

Results: 79 procedures (42 patients) were performed, including 56 treatments (28 patients) for HCC, 19 symptomatic therapies (11 patients) for metastatic carcinoid tumours and 4 procedures (3 patients) for other liver metastases. Correct patient selection was achieved in 98% of cases (SIR/CIRSE threshold: >95%), with a 92% technical success rate (threshold: 98%) and a 19% overall complication rate (threshold: 15%). >55% of HCC patients were alive at 20 months follow up (threshold: >50%). Symptomatic relief was achieved in most carcinoid tumour patients.

Conclusions: Our TACE service is generally performing to expected levels with survival rates in line with international practice guidelines. We envisage improvements in the technical success and complication rates as numbers increase.

0913: USE OF HIDA SCANS AND LAPAROSCOPIC CHOLECYSTECTOMY FOR ACALCULOUS BILIARY SYMPTOMS – A 4 YEAR EXPERIENCE IN A DISTRICT GENERAL HOSPITAL

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Introduction: Recurrent reproducible RUQ pain in the absence of gallstones (acalculous biliary colic) is commonly investigated with a radioactive labelled HIDA scan to look for biliary dyskinesia. Our aim was to report on 4 years experience of HIDA scans in the investigation of acalculous biliary colic and report on ejection fractions, histological changes in any resected gallbladders, and the efficacy of laparoscopic cholecystectomy as a treatment for these patients.

Methods: Hospital records were interrogated for all patients over the last 4 years who underwent a HIDA scan for investigation of recurrent biliary symptoms who had no gallstones demonstrable on USS. HIDA scan results were then combined with histology reports and telephone follow-up to determine presence of chronic cholecystitis and degree of any symptomatic improvement following cholecystectomy.

Results: 26 patients were investigated with a HIDA scan; 24 had acalculous biliary colic. A total of 13 patients underwent cholecystectomy. 12/13 (92%) had EF<35% and 12/13 (92%) had chronic cholecystitis on histology. 7/7 patients available for long term telephone follow up reported significant or complete improvement in symptoms.

Conclusions: Despite the absence of gallstones on USS, patients with recurrent symptoms frequently have histological changes consistent with cholecystitis, and cholecystectomy is an appropriate treatment for these patients.

1024: ANALYSIS OF ENDOSCOPIC AND SURGICAL MANAGEMENT OF COMMON BILE DUCT STONES IN THE LAPAROSCOPIC ERA

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Introduction: Endoscopic retrograde cholangiopancreatography (ERCP) remains the first line intervention for common bile duct stones (CBDS). Recent popularisation of laparoscopic surgery has extended the treatment options available for CBDS management, re-opening the debate on the primary role of ERCP in CBD clearance.

Methods: ERCP records were investigated between January 2006 and April 2011. The outcome of patients who had failed CBDS removal on index ERCP was reviewed. Complications related to either endoscopic or surgical procedures were recorded.

Results: 543 patients had CBDS directly visualised. Overall endoscopic clearance rate was 90.1% (489/543). Of these, 396 (72.9%) patients had ductal clearance on the first ERCP. Of the 147 patients who had a failed index ERCP, 93/147 was eventually cleared with subsequent attempts. 11.0% of those that underwent further ERCPs following the unsuccessful index procedure developed post-ERCP complications. Of the 147, 30 (20.4%) were referred for surgical clearance, 27/30 underwent CBD exploration. Of these, 92.6% (25/27) had successful surgical CBD clearance.

Conclusions: The variable efficacy of therapeutic ERCP in CBDS clearance remains the main routine drawback and repeating the procedure may not necessarily optimise the treatment outcome. Surgical exploration should be considered after the failed index ERCP for CBDS, particularly in the context of planned laparoscopic cholecystectomy.

1075: THE TIMING OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY AND INPATIENT HOSPITAL STAY AUDIT

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Introduction: The timing of Endoscopic Retrograde Cholangiopancreatography (ERCP) for acute biliary obstruction is not defined by any national UK guidelines. Recent literature states better patient outcomes when ERCP is performed within 24-48hrs of admission for gallstone pathology and within 24hrs for severe acute cholangitis. We aim to audit clinical practice at King's College Hospital London and establishing trust timing guidelines for ERCP referral.

Methods: Electronic data was collected prospectively and analysed retrospectively. Audit inclusion criteria identified inpatient's receiving ERCP for biliary obstruction between January 2010-2011. Inpatient stay was compared with timing to ERCP (requested and received <72hrs or >72hrs upon admission), accounting for reduced weekend services. ERCP fast-tracking guidelines were presented to both surgical and endoscopy teams. Re-audit assessing data between April 2011-2012 was completed to identify service improvement.

Results: A 6% increase was noted in ERCP completed <72hrs. Median total inpatient stay was 9 days if time to ERCP was <72hrs and 15 days if >72hrs. The estimated additional cost per-patient if ERCP requested >72hrs is between £2400-£3900.

Conclusions: Time to ERCP <72hrs of admission significantly reduces inpatient hospital stay thus, consequently improving service delivery and patient care. A financial incentive to reduce time to ERCP is clearly highlighted.

1344: RISK OF COMMON BILE DUCT STONES WHEN DERANGED LFTS HAVE RETURNED TO NORMAL

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Introduction: To investigate the incidence of common bile duct (CBD) stones in patients who have deranged LFTs which return to normal prior to cholecystectomy.

Methods: A retrospective review of patients who underwent laparoscopic cholecystectomy and cholangiography for symptomatic gallstone disease in a 9 year period, in whom the LFTs had been deranged at presentation, but had returned to normal prior to surgery.

Results: Some 239 patients underwent laparoscopic cholecystectomy with operative cholangiogram. All had deranged LFTs at presentation, but normal LFTs at the time of surgery. 28 had CBD stones (11.7%). Pre-operative CBD dilatation was found in 63 patients; of these, 12 (19%) had CBD stones.

Conclusions: CBD stones are an unusual finding in this group of patients who present with biochemical evidence of a CBD stone, but who appear to pass the stone. In these patients, CBD stones are more common in patients with biliary dilatation on pre-operative imaging. Even with a non-dilated biliary tree, CBD stones are found in a small but clinically significant number of patients. Routine operative cholangiography is therefore recommended to prevent post-operative problems caused by retained CBD stones.

Maxillofacial surgery

0138: PATIENT KNOWLEDGE ON ORTHOGNATHIC SURGERY

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Introduction: To find out how well informed orthognathic patients felt they were prior to surgery. To gain insight into the overall patient experience. To seek feedback on how to improve our service. Design: Retrospective audit carried out at Queen's Medical Centre, Nottingham.

Methods: 66 Questionnaires sent to patients who underwent surgery between 1/1/2010 and 31/12/2012. 9 Questions were related to patient knowledge. 4 questions were related to the current orthognathic information leaflet, how patients preferred information, their use of websites and their hospital experience. Gold Standard: 90% of patients should report feeling well informed for each question relating to patient knowledge.

Results: 39 Questionnaires returned. Of the 9 questions related to patient knowledge- 5 questions surpassed the 90% standard and 4 questions fell below. The 4 areas where patients felt they needed more information were on recovery time, possibility of wiring jaw together, postoperative dietary requirements and possibility of relapse.

Conclusions: Most patients felt well informed and had a positive experience. A revised orthognathic information leaflet will be written placing emphasis on the 4 areas where patients felt less informed. Re-audit is planned in 2 years to assess the impact of the leaflet.