

**Results:** Mean age at surgery is 58.7; our rate of re-excision is 24.5% (67 patients). 3 independent risk factors with a p value less than 0.05 have been identified to contribute to this rate. The factors are: Presence of insitu disease (p value = 0.036), multifocal disease (p value = 0.001) and referral source whether screening or symptomatic (p value = 0.008).

**Summary and recommendations:** Our rate of re-excision following BCS is 24.5%, Symptomatic patients have higher re-excision rate compared to screening patients. Re-excision rate increased with the presence of DCIS and multifocal disease.

#### 0914 A PROSPECTIVE ANALYSIS OF BLOOD-STREAM INFECTION POST-TRANSRECTAL ULTRASOUND GUIDED BIOPSY OF THE PROSTATE IN A NATIONAL RAPID ACCESS PROSTATE CLINIC

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**Aims:** To develop a process for prospective clinical and laboratory surveillance of BSI following TRUS biopsy and also develop a protocol for management of BSI post TRUS.

**Methods:** Prospective data was collected from all patients attending a prostate screening clinic at a mean of 30 days post biopsy and from all patients admitted with post-TRUS sepsis. A protocol for the investigation and management of cases has been developed.

**Results:** Of 387 TRUS biopsies performed, ten patients were admitted for management of post-TRUS sepsis. BSI was confirmed in eight patients; *E. coli* (7) and *Bacteroides* spp (1). Of the *E. coli*, 5, 4 and 2 were resistant to amoxicillin, ciprofloxacin and gentamicin respectively. All were susceptible to piperacillin/tazobactam and to cefotaxime. ESBL producers were not detected in this group. The levels of resistance are comparable to that in other BSI isolates of *E. coli*. The rate of BSI post TRUS biopsy for this hospital was 0.5% (2 of 387 patients biopsied).

**Conclusions:** Post-TRUS biopsy BSI accounted for approximately 10% of all confirmed *E. coli* blood stream infection presenting to this tertiary centre. The rate of BSI post TRUS biopsy (0.5%) is within the reported range. We found that Piperacillin/tazobactam is appropriate for empirical therapy.

#### 0919 SUB CUTICULAR NON ABSORBABLE SUTURES HAVE BETTER OUTCOME IN FEMALES THAN METALLIC CLIPS IN ELECTIVE OPEN COLORECTAL SURGERY

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**Material:** Data was collected prospectively on female patients who underwent elective colorectal surgery via open abdominal approach. A questionnaire was sent to all the patients enquiring about the quality of the scar, infection, use of antibiotics, pain and the appearance of the scar.

**Results:** Our cohort included n= 90 patients with median age of 67 years (IQR 61, 77). There were n= 56 patients in skin suture (SS) group and n = 34 in skin clips (SC) group.

18% of females developed wound infection in SC group as compared to 19% in SS group (p=0.5). 15% of females of SC group developed infection while in the hospital as compared to 9% with SS group (p=0.3). 25% of females in SC group complained of scar thickness as compared to 11% in SS group (p=0.08).

Over all 72% of patients who had sutures were satisfied with outcome of the scar as compared to 51% who had clips (p= 0.043).

**Conclusion:** Our results indicated fewer rates of complications among female patients, when sub-cuticular sutures were used to close the skin than metallic clips. The cosmetic results were better in suture group compared to the clips group.

#### 0923 INCREASED SURGICAL SITE MORBIDITY AFTER DABIGATRAN ETEXILATE: THE WARWICK EXPERIENCE OVER ONE YEAR

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**Introduction:** NICE technology appraisal guidance 157 suggests that the oral anticoagulation medication Dabigatran etexilate can be used for the primary prevention of venous thromboembolic events (VTE's) in adult patients who have undergone elective total hip or knee replacement surgery.

**Method:** The NICE guidance reports that 13.8% of patients receiving recommended doses of Dabigatran experienced adverse bleeding events. In the pivotal hip and knee VTE trial, wound secretion only accounted for 4.9% of patients treated with Dabigatran (cf 3.0% of patients treated with Enoxaparin).

**Results:** We report our wound secretion experience after Dabigatran use at Warwick Hospital from March 2009 to March 2010. Of the 788 lower-limb arthroplasties performed, 55 patients (6.9%) had oozing wounds after discharge (Mean=8 days, Range=1-39 days). This resulted in 226 extra home-visits by discharge nurses, 26 positive microbiology cultures and 5 confirmed wound infections needing antibiotic treatment and/or surgical intervention. Incidentally, there were also 2 known cases each of deep vein thrombosis and pulmonary embolus in this cohort. The number of complications was markedly increased from previous years when LMWH was the VTE prophylaxis used.

**Conclusion:** This data suggests that the use of Dabigatran in Warwick Hospital, may significantly increase surgical site morbidity and resource output after lower limb arthroplasty.

#### 0927 SUB-CUTICULAR NON ABSORBABLE SUTURES IN ELECTIVE OPEN COLORECTAL SURGERY GIVE BETTER RESULTS THAN METALLIC CLIPS AMONG MALES

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**Background:** We compared the outcome of abdominal skin closure by clips and sutures following elective colorectal surgery among males.

**Methods:** Prospective data was collected on all male patients who underwent elective colorectal surgery via open abdominal approach. Patients were divided into two groups; skin sutures (SS) and skin clips (SC). A questionnaire was sent to all the patients enquiring about the quality of the scar, pain and cosmetic outcome.

**Results:** Our cohort included 128 males. n= 78 who had skin closure by using suture SS and n= 50 who had skin closed by metallic clips SC. 22% (11/50) in SC group had wound infection as compared to 11% (9/78) of SS group. Most of the patients had wound infection while they were in hospital. (p=0.042). SC group patients had significantly more discharge (not infected) from their wounds as compared to SS group (P=0.05). Majority of patients in SS group 68% claimed excellent results as compared to SC group 49% (P= 0.026).

**Conclusion:** Our results showed that male patients who underwent open elective colorectal surgery developed fewer complications when sub-cuticular suture were used for skin closure. In this group the patients were more satisfied with resultant outcome.

#### 0928 THE USE OF ENHANCED RECOVERY AFTER SURGERY (ERAS) IN COLORECTAL SURGERY – IS AGE AN IMPORTANT FACTOR TO CONSIDER?

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**Aim:** ERAS was introduced to improve patient care and shorten hospital stay. The aim was to look at age as a factor in determining the effectiveness of ERAS in reducing the length of stay (LOS). **Method:** Data for all patients who underwent a right hemicolectomy over 20 months was collated and the outcome was assessed by the average post-operative LOS.

**Results:** 58 patients included, 38 right hemicolectomies were carried out laparoscopically. Ages 40-60 averaged ERAS LOS of 5.9 days versus non-ERAS LOS of 5 days; ages 60-80 averaged ERAS LOS of 5.3 days versus non-ERAS LOS of 18 days; and ages 80 plus averaged ERAS LOS of 11.3 days versus non-ERAS LOS of 8.5 days. Of the remaining 20 patients who underwent open right hemicolectomies: ages 60-80 ERAS LOS of 7.3 days versus non-ERAS LOS of 12.5 days; and ages 80 and above ERAS LOS of 42.3 days versus non-ERAS LOS of 17.7 days.