1360: COMPLICATIONS AFTER TONSILLECTOMY IN PAEDIATIC PATIENTS
Introduction: What is the true complication rate of paediatric tonsillectomies? The most common complications are: Primary haemorrhage 1-2%, secondary haemorrhage 2-5%, pain, nausea, and dehydration.
Methods: Retrospective review of paediatric tonsillectomies performed between June 2013 and December 2013 at Whipps Cross Hospital. Data was collected by electronic records and telephone survey.
Results: 110 paediatric tonsillectomies were carried out on 65 males and 45 females, average age being 6 years 7 months old. 90% had bipolar dissection and 10% had cold-steel tonsillectomy. 100% of patients received paracetamol, 98% had ibuprofen, 69% had diflamm, 62% had antibiotics and 18% had codeine prescribed on discharged. 90/110 responded to the telephone survey. 31/90 (34%) sought further advice in the post-operative period; 17/31 came to A&E (3 were not admitted 13 were admitted for medical management and 1 returned to theatre), 11/31 visited their GP and 3/31 called for advice. The main complaint was bleeding 35%, pain 35%, infection 19%, nausea 6% and stridor 3%.
Conclusions: A third of patient’s sought advice post-operatively. A new protocol for tonsillectomy has been implemented which includes standardised peri-operative techniques, post-operative prescriptions and patient information leaflet on discharge. A re-audit will be undertaken, assessing the effectiveness of these changes.

1371: LOW PRIORITY PROCEDURES IN ENT
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Introduction: In 2007 our Primary Care Trust (PCT), now known as Clinical Commissioning Groups (CCGs), introduced low priority procedure (LPP) restrictions on a number of ENT procedures, including tonsillectomy and grommets. Their aim was to reduce annual expenditure on unnecessary procedures and they introduced clinical criteria under which funding for these procedures would be made available. Individual funding requests (IFR) submitted by clinicians for these low priority procedures are reviewed by a CCG panel. Our aim was to review the outcomes of IFR for LPPs in ENT and review the evidence base of the threshold clinical criteria set out by CCGs to fund these procedures.
Methods: We retrospectively reviewed outcomes of all IFR forms submitted by our ENT department to CCGs over a 5 month period (April - August 2013).
Results: 131/139 (94%) IFR submitted for grommets had a positive outcome. 100/105 (95%) of IFR submitted for tonsillectomy were successful. Refusal on clinical grounds was rare.
Conclusions: Filling out IFR forms for LPPs has increased paperwork for clinicians but is there any real cost saving?

1374: 3 YEAR EXPERIENCE OF DAY CASE HEMITHYROIDECTOMY – PATIENT REPORTED OUTCOMES
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Introduction: Elective hemithyroidectomy is a common operation with low complication rates. The aim of this study was to assess the safety, patient satisfaction and outcome of day case hemithyroidectomy.
Methods: A prospective audit of all patients undergoing hemithyroidectomy in a single institution over a three year period. All patients who undergo a hemithyroidectomy have a bilateral super thyroidectomy in a single institution over a three year period. All patients that presented with epistaxis over a six month period in

1376: EPISTAXIS MANAGEMENT: IS THERE A ROLE FOR FLOSEAL?
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Introduction: Epistaxis is the most common emergency encountered by otorhinolaryngologists, with more than 27000 patients presenting to emergency departments (ED) in 2009. Patients are managed in a step-wise approach from conservative and escalating to more invasive treatments Floseal a haemostatic gel that stops arterial bleeding, was introduced as an adjunct. We wanted to ascertain if patients could be managed effectively using floseal and discharged on the same day, avoiding admission.
Methods: In our study, floseal was used as an adjunct to our standard practice; used if nasal cautery was unsuccessful and rather than proceeding directly to nasal packing. Notes were retrospectively reviewed of all patients that presented with epistaxis over a six month period in 2012.
Results: 29 patients, whom presented to ED, were treated with floseal, 14 were discharged home. The average length of stay of those admitted was 2.5 days resulting in a total cost of £14272. Had floseal not been used, the total cost would have been £21750.00. This represents a saving of £7480.00
Conclusions: The admission rate was reduced by 50% which was statistically significant. Our results show that floseal is a useful adjunct in the treatment of epistaxis to decrease patient admission rates and cost saving to the trust.

1395: ROLE OF TC99M SESTAMIBI SCAN AND PARATHYROID HORMONE (PTH) MONITORING IN PARATHYROID SURGERY
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Introduction: Parathyroid surgery for hyperparathyroidism has moved from traditional four gland exploration to minimally-invasive procedure with advent of better imaging tools (sestamibi), intraoperative PTH monitoring and endoscopic techniques. Intra-operative-PTH-assay is useful as PTH has half-life of only 10 minutes in vivo. In our hospital, parathyroid operation is accomplished with pre-operative Sestamibi scan and PTH monitoring at Day-one post-operatively. Intra-operative-PTH-assay is done only in selected patients. Our aim was to analyse the outcome of parathyroid-surgery and correlate Sestamibi localisation of parathyroid adenoma with operative findings.
Methods: Retrospective chart review of 40 patients from 2009-12.
Results: 55% of patients presented with incidental hyper-calcemia and rest had varied clinical presentations (renal calculi/kidney, fatigue, dehydration, fractures etc); Majority 30/40 were females. Mean age was 58 (range 22-88). Average operative time was 50 minutes. Post-operative calcium and PTH levels returned to normal in 38/40 patients. Sestamibi localised parathyroid-adenoma in 28/40 patients and correlated correctly with operative findings. In 12/40 patients with no localisation, four gland exploration was done. Two patients needed re-exploration and intra-op-PTH monitoring was used.
Conclusions: In our view, pre-operative Sestamibi scan is sufficient in majority of patients. Four gland exploration and expensive intra-operative PTH assay are useful in selected patients with negative scan who need re-explorations.

Hepatopancreatobiliary

0024: TIMING OF CHOLECYSTECTOMY AFTER GALLSTONES PANCREATITIS; CURRENT PRACTICE OF A LOCAL TRUST
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Introduction: The guidelines state that patients with mild gallstones pancreatitis should undergo definitive management for gallstones during the same admission or within the next two weeks. The aim of this audit was three fold; firstly, to assess the timing at which patients were offered a
definitive treatment for gallstones following an admission with pancreatitis. Secondly, to evaluate the readmission rate with biliary complications that occur due to a delay in surgical management; and thirdly, to estimate the financial cost resulting from the recurrent admissions and subsequent investigations.

Methods: A retrospective analysis included patients with gallstones pancreatitis who were admitted across a local trust between June 2011 and January 2013. Patients with severe pancreatitis and those unfit for surgery were excluded.

Results: 40 patients were included in the study. 45% of patients readmitted with biliary complications. Only 1 patient (2.5%) had cholecystectomy within 2 weeks of admission as per guidelines. Estimated cost of extra investigations required during readmissions exceeded £20,000.

Conclusions: There is an evident breach regards timing of cholecystectomy following mild gallstones pancreatitis in accordance with the guidelines, with a compliance rate of 2.5%. This has resulted in high readmission rate with biliary complications, and subsequently a high extra cost.

0086: SYSTEMATIC REVIEW OF THE VALUE OF LYMPH NODE RATIO AS AN INDEPENDENT PROGNOSTIC INDICATOR IN RESECTABLE PERIAMPUTARY TUMOURS
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Introduction: Several recent studies suggests that the lymph node ratio (LNR) is of greater prognostic value compared to lymph node status in patients undergoing resection of periampullary carcinomas. Our aim was to review all current available evidence regarding the value of LNR as an independent prognostic indicator for periampullary tumours.

Methods: A comprehensive review of the literature on published up until the end of December 2012 that included outcome data in relation to LNR were evaluated. Data were extracted and pooled hazard ratio (HR) analysis was performed to determine the relationship between LNR and overall survival.

Results: Fourteen studies were identified (7566 patients). Pooled analysis of the HR of studies performing multivariate analysis with LNR cut off values of 0.2 and 0.3 demonstrated an increase in HR from 1.52 (1.25-1.84) to 1.66 (1.35-2.05) respectively. LNR was reported to be an independent and powerful prognostic indicator in all but one study. Seven studies reported that an increase in LNR is significantly associated with a worse prognosis. Three studies that measured disease-free survival all reported a worse disease-free survival as LNR increased.

Conclusions: LNR is an important and independent predictor of overall survival in periampullary tumours. Further studies are required to determine the LNR that provides the greatest prognostic information.

0096: MANAGEMENT OF GALLBLADDER POLYPS IN A DISTRICT GENERAL HOSPITAL
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Introduction: Early detection and surveillance of gallbladder polyps can reduce the risk of progression to gallbladder malignancy, which carries a poor prognosis. A recently published review recommends regular ultrasound follow-up for polyps between 6–10mm in diameter, cholecystectomy for those >10mm and no follow-up for polyps <6mm. Our aim was to evaluate the practice of gallbladder polyp management in a district general hospital over a three-year period.

Methods: Patients who had gallbladder polyps diagnosed on ultrasound between 2010 and 2013 were identified from the electronic reporting system. Data was retrospectively collected for these cases including sonographic and operative details.

Results: One hundred and forty six patients were included. The mean age at diagnosis was 50 years and the male:female ratio was 1:1.9. 20% of cases had polyps between 6–10mm. Of these, only 41% had a follow-up ultrasound within 12 months. 78% of cases had polyps <6mm, yet 38% of these had a follow-up scan. Polyps >10mm were identified in two patients to whom cholecystectomy was offered.

Conclusions: Our surveillance practice for gallbladder polyps is currently suboptimal and inefficient based on current recommendations in the literature. Clear national guidelines on the management of gallbladder polyps will facilitate the refinement and standardisation of practice.

0160: MANAGEMENT OF COLORECTAL LIVER METASTASIS IN IRELAND: A NATIONAL ANALYSIS
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Introduction: To examine the current practice & referral patterns of both consultant surgeons/oncologists and multi-disciplinary meetings (MDM) around Ireland in respect to the management of CLM.

Methods: A three-way approach was employed: 1) Assessment of the number of CLM resections performed nationally (2005–2011). 2) An online survey of consultant surgeons/oncologists, assessing their practice, & referrals criteria to dedicated HB–centres. 3) A review of relevant MDMs nationally inquiring details regarding CLM patients and subsequent management for November 2012 & February 2013.

Results: During 2005–2011, an annual mean of 1,467 underwent colorectal resection. During the same period only 63 CLM-resections on average annually were performed. Response to the consultant survey was 61.2%. Main negative factors for referral included; age, co-morbidities, bilobar disease, >5 lesions, and CEA>60 ng/ml of 11 specialist centres replied. In November–February 2012: 234 patients were discussed at MDM. 39 (16.6%) had CLM, 33% which were subsequently referred to a HB–centre, with 5 (12.8%) referred to oncology and the remaining 53.9% palliative. Similar results were reported for February 2013.

Conclusions: CLM resection rates in Ireland remain low. Reasons include lack of consensus on resectability, and recognized referral pathways. Negative referral factors in some instance are outdated. MDM’s provide both consistent and coordinated care–pathway with excellent links to dedicated HB–centres.

0307: BSG GUIDELINE COMPLIANCE FOR THE MANAGEMENT OF GALLSTONE PANCREATITIS – A CHANGE IN PRACTICE WITH ROOM FOR IMPROVEMENT?
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Introduction: The British Society of Gastroenterology (BSG) set standards for the management of acute pancreatitis. A previous audit demonstrated 40.5% compliance with guidelines for definitive intervention of biliary pancreatitis within two weeks. We have evaluated our change in practice following this study.

Methods: Data were obtained retrospectively for 110 consecutive patients admitted with acute pancreatitis during a nine month period, and their management evaluated against the guidelines.

Results: One hundred and ten patients (63 male) were admitted with acute pancreatitis during a nine month period, with mean age 54.7 years. Pancreatitis was secondary to gallstones in 51 patients. Ten patients (9.1%) had severe pancreatitis, six died. Mean length of stay of gallstone pancreatitis patients was 9.3 days (range 2–78 days). Intervention included: ERCP (13 patients, mean inpatient wait 6.4 days, outpatient 42 days); cholecystectomy (24 patients, mean wait: 12.5 days (range 1–81 days)). There was 75% compliance with BSG guidelines regarding definitive intervention within 2 weeks.

Conclusions: Following the addition of supplementary cholecystectomy lists and a conversion to ‘surgeon of the week’ admission policy, this study demonstrated improvement (40.5% to 75%) over the previous audit for intervention for biliary pancreatitis. Further delays could be prevented by expediting ERCP waiting times.

0369: LIVER RESECTION FOR METASTATIC GASTROINTESTINAL STROMAL TUMOURS: PRE-TREATMENT CLASSIFICATION AND LONG-TERM OUTCOME
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Introduction: GISTs are a rare tumour for which adjuvant chemotherapy with tyrosine kinase inhibitors has improved outcomes. Yet the precise role for TKIs in pre-operative setting remains unclear. This study aimed to review a single centre’s outcomes of patients who underwent liver