



The Association of Surgeons in Training

Results: Diabetes was more prevalent in those <75yrs ($p<0.05$). Both carotid artery stump pressures of <25 mmHg and MCA velocities of <20cm/sec were more common in those >75yrs ($p<0.005$). There was no difference in the frequency of intraluminal shunt (34% in both groups) or synthetic patch usage (12.5% in those >75yrs versus 11% in those <75yrs for primary patching and 3.4% in both groups for secondary patching), and no difference in the combined 30-day stroke and death rates (1.1% in those >75yrs versus 3.4% in those <75yrs).

Conclusions: CE in this cohort of patients >75yrs was not associated with an increased morbidity or mortality. Intra-operatively reduced carotid stump pressures and MCA velocities were not associated with increased use of shunting or patching. This study supports CE as a safe procedure in the elderly, especially in centres with low complication rates.

VACUUM ASSISTED STEREOTACTIC CORE BIOPSY (VACB): IMPACT ON SURGICAL MANAGEMENT

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The NHSBSP Assessment guidelines (2005) recommend the use of VACB, when conventional core biopsy (CB) fails to provide a non-operative diagnosis in screen detected calcifications. The aim of this study was to evaluate the effectiveness of VACB in this patient group in Leeds Teaching Hospitals NHS Trust.

Methods and Results: VACB was performed in 116 patients between March 2008 and September 2009 as CB failed to give a definitive diagnosis. A definitive benign diagnosis was achieved in 41% (47 of 116) after VACB. 15% (18 of 116) were diagnosed as B3 but after MDT review mammographic follow-up rather than diagnostic excision was advised. In the remaining 51 patients, 34 proceeded to therapeutic excision, which showed invasive malignancy in 14, in-situ malignancy in 16 and no residual malignancy in 4. Seventeen patients required open surgical diagnostic excision; 15 were benign and two had in-situ disease.

Conclusion: VACB is a useful adjunct to diagnosis in patients with screen detected calcifications. • Some patients may still require open diagnostic excision with very low yield of malignancy. • Patients diagnosed with malignancy at VACB with small imaging abnormalities should be counselled that therapeutic excision may not show residual malignancy.

BREAST CANCER DEMOGRAPHIC AND MORPHOLOGIC CHARACTERISTICS FROM A DISTRICT GENERAL HOSPITAL WITH AN ETHNICALLY DIVERSE CATCHMENT

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Background: Various reports show that White and Ethnic groups have different breast cancer (BC) characteristics and outcomes. There are fewer reports on British-Asians.

Aim: To characterise the demographic and morphological features in women treated for symptomatic BC in a London district hospital, serving a 50% ethnic minority population.

Methods: Medical records of all patients diagnosed with BC at NUHT between January and December 2008 were reviewed for demographic, histological and treatment data.

Results: 74 women were included; 40 White and 33 non-White (19 Asian, 14 Black). 63% of Asian women were under 50 years at diagnosis compared with 28% and 29% of White and Black women respectively. 48% of White women were over 70 years at diagnosis. Mastectomy and SLNB rates were

similar in all groups but fewer White women (8%) opted for breast-conserving surgery. There was 15% more lobular disease in White women. Grade 3 disease was more common in Black women. Insignificant estrogen and progesterone receptor differences existed between groups but Cerb2 positivity was more frequent in Ethnic women.

Conclusion: Demographic and pathologic variations exist within minority groups. Tumour characteristics are understudied in Asian women who seemingly present younger. Larger molecular marker studies are required in diverse populations.

RAISED ALT AS A PREDICTOR OF BILIARY PANCREATITIS AND POTENTIAL AREAS FOR IMPROVEMENT IN THE MANAGEMENT OF ACUTE GALLSTONE PANCREATITIS

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Introduction: Acute gallstone pancreatitis is a growing health economic problem for the NHS. This audit compared current clinical practice to standards recommended by the UK working party on the management of acute pancreatitis (2003). The relationship between serum ALT levels on admission and gallstone aetiology was also investigated.

Methods: Patients admitted with acute pancreatitis between January 2007 and December 2008 were identified through the hospital coding system and all case notes were reviewed retrospectively. APACHE II scoring system was used for defining severity (APACHE II > 8 = predicted severe pancreatitis).

Results: Data were available for 199 patients. There were 30 patients with predicted severe gallstone pancreatitis and 17 (40%) underwent an urgent ERCP. In total, 54 patients underwent cholecystectomy. The median time interval to surgery was 70 days (IQ range 25 -105). Only 9 patients (17%) underwent surgery within 2 weeks. Logistic regression analysis demonstrated an ALT of >100 U/L was associated with increased likelihood of gallstone aetiology (OR = 9.16 95% CI = 4.69 - 17.92, $p<0.0001$).

Conclusions: This audit highlights potential areas for improvement in the management of gallstone pancreatitis. The results also corroborate previous reports that raised ALT (circa >100 U/l) is clinically useful for predicting an underlying gallstone aetiology.

FEASIBILITY AND OUTCOME OF LIVER RESECTION FOR COLORECTAL LIVER METASTASES

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Aim: To assess the outcomes of liver resection for colorectal liver metastases. **Method:** Retrospective analysis of prospective data was carried out on all patients undergoing liver resection by one surgeon. Outcome measures recorded are resectability, transfusion, operative mortality, complications, hospital stay, recurrence and survival.

Results: 119 patients were analysed of which 108 had liver resection and constitute the study group. There were 78 males and 41 females with age range 34 -81 years. There were 60 major and 48 minor resections. 28% of resections were multiple and 72% were single. R0 resection was achieved in 93% patients. Thirty-four patients (31%) needed blood transfusions. There were 2 in hospital deaths due to liver failure and bronchopneumonia. There were 9 post operative complications - bile leak, chest infection, liver failure, peripheral nerve injury and incisional hernias. The median hospital stay was 7 days. The follow up of patients included in the study ranges from 1 year to 6 years. Short and long term disease free and overall survival curves are calculated.