Methods: A retrospective review of paediatric laparoscopic cholecystectomy over the last four years was performed at The Royal Manchester Children’s Hospital (Manchester, United Kingdom) between 9th February, 2010, and 4th February, 2014.

Results: During the study period there were 69 cholecystectomies, 47 of which were laparoscopic. The mean age of the patients was 12.7 years (range, 4–16), mean weight of 60.5kg (range, 15.3–114.9), 66% (n = 31) were female and 34% (n = 16) were male and patients. There were no open conversions or mortality. Post operative complications were present in 6.4% (n = 3) of patients. 91.4% (n = 43) of patients received their operation within 1 day of admission.

Conclusion: Paediatric patients diagnosed with cholelithiasis and other gallbladder pathology have excellent outcomes following laparoscopic cholecystectomy at The Royal Manchester Children’s Hospital. The procedure is safe and effective when patients are placed in the hands of a paediatric surgeon.

VEIN CAVERNOMA: ASSESSMENT OF POST-OPERATIVE CHANGES IN BODY MASS

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Aim: Portal vein cavernoma (PVC) is a sequela of congenital portal vein thrombosis, a rare condition predominantly of an unknown aetiology. PVC predisposes to portal hypertension and reduced portal circulation, leading to significant growth impairment in children. The Rex-shunt restores portal blood flow by relieving pressure in the portal system. The aim of this study is to assess the significance of post-operative changes in body mass of patients over 12 months, following Rex-shunt surgery.

Methods: Four patients with PVC requiring Rex-shunt surgery were selected, and followed-up prospectively up to 12 months. The weight-for-age (z scores) were calculated pre-operatively and compared to the scores 2–3 months and 5–12 months post-operatively. A paired t-test was used to assess significance.

Results: Patients were aged 3.6 to 10.7 years (mean = 7.03). Compared to a mean pre-operative z score of 0.558, post-operatively there was an increase to 0.590 at 2–3 months (p = 0.740) and an increase to 0.815 at 5–12 months (p = 0.389). An overall decrease in z score across 12 months was observed in one patient.

Conclusion: Over 12 months, despite an increase in absolute weight, there was no statistically significant improvement in weight-for-age z scores in patients with PVC after Rex-shunt surgery.

REDUCING RADIATION DOSE TO CHILDREN RECEIVING PELVIC X-RAYS AT GREAT ORMOND STREET HOSPITAL

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Aim: For children receiving pelvic X-rays a gonadal shield is used to reduce the dose of radiation received and subsequent risks. However this can be difficult in some children and misplacement can lead to obscuring of essential anatomy. The aims were to assess the placement of shields and audit against placement protocol.

Methods: The protocol states every male should have a shield for every X-ray, and females must have a shield after the first. 100 Pelvic X-rays were retrospectively analysed for placement of the shield, noting if anatomy was obscured and a repeat X-ray was done. It was then noted whether this was done as per protocol, and if not why.

Results: The protocol was adhered to in 19% of cases, with reasons for deviance including shield not used, or misplaced. 6% of patients had hip anatomy covered by the shield, and 2% of patients were sent for repeat X-ray.

Conclusion: Gonad shields are poorly placed, is appreciated this can be difficult in children due to lack of cooperation or difficult positioning. Modern equipment has greatly reduced the radiation dose and brings the need for any shielding into question. This issue is currently being considered by the Radiology Steering Group.

0672: SYSTEMATIC REVIEW OF SPECIALIST CENTRES VERSES NON-SPECIALIST CENTRES IN THE MANAGEMENT OF GENERAL PAEDIATRIC SURGICAL CASES

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Aim: General Paediatric Surgery (GPS) has traditionally been provided by General Surgeons in District General Hospitals, however subspecialisation means few Consultant General Surgeons are trained in GPS. JCST guidance states all general surgeons should be trained in paediatric general surgery to ST4 level. The aim of this study is to determine whether or not outcomes from General Surgeons are equivalent to Specialist Paediatric Surgeons.

Methods: A systematic review was performed according to the PRISMA statement. The search was performed in February 2014 using PubMed and MEDLINE.

Results: Of a total of 1107 articles screened, 11 articles involving patients undergoing GPS operations by General Surgeons vs Specialist Paediatric Surgeons were included in this review. Eight studies compared appendicectomy outcomes. One study compared outcomes of inguinal herniotomy. There were no studies comparing outcomes of orchidopexy or umbilical hernia repairs.

Conclusion: This unique study proves that good outcomes can be obtained in GPS by General Surgeons. Despite a paucity of individual surgeons’ results in the literature, it appears we can meet JCST guidance by trainee in GPS away from tertiary referral paediatric centres with training provided by GPS consultants.

0989: PARENT, PATIENT AND PROFESSIONAL PERCEPTION OF ISSUES FOR CHILDREN LIVING WITH A STOMAS

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Aim: Comparison of staff and patient perceptions of the psychosocial impact of stoma formation in children.

Methods: Thematic qualitative analysis through focus groups and interviews for school age children who have had stomas formed or reversed in the last 2 years and paediatric surgical teams.

Results: Seven children, 9 parents and 16 professionals attended focus groups or interviews with more families scheduled. Body image issues were identified by both staff and patient groups. Only one professional indentified the impact of stoma smell on toileting habits and only more senior surgeons identified stoma leaking as an issue. However, stoma bag leaks and smell were the major concerns among all patients leading to missed school and social activities. The majority of professionals also listed that technical issues, complications or skin irritation amongst the worst problems; but only 2 patients listed skin irritation as an issue despite half having suffered with it and none ranked any surgical complications or hospital visits as major problems.

Conclusion: Families did not perceive common surgical complications as issues, possibly reflecting expectation management at pre-operative counselling. A better understanding of the psychosocial issues these children face may lead to more realistic pre-operative counselling and support of families.

1003: SYMPTOMATIC GALLSTONES IN CHILDHOOD: TRENDS IN ANTHROPOMORPHIC DATA

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Aim: Obesity and female sex are strongly associated with gallstone disease as reported in adult literature. With increasing incidence of symptomatic cholelithiasis in childhood we wish to examine anthropomorphic trends in well children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis. Our aim was to review age, sex and weight for age (centile) for a single surgeon cohort of children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis.

Methods: A prospectively collected dataset of children undergoing laparoscopic cholecystectomy over a 9 year period, 2003–2012 was evaluated. Z-scores were calculated from weight and age at surgery from 1990 UK