Conclusions: Our results indicate the modified Karydakis technique is an effective day-case procedure for pilonidal disease, carries minimal risk of complications and is curative in most cases.

0088 RECALL OF THE CONSENT PROCESS AND UNDERSTANDING OF BLOOD TRANSFUSION AMONG SURGICAL PATIENTS – ARE WE GETTING IT RIGHT?
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Aims: Patients should be informed about the risks and benefits of transfusion, but studies highlight inconsistency and the patient perspective is lacking in current literature. We assessed patient recall of the consent process, information conveyed and ease in understanding discussions concerning blood transfusion.

Methods: A questionnaire was used to assess patient recall. All 148 adult surgical patients for whom blood was cross matched over a two-month period were sent postal questionnaires, whether transfused or not.

Results: Seventy-two questionnaires were returned. Forty-five patients said someone explained they might need a transfusion; of those, 40 felt the explanation was clear. Seventy-two questionnaires were returned. Forty-five patients said someone explained they might need a transfusion; of those, 40 felt the explanation was clear.

Conclusions: A leaflet would increase the information available to patients and can be distributed relatively easily. These are currently being introduced at each bedside, in pre-operative patient information packs and in Outpatient Clinics, with re-assessment planned in six months.

0091 CHANGE IN PRACTICE LEADS TO MORE EFFECTIVE BLOOD CROSS MATCHING SCHEDULE FOR ELECTIVE AND EMERGENCY VASCULAR SURGERY PATIENTS AT ST GEORGE’S VASCULAR INSTITUTE
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Introduction: Preoperative blood cross matching schedules may lead to a waste of valuable resources. This aim of this study was to demonstrate that modernizing a cross matching schedule reduces inappropriate blood ordering, saves money and maintains patient safety.

Method: A retrospective case review study was conducted of all patients admitted to a regional vascular centre from June 2009 to October 2009 and the crossmatch:transfusion ratio calculated per procedure. Following evaluation of this a new cross matching protocol was introduced. Further case reviews were carried out from March 2010 and assessed according to the same parameters.

Results: In the first cycle 272 units of blood were cross-matched of which 218/272 (80.1%) were unused. The overall crossmatch: Transfusion (CT) ratio was 5:1. Following implementation of the new protocol, 183 units were cross-matched with the proportion of unused blood falling to 61% and a CT ratio of 2:1. Representing a potential departmental saving of £90,000 per year. Within this period, none of the patient’s with a ‘group and save’ sample required intra-operative blood transfusion.

Conclusion: This complete audit cycle highlights the successful implementation of forward-thinking clinical protocol. Meaningful change was achieved to an antiquated system with potentially significant financial savings while maintaining patient safety.

0096 SUTURELESS THYROIDECTOMY USING LIGASURE IS SAFE AND RESULTS IN SIGNIFICANT OPERATIVE TIME SAVINGS
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Aim: To assess the results of thyroidectomy using the Ligasure device and compare them with the published figures in The British Association of Endocrine Surgeons "Second National Audit Report 2007" methods.

Methods: Retrospective observational study. Clinical records for patients who underwent thyroidectomy, under one consultant between 1st January 2000 and 31 December 2009 were reviewed. 168 out of a possible 282 sets of notes were obtained. Complications were recorded and compared to nationally published data. Operation time was compared pre and post Ligasure introduction in Jan 2006.

Results: 97 consecutive cases using Ligasure (36 total thyroidectomies, 61 lobectomies) and 71 historical controls pre-Ligasure (35 total, 36 lobectomies) were studied. Age and sex distributions within all groups were equal. Complication rates were comparable to those published in the Second National BAETS Audit Report 2007 for all events except voice change. There was no increase in post-operative vocal cord palsy or hypocalcaemia. Mean operative time was significantly shorter using Ligasure for both total thyroidectomy (mean 116mins vs 153mins, p=0.0000168) and lobectomy (mean 77.1mins vs 93.2mins, p=0.00130).

Conclusions: Sutureless thyroidectomy using Ligasure is safe with complication rates comparable with the nationally reported figures. Sutureless thyroidectomy results in significant savings in theatre time.

0097 JUNIOR DOCTORS IN THE ENT EMERGENCY CLINIC AND THE EFFECT ON PATIENT CARE
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Introduction: Many conditions seen in the ENT emergency clinic can be treated on an ambulatory basis. Changes to training mean junior doctors rotate every four months and fewer have previous ENT experience. Admission and discharge without follow up rates can be seen as markers of competence and quality of patient care. This study reviews admitting and discharging habits of junior doctors in an ENT department, comparing the first and last two months of their attachments.

Methods: Data was prospectively collected on emergency clinic attendees (06/08/2008-31/07/2010). Three key conditions, epistaxis, foreign bodies and otitis externa were also reviewed, alongside analysis of individual doctor cohorts.

Results: 2289 patients were seen during the first and 2504 during the second two months of each cohort. Although admissions did not change significantly, the proportion discharged rose (50.7v56.6%, Chi-squared p=0.001). Admission of epistaxis patients fell (66.1v36.6%, p=0.001) and discharge increased (27.4v34.9%, p=0.001), but no significant changes were seen regarding foreign bodies and otitis externa.

Conclusion: Experience amongst junior doctors has an impact on patient care as judged by admission and discharge rates. Patients should be treated by doctors with skills to provide the best possible care. Senior input into emergency ENT training is welcome.

0102 ESTABLISHING CONSTRUCT VALIDITY IN AN ANIMAL TISSUE MODEL FOR LAPAROSCOPIC RIGHT HEMICOLECTOMY: A FEASIBILITY STUDY
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Background: Surgical simulation is of increasing importance with the advent of working time directives and may eventually fill the gaps in surgical education that have been created.

Aims: To assess the feasibility of establishing construct validity in a novel animal tissue model for laparoscopic right hemicolectomy.

Materials & Methods: Participants performed two defined sections of a laparoscopic right hemicolectomy using the model developed. The procedures were marked independently by video using the L-CAT Objective Structured Assessment of Technical Skills (OSATS). Participants scores in all domains were compared to the number of real-world lead laparoscopic operator procedures they had performed.

Results: Six participants completed a total of 16 procedures. Laparoscopic experience showed a significant positive correlation with performance during the exposure (p = 0.005) and vascular pedicle (p = 0.05) sections, and the total time taken to complete the task (p = 0.001). Laparoscopic