

Introduction: Biobrane is a burn wound dressing, engineered as a synthetic bilayer skin substitute. Once the dressing firmly adheres to the wound through blood/sera clotting in its nylon matrix, epithelialisation occurs. After debridement, Biobrane is frequently applied to superficial/partial thickness burns in children.

Aims: To study average length of hospitalisation of Biobrane-treated children in Nottingham; the rate of infections arising and length of time for complete wound healing. Earlier paediatric studies in the use of Biobrane were compared with this audit.

Method: Retrospective case-note and computer data (NoTis) audit, 2009 – 2010, of under-16s hospitalised with burns, where Biobrane was used as part of their management.

Results: 33 such patients presented with burns, varying from <5% - 20% total body surface area (TBSA) and had Biobrane applied within 48 hours of injury.

Median hospital stay was 3.5 days. Only 1 patient showed wound infection. Wound healing data was highly variable, mainly dependent on TBSA.

Discussion and Conclusion: We achieved lower infection rates than quoted in the literature, but generally our results were congruent with studies over the past 10 years, where Biobrane has been shown to reduce hospitalisation, infection rates and healing times compared with more traditional treatments.

0890 RISK STRATIFICATION FOR SUSPECTED COMMON BILE DUCT STONES PRIOR TO SELECTIVE MRCP

John Isherwood, Anandi Sivinanda, Quasim Sayed, Ali Arshad, Robert Williams. *Department of General Surgery, Leicester Royal Infirmary, UK*

Aim: MRCP is the investigation of choice for non-invasive evaluation of Common Bile Duct Stones (CBDS). This study evaluates investigations for risk stratification of suspected CBDS prior to selective MRCP.

Methods: All MRCPs for suspected CBDS prior to laparoscopic cholecystectomy were identified at two teaching hospitals from April 2005 – September 2009. Liver Function Tests (LFTs), Ultrasound (USS) findings, Magnetic resonance Cholangiopancreatography (MRCP) and timing of investigations analyzed.

Results: 385 patients were identified. All patients had both LFTs and USS prior to MRCP. Eighty eight (22.8%) studies showed CBDS. Sensitivity of abnormal LFTs and dilated ducts (DD) on USS for ductal stones on MRCP was 42%. Specificity of abnormal LFT's and DD on USS for ductal stones on MRCP was 99.75%. Normal LFTs and normal USS (1/88) 0.25% chance of CBDS. Normal LFTs and DD on USS (6/25) 24% chance of CBDS. Abnormal LFTs and normal USS (31/209) 14.8% chance of CBDS. Abnormal LFTs and DD on USS (50/120) 42% chance of CBDS.

Conclusion: MRCP is an expensive investigation and selective risk stratification of patients prior to MRCP may prevent unnecessary investigation.

0891 ACCURACY OF FINE NEEDLE ASPIRATION CYTOLOGY IN HEAD AND NECK LUMPS

R. Sagoo, Y. Bajaj, M. Syed, A. Harris, D. Martin-Hirsch. *Calderdale Royal Hospital, Halifax, UK*

Objectives: To assess the accuracy of fine needle aspiration cytology at a UK district general hospital

Methods: All head and neck cases operated by a dedicated head and neck consultant between January 2007 and January 2009 were reviewed by analysing the fine needle aspiration cytology (FNAC) and histology results before and after surgery. 103 cases were identified which included samples from 35 neck nodes, 29 thyroids, 26 parotids, 7 submandibular, 4 branchial cysts and 2 neck dissections.

Results: FNAC and histology results before and after surgery were compared and revealed an accuracy of 60% for thyroids, 68% for parotids and 46.7% for neck nodes. The overall accuracy was 59.9%. These results are well below the results quoted in the literature which have an accuracy of 79% for thyroids and 94% for parotids.

Conclusion: The accuracy of reporting these head and neck cytology results is not as high as figures reported in the literature. The authors of this audit propose that a dedicated head and neck cytopathologist is

required to analyse all FNAC results and a standardised technique for sample collection needs to be adopted.

0894 ARE THERE GENDER DIFFERENCES IN GENERAL SURGICAL OPERATIVE EXPERIENCE?

Tamzin Cuming¹, Sarah Farmer², Rachel Evans¹, Lourdes Sriraja³, Scarlett McNally⁴. ¹Medway Maritime Hospital, Gillingham, UK; ²Princess of Wales Hospital, Bridgend, UK; ³Royal College of Surgeons of England, London, UK; ⁴Eastbourne District General Hospital, Eastbourne, UK

Aim: To examine male and female general surgical trainees' operative experience by analysing surgical logbooks.

Method: The Intercollegiate Surgical Curriculum Project (ISCP) logbook data was examined retrospectively from August 2009 to February 2010. The proportion of operative procedures recorded as performed (P), supervised with trainer scrubbed (STS), supervised with trainer unscrubbed (STU), or assisted (A) was analysed according to trainee gender and seniority. Statistical analysis used the Pearson Chi-square test (SPSS 16).

Results: 718 general surgical trainees (486 male, 232 female) performed 79492 operations during the study period. Males listed more operations "P" compared to females (30.7% v 28.8%) who described proportionally more as "A", "STS" and "STU" (35.4% v 34%, 27.7% v 24.3% and 7.5% v 6.9% respectively). There was a significant association between operative experience and both gender (p<0.005) and seniority (p <0.005).

Conclusion: Gender differences in supervision levels may have a number of explanations including differences in description of each category of supervision for which there is paucity of guidance in the logbook. Operating supervised is the ideal standard of training. If male trainees are indeed more likely to be left to operate unsupervised, they may be suffering a discrepancy in quality of training by gender.

0895 EXAMINATION UNDER ANAESTHESIA OF POST-NASAL SPACE +/- ADENOIDECTOMY IN CHILDREN

Yogesh Bevoor Mahalingappa, Chu Phua, Yakubu Karagama. *Tameside hospital, Ashton under Lyne*

Introduction: Adenoid size in children has a significant relation to nasal obstruction. This audit aims to evaluate necessity of 'Examination under anaesthesia of Post-Nasal Space +/- adenoidectomy' as a procedure in children and to make a business case to use paediatric nasoendoscope as an alternate.

Method: Prospective audit of Paediatric patients listed in 2 years. Patients with history of blocked nose, mouth breathing, and snoring were included. Patients suspected of sleep apnoea and those listed for adenotonsillectomy were excluded.

Results: The study had 39 patients (17 males, 22 females). Only 54% (21/39) of the patients had adenoidectomy. The other 46% (18/39) of the patients showed no abnormalities and their adenoids were not enlarged. About half (18) of the patients in study were in 4 to 8 years group and two third (15) of the adenoidectomy were performed in this group.

Conclusion: Children were subjected to unnecessary surgical and anesthetic risks as only half of patients had adenoidectomy with adenoids as possible cause for nasal blockage. The procedure could be avoided if paediatric nasoendoscopes are available in the outpatient clinic to assess the post nasal space as it is safe for use in children and well tolerated.

0896 ENT OPERATIONS ARE OVER-REPRESENTED IN "LOW VALUE PROCEDURE" WAITING LISTS: AN AUDIT, WITH IMPLICATIONS FOR OUR CLINIC LETTERS

Duncan Brian, Ivor Kwame, Anthony Robinson. *West Middlesex University Hospital NHS Trust, London, UK*

Background: Several interventions not normally funded, or "low value procedures" (LVP) are specified by the North West London Commissioning