were given antibiotics compared to those patients with SSC not completed (79% vs 48%; Chi-squared, P=0.003). There was a significant positive correlation between completion of SCC and provision of antibiotic prophylaxis amongst Consultant-led teams (Spearman correlation, rs 0.90; P=0.002).

Conclusions: The results of this study suggest that use of SCC may help to minimise the risk of inadequate peri-operative antibiotic prophylaxis. We recommend mandatory use of SCC as per NPSA policy in all general surgical operations as it may promote high standards of surgical practice.

0619 A MULTI-DISCIPLINARY APPROACH TO IMPROVING BLOOD TRANSFUSION PRACTICE IN PAEDIATRIC SCIOLIOSIS CORRECTION SURGERY

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Introduction: Spinal correction surgery is associated with significant perioperative blood loss, often necessitating transfusion. Given the potential risks of blood transfusion we have introduced a pathway with the aim of reducing transfusion requirements.

Method: A Spinal Surgery Care Pathway was developed. Its implementation involved a multi-disciplinary programme of several different interventions: nurse-led clinics allowing pre-operative haemoglobin levels to be optimised; intra operative cell-salvage, and a transfusion criteria awareness programme. The records of all paediatric patients undergoing spinal correction surgery between 2000 and 2010 were reviewed: haemoglobin levels; blood products administered; demographic and surgical details were recorded.

Results: Data from 466 patients were analysed: 166 from before introduction of the pathway and 300 after. The proportion of patients undergoing transfusion dropped from 69.3% to 16.7% (P < 0.0001), risk ratio 0.24 (95% CI 0.18 – 0.32). Where transfusion was required, the mean volume transfused fell from 8.2 to 4.5 units (P < 0.001).

Discussion: Implementation of this multifaceted pathway has significantly reduced blood product requirements. In addition to the reduction in morbidity this is likely to have implications upon length of stay and cost. We propose that other units undertaking such surgery consider the use of a similar pathway.

0620 MULTIDISCIPLINARY EDUCATION IMPROVES PRESCRIPTION OF BALANCED CRYSTALLOIDS

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Aim: The British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFATSUP) detail guidance on prescription of balanced crystalloids. Unbalanced crystalloids (e.g. 0.9% saline) have previously been shown to be the commonest surgical fluid, despite evidence advocating balanced crystalloids. However, no studies have appraised current UK practice or compliance with these guidelines. This study aimed to quantify this in one institution, and the effect of multi-disciplinary educational intervention.

Method: All emergency adult surgical admissions were studied prospectively in three discrete periods. Compliance with GIFATSUP guidelines was ascertained. Intervention comprised multidisciplinary teaching sessions and workplace reminder posters.

Results: 171 patients received fluids and were included. Prior to intervention 36.4% of patients received inappropriate saline for volume replacement and 26.9% for maintenance. Following intervention this was 0.0% (p=0.01) and 3.4% (p=0.03) respectively. At 6 month follow up continued improvement was seen: 2.0% (p=0.0001) and 0.0% (p=0.01).

Conclusions: Our study suggests that despite mounting evidence and ASGBI guidance, 0.9% saline continues to be commonly and inappropriately prescribed to emergency surgical patients. We found multidisciplinary education (comprising visual workplace reminders and short teaching sessions), to be an effective means of improving prescription of balanced crystalloid in the short term and medium term.

0621 SURGICAL CASE MIX IN UPPER GI CLINICS – A SURVEY

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Aim: Our aim was to analyse the surgical case mix in a specialist Upper GI clinic and to determine the most appropriate speciality for each of the referrals seen.

Methods: This is a 4-week prospective study. All newly referred patients attending specialist upper GI clinic were included. Data was collected from the referral letter and patient casenotes.

Results: In this period, 167 new patients were reviewed in 22 clinic sessions. In 111 patients (66.5%) the referral was considered appropriate. In the remaining 56 patients (33.5%) the referrals were considered inappropriate. They include, chronic nonspecific abdominal pain (n=13); dyspepsia secondary to peptic ulcer disease and gastritis (n=9); chronic anemia (n=8); malena (n=4); colorectal and anal conditions (n=9); non general surgical lump (n=6); shortness of breath (n=2) and chronic backache (n=1). Based on presenting symptoms gastroenterology was the most appropriate specialty in 34 patients (20.4%) and colorectal surgery in 9 patients (5.4%). Further referral was necessary in 23 patients. Each new patient is allowed 10 minutes per appointment, hence 230 minutes of clinic time, equivalent to 1.3 clinic session could have been better utilised.

Conclusion: Patients with gastrointestinal symptoms should first be assessed by gastroenterologists and where indicated referred to the surgeon. The surgeon’s time thus freed is better utilised to do more operating with fewer, but more focused clinics.

0622 MRI OF THE INTERNAL ACOUTIC MEATUS: AN AUDIT OF INDICATIONS AND FINDINGS

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Introduction: Audiovestibular symptoms are common in the general population, but only rarely do they indicate serious pathologies such as acoustic neuroma. MRI of the internal acoustic meatus (MRI IAM) is frequently performed to assess the auditory tract for such lesions. Various suggested protocols have rationalised the use of MRI IAM as a screening tool. We audited our concordance with these protocols.

Methods: 1,000 MRI IAM investigations were reviewed. Patient demographics, indications and findings were recorded. Audiological data was correlated with the indications for imaging. The data were then analysed.

Results: 87% of patients met criteria from one of three published UK protocols. However, there was low concordance between these protocols; for example 55% of requests met UK Department of Health criteria for asymmetrical hearing loss. 62% of scans displayed no demonstrable abnormalities. 9 acoustic neuromas were identified.

Conclusions: The nature of the presenting symptoms and the lack of consensus on audiological protocols mean that MRI IAM studies are a burden on all radiology services that work with ENT departments. The relative benefits of protocols are discussed. Methods for improving our practice are discussed with the results of a repeat audit.

0623 ENDOVENOUS LASER THERAPY: EVOLUTION OF PRACTICE

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Aim: Endovenous Laser Therapy (ELVT) is a popular treatment for varicose veins typically carried out in an office setting. We aimed to assess the evolution of EVLT practice in a tertiary care vascular surgical unit.

Methods: The study was a retrospective review of prospectively collected database. 200 patients who underwent EVLT for refluxing unilateral GSV during 2005-09 were categorized into 4groups of 50each for inter & intra-
group comparison. Peri-operative (length of vein treated, laser density, procedure duration, technical failure) and postoperative outcomes (anatomical success, Aberdeen Varicose Veins Questionnaire [AVVQ], Venous Clinical Severity Score [VCSS], recurrence rates) were recorded at 1,6,12 & 52 weeks.

Results: intra-group analysis: statistically significant increase over time was observed in the length of vein treated & laser density delivered; while decreasing trend was observed in median procedure duration (Kruskal-Wallis ANOVA, p<0.05). No significant difference was observed in technical failure, anatomical success, recurrence rates, AVVQ & VCSS scores at 3 months post intervention. Intra-group analysis: AVVQ & VCSS scores demonstrated significant improvement at 3 months compared to baseline (Wilcoxon signed rank, p<0.05).

Conclusion: Technical and clinical efficacy of EVLT in the short term is well established. Operator skills can be readily acquired to deliver efficient & effective service with consistent outcomes.

0624 AUDIT OF HIP FRACTURE MANAGEMENT AND RECOMMENDATIONS FOR QUALIFYING FOR THE BEST PRACTICE TARIFF
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Introduction: Improving outcomes following hip fractures has been a constant focus within Trauma and Orthopaedics. Commencing April 2010, the Department of Health set-out standards for a Best Practice Tariff (BPT) (4465 + Market-Forces-Factor) for the management of hip fractures as part of the NHS commitment to “High Quality Care for All”. Patients must be admitted under the joint-care of a consultant orthogeriatrician and orthopaedic surgeon; Time to surgery must be within 36 hours from arrival. Compliance is monitored using the National Hip Fracture Database (NHFD).

Method: We conducted a retrospective audit over 12 months of practices within our Trauma and Orthopaedic department against these new standards to quantify the financial implications of the BPT.

Results: We operated on 85 hip-fracture patients. Potential losses incurred by operations delayed beyond 36 hours were £15,600; from incomplete/incorrect data entry into NHFD were £43,440; from the absence of orthogeriatric involvement were £49,300. Potential gain from reducing hospital stays by 1 day-per-patient plus qualifying for BPT was £91,800.

Conclusion: The BPT offers considerable “real” money incentives. We have compiled recommendations for units to improve their services and gain significant additional income whilst providing higher quality of care for this vulnerable group of patients.

0627 DO PROPHYLACTIC COMPRESSION GARMENTS REDUCE COMPLICATIONS IN BLOCK DISSECTIONS?
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Aims and Objectives: NICE guidelines, 2006, state at least 15 block dissections / surgeon / year. Block dissections performed electively or therapeutically in the axilla or groin, usually for skin malignancy are investigated in this paper. The aim of this study was to determine if a benefit would be derived from compression garments applied immediately post-operatively compared to those applied after the onset of lymphoedema.

Materials and Methods: Prospective data on 2 groups of patients operated on by the same surgeon were reviewed over 2 years. The use of prophylactic compression garments was routine in 1 group (n=23) and not used routinely in the other group (n=20) as per protocol in two different trusts. The indications for surgery and complications including infection, readmission and lymphoedema were examined.

Results: The majority of patients were treated for stage III/IV melanoma; other indications included SCC. Our findings showed a significantly higher rate of complications in those patients not treated with immediate post-operative compression garments.

Conclusions: Compression garments appear to reduce complication rate, particularly lymphoedema. Providing a prophylactic compression garment service could significantly reduce the incidence and cost of post-operative complications in block dissections.

0629 GALLSTONE PANCREATITIS: OUTCOMES OF POOR COMPLIANCE TO GUIDELINES
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Aim: UK guidelines recommend ERCP within 72 hours for severe gallstone pancreatitis. Definitive management with cholecystectomy should be performed during the same admission or within 2 weeks. Our aim was to assess management of gallstone pancreatitis in our institution.

Method: Retrospective analysis of all patients admitted between 2000-2010 with a first episode of gallstone pancreatitis.

Results: 67 patients were identified (mean age 35 years [18-87]). The overall mortality was 4% (3/67). 58% (39/67) received interventional treatment for gallstones. 46% (31/67) had cholecystectomy only; 68% (21/31) laparoscopic and 32% (10/31) open. 90% (28/31) had surgery within 6 months, 7% (2/31) within 2 weeks and 3% (1/31) during admission. Median time delay was 90 days [3-365]. 12% (8/67) had ERCP. Only 1 patient had ERCP within 72 hours, 6 patients (75%) during the same admission and the remaining within 6 weeks. 3 patients had ERCP only whilst 5 also had cholecystectomy. 12% (8/67) of patients were readmitted with biliarypancreatic complications on at least 1 occasion (median time interval 10 days [1-122]). There were no readmissions AFTER definitive treatment.

Conclusion: Our data shows poor compliance with UK guidelines resulting in high readmission rates. An increase in resources is required to facilitate availability of earlier treatment.

0631 THE EFFECT OF PSYCHOLOGICAL STATUS ON PAIN AND SURGICAL OUTCOME IN PATIENTS REQUIRING ARTHROSCOPIC SUBACROMIAL DECOMPRESSION
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Background: Preoperative depression and anxiety have been linked to poorer postoperative outcomes such as increased pain. Few previous studies have investigated these relationships in patients requiring upper limb orthopaedic surgery. This study aims to explore the relationship between preoperative depression and anxiety and postoperative shoulder pain and function in patients requiring arthroscopic subacromial decompression (ASAD) for impingement syndrome.

Methods: This prospective study investigated a series of ASAD patients in 2009/2010. Mental status, shoulder function and shoulder pain were measured using the Hospital anxiety and depression scale, the Oxford shoulder score and the Pain visual analogue scale. Questionnaires were completed 2 weeks preoperatively and 3 and 6 weeks postoperatively.

Results: 31 patients (20 female; 11 male; mean age 55 years) participated. Preoperatively 9 (29%) patients were anxious, 9 were depressed and 5 were both. No significant correlation was seen between preoperative depression and anxiety and postoperative shoulder pain and function scores. Preoperative anxiety correlated significantly with preoperative shoulder pain (p<0.05). Shoulder pain, function and mental state scores improved significantly by 6 weeks postoperatively (p<0.05).

Conclusion: Mental state improved significantly during the postoperative period. However preoperative mental status did not predict the outcome of ASAD in patients with impingement syndrome.

0632 THE EFFICACY OF IN-PATIENT ENDOSCOPIC RETROGRADE CHOLAN-GIOPANCREATOGRAPHY (ERC) SERVICE FOR PATIENTS WITH COMMON BILE DUCT (CBD) OBSTRUCTION
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