Aims: Current donor organ scarcity has necessitated increased utilization of 'marginal' livers, including those from donation after circulatory death (DCD) donors. Liver transplantation is a potential treatment for hepatocellular carcinoma (HCC), but it remains unclear how outcomes compare in patients who receive organs from DCD donors versus more 'optimal' organs from donation after brain death (DBD) donors.
Methods: Patients with HCC who received a first liver-only transplant in Cambridge between 01/01/08 and 31/12/11 were identified from a prospectively-maintained database. Recipient demographics, including age, donor type and UKELD score were recorded. Patient survival was calculated from time of transplant with death defined as the endpoint.
Results: 270 liver transplants were performed during this period: 47 from DCD and 223 from DBD donors. 15 transplants from DCD donors (31.9%) were for patients with HCC, compared to 40 (17.9%) from DBD donors ($p=0.0446$; two-tailed Fischer's exact test). Kaplan-Meier survival analysis revealed no difference in three year survival ($p=0.174$).
Conclusions: Patients with HCC receive a greater proportion of DCD livers, which may represent an inherent organ allocation bias. Despite the perceived marginality of DCD livers, there was no significant difference in survival between HCC patients that received a transplant from DCD or DBD donors.

TRAUMA / EMERGENCY SURGERY

0010: ARE PLAIN RADIOGRAPHS USEFUL IN ACCURATELY CLASSIFYING DISTAL RADIUS FRACTURES?

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Objectives: Does assessment of plain wrist radiographs alone accurately depict the fracture pattern found intra-operatively.
Methods: All closed adult distal radius fractures over a six month period that underwent open reduction, internal fixation (ORIF) included. Preoperative wrist radiographs reviewed by the senior surgeon. Classified using Frykman and AO methods. The same methods were used to classify the fracture pattern intra-operatively. Pre- and intra- operative classifications then compared.
Results: 24 wrists identified; 16 female and 8 male. Mean patient age was 51.0 years. All patients underwent ORIF using a volar approach to the distal radius. Only 3 patients' pre- and intra- operative classifications matched. There was consistent pre-operative under estimation of the degree of fracture comminution and intra-articular involvement. Mean discordance of 3 grades in the fracture classification pre- and intra- operatively when using both the Frykman and AO methods.
Conclusion: This study shows that the use of plain wrist radiographs to classify distal radius fractures is difficult. Intra-articular fractures or those with significant comminution are often under-estimated pre-operatively. The use of pre-operative CT scanning in distal radius fractures where plain radiographs are difficult to interpret will enable surgeons to plan operative time appropriately and aid their choice of implant.

0045: SHOULD PATIENTS REQUIRING SCROTAL EXPLORATION FOR TESTICULAR TORSION BE EXPLORED BY GENERAL SURGEONS OR UROLOGISTS? OUR EXPERIENCE IN A DISTRICT GENERAL HOSPITAL

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Aim: Testicular torsion is an emergency requiring urgent surgical intervention. Due to centralisation of urology services, it may be necessary for general surgeons to intervene. As testicular torsion is a urological diagnosis, should surgery be performed exclusively by urological surgeons? The aims of this study were to analyse the results of scrotal exploration performed by general surgeons including diagnostic accuracy, time to theatre and complications.
Methods: We reviewed hospital records of patients who underwent scrotal exploration by general surgeons at a district general hospital in South East England over 4 years. The data collected included the diagnosis at scrotal exploration; complications; the time from the onset of symptoms and the time to theatre from Accident and Emergency (A&E).
Results: Our results show that patients with suspected testicular torsion are being managed appropriately at our hospital, with an average time of 4.6 hours from A&E to theatre. 30% of patients had confirmed testicular torsion. One patient had a documented complication.
Conclusion: Despite the fact patients are being managed appropriately in our hospital, the potential benefits of having these patients managed at a urological centre have been highlighted. These include the availability of theatres and appropriate further management should orchidectomy be required.

0056: EMERGENCY STOMAS: RISING TO NEW HEIGHTS

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Aim: With the recent promotion of primary anastomosis and the use of alternative bridging procedures, emergency stoma formation is thought to be declining. We investigated the rate of emergency stoma formation in a district general hospital and the complications and mortality associated with these stomas.
Method: This was a retrospective study, based on a prospectively compiled data base, looking at all stoma patients over a 10 year period at a district general hospital in Essex. Data on 690 patients was collated using patient records.
Results: The majority of the stomas included in the study were formed in the emergency setting (65%). Of these, the commonest operation was Hartmann's procedure (31%) and the commonest indication for surgery was colorectal carcinoma (42%). Over the 10 year period, there was an increase in the formation of emergency stomas from 38 to 53 stomas per year. No significant difference in complication rates was seen between elective and emergency patients ($p=0.7061$). Only 22% of all the emergency stomas were reversed.
Conclusions: Emergency stoma formation has increased over the 10 year period, and this incline shows no sign of subsiding. This may reflect an ageing population and the high prevalence of patient co-morbidities.

0085: 'NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH (NCEPOD) TIMESCALES OF INTERVENTION': ARE WE ADHERING TO NATIONAL GUIDELINES?

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Aim: The 'NCEPOD Timescales of Intervention' guidelines categorises operation priorities to enhance clinical governance, by improving patient experience, planning, communication and use of resources. This audit assesses adherence of these national guidelines within a busy North-West London hospital.
Methods: A retrospective review of 60 consecutive CEPOD bookings was performed. Target maximum timescales for intervention from booking to operation start are: Category-1: acute life-threatening emergencies (30-minutes); Category-2: emergent, but not immediately life-threatening (3-hours); Category-3: urgent (6-hours); Category-4: semi-urgent (18-hours), Category-5: less urgent (24-hours).
Results: 85% of bookings achieved targets. 16 cases were 'out-of-hours' (18:00-08:00), of which 13 met intervention targets. Three of the out-of-hours operations would still have met targets if delayed until 08:00. Mean ward-to-anaesthetic room transfer time and anaesthetic induction times were 38 and 10 minutes respectively. All seven operations performed after 21:00 were by Registrars. 44% of procedures between 18:00-21:00 were performed by Consultants.
Conclusion: Adherence to NCEPOD guidelines is achievable, even in a busy setting. Improving awareness within the multidisciplinary team aims to reduce delays in patient transfer. Operating out-of-hours, with reduced resources and support is associated with greater morbidity and mortality. Furthermore, delaying lower priority procedures to daylight hours could increase training opportunities.

0088: WHITE CELL COUNTS, C-REACTIVE PROTEIN AND APPENDICITIS – WHAT IS THE ROLE OF PRE-OPERATIVE BLOOD TESTS IN ASSISTING IN THE DIAGNOSIS?

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Introduction: Appendicectomy accounts for approximately 10% of all emergency surgical procedures. Diagnosis is often clinical, however blood markers are often used as an adjunct. A retrospective review of practice was undertaken in order to assess the efficacy of pre operative White cell