likely to receive breast conserving surgery (BCS) or adjuvant radiotherapy (DXT).

**Methods:** Patients aged ≥70 years with primary breast cancer diagnosed between 2006-2009 were included in the study and type of primary treatment, adjuvant treatment and 30-day mortality were assessed.

**Results:** 194 patients (median age of 78 years, 99% female) were included in the study. 183 patients had invasive breast cancer. Surgery was performed in 138 patients; BCS in 48% and mastectomy in 52%. 112 of surgical treated patients underwent axillary lymph node surgery, 61% of all invasive cancers, and 9% of non-invasive cancers. 79% of patients received DXT.

**Conclusion:** With careful patient selection, higher rates of surgical intervention in patients with breast cancer aged ≥70 years is safe and offers excellent short-term outcome. We suggest a revision of existing surgical practice.

**0512 PALPABLE DUCTAL CARCINOMA IN SITU OF THE BREAST**

Sree Kumar Sundara Rajan, Rashmi Verma, Mark Lansdown. Leeds Teaching Hospital NHS Trust, Leeds, UK

The aim of this study was to correlate the clinical, radiological and histopathological characteristics of patients presenting with palpable pure Ductal Carcinoma in S itu (pDCIS).

**Methods:** Patients diagnosed with DCIS from January 2005 to October 2010 were identified from the electronic patient database.

**Results:** 35 patients presented with pDCIS (Median age 54 years (34-93)). The lesion was mammographically occult in nearly half (n=16), 9 of these had an abnormal ultrasound. 8 had MRI scan and lesions were visible in 7. Most had high grade DCIS (n=26) with comedo necrosis in 21. The mean size of DCIS was 36 mm (SD ± 32nm), with micro-invasion in 2 patients. Nearly half underwent WLE (n=17) and 12 of them had adjuvant radiotherapy. 16 patients underwent axillary surgery due to clinical suspicion and none had metastatic lymphnodes. One patient developed local recurrence after mastectomy and rest remains disease free (Median follow-up 30 months).

**Conclusion:** Ultrasound is more reliable than mammography to evaluate pDCIS. pDCIS is usually associated with more aggressive pathological features like high grade and comedo necrosis. However, the risk of local recurrence may not be as bad as previously reported and pDCIS can be managed with breast conservative surgery in most cases.

**0513 WIRE LOCALISATION OF OCCULT BREAST LESIONS: BULLSEYE TARGET?**

Alexander Brown, Reeca Green. Southwest Peninsula Deanery, Devon, UK

**Introduction:** The NHS Breast Screening Programme Quality Assurance Guidelines require 95% of localisation wires to pass within 10mm of the target lesion. This retrospective study in a District General Hospital assessed accuracy of wire localisation for women undergoing wide local excision of impalpable breast lesions.

**Methods:** All women undergoing localisation procedures between October 2008 and September 2009 were identified from the Clinical Research Information System (CRIS). Case notes and electronic records were analysed and mammograms and specimen films reassessed by a consultant radiologist. Data was analysed using Microsoft Excel.

**Results:** 85 wire placements were assessed with target lesions measuring 5.5 to 30mm. 72 (85%) passed through the target, 9 (11%) were within 5mm, 3 (3%) within 10mm and 1 (1%) was 40mm away (a deep-seated lesion which could not be identified on stereotactic x-ray). 99% of localisation wires met the NHSBSP target.

**Conclusions:** This study confirms that the target is easily achieved and the authors concur with previous suggestions from tertiary centres that it should be made more stringent. This could be through determination of wire tip position (currently not a requirement of the guideline) or through adjusting the standard from 10mm to 5mm.

**0516 THE TREATMENT OF ANKLE FRACTURES IN PATIENTS WITH DIABETES MELLITUS**

Al-Ataas Talaat, Daud Tai Shan Chou, Mohammad Ali, Chris Boulton, Christopher Gerrard Moran. Queens Medical Centre, Nottingham University Hospital, Nottingham, UK

**Introduction:** The management of ankle fractures in diabetic patients can be problematic due to a higher risk of complications. Controversy exists about whether they are best managed by operative fixation or by less invasive techniques. The aim of this study was to identify the safest method of treatment by comparing complication rates in relation to treatment modality.

**Methods:** Retrospective case-control study of a consecutive series of 70 diabetic and a matched group of 70 non-diabetic patients treated for displaced ankle fractures over 9 years. Patient demographics, medical comorbidities, fracture personality, treatment methods and subsequent complications recorded. Multivariate forward stepwise logistic regression method, Chi square test and Independent samples t test used.

**Results:** The diabetic group (51%) had more complications than the matched control group (23%) following all methods of treatment. Diabetic patients managed with closed reduction and casting showed higher rates of non-union (33.3% vs. 9.1%) and skin ulcers (33.3% vs. 5.4%) compared to surgical management.

**Conclusion:** Unstable ankle fractures in diabetics are best treated with surgical fixation with the use of standard techniques whenever possible. This should be performed before the development of pressure sores or skin ulcers as a result of prolonged or poorly applied plaster cast.

**0519 SURGICAL TRAINING IN ELAPE: ARE WE LOOKING TO A BRIGHTER FUTURE?**

Sanjeev Dayal, Haitham Qandeel, Arijit Mukherjee, A.L. Khan. Hairmyres Hospital, NHS Lanarkshire, East Kilbride, UK

**Aim:** To analyze short term results of ELAPE(Extra levator abdominoperineal excision) vs conventional APE and assess the training potential of the extra levator approach.

**Method:** 24 patients underwent APE for low rectal carcinoma performed from May 2007 to Jan 2011. The last 8 patients underwent ELAPE with biological prosthetic mesh used to close the perineal defect. Results: The median age of patients was 68 (37-87). Positive CRM (1/8 vs 5/16), IOP (0/8 vs 4/16), average blood loss (520 vs 930mls) compared favorably for ELAPE. Perineal wound dehiscence occurred in 2/8 vs 4/16 patients. Extra levator approach provided better visualization of anatomical planes and obtained a favorable inter-observer consultant assessment for training (kappa 0.59).

**Conclusions:** ELAPE is evolving as a gold standard for rectal cancer where sphincter preserving surgery cannot be performed. Traditionally perineal dissection in conventional APE has always been difficult and there is little information about the training potential of the extralevator approach. This study appears to support evidence that ELAPE has superior oncological results. Clearly defined planes of perineal dissection and favorable inter-observer consultant assessment for training are promising. Perineal wound complications merit a randomized trial of the different methods of closure.

**0525 REPAIR OF GIANT HIATUS HERNIAS WITH BIOLOGICAL PROSTHESIS: IMPROVED FUNCTIONAL OUTCOME**

Khurram Siddique, Sameh El-Abed, Sanjoy Basu. East Kent Hospitals NHS Trust, Ashford, UK

**Aim:** To review whether laparoscopic biological mesh fixation followed by anterior gastropexy reduces recurrence and improves patient outcome.

**Patient and Methods:** Study included patients referred to the UGI with symptomatic, endoscopic & radiologically confirmed giant hiatus hernias between September 2007 and December 2010.
Patients had 5–10cm hiatal defects with >50% of stomach in chest. Technique involved meticulous hernial sac dissection, esophageal mobilisation & anterior/posterior hiatal repairs. A 3–4cm tennis-racket shaped gap was created in the centre of mesh which was fixed to the diaphragm, followed by a 180° anterior fundoplication. Validated questionnaire assessed functional outcomes at 6 months.

Results: Study included 17 patients with female: male ratio of 15:2, age of 74* (69–91) years & ASA 3*. Presentations included dysphasia 12, heartburn 9, chest pain 8 and vomiting 8. 13 and 4 patients underwent elective and emergency procedures respectively. Operative time was 210* (150–240) minutes and hospital stay 2* (1–14) days. Two patients died (1: multi-organ failure, 1: respiratory failure). Follow up was 12* (3–35) months; one had recurrence while the rest were all asymptomatic with a good quality of life.

Conclusion: Our technique of laparoscopic giant hiatus hernia repair is a challenging but unique procedure with a successful outcome.

0531 SURGICAL HANDOVER – ARE PATIENTS AT RISK AFTER NIGHT HANDOVER?
Eleanor Houghton, Edmund Ieong, Myutun Kulendran, Roozbeh Shafafy, Nicholas West. The Royal Surrey County Hospital, Guildford, UK

Introduction: With the European Working Time Directive bringing an increase in shift pattern work, a thorough and complete handover is crucial to patient care and safety. Based on recommendations by the Royal Colleges, this audit aims to quantify the quality of surgical handover.

Method: Over a 6 week period, we prospectively collected data during the surgical night handover detailing aspects of the handover and the information imparted. A satisfaction survey was completed by the receiving team.

Results: 33 handover sessions were audited. 60% of surgeons were “moderately satisfied” with the handover they received. 18% of handovers were considered confidential and 17% of interruptions were urgent. Patient hospital number was documented in 50% of handovers, date of birth in 50%, diagnosis in 50% and patient location in 82%. Mean time spent locating patients post take was 5–10 minutes.

Conclusion: A thorough and accurate handover is a matter of patient safety and integral to the ‘Hospital at Night’ policy. Our results demonstrate scope for improvement in the quality of handover. Handover must start promptly in a private room with computer access, be registrar-led and designated ‘bleep-free’. The finishing shift SHO must ensure all patient details are recorded correctly, and be regularly audited.

0532 ANALYSIS OF ADHERENCE TO PUBLISHED GUIDELINES FOR VESTIBULAR SCHWANNOMA SCREENING: CORRELATING PUBLISHED GUIDELINES TO DIAGNOSTIC YIELD
Ademola Olatan, Sonia Kumar, Julian Danino, Andrew Scott. Royal Shrewsbury Hospital, Shropshire, UK

Background: A Vestibular Schwannoma (VS) is always considered in patients presenting with unilateral or asymmetric otological symptoms. MRI scanning is the definitive investigation for diagnosis. In order to screen more effectively, various guidelines have been published. The existence of the multiple regional protocols reflects the lack of consensus regarding screening.

Aims: 1: Re-audit our adherence to published guidelines; 2: Increase the diagnostic yield of MRIs by identifying combinations of symptoms and signs which have a positive predictive value for VS.

Method: Retrospective analysis of 1000 patients referred for MRI of the Internal Auditory Meatus. Clinical indications for imaging, audiometry results and radiological findings were tabulated. In patients with positive MRI findings, statistical analyses were used to identify combinations of symptoms and signs which had a good predictive value for VS.

Results: 80% of all referrals for MRI screening adhered to Northern regional guidelines. VS was diagnosed in 1.2% of patients. All patients with a diagnosis of VS had audiometrically confirmed asymmetrical hearing loss. No patients with unilateral tinnitus and normal hearing had VS.

Conclusion: This study has closed an audit loop, addressed the merits of adhering to the various regional guidelines and added to the ongoing national discussion.

0534 THEATRE DELAYS AND THEIR FINANCIAL IMPLICATIONS ON THE NATIONAL HEALTH SERVICE

Aim: To identify the amount and causes of available theatre time lost and financial implications to the NHS.

Method: Data was collected prospectively between October and December 2010 to estimate number of hours lost in delays and evaluate their causes. The information was collated by the same person in order to reduce ascertainment bias. In addition all members of the staff were blinded to the study.

Results: During the three month period stated, corresponding to total of 175 hours of scheduled theatre time, 43 episodes delays were noted. This resulted in a loss of 21 hours of operative time. This equates to a total loss of 6 operative sessions. Financially this would cost a hospital minimum estimated £16,000 with additional loss of productivity. We found the most common reason for theatre delay was due to a lack of communication between theatre and ward staff.

Conclusion: A significant amount of money can be saved, as well as improved theatre utilisation can be achieved by taking small measures such as enhanced communication between staff, written protocols for pre assessment clinics, which appear trivial but would have a major impact on service efficiency. We present our recommendation in order to enhance this efficiency.

0537 ANGIOGRAM + PROCEED: A SAFE AND EFFICIENT USE OF RESOURCES IN PERIPHERAL VASCULAR DISEASE
Mir Shokvat Ahmad, Sarah Braungart, Marco Baroni, Tony Bowker. York hospital, York, UK

Aim: To establish the safety and feasibility of using intra-arterial digital subtraction angiography (IA-DSA) as the first line investigation for peripheral vascular disease.

Methods: All patients undergoing angiography in a twelve month period were identified and data collected from the prospective database.

Results: 334 IA-DSA were performed in a twelve-month period, 56 IA-DSA were excluded from further analysis due to alternative first line imaging. Indications for investigation were claudication 98 (35.6%), critical ischaemia 37 (13.3%), Tissue loss/ gangrene 129 (46.4%) and acute limb ischaemia 13 (4.6 %). 101 (37.8%) angiograms were diagnostic only, whilst 177 (62.1%) proceeded to endovascular intervention. Of the patients whose IA-DSA was diagnostic only 51 (53.7%) had subsequent surgical intervention and 6 (5.88%) had a second endovascular procedure.

There were no complications in those patients having a diagnostic angiogram only. In those patients progressing to intervention there were 3 complications. Median time from request to procedure was 3 weeks (1 – 14 weeks) for elective angiography.

Conclusion: IA-DSA is safe as the first line investigation for peripheral vascular disease.with a high proportion of cases progressing to endovascular intervention. By avoiding initial diagnostic tests patients can be treated in a more timely fashion.

0539 DOES ACADEMIC OUTPUT CORRELATE WITH BETTER MORTALITY RATES IN NHS TRUSTS IN ENGLAND?
Warren Bennett, Venkat Reddy, Jonathan Bird, Stuart Burrows, Paul Counter. ENT Department, Royal Devon and Exeter NHS Trust, Exeter, Devon, UK

Introduction: It has been claimed that institutions engaging in academic activities provide better care. The aim of this study was to establish whether there is an association between academic output and mortality rates for NHS Trusts.