

103. THE MANAGEMENT OF T1 RECTAL CANCER IN THE NORTH EAST OF ENGLAND

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Introduction: Traditional treatment of rectal cancer is major surgical resection. The management of early stages has evolved with increasing emphasis on organ preservation, with a number of endoscopic and local excision options. We explored the management and outcomes of T1 rectal cancer in the North East of England.

Methods: A retrospective, multi-centre, observational cohort-study of all patients with a pT1 rectal cancer across the North East between 1/1/2010 and 31/12/2017 was conducted. Our primary outcome was local recurrence.

Results: 402 cases of T1 rectal cancer across 13 sites were identified. Median age was 68.4, and 35% were female. Characteristics of the index procedure are shown in the table below:

Data for Abstract 103

Index Procedure	Number Performed (%)	R0 Resection Rate	Overall Complication Rate	Second Procedure Performed	Local Recurrence	Metastases	Overall 10-year Survival
Major Resection	178 (43.8%)	100%	33.7%	40	2.3%	5.1%	86.9%
Endoscopic	140 (34.5%)	68.2%	6.4%	2	1.4%	1.4%	87.7%
TEMS/TAMIS	69 (17%)	87.3%	21.7%	11	8.7%	8.7%	78.3%
Transanal	6 (1.5%)	*	16.7%	3	16.7%	0%	83.3%
Total/Overall	402	88.4%	21.6%	57 (14.1%)	3.2%	4.2%	85.6%
p-Value	-	p<0.001	p<0.001	-	p=0.511	p=0.769	p=0.163

* missing data

Over the study duration was an increase in the TEMS/TAMIS procedure and a decrease in the endoscopic procedures. 22 of the 57 patients who had a second procedure had no residual disease.

Conclusion: Over time there was a trend to perform more local excision procedures. There were no statistically significant differences in local recurrence, metastases or overall survival in relation to the procedure performed.

107. ARTISS (FIBRIN SEALANT SPRAY): DAY-CASE DRAIN-LESS MASTECTOMY

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Background: The use of drains in breast surgery is decreasing, and various methods of reducing the dead space after mastectomy in breast cancer have been described such as the quilting of skin flaps and the use of adhesive tissue glues. The British Association of Day Surgery (BADS) outlines a 30% day-case target for simple mastectomy procedures. We conducted a feasibility study using a fibrin sealant spray (ARTISS) instead of drains in mastectomy without reconstruction and prospectively audited the concomitant length of stay (LOS) & post-operative complications.

Method: A consecutive series of 39 patients, irrespective of age, BMI, social demographics & co-morbidities were included in the study. All surgical & theatre staff received appropriate training and a standardised technique was employed with 4mls spray volume & 3 minutes flap pressure time using a shot clock.

Results: The mean age was 69 years; average BMI was 26kg/m² and the average mastectomy weight was 623g. A day-case rate of 46% (18/39) was achieved, of which 6 patients developed seromas requiring aspiration and one re-admitted 7 days later with a haematoma requiring evacuation. Of the 21 delayed discharges, 16 were due to patient choice, 4 due to post-operative nausea/vomiting & one blue dye reaction.

Conclusion: This study demonstrates that drain-free mastectomy is

possible using ARTISS. The use of this product facilitates early discharge in all demographic groups and adherence to the national standard is achieved. There was no observed increase in post-operative complications following the introduction of this technique.

109. ABSOLUTE OR RATIO OF LYMPH NODE INVOLVEMENT IN OESOPHAGO-GASTRIC CANCER? IMPACT ON SURVIVAL- AN 8 YEAR PILOT STUDY

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Introduction: Nodal disease in Gastro-Oesophageal cancer is associated with poor survival. However, whether the absolute number of involved nodes or the ratio of positive nodes to total nodes are the most important determinant of survival is unclear. The aim of this study is to if there is a critical of lymph node involvement determining survival.

Methods: A single institution dataset of prospectively collated from Jan 2011-Dec 2018. All patients underwent a curative resection for oesophago-

gastric (adenocarcinoma) tumours. Data on patient and tumour characteristics as well as lymph node status were collated. Survival analysis using multivariable Cox Regression analysis was undertaken. At analysis a P <0.05 was deemed statistically significant.

Results: A total 279 patients underwent either oesophagectomy (n=163, 58.4%) or gastrectomy (n=116, 41.6%) for adenocarcinoma. The majority of the patients were male (77.1%, n=215/279) with median age of 69 years (IQR 6-075). The mean follow-up was 36 months. Across the population 41.9%, n=117/279 were deceased. At multivariable analysis, overall just four nodes positivity (irrespective of T stage) was associated with nearly a five-fold increased risk of mortality (HR 4.9, IQR 2.1-11.7, p<0.001).

Conclusion: The absolute number of nodes positive is more important than the proportion of nodes positive in predicting survival in gastro-oesophageal cancer. Having just four nodes positive in gastric cancer (five in oesophageal) was associated with a significantly increased risk of death. When predicting survival in Oesophago-gastric cancer patients with nodal disease, the absolute number of lymph nodes positive is the most important determinant of survival.

110. IMPROVING HANDOVER FOR PATIENTS TRANSFERRED BETWEEN HOSPITALS FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY

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Background: Patients are routinely transferred to the Royal Glamorgan Hospital (RGH) for percutaneous transhepatic cholangiography (PTC). The procedure has indication in the relief of obstruction, most commonly in cholangiocarcinoma, ampullary and pancreatic malignancies. The procedure is commonly palliative, although can be used in the treatment of benign strictures (1).

In a seven month time period there were ten patients transferred to RGH for a PTC procedure. The patients were accepted under the UGI team prior

to the procedure. Of those patients transferred, several issues were noted with the quality of handover, information shared between transferring and accepting teams, and information given to patients.

Methods: Notes from the ten patients transferred between 01-08-2018 and 01-03-2019 have been evaluated. Documentation including the decision to transfer, who has been informed, coagulation results and discussions with patients/families has been assessed. The accepting teams have discussed the complications for each patient. Data regarding length of stay and discharge outcome has also been evaluated.

A standard proforma has been developed for future patients transferred. **Results:** Patient transfer has not been a seamless process, flagged by the accepting UGI firm at RGH. Lack of communication has resulted in patient dissatisfaction, delays in procedure and complications and there are clear areas for improvement.

Conclusion: There are clear areas for improvement in the transfer of patients between hospitals for radiological procedures. The development of a standard proforma should improve communication between teams. It will provide clear information and allow the accepting team to offer excellent continuity of care.

111. STOP THE CLOT? TOWARDS 'QUALITY' VENOUS THROMBOEMBOLISM PROPHYLAXIS IN THORACIC SURGERY

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Background: Venous Thromboembolism (VTE) is uncommon after general thoracic surgery, but is associated with a persistently-elevated mortality risk. The National Institute for Health and Care Excellence (NICE) introduced recommendations for thoracic surgery in their 2018 guidance on VTE prophylaxis (NG89). These extrapolated from a single systematic review, with no thoracic-specific literature.

We sought to introduce validated, risk-stratified, evidence-based guidance to reduce VTE incidence.

Method: Thoracic surgical patients, and VTE events at our institution (2014 to 2018) were identified from hospital databases. Statistical analysis was performed in STATA v16. A national survey of VTE prophylaxis after thoracic surgery was performed. A review of thoracic-specific literature was conducted, and local guidelines derived through internal cross-specialty consultation.

Results: 18 of 1,203 (1.4%) patients suffered VTE. The Caprini score was positively correlated with VTE risk (OR 1.38, 95% CI 1.10 to 1.72, $p = 0.008$). VTE patients had lower one-year survival (57% vs 88%, $p < 0.001$).

There is significant geographical variation in VTE prophylaxis after thoracic surgery. Only one trust reported following NICE guidance. None practiced a risk-stratified approach, or extended prophylaxis beyond 7 days.

Local evidence-based guidelines for risk-stratified mechanical- and extended course chemical-VTE prophylaxis were developed, and successfully approved by NICE for deviation from NG89.

Conclusion: Our evidence-based approach improves the 'quality' - defined as the right care, to the right patient, at the right time - of VTE prophylaxis offered. There is scope for broadening the reach of this initiative beyond the local level.

115. COMPARING SIGNIFICANT PROSTATE CANCER DETECTION RATES AFTER THE INTRODUCTION OF PRE-BIOPSY MRI: TURNING PROMIS INTO ACTION

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Background: Basingstoke was a participating centre in the PROMIS trial between 2013 and 2015. Our perception following the introduction of pre-biopsy MRI was that there had been an increase in the proportion of significant cancers detected on biopsy. We therefore decided to undertake a

retrospective analysis of prostate histology before and after participation in the study.

Method: Using our hospital histopathology database, we identified 206 patients in both 2012 and 2016 who underwent prostate biopsy. We reviewed the type of biopsy performed (transrectal or transperineal), number of cores sampled, number of positive cores and cancer grade. The proportion of men who had a pre-biopsy multi-parametric MRI (MP-MRI) was also recorded.

Results: 37.4% of patients underwent a transperineal biopsy in 2012, increasing to 54.4% in 2016. The percentage of positive biopsy results increased from 69.9% to 83.0% ($X^2=9.83$, $p=0.002$). Strikingly, the number of grade group 1 cancers significantly decreased from 63.9% (2012) to 22.2% (2016), and the number of grade group ≥ 3 increased from 11.1% to 51.5%. In 2012, 33% of patients had a MP-MRI prior to biopsy compared with 90% in 2016.

Conclusion: Our study has confirmed that the introduction of a pre-biopsy MP-MRI can improve diagnostic accuracy and reduces the number of insignificant cancers detected. This overall upgrading of the biopsied population, and the resulting shift towards detecting an increased number of significant cancers, is likely to have a positive impact on treatment allocation and longer-term outcomes for our patients.

116. NEGATIVE PRESSURE WOUND THERAPY IN ELECTIVE STOMA REVERSAL SURGERY: RESULTS OF A UK DISTRICT GENERAL HOSPITAL PILOT

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Introduction: Negative pressure wound therapy use in elective and emergency colorectal surgery has demonstrated significant reduction in superficial and deep surgical site infection complication rates. Stoma reversal surgery constitutes clean contaminated surgery, and the role of negative pressure wound therapy remains unknown. This study evaluated the reduction in wound complications when using negative pressure wound therapy in elective stoma reversal surgery.

Methods: A retrospective, non-randomised, single-institution, pilot study over a two-year period in a rural UK district general hospital. All elective stoma reversal procedures over the pre-defined time period were included. Surgeon preference determined type of wound closure and application of the available single-brand negative wound pressure device at the time of wound closure.

Results: Patient demographics between the two groups were similar and representative of the UK population treated at most hospitals. Colorectal cancer was the commonest indication for stoma formation at initial operation. None of the twelve patients in the intervention group suffered wound complications, but five of the thirty-six patients in whom negative pressure wound therapy was not utilised suffered surgical site infection-related complications. Primary closure and use of negative pressure wound therapy decreased the burden on wound management, both in hospital and in the community.

Conclusions: Negative pressure wound therapy use in elective stoma reversal surgery can reduce the burden of surgical site infection in these clean contaminated wounds. This has cost-saving implications for institutions, and also reduces the burden of community wound care on both patients and health professionals. Further studies are needed.

117. LEGIBILITY OF THE OPERATIVE NOTES ACCORDING TO THE ROYAL COLLEGE OF SURGEONS GUIDELINES AFTER INTRODUCING ELECTRONIC FORMS AT UNIVERSITY HOSPITALS OF LEICESTER : A PROSPECTIVE QUALITY IMPROVEMENT STUDY

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Background: Proper documentation of the operative notes is one of the pillars of good surgical practice. It ensures safety and maintains communication between MDT members involved in post-op care. Complete and clear operation notes provide a medico legal record to use as evidence when required. Based on 2 previous audits done on hand-written