ARE FRACTURES SECONDARY TO LHRH AGONIST THERAPY IN PROSTATE CANCER A SIGNIFICANT PROBLEM?

Frances Burge, Sadmeet Singh, Owen Cole. Nottingham University Hospitals NHS Trust - City Campus

Introduction: LHRH agonist therapy is commonly employed in treating advanced prostate cancer. LHRH agonist-induced hypogonadism causes osteoporosis and is reported to significantly increase the rate of osteoporotic fractures in these patients. Measures to decrease fracture risk, including bisphosphonate therapy, have been advocated. We sought to evaluate the clinical burden of skeletal complications in men treated with long-term LHRH agonists.

Patients and Methods: Patients commenced on indefinite LHRH agonist therapy at our unit between June 2004 and June 2005 were identified by pharmacy records. Retrospective case note review established rates, cause and time to fracture.

Results: 139 patients with a mean age of 76 were identified. By October 2009, 60% had died. 68% underwent bone scintigraphy, of these 59% were positive. 9(6%) fractures were identified and osteoporosis was evident amongst 6(4%). The median time to fracture was 39 months.

Discussion: Our Study Group had high risk, high grade disease and a high mortality rate. They also had multiple risk factors for osteoporosis in addition to LHRH agonist therapy. In spite of this, the rate of osteoporotic fracture was low. Our findings challenge the view that men commenced on long-term LHRH agonist therapy should, in general, be given prophylaxis against osteoporosis.

COST-EFFECTIVENESS OF BOTULINUM TYPE A TOXIN USE IN PRIMARY AXILLARY HYPERHIDROSIS (AH)

Jakub Kaczynski, Louis Fligelstone. ABM University Health Board, Morriston Hospital

Introduction: The commonest treatments for AH are intradermal injection of type A botulinum toxin(BTA) and iontophoresis, but there is lack of consensus regarding the ideal first line therapy. AIM Assessment of first line BTA therapy for AH. Patient satisfaction and cost effectiveness for BTA versus iontophoresis was analysed.

Methods: All patients receiving BTA for AH at ABM University Health Board between 2007-2009. Pre and post treatment Hyperhidrosis Disease Severity(HDS) scores were recorded. The Finance Department provided costing of staff, equipment and BTA.

Results: 39 patients , median patients age was 28 years(17-70). F:M ratio 3:1. Disease severity on HDS scale was scored by all patients as severe hyperhidrosis. Each patient required median of 2(1-5) BTA sessions. The median improvement was 3 points equivalent to = 80% reduction in sweat production. Median therapeutic BTA effect lasted 150 days(60-360). Satisfaction scores were in: 76% excellent, very good 21% and good 3%. Cost for BTA treatment was £ 29.210,16 whilst iontophoresis cost for the same group of patients would have been £ 10.943.4 producing a potential cost saving of £ 18.266.76.

Conclusions: Iontophoresis should be reconsidered for first line therapy in selected patients based on cost-effectiveness analysis.

IN HOSPITAL MORTALITY FOR OCTOGENARIANS WITH RUPTURED ABDOMINAL AORTIC ANEURYSM

R.R. Makar, P. Wong, E.L. Wales, M.J. Clarke, M.G. Wyatt. Northern Vascular Centre, Freeman Hospital, Newcastle

Introduction: The aim of this study was to determine in-patient mortality in patients >80years, to determine whether our policy of operating on this group can be justified. Method Peri-operative variables and operative outcomes were prospectively recorded in consecutive patients undergoing rAAA. Variables analysed included pre-existing co-morbidities, pre-operative minimum systolic blood pressure, maximum pulse rate, pre-operative haemoglobin and serum creatinine, duration of surgery. In-patient mortality was compared between <80 years old patients (Group-I) and patients >80 years old (Group-II).

Results: During 9 year period, 315 consecutive patients (M:F = 263:52) underwent repair of rAAA. Of these, 220 were in Group-I (median age 73y, range 49-79) and 95 were in Group-II (median 83y, range 80-93). The overall in-hospital mortality was 39% (31.4% for Group 1 and 56.8% for Group-II, p<0.001). There were no statistically significant differences between the two groups in terms of co-morbidities or other peri-operative variables, except a higher female:male ratio in Group-II.

Conclusion: This study confirms that the in-hospital mortality for rAAA elderly patients aged >80yrs is significantly higher than for younger patients. Nevertheless, over 40% of patients >80 years survived surgery and were discharged from hospital alive. Longer term outcome analysis would be required to justify this policy.

A COMPARISON OF OUTCOMES FOR CONSULTANT VERSUS TRAINEE PERFORMED STANDARDISED RADICAL OESOPHAGEAL RESECTION IN A REGIONAL UNIT

G.W. Beattie, K. McManus, C. Austin, A. Graham, J.A. McGuigan. Royal Victoria Hospital Belfast

Objective: To assess difference in duration of surgical procedure, length of hospital stay, complications and in hospital mortality between consultant and sub-consultant performed procedures with consultant assistance.

Methods: We retrieved data on 453 consecutive oesophagectomies from 1995-2008. To standardise comparisons we selected the radical total thoracic oesophagectomy [TTO] with two field lymph node clearance.

Results: 322 patients underwent TTO, 162 were performed by sub-consultants. Mean operative time for sub-consultants was 3hrs 54.5 minutes, as opposed to 3hrs 43minutes for consultants. Major complications included anastomotic leak, respiratory failure, chylothorax, haemorrhage and prolonged ICU stay. There were 24 for this category for consultant and 31 for consultants. Minor complications included Atrial fibrillation, sputum retention and atelectasis. There were 28 for sub-consultants and 35 for consultants. In hospital mortality was reported on the database as 3 for sub-consultants and 3 for consultants. Mean post-operative stay was 14.9 days overall. Mean post-operative stay was 16.26 days for sub-consultants and 13.84 days for consultants.

Conclusions: No significant differences were found in this series for length of operation and measured clinical outcomes between cases performed by sub-consultants and consultants. With appropriate consultant assistance sub-consultants can provide excellent standards of care in major oesophageal resections.

AUDIT OF SURGICAL MANAGEMENT OF INTRADURAL SPINAL TUMOURS AT SALFORD ROYAL HOSPITAL

Oluwaseun Sobowale 1, Mustafa Rashid 2, Konstantina Karabatsou 2.
1 Salford Royal NHS Foundation Trust; 2 Stepping Hill Hospital (Dr Rashid)
Background: Primary tumours of the spinal cord are rare. Lesion may be extradural or intradural. Intradural lesions are usually slow growing. In patients with low-grade tumours treatment aims to prevent further neurological deterioration.

Aims: To assess surgical management of spinal tumours at Salford Royal NHS Foundation Trust (SRFT) in accordance with national guidelines.

Methods: We identified patients diagnosed with spinal tumours treated surgically at SRFT over a 12 month period. Of the 40 patients, 17 with extradural spinal tumours were excluded. Using a proforma a retrospective casenote review of the 23 patients with a surgically treated intradural tumour was undertaken. We looked particularly at tumour morphology, length of inpatient stay and post operative complications.

Results: Median age at presentation was 60. Commonest location of tumour was thoracic (13/23), 17/23 tumours were extramedullary. All tumours were benign and treated surgically without adjuvant therapy. Complete tumour excision occurred in 21/23 cases. 7/23 experienced complications. Average inpatient stay was 11 days.

Conclusions: The majority of cases are treated successfully with prevention of worsening of neurological function. There were no major complications. We recognise the limitations in our study however we identified several potential areas of improvement in current practice.

ARE THE COMPETENCIES SPECIFIED IN THE ISCP CURRICULUM APPROPRIATE AND ACHIEVABLE WITH CURRENT CORE SURGICAL TRAINING: DO WE NEED A CT3 YEAR?

S. Mittal, A. Torrance. Worcester Royal Hospital

Aims: To identify whether Core surgical Trainees (CT) are achieving the competencies outlined by ISCP, their perceived obstacles to training and views of a third core training year.

Method and Results: An online questionnaire was distributed to all West Midlands CTs. All responders completed a rotation in Urology with less than 15% achieving expected competencies. In Vascular surgery 80% of trainees completed rotations, no trainees felt they had achieved the required competencies. In elective surgery, 75% achieved competency in rigid sigmoidoscopy, and subcutaneous lesion excision, 50% in inguinal hernias and ~25% in haemorrhoid treatment and femoral hernia repair. In emergency surgery, 75% of CT1s achieved expected competency; 75% of CT2 responders felt competent at abscess drainage, 50% at appendicectomy or supra pubic catheterisation and less than 25% at laparotomy or diagnostic peritoneal lavage. Over 80% agreed trainers offered opportunities. Reported barriers to training included on-call duties (80%), short rotations (47%) and ward duties (40%). Over 75% of respondents welcomed a CT3 year.

Conclusion: Competencies are not being reached, necessitating changes in training. This study suggests this maybe due to unrealistic curriculum aims and time constraints on training with short specialty rotations and theatre opportunities. A CT3 year may be the solution.

APPROACHES TO OPERATIVE TRAINING AND THE IMPLICATIONS FOR LEARNING: THE TRAINEE PERSPECTIVE

S. Mhyvaganam. Worcester Royal Hospital, Worcestershire Acute NHS Trust

Background: The face of surgical training has recently changed beyond recognition. The impact of this has been most felt in the operating theatre by both trainers and trainees. AIMS Identify the spectrum of trainee perspectives on current operative training, Identify training approaches and trainer-trainee interactions that may optimise operative learning opportunities.

Methods: Purposeful selective sampling of 6 surgical trainees for gender, stage of training and career intentions. Transcribed semi structured interviews analysed within defined themes viewed through the cognitive and social constructive educational lenses.

Results: Consistency of trainee experiences emerged around the themes of trainer-trainee roles and relationships, team culture and practices, appraisal and creating learning opportunities.

Discussion: Trainee experiences reveal the powerful operative learning achieved through effective social interactions within a community of learners. The interaction with and the role played by the trainer to facilitate entry and acceptance into the operating team are exemplified and shown to impact greatly on learning. This contrasts to the privileged cognitive constructs of learning favoured within the Intercollegiate Surgical Curriculum Project.

Conclusion: This research may offer insights for trainers and trainees to optimise the various learning opportunities within the operating theatre environment and aid in reclaiming opportunities that may have been lost in the training of our future surgeons.

RE-AUDIT ON HIP FRACTURES

Ashley Brown 1, David Simpson 1. 1 New Cross Hospital; 2 University of Glasgow

Aims: 1.To assess the time between patients with a hip fracture being admitted onto a ward and surgical management. 2.To examine whether hospital guidelines on antibiotic administration are being adhered to. 3. To determine whether recommendations made following previous audit in June have improved time to theatre and antibiotic prescribing practices.

Methods: Data collection was through patient notes. The standard for time to theatre is taken from the Scottish Hip Fracture Audit, which states that ‘98% of all hip fracture patients are to be operated on within 24 hours of admission onto an orthopaedic unit, subject to medical fitness’. The standard for antibiotic prescribing is taken from the hospitals’ antimicrobial prescribing guidelines.

Results: A total of 20 patients were admitted; all were managed surgically. Compared to the previous audit, the mean time to theatre has decreased (25:06 [June] v 24:10 [Dec]), the percent of patients operated on within 24 hrs has increased (52%/75%) and correct antibiotic prescription has improved (75%/25%).

Conclusions: The hospital is below the standards set for both time to theatre and antibiotic prescribing for hip fracture patients. Recommendations made following the previous audit have improved both of the above; however, there is still improvements needed to reach the standards set.

REVISION OF A NON UNITED SUBTROCHANTERIC FEMORAL FRACTURE AROUND A FAILED INTRAMEDULLARY NAIL WITH THE USE OF RIA PRODUCTS, BMP-7 AND HYDOXYAPATITTE

C. Tzioupis 1, P. Panteliadis 1, Z. Gamie 2, A. Leonidou 1, S. Graham 1, E. Tsiridis 1, 1, Leeds General Infirmary; 2 Mid Yorkshire Hospitals NHS trust; 1 Harrogate NHS Trust

Introduction: Increased understanding of the biomechanics, has shifted treatment of femoral subtrochanteric fractures towards intramedullary devices. Failure of the implant and subsequent nonunion is still, however,