involve a more extensive resection than perhaps is necessary for the type of polyp.

**Aim and Method:** We propose a novel technique of laparoscopic resection of benign caecal polyps using colonoscopy to assist and guide to the location of the polyp and then use laparoscopic stapling devices to locally resect the area of caecum containing the polyp. This is minimally invasive to the patient and they can be discharged the following day.

**Results:** Our series of 3 patients so far have all had a complete resection proven on histology and have recovered well with no complications.

**Background:** Secondary hyperparathyroidism is a common complication of established renal failure (ERF). The aims of this study were to determine patient and operative characteristics which might predict persistent or recurrent hyperparathyroidism after surgery. To assess the influence of pre-operative imaging on the ability to locate and remove parathyroid glands during both the initial and repeat surgery.

**Methods:** A retrospective study of all chronic kidney disease patients requiring a total parathyroidectomy because of failed medical management from 1st January 1999 to 31st December 2008. Patient characteristics, preoperative imaging, medical treatment, operative findings, histology and patient outcome were all studied.

**Results:** 75 patients underwent total parathyroidectomy during this period were followed up for an average of 44.5 months. 61 (81%) had removal of all parathyroid glands with associated fall in parathyroid hormone level. Pre operative imaging was used in 15 patients (20%) and found to be unhelpful in directing surgery in 12 of 15 (80%) cases. Four patients underwent repeat parathyroid surgery for recurrent/persistent RHT with pre operative imaging used in two cases.

**Conclusion:** A high success rate can be achieved without pre-operative imaging and is therefore not indicated prior to the first parathyroidectomy operation.

**Aim:** Laparotomy is associated with many postoperative risks including adhesions which should be included on the consent for the surgery. Aim of our study was to review the consent forms, taken from patients undergoing laparotomy, for the record of risks of postoperative adhesions related to surgery.

**Method:** Data was collected prospectively including all admissions for laparotomy, between February-August 2010, at the district general hospital.

**Results:** One hundred fourteen patients underwent laparotomy, median age was 68.5 years (range: 17-91), 64 were females. In 54 cases operation was scheduled as elective. Thirty two patients (28%) had previous laparotomy or intra-abdominal surgery. Adhesions were documented in two (1.7%) cases by Consultant Surgeons only. Core Surgical (n = 3) had PFOs. 33% (n = 2) demonstrated thrombophilia. 75% (n = 3) with SMA occlusion without thrombophilia, had PFOs.

**Conclusion:** There is an association between PFO and acute SMA occlusion in potential intestinal transplant recipients. 75% with acute SMA occlusion and no other embolic aetiology had PFOs, compared to probe patency incidences of 15-35% reported in the general population. This study identifies treatable pathology which could result in further embolic events post-transplantation. During preoperative assessment we recommend investigating for PFOs, so to close defects pre-transplantation.

**Aim:** Does preoperative localisation for total parathyroidectomy in patients with renal failure improve outcome?

**Background:** Hospital, Plymouth, UK recurrent hyperparathyroidism after surgery. To assess the inpatient and operative characteristics which might predict persistent or established renal failure (ERF). The aims of this study were to determine Thomas Hanna, Jo Edwards, Helen Grimsmo, Jacob Akoh.

**Aim:** Smoking is a well known risk factor in development of various medical and surgical conditions, costing the National Health Service approximately 1.5 billion pounds a year. Doctors’ advice has been considered vital in promoting smoking cessation. The aim of this study was