed for data regarding demographics, comorbidities, clinical presentation, investigations, interventions and final outcomes.

Results: Sixty positive S. bovis blood cultures from 42 patients were included (M=25, mean age 67.1, range 44-88 years and F=17, mean age 68.9, range 31-90 years). Thirty-two patients had one positive S. bovis blood culture; 10 had more than one positive culture. Five patients had a previous diagnosis of a colorectal lesion prior to their bacteraemia (CRC=4, adenoma=1). Thirteen of the remaining 37 patients underwent colonoscopy on their index admission where three colon cancers and seven adenomas were diagnosed. Of the remaining 24 patients, only one colorectal carcinoma was detected in a subsequent admission.

Conclusion: Colonoscopy was detected in 76.9% (10/13) of all patients who underwent index admission colonoscopy. Colonoscopy should be considered in all patients with S. bovis bacteraemia during or soon after their index admission. Patients who have had a normal colonoscopy do not require further colonic investigation in the absence of symptoms.

0674 INTRATHYROID PARATHYROID ADENOMA: ROLE OF HEMITHYROIDECTOMY
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Background: Intra thyroid parathyroid adenomas are one of the causes of persistent hyperparathyroidism. They can make parathyroidectomy difficult even for the experience endocrine surgeons. The purpose of this study was to evaluate the effectiveness of thyroid resection in patients with positive pre operative localization.

Methods: We report a single centre experience of parathyroidectomy over 4 years ending 2010. All patients have pre operative localisation of adenoma.

Results: Between 2006 - 2010, 78 patients underwent focused parathyroidectomy for primary hyperparathyroidism. 12 (17%) were male and 58 (83%) female with mean age of 61 years (range 34-81). All patients have pre operative localization of adenoma with 99mTc-labelled sestamibi isotope scanning and 17 had an additional ultrasound of neck. In 7 (10%) patients, adenoma was not clearly identified and hemithyroidectomy was carried out. Histology of 5 (7%) patient showed intrathyroid parathyroid adenoma and 2 showed normal thyroid tissue. All 7 patients have a normal calcium levels at 6 weeks and 3 months post operatively.

Conclusion: Our cohort shows incidence of intrathyroid parathyroid adenoma at 7%. Our experience supports the opinion of hemithyroidectomy for intrathyroid parathyroid adenoma.

0676 TOTAL THYROIDECTOMY: DEFINITE TREATMENT OPTION FOR GRAVES’ DISEASE
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Background: Thyroidectomy is recommended as standard treatment for Graves’ disease. The aim of this study was to review retrospectively the