Aim: To examine the effect of education on compliance with VTE prophylaxis guidelines.

Method: Undertake retrospective (Sept 2009) and prospective (Oct 2009) analysis of hospital records collected over two acute surgical receiving weeks assessing demographics, presenting complaint, VTE risk and prescribing accuracy.

Results: In cohort one, 76 patients were admitted to the unit. Forty-six (60.5%) male and 30 (39.5%) female (range 16-92y, mean 48y). Fifty-three patients were indicated for Enoxaparin. Of these, 16 (30.2%) received the correct dose, 19 (40.4%) received an incorrect dose and 18 (38.3%) received no thromboprophylaxis. Of those receiving an incorrect dose, 1 (5.3%) was too high and 18 (94.7%) doses too low. In cohort two, 73 patients were admitted, 34 (46.6%) male and 39 (53.4%) female (range 16-98y, mean 50). Forty-seven patients were indicated with 19 (40.4%) received the correct dose of Enoxaparin, 10 (21.3%) received an incorrect dose and 18 (38.3%) received no thromboprophylaxis. Of the 10 receiving an incorrect dose, 1 (10%) was too high and 9 (90%) too low.

Between the two cohorts, the accuracy of Enoxaparin prescribing improved from 30.2% to 40.4% (p=0.02).

In all cases VTE risk assessment and reasons for lack of thromboprophylaxis were never documented.

Conclusion: Despite education with junior doctors, compliance with SIGN guidelines remains poor thus further efforts are needed improve education.

0281 HOW TO IMPROVE THE MANAGEMENT OF HIP FRACTURES; AN EFFECTIVE STRATEGY AT THE WILLIAM HARVEY
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Introduction: Hip fractures are regularly audited and managed with nationwide standards. Audits at the William Harvey revealed 66% of hip fractures were operated within 48 hours (national average 75%). We implemented a strategy to improve this target by introducing the ‘Dawn Hip’ - a hip fracture operation which is prepared for 8am on the Emergency (CEPOD) list.

Methods: For two months after introducing the ‘Dawn Hip’, the number of trauma hip operations and start time, on the CEPOD list, were audited. Performance data were extrapolated from the National Hip Fracture Database (NHFD) and compared nationally.

Results: Three months prior to the ‘Dawn Hip’ the average start time of surgery on the CEPOD list was 9.50am. Since the introduction of the ‘Dawn Hip’, 67% of trauma hip operations were done on the CEPOD list, average start time 8.38am. Data from the NHFD revealed 81% of trauma hip operations were operated within 48 hours (national average 80%).

Conclusion: This is an effective strategy which improves efficiency of existing resources and improves hospital performance. This highlights the implications in improving clinical care for hip fractures and other trauma cases, but also cost incentives provided to the trust for meeting targets in hip fracture management.

0282 INFLUENCE OF SOCIAL DEPRIVATION ON REFERRAL PATTERN AND RATES OF RADICAL PROSTATECTOMY FOR EARLY LOCALISED PROSTATE CANCER IN ENGLAND
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Introduction: Prostate cancer accounts for 25% of new cancers and is the second most common cause of cancer-related death in men in the UK. Referral depends on several factors. Treatments choices are generally offered after the diagnosis of organ-confined prostate cancer. Scrutiny of referral and treatment in England has been prompted by the changing incidence.


Results: Social deprivation is statistically significantly associated with referral pattern and rates of radical prostatectomy. Patients from the most deprived quintile are significantly less likely to undergo radical prostatectomy, a finding which is unchanged from 2000-2007 despite overall increase in radical prostatectomy rates from 7% to 11% of incident cases.

Conclusion: In England there is a clear difference in referral pattern and prostatectomy rates for organ-confined prostate cancer between areas of different deprivation. This difference is likely multifactorial. It is similar to the inverse association noted between cardiac surgery and socioeconomic status. These data are important in guiding national policy development.

0284 ENDOVASCULAR TREATMENT OF ISOLATED INTERNAL ILIAC ARTERY ANEURYSMS
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Objective: To evaluate the outcome of endovascular treatments for isolated internal iliac artery aneurysms.

Methods: A systematic review of the literature using public domain databases was undertaken. All studies reporting on treatments of isolated hypogastric artery aneurysms by endovascular means were considered. Experience from our institution was involved in the analysis. The primary outcome measures were technical success, perioperative, 30-day, and overall mortality/morbidity.

Results: Data was extracted from 30 articles fulfilling the selection criteria, and the study cohort consisted of 55 patients having undergone treatment of 59 internal iliac artery aneurysms. Ten patients (18%) were treated on an urgent or emergency basis for a ruptured aneurysm. Technical success was achieved in 71% of the cases. The most common reason for technical failure was incomplete exclusion of the aneurysm sac. Thirty-day mortality occurred in one patient (2%). The 30-day morbidity rate was 20%, and was mostly associated with insufficiency of the pelvic circulation. One aneurysm-related death occurred during a mean follow up period of 13 months (range, 0.5-56 months). Open surgical intervention for aneurysm-related complications was required in 5 patients.

Conclusions: Endovascular treatment of isolated internal iliac artery aneurysms is an effective alternative option, with satisfactory early and mid-term results.

0285 PRE-TRANSPLANT SERUM CXCL9 AND CXCL10 LEVELS FAIL TO PREDICT ACUTE REJECTION IN KIDNEY TRANSPLANT RECIPIENTS RECEIVING INDUCTION THERAPY
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Aims: In kidney transplant recipients not treated with induction therapy, pre-transplant serum CXCR3-binding chemokines CXCL9 and CXCL10 levels are associated with acute rejection (AR) and graft loss. Since induction therapy potentially alters cellular responses to CXCR3-binding chemokines post-transplantation, we have tested predictive values of pre-transplant serum CXCL9 and CXCL10 levels for AR in patients receiving either Alemtuzumab or Basiliximab induction.

Method: 64 kidney transplant recipients, 44 receiving Basiliximab and 20 receiving Alemtuzumab, were observed for one year post-transplantation.

Results: 12 patients experienced AR. Pre-transplant serum was assayed for CXCL9 and CXCL10 levels by ELISA. Total leukocyte gene expression was determined using real-time RT-PCR. No significant difference between non-rejecting patients and patients with AR, in CXCL9 levels (296.4 ± 452.9 vs. 150.1 ± 88.4, P = ns) or CXCL10 levels (158.2 ± 91.1 vs. 97.5 ± 376, P = ns) was observed. Analysis of peripheral blood CXCR3 expression showed a profound reduction of CXCR3 mRNA levels in Alemtuzumab-treated patients.

Conclusion: This study shows that pre-transplant serum CXCL9 and CXCL10 levels fail to predict AR in kidney transplant recipients receiving Alemtuzumab or Basiliximab, likely due to depletion or inactivation of