



# The Association of Surgeons in Training

diagnostic, 35 therapeutic. Stents were inserted in 22(33%) DC & 24(45%) in-patients. The 30-day readmission rate was: DC 13% (9/67); in-patients 4% (2/53). Re-admission was for pain 7/11 (often stent-related), infection 3/11 and bleeding 1/11.

**Conclusions:** Day-case ureteroscopy is both feasible and safe. The financial & social advantages of same day admission/discharge have to be balanced against an increased re-admission rate of 4 vs. 13%.

## RETROSPECTIVE ANALYSIS OF THE QUALITY OF UROLOGICAL PATIENT HANDOVERS

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A retrospective analysis was done on all patient handovers in October and November 2009 in Northwick Park Hospital. The nature of the handovers were assessed in terms of a number of measures such as completeness of information given, initial investigations carried out / requested and initial management of patients. Adverse events related to each patient's hospital admission were also recorded. Investigations and management plans implemented were compared against Hospital protocols. Many points leading to poor quality handovers were identified, including inadequate patient details being handed over, patients being inappropriately handed over, poor quality of immediate management of patients prior to handover. Almost all handovers identified as being substandard did not comply with Hospital based handover and management protocols. Adverse outcomes identified included the development of complications, increased length of stay in hospital, misidentification of patients and patients not been seen within 24h post-admission by a specialist team. Many handovers were found to be of substandard quality with a marked correlation between such handovers and adverse outcomes and the occurrence of serious incidences. Such findings are likely to be reflective of trends in the Hospital as a whole and are to be addressed by clearly outlining existing handover protocols.

## PREVALENCE & EXTENT OF SEXUAL PROBLEMS ON SELF ASSESSMENT IN A POPULATION OF AGING MEN – A 4 YEAR UK EXPERIENCE

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Traditionally men perceive themselves as “healthy” & less likely to suffer from health issues. This has led to difficulty in men admitting to & seeking help, especially for sexual problems, causing under- & undiagnosed diseases. AIMS To study incidental prevalence of sexual problems and extent on self-assessment in a population of aging men (NOT presenting with sexual problems).

**Methods:** Prostate Cancer Awareness Days held on 25thJan2006, 24thJan2007, 23rdJan2008 & 21stJan2009 organised by Prostate Cancer Support Association & Coventry Leofric Lions. Advertised through various media. Forms [based on the International Prostate Symptom Score (IPSS) including sexual function] filled in by those who attended.

**Results:** Over 1525 men attended the Awareness Days and 1267 men with mean age 63.09(61.5,65,62.6,63.25)years (33–88years) had PSA levels checked and filled in questionnaires. 584(53.14%) of respondents had some degree of erectile problems with 94(8.58%) complaining of a severe problem. 521(47.71%) had some degree of ejaculatory problems with 46 (4.23%) complaining of severe problem. 89(8.17%) had some degree of pain during ejaculation with 12(1.1%) assessing it severe.

## DO DOPPLER WAVEFORMS AT THE COMMON FEMORAL ARTERY ACCURATELY PREDICT ILIAC STENOSIS?

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**Objective:** Duplex ultrasound is a useful investigation for peripheral arterial disease. It can map out disease, however limitations exist when attempting to visualise iliac vessels. Examining common femoral artery (CFA) Doppler waveform morphology is often used as a surrogate indicator for iliac disease. The aim was to evaluate whether CFA Doppler waveform assessment predicted the presence of significant iliac artery stenosis as visualised on Magnetic Resonance Angiography (MRA).

**Method:** 3-year retrospective study of patients investigated using CFA Doppler waveforms and MRA. Patients identified from vascular laboratory and radiology databases. Waveforms were assessed and reported real-time by vascular technicians as monophasic, biphasic or normal triphasic. Results were compared with MRA findings reported by consultant radiologists.

**Results:** In 76 patients, 119 waveforms were assessed. MRA demonstrated 37 iliac vessels with significant stenosis. 32 (86%) had abnormal waveforms (monophasic or biphasic), 5 were triphasic. In 82 cases where MRA showed no significant stenosis, waveforms were abnormal in 35 (43%). Abnormal CFA waveforms have sensitivity of 86% and specificity of 57%. Monophasic waveforms alone were more specific (88%) but less sensitive (57%) for predicting iliac lesions.

**Conclusion:** Whilst CFA waveform morphology is a useful adjunct in detection of iliac disease normal triphasic waveforms do not exclude iliac stenosis.

## OUTCOME OF PATIENTS WITH POTENTIALLY CURATIVE OESOPHAGO-GASTRIC CANCER WITHIN THE HIGHLANDS AND ISLANDS OF SCOTLAND

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**Background:** A lack of data exists examining the outcome of patients with potentially curative oesophago-gastric (OG) cancer from a remote and rural setting. We aimed to assess this patient group within the Highlands and Islands of Scotland.

**Methods:** A retrospective analysis of 75 consecutive patients with potentially curative OG cancers was performed (March 05–March 09).

**Results:** OG cancers were: oesophageal (n = 25), junctional (n = 26) and gastric (n = 24). 12 out of 75 patients had a preoperative dietician assessment. Of the 51 patients with oesophageal or junctional cancer: 5 received endoscopic ultrasound (EUS) and all had a staging CT. 2 were non-resectable at laparotomy. 15 had non-curative resections (positive circumferential margin [n = 14] and a positive distal resection margin [n = 1]). Of the 24 patients with gastric cancer: 12 had a staging laparoscopy and 23 had a staging CT. One patient was non-resectable at laparotomy (laparoscopy satisfactory). 3 had positive resection margins. In-hospital mortality was 12% and the anastomotic leak was 4%. After median follow-up of 17 months(IQR6–26), 19 patients died from metastatic disease.

**Conclusions:** Our study compares favourably with previous national OG cancer audits. Based on SIGN 87 (management of OG cancer, 2006) recommendations, our audit has identified deficiencies in the following: preoperative nutrition, staging laparoscopy and EUS.

## CHANGING TRENDS IN LAPAROSCOPIC CHOLECYSTECTOMY CONVERSION RATES IN A SPECIALIST SETTING

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