Aim: To determine the regional incidence of metachronous inguinal hernia (MH) in children up to 50 weeks gestation at initial operation. To compare this with literature regarding contralateral patent deep inguinal ring detection at laparoscopic inguinal herniotomy.

Methods: Retrospective audit of open inguinal hernia performed in sample group (January 2006 to December 2008). Data recorded were: patient demographics, birth/operation gestation/weight, operation date, primary side, operator, Consultant, follow-up and complications. Analysed in Microsoft Excel. Results given as median (range).

Results: A total of 132 patients: 122 (92%) males and 10 (8%) females: 117 (89%) unilateral, (45–left, 72–right). Chief parameters for unilateral cases: Weight:4.09kg (1.54-6.3); Gestation at operation—44weeks (34–50); 115 (98.3%) elective, 2 (1.7%) emergency presentations. Nine (7.7%) represented with MH (all males) – 33% primary left-sided and 66% primary right-sided. Median time to operation on the contra-lateral side was 78 days (2—414). Median case note review 56 months post initial surgery (37–72).

Conclusion: Of 117 patients who presented with unilateral hernia, 9 (7.7%) developed a contralateral hernia. This is comparable with the incidence of MH in open herniotomy in the published literature and considerably lower than the incidence of patent deep ring identified at the time of laparoscopic hernia repair.

PLASTIC SURGERY

0068: GUIDELINES FOR PRE-HOSPITAL MANAGEMENT OF AMPUTATED DIGITS
Nora Haloo1,2, Olivier Branford2,1 Lister Hospital, Stevenage, UK; 2Royal Free Hospital, London, UK.

Aim: Hand trauma accounts for 20% of admissions to the Emergency Department. Nevertheless, there are currently no evidence based guidelines on the pre-hospital management of amputated digits. We review and summarise the literature as well as demonstrate the need for further education and public awareness of this common problem.

Method: A literature review on guidelines for pre-hospital management of amputated digits was performed using PubMed online and a web-based search engine. 100 UK based consultants and plastic surgery trainees were invited to submit details of anecdotal cases of unusual pre-hospital management of patients and/or their amputated digits. An online survey of over 200 lay individuals was circulated, asking them what they thought was the correct management of digital amputation.

Results: Recommended management in the literature shows some subtle variations. We report interesting anecdotal evidence of grossly incorrect management. Furthermore, only 55.2% of lay individuals knew the correct method of transportation of the amputated digit, and only 2.5% knew the correct maximal interval from injury to reattachment.

Conclusions: We highlight the need for increasing public awareness as well as educating medical and allied health professionals via recognised guidelines to ensure a uniform and effective approach to this common surgical emergency.

0099: ARE PUBLIC AWARENESS CAMPAIGNS IMPROVING EARLY RECOGNITION OF MELANOMA?

Introduction and Aims: The last 20 years has seen a marked improvement in skin cancer awareness campaigns. We sought to establish whether there has been a reduction in the presentation of thick melanomas.

Materials and Methods: This is a retrospective study looking at the first presentation of melanomas from 2003–2011. Data was accessed using the local online melanoma database.

Key Results with Supporting Statistical Analysis: A total of 1689 new melanomas presented from 2003–2011 (Male: Female = 1:1.062). The average yearly number of melanomas was 189 (range = 138-214). The mean age was 62.5 years (range 12-99).

Data was analysed using a Chi² test. For 0-1mm melanomas, there is a significant difference in the observed versus expected values over the 9 years (p=0.0018).

There are an increasing proportion of 0-1mm (thin) melanomas presenting year on year, with a positive linear trend. This is statistically significant (p<0.0001).

Conclusion(s): The proportion of thin melanomas presenting in South West England has significantly increased from 2003 to 2011. This may be a result of increased public awareness due to effective public health campaigns which has significant prognostic and financial implications.

0122: APERT SYNDROME: A CONSENSUS ON THE MANAGEMENT OF APERT HANDS
David Pettitt, Paul1,2,1 Northwick Park Hospital, London, UK; 2 Alder Hey Children's Hospital, Liverpool, UK.

Aims: Apert Syndrome is a congenital condition characterised by primary craniosynostosis, midfacial malformations and complex symmetrical malformations of the hands and feet. The hands demonstrate a complex spectrum of disturbances and are one of the most challenging collections of congenital upper limb deformities for the paediatric hand surgeon. This study, in collaboration with The Healing Foundation, examines the extant literature and current UK practice regarding the management of Apert hands in order to provide a basis for guideline development.

Method: The current literature was reviewed and the major UK craniofacial centres were contacted.

Results: Management of the Apert hand is largely dictated by the degree of malformation present. Although all units aim to achieve a five digit hand, variation in the timing of surgery, operative protocols and mobilisation policies exist. No formal management algorithms exist regarding the timing, sequence and technical aspects of hand surgery.

Conclusion: Hand pathology in Apert syndrome varies considerably and a multidisciplinary approach to management is fundamental in optimising the regain of function and aesthetically acceptable hands. Further research should incorporate expert opinion with multicentre retrospective case analysis to clarify treatment principles and reduce inter-centre management variation.

0148: OUTCOMES FOLLOWING EARLY REMOVAL OF DRAINS AFTER BILATERAL BREAST REDUCTION
Saif Ramman1, Ben Ardahali2, Ash Mosahibi2, 1The Royal Free Hospital, London, UK; 2The Royal Preston Hospital, Preston, UK.

Aim: To assess the impact on the length of stay and complications after removal of drains on the first post-operative day regardless of the output.

Methods: Retrospective and prospective data were collected from the EPS database between 2006-2008 and again between 2009-2011. In the initial period patients were admitted the night before surgery and any drains were removed when < 30ml / 24hrs. In the second period of study patients were admitted on the day of surgery drains were removed on the 1st postoperative day irrespective of volumes. We compared the length of inpatient-stay and complication rates for the two patient groups. Data was analysed with SPSS.

Results: 128 and 124 cases were identified in each of the study groups. The total numbers of inpatient days were 258 and 218 days respectively. Complications were observed in 10/128 patients in the first group with 4 patients requiring a return to theatre. In the second group 9/124 patients experienced complications with 7 requiring a return to theatre. All returns to theatres from both groups were for haematoma.

Conclusion: Day of surgery admissions and early drain removal lead to a 40 day reduction in length of stay without significant increase in complication rates.

0259: USE OF ERLIBIUM LASER FOR TREATMENT OF GIANT CONGENITAL MELANOCYTIC NAEVI, OUTCOMES OVER A FIFTEEN YEAR PERIOD
Saif Aouf Ramman, Grigoris Tanos, Gerard Laitung. The Royal Preston Hospital, Preston, UK.

Background: A number of treatment strategies including laser in addition to surgical excision have been used to treat giant CMN, this study aims to assess the effectiveness of Erbium laser treatment and investigate the complication rates and presence of any accelerated malignant transformation over a fifteen year period.

Material and Methods: A retrospective review of 20 patients with giant CMN treated with Erbium laser in our unit since 1998. We evaluated the outcomes of success of treatment; number of sessions required and complications of therapy, patient satisfaction and malignant transformation were recorded.
0260: ‘BENEFITS OF SPECIALIST PLASTIC SURGERY SKILLS FOR LESSER TRAUMA’
Jamie Kelly, Baljit Dheansa. Queen Victoria Hospital, East Grinstead, UK.
Introduction: BAPRAS and the BOA produce guidelines on management of major trauma and the role of specialised surgical input in trauma. The management of less serious injuries and the role Plastics can play in this arena is less clear. This study investigated whether there is any significant difference in complication rates between Trauma surgeons performing Plastic Surgery procedures compared to visiting Plastic Surgeons.
Methods: Ninety-five patients were included with a two and half year follow-up period. Forty-seven patients in the plastics group and forty-eight in the orthopaedic group. Any plastic surgery procedure performed at the Trauma centre was included whether performed by a Plastic or Trauma surgeon. Complications such as necrosis or infection to a graft or flap were recorded.
Results: There was no significant difference in mean age or ASA. Total complications were found to be significantly greater in the patients having plastic surgery performed by Trauma surgeons rather than plastic surgeons (n= 3 vs. 10, p = 0.04).
Conclusion: This suggests Plastics have a role in management of minor as well as major tissue loss and questions whether BAPRAS and the BOA guidelines could incorporate greater Plastics input for such patients.

0277: DOES MELANOTAN INJECTIONS (TAN JAB) CAUSE MELANOMA? A SYSTEMATIC REVIEW OF THE EFFECTS OF MELANOTAN INJECTIONS
Muhammad Javed, Jeremy Yarrow, Sarah Hemington gorge. Welsh Centre for Burns and Plastic Surgery, Swansea, UK.
Aim: Melanotan injections have experienced a surge in popularity for achieving artificial tan despite medical literature reporting concern in its use. We conducted a systemic review of the evidence available related to the effects of melanotan use to determine if there is any relationship between the use of melanotan injections and development of new melanoma lesions.
Method: A Pubmed/Medline search was conducted. Only articles in English language related to injectable melanotan and its analogues were included for critical appraisal. Animal studies were excluded.
Results: Search yielded 31 articles including 14 clinical studies. All clinical studies were limited by level of evidence with only one above level 3. All studies reported increased skin pigmentation following melanotan use, however none addressed longterm effects in sufficiently sized sample groups. 8 case reports reported either change in existing naevi or appearance of new lesions following melanotan use.
Conclusion: We did not find any conclusive evidence of melanotan use leading to development of new melanoma skin lesions. However data related to full effects and safe use of melanotan injections is limited.

0280: A TEN YEAR EPIDEMIOLOGY OF THE MENTAL HEALTH DISORDERS OF SELF HARM REFERRALS TO MENTAL HEALTH LIASON SERVICE AT WELSH CENTRE FOR BURNS AND PLASTIC SURGERY
Aim: Self harm injuries can have a significant financial impact on a burn centre managing these cases. We review all the self harm burn injury referrals made to our regional burns unit in the last decade. The aim of the study was to examine trends and explore the contributing factors leading to self harm in the Welsh population.
Methods: The data was collected prospectively of all the self harm referrals made to Welsh Centre for Burns and Plastic Surgery mental health liaison service from 2001-2010.

Results: We received a total of 548 referrals[average 54/year].63% were male and 37% female with majority in their third & fifth decade of life.49%[male 61.9%,female 38%] had mood/anxiety disorders,32%[male 71.1%,female 28.8%] were alcohol/drug related incidents,11%[male 60.6%, female 39.3%] had psychosis and 8%[male 35.7%,female 64.2%] had organic disorders. Majority of the patients were discharged with community mental health,drug/alcohol and psychiatric team appointments.
Conclusion: Men with mood/anxiety disorders involved in drug/alcohol incidents were more likely to sustain self harm burn injuries. We also noticed an increase in self harm burn injuries in south welsh population. A more robust strategy is needed to improve prevention and education of patients with self harm injuries to reduce the financial burden on the NHS.

0366: AN INVESTIGATION TO EXAMINE THE RANGE OF SKIN LESIONS EXCISED BY THE DERMATOLOGY AND PLASTIC SURGERY DEPARTMENTS IN A TEACHING HOSPITAL
William Hunt 1, Rebecca Batchelor 2, Emily McGrath 2. 1 Peninsula College of Medicine and Dentistry, Exeter, UK; 2 Royal Devon and Exeter NHS Foundation Trust, Exeter, UK.
In our hospital, skin lesions are excised by both plastic surgeons and dermatologists. Since benign skin lesions should not be excised under the NHS, diagnostic accuracy is paramount. This study’s primary aim was to investigate the range of skin lesions removed by the plastic surgery and dermatology departments at a teaching hospital. Secondary aims were to compare the number of benign and malignant lesions, and to examine diagnostic accuracy.
Data was extracted from the pathology database, using the parameter of skin area code from Snomed. Data was collected for all lesions removed by plastic surgeons or dermatologists during November (1st-30th) 2010 from the NHS hospital. Lesions were categorised as benign, in situ, premalignant or malignant. A total of 379 eligible skin lesions were excised and overall 63% of lesions excised were malignant/premalignant and 32% were benign. There were no significant differences in the proportions of each category of lesion excised between the two specialties. Between the specialties there was variation in the proportions of different lesion types in the benign and in situ categories. When comparing clinical diagnoses to the histology, most lesions were correctly diagnosed, with similar accuracy rates between the plastic surgery (67%) and dermatology (72%) departments (p=0.33).

0367: THE MANAGEMENT OF INCOMPLETELY EXCISED SKIN TUMOURS: SHOULD WE BE REFERRING PATIENTS FOR MOHS SURGERY
Bernard Robertson, A. Khan, H. Siddiqui. James Cook University Hospital, Middlesbrough, UK.
Background: Current guidelines suggest that incompletely excised skin tumours can be referred for MOHS surgery. Units that perform MOHS surgery are few and far between. Our incompletely excised skin tumours are discussed at the skin MDT and then appropriately managed within our unit.
Aim: To assess if surgery is an appropriate management plan for incompletely excised tumours.
Methods: We reviewed skin MDT notes over a two year period from July 2010-July2012 to identify the incompletely excised BCCs and SCCs excised within primary and secondary care. 46 BCCs and 27 SCCs were identified as being incompletely excised. Casenotes and pathology report review were used to identify further management and outcome. Results Of the 73 incompletely excised tumours 54 underwent further surgical excision. One further operation completely excised the tumour in 51/54 patients (94.4%). 3 patients required a total of 9 procedures to completely excise their tumours. 2 patients were recommended further surgery despite complete excisions, to increase margin of excision.
Conclusion: Our unit’s surgical management of incompletely excised skin tumours provides acceptable results. Mohs surgery should remain a viable option.

0380: THE DEFINITIVE MANAGEMENT OF DOG BITES
Obi Onyekwelu, Adam Reid, D.A. McGrouther. University Hospital of South Manchester, Wythenshawe, Manchester, UK.
Aims: The surgical approach to managing dog bites determined by the mechanism of injury.