a HPB surgeon from a tertiary centre was summoned in only 1 out of 4 cases operated. The overall stay in hospital was recorded 8 days; one patient went home from ITU in 3 days after operation for grade 4 injuries

Conclusion: Initial management for high grade liver injuries can safely be carried out even at DGH with less exposure with robust ITU and post operative surgical care.

BARIUM ENEMA – AN OBSOLETE TEST IN COLON CANCER IMAGING?

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Aims: To ensure appropriate staging and localisation of colonic neoplasia, accurate pre-operative imaging is vital for optimal surgical planning. This study compares the localisation accuracy of three colon imaging tests with operative findings.

Methods: 40 consecutive patient case notes from the colorectal cancer database at a single institution were analysed. The results of air contrast barium enema (ACBE), computed tomography (CT) and colonoscopy were noted and compared to cancer location at operation.

Results: Patient demographics are presented. In comparison with operative findings, ACBE correctly identified the location of colorectal cancers in 52% of cases; 67.5% accuracy with colonoscopy and 70% with CT scanning. In only 23% of cases was there agreement in cancer location between the three imaging modalities and operative findings. Further results are presented comparing accuracy with right sided and left sided lesions.

Conclusions: Pre-operative localisation of colon cancer is often inaccurate. In this observational study, ACBE was the least accurate modality when compared to CT and colonoscopy. This study highlights the need for multiple modality confirmation of location and that reliance on single modality may lead to sub-optimal surgical resection or inappropriate incisions. There are implications for screening programmes and in-patient investigation of suspected colon cancer.

AN AUDIT OF PILONALD ABSCESS SURGERY AND COMPLICATION RATES AT MILTON KEYNES NHS FOUNDATION HOSPITAL

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Introduction: A pilonidal abscess is a common surgical problem that requires incision and drainage, performed under general anaesthesia at Milton Keynes Hospital. 50% of cases represent an underlying pilonidal sinus requiring formal excision to prevent recurrence. There is an inevitable time lag between presentation, treatment and discharge. Thi audit is designed to assess the length of inpatient stay, time to treatment, recurrence rate and follow up.

Methods: Fifty patients treated with incision and drainage in the last two years were identified for audit. Length of stay, complications and recurrence data were obtained from the patient notes.

Results: The average length of hospital admission was 2.2 days, with surgery performed on day 1.5 of admission. 38% of patients had had previous disease requiring drainage. Follow up was only offered to 40% of patients, with 26% attendance and definitive surgery offered to 61.5% of attendees.

Discussion: We propose that all patients should be offered immediate incision and drainage under local anaesthesia to relieve pain and reduce length of inpatient stay. Our local recurrence rates matched previously published data, but all patients (not 40%) should be offered follow up to identify underlying sinus disease in an attempt to reduce recurrence and repeated presentations.

A SIX YEAR POST-OPERATIVE REVIEW OF SECONDARY ALVEOLAR BONE GRAFTING IN THE TRENT REGION

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Aim: To consider whether the standard specified by CSAG for secondary alveolar bone grafting is appropriate and being achieved. The standard as specified by Clinical Standards Advisory Group suggests a success rate of 58% for secondary alveolar bone grafting.

Method: A retrospective audit of 98 patients who had secondary alveolar bone grafting, 6 of whom had repeat procedures (of which all 6 were bilateral clefts) over a six year period. A full review of all clinical notes and radiographs. The success of graft was scored using the Kindelan Grading system by two examiners independently

Results: Our unit audit suggests a success rate of 96% can be achieved for secondary alveolar bone grafting with minimal complications using the Kindelan grading system.

Conclusion: The CSAG standard for secondary alveolar bone grafting can be attained and should be considered to be 96% as shown to be achievable in this regional cleft unit.

IMPROVEMENT IN LAPAROSCOPIC SKILLS AFTER TRAINING ON A PROFICIENCY BASED SIMULATION TRAINING CURRICULUM

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Background: Surgical Training is changing due to the pressures of decreased training time imposed by the European Working Time Directive and simulation based training allows repeated practise without patient risk.

Aims: To assess Improvement in laparoscopic skills after training on proficiency based simulation training curriculum.

Methods: Subjects consisted of 10 junior surgical trainees who did not have any prior laparoscopic experience. The students received a presentation and instruction to familiarise on laparoscopic Cholecystectomy technique and the use of the simulator (LAP Mentor™ Simbionix, Cleveland, OH, USA). Trainees performed a baseline simulated cholecystectomy. They then completed a proficiency based curriculum before they performed the second simulated cholecystectomy.

Results: All 10 trainees completed the curriculum. The performances between the two simulated Cholecystectomy were compared for the time taken (TT), the number of movements (NOM), the total path length (TPL) and the efficiency of the electro-cautery (EC). There was significant improvement in all the parameters (p value: TT: 0.000062, NOM: 0.0015, TPL:0.00003, EC 0.0002). It took average of nine hours to achieve proficiency in the basic and the procedure tasks.

Conclusion: Simulation based training in laparoscopic skills is practical and proficiency based curriculum significantly improved performance of the surgical trainees.

THE RELATIONSHIPS BETWEEN LEARNING OUTCOMES AND METHODS OF TEACHING ANATOMY AS PERCEIVED BY MEDICAL STUDENTS

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