1004: THE ROLE OF SURGICAL SKILLS TEACHING IN THE UNDERGRADUATE MEDICAL CURRICULUM
Amy Coates1, Mudit Matanhelia1, Benjamin Soukup2, Meghana Kulkarni1, Selina Bismouhn1, 1St George’s, University of London, London, UK; 2Bristol Royal Infirmary, Bristol, UK; 3Great Western Hospital, Swindon, UK
Aim: Surgical skills teaching is currently a small part in the undergraduate medical curriculum. The aim of our study was to see if a half day surgical skills course for medical students could improve knowledge and surgical skills.
Method: A four hour surgical skills workshop for medical students was established. Three core skills were included: suturing, knot tying and laparoscopy. Students completed a questionnaire before and after the course. Questions related to knowledge and confidence in performing surgical skills, and their views on surgical skills teaching and training at medical school. Responses were recorded on a 5-point Likert scale.
Results: The course was attended by one hundred and three students, from eight universities in the UK. Paired analysis of responses showed a significant improvement across each of the workshops with a mean increase of 92% (p<0.01). 73% of attendees reported they did not receive enough surgical skills teaching at medical school and wish to have a surgical skills course as part of the curriculum.
Conclusion: A half-day surgical skills session is a simple and effective format for improving knowledge and confidence in surgical skills. Medical students believe the current undergraduate curriculum does not provide enough time to learn surgical skills.

1072: THE ANALYSIS OF VIDEO RECORDINGS AS A METHOD FOR ENHANCING SELF-ASSESSMENT WITHIN SURGERY. LEARNING FROM APPROACHES USED BY EXPERT MUSICIANS
Hannah Winter, Jacqueline Rees-Lee. Imperial College, London, UK
Introduction: With limitations within surgical training, methods to promote efficiency of learning are required. Self-regulation is a framework for lifelong learning which has demonstrated the ability to accelerate learning. An integral component of this is accurate self-assessment, a skill that is lacking amongst doctors. Musicians, however, rely on this, developing self-critical faculties throughout their training. As such, a review of musicians may provide an understanding of potential approaches towards developing self-assessment within surgery.
Methods: Retrospective semi-structured interviews were performed with four expert cellists. Thoughts and perceptions towards the development of musical skill were explored and analysed to identify specific approaches to self-assessment.
Results: The musicians, placing great importance on their ability to self-critique, frequently used recordings of performances to analyse specific aspects of their skill. This was often with the guidance of master teachers and in the presence of peers. This approach developed their ability to self-assess, critique and thereby refine skill.
Conclusions: Several factors are involved in the development of self-assessment. However, specific resources, including the use of video recordings were highlighted by musicians as assisting in developing the ability to self-critique. Integrating this within surgical training could develop self-assessment amongst surgical trainees and thereby accelerate learning and development.

1098: ‘DANGEROUS MONTH’ OF AUGUST: FACT OR FICTION?
Zoe Lin, George Kerans, Debashis Debnath, Lorna Cook, Isabella Karat, Raouf Daud, Ian Laidlaw. Frimley Park Hospital, Frimley, Surrey, UK
Aim: August, when new doctors start, is portrayed in the media as a ‘dangerous month’. We aimed to assess whether joining of newly qualified doctors in August affected the unplanned readmission rate in a breast unit.
Method: Retrospective study of all breast-related emergency admissions (January 2009–December 2011).
Results: A total of 1,400 breast-related emergency admissions took place, of which 8.1% (n=12) took place in months of August. Forty eight cases were readmissions following recent surgery. Only three readmissions (6.2%) took place in the months of August. There was no significant difference of age of patients readmitted in August (45.2±13.2 years), compared to other months (51.2±13.2 years) [p=0.46]. Incidence of readmission was not higher in months of August (n=3; 6.2%) compared to other breast related emergency admissions (n=9; 8.8% of 101) (Pearson Chi Square=0.31; p=0.57). There were no significant early discharges resulting in early readmissions in months of August.
Conclusions: Unplanned breast-related emergency readmission rate was not higher in months of August. This is not surprising as the newly qualified doctors are expected to work following thorough induction and under supervision. This challenges the unfair media portrayal of junior doctors at the beginning of their career.

1109: TRAINING OPPORTUNITIES IN THE EMERGENCY OPERATING LIST
Matthew Clapham, Judith Ritchie, Arin Saha, Athur Harikrishnan. Doncaster Royal Infirmary, Doncaster, South Yorkshire, UK
Introduction: Management of emergency general surgery admissions is essential for surgical training. Recent guidelines have recommended consultant-level input for higher risk surgical patients. This audit assessed whether these could be combined in a district hospital setting.
Methods: There is an acute ‘CEPOD’ operating theatre at our hospital. All operations in this theatre were audited from August to September 2011. Demographics of the patients, primary surgeon, consultant involvement and details of the operations were recorded.
Results: There were 229 operations, of which 55(24%) were at night. There were 193(84%) general surgical, 24%11% vascular and 13%5% urological operations. The majority of cases were abscess drainage (n=46, 20%), laparotomy (n=44, 19%) and appendicectomy (n=37, 16%). An SpR was primary surgeon in 183 cases (80%). Of SpR cases, a consultant was scrubbed in 71 operations (39%). There were no differences in operating time between SpR and consultant cases. Consultants were present in 45% of cases at night and during the day.
Conclusions: Consultants were involved in almost half of all acute operations, throughout an on-call period. With a dedicated acute-surgical SpR and encouragement to teach combined with senior-level input, good training opportunities and consultant-led care can both be delivered for emergency general surgical operations.

1118: THE EARLY CONSEQUENCES OF THE MODERNISING MEDICAL CARE (MMC) ERA ON SURGICAL RESEARCH CONDUCTION IN WALES
Amir Kambal1, Sue Hill2, Colin Ferguson3, Louis Fligelstone3, Nick Sevdalis 1, 1Imperial College, London, UK; 2University Hospital of Wales, Cardiff, UK; 3Morriston Hospital, Swansea, UK
Aim: The introduction of MMC has had a substantial impact on the structure of surgical training in the UK. However, its effect on academic or research surgery is yet to be assessed.
Method: An online survey was conducted targeting the higher surgical trainees (HST) in Wales region in 2009. The data collected included their level of training, the number of audit, research projects and publications they produced before and after HST.
Results: 30/54 HST attempted the survey, 12 Specialist Registrars (SpRs), 18 Speciality Registrars (SrRs). Before HST the SpRs had a greater number of laboratory projects (p=0.002), presentations (p=0.004), writing of research projects (<0.001) and total publications (p=0.002). Conversely, the SrRs had significantly more audits (p=0.02). After obtaining the HST the trend continued. Typically the amount of research projects performed (p=0.03), presented (p=0.02), written (p=0.004) and total publications (p=0.01) were larger in the SpRs group. Audit productivity between the two groups levelled out after obtaining HST.
Conclusions: The results suggest that in the early period following the introduction of the MMC programme, the research experience gained before HST by SpRs equipped this group better for research productivity. Future similar surveys are required to see if this effect is permanent.

1174: ORGANISING CLEFT LIP AND PALATE SURGERY MISSION TRIPS IN CHINA – A TRAINEE’S PERSPECTIVE
Charles Loh, Alex Loh, Philip Lim. Royal Hallamshire Hospital, Sheffield, UK
Introduction: Cleft Lip and Palate Surgery is commonly performed by Plastic Surgeons in austere conditions around the world. As a trainee,
ABSTRACTS

584

taking part and learning how to organise such a trip can prove invaluable and diversifies our training experience.

Methods: A strong emphasis on the multidisciplinary aspect of Cleft Lip and Palate surgery is paramount. Under the guidance of Emeritus Professor ST Lee of the Singapore General Hospital Plastic Surgery Department, we describe the process of starting up a mission trip to Hainan, China. The involvement of health professionals including Plastic Surgeons, Anaesthetists, Orthodontists and Speech and Language Therapists are key to a successful mission trip.

Results: Having participated in two consecutive years, each yearly mission trip was a success. In total, 46 patients were screened and 31 of those (ages 4 months to 27 years of age) were operated on. A total of 19 patients were referred for Speech and Language therapy. A total of 7 patients had dental procedures done.

Conclusions: As a trainee, I believe that such trips provide a learning opportunity to work in an environment different from that in the UK. It also concentrates learning and broadens our exposure to Cleft Lip and Palate Surgery.

1204: TRAINING OPPORTUNITIES FOR CORE TRAINEES IN OPEN ELECTIVE INGUINAL HERNIA REPAIR – A FOUR-YEAR EXPERIENCE FROM DISTRICT GENERAL HOSPITAL

Toi Pin Chang, Leszek Wołowczyc. Tameside Hospital NHS Foundation Trust, Ashton-under-Lyne, UK

 Aim: The aim of this study is to investigate current trends in the provision of training opportunities for open elective inguinal hernia repair following the implementation of EWTD.

Methods: We conducted a retrospective study on 569 consecutive open and laparoscopic inguinal hernia repairs between 2007 and 2011. We retrieved the relevant details from theatre registers and cross-checked the data retrieved with logbooks of Core Trainees where possible.

Results: Overall numbers of open inguinal hernia repairs performed had decreased from 184 in 2007 to 120 in 2011 with a mean percentage decrease of 13% per year. The proportion of laparoscopic hernia repairs decreased from 184 in 2007 to 120 in 2011 with a mean percentage decrease of 13% per year. The proportion of laparoscopic hernia repairs significantly over the last four years (18% vs 38%, Chi-square test; p < 0.01). The proportion of open inguinal hernia repairs attended by Senior House Officer (SHO) grade decreased significantly between 2008 and 2011 (51% vs 24%, Chi-square test; p < 0.01). In particular, there were no significant differences in the attendance of Core Trainees as compared to non-trainee grade SHOs.

Conclusion: The reduction in overall case volume and increase in laparoscopic repairs further diminished training opportunities for Core Trainees in open elective inguinal hernia repair. Targeted theatre attendance might reduce missed training opportunities in the era of EWTD.

1207: SPORTS HERNIAS – OPERATION TO FULL RECOVERY IN 2 WEEK WITH NEW TECHNIQUE MR K. THIRUPATHY, MR. P. LYON, MR SJ SNOOKS, DEPARTMENT OF SURGERY, KING GEORGE HOSPITAL, ILFORD, LONDON

Kumaran Thirupathy, Paul Lyon, Steve Snooks. King George Hospital, Ilford, Essex, UK

Introduction: Inguinal sports hernias affect 5-28% of athletes disrupting their livelihood. It is characterised by a weakness of the transversalis fascia. Many methods exist to repair these hernias using open and laparoscopic techniques. We present our series using an open hernia repair technique using, with a self adhesive mesh versus open repair with a non adhesive mesh.

Methods: Four hundred and sixty professional male athletes noted clinically and confirmed radiologically to have groin hernias were operated on between 2005 – 2010, with 70% having bilateral repairs. 202 Patients had open hernia repair - a non-adhesive mesh, 256 patients had open repair with a self adhesive mesh (pro-grip mesh, Covidian). Patients were seen 1 weeks post operatively by the operating surgeon and then by team medics.

Results: Open technique with placement of the pro-grip mesh could be performed through a small incision 3cm VS 5cm. Athletes were able to return to team normal sporting activity at 2 weeks.

Conclusion: Open technique using a pro-grip mesh has a far superior outcome as patients required a smaller incision and less tissue dissection. With this technique Athletes had a faster return to training and full sporting duties compared to conventional techniques.

TRANSPLANT SURGERY

0002: EFFICACY OF TRANS VERSUS ABDOMINIS PLANE BLOCK IN LAPAROSCOPIC LIVE DONOR NEPHRECTOMY – A SINGLE CENTRE EXPERIENCE

Umsankar Mathuram Thiyagarajan, Prarthana Thiyagarajan, Atul Bagul, Michael Nicholson. University Hospitals of Leicester, Leicester, East Midlands, UK

Aims: Post-operative wound pain is a disincentive to potential live kidney donors. The transversus abdominis plane (TAP) block is a technique where the local anaesthetic agent is given to block the afferent nerves of the abdominal wall. The aim of this study was to determine the effectiveness of pre-operative transversus abdominis plane blocks on post-operative pain after laparoscopic live donor nephrectomy (LLDN).

Methods: A consecutive series of 50 patients receiving TAP block prior to LLDN were compared to a historical control group of 50 patients who had no TAP block.

Results: Patients in the TAP group required significantly less post-operative morphine (22.8±29.2 mg) versus (57.4±31.7 mg); P<0.0001), oral analgesics and anti-emetics compared to the control group. Similarly TAP group discontinued their PCAS quicker than patients in the control group (1.27±0.59) days versus (1.88±0.65) days; P<0.0001). Post-operative pain scores (P< 0.0001) and sedation scores (P< 0.0001) were lower in TAP block group compared with controls. The length of hospital stay was lower in TAP than the control group (4.3±1.10) days versus (5.14±1.12) days respectively; P< 0.0034.

Conclusion: The transversus abdominis plane block provides a safe and highly effective form of post-operative analgesia in patients undergoing laparoscopic donor nephrectomy.

0015: EARLY REMOVAL OF URETERIC STENTS AND ITS IMPACT ON REDUCING THE URINARY INFECTION IN RENAL TRANSPLANTATION – A SINGLE CENTRE EXPERIENCE

Umsankar Mathuram Thiyagarajan, Prarthana Thiyagarajan, Atul Bagul, Michael Nicholson. University Hospitals of Leicester, Leicester General Hospital, Leicester,England, UK

Aims: Urological complications, in particular urinary tract infection (UTI) are common, debilitating and affect graft survival, increases morbidity. The study was aimed to assess early removal of ureteric stent and its impact on the incidence of UTI, major urological complications (MUC), graft function and rejection episodes.

Methods: The study was carried retrospectively on 127 consecutive renal transplant recipients from 2007-2009 with 1year follow-up. Among 127 recipients, 48 of them had stent removal on day 5 while remaining 79 had them removed at 4-6 weeks after transplantation with flexible cystoscopy.

Results: The 127 consecutive renal transplant recipients are included in this study (live donor: n = 85 and cadaveric: n = 42). All recipients were grouped in two arms based on either early (ESR) or late US removal (LSR). The incidence of UTI at 3 months after transplant between ESR and LSR groups were 12/48 (25%) and 35/79 (44%) respectively; P=0.03. The incidence of MUC in ESR is 2/48 (4%) while in LSR groups is 6/79(7%); P= 1.0.

Conclusions: The ESR significantly reduces the risk of UTIs in renal transplant patients with no associated increase in MUC in addition to patient avoiding a further procedure for ureteric stent removal.

0092: TACROLIMUS PRELOADING IN RENAL TRANSPLANTATION FROM LIVE DONORS

Karl Pang, Murali Somasundaram, James Gilbert. Oxford Transplant Centre, Churchill Hospital, Oxford University Hospitals NHS Trust, Oxford, UK

Aim: To report the outcomes of renal transplantation from live donors (LD) in patients receiving pre-transplant Tacrolimus (TAC) loading in a single transplant unit.

Methods: A retrospective analysis was performed of LD renal transplants between July 2008- 2010, Patients were preloaded with TAC prior to transplantation (0.05mg/kg twice daily), beginning 4 days pre-operatively. TAC levels were measured pre-operatively (day 0) and target range was 8-10 ng/ml. Patient and graft outcomes were analysed using standard statistical methods.

Results: In the cohort (n=81) the mean (SD) day 0 TAC level was 10.5 (+/- 7.0). 3 patients had delayed graft function (DGF, day 0 TAC levels of 3.9, 7