

no drain group. The combined complication risk was almost identical between groups (10.9% drain Vs 11% no-drain group).

Conclusion: The use of drains has been subject to debate. Studies increasingly support that drains offer no increased recovery benefits and are associated with discomfort and infection risks. High-level studies are required to evaluate drain use in free-flap breast reconstruction, allowing the development of appropriate guidelines.

0762: EXCISION OF BASAL CELL CARCINOMA: WHO DOES IT BEST?

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Aim: Basal Cell Carcinoma (BCC) can be very destructive if left untreated and excisions are offered by primary healthcare providers and various specialties in secondary healthcare. There is no data evaluating excision margins by specialty.

Methods: A district general hospital (DGH) histopathology laboratory processes BCC specimens from the plastic surgery (regional centre), dermatology, oculoplastics, GP and ENT departments. Data was collected from a four month period analysing excision margins by specialty. Biopsies were excluded.

Results: 629 lesions were excised from 549 patients. 516 were excised by plastic surgery, 78 by dermatology, 26 by GP, 6 by oculoplastics and 3 by ENT. Plastic surgery completely excised 85% of lesions, with 11% less than 1mm margin and 4% involving surgical margins. Dermatology were 85% complete, 8% less than 1mm and 7% involving margins and GPs were 63% complete, 29% less than 1mm and 8% involving margins.

Conclusion: This audit suggests that BCC excision should be undertaken in secondary care by specialties that excise BCCs routinely. The bulk of BCC excisions are undertaken by plastic surgeons at this DGH with favourable results when compared nationally (4% vs 4.7%–7% nationally) perhaps due to high case load and resultant greater experience.

0779: SIMULATED TENDON REPAIRS: VALIDATING A NEW SYNTHETIC MODEL

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Aim: Changes in the nature of surgical training alongside limitations posed by EWTD have resulted in decreased training opportunities (1). Consequently, simulation models for training and assessment have an increasing role (2). Simulation affords the opportunity to practice a procedure multiple times, without harming patients and may be undertaken at any time (3). We created a simulated tendon which we believe is a realistic, non-perishable, cheap alternative to cadaveric, porcine or other materials (4, 5).

Methods: In a non-clinical environment, trainees and consultants experienced in human tendon repair were asked to perform repairs on a silicone bathroom sealant “tendon” alongside more established models (porcine tendon and soft liquorice). Each model was secured to a wooden board and cut at its midpoint. Using standard instruments and a 3-0 monofilament suture, subjects were asked to perform a modified Kessler repair and rate each model using a five point Likert scale to assess: suture gliding, likeness to human tendon, tendon handling and usefulness for training.

Results: The porcine tendon was considered most realistic however silicone was a close second (mean 3/5). Silicone compared well for handling (3/5) and considered superior to liquorice on all points.

Conclusion: Silicone sealant is a readily available, realistic tendon simulator which we recommend for training.

0792: IMPROVING THE QUALITY OF VOLAR SLABS USING A THERMOPLASTIC SPLINT

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Aim: Most patients with hand fractures are placed into a volar slab in the Edinburgh position. Defined as full extension of interphalangeal joints, 30° wrist flexion and 90° MCPJ extension, a correctly made cast will reduce stiffness and the need for continued hand therapy. This audit reviews the quality of the casts made.

Methods: A retrospective review of all hand fractures in August 2014 was conducted using the PACS system. Two auditors independently examined angles of joint flexion and extension after which an instructive poster and pre-angled splint was created.

Results: 74 hand fracture referrals were made in August. 17(23%) had lateral post-cast imaging for auditing purposes of which 2(2.7%) met the audit criteria. Median wrist extension and MCPJ flexion was 17.5° and 39.5° respectively. Fingers were not kept straight in any cast. Patients with inadequate casts were referred to Occupational Therapy for thermoplastic splinting. Re-audit showed an improvement in taking post-cast imaging (56%) and compliance (35%).

Conclusion: Poor quality casts result in patients being brought to clinic to have their casts re-made, increasing cost and delaying treatment. The use of an educational poster and splint helps increase confidence of nursing staff and junior doctors when moulding the correct Edinburgh position.

0803: QUALITY OF OPERATION NOTE DOCUMENTATION IN A PLASTIC SURGERY TERTIARY CENTRE: A PROSPECTIVE COMPLETED AUDIT CYCLE

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Aim: Documentation on the operation note should be legible, complete and should adhere to the Royal College of Surgeons (RCS) guidelines. The aim of this study was to assess the effects of medical record-keeping guidance on the standard of operative documentation.

Methods: A prospective audit of operative documentation for patients undergoing elective and trauma plastic surgery procedures, during a 2-week period in April 2014 and October 2014, within a plastic surgery unit was performed. Guidance outlining medical record keeping and operation note documentation was subsequently introduced to induction teaching with an accompanying poster.

Results: 34 cases were included in the initial audit and 45 cases in the re-audit. 100% of cases had the operative procedure, post-operative instructions and a signature documented in both audits. Operative surgeons were documented in 88% of the initial audit and 97% of the re-audit. Re-audit documentation of legibility increased to 93% from 65% and documentation of priority improved to 60% from 44%.

Conclusion: The operation note is a crucial medico-legal document ensuring continuity of care. We have highlighted the importance of educating surgeons on this topic at induction so they are fully aware of the need to accurately complete this document.

0831: EFFECTS OF FLUID FILLING AND BLOOD PARAMETERS ON LOWER LIMB FREE FLAP SURVIVAL

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Aim: Major trauma is as an important cause of mortality and morbidity. A lower limb flap reconstruction database is kept at Frenchay hospital to improve flap survival following trauma. These complex cases require optimization of numerous variables to ensure successful union. Our aim was to interrogate parameters associated with patient filling; haemoglobin, haematocrit, fluid balance and urine output with lower limb free flap reconstruction success and survival.

Methods: The flap database was interrogated retrospectively and these parameters were analysed.

Results: In the 64 cases that were treated acutely, according to the BOA BAPRAS standards, the mean pre-operative Hb was found to be 11.0 g/dL. Urine output varied more greatly and the mean flap survival for this cohort was 89%.

In the 34 cases that had delayed surgery the mean pre-operative Hb was found to be 12.1 g/dL. Urine output varied postoperatively and the mean flap survival was 96%.

Conclusion: Maintaining a patient's fluid status at an adequate level, by means of measuring fluid balance and urine output has been shown to provide the best flap survival rates. However, blood parameters also play a vital role in keeping tissue oxygenated, with haemoglobin and haematocrit maintained above recognised levels of 8 g/dL and 0.4 respectively.