0482 OPEN OR LAPAROSCOPIC APPENDICECTOMY IN A DGH SETTING
Majeed Shakokani, Marcel Gatt, Noel Aruparayil, Robert Mclean, Asaad Asaad, Elliot Paxton Dewar. Airedale Hospital, Steeton, Keighley/Yorkshire, UK

Aim: The value of laparoscopic appendicectomy (LA) over open appendicectomy (OA) is contentious. The aim of this study was to audit the outcomes of the two techniques over a 6 months period in a DGH setting.

Methods: Patients undergoing emergency appendicectomies over a 6 month period in a single institution were audited. Outcomes recorded included demographics, grade of operating surgeon, duration of surgery, complications and postoperative length of stay (PLOS).

Results: Ninety four patients (M:F, 49:45; median age 24 (15-43) years) were recruited. The majority of cases were performed laparoscopically (45 (48%) LA, 32 (34%) OA and 17 (18%) conversions). Twelve (13%) procedures were performed by consultants, or with a consultant present, of which only 3 (3%) were performed laparoscopically. Median operative time was longer for LA (LA 90 (74-121) min versus OA 65 (49-130) minutes; p=0.002). Eleven (12%) patients developed complications. There were no differences in PLOS between LA and OA (respectively 1(1-3) and 2 (1-2) days; p=0.893).

Conclusion: Longer operative times and high conversion rates question the value of laparoscopic appendicectomy in a DGH where formal training for this procedure is not always readily available.

0484 IMPROVED CENTRAL LINE MANAGEMENT, FACILITATED BY AUDIT, POTENTIALLY REDUCES LINE SEPSIS
George Ramsay, Alan Dawson, Wendy Craig. Aberdeen Royal Infirmary, Aberdeen, UK

Aim: Prolonged use of a Central Venous Line (CVL) carries increased infection risk. However, rigorous monitoring of the length of time lines are in situ and documenting the reasons for continued use are not frequently performed. This audit describes a simple intervention and the subsequent improvement in clinical practice.

Method: Two 3-week audit cycles were completed, surveying all patients having CVL placement within a two week period, allowing one week for follow-up. Demographic data, CVL indication, duration and complications were collated. Following one cycle, proformas were placed routinely on patients’ observations charts, prompting daily review of CVL indication and complications by medical staff. The cycle was then repeated.

Results: Between cycles 1 and 2, 17 and 19 lines were placed: groups were similar in baseline demographics, operative contamination, emergency/elective status, and CVL indications. Regular re-appraisal of CVL indication/complications increased in both nursing p=0.037, and medical notes p<0.001 between cycles. Line sepsis reduced after the intervention (n=3 cycle 1, n=0 cycle 2) p=0.095. Median duration of each CVL was 4.5 and 4.0 days respectively.

Conclusion: This intervention has increased awareness of staff, significantly improving documentation, with a concordant reduction in line related sepsis over the study period.

0485 LAPAROSCOPIC COLORECTAL SURGERY – INITIAL EXPERIENCE IN A SMALL UK DISTRICT GENERAL HOSPITAL
Anas Boulemden, Bashir Mukhtar, Saleem Jnnalagadda, Timothy J. White, Dilip Mathur. General Surgery, Grantham District General Hospital, Grantham, UK

Aim: To assess the safety and efficacy of laparoscopic-assisted colorectal surgery in a small District General Hospital (DGH).

Methods: A retrospective case note review of all patients undergoing laparoscopic colorectal resection (benign and malignant conditions), between Dec 07– Feb 2010, in a single unit, was performed.

Results: All procedures were performed by one operator (DM), at the initial part of the learning curve. Forty patients, age range 42-92 yrs, underwent colorectal resection. Operations included, 11 right hemicolectomies, 21 left sided/ anterior resections. 2 APR, 2 panproctocolectomies and 4 rectopexys. Malignancy resection was performed on 26 patients. Conversion to open surgery was 37.5%, 12.5% being due to adhesions. Mean length of procedure–3.5 hours. There was 1 anastomotic leak, ultimately dying, mortality rate 2.5%. Median hospital stay was 9 days.1 patient had a positive CRM. Median lymph node harvest-12.

Conclusion: There is a paucity of reports in the UK assessing the safety and efficacy of laparoscopic colorectal surgery in DGHs. Our study, from a small DGH, shows laparoscopic colorectal surgery to be safe, with acceptable outcomes in terms of morbidity, mortality and oncologically. This study, (detailing initial outcomes) is in keeping with the results from the UK CLASICC trial.

0486 FIFTY-ONE INGUINAL HERNIAE REPAIRED UNDER LOCAL ANAESTHETIC WITH EXCELLENT SATISFACTION RATINGS AND LOW PAIN SCORES
Sarvi Banisadr, Balendra Kumar, Eamonn Coveney. West Suffolk Hospital, Bury St Edmunds, UK

Aim: To determine acceptability and feasibility of delivering a day surgery local anaesthetic hernia repair (LAHR) service.

Methods: Prospective data was collected following patient counselling, preoperative priming in an outpatient setting, and LAHR in day surgery using a LA ‘cocktail’ solution allowing a maximum of 106mls per person. Age, sex, BMI, surgeon (consultant or trainee), length of procedure, volume of LA required, Visual Analogue Scores (VAS) of patient satisfaction and pain experience using 10cm line scored out of 100, and finally patient choice were recorded.

Results: Of 51 patients mean age was 64.5(32-92), M:F ratio 46:5, mean BMI 24.7(19-32), duration of procedure 54.6mins(23-100), and mean volume of LA solution used was 42.9ml(14-84). Patient satisfaction scored mean95(100), median96(100) (range 71-100/100). Pain score mean 20(100) and median 16(2-60). At the end of LAHR, patients were asked their choice for hernia repair, 45(88.2%) chose LA while 6(11.8%) opted for GA. Comparison of trainee (n=32) versus consultants (n=19) revealed higher pain scores of 26.3 in the consultant group vs 16.2/100. The 6patients who chose GA as preference had pain scores of 44.0 vs 16.7/100 of the LA group.

Conclusions: LAHR has been successful with high satisfaction ratings and low pain scores.

0487 COLONOSCOPY ASSISTED LAPAROSCOPIC RESECTION OF CAECAL POLYPS
Laura Whittaker, Ahmed Kaleem, S. Muzaffar Ahmad. Scunthorpe General Hospital, Scunthorpe, UK

Background: Colonic polyps are a frequently occurring pathology and as there is abundant evidence that virtually all colorectal carcinomas begin as adenomatous polyps, early resection is recommended prior to progression to carcinoma. There has been debate about the endoscopic versus surgical management of those adenomatous polyps which are larger than 15 mm in diameter, are flat and extended or difficult to see as endoscopic resection carries with it a risk of perforation. Traditional surgical management may
Laparoscopic appendectomy in expert hands is now quite safe and effective, and is an excellent alternative for patients with acute appendicitis. It is more complex and is not widely available. The public needs to be educated as to its advantages. All surgeons agree that for women of child bearing age, laparoscopic appendectomy is unquestionably the method of choice. Patient selection: Laparoscopic appendectomy is a safe procedure, and can provide less postoperative morbidity in experienced hands, as open appendectomy. Most cases of acute appendicitis can be treated laparoscopically.