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to assess junior surgical trainees' perception and practice in promoting smoking cessation.
Methods: We conducted an online and paper based survey to assess junior doctors' perception and practice about smoking cessation. We approached 140 core surgical trainees working within Yorkshire deanery and Wales deanery regions to complete a nine item questionnaire.
Results: The response rate was 48% (n=73). Ninety two percent of respondents only assessed quantitative smoking status and 72% did not assess patients' interest in smoking cessation. Fifty percent routinely advised their patients to stop smoking and another 60% counselled them for less than a minute. A vast majority (90%) did not receive any training for smoking cessation counselling. However, 71% believed that they would benefit from counselling training sessions.
Conclusions: Despite limited training opportunities, junior trainees' interest in smoking cessation training remains preserved. Such training should be made widely available to all junior trainees for their role as potential agents for change.

0499 ASSESSMENT OF THE ACCURACY OF AORTASCAN FOR DETECTION OF ABDOMINAL AORTIC ANEURYSM (AAA)

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Background: AortaScan AMI 9700 is a portable 3D ultrasound device that automatically measures the maximum diameter of the abdominal aorta without the need for a trained sonographer. The accuracy of the device has previously been compared with conventional ultrasound and found to have 90% sensitivity. Our objective was to determine its accuracy against definitive imaging with CT.
Methods: Seventy-one subjects from AAA screening and surveillance programs were examined (33 AAA on conventional ultrasound and 38 controls). An operator blinded to the aortic size scanned the aorta using AortaScan as per the instruction manual. Subjects then underwent CT of the aorta. The largest measurement obtained by AortaScan was compared against CT aortic measurement.
Results: The CT scan confirmed the diagnosis of AAA in 33 subjects. The mean diameter was 2.8cm (range 1.5-5.5cm). The largest diameter missed by AortaScan was 4.4cm. The sensitivity, specificity, positive and negative predictive values were 78%, 76%, 74% and 80% respectively.
Conclusion: The AortaScan AMI 9700 can detect AAA without the need for a trained operator and has potential in a community-based screening programme. It would, however, need further technical improvement to increase sensitivity before it could be considered a replacement for trained screening personnel.

0500 DOES VASCULAR INJURY AFFECT THE OUTCOME OF IIIB TIBIAL FRACTURES?

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Introduction: This study assesses the influence of vascular injuries on the outcome of IIIB tibial fractures managed at the lower limb ortho-plastic unit at Frenchay Hospital.
Materials and Methods: Notes of patients reconstructed with free tissue transfer since 2006 were retrospectively reviewed. Data was collected on patient demographics and vascular integrity. Outcome was measured using the Enneking score. The Mann-Whitney U- test was used to compare the outcome of patients with and without vascular injury.
Results: 65 patients were identified; only 20 patients with complete vascular documentation were considered which consisted of 13 males and 7 females, with a mean age of 44.9 years (20-80 years). 14 (70%) patients had a normal angiogram, and 6 (30%) patients had sustained a vascular injury. These consisted of a combination of PTA (2/6), ATA (2/6) and PA (3/6) injuries. The mean Enneking score was 28.9 (8-39), with a mean follow-up time of 11.5 months (6-19 months). The mean Enneking score for patients without and with vascular injury was 28.4 and 23.3. Comparison of the 2 groups was statistically significant (p=0.03).
Conclusion: Vascular injury influences the outcome of tibial fractures. We would advocate the use of pre-operative angiogram prior to free soft tissue reconstruction.

0501 QUALITY OF INTRA-OPERATIVE FLUOROSCOPY FOR PATIENTS WHO UNDERGO CANNULATED SCREW FIXATION OF HIP FRACTURE

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Adequate intra-operative fluoroscopy during internal fixation of hip fractures can reduce the necessity for post-operative radiographs. We reviewed the quality of intra-operative fluoroscopic images performed in our department.
Intra-operative radiographs were reviewed for all patients who underwent cannulated screw fixation of intracapsular hip fracture between January 2007 and January 2010 (n=123). Imaging was deemed adequate if both antero-posterior (AP) and lateral images were recorded on the picture archiving system with full patient details (name, date of birth, hospital number), screw entry point was visible on AP view and fracture reduction and position of screw tip in the femoral head were visible on both views.
Most patients were female (n=92) of mean age 71 years. 87% of images were adequate (n=107). In 11 cases the screw tip position could not be determined on the lateral image due to over penetration. Confirmation of fracture reduction was not possible in two cases. 2 patients only had one view. In one case the entry point of the screws was not visible on the AP.
In most cases, intra-operative fluoroscopic imaging during cannulated screw fixation of hip fracture is adequate. In patients with adequate intra-operative films, postoperative films are not necessary.

0502 ADULT DAY CASE TONSILLECTOMY: WHAT DO PATIENTS PREFER?

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Aim: To assess inpatients' preferences towards their length of hospital stay for tonsillectomy.
Methods: 117 adult inpatients underwent elective tonsillectomy in a tertiary centre during a 6-month period. 103 patients were included in our study; incomplete or unreturned questionnaires were excluded. A scale of 1–4 was used at three intervals: prior to surgery and then in the evening and morning following tonsillectomy (1 was allocated if they indicated 'strongly agree' for same day discharge, 2 for 'agree', 3 for 'partly disagree' and 4 for 'strongly disagree').
Results: The average scores for the morning of the operation was 1.98, whilst the scores for the evening after and the next morning after the operation were 2.30 and 2.11, respectively.
Conclusion: The majority of patients would have been satisfied with same day discharge. A small number of patients changed their preference towards inpatient stay when asked postoperatively in the evening compared to the preoperative period ($P = 0.001$). This can be explained by pain and anaesthetic effects that are more noticeable in the immediate postoperative period. When asked on the following morning, there was no significant difference to preoperative results, and therefore, a trend towards same day discharge remained ($P = 0.231$).

0508 MANAGEMENT OF ELDERLY PATIENTS WITH BREAST CANCER

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Background: Optimal management of breast cancer in elderly patients remains unclear. Women aged ≥70 years diagnosed with breast cancer are less likely to undergone surgery and if surgery is performed, they are less

likely to recieve breast conserving surgery (BCS) or adjuvant radiotherapy (DXT).

Methods: Patients aged ≥70 years with primary breast cancer diagnosed between 2006-2009 were included in the study and type of primary treatment, adjuvant treatment and 30-day mortality were assessed.

Results: 194 patients (median age of 78 years, 99% female) were included in the study. 183 patients had invasive breast cancer. Surgery was performed in 138 patients; BCS in 48% and mastectomy in 52%. 112 of surgical treated patients underwent axillary lymph node surgery, 61% of all invasive cancers, and 9% of non-invasive cancers. 79% of patients received DXT after BCS. The remaining patients were unfit or refused DXT. 56 patients were medically managed upon hormonal therapy. 30-day mortality was 0% the surgical cohort compared to 34% in those recieving only hormonal treatment.

Conclusion: With careful patient selection, higher rates of surgical intervention in patients with breast cancer aged ≥70 years is safe and offers excellent short-term outcome. We suggest a revision of existing surgical practice.

0512 PALPABLE DUCTAL CARCINOMA IN SITU OF THE BREAST

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The aim of this study was to correlate the clinical, radiological and histopathological characteristics of patients presenting with palpable pure Ductal Carcinoma in Situ (pDCIS).

Methods: Patients diagnosed with DCIS from January 2005 to October 2010 were identified from the electronic patient database.

Results: 35 patients presented with pDCIS (Median age 54 years (34-93)). The lesion was mammographically occult in nearly half (n=16), 9 of these had an abnormal ultrasound. 8 had MRI scan and lesions were visible in 7. Most had high grade DCIS (n=26) with comedo necrosis in 21. The mean size of DCIS was 36 mm (SD ± 32mm), with micro-invasion in 2 patients. Nearly half underwent WLE (n=17) and 12 of them had adjuvant radiotherapy. 16 patients underwent axillary surgery due to clinical suspicion and none had metastatic lymphnodes. One patient developed local recurrence after mastectomy and rest remains disease free (Median follow =30 months).

Conclusion: Ultrasound is more reliable than mammography to evaluate pDCIS. pDCIS is usually associated with more aggressive pathological features like high grade and comedo necrosis. However, the risk of local recurrence may not be as bad as previously reported and pDCIS can be managed with breast conservative surgery in most cases.

0513 WIRE LOCALISATION OF OCCULT BREAST LESIONS: BULLSEYE TARGET?

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Introduction: The NHS Breast Screening Programme Quality Assurance Guidelines require 95% of localisation wires to pass within 10mm of the target lesion. This retrospective study in a District General Hospital assessed accuracy of wire localisation for women undergoing wide local excision of impalpable breast lesions.

Methods: All women undergoing localisation procedures between October 2008 and September 2009 were identified from the Clinical Research Information System (CRIS). Case notes and electronic records were analysed and mammograms and specimen films reassessed by a consultant radiologist. Data was analysed using Microsoft Excel.

Results: 85 wire placements were assessed with target lesions measuring 5.5 to 30mm. 72 (85%) passed through the target, 9 (11%) were within 5mm, 3 (3%) within 10mm and 1 (1%) was 40mm away (a deep-seated lesion which could not be identified on stereotactic x-ray). 99% of localisation wires met the NHSBSP target.

Conclusions: This study confirms that the target is easily achieved and the authors concur with previous suggestions from tertiary centres that it should be made more stringent. This could be through determination of wire tip position (currently not a requirement of the guideline) or through adjusting the standard from 10mm to 5mm.

0516 THE TREATMENT OF ANKLE FRACTURES IN PATIENTS WITH DIABETES MELLITUS

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Introduction: The management of ankle fractures in diabetic patients can be problematic due to a higher risk of complications. Controversy exists about whether they are best managed by operative fixation or by less invasive techniques. The aim of this study was to identify the safest method of treatment by comparing complication rates in relation to treatment modality.

Methods: Retrospective case-control study of a consecutive series of 70 diabetic and a matched group of 70 non-diabetic patients treated for displaced ankle fractures over 9 years. Patient demographics, medical comorbidities, fracture personality, treatment methods and subsequent complications recorded. Multivariate forward stepwise logistic regression method, Chi square test and Independent samples t test used.

Results: The diabetic group (51%) had more complications than the matched control group (23%) following all methods of treatment. Diabetic patients managed with closed reduction and casting showed higher rates of non-union (33.3% vs. 9.1%) and skin ulcers (33.3% vs. 5.4%) compared to surgical management.

Conclusion: Unstable ankle fractures in diabetics are best treated with surgical fixation with the use of standard techniques whenever possible. This should be performed before the development of pressure sores or skin ulcers as a result of prolonged or poorly applied plaster cast.

0519 SURGICAL TRAINING IN ELAPE: ARE WE LOOKING TO A BRIGHTER FUTURE?

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Aim: To analyze short term results of ELAPE(Extra levator abdominoperineal excision) vs conventional APE and assess the training potential of the extra levator approach.

Method: 24 patients underwent APE for low rectal carcinoma performed from May 2007 to Jan 2011. The last 8 patients underwent ELAPE with biological prosthetic mesh used to close the perineal defect.

Results: The median age of patients was 68 (37-87). Positive CRM (1/8 vs 5/16), IOP (0/8 vs 4/16), average blood loss (520 vs 930mls) compared favorably for ELAPE. Perineal wound dehiscence occurred in 2/8 vs 4/16 patients. Extra levator approach provided better visualization of anatomical planes and obtained a favorable inter-observer consultant assessment for training (kappa 0.59).

Conclusions: ELAPE is evolving as a gold standard for rectal cancer where sphincter preserving surgery cannot be performed. Traditionally perineal dissection in conventional APE has always been difficult and there is little information about the training potential of the extralevator approach. This study appears to support evidence that ELAPE has superior oncological results. Clearly defined planes of perineal dissection and favorable inter-observer consultant assessment for training are promising. Perineal wound complications merit a randomized trial of the different methods of closure.

0525 REPAIR OF GIANT HIATUS HERNIAS WITH BIOLOGICAL PROSTHESIS: IMPROVED FUNCTIONAL OUTCOME

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Aim: To review whether laparoscopic biological mesh fixation followed by anterior gastropexy reduces recurrence and improves patient outcome.

Patient and Methods: Study included patients referred to the UGI with symptomatic, endoscopic & radiologically confirmed giant hiatus hernias between September 2007 and December 2010.