

UPPER-GASTROINTESTINAL SURGERY

0002: DO LAPAROSCOPICALLY-ASSISTED AND MINIMALLY INVASIVE OESOPHAGECTOMIES IMPROVE OUTCOMES WHEN COMPARED TO THE TRADITIONAL OPEN METHOD?

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Aim: Surgical resection is the primary method of treating oesophageal cancer, although the most effective style of surgery is not clear. The aim is to retrospectively audit patients who underwent all elective oesophagectomy from 2005 at Bristol's NHS Foundation Trust.

Method: Clinical outcomes and histopathological data were collected and analysed for the three oesophagectomy techniques; open, laparoscopically-assisted (LAO) and minimally-invasive (MIO).

Results: Since 2005, 322 patients (MIO=69; LAO=172; Open=81) underwent oesophagectomy. Mean blood loss for MIO and LAO was significantly less ($P<0.0001$) than open (222ml and 359ml vs. 778ml); conversely mean duration for open surgery was significantly less ($P<0.001$) than MIO and LAO (334mins vs. 380mins and 365mins). The 1-year mortality rate for MIO was significantly less ($P<0.02$) than LAO and Open (4.3% vs. 17.4% and 22.2%); however there were no significant differences in length of hospital stay, morbidity and 30-day mortality.

Conclusion: The MIO and LAO techniques used here have shown to produce results on par with the traditional open method however it is not yet possible to stipulate if and LAO improve long-term outcomes. Further research is required to further these short-term findings and provide an accurate long-term prognosis after surgery.

0096: DO BARIATRIC PATIENT SUPPORT GROUPS INFLUENCE SHORT TERM SURGICAL OUTCOMES?

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Background: In some bariatric services, patients have formed support groups led exclusively by patients. Does attendance at such groups influence outcomes?

Methods: A prospectively compiled database was accessed, 118 patients who underwent gastric banding, bypass or sleeve gastrectomy were contacted and asked about support group attendance, frequency and reasons for participation. Pre-operative body mass index, age, and twelve month percentage excess weight loss (12m%EWL) was recorded.

Results: The 12m%EWL for band patients was 40.1% (attendees) and 46.4% (non-attendees), for bypass patients it was 74.8% (attendees) and 75.6% (non-attendees) and for sleeve patients, it was 51.3% (attendees) and 44.3% (non-attendees). Following gastric banding, 12m%EWL was 28.1%, 42.7% and 49.3% for patients attending either 1, 1-5, >5 sessions respectively. The main reason cited for attendance was 'to meet like-minded people' and for non-attendance was 'being too busy'.

Conclusions: For bands, bypasses and sleeves there was no significant difference in weight loss outcomes (attendees vs non-attendees). For band patients, increased attendance was associated with increasing 12%EWL, in keeping with existing literature. This study, accepting the limitations of using 12m%EWL as a surrogate for success, confers the psycho-social benefits of support groups but suggests such groups are not apparently required for absolute weight loss.

0143: CONSENT FOR CHOLECYSTECTOMY – DO PATIENTS REALLY UNDERSTAND WHAT WE ARE TALKING ABOUT?

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Aim: To assess quality of consenting process for day case laparoscopic cholecystectomy (LC) when consenting is carried out on the day of surgery in terms of patient understanding of the risks and benefits of surgery and adequacy of information provided by surgeons during consent.

Method: From March-July 2012, 50 patients consented for LC, filled out a questionnaire compiling complications and percentage risks provided during consenting. The questionnaires and consent forms (CF) were reviewed to identify discrepancies between the two and assess completeness of information in CF.

Results: Large discrepancies existed between information in CF and understanding by patient with important risks like CBD injury and bile leak not remembered by 22%(n=11/50), and 18%(n=9/50) of patients respectively. The quality of CF was suboptimal with key risks such as CBD injury/bile leak not mentioned in 4% of CF (n=2/50) and patient identifiers missing from 34% (n=17/50) of forms.

Conclusions: Consenting on the day of surgery for day case LC results in suboptimal consenting both in terms of patient understanding and quality of consent forms. We aim to use pre-printed CF's and information leaflets explaining the procedure to patients prior to the day of surgery to improve patient understanding and quality of consenting.

0335: C-REACTIVE PROTEIN IS A BETTER PREDICTOR OF PERFORATED APPENDICITIS THAN HYPERBILIRUBINEMIA

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Aims: We compared the diagnostic importance of total bilirubin, C-reactive protein (CRP) and leucocyte count as markers of perforation in acute appendicitis.

Methods: 116 patients with clinical acute appendicitis that underwent a laparoscopic or open appendicectomy at our hospital between October 2011 and October 2012 were identified. A retrospective chart review of the medical records, including laboratory and histologic results, were conducted. The data was analyzed using binary logistic regression.

Results: Among the 116 patients, 92 patients (79.3%) had pathologically confirmed acute appendicitis. Out of the 92 patients, 9 (9.7%) had histologically confirmed perforated appendicitis. The logistic regression model showed a significantly raised level of CRP in those patients with appendiceal perforation (odds ratio, 1.014; 95% confidence interval (CI), 1.002 to 1.026; $p=0.027$). Total bilirubin level (odds ratio, 1.061; 95% CI, 0.972 to 1.158, $p=0.187$), total white blood cell count (odds ratio, 0.498; 95% CI, 0.150 to 1.649, $p=0.254$) and neutrophil count (odds ratio, 2.239; 95% CI, 0.604 to 8.295, $p=0.228$) did not predict perforated acute appendicitis to statistical significance.

Conclusions: Elevated CRP level has a better predictive potential than hyperbilirubinemia for the diagnosis of appendiceal perforation.

0385: HYPERBILIRUBINEMIA AS A MARKER FOR ACUTE APPENDICITIS

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Aims: To determine the value of hyperbilirubinemia as a marker for acute appendicitis.

Methods: 116 patients with clinical acute appendicitis that underwent a laparoscopic or open appendicectomy at our hospital between October 2011 and October 2012 were included. A retrospective review of the medical records, including laboratory and histologic results, was conducted. The data was analysed using binary logistic regression.

Results: Among the 116 patients, laparoscopic appendicectomy was performed in 70 cases (47.3%), laparoscopic converted to open appendicectomy in 2 cases (1.4%) and an open appendicectomy was carried out in 44 cases (29.7%). 92 patients (79.3%) had pathologically confirmed acute appendicitis. The logistic regression model demonstrated a significantly raised total bilirubin level in those with a histologically confirmed diagnosis of acute appendicitis (odds ratio, 1.215; 95% confidence interval (CI), 1.038 to 1.422; $p=0.015$). Total white blood cell count (odds ratio, 1.655; 95% CI, 0.873 to 3.140; $p=0.12$), neutrophil count (odds ratio, 0.643; 95% CI, 0.333 to 1.243, $p=0.19$) and C-reactive protein (odds ratio, 0.999; 95% CI, 0.992 to 1.006, $p=0.73$) did not predict acute appendicitis to a statistically significant degree.

Conclusions: Hyperbilirubinemia is a statistically significant diagnostic marker for acute appendicitis.

0389: DAY CASE GASTRIC BYPASS SURGERY

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Background: Enhanced recovery is a familiar concept in colorectal surgery but what does it mean in bariatrics? During the last seven years, evolution of our multidisciplinary service into an efficient programme, has led to an