085 DIFFUSE PARASELLAR MENINGIOMAS: WATCHFUL WAITING AS A BEST MANAGEMENT STRATEGY?
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**Introduction:** Diffuse parasellar meningiomas are an indolent but technically challenging surgical target. Our aim was to evaluate surgical, endocrine and visual outcomes for this rare petroclival meningioma subset.

**Method:** Parasellar meningiomas presenting to a single, tertiary neurosurgical centre were collected. Identification was considered prospectively. Data was extracted retrospectively using clinical e-portals and hospital records.

**Result:** 15 patients were identified (M:F = 6:9; mean: 64.3y (49-80y)). All patients were alive at follow-up (mean: 45mths (7-126mths)). 3 (20%) underwent pterional craniectomy and debulking for optic nerve decompression. No operative complications were recorded, but all 3 were challenging, partial resections. 4 (13%) were managed with stereotactic radiotherapy alone. The majority (n = 8, 53%) underwent ‘watchful waiting’ only by the follow-up endpoint. Visual field or visual acuity disturbance was a presenting complaint in 4 (27%) patients. The visual status of 3 (75%) of these patients improved following early surgical debulking. The last spontaneous regressed, with radiological correlates. Over the course of the study 4 more (27%) developed visual symptoms. Stereotactic radiotherapy for optic nerve compression in these patients was both safe and effective. Those presenting with oculomotor and abducent nerve deficits (n=6, 40%) did not deteriorate within the study window. 5 (25%) presented with hypopituitarism, and their endocrine function ran a relatively static course, regardless of management strategy.

**Conclusion:** The indolent tumour evolution and technically challenging resections in this cohort indicate surgical intervention should be reserved for cases with progressive visual deterioration. Stereotactic radiosurgery may be of benefit, with a lower morbidity risk.

**Take-home message:**
The indolent evolution of diffuse parasellar meningiomas and the technical challenge of their resection indicate that surgical intervention should be reserved for cases with progressive visual deterioration.

086 SHOULD WE HAVE A "STRAIGHT TO TEST" APPROACH FOR THE TWO WEEK REFERRALS OF A SUSPECTED COLORECTAL MALIGNANCY
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**Introduction:** Two weeks wait referral system for suspected colorectal cancer is in place for many years in NHS. There are still some questions on the appropriateness and efficiency of the referral system. We aimed “to find the compliance of two weeks referrals with suspected colorectal cancer and assess how these patients were investigated”.

**Method:** This was a retrospective study looking at the 2 week wait cancer referrals made to a single tertiary centre from September to December 2013. Further data regarding the referral was collected from the clinical portal system.

**Result:** A total of 467 two weeks referrals with suspected colorectal cancer were reviewed. Off these, 34 referrals did not fulfill the referral guidelines and hence excluded. Only 1/3rd of the patients referred with iron deficiency anemia followed compliance with the guidelines. Almost half (49.46%) of the patients who attended the clinics underwent a colonoscopy, one fourth (24.9%) had both a colonoscopy and computerized tomography (CT) scan. 6.45% received only a CT scan. Flexible sigmoidoscopy was carried out on 10.32%. Finally, 81 patients were seen in clinic subsequently for reassurance or further management.

**Conclusion:** This study has shown that the majority of the referred patients (91%) received single or combination of investigations requested during their first appointment in order to exclude any malignancy or other pathology. These results should encourage and promote further thought and studies on "straight to test" culture as this could be cost and time effective. The referral pathway should be made more compliant with guidelines.

**Take-home message:**
These results should encourage and promote further thought and studies on "straight to test" culture as this could be cost and time effective. The referral pathway should be made more compliant with guidelines.
O87  PAEDIATRIC POST-THROMBOTIC SYNDROME
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Introduction: The incidence of paediatric deep vein thrombosis (DVT) is rising. Post-thrombotic syndrome (PTS) is a common long-term complication of paediatric DVT. This study aims to summarise existing research related to paediatric PTS.

Method: A Medline search was performed to identify articles for review. Search terms employed were “post thrombotic syndrome”, “post phlebitic syndrome”, “paediatrics” and “children”. The references of articles reviewed were also assessed to expand the search.

Result: In total, 56 references were included for analysis. DVT occurs in up to 1:200 paediatric admissions, usually in children with predisposing conditions such as malignancy and sepsis. PTS develops in 26% of DVT patients through a combination of venous reflux and venous obstruction. Paediatric PTS morbidity is significant with limited treatment options comprising predominantly supportive measures, thus prevention is paramount. PTS preventative strategies include thromboprophylaxis to avert DVT, but no general guidelines exist for primary thromboprophylaxis in children. Prompt treatment is necessary to minimise the risk of PTS following a diagnosis of DVT. Various questionnaires have been designed to aid PTS diagnosis in children, the modified Villalta scale and Manco-Johnson instrument being the most widely used and the best validated.

Conclusion: PTS is a significant problem in the paediatric population, but current evidence on its appropriate management is limited. An increased awareness, together with paediatric-specific research into PTS is required to allow for development of evidence-based guidelines for the management of this condition.

Take-home message: Despite the increasing incidence of paediatric VTE, there is little evidence-based guidance regarding its prevention, or the prevention and treatment of PTS. An increased awareness, together with paediatric-specific research into PTS is required to allow for development of evidence-based guidelines for the management of this condition.

O88  THE RELATIONSHIP BETWEEN ENTEROBIA VERMICULARIS AND ACUTE APPENDICITIS IN A PAEDIATRIC POPULATION – AN ANNUAL INCIDENCE AND PREDICTIVE FACTORS
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Introduction: Enterobius Vermicularis (EV) is occasionally seen in appendectomy specimen, most commonly in paediatric cases. Its role in the aetiology of appendicitis is controversial. Predicting the presence of EV in clinically suspected acute appendicitis may improve patient outcome. We sought to calculate the incidence of EV in a population of paediatric patients over a 12 month period and identify any clinical or biochemical features that may predict a diagnosis of EV.

Method: This study was performed in a University Teaching Hospital, in the Republic of Ireland. We identified all paediatric appendectomies performed from January to December 2012 using prospectively maintained operating theatre logbooks. In-hospital Histopathology database and medical notes were reviewed for each patient and relevant data recorded. Statistical analysis was performed using IBM SPSS, version 21.

Result: In total 182 paediatric appendectomies were performed during the year 2012 for clinically suspected acute appendicitis [mean age 11.1 years (3-16); gender 1M: 1F; 59% completed laparoscopically, 39% open and 2% converted]. The negative appendectomy rate was 22% (n=40). The annual incidence of EV was 7% (1 in 14). In specimen containing EV, 69% had no evidence of appendicitis (p=0.001). Factors predictive of EV at presentation included eosinophilia (p=0.016), normal neutrophil count (p=0.014) and normal white cell count (p=0.034). Normal neutrophil count and eosinophil remained predictive on multivariate analysis.

Conclusion: EV is responsible for 7% of paediatric cases of acute appendicitis and is associated with a high negative appendectomy rate. Prediction of EV may avoid a negative appendectomy and associated morbidity.

Take-home message: Enterobius Vermicularis is associated with a high negative appendectomy rate. Pre-operatively predicting EV (RIF pain, eosinophilia, normal WCC) may avoid a negative appendectomy and associated morbidity.

O89  UNPLANNED MEDICAL VISIT AND READMISSION WITHIN 30 DAYS FOLLOWING DAY CASE SURGERY
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**Introduction**: Day case surgery is aimed at minimizing the cost of hospitalization and also for positive psychological impact. However, a number of patients still experience adverse events after returning home which lead to seeking unplanned medical consultation. The aim of this study was to identify the incidence and preventability of these visits and readmission rate after discharge from hospital following day case procedures.

**Method**: This was a prospective longitudinal study conducted in the form of telephone survey. Patients undergoing elective day case surgery at St Bartholomew’s Hospital and The Royal London Hospital were invited to participate and followed up with telephone interviews on 3rd, 7th, 15th and 30th postoperative days. The relevance and preventability of the adverse events were classified for each individual case using adverse events scoring and its preventability level.

**Result**: Eighty eight patients completed the study period; 28 males (32%) and 60 females (68%). Unplanned readmission rate was 1% (1/88). Twenty seven patients (31%) had 46 unplanned medical visits after discharge; 36 (78%) to the GPs and 10 (22%) to the A&E department. There were 27 patients (31%) experienced adverse events after discharge from the hospital; 14/27 (52%) suffered postoperative pain, 6/27 (22%) had adverse drug reaction and 7 patients (26%) had SSI. Twenty visits (43%) out of 46 were preventable.

**Conclusion**: Post-operative pain was the most common occurring adverse events, accounting for approximately half of all patients returned to medical advice within 30 days after discharge, incurring significantly extra cost, and this can be potentially prevented.

**Take-home message**: Reviewing patient post day case procedure and advice about expected postoperative events may reduce unplanned postoperative medical visit.

O90 A COMPARATIVE STUDY OF THE EFFECT OF GRADUATED COMPRESSION STOCKINGS AND NEUROMUSCULAR STIMULATION DEVICES IN THE MANAGEMENT OF OCCUPATIONAL LEG OEDEMA
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**Introduction**: Occupational oedema is reported to occur in healthy individuals after working in a sedentary position. It can be symptomatic and unpleasant. Three interventions were be explored in their management of occupational oedema. The primary end-point was reduction of leg swelling compared to control, whilst the correlation between leg swelling and great saphenous vein (GSV) diameter were also evaluated.

**Method**: 10 subjects (10 legs) were recruited from a clinical workspace. They had their right leg volume and GSV diameter at the knee measured in the morning, six hours later scans were repeated. On subsequent separate days, Grade 2 graduated compression stockings (GCS; medi, UK), peroneal nerve neuromuscular stimulation (NMES) device gekoTM (Firstkind, UK), and footplate NMES device RevitiveTM (Actegy, UK) were used bilaterally according to manufacturer’s instructions.

**Result**: Leg volumes increased by median 41ml (IQR 7.7-74.0, p<0.05) with no intervention. Percentage increase in leg volume was found to be significantly reduced by GCS compared to control (-0.52ml, p<0.01). NMES devices were not as effective as GCS, and volume reductions did not reach significance. Percentage changes in GSV diameter poorly correlate with percentage changes in leg volume (Spearman r=0.096, p=0.56).

**Conclusion**: Occupational oedema can occur in as little as 6 hours in an office environment. In this pilot study, all devices were well tolerated and reduced leg swelling. GCS were the only device to statistically reduce leg swelling in this small trial. Further studies evaluating NMES devices and protocols are required.

**Take-home message**: Compression stockings are effective at reducing leg oedema. Optimised protocols for NMES have not been established.

O91 IS THERE A RELATIONSHIP BETWEEN FOOD, NUTRIENTS, OBESITY, AND ABDOMINAL AORTIC ANEURYSMS? A SYSTEMATIC REVIEW
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**Introduction:** The identification of novel risk factors, specifically dietary factors, for abdominal aortic aneurysms (AAAs) has increasingly become of interest. We conducted a systematic review on relationships between food, nutrient intake and biomarkers, obesity and the development of AAAs.

**Method:** Seventeen electronic databases and conference proceedings were searched for relevant studies published from 1980 to January 2014. Data were extracted by two independent reviewers.

**Result:** Thirty-one studies (1 RCT, 6 cohort, 12 cross-sectional and 12 case-control studies) involving 27,875 AAA and 3.31 million non-AAA participants were included. Eating two or more fruits a day significantly reduced risk of developing an AAA and subsequent rupture by 30% (2 studies, n=3.11 million). Dietary intakes of vitamin C, E, carotenoids, vegetables, alcohol and fat were similar between AAA patients and controls (2 studies, n=133,946). AAA patients had significantly lower high-density-lipoprotein (HDL) and similar levels of low density lipoprotein (LDL) compared to controls (4 studies, n=3,427). Neither HDL nor LDL were associated with AAA growth rate (2 studies, n=368). Serum selenium concentrations were significantly lower in AAA patients (2 studies, n=116). Being overweight (BMI>25) significantly increased the risk of developing an AAA (8 studies, n=3.12 million) but not the growth rate. Larger waist circumference significantly increased the risk of developing an AAA by 30%.

**Conclusion:** There was insufficient evidence for most nutrients including B vitamins. A primary large scale cohort study using nutrient biomarkers and a validated dietary assessment tool is needed for further stratification of dietary risk factors in the development of AAAs.

**Take-home message:**
A primary large scale cohort study using nutrient biomarkers and a validated dietary assessment tool is needed to define additional risk factors in the development of AAAs as well as contribute to current knowledge on the pathogenesis of AAAs.

**O92 TEMPORAL TRENDS IN SAFETY OF CAROTID ENDARTERECTOMY IN ASYMPTOMATIC PATIENTS**

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**Introduction:** Improved medical management of asymptomatic carotid atherosclerosis has resulted in reduced ipsilateral ischaemic stroke rates, such that current UK guidelines do not advocate routine carotid endarterectomy (CEA) in all asymptomatic patients. However little is known about temporal improvements in operative safety. This meta-analysis aimed to determine the change in safety of asymptomatic CEA over time.

**Method:** MEDLINE and EMBASE were searched using terms “carotid” AND “endarterectomy” AND “asymptomatic” from 1 January 1947 to 12 May 2013. Articles pertaining to CEA for 50-99% asymptomatic stenosis were included, with low-volume (<100 cases) studies excluded. The primary endpoint was 30-day post-operative stroke or death. The secondary endpoint was 30-day all-cause mortality. Statistical analyses were performed using random-effects meta-regression for registry data and graphical interpretation of scatterplots for trials.

**Result:** Six trials (n=4,302) and 30 registries (n=52,475) reported data between 1983 and 2013. Between 1991-2010, registry data depicted a 7% year-on-year decrease in perioperative stroke or death incidence (annual OR 0.93, 95% CrI 0.90-0.97, p<0.001) and an 8% yearly reduction in perioperative mortality (annual OR 0.92, 95% CrI 0.88-0.97, p=0.004). Both registries and trials reported a perioperative incidence of ~0.4% for mortality in 2007 and a perioperative stroke or death incidence of ~1.5% in 2008.

**Conclusion:** Real-world outcomes for asymptomatic CEA have improved and large-volume registry data now closely mirror the results of trials. In light of this evidence, the role of CEA in asymptomatic individuals requires reevaluation. Abbreviations: OR; Odds ratio.

**Take-home message:**
Real-world practice of asymptomatic carotid endarterectomy is safer than ever before and results of large-volume registries now rival those of recent trials. Whether long-term efficacy for endarterectomy over medical therapy still exists for a specific subpopulation of asymptomatic individuals requires reexamination based on this evidence.

**O93 FACTORS PRECITING POOR OUTCOME IN PATIENTS UNDERGOING AN EMERGENCY LAPAROTOMY**

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Introduction: The emergency laparotomy (EL) is a common procedure but is associated with significant morbidity and mortality and allied to this long hospital stays. This has significant patient specific and service ramifications given the increasing age of the population. This study identifies factors that predict poor outcome.

Method: Data on consecutive patients undergoing an EL over a one year period was collected. The dataset included baseline demographics, indications for EL, EL specific factors and immediate preoperative laboratory results. We assessed the impact of such markers on mortality and length of stay (LOS) using multivariate cox regression techniques.

Result: A total of 361 patients underwent an EL (median age 64 years, IQR 48-75). Mortality in-hospital was 9.1%, 30-day 7.2% and 12-month 20.2% with a median LOS of 16 days (IQR 9-29). Multivariate Cox regression analysis showed age, creatinine, daytime operation and post-op ICU admission were independent predictors of mid-term mortality. A logistic regression model using these factors had an area under the curve (AUC) of 0.79 (95% CI 0.73-0.86). Factors predictive of a prolonged LOS (defined as >16 days) were age, high platelet count, low albumin, a long operation and post-op ICU admission. Logistic regression with these factors had an AUC of 0.79 (95% CI 0.74-0.84).

Conclusion: Age and ICU admission predict poor outcome in patients undergoing an EL. Further work is required to validate such models and look in depth at the age specific factors that predict poor outcome.

Take-home message:
Age and ICU admission predict poor outcome in patients undergoing an EL. Further work is required to validate such models and look in depth at the age specific factors that predict poor outcome.

O94 CARDIAC TRO Ponin IN PAEDIATRIC CARDIOTHORACIC TRAUMA: A SYSTEMATIC REVIEW
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Introduction: Cardiac troponin is instrumental in diagnosing myocardial injury in myocardial ischaemia, and recently also cardiac trauma. However, its role in paediatric chest trauma has not been well established. The aim of this systematic review is to investigate the role of cardiac troponin assays in the detection of myocardial injury in paediatric patients following blunt or penetrating chest trauma.

Method: PRISMA guidelines were followed. Ovid/Medline databases were searched for literature relating to troponin levels in paediatric patients with non-surgical mechanical chest trauma (blunt, penetrating, and any others) between 1990 and 2014. Patients had to be younger than 18 years with troponin levels specified. Articles that did not indicate the use of an imaging study or surgery which confirmed the injury, and only had post-operative troponin measurements, were excluded. The presence of cardiopulmonary injury, type of injury and surgical or imaging findings were identified.

Result: 27 studies fulfilled the inclusion/exclusion criteria and provided data on 85 patients. Troponin levels ranged from 0.04 to 176 mcg/L in 53 patients with thoracic injury and 0.08 to 1.80 mcg/L in 32 patients without thoracic injury. The mean levels of troponin were significantly greater in those with confirmed cardio-pulmonary injury (p<0.0001). Injuries ranged from mild changes in echocardiogram/electrocardiogram findings to severe pulmonary and cardiac disruption.

Conclusion: Troponin is a very sensitive marker in the assessment over a broad spectrum of paediatric cardiothoracic trauma, including non-accidental injury.

Take-home message:
In cases of paediatric chest trauma, a raised cardiac troponin assay is a reliable indicator of the presence of myocardial or thoracic injury.

O95 WITHDRAWN

O96 TREATMENT OF CRANIOFACIAL HYPERHIDROSIS: A SYSTEMATIC REVIEW
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**Introduction:** Primary Craniofacial Hyperhidrosis (CH) can have a profoundly negative impact upon quality of life. No comprehensive review of its management exists. This review presents best clinical evidence to help guide CH management.

**Method:** A systematic review was performed using PRISMA guidelines. MEDLINE and EMBASE were searched from 1966-2014 for articles using MeSH terms “Hyperhidrosis”, “Head”, “Neck”, and synonymous text words. Inclusion criteria were experimental and observational studies addressing CH treatment. Two reviewers independently assessed study quality and analysed data.

**Result:** Of 832 references yielded, 28 met inclusion criteria and were analysed. 24 studies evaluated T2 sympathetic ablation (level III evidence). Outcome measures were subjective and follow-up was relatively short (18/24 <2yrs). Reported efficacy was high (70-100%), recurrence rates were generally low (0-7.8%), and complications largely transient (e.g. pneumothorax 0-5%). However, 10-89% experienced troubling compensatory sweating. One randomised controlled trial and one observational study evaluated Botox (level Ib & III). Both employed standardised objective outcome measures and demonstrated similar findings. Efficacy was 100%, lasted a median of 5-6 months, and frontalis muscle inhibition was the main side effect (50-100%). Two studies evaluated Anticholinergic therapy: Topical glycopyrrolate demonstrated high efficacy (96%) with minimal side effects (level Ib), whereas systemic oxybutynin demonstrated relatively low efficacy (60%) with significant side effects (76.6%)(level III).

**Conclusion:** There are few quality studies evaluating CH treatment. Based on available evidence, we recommend topical glycopyrrolate and intradermal Botox as first line therapies due to their efficacy and safety. T2 sympathectomy should be considered for patients refractory to first line therapy.

**Take-home message:**
Topical glycopyrrolate and intradermal Botox injections are good first line treatment options for primary craniofacial hyperhidrosis. T2 sympathectomy is effective, though should be reserved for those refractory to first line treatment due to potentially troubling side effects.

**O97 SERUM TRIGLYCERIDE LEVELS, SAFETY AND TOLERABILITY OF MAXIMUM DOSE RATE INFUSION OF OMEGA-3 RICH LIPID EMULSION IN PATIENTS WITH ADVANCED OESOPHAGOGASTRIC CANCER**

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**Introduction:** Omega-3 infusion has been employed with promising early results among patients with pancreatic cancer receiving palliative gemcitabine at this institution. The current study hypothesized that other advanced foregut cancers of the oesophagus and stomach would behave in a similar fashion. The aim of this preliminary report was to report on the toxicity profile (specifically hypertriglyceridemia and fatty acid related toxicities).

**Method:** Participants enrolled in a phase II single arm clinical trial received conventional palliative chemotherapy with intravenous Epirubicin (50mg/m2) and Oxaliplatin (130mg/m2) every 21 days, oral capecitabine (1250mg/m2) daily for 21 days coupled with intravenous supplementation with Omega-3 fatty acids (2ml/Kg given over 4 hours) (Omegaven® Fresenius-Kabi). The Omega-3 fatty acid infusion was administered immediately after the chemotherapy treatment on day 1 of each cycle, then on days 8 and 15. Dose interruption was permitted to manage any toxicity. Baseline and 7 day post infusion triglyceride levels were recorded and correlated with toxicities according to NCI CTCAE v4.03.

**Result:** Twenty one participants were recruited into the study; 20 patients received at least one treatment, one patient withdraw before treatment. Mean baseline and 7 day post treatment triglyceride levels were 1.7mmol/l (95% CI 1.6- 1.79) and 1.66 mmol/l (95% CI 1.56-1.75) respectively. The highest recorded triglyceride level was 6.84mmol/l. No patient experienced venous thromboembolism, fat overload syndrome or grade3/4 hypertriglyceridemia.

**Conclusion:** Maximum dose omega-3 fatty acid lipid infusion was well tolerated and can be safely infused through a peripheral line over 4 hours in patients with advanced oesophagogastric cancer.

**Take-home message:**
Omega-3 fatty acids infusion is safely administered though peripheral line and will tolerated with no grade 3/4 hypertriglyceridemia.

**O98 MIND THE GAP: SURGICAL OPTIONS WHEN PRIMARY CLOSURE IS NOT POSSIBLE FOLLOWING DAMAGE CONTROL LAPAROTOMY. A SYSTEMATIC REVIEW**

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Introduction: Trauma damage control laparotomy (DCL) entails immediate control of haemorrhage and contamination, laparostomy and physiological stabilisation, then completion of surgery and early primary closure (EPC). Failing EPC, temporary abdominal closure (TAC) techniques maintain abdominal integrity until early definitive closure (EDC). The objective was to identify and compare methods for EDC in these patients.

Method: NICE, Cochrane, OVID (Medline, AMED, Embase, HMIC) and PubMed were accessed using (traum*, damage control, abbreviated laparotomy, component separation, fascial traction, mesh closure, planned ventral hernia (PVH), and topical negative pressure (TNP)). Randomised Controlled Trials, Case Series and Cohort Studies reporting TAC and EDC methods in DCL trauma patients were included. Outcomes were mortality, days to fascial closure, hospital length of stay (LOS), abdominal complications and delayed ventral herniation.

Result: 26 studies identified EPC (DPC, acute component separation (ACS) and acute mesh repair (AMR)) and TAC methods (Whitman patch (WP), topical negative pressure (TNP), temporary mesh (TM), fascial tension, Bogota bag and skin tension). Estimates for mortality and abdominal complications in AMR and DPC groups were 0.45% and 40.85%, and 6.07%, and 16.74% respectively; AMR ventral hernia / laxity was 51.1% at one year. Days to closure were 6.30, 21.10 and 15.90 in DPC, ACS and AMR groups, whilst hospital LOS in ACS and DPC groups was 17.5 versus 23.3 days.

Conclusion: ACS or AMR are alternative EDC methods to DPC following trauma DCL. Comparing outcomes is hampered by poverty of uniform reporting and bias. Recommendations for standardised reporting nomenclature and methodology are made.

Take-home message:
Component Separation and Mesh Repair techniques have been deployed in the trauma setting and may be utilised where standard delayed primary closure is likely to fail.

O99 PARTICIPATION IN A STUDENT-ORGANISED CONFERENCE IMPROVES CLINICAL KNOWLEDGE AND PERCEIVED CONFIDENCE IN MANAGING ACUTELY UNWELL TRAUMA PATIENTS
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Introduction: Despite considerable educational benefit, professionally-organised conferences may be financially prohibitive for many medical students and trainees. We aim to demonstrate that student-organised conferences can confer sustained improvements in delegates’ clinical knowledge and perceived confidence in managing acutely unwell patients.

Method: Participants attended a two-day conference based on the Advanced Trauma and Life Support (ATLS) course and taught by ATLS-certified faculty. They completed an evaluation questionnaire, a pre-conference quiz and 2 post-conference quizzes (at 2 and 16 weeks) containing 20 multiple-choice questions on trauma medicine and surgery.

Result: 130 delegates completed the pre- and 2-week post-conference quiz. Participants ranged from first year medical students to qualified doctors from institutions in Belgium, Croatia, Italy, Netherlands, Portugal, Romania and the UK. Students’ mean results improved from 58.0% to 64.2% within 2 weeks of the conference [paired t-test: p<0.0001]. At 16 weeks post-conference, delegates’ mean result of 67.95% suggests that they maintained their improvement in knowledge [n=22, unpaired t-test: p<0.17]. On a Likert scale of 1-5, median confidence in managing acutely unwell patients increased from 2 (somewhat unconfident) to 4 (somewhat confident) [paired t-test: p<0.0001]; this perceived increase in confidence was also maintained 16 weeks post-conference [unpaired t-test: P<0.28]. 166 delegates completed the evaluation questionnaire. 95% rated their overall experience of the conference as good or very good; 99% stated they would recommend it to their peers.

Conclusion: Given the financial prohibitions of professionally-organised conferences, student-organised events may provide an enjoyable, economical and educationally acceptable alternative for students and trainees alike.

Take-home message:
Despite considerable educational benefit, professionally-organised conferences may be financially prohibitive for many medical students and trainees. We have shown that student-organised events may provide an enjoyable, economical and educationally acceptable alternative.