performing a laparoscopic cholecystectomy in MO patients to help surgical trainees minimise technical difficulties, conversions and consequentially morbidity in these patients.
Methods: A standardised technique of dealing with a laparoscopic cholecystectomy in the MO patient is illustrated. Development of the surgical technique is based on cumulative years' experience from various surgical units by an Upper GI surgeon and a case series of 25 patients.
Results: This technique describes methods of coping with challenges at key stages of the operation. Pre-operatively, a liver shrinkage diet is recommended. A more efficient way to transfer a patient is described. A safe technique of induction of pneumoperitoneum, port placement and ways to deal with the challenge of exposing the cystohepatic triangle is diagrammatically illustrated.
Conclusion: The systematic approach as described above provides trainees with a framework to deal with the challenges faced in MO patients to make this demanding operation simpler and also to reduce overall morbidity to the patient.

0833: A 9-YEAR REVIEW OF LAPAROSCOPIC FUNDOPLICATION WITH EMPHASIS ON AGE AND OUTCOME

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Aim: Gastro-oesophageal reflux disease (GORD) affects 30% of the population and fundoplication is considered the standard surgical treatment. The aim of this study was to determine whether age, sex, type of hiatus hernia, type of fundoplication and having pre-operative barium swallow had an effect on successful surgery.
Methods: A 9 year retrospective analysis was performed on all patients having undergone laparoscopic fundoplication in one Healthboard.
Results: 97 patients with complete datasets were identified (51 males, 46 females). Mean follow-up was 12 months. The age range was 27–88 years, mean 52 years. 75 patients had a sliding hiatus hernia, 11 paraoesophageal hernias, 6 no hernias and 5 mixed type. 45 patients had a pre-operative barium swallow. 86% of patients had 360° fundoplication, 6% 180° wraps, 7% 270° wraps, 1% 90° wrap. Binary logisitic regression demonstrated that age had an inverse correlation with symptom resolution ($p = 0.026$). This inverse correlation was more marked in females ($p = 0.027$).
Conclusion: This study demonstrates the likelihood of symptom resolution following surgery for GORD decreases with age. Young females have the best outcome and this was independent of type of hernia, surgical procedure or pre-operative barium studies.

0866: BARIATRIC SURGERY IN PATIENTS WITH TYPE 2 DIABETES

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Aim: Bariatric surgery for the treatment of obesity is an increasingly available intervention and studies suggest this could result in rapid improvement in glycaemic control in patients with type 2 diabetes mellitus(T2DM). The aim was to assess effect of post-operative weight loss on glycaemic control.
Methods: A single-centre retrospective analysis of 16 patients with T2DM undergoing bariatric surgery in 2012. Information was collected on procedure type-laparoscopic sleeve gastrectomy(LSG) or laparoscopic Roux-en-Y gastric bypass(LRYGB), weight, HbA1c and diabetic medications pre-operatively, at 6 months, and 12 months. Quantitative and statistical analysis was performed.
Results: 44% LSG($n = 7$), 56% LRYGB($n = 9$). Mean pre-operative weight was 122.5 kg, 99 kg at 6 months, and 96.2 kg at 12 months, with mean excess weight loss of 48.4%. Pre-operative mean HbA1c was 55.4 mmol/mol, 42 mmol/mol at 6 months ($p = 0.0002$) and 40.0 mmol/mol at 12 months ($p = 0.03$). Pre-operatively 69% required oral therapy; 19% insulin. At 6 months 94% required only metformin, with 100% diabetes remission at 12 months.
Conclusion: There was significant weight loss post-operatively. 73% had >30% excess weight loss at 12 months. All patients with diabetes achieved remission at 12 months. Excellent additional outcomes to weight reduction can be achieved from bariatric procedures. This is attained through careful patient selection, pre-operative optimisation of comorbidities, and multidisciplinary approach.

0867: A RETROSPECTIVE AUDIT OF PATIENT SELECTION FOR BARIATRIC SURGERY

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Aim: Bariatric surgery is a suitable treatment for appropriate and specially selected patients with complex obesity which has not responded to alternative treatments. The aims were to review patient selection for bariatric surgery and ensure patients are being appropriately selected with recommendations from NICE CG43.
Methods: 75 consecutive cases from 2012 were included in this single-centre retrospective audit. Information was collected on BMI at first referral, non-surgical measures trialled prior to referral, contact with obesity services, commitment to procedure and long-term follow-up, and discussion at multi-disciplinary team(MDT) meeting. Quantitative analysis was performed.
Results: 75% female($n = 36$) and 25% males($n = 19$) included.49% had laparoscopic sleeve gastrectomy(LSG) and 51% laparoscopic roux-en-Y gastric bypass(LRYGB). At first referral body mass index(BMI) was most commonly 46–50 in 36% of patients, then 25% BMI 36–40. Prior to surgery, 93% had trialled non-surgical weight loss measures. 67% had attended specialist obesity services. Discussion regarding long-term follow-up was recorded in 61%, with MDT discussion in 12%.
Conclusion: All patients had basic information recorded at first referral. All patients should attend specialist obesity services and have discussion at MDT in-line with NICE guidance (updated Nov 2014) which requires improvement to meet audit standards. Appropriate clinical selection of fully informed patients is important to achieve optimal outcomes.

0910: RISK OF COMMON BILE DUCT STONES (CBD) STONES WHEN DERANGED LFTS HAVE RETURNED TO NORMAL

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Aim: To investigate the incidence of persistent CBD stones at the time of surgery, in a group of patients whose deranged LFT's have returned to normal.
Methods: A retrospective review of patients who underwent laparoscopic cholecystectomy with on table cholangiography for symptomatic gallstone disease, whom had deranged LFT's at the time of presentation, but had since returned to normal prior to surgery.

- study period 2004–2013.
- Potential risk factors were considered; preop biliary dilatation, age, pancreatitis at presentation, pattern of deranged LFTS as well as individual rises in markers.

Results: Study involved 288 patients. 21.5% had CBD stones at time of surgery. 99 patients had CBD dilatation, of which 34% had CBD stones. CBD stones were more common in patients with CBD dilatation ($p < 0.0001$).
Conclusion: CBD stones are not an uncommon finding in these patients at the time of surgery. CBD stones are more common in patients with dilatation on peri-operative imaging. Even with a non dilated biliary tree, CBD stones are found in a small but clinically significant proportion of patients, this it was not possible to clinically predict which patients would have them, therefore making routine cholangiography an option in these patients.

0914: A STUDY OF HELICOBACTER PYLORI INFECTION IN PERFORATED PEPTIC ULCER DISEASE

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