Results: All patients have a viable flap and ambulate with below-knee prosthesis. A number of cases report sensation over the stump and have good range of movement at the knee joint. Five cases were complicated with minor flap infections but all were successfully treated with antibiotics and excision.

Conclusions: The benefits of the VLPTA flap are numerous. Firstly, the glabrous skin of the sole is specifically designed for weight-bearing and resisting shearing forces incurred upon ambulation. The pedicled flap addresses complications associated with anastomosis of free flaps and also provides sensation to the stump. Furthermore, the flap can provide sufficient coverage to enable conservation of length.

1169: BITES: A SURGICAL EMERGENCY?
Fergal Marlborough, Patrick Addison, Emma Murray. St John’s Hospital, Livingston, UK

Background/Introduction: Current protocol assumes bite injuries are infected at presentation and should be treated with emergency debridement. In busy units many fail to reach theatre within 24 hours of injury. Aims/Objectives: To compare outcomes in patients that did not reach theatre within 24 hours with those who did, and therefore determine if bites could be managed non-urgently.

Method: We audited patients admitted to the plastics unit with bites over 12 months, looking at time to theatre, number of operations, and antibiotic therapy.

Results: Of 56 patients, 6 avoided theatre, as wounds improved with antibiotics. 23 reached theatre within 24 hours (early), 15 between 24–48 hours (delayed) and 12 went 48 hours post bite (late). Mean number of operations for the early group was 1.13 versus 1.20 for the delayed group, which was insignificant. "Bad outcomes", defined as persistent infection after initial debridement, occurred in 4/23 patients in the early, 0/15 in the delayed and 4/12 in the late group.

Discussion: In systemically well patients without structural damage antibiotics may allow surgery to be delayed. Clinical improvement with antibiotics may negate the necessity for surgery. In late presenters, who have clinical evidence of infection urgent surgical washout should be considered.

1196: ULTRASOUND SCANNING IN THE ASSESSMENT OF POST OPERATIVE FLEXOR TENDON REPAIRS
Fergal Marlborough, Jim Armstrong, Marcus Bisson. Hutt Hospital, Wellington, New Zealand

Introduction: Ultrasound diagnosis of flexor tendon rupture post repair is an area that has not been researched widely. A cheap imaging modality, ultrasound could assist with follow up.

Objectives: To discover if ultrasound was useful in follow-up of flexor tendon repairs, specifically diagnosis of post-operative tendon rupture.

Method: Over four weeks, patients having undergone flexor tendon repair were imaged. 2 operators, FM (junior doctor) and JA (plastic surgeon) visualised the scans. Data was recorded on injury method, range of movement (ROM), volar-dorsal tendon thickness at repair site and at the corresponding undamaged tendon at the on the contralateral hand.

Results: 16 patients were involved, with 19 repaired tendons scanned. Mean thickness was 4.2mm in repaired tendons versus 3.6mm in healthy counterparts. This was insignificant. In 2 patients with less ROM than expected at their stage post-repair, ultrasound confirmed sliding motion of the tendon, aiding to exclude rupture.

Discussion: Ultrasound may have a role in assessing tendon repairs, particularly in patients who neither have clinical evidence of total tendon division nor full range of flexion. As a real-time modality it could be used in outpatient settings. Limitations include operator dependency and wound pain from pressure applied by ultrasound probes.

SURGICAL TRAINING AND EDUCATION

0041: MENTOR-MENTEE RELATIONSHIPS IN THE CHANGING WORLD OF MEDICAL AND SURGICAL TRAINING: DO MENTORS STILL KNOW WHO IS WHO?
Shofiq Islam, Jennifer Cole, Alexandra Lee, Christopher Taylor, Brian Isgar. Dept of General Surgery, The Royal Wolverhampton Hospital, Wolverhampton, West Midlands, UK

Aim: To determine the views and understanding of new titles used to describe junior doctors in training amongst a group of hospital consultants; following the implementation of Modernising Medical Careers in the UK.

Methods: A questionnaire survey of 75 consultants working in a district general hospital in the West Midlands UK, eliciting information about views and knowledge of current nomenclature. Consultants were asked to match equivalent positions with those based on the traditional system.

Results: Our survey revealed some lack of understanding of the new nomenclature. Replies were received from 52 consultants. Only 56% (n=29) of consultants felt they fully understood the terms. The most common title correctly matched was FY1 with House Officer (100%, n=52). 88% (n=46) matched ST3 with Junior Registrar, similarly 82% (n=43) matched ST7 with Senior Registrar. Only 50% (n=26) correctly matched ‘Speciality Doctor’ with Staff Grade/Associate Specialist. Under half surveyed correctly matched ST1 and GP-VTS with the correct equivalent. Only one stellar individual recorded a perfect matching score. There was no statistically significant difference between consultant surgeons and physicians. We did not find a statistically significant difference in the number of correctly matched responses with respondents’ age, gender or experience.

Conclusion: The result of our survey suggested potential disruption to the mentor and mentee relationship.

0054: THE GRADUATING MEDICAL COHORT: FUTURE SURGEONS DEMONSTRATE A DIFFERENT SET OF CAREER INFLUENCES
Daniel Stevens 1, John Mason 1, John Jackson 1, Rebecca Woolf 1, Justice Kynoch 2, Emily Hotton 1, 1 Cardiff University, Cardiff, UK; 2 Glasgow University, Glasgow, UK

Aim: To identify influencing factors for graduating doctors considering a career in surgery.

Methods: A pre-existing questionnaire was distributed using SurveyMonkey® to all graduating doctors at Cardiff, Bristol and Glasgow Schools of Medicine. Respondents provided demographic information, their ideal career choice and the specialty that realistically they saw themselves working in. Following this, respondents rated 19 career influences using a 5-point Likert scale. Data were analysed using independent t-tests.

Results: 232/734 (32%) responded. 42 ideally wanted a surgical career compared with 190 who didn’t. Those who wanted a surgical career were less influenced by patient relationships (p=0.001), working hours(p=0.001), stress(p=0.007), lifestyle(p=0.001) and training length(p=0.03) when compared to those not wanting a surgical career. They were more influenced by financial potential(p=0.015) and prestige from the public(p=0.01). Only 25% (59%) of those who wanted a surgical career felt they would realistically achieve it. Those who were not confident of achieving this goal were significantly more influenced by job security(p=0.014), lifestyle(p=0.025), competitiveness(p=0.003), and their financial situation(p=0.03).

Conclusions: There are clear differences in influencing factors between potential surgeons and the rest of the graduating medical cohort. Those confident of achieving a surgical career demonstrate a set of influences that differ from those who are not.

0108: HOW COMPETENT ARE SCOTTISH SURGICAL TRAINEES IN CENTRAL VENOUS CATHETER INSERTION?
Eugene Tang, Marion Mackinnon, Stephen McNally. Royal Infirmary of Edinburgh, Edinburgh, UK

Aim: Central venous catheter (CVC) insertion is a key skill required by trainees in acute specialties and one of the core competencies of ESCP. Recent changes in training/reduced working hours may have impaired training. This study determines the changes in CVC experience in Scottish surgical registrars compared to other acute specialty registrars between 2006 and 2011.

Methods: An online questionnaire was designed using web-based software. Invitations were sent to registrars (SpRs/ST3+) in General Surgery, Anaesthetics and Medicine throughout Scotland in 2006 and 2011.

Results: 233 registrars replied in 2011 and 175 from 2006. 97.9% of current trainees could insert CVCs. Only 26.4% of surgeons had inserted over 50 lines with anaesthetists (71.8%) placing the greatest number (p<0.0001) (physicians 45.2%) and a reduction of total numbers over the 5 year period. Anaesthetists also inserted more CVCs per annum. In 2011 most trainees in