Methods: Between 2000 and 2010 76 patients (median, 72 years) presented with rectal and rectosigmoid cancers. The perioperative mortality rate (PMR), overall (OS) and cancer-specific survival (CSS) and local recurrence (LR) rates were calculated.

Results: Sixty percent presented with Dukes C and D lesions. The PMR was 1.4%. Of the 66 patients that underwent surgical resection, LR was 6% and isolated LR 1.5%. OS was 65% and CSS between 76% and 85% for those treated with curative intent. LR for resected rectal cancers treated with preoperative radiotherapy was 0% compared with 15% for those not pre-treated. Furthermore, 71% of rectal cancers within 10cm of the anal verge received preoperative radiotherapy with LR between 0 and 6%. In comparison, 18% of rectal cancers above 10cm received preoperative radiotherapy with LR between 18 and 35%.

Conclusions: A large proportion of patients present to this service with advanced rectal and rectosigmoid cancers. There is a correlation between preoperative radiotherapy and reduced LR rates with a need to reassess the management of higher rectal cancers in this service.

0389 PRO-INFLAMMATORY STIMULI AND NOT REACTIVE OXYGEN SPECIES REGULATE ADHESION MOLECULE EXPRESSION UPON HUMAN LIVER SINUSOIDAL ENDOTHELIAL CELLS DURING HEPATIC ISCHAEMIA-REPERFUSION INJURY
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Introduction: Cell adhesion molecule (CAM) expression upon liver sinusoidal endothelial cells (LSEC) mediates the influx of inflammatory cells during the Ischaemia-Reperfusion Injury (IRI) seen after orthotopic liver transplantation (OLT). Pro-inflammatory cytokines such as Tumour Necrosis Factor-alpha (TNFα) influence LSEC CAM expression. Reactive Oxygen Species (ROS) can regulate cell death during OLT, but whether TNFα couples to ROS to increase CAM expression upon LSEC is not known.

Methods: LSEC were isolated from human liver tissue and exposed to an in vitro model of IRI. CAM expression was determined by ELISA, PCR and immuno-fluorescence. ROS production, apoptosis and necrosis were determined by labelling cells with the fluorescent dye 2',7'-Dichlorofluorescin, Annexin-V and 7-ADD respectively in a three-colour reporter assay and subjecting cells to FACs analysis.

Results: LSEC express the TNFα receptor TNFR1. TNFα stimulation of LSEC does not increase intracellular ROS accumulation or cell death during IRI. TNFα increases LSEC expression of the CAMs Intracellular Adhesion Molecule-1 (ICAM), Vascular Adhesion Molecule (VCAM) and E-selectin during IRI. This increased CAM expression is dependent upon p38-mediated mobilisation of intracellular CAM stores and an increased rate of mRNA transcription.

Conclusion: TNFα increase CAM expression upon human LSEC during IRI and mediates an increase in the inflammatory cell infiltrate seen after OLT.

0390 OPERATIVE SALVAGE OF RADIOCEPHALIC ARTERIOVENOUS FISTULAS BY FORMATION OF A PROXIMAL NEOANASTOMOSIS
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Objective: We examined the outcomes of radiocephalic arteriovenous fistulas (RCAVFs) salvaged by formation of a neo-anastomosis in the proximal cephalic vein segment (NEO). Design of Study: Patients with a RCAF revised by formation of a NEO were identified from a prospectively maintained database and outcomes retrospectively analysed.

Results: Eighty patients had 81 RCAF revised by formation of a NEO. Primary patency of the NEO (n = 81) at 12, 24 and 36 months was 78.5%, 68.9% and 54.9%, respectively. Compared to NEOs that were performed on immature RCAFV (n = 50), those performed on mature fistulas (n = 31) exhibited improved primary patency rates (P < .04). There was no difference in the primary patency of the NEO between those performed for failed (n = 25) and failing (but patent) (n = 56) fistulas (P = .15). There was one case (1.2%) each of bleeding, infection, and steal post-NEO. Four patients (4.9%) required further interventions on their NEOs.

Conclusions: Operative salvage of RCAFV by formation of a NEO demonstrates good patency and low complication rates, and can be performed with reasonably good results in patients with either failed or failing (but patent) RCAFV. These patients should not automatically proceed to elbow fistula formation, rather, proximal neo-anastomosis should be considered.

0391 ABSCESSES – FINANCIAL IMPLICATIONS OF DELAY IN SURGERY
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Introduction: Cutaneous abscesses are a common pathology presenting under the auspices of the general surgical on-call take. They commonly require drainage under general anaesthesia. Whilst often a simple procedure they can be superseded on emergency lists by more pressing emergencies which has a huge financial impact.

Methods: All superficial abscesses drained under general anaesthesia from December 2009-December 2010 were included.

Results: A total of 269 patients underwent incision and drainage of an abscess. There were 134 females and 135 male patients. The average age was 38.7 years. Average length of stay was 42 hours. If pre-operative stay was < 24 hours then total length of stay was 34 hours. If pre-operative length of stay was >24 hours then length of stay increased to 79 hours. 47% of surgery was done within the working day (0800 – 1659) compared to 38% out-of-hours (2000-0759).

Conclusions: Shortening pre-operative length of stay reduces overall length of stay resulting in financial gain. A total saving if stay had been ≤ 24 hours would have been £34, 419. At our hospital there was an increase in out-of-hours operating to reduce wait times. Introduction of an “abscess hour” using day-case admission pathways could reduce length of stay.

0392 ON THE DAY CANCELLATIONS WITHIN THE BREAST SURGERY DIRECTORATE
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Introduction: On the day cancellations carry significant consequences for patients, surgical teams and trusts. If a cancellation is made with enough notice, it is possible to reschedule another case.

Method: Breast cases cancelled on the day of surgery over the last 5 years, were identified from coding. Notes were reviewed for 34 patients cancelled due to fitness as a result of lack of information recorded.

Results: 179 on the day cancellations were made within breast surgery, accounting for 18% of the total in general surgery. Main reasons were due to patient fitness (48%), and an operation deemed no longer necessary (24%). Of the 34 cases reviewed, unfitness was due factors relating to the patient (53%), preoperative assessment (32%), primary care (6%), anaesthetic teams (6%) and surgical teams (3%).

Conclusion: Cancellations are important and mostly avoidable. Patient fitness and necessity of an operation are significant causes in breast surgery. Measures to overcome these include using ‘consent clinics’ to confirm existing need for surgery, in advance anaesthetic assessments rather than on the day, and use of a ’hotline’ to contact patients prior to confirm preoperative preparation and enquiry regarding new significant symptoms which may have adverse outcomes for surgery.

0393 RESEARCHING SURGICAL TRAINING AND EDUCATION – A REVIEW OF PRESENTATIONS AT THE ANNUAL CONGRESSES OF ASGBI

Aims: We hypothesized that the introduction of modernizing medical careers based surgical training reforms in 2007 would invite more research in this area. The aim of this study was to examine such research presented to annual meetings of ASGBI.
Methods: A retrospective review of research presentations at the annual congresses of ASCRSI from 2007 to 2010 was undertaken. Abstract books were reviewed for presentations on training and education.

Results: A total of 153 research presentations were made over the study period. Of those, there were 49 oral presentations (OP) [oral 37 (76%), E-poster of distinction 12 (24%), and 104 poster presentations (PP)]. Training delivery and assessment (TDA) represented the most frequently researched area (OP—45%, PP—43%), followed by learning development and teaching (OP—13%, PP—16%), perception and practice assessment (OP—14%, PP—19%), career choice assessment (OP—14%, PP—6%), clinical outcome assessment (OP—6%, PP—10%), and miscellaneous (OP—8%, PP—6%). Year wise analysis revealed highest number of presentations (combined oral and poster) made in 2007 (48), followed by 2008 (37), and 2009 and 2010 (34 each).

Conclusion: Our results confirm that training reforms proved catalyst to researching surgical training in the UK. TDA remains the most frequently researched area.

0394 THE OUTCOME OF RADIOLOGICALLY INSERTED GASTRODUODENAL STENTS TO TREAT MALIGNANT GASTRIC OUTLET OBSTRUCTION
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Introduction: Malignant gastric outlet obstruction can be palliated surgically or by self-expanding metallic stent (SEMS) insertion. Our aim was to review the outcome of patients who underwent radiological SEMS insertion.

Methods: Patients were identified from a prospectively collected interventional radiological database.

Results: Between December 2000 and September 2010, 105 SEMS were inserted in 59 males and 36 females. Median age was 73 (range 39–89) years. SEMS were inserted trans-orally (n = 61) or trans-gastrically (n = 44). Site of obstruction was the stomach (n = 39), duodenum (n = 54) or gastroenterostomy (n = 12). Technical success was 86.7% overall, 83.6% for trans-oral insertion and 90.9% for trans-gastric insertion. Ten patients developed complications from stenting. Median gastric outlet obstruction severity score was 1 pre-stent insertion and 2 post-insertion. Median survival was 41.5 days (range 1–624). Median length of hospital stay was 13 days (range 1–153). Eight (8.6%) patients required repeat SEMS insertion due to tumour ingrowth.

Conclusion: The technical success rate for the insertion of palliative SEMS is high. Insertional technique can be tailored to the individual patient depending on the location of the obstructing tumour. These patients have a limited life expectancy and a very poor prognosis.

0396 IABP USAGE IMPROVES OUTCOME – MYTH OR REALITY?
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Background: An aging, co-morbid population has resulted in increased use of intra-aortic balloon pumps (IABP). Controversy remains about when these devices should be inserted and which patient groups most benefit from their use. We aim to study the experience from our institution.

Methods: Interrogation of our clinical database (PATS) identified 794 adults undergoing cardiac surgery between September 2009 and August 2010. A database of demographics, risk factors and co-morbidity was constructed and correlation with IABP-use, complications and mortality was analysed with Chi-squared and logistic regression analysis.

Results: 125 patients (15.7%) required the use of an IABP. Mortality in all patients was 3.9% and 15.2% in the IABP group (p<0.001). Female gender and haemodynamic instability were associated with a worse outcome. After regression analysis, CCS-classification, number of diseased vessels, ejection fraction and Euroscore ≥ 5 were significantly associated with the use of IABP. IABP use was not associated with an increased rate of leg wound complications (p=0.514).

Conclusions: The need for an IABP device is a surrogate for poor patient status and outcome may be improved by prophylactic insertion in high risk patients. We have not seen significant complications, however any change to practice must be cautious and supported by further studies.

0397 AN AUDIT OF ENTERAL NUTRITION AND ANTIBIOTIC ADMINISTRATION IN PATIENTS WITH ACUTE PANCREATITIS IN A DISTRICT GENERAL HOSPITAL
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Background: Evidence has shown that enteral nutrition in acute pancreatitis can attenuate the acute phase response and improve clinical disease severity. There remains no consensus view on the value of antibiotic prophylaxis.

 Aim: To evaluate the mode of nutrition and the practice of antibiotic use in patients presenting with acute pancreatitis.

Methods: A retrospective case note review, of consecutive patients admitted with acute pancreatitis from January to August 2010.

Results: We identified 27 admissions. Aetiology was determined in 80% of cases. In total 18 (66.7%) patients were severity scored. The majority (n = 21) were kept NBM for greater than 24 hours. The average length of stay was 6.5 days in those kept NBM for greater than 24 hours, compared with 4 days for those kept NBM for less than 24 hours. Antibiotics were administered in 2 patients with no proven source of sepsis.

Conclusion: The majority of patients diagnosed with acute pancreatitis are kept NBM. Doctors need to be aware of the benefits of enteral nutrition in these patients, to prevent gut translocation and attenuate sepsis. Length of hospital stay could also be reduced in this group. This has important ramifications in the current economic climate.

0402 SURGICAL SITE INFECTIONS IN OTORHINOLARYNGOLOGY
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Introduction: Surgical site infections (SSIs) are an important cause of health-care associated infections. The Health Protection Agency’s Surveillance of Healthcare Associated Infections Report in 2008 published SSIs rates of various surgical procedures in England. Feedback on SSI rates can enable the unit to compare its rates over time and with other hospitals.

Aim: To identify the rate of SSIs at Doncaster Royal Infirmary, ENT department.

Methods: Data was collected from the ward book and the trust’s computer system. All patients with a SSI from Aug 2008 to July 2009 were identified. Individual notes were studied.

Results: A total of 2441 procedures were performed. 11 patients (0.45%) had developed SSIs. Of those affected, 82% were male, 18% female, 73% were smokers, and the mean age was 44. Only 60% of the patients had any microbiology done and anti-biotics were not prescribed as per trust protocol.

Conclusion: A SSIs rate of 0.45% is low compared to national rates. The unit should be encouraged to keep up with their universal infection control measures. Medical staff will be educated regarding the trust’s anti-biotics/microbiology protocol. A re-audit will be performed.

0403 DOES BREAST CANCER SURGERY HAVE A SIGNIFICANT THROMBOEMBOLIC RISK?
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Background: Studies have estimated the venous thromboembolism (VTE) risk of up to 1.1% in patients undergoing surgery for breast cancer and up to 1.5% for breast reconstruction. Current guidelines recommend use of prophylactic low molecular weight heparin (LMWH) for all patients undergoing surgery for cancer. Local policy for breast surgery is not to give prophylactic LMWH, unless a reconstruction is being performed. Our aim was to compare the rate of deep vein thrombosis (DVT) post-operatively across all surgical specialities.