View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Elsevier - Publisher Connector

Introduction: Dysplastic naevi (DN) have an associated risk of malignant melanoma (MM), which increases with increasing numbers of DN and personal/family history of DN. No agreed national management standards exist.
Suggested standards:
1. Surveillance ^{3}1 per year with family/personal history of MM and/or personal history of $\geq$ 3 DN
2. Lesions should be excised with a 2mm margin if MM cannot be ruled out
3. All patients with DN are taught self-examination
Methods: We completed a retrospective study at four plastic surgery units in the South West. All patients $\leq$ 16 years with a histological diagnosis of DN or MM were evaluated.
Results: 42 lesions in 40 patients, mean age 11 years were analysed over a 10-year period. 86% underwent excision biopsy; 68% of these were excised with a 2mm margin. 20 patients were followed-up, mean duration 9 months. 5% of all lesions excised were found to be MM. 13% of patients discharged had documented discussion about self-examination.
Conclusions: The benefits and costs associated with out-patient surveillance in this patient cohort remain controversial. We recommend suspicious lesions are excised with a 2 mm margin. Self-examination should be advocated and documented for all patients. National standards are required to standardize management.

0869: TEN-YEAR EXPERIENCE OF MANAGING ECTROPIONS AT A SINGLE CENTRE IN SCOTLAND

Parneet Gill[2], Alex Lambah[2], Stephen Morley[1]. [1] *Canniesburn Plastic surgery Department, Glasgow, UK;* [2] *Ninewells Plastic Surgery Unit, Dundee, UK.*
Introduction: This study presents the outcomes of ectropion treatment at the Canniesburn Plastic Surgery Department Glasgow.
Method: Patients with ectropion were identified retrospectively from the theatre database between 1998-2008. Case notes were searched for clinical information looking at aetiology, ectropion classification, recurrence rates and complications as primary outcomes.
Results: Underlying aetiology consisted of fifty-six secondary to skin cancer, four cases post-burns injury, five cases due to facial palsy, five cases from benign causes, five cases from trauma and four of unknown aetiology. Documentation of ectropion classification was poor with fifty patients (63%) having no classification specified. Of the seventy-nine patients, 53% were treated with a single procedure. 37% required 2-4 operations and 10% required 5 or more operations. High re-operation rates were noted in the facial palsy (80%) and skin cancer (11%) cohort. Complications included six infections (8%) and two wound dehiscence (3%).
Conclusion: Ectropion was poorly classified and documented in patient notes. Surgical treatment was associated with a recurrence rate of 47%, with high frequency of re-operations noted in facial palsy and skin cancer groups. Accurate classification of ectropion may help in stratifying surgical management according to ectropion type and underlying aetiology.

0930: THE EFFECTS OF THE LOW PRIORITY PROCEDURE POLICY ON PRACTICE AND TRAINING

Marnie Fullarton, Debbie Hunt, Kate Williams, Saif Rhobaye, Ali Juma. *Countess Of Chester Hospital, Chester, UK.*
Aim: In 2010 the Department of Health introduced the Low Priority Procedure (LPP) policy. This targets certain cosmetic operations in Plastic surgery and sets strict criteria on whether patients are offered surgery. We investigated if this policy has reduced our case load.
Method: LPP referrals from 2005-2012 were reviewed. Referral date, demographics, PCT, operation date and where appropriate reasons for refusal of surgery were recorded.
Results: 784 referrals for LPP were received, 673 were female and 141 male. Of the 784, 313 had surgery: 72 breast reductions, 68 breast augmentations, 55 removal/exchange breast implant, 34 pinnaplasty, 33 abdominoplasty, 13 blepharoplasty, 11 gynaecomastia excisions, 7 rhinoplasty and 20 others. Operations fell from 45 in 2007 to 26 in 2012. Abdominoplasty and cosmetic breast surgery have reduced most over this time. The commonest reason for refusal was not fulfilling PCT criteria. Interestingly LPP referrals have not reduced since 2010 when the policy was introduced.
Conclusion: Since LPP our case load has reduced. How this impacts on specialist training is under review by Sir Bruce Keogh. The Welsh model of screening all LPP referrals nationally has been effective since 2004. This model could reduce the number of inappropriate referrals if introduced to England.

0934: FROM GUIDELINES TO STANDARDS OF CARE: INCREASING WORKLOAD, BUT DIMINISHING PATIENT BURDEN IN OPEN TIBIAL FRACTURES

Shakeel Rahman, Ryan Trickett, Ian Pallister. *Morriston Hospital, Swansea, UK.*
Background: Coordinated ortho-plastic surgery is the standard of care for open tibial fractures, aiming to minimise complications and unplanned revision surgery.
Aim: To establish whether the BOA/BAPRAS standards of care have altered referral pattern, workload and patients' surgical burden.
Methods: Two cohorts were reviewed, Guidelines (pre-2009) and Standards (2009-2011). Comparison was made between patients directly admitted (DAP) and transferred (TP) for the first 30 days post injury.
Results: The admission rate increased from 2.7/month (Guidelines) to 4.0/month (Standards). The percentage of TP rose from 30% to 77%. In both time periods, TP required significantly more operative procedures than DAP. With early coordinated care, the DAP group have undergone less mean operations (2.9 to 1.7). Those referred outside the terms of guidelines or standards - limb salvage (LS) - have the highest amputation rate.
Conclusions: Implementation of the standards has significantly increased the workload and the efficiency of care for open tibial fractures in our Ortho-Plastic Unit. Long-term follow up is needed to determine if efficiency equals efficacy. A small group of mainly elderly patients (LS) highlight the importance of early referral, as even seemingly 'simple' cases can prove to be catastrophic.

0946: CLINICAL AND FINANCIAL IMPLICATIONS FOLLOWING AN EARLY DISCHARGE PROTOCOL FOR REGIONAL NODE DISSECTIONS FOR SKIN CANCER – THE FRENCHAY HOSPITAL ALGORITHM

Guirgis Awad, Shaheel Chummun, Antonio Orlando. *Frenchay Hospital-North Bristol NHS Trust, Bristol, UK.*
Introduction: At Frenchay Hospital, we have developed a protocol for the discharge of patients following lymph node dissection (LND) for skin cancer within 72 hours post-operatively. This study reviews the outcome of the new discharge algorithm and any financial benefits incurred.
Methods: Data was collected on the demographics and outcome of 50 consecutive patients operated by a single surgeon for LND for skin cancer, over a 16 months period. We also reviewed the length of hospital stay and any savings made.
Results: 50 patients (31M: 19F) with a mean age of 66.1 years were recruited. 22 axillary, 15 neck and 13 groin dissections were performed. 62% of patients were operated upon within 2 weeks of being seen in clinic. The mean hospital stay was 1.9 days, compared to 9.5 days prior to the new discharge algorithm and single surgeon operator. The complication rate reduced from 50% to 24%. Financially, this resulted in 380 bed days saved over 16 months, equating to a saving of £83,600 (@£220/bed day).
Conclusion: The presented algorithm is an efficient and safe pathway from consultation to safe discharge, with the reduction in hospital stay and significant financial gains.

0964: MICROSURGICAL TRAINING – A LARGE CENTRE EXPERIENCE

Daniel Bernard Saleh, Richard Pinder, Mark I. Liddington. *Leeds General Infirmary, Leeds, UK.*
Introduction: Microvascular surgery is now a key skill, rather than subspecialty of reconstructive surgery. No studies have compared the authentic training experience with that of trainer surgeons.
Methods: A retrospective database review on consecutive free flaps performed between 1995-2010 were reviewed. Microvascular success, failure and the incidence of microvascular complication were analysed and compared. A trainee procedure was deemed both flap harvest and microvascular reconstruction.
Results: Trainees performed 11% of the total case load (188/1709). Total failure rate was 4.3% for consultants versus 7.2% (P>0.05). Re-exploration of vascular anastomosis was 11% versus 7% (P>0.05) for trainee and consultant respectively. Intra/post-operative microvascular problems