

wiring. We found no correlation between glove perforation and sternal wound infection.

0153: DOES EXPLORATIVE THORACOTOMY FOR NON-SMALL CELL LUNG CANCER (NSCLC) ADVERSELY AFFECT PATIENTS' OUTCOME POSTOPERATIVELY?

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Aims: To determine our incidence of explorative thoracotomy for NSCLC and its influence on further management of patients & their survival.

Methods: Retrospective review of patients referred for lung cancer surgery over 2.5 years. Clinical data were collected on radiological/pathological staging and post-operative management including survival status.

Results: Between January 2008-August 2011, 418 patients underwent thoracotomy for primary lung cancer, of which 27 patients (6%) had inoperable disease. Of the inoperable cases, 4 (15%) had a pre-exploratory mediastinoscopy and 22 (81%) were investigated with PET studies. Sixteen patients (59%) had radiological-advanced stage (IIIA-). Inoperability was due to stage migration, N2 disease, tumour invasion or poor physiological status intra-operatively.

Subsequent treatments included adjuvant (chemotherapy/ radiotherapy /combined) in 16 patients (59%) of which 12 (75%) are still alive with an average length of survival of 9 months.

Conclusion: Our incidence of explorative thoracotomy is well within those reported in the literature. Over half of patients were still suitable for radical adjuvant treatment and 44% survived for an average 9 months post-surgery.

Surgery should not be denied for advanced NSCLC to avoid depriving patients the benefit of curative resection and if resection cannot be achieved then some patients are suitable for adjuvant treatments.

0308: THE USE OF HOMOGRAFTS IN THE OPERATIVE MANAGEMENT OF INFECTIVE ENDOCARDITIS HAS LOWER SHORT AND MEDIUM-TERM MORTALITY AND IMPROVED OVERALL OUTCOME COMPARED TO PROSTHETIC VALVES

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Aim: Infective endocarditis remains a challenging clinical entity, particularly with changing causative organisms. We aim to characterize the operative management, microbiology, operative mortality and long-term survival in a contemporary cohort of patients having surgery for IE.

Methods: We reviewed the records of 125 consecutive patients who had surgery for IE over five years (2006–2011), at a large tertiary cardiovascular centre. The valve prosthesis, causative organism, in-hospital mortality, long-term survival and need for repeat surgery were examined.

Results: Cumulative Kaplan-Meier survival was 86.8% at one-year and 67.8% at five years. 101/125(80.8%) patients had isolated valve surgery, 13/125(13.6%) two valves and 7/125(5.6%) three valves. Of the aortic valve IE, 24/66(36.3%) patients had aortic homograft (LES 44.7%), 33/66(50%) had tissue valve (LES47.7%) and 9/66(13.6%) mechanical prosthesis (LES 23.3%). The use of Homograft as a valve substitute was more common in patients with annular involvement and intracardiac abscesses. In-hospital mortality for homograft was 4.5% vs. 8% for prosthetic valve p0.01. There were no re-infections in the homograft group vs. 4.5% for prosthetic valve p0.001.

Conclusion: In patients having operation for infective endocarditis, homograft valve replacement provided excellent short and medium-term outcomes with superior survival and freedom from re-intervention compared with prosthetic valve replacement

0380: THE ROLE OF SURGICAL LUNG BIOPSY IN THE MANAGEMENT OF UNDEFINED PARENCHYMAL LUNG DISEASE

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Aim: To examine whether surgical lung biopsy (SLB) is worthwhile in the diagnosis of undefined parenchymal lung disease (UPLD).

Methods: 113 patients over a two year period at a single institution underwent SLB for UPLD. Patient demographics, pre-operative diagnosis and treatment, surgical approach, number and site of biopsies, complications, length of postoperative stay and postoperative diagnosis and treatment were examined.

Results: Fifty six patients were female and 57 were male. The median age was 59 years. Following biopsy, 27% of patients received no clear pathological diagnosis and 73% received a specific diagnosis. Of all patients, 42% had a change in their treatment following the procedure. We observed 5 (4%) perioperative deaths, 7 major complications (6%) and 8 minor complications (8%). The median hospital stay was 4 days.

Conclusions: Surgical lung biopsy is a relatively safe procedure. Although it provides an accurate diagnosis for many patients, SLB can be inconclusive and can fail to provide a consistent change in patient management. It can be associated with a prolonged post-operative stay, resulting in an increased cost to the NHS. SLB should therefore be performed in a select group of patients with UPLD after discussion at a respiratory multidisciplinary team meeting.

0513: WHAT'S THE ROLE OF VENTRICULAR ENDOCARDIAL RECONSTRUCTION SURGERY IN 2011? A SINGLE CENTRE 7 YEAR EXPERIENCE

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Aim: Surgical ventricular restoration in patients with coronary artery disease, post infarction left ventricular aneurysm or ischemic dilated cardiomyopathy is a viable treatment option, yet conflicting data currently exists. We evaluated the 7-year clinical experience of this procedure in our institution.

Methods: From 2003 to 2010, surgical ventricular restoration was performed in 86 patients (M2.3:1F), mean age 64.5 years. All patients presented with angina, heart failure and/or ventricular tachycardia. Post-infarction left ventricular aneurysm was present in all patients and ischemic dilated cardiomyopathy with a large akinetic left ventricle in 11.6%. The preoperative left ventricular ejection fraction was 33.1±10%. Multi-vessel disease was present in 93% patients.

Results: All patients underwent endoventricular or circular patch repair. 94% had concomitant coronary revascularisation, median of 2 grafts and 5% had mitral valve repair. Intra-aortic balloon pump was placed pre-operatively in 18.6% while 16.2% needed inotropic support for more than 24h. Postoperative stroke occurred in 1 patient. In-hospital mortality was 4.6%. All cause cardiovascular mortality at five years was 8.1%. Mean follow-up in operative survivors was 4.4±2.8years. Actuarial survival at 1,2 and 5 years was 90.6%, 87.9% and 79.1%.

Conclusions: Early and long-term results are good in terms of survival and better when compared to ventricular resynchronisation therapy and medical management.

0567: A FIVE YEAR AUDIT STUDY ON DEEP STERNAL WOUND INFECTIONS AND ASSOCIATED DEHISCENCE POST MEDIAN STERNOTOMY: AN ANALYSIS OF PATIENT OUTCOME, RISK FACTORS AND A PROPOSED MANAGEMENT STRATEGY

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Aims: To audit risk factors, outcome and management of patients who developed post median sternotomy wound infections and associated dehiscence.

Methods: In a five year retrospective study 6335 consecutive patients who underwent median sternotomies for coronary artery bypass grafts and aortic valve replacements were examined.

Results: There were 166 sternal wound infections (2.6%). 48 patients (0.76%) underwent treatments such as vacuum therapy and debridements for sternal dehiscence. Increased age, BMI, a lower ejection fraction and diabetes were risk factors for developing sternal wound infections requiring more radical treatments.

18 patients required sternal reconstruction in the form of a flap and on average were seen by plastic surgeons 13 days after the onset of dehiscence. In the reconstruction group each patient received on average 27 days of vacuum therapy and 3 debridements.