Patients had 5–10 cm hiatal defects with >50% of stomach in chest. Technique involved meticulous hernial sac dissection, esophageal mobilisation & anterior/posterior hiatal repairs. A 3-4 cm tennis-racket shaped gap was created in the centre of mesh which was fixed to the diaphragm, followed by a 180° anterior fundoplication. Validated questionnaire assessed functional outcomes at 6 months.

Results: Study included 17 patients with female: male ratio of 15:2, age of 74 (69–91) years & ASA 3°. Presentations included dysphagia 12, heartburn 9, chest pain 8 and vomiting 8. 13 and 4 patients underwent elective and emergency procedures respectively. Operative time was 210° (150–240) minutes and hospital stay 2° (1–14) days. Two patients died (1: multi-organ failure, 1: respiratory failure). Follow up was 12° (3–35) months; one had recurrence while the rest were all asymptomatic with a good quality of life.

Conclusion: Our technique of laparoscopic giant hiatus hernia repair is a challenging but unique procedure with a successful outcome.

0531 SURGICAL HANOVER – ARE PATIENTS AT RISK AFTER NIGHT HANOVER?
Eleanor Houghton, Edmund Ieong, Myutan Kulendran, Roobzeh Shafafy, Nicholas West. The Royal Surrey County Hospital, Guildford, UK

Introduction: With the European Working Time Directive bringing an increase in shift pattern work, a thorough and complete handover is crucial to patient care and safety. Based on recommendations by the Royal Colleges, this audit aims to quantify the quality of surgical handover.

Method: Over a 6 week period, we prospectively collected data during the surgical night handover detailing aspects of the handover and the information imparted. A satisfaction survey was completed by the receiving team.

Results: 33 handover sessions were audited. 60% of surgeons were “moderately satisfied” with the handover they received. 18% of handovers were considered confident and 17% of interruptions were urgent. Patient hospital number was documented in 59% of handovers, date of birth in 50%, diagnosis in 50% and patient location in 82%. Mean time spent locating patients post take was 5–10 minutes.

Conclusion: A thorough and accurate handover is a matter of patient safety and integral to the ‘Hospital at Night’ policy. Our results demonstrate scope for improvement in the quality of handover. Handover must start promptly in a private room with computer access, be registrar-led and designated ‘bleep-free’. The finishing shift SHO must ensure all patient details are recorded correctly, and be regularly audited.

0532 ANALYSIS OF ADHERENCE TO PUBLISHED GUIDELINES FOR VESTIBULAR SCHWANNOMA SCREENING: CORRELATING PUBLISHED GUIDELINES TO DIAGNOSTIC YIELD
Ademola Olatain, Sonia Kumar, Julian Danino, Andrew Scott. Royal Shrewsbury Hospital, Shropshire, UK

Background: A Vestibular Schwannoma (VS) is always considered in patients presenting with unilateral or asymmetric otological symptoms. MRI scanning is the definitive investigation for diagnosis. In order to screen more effectively, various guidelines have been published. The existence of the multiple regional protocols reflects the lack of consensus regarding screening.

Aims: 1: Re-audit our adherence to published guidelines; 2: Increase the diagnostic yield of MRIs by identifying combinations of symptoms and signs which have a positive predictive value for VS.

Method: Retrospective analysis of 1000 patients referred for MRI of the Internal Auditory Meatus. Clinical indications for imaging, audiometry results and radiological findings were tabulated. In patients with positive MRI findings, statistical analyses were used to identify combinations of symptoms and signs which had a good predictive value for VS.

Results: 80% of all referrals for MRI screening adhered to Northern regional guidelines. VS was diagnosed in 1.2% of patients. All patients with a diagnosis of VS had audiometrically confirmed asymmetrical hearing loss. No patients with unilateral tinnitus and normal hearing had VS.

Conclusion: This study has closed an audit loop, addressed the merits of adhering to the various regional guidelines and added to the ongoing national discussion.

0534 THEATRE DELAYS AND THEIR FINANCIAL IMPLICATIONS ON THE NATIONAL HEALTH SERVICE
Aatif Mahmood, Ahmed F. Bhatti, Sandip Hindocha, Daniel Jordan, Sanjiv K. Dhital, Fahmy S. Fahmy. Al Juma. Countess of Chester Hospital, Chester, UK

Aim: To identify the amount and causes of available theatre time lost and financial implications to the NHS.

Method: Data was collected prospectively between October and December 2010 to estimate number of hours lost in delays and evaluate their causes. The information was collated by the same person in order to reduce ascertainment bias. In addition all members of the staff were blinded to the study.

Results: During the three month period stated, corresponding to total of 175 hours of scheduled theatre time, 43 episodes delays were noted. This resulted in a loss of 21 hours of operative time. This equates to a total loss of 6 operative sessions. Financially this would cost a hospital minimum estimated £16,000 with additional loss of productivity. We found the most common reason for theatre delay was due to a lack of communication between theatre and ward staff.

Conclusion: A significant amount of money can be saved, as well as improved theatre utilisation can be achieved by taking small measures such as enhanced communication between staff, written protocols for pre assessment clinics, which appear trivial but would have a major impact on service efficiency. We present our recommendation in order to enhance this efficiency.

0537 ANGIOGRAM + PROCEED: A SAFE AND EFFICIENT USE OF RESOURCES IN PERIPHERAL VASCULAR DISEASE
Mir Shovkat Ahmad, Sarah Braungart, Marco Baroni, Tony Bowker. York hospital, York, UK

Aim: To establish the safety and feasibility of using intra-arterial digital subtraction angiography (IA-DSA) as the first line investigation for peripheral vascular disease.

Methods: All patients undergoing angiography in a twelve month period were identified and data collected from the prospective database.

Results: 334 IA-DSA were performed in a twelve-month period, 56 IA-DSA were excluded from further analysis due to alternative first line imaging. Indications for investigation were claudication 99 (35.6%), critical ischaemia 37 (13.3%), Tissue loss/gangrene 129 (46.4%) and acute limb ischaemia 13 (4.6%). 101 (37.8%) angiograms were diagnostic only, whilst 177 (62.1%) proceeded to endovascular intervention. Of the patients whose IA-DSA was diagnostic only 51 (53.7%) had subsequent surgical intervention and 6 (5.88%) had a second endovascular procedure.

There were no complications in those patients having a diagnostic angiogram only. In those patients progressing to intervention there were 3 complications. Median time from request to procedure was 3 weeks (1 – 14 weeks) for elective angiography.

Conclusion: IA-DSA is safe as the first line investigation for peripheral vascular disease, with a high proportion of cases progressing to endovascular intervention. By avoiding initial diagnostic tests patients can be treated in a more timely fashion.

0539 DOES ACADEMIC OUTPUT CORRELATE WITH BETTER MORTALITY RATES IN NHS TRUSTS IN ENGLAND?
Warren Bennett, Venkat Reddy, Jonathan Bird, Stuart Burrows, Paul Counter. ENT Department, Royal Devon and Exeter NHS Trust, Exeter, Devon, UK

Introduction: It has been claimed that institutions engaging in academic activities provide better care. The aim of this study was to establish whether there is an association between academic output and mortality rates for NHS Trusts.