0902: ABSENCE OF CORRELATION BETWEEN SERUM CRP LEVELS AND MITCHONDRIAL D-LOOP DNA MUTATIONS IN GASTRO-OESOPHAGEAL ADENOCARCINOMA
Benjamin Tan 1, Richard Skipworth 1, Nicholas Wheelhouse 2, Kenneth Fearon 1, James Ross 1, 3 University of Edinburgh, Edinburgh, UK; 4 Moreden Research Institute, Penicuik, UK
Introduction: Both inflammation and mitochondrial DNA (mtDNA) mutations are thought to play a role in the many human cancers. The aim of this study was to evaluate the relationship between inflammation and the accumulation of mtDNA mutations in the D-loop region in carcinogenesis of gastro-oesophageal adenocarcinomas.
Methods: 20 patients with gastro-oesophageal adenocarcinoma had blood taken for measurement of serum CRP concentration. Direct sequencing of mtDNA in the D-loop region was done in the 20 adenocarcinoma samples and their corresponding surrounding non-cancerous tissue. Sequences were compared with existing mtDNA databases to identify mutations.
Results: mtDNA mutations in the D-loop region occur commonly with almost identical frequency in both non-cancerous tissue (3.0 ± 1.6) and adenocarcinoma (3.1 ± 1.9) (p = 0.916, paired t-test). There was no discernable relationship between CRP and the number of D-loop mutations in both adenocarcinoma (p = 0.596, Student’s t-test) and non-cancerous tissue samples (p = 0.594, Student’s t-test). Five new mutations were identified that were not recorded previously in mtDNA databases.
Conclusion: D-loop mtDNA mutations are common in both gastro-oesophageal adenocarcinoma and surrounding non-cancerous tissue. However, the accumulation of such mutations appears to occur independently of systemic inflammation.

0903: DOES EARLY PREGNANCY INFLUENCE WEIGHT LOSS AFTER BARIATRIC SURGERY?
Tereza Remesova, Bernadette Pereira, Lucy Jones, Dugal Heath, Pratik Sufi, Whittington Hospital, London, UK
Background: Bariatric surgery is effective in treating obesity and becoming popular. The current recommendation is to delay pregnancy for 12-18 months during the rapid weight loss phase and until the weight loss stabilises. There are no controlled studies that have examined the effects of pregnancy on weight loss in patients who have undergone bariatric surgery.
Methods: We followed up 10 patients who became pregnant within one year post gastric bypass. The weight loss was compared with a cohort of age-matched 10 non-pregnant (NP) patients.
Results: The NP patients had an average Excess Body Weight (EBW) loss of 54.1% at 6 months, 73.8% at 12 months and 74.7% at 24 months after surgery. The patients who conceived in the first year after surgery had an excess body weight (EBW) loss of 54.2% at 6 months, 65.5% at 12 months and 64.4% at 24 months after surgery. ANOVA analysis method found no significant difference in the weight loss outcomes.
Conclusion: There was no statistically significant difference in weight loss between the two groups. However, it may be prudent to continue with the recommendation to delay pregnancy for at least 12-18 months post-operatively, until further evidence is available.

0947 WINNER OF AUGIS TRAINEE PRIZE: PRE-OPERATIVE DIETARY WEIGHT LOSS DOES NOT CORRELATE WITH BETTER POST-OPERATIVE OUTCOMES FROM LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING
James Plowright, Mohan Singh, Paul Super. Heartlands Hospital, Birmingham, Birmingham, UK
Introduction: Patients considered for laparoscopic adjustable gastric banding (LAGB) are encouraged to lose weight pre-operatively. This study assesses whether pre-operative weight loss is a true predictor of post-operative weight loss.
Methods: A retrospective analysis of patients who underwent LAGB in 2007 at our institution, using actual body weight lost pre-operatively and comparing this to their BMI at one and two years post-operatively.
Results: 69 patients were included (M = 23, F = 46), with a mean age of 45.7. The average BMI at the bariatric surgical clinic was 54.01 and 52.13 on the pre-operative day. This reflected a mean reduction in BMI of 1.88

ABSTRACTS

0805: THE INCIDENCE OF CYSTIC DUCT STONES FOUND DURING LAPAROSCOPIC CHOLECYSTECTOMY
Tomos Richards, Amir Kambal, Jayamannne Harsha, Zeyad Sallami, Ashraf Rasheed, Laim Aniha. Royal Gwent Hospital, Newport, UK
Aim: Cystic duct stones (CDS) are implicated in the post cholecystectomy pain syndrome and the subsequent development of common bile duct (CBD) stones. Their detection is hindered by the loss of tactile element brought by the advent of laparoscopic surgery. This study aims to quantify the frequency of CDS during laparoscopic cholecystectomy (LC).
Methods: A cohort of consecutive patients undergoing LC during the period from November 2006 to May 2010 was used with data collected prospectively. The procedure entailed careful dissection of the cystic duct (CD) and the milking of any stones towards the gallbladder.
Results: The study included 330 patients, 80 male and 250 female, with CBD present in 64 cases (19%). Of these 64 patients with CDS, 47 (75%) showed deranged liver function tests compared to 152 (57%) with no CDS.
Conclusions: The results demonstrate that pre-operative investigations are not helpful in diagnosing the common occurrence of CDS. Careful upward milking of the cystic duct before applying clips is a simple, safe and effective way of detecting and extracting these stones. This study changed our practice as this procedure is now included in all our Laparoscopic cholecystectomies.

0906: CURRENT SURGICAL OPINIONS OF RECENT ADVANCES IN MINIMALLY INVASIVE SURGERY
Jonathan Clarke 2, Simon Langmead 1, Kimberley Hallett 1, Emma Pritchard 1, Adrian Harris 3, University of Cambridge, Cambridge, UK; 2 North West London Hospitals NHS Trust, London, UK; 3 Hinchingbrooke Healthcare NHS Trust, Huntingdon, UK
Background: The past decade has seen advances in minimally invasive surgery, in particular Natural Orifice Transluminal Endoscopic Surgery (NOTES) and Single Incision Laparoscopic Surgery (SILS), however their use remains controversial.
Aims: To investigate the current opinions and perceived future prospects of NOTES and SILS techniques amongst consultant surgeons.
Methods: An online survey was created asking for opinions of the current state of NOTES and SILS and also for predictions of the future utility of these techniques. Additionally information was gathered on specialty, laparoscopic workload and previous experience of NOTES or SILS. Surveys were directly emailed to consultants. Responses were collated and analysed using statistical software.
Results: 652 consultants contacted, 73 responses received (11.1%). 46.6% were General Surgeons, 86% practiced laparoscopic surgery. 21% to 32% of respondents were unsure about the current and future state of NOTES and SILS. Most respondents felt both techniques were valuable, SILS more so than NOTES (p<0.0003). NOTES or SILS experience increased optimism about NOTES (p=0.0003) and SILS (p=0.043).
Conclusions: Surgeons remain uncertain about the future of NOTES and SILS. Optimism about these techniques is increased with previous experience of NOTES or SILS, however it is unaffected by laparoscopic workload or surgical specialty.

Analysis suggesting 83.8% remission following Roux-en-Y Gastric Bypass (RYGB) 2. We examine remission rates following RYGB at a centre of excellence according to guidelines published recently by the American Diabetes Association (ADA) 3.
Method: Retrospective analysis was performed on patients with T2DM undergoing RYGB at Musgrove Park Hospital. Full remission was defined as haemoglobin (Hb) A1C < 6% and fasting glucose levels < 5.6 mmol/L at least 1 year after surgery without hypoglycemic medication. Partial remission was defined as HbA1C < 6.5% and fasting glucose 5.6-6.9 mmol/L.
Results: A total of 73 consecutive patients were analysed. Mean HbA1c was significantly lower (10.8% vs 6.03%, p<0.0001) post-operatively. Full remission according to ADA guidelines was seen in 33 patients (45%) with partial remission in 9 (12%). When compared with previous guidelines (off medication with glucose <5.6 OR HbA1c <6), this rate was lower but not significantly: 33(45%) vs 42(58%), p=0.19.
Discussion: Although bariatric surgery undoubtedly improves glycaemic control, remission rates may not be as high as previously suggested. Larger studies are required to provide patients with accurate expectations regarding diabetes resolution following surgery.