West Midlands Surgical Society

Spring Meeting

Russells Hall Hospital,

Dudley

Friday 15th May 2015

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Programme

9.00 a.m.	**REGISTRATION AND COFFEE**
9.30 a.m.	**WELCOME –** **Mr Stan Silverman – President, WMSS**

Scientific Short Papers

09.35 a.m.	Biological Matrix vs Synthetic Mesh in Laparoscopic Ventral Mesh Rectopexy: a Comparison of Outcomes **R Padwick, R Evans, D Latham, M Farmer, V Garimella, Royal Stoke University Hospital**
09.45 a.m.	Colorectal Cancer Resection – Lap or Open: Is the same amount being removed? - **J.Chang, H. Htet, J.G.Williams Colorectal Surgery, Royal Wolverhampton NHS Trust, Wolverhampton**
09.55 a.m.	Contemporary results of Surgical Intervention for Popliteal Artery Entrapment Syndrome **– Paul Melanie, Becky Sandford, Robert Davies, Department of Vascular Surgery, Leicester Royal Infirmary**
10.05 a.m	Cytoreductive surgery and heated intraperitoneal chemotherapy: Safety and outcomes from a newly established UK peritoneal malignancy unit **- U.Shariff, C.Seretis, a.Ali, S.Veerabadran, T.Raju, D.Browse, H.Youssef, General and Colo-rectal surgery, Good Hope Hospital, Sutton Coldfield.**
10.15 a.m.	Day-1 post-operative ALT does not predict morbidity following liver resection – analysis of a contemporary cohort of 110 patients - **A Kaur, A Nair , D Papis , R H Bhogal , A Prasad , S Khan , F T Lam , G Marangoni, University Hospitals Coventry and Warwickshire NHS Trust**
10.25 a.m.	Different CRP values in open versus laparoscopic rectal cancer resection predict anastomotic leak **– G.Broadley, P.Waterland, J Ng, D.Nicol, S.Pandey, D.McArthur, S.Karandikar, Heartlands Hospital, Birmingham, Royal Worcestershire Hospital, Worcester**
10.35 a.m.	Does the length of great saphenous vein (GSV) treated with endovenous laser affect secondary intervention? **– Shoab S Sulaiman, Alok Tiwari, Queen Elizabeth Hospital, Birmingham**

10.45 a.m. Following the patient: An Audit of Surgical Ward Round Documentation – **J Barrett-Lee, N Arora, R Amor, JG Williams, Department of Colorectal Surgery, New Cross Hospital, Wolverhampton**

10.55 a.m. Is cholecystostomy a good alternative treatment for acute cholecystitis in high risk patients – **D.Papis, E.Khalifa, A.nair, R.Bhogal, A.Prasad, JP.Shah, Z.Hamady, S.Khan, FT.Lam, G.Marrangoni, Hepato-biliary and Pancreatric Surgery Unit, University Hospital Coventry and Warwickshire NHT Trust, Coventry**

11.05 a.m. Is clinical follow up necessary for breast cancer patients? A review of 590 patients in City Hospital **- Elizabeth Li, Dinush Lankage, Simerjit Rai, Fiona Hoar, Luna Vishwanath, Mehboob Mirza, Hamish Brown, Martin Sintler, City Hospital, Birmingham**

11.15 a.m. Learning curve for robotic VMR Study **– A.Poh, ST.Ward, S.Radley, Colorectal Department, Queen Elizabeth Hospital, Birmingham**

11.25 a.m. Neutrophil lymphocyte ratio and creatinine are biomakers in predicting outcomes in surgically treated renal cancers – **A.Karim, A Bhangu, H Azeem, H.Sadique, I Geh2, S.Karandikar, Birmingham Heartlands Hospital, Birmingham**

11.35 a.m. **MORNING COFFEE**
Plus visit to Trade Stands

11.55 a.m. Not another bloody haematoma! – The incidence of significant haematoma formation following "Oncoplastic" Breast surgery. **– Melissa Tan, Sheriff Bassiouny, Michelle Mullan, Steven Thrush, Jevan Taylor, Rachel Bright-Thomas, Worcestershire Acute Hospitals NHS Trust**

12.05 p.m. Outcomes of hybrid and standard endografts in infrarenal endovascular aneurysm repair (EVAR) – **A. Hardman, S Zaffarullah, M Vezzosi, D Adam, P Bevis, M Claridge, Heartlands Hospital, Birmingham**

12.15 p.m. Perioperative oral decontamination using antiseptic mouthwash in patients undergoing major elective surgery: a systemic review and meta-analysis **– Sarah Lort, Philip Spreadborough, Sandro Pasquali, MD, Matt Popplewell, Andrew Owen, Irene Kreis, Olga Tucker, Ravinder S Vohra, PhD, FRCS – Department of Upper Gastro-intestinal Surgery, Queen Elizabeth Hospital, Midlands Abdominal and retroperitoneal Sarcoma Unit (MARSU), West Midlands Research Collaborative, Royal College of Surgeons, Academic Department of Surgery, University of Birmingham**

12.25 p.m. Prospective clinical coding analysis in Breast Clinic - the first 1157 patients **- D Lankage, M Sintler, department of Breast Surgery, Sandwell and West Birmingham Hospitals NHS Trust**

12.35 p.m. The colorectal enhanced recovery programme; are its outcomes and success affected by patient age? **– F.Rickard, S.Hallam, L.Wood, J.Shabbir – Department of Colorectal surgery, University Hospitals Bristol**

12.45 p.m. Three cycle audit of thromboprophylaxis compliance in fractured neck of femur patients: Nurses do it better - **J Hardman, F Page, H Chamberlain, Good Hope Hospital, Queen Elizabeth Hospital.**

12.55 p.m. Vitamin D deficiency treatment improves non-cyclical breast pain **– Elizabeth Li, Dinush Lankage, Simerjit Rai, Luna Vishwanath, City Hospital, Birmingham**

13.05 p.m. VV Abstract **– Sonali Shah, New Cross Hospital, Wolverhampton**

13.15 p.m. **LUNCH**
Plus visit to Trade Stands and Posters

14.00 p.m. **The future of WMSS – Mr S Silverman**

14.30 p.m. **Symposium**

Safer Surgery in the Elderly

Dr P Hudson, Consultant Anaesthetist, Russells Hall Hospital

Dr K Javaid, Consultant in Elderly Care, Manor Hospital, Walsall

Professor C Imray, Consultant Vascular Surgeon, University Hospital of Coventry and Warwickshire

16.00 p.m. **TRAINING UPDATE**
Mr Mike Hallissey

16.10 p.m. **WEST MIDLANDS RESEARCH COLLABORATIVE**
Mr Ravi Vohra

16.20 p.m. **TEA and award of Registrar's prizes**
(Please note prizes will not be awarded in absentia)

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Abstracts

Biological Matrix vs Synthetic Mesh in Laparoscopic Ventral Mesh Rectopexy: a Comparison of Outcomes

R Padwick, R Evans, D Latham, M Farmer, V Garimella

Background: Laparoscopic Ventral Mesh Rectopexy (LVMR) is indicated for patients with Obstructive Defaecation Syndrome (ODS) and/or Rectal Prolapse, using either Synthetic mesh or Biological matrix, yet there is little data regarding which gives better outcomes.
Aim: To establish whether there is a difference in outcomes after LVMR using Synthetic mesh or Biological matrix.
Methods: Retrospective analysis of LVMRs performed in 197 patients at Royal Stoke University Hospital between June 2009 and September 2014.
Results: 133 patients had ODS, 58 patients had Rectal Prolapse, 9 Patients had Solitary Rectal Ulcer Syndrome, 4 patients had Intractable Anal Fissure, and indication was unknown in 8 patients. 131 LVMRs were performed with Synthetic mesh and 71 with Biological matrix. 146 patients reported functional improvement (72.3%, 70.83 Biological, 72.6% Synthetic). 24 patients presented with recurrent symptoms (11.9%, 5.6% Biological, 16% Synthetic), at a median time of 11 months. Mesh erosion occurred in one patient with synthetic mesh. Seven LVMRs were revised (3.5%, 2.8% biological, 3.8% synthetic). 31.2% of patients subsequently required further treatment modalities to help improve symptoms (15.4% biological, 45.2% synthetic).
Conclusion: Use of biological matrix is associated with lower rates of revision and recurrence of symptoms, and lower use of further treatment modalities.

Colorectal Cancer Resection – Lap or Open: Is The Same Amount Being Removed?

J. Chang, H. Htet , J. G. Williams
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Contact Telephone 07450 885655 (Dr J Chang)

Background: Colorectal cancer resection is being performed increasingly laparoscopically, where possible. Debate remains as to whether it is possible to perform an adequate oncological resection by this approach. Recent focus has been on the completeness of mesenteric resection, thought to maximise lymph node clearance, the traditional surrogate marker of quality of resection.

Aim: We studied a consecutive series of comparable open and laparoscopic colorectal cancer resections to compare resection specimens with regards to lymph node harvest and length of mesenteric resection.
Results: There were 82 right hemi colectomies (32 laparoscopic, 50 open), 43 left hemi colectomies (10 laparoscopic, 33 open) and 79 anterior resections (32 laparoscopic, 47 open).

Tumour site	Mean Distance to High – tie		p	Mean number of lymph nodes		p
	Laparoscopic	Open		Laparoscopic	Open	
Right side	87.5mm	78.6mm	0.07	17.0	21.8	0.008
Left side	105.2mm	102.7mm	0.41	18.1	20.6	0.14
Rectal	130.6mm	131.5mm	0.49	18.1	21.5	0.009

Conclusion: This study indicates that there is no significant difference in extent of mesenteric resection between open and laparoscopic colectomy specimens from any of the three sites. However, despite comparable lengths of mesenteric resection, significantly more lymph nodes were removed by open resection compared to laparoscopic resection of right sided and rectal tumours.

Contemporary Results of Surgical Intervention for Popliteal Artery Entrapment Syndrome

Paul M[1], Adair W[2], Sandford RM[1], Davies RSM[1].
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Tel: 0116 2586136
[2]Department of Radiology, Leicester Royal Infirmary, Leicester, England

Objective: To report the outcomes of surgery for popliteal entrapment syndrome (PAES) in a contemporary series with access to multimodal preoperative imaging.
Methods: A retrospective review of patients undergoing surgery for PAES between 2000 and 2015 was performed. Pre-operative investigations, intra-operative findings, peri- and post-operative outcomes were assessed.
Results: 12 patients underwent surgical treatment for 13 limbs with PAES [type 2 (n = 3), type 3 (n = 4), type 4 (n = 2), type 5 (n = 1), type6/functional (n = 3)]. All 13 limbs had imaging (CT, MRI and/or USS) evidence of an abnormality consistent with PAES. At operation, aberrant muscle (n=6) or tight fibrous band (n=4) were identified in 10 limbs. Operative procedures included exploration

(n=1), aberrant muscle or fibrous band division (MFD) (n = 5), with interposition graft reconstruction (n = 3) or vein patch angioplasty (n = 4).There were no perioperative neurovascular complications. Median (range) follow up was 8.03 (1.7-99.6) months. No patients required re-operation. Two patients had ongoing symptoms at follow up.

Conclusions: These data demonstrate that despite careful case selection with the use of dual imaging modalities and minimal perioperative morbidity, variable mid-term symptomatic benefit is achieved following surgery for PAES.

Cytoreductive Surgery and Heated Intraperitoneal Chemotherapy: Safety and Outcomes from a ewly Established UK Peritoneal Malignancy Unit

U. Shariff, C. Seretis, A. Ali , S. Veerabadran, T. Raju, D. Browse, H. Youssef
General & Colorectal Surgery, Good Hope Hospital, Heart of England NHS Foundation Trust, Sutton Coldfield, West Midlands

Contact: Umar Shariff 07976428770

Introduction: Cytoreductive Surgery (CRS) and Heated Intraperitoneal Chemotherapy (HIPEC) is a radical treatment strategy for disseminated intra-abdominal cancers. We report the results and early survival data in a newly established UK Peritoneal Malignancy Unit.

Methods: For all patients undergoing surgery (December 2011 - February 2015) data was prospectively collected on demographics, severity of disease (Peritoneal Carcinomatosis Index-PCI), surgery undertaken, pathology, intensive care unit (ITU) stay, length of stay (LOS), completeness of cytoreduction (CC) and postoperative morbidity/mortality.

Results: Of 49 patients operated on, Complete Cytoreduction was achieved in 41 (84%) (CC0-37pts, CC1-4pts, CC2-8pts) (Median age: 56 years, range 29-79). Pathology included: 29 colorectal cancers, 8 appendiceal adenocarcinoma, 3 ovarian tumours, 9 others. Of the 41/49 CC0/1 patients, median PCI was 9 (0-29), median ITU stay: 4 days (1-11); median LOS: 16 days (5-75). Grade 3/4 (CTCAEv3) complications occurred in 15 patients (34%), with no post-operative mortality. Median follow-up was 11.4 months (range 1.5 - 36.4). Kaplan-Meier predicted survival at 1-year: 81%, 3-year survival: 68%.

Conclusions: Results demonstrate that CRS/HIPEC can be performed safely by a team trained to deliver the service. Medium-term survival rates are acceptable. Morbidity rates are high, but with aggressive treatment of post-operative complications, there was no postoperative mortality.

Day-1 post-operative ALT does not predict morbidity following liver resection – analysis of a contemporary cohort of 110 patients

A Kaur, A Nair , D Papis , R H Bhogal , A Prasad , S Khan , F T Lam , G Marangoni
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Aims: Predicting the risk of post-operative complications following liver resection is an integral part of liver surgery planning. We assessed whether post-operative day 1 (POD-1) Alanine amino- transferase (ALT) could predict complications in a contemporary cohort of liver resections.
Methods: Using a prospectively maintained database (January 2013 to December 2014), POD-1 ALT was analysed against the occurrence of post-operative complications.
Results: There were 114 liver resections. Sixty-nine (63%) resections were performed for colorectal liver metastases. The Pringle manoeuvre was used in 55 patients (50%). Intra-operative radiofrequency ablation (RFA) was employed as an adjunct to resection in 17 (16%) patients. Overall morbidity was 28% (n=31) whereas mortality was 0.9% (n=1). Mean POD-1 ALT (IU/L) was significantly higher in the RFA group (674 vs 330; $p<0.0001$). POD-1 ALT was not statistically higher in the Pringle group (411 vs 353; $p=0.189$). No significant increase in mean POD-1 ALT was seen in patients who had >grade 2 Clavien-Dindo complications (450 vs 357; $p=0.585$)
Conclusions: Our data shows that POD-1 ALT does not reliably predict the occurrence of post-operative complications after liver resection.

Different CRP values in open versus laparoscopic rectal cancer resection predict anastomotic leak

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Heartlands Hospital, Birmingham. Royal Worcestershire Hospital, Worcester.

Introduction: Anastomosis leak in Post-operative colorectal cancer resections is associated with high morbidity and mortality. C-Reactive Protein (CRP; 125-190mg/L) has a positive predictive value in predicting anastomotic leak in open resections.
Aims: Clarify the predictive value of CRP for anastomotic leak in rectal resections, and review differences between laparoscopic and open resections.
Methods: 379 (131 Open; 248 laparoscopic) patients between 2010 – 2014 were included. Clinical data was collected including demographics, CRP results

and complications. Anastomotic leak was confirmed via CT imaging. Outcomes were statistically assessed with receiver operating curves (ROC) analysis.
Results: There were 49 (12.9%) anastomotic leaks. In laparoscopic resections (23 leaks), ROC analysis suggests day 3 CRP of 157 (ROC area: 0.713, sensitivity: 0.700, specificity: 0.753) is predictive of anastomotic leak. Compared to a CRP value of 207 (ROC area: 0.765, sensitivity: 0.765, specificity: 0.700) in open resections (26 leaks).
Discussion: CRP has positive predictive value for anastomotic leak; best seen at day 3. Laparoscopic resections have a much lower predictive threshold than open resections.

Does the Length of Great Saphenous Vein (GSV) Treated with Endovenous Laser Affect Secondary Intervention?

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Aims: Patients undergoing laser treatment of veins undergo adjunctive treatment including avulsions and foam sclerotherapy. The aim of this preliminary study was to document the effect of GSV residual length & vein length treated on short-term outcomes using freedom from secondary intervention as a marker.
Methods: Analysis of single surgeon prospective database of EVLT procedures using a standardized technique. 107 episodes were recorded over two-year period. Effect of GSV stump and vein length treated was assessed at 6 weeks. Patients with incomplete data were excluded.
Results:

Length of GSV Stump Median (cm)	Freedom from re-intervention (proportion)
0 - 1.5 n=46	**0.78**
1.6 – 3.0 n=21	**0.95**
>3.1 n=9	**1.0**
Total =76/107	Excluded=31

Total Length Treated	Freedom from re-intervention

(cm)	(proportion)
0 – 20 (n=13)	**0.62**
21-30 (n=55)	**0.84**
>30 (n=33)	**0.94**
Total =101/107	Excluded=6

Conclusions: The total length of vein treated has a significant effect on re-intervention rates. Emphasis should be on treating more than 20cm of GSV but preferable more than 30cm. There is no difference in secondary reintervention with length of residual GSV stump.

Following the Patient: An Audit of Surgical Ward Round Documentation

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Aim: Following the progress of a patient from their hospital notes can be difficult if relevant information is not recorded on a daily basis. The aim of this audit was to assess the current quality of daily business ward round documentation against an approved standard and to complete the audit cycle.
Methods: We evaluated ward round entries against 10 criteria in a consecutive series of 23 in-patients on each daily ward round for 10 days.
Resutls: Initial overall compliance was low at 29.2%, and especially low for procedure performed (2.7%) and working diagnosis (8%). The ward round decision was the item most likely to be documented (94.7%). To improve compliance a list of all 10 criteria was posted on each ward notes trolley as an aide-mémoire to junior staff. Ward-round documentation was re-audited after 14 days. Overall compliance had improved to 47.3% with improvement across all areas. The most improved areas were documentation of VIEWS scores (28.9% first round vs 67.1% second round), working diagnosis (8% vs 35.6%) and surgical procedure performed (2.7% vs 30.6%).
Conclusion: This audit has demonstrated that surgical ward round documentation is poor, but can be improved by educating staff and providing an aide-mémoire of headings that should be covered.

Is Cholecystostomy a Good Alternative Treatment for Acute Cholecystitis in High Risk Patients?

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Background: Cholecystectomy is the treatment of choice for acute cholecystitis whose management in high risk surgical patients could be a difficult dilemma. With the development of interventional radiological skills, percutaneous cholecystostomy (PCS) could represent a less invasive option.
Methods: This is a retrospective single Center study; data were collected from our hospital electronic record system. From February 2009 to March 2014 there were 353 patients admitted with acute cholecystitis. Of these 39 were considered high risk for surgery and underwent PCS during their hospital stay. The radiological approach was trans-peritoneal in 29 patients and trans-hepatic in 10 patients. Median follow-up was 19 months.
Aim of the study was to assess the outcomes of percutaneous cholecystostomy in high risk patients.
Results: There were 27 male (69.2%) and 12 female (30.8%) with mean age of 72 years (range 41-90 yrs). Twenty seven patients had PCS as definitive treatment (group A) and 12 patients as a bridge to cholecystectomy (group B). There were no post-procedures complications. Three patients in group B required conversion to open surgery (25%). Mean length of hospital stay was 15.7 days (group A and B). ITU admission was required for 8 patients (20.5%). Five patients in group A were readmitted once with another episode of cholecystitis after PCS (18.5%), with a median time to readmission of 85 days (3 patients readmitted within 90 days). One patient in group B was readmitted with cholecystitis after 2 years before proceeding to cholecystectomy, and 2 patients were readmitted after cholecystectomy (16.6%) for intra-abdominal collections treated with percutaneous ragiological drainage.
Seven patients died (17.9%) as a result of severe biliary sepsis during their index hospital admission.
Conclusion: PCS is a safe approach in high risk patients with acute cholecystitis and can provide satisfactory long-term results when cholecystectomy is not a viable option.

Is clinical follow up necessary for breast cancer patients? A review of 590 patients in City Hospital

Elizabeth Li (ST3), Dinush Lankage (Research Fellow), Simerjit Rai (ANP), Fiona Hoar (Con), Luna Vishwanath (Con), Mehboob Mirza (Con), Hamish Brown (Con), Martin Sintler (Con)
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Introduction: After completion of treatment for breast cancer, patients are provided annual mammograms and clinical follow up. There are, however, no specific guidelines on frequency or duration of follow-up. Our patients are given 1 to 3 years of clinical follow up and then discharged with open access to the breast unit. Here, we present our department's experience of detection of loco-regional recurrences of breast cancer.
Methods: A search was performed from our contemporaneously updated database for all patients who have completed three years of clinical follow-up (n=590). The modalities of recurrences were collated alongside demographic and histological data.
Results: At 3 years, overall recurrence rate was 3.7% (n=22). Of these patients 5 (23%) were detected via mammography, 12 (55%) represented via patient initiation and 2 (9%) were detected via clinical follow up alone. Recurrence group mean NPI = 4.96, grade = 2.7; non-recurrence group mean NPI = 4.01, grade = 2.2. Overall 590 patients were followed up to detect 2 recurrences clinically.
Conclusion: Clinical follow-up of patients who have completed treatment can represent a significant burden on the Breast Cancer service. We postulate that blanket annual clinical follow up for more than 1 year is unnecessary for almost all patients.

Learning Curve for Robotic VMR is Less Steep for Robotic Naïve Surgeons Coming from a Laparoscopic VMR Background

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Background: Robotic VMR is gradually gaining acceptance over the laparoscopic approach. The learning curve associated with it is likely to be less steep for surgeons coming from a laparoscopic background.

Aim: Primary outcome: To compare the learning curves and operative times of laparoscopic vs robotic VMR in a robotic-naïve surgeon**.** Secondary outcome: To delineate the key steps in robotic VMR
Methods: A consecutive series of 17 laparoscopic cases and the first 15 robotic cases from a single robot naïve surgeon case are compared.
Results: Mean operative time for the laparoscopic group are shorter at 147min vs 167min. Median length of stay is shorter for the robotic group at 3 days vs 2 days. There were fewer recurrences of prolapses in the robotic group despite operating on more patients with previous rectopexy surgeries. The CUSUM curve for the robotic group shows that the learning curve is not steep for accomplished laparoscopic VMR surgeons. The key steps are outlined to provide a template for other robotic-naïve surgeons.
Conclusion: The learning curve for robotic VMR is less steep for a robot naïve surgeon if he comes from a background of advanced laparoscopic work.

Neutrophil:lymphocyte ratio and creatinine are biomarkers in predicting outcomes in surgically treated rectal cancers.

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Aims: To study the association of biochemical and haematological biomarkers in outcome of rectal cancers treated with curative intent.
Methods: A retrospective analysis of a prospectively collated database of consecutive rectal cancers treated over a 6 year period was studied (2006 to2012). Data quality cross referenced with National Cancer Registry. The database, patient notes and electronic records to were used to collect the data. Biochemical and haematological markers; haemoglobin, white cell count, platelets, neutrophils, lymphocytes, albumin, and creatinine were collected. Radiological TNM staging and histology were all collected. Primary outcomes considered were, recurrence, disease free survival, and overall survival.
Results: 247 patients were identified with either straight to surgery, short course radiotherapy (SCRT), or long course radiotherapy (LCRT). LCRT ($p=0.008$), node positive ($p=0.016$) and age>75 ($p=0.027$) are significant predictors of poorer 3 year disease free survival. Neutrophil: lymphocyte ratio taken as a continuous variable is significant as a higher ratio correlated to worse survival. Creatinine >100 was shown to have consistently worse overall and disease free survival ($p=0.038$).

Conclusion: Management of colorectal cancer remains complex and high risk. Neutrophil:Lymphocyte ratio and creatinine are predictors of survival and morbidity. These cannot be used in isolation but will help in risk stratification.

Not ANOTHER bloody haematoma!-The Incidence of significant haematoma formation following "Oncoplastic" Breast Surgery.

Dr Sherif Bassiouny, Miss Melissa Tan, Miss Michelle Mullan, Mr Steven Thrush, Mr Jevan Taylor, Miss Rachel Bright-Thomas
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Introduction: The haematoma rate after breast surgery has been reported as 2-10%. However, we could find no firm data to inform patients of the risk of a significant haematoma following different modern oncoplastic breast operations.
Aims: To determine haematoma evacuation rate under general anaesthetic (GA) for different oncoplastic procedures.
Method: A retrospective analysis of our prospectively compiled database, looking at 12 months data upto 28th February 2015, including 900 elective breast operations.
Result: Overall 2% required evacuation of haematoma under GA. For simple breast conserving surgery, this figure was less (1.2%) despite the regular use of glandular remodelling at the time of surgery. No haematoma was seen after therapeutic mammoplasty or breast reduction (22 cases), which are recognized as complex cases. The haematoma rate was 4.9% (8/163) after simple mastectomy, and interestingly was less, 3.7% (3/81), after mastectomy and implant reconstruction. 1 Latissimus dorsi (LD) flap reconstruction returned to theatre with a haematoma but as the numbers of LDs was smaller (only 18) the percentage may be spuriously high at 5.9%.
Conclusion: This is useful data to inform patients of the risks of "Oncoplastic" breast surgery and does NOT show an increased risk with more complex or reconstructive techniques.

Outcomes of hybrid and standard endografts in infrarenal endovascular aneurysm repair (EVAR)

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Heartlands Hospital, Birmingham

Introduction: A high limb occlusion rate was reported with the introduction of a low profile (LP) endograft for EVAR. A hybrid endograft with standard limbs and an LP body was used to prevent this, yet maintain the LP advantage. The aim was to establish the performance of the hybrid endograft compared to the standard endograft in infrarenal EVAR.
Methods: A prospectively maintained database was interrogated. Data for 46 hybrid endografts and 46 standard endografts were available.

Results:

	standard	hybrid
Median age (Range)	75 (53-87)	76 (64-87)
Median AAA size (mm) (Range)	61 (45-98)	59 (55-100)
Adverse features: Proximal neck diameter >28mm Proximal neck length <15mm Neck angulation >60 degrees	 7 0 3	 4 1 3
Mortality	0	1
Endoleak **Type 1** 1m 1y **Type 2** 1m 1y	 0 0 3 5	 0 0 3 4
Limb occlusion 1m 1y	 2 0	 1 1

Conclusion: The hybrid endograft does not increase the risk of complications compared to standard endograft, and is acceptable for regular use.

Perioperative oral decontamination using antiseptic mouthwash in patients undergoing major elective surgery: a systematic review and meta-analysis

Philip Spreadborough [1], Sarah Lort [1], Sandro Pasquali, MD [2]; Matt Popplewell [3], Andrew Owen [3], Irene Kreis [4], Olga Tucker [1], Ravinder S Vohra, PhD, FRCS [2,5], on behalf of the Preventing Post-Operative Pneumonia Study Group and the West Midlands Research Collaborative

[1] Department of Upper Gastro-Intestinal Surgery, Queen Elizabeth Hospital, Birmingham, UK [2] Midlands Abdominal and Retroperitoneal Sarcoma Unit

(MARSU), [3] West Midlands Research Collaborative, [4] Royal College of Surgeons, [5]Academic Department of Surgery, University of Birmingham, Birmingham, UK
Contact: Sarah Lort 07929 723750

Aims: Postoperative pneumonia (POP) affects 1.5-57% of patients following major surgery. POP is associated with 30-day mortality of 18%. Oral antiseptics are used to prevent ventilator-associated pneumonia in ICU. This systematic review ascertains the impact of perioperative oral decontamination in patients undergoing major elective surgery.
Methods: A search was conducted using the MEDLINE, EMBASE and Cochrane databases. 1,114 unique articles were identified. 5 studies used perioperative oral antiseptics and were reviewed with respect to reduction of POP, nosocomial infection and mortality. A meta-analysis using PRISMA guidelines and an intention-to-treat principle was performed.
Results: 2,265 patients were included. POP occurred in 5.3% versus 10.4% in the control group (RR= 0.51 P<0.0001), giving a number needed to treat (NNT) of 14. Nosocomial infections were also reduced, 20.2% vs. 31.3% (RR= 0.62 P=0.0003) with a NNT of 7. Mortality was not reduced (RR=0.92 P=0.82).
Conclusion: Chlorhexidine decreases POP and nosocomial infection with a NNT of 14 and 7 respectively. Evidence is strongest for its use in cardiac surgery, however there is a lack of data to extrapolate this to other surgical disciplines. We recommend that a Randomised Control Trial be performed to ascertain the effect of perioperative oral chlorhexidine during major elective surgery.

Prospective clinical coding analysis in Breast Clinic - the first 1157 patients

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Background: The SWBH Breast Surgery department is experiencing a huge increase in referrals (nearly 100% increase over 2 years). The number of symptomatic cancers remains fairly static. We present a breakdown of our department's referrals, to assess referral patterns.
Method: A prospective analysis of all referrals to SWBH Breast Surgery over a 13 week period (Nov 2014 - Feb 2015). Clinical coding of referral diagnosis, linked to referring GP practice, has been introduced to allow analysis of referral patterns.
Results: There were 1157 referrals in the 13 week period. 58 invasive cancers were detected (5% of referrals). Significant referral code groupings included nearly 1 in 5 referrals for benign conditions: 117 cases of breast pain (~10%)

and 90 cases of musculoskeletal chest wall pain (~8%). **Conclusion:** The numbers of symptomatic cancers has remained relatively static but referrals have nearly doubled (approximately 225 per month in 2012, compared to about 425 per month in 2014). Nearly 1 in 5 referrals from this period were for benign conditions that could be better managed in primary care. We need to engage with primary care to improve referral patterns and quality.

The colorectal enhanced recovery programme; are its outcomes and success affected by patient age?

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Introduction: Enhanced recovery after surgery (ERAS) is associated with reduced length of stay and improved outcomes in colorectal surgery. It is unclear if ERAS can be safely implemented in elderly patients undergoing complex colorectal resections. The aim of this study was to evaluate the feasibility and compliance of ERAS in patients undergoing colorectal surgery.
Methods: A prospective database of consecutive series of patients undergoing colorectal resections with ERAS between Aug 2012 to Dec 2014 was evaluated. Patients were divided into two groups: ≤ 70 years and ≥ 70 years. Endpoints studied were length of stay (LOS), readmissions, morbidity, mortality, and compliance with ERAS.
Results: Of a total of 455 patients , 295 were ≤ 70 years (median age 60) and 160 patients were ≥ 70 years (median age 77). There was no significant difference in compliance with ERAS in two groups, 78.6% V 80%. There were no significant differences in LOS (median 7 days versus 6 days (p 0.53), re-admission rates 8.75% versus 5.93% (p=0.36), re-operation rate 6.88% versus 4.44% (p=0.37) and mortality rates 0% versus 1.48% (p=0.73) between two groups.
Conclusions: This data suggests that ERAS can be successfully implemented in older patients. There is no statistically significant difference in outcomes i.e mortality, length of stay (LOS), re-admission and re-operation rates between two groups.

Three cycle audit of thromboprophylaxis compliance in fractured neck of femur patients: Nurses do it better.

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Aim: Venous thromboembolism represents a significant source of morbidity and mortality for patients with neck of femur fractures. [1] National guidelines advise thromboprophylaxis to be given within 24 hours of admission.[2] This study aims to assess adherence to these guidelines, identify barriers to implementation and compares two interventions to improve adherence.
Method: Three retrospective audits were conducted in a district general hospital. Data were collected from medical notes, theatre notes and the electronic prescribing system. Rates and reasons for non-administration of enoxaparin were explored.
Results: The first cycle identified 40.3% of patients receiving enoxaparin within 24hrs of admission. An educational presentation was then delivered to all doctors in the department. Following the second cycle, the rate dropped to 36.5%. A checklist was then implemented for completion by the admitting nurse on the inpatient ward. This improved the administration rate to 73.3%.
Conclusion: The lecture based educational intervention focused at Doctors was less effective than a simple checklist at ensuring appropriate administration of thromboprophylaxis. This study highlights the importance of engaging with all healthcare professionals in order to improve standards. A nationally implemented checklist for use when admitting fractured neck of femur patients could help reduce the burden of thromboembolism.

[1] British Orthopaedic Association. BOAST 1 Version 2 – Patients sustaining a fragility hip fracture. 01/2012. (Available at https://www.boa.ac.uk/wp-content/uploads/2014/12/BOAST-1.pdf)
[2] National Institute of Clinical Excellence. NICE Venous Thromboembolism: Reducing the Risk. 01/2010. (Available at: http://www.nice.org.uk/nicemedia/live/12695/47197/47197.pdf)

Vitamin D deficiency treatment improves non-cyclical breast pain

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Introduction: Non-cyclical mastalgia (NCM) is poorly understood and can be difficult to manage in the outpatient setting. Is there an association between NCM and Vitamin-D deficiency? If so, will treatment improve NCM symptoms?
Methods: Retrospective pilot survey of all patients with NCM seen at City Hospital within a two year period. All patients had Vitamin-D levels checked and results were subsequently relayed to GPs for appropriate management. 110 surveys were sent to all Vitamin-D deficient patients. Final response rate=62%.
Results: A total of 68 patients with NCM, Vitamin-D deficiency were included. 63% of patients were prescribed Vitamin-D supplementation by their GP. 51% of these noted complete or near complete remission of all symptoms following therapy. 26% noted a pain score of <5 following therapy. 23% noted a residual pain score of >5 despite therapy. 3 out of the 18 patients who did not receive Vitamin-D supplementation noted spontaneous improvement in their pain.
Conclusion: There appears to be a correlation between Vitamin-D deficiency and NCM: 77% of patients had an improvement of symptoms following Vitamin-D supplementation, whereas 17% of patients had spontaneous improvement without treatment ($p<0.01$ Fisher exact test). Further analysis is required to quantify this correlation.

VV Abstract

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Aim: The NHS no longer commissions all varicose vein surgery. The aim of this study is to identify a coherent pattern of symptoms linked to the greatest impact on quality of life (QoL) and use this as future selection criteria for surgical intervention.
Method: A retrospective analysis of data collected from the PROMS questionnaire of 126 patients from December to January 2015. Our exclusion criteria included at least one manifestation of skin changes; rash, eczema or skin ulceration reducing our cohort to 94 patients. Most notably was the link between impaired QoL (2 or more of: interference on ADLs, leisure activities, mobility and self-care) and pain requiring analgesia.
Results: 33/94 patients experienced pain requiring analgesia of which 24 had associated impaired QoL. 42 patients had pain requiring no analgesia of which 17 experienced impacted QoL. 16 reported no pain and only 3/16 with an associated reduced QoL.
Conclusion: We concluded that the PROMS questionnaire can be utilised as a selection tool for varicose vein surgery referrals at the primary care level. We propose the use of the PROMS questionnaire to formulate a criterion of symptoms that would prioritise a patient for surgery, particularly those with pain and an analgesia requirement

POSTER PRESENTATIONS

Adherence to Antibiotic Prophylaxis in Orthopaedic Surgery **Vanessa Cubas, V.Pillay, Heartlands Hospital, Bordesley Green, Birmingham**
Audit of the Accuracy of Endoscopic Reporting and Tissue sampling of Oesophagogastric Cancer. **B Markandey, A Kapour, EA Griffiths, Queen Elizabeth Hospital, University Hospital**
Does sacral nerve stimulation for slow transit constipation work in the long term? A single centre experience **V Garimella, R Padwick, M Spencer, D Latham, M Farmer, Royal Stoke University Hospital**
Episiotomy fistula an indicator of a missed fourth degree tear in which treatment may worsen continence **M.R.B Keighley Emeritus Professor of Surgery and Colorectal Surgeon, ACPGBI, Joanna Hayes, Gastrointestinal Physiologist, University Hospitals of Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, BSG, ACPGBI**
Establishing a tertiary referral service for patients with locally advanced and recurrent rectal cancer **A.Karim, V.Cubas, H.ibrahim, M.Goldstein, D.Bowley, D.R McArthur, Birmingham Heartlands Hospital, Birmingham**
Laparoscopic Protack rectopexy **A.Karim, V.Cubas, D.R.McArthur, Birmingham Heartlands Hospital, Birmingham**
Outcome of vascular surgeons undertaking peripheral angioplasty **Daniella Lowry, Mark Kay, Alok Tiwari, Vascular Surgery Department, Queen Elizabeth Hospital, Birmingham**
Paradigm shift from scalpel to needle **Mr S Munuswamy, Mr D Chakrabarti, Mr P D Sonsale, Good Hope Hospital, Sutton Coldfiel**
Surgical Post take ward round documentation should it be standardised – **Tejaswi Makam, Carmen Lau, Mr B.Muthiah, Walsall Manor Hospital, Walsall**
The Social and Psychological morbidity of Post Obstetric Bowel Incontinence **M.R.B Keighley Emeritus Professor of Surgery and Colorectal Surgeon, ACPGBI, Joanna Hayes, Gastrointestinal Physiologist, University Hospitals of Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, BSG, ACPGBI**

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