

Results: There was a total of 91 excised BCC and 48 excised SCC. In the BCC subgroup, incomplete excision rate was 19% with no recurrences. Additionally, the rate of incomplete excisions in the SCC subgroup was 20% with a 4.17% rate of recurrence. These were either dealt conservatively or re-excised.

Discussion: Our re-audit revealed that the department had kept closely to the BAD guidelines. As a result, there were low levels of morbidity and no mortalities.

0225 IMPROVING THE RECOGNITION OF ACUTE KIDNEY INJURY IN THE ACUTE SURGICAL SETTING USING AN ELECTRONIC WARNING SYSTEM

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Aim: The aim of this study was to determine if accurate recognition and referral of acute kidney injury (AKI) in acute surgical patients is being undertaken

Method: Casenotes of patients presenting with AKI to the Surgical Admissions Unit during a one month period were audited. As an intervention an electronic warning system of AKI (grade I-III) was added to the biochemistry result software used within our hospital. Re-audit was then undertaken.

Results: Our data shows a prevalence of AKI within acute surgical patients of 3.5% (13/369) and 4.5% (22/487) respectively. The formal documentation in casenotes of AKI improved from 23% (3/13) to 59% (13/22). In total, 42.9% (15/32) of patients presented with AKI on a background of chronic renal impairment. In both audits all patients with AKI grade II-III were reviewed by a renal physician within 24hrs.

Conclusion: AKI in surgical patients is a potentially reversible condition, associated with an increase in operative mortality and morbidity. It is the responsibility of the surgical trainee clerking the patient to recognise, treat, and refer AKI accordingly. This study highlights the benefit of an electronic warning system to bring AKI to the attention of the clerking surgical trainee.

0226 CRICOPHARYNGEAL DILATATION FOR THE LONG-TERM TREATMENT OF DYSPHAGIA IN OCULOPHARYNGEAL MUSCULAR DYSTROPHY

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Introduction: Oculopharyngeal muscular dystrophy (OPMD) is a rare autosomal dominant, progressive degenerative muscle disorder featuring dysphagia with limited long-term treatment options. This is the first study to describe use of repeated endoscopic dilatation for OPMD. Safety and efficacy are evaluated over a 15-year period.

Methods: All patients at our unit with genetically-confirmed OPMD were included (n=9). Cricopharyngeal dilatation was performed with a wire guided 18mm Savary-Gilliard bougie. Repeat dilatation was offered when symptoms recurred. Symptom severity prior to initial dilatation and at follow-up was evaluated using the Sydney Swallow Questionnaire (SSQ).

Results: Median treatment period was 13 years (range 3–15), median number of dilatations per patient was 7.2 (1–16) and median interval between treatments was 15 months (4.5–45). All patients recorded sustained symptom improvement. Mean SSQ score was 1108/1700 (SD ± 272.9) prior to first dilatation and 298/1700 (SD ± 189.1) at last follow-up, representing a 73% decrease (95% CI 52–94) in degree of dysphagia symptoms (Paired t-test, $p = 0.0001$). All mean scores for individual questions showed significant improvement ($p < 0.05$). No adverse events were reported with all patients maintaining oral feeding at last follow-up.

Conclusions: Repeated cricopharyngeal dilatation is a safe, effective, well-tolerated and long-lasting treatment for dysphagia in OPMD.

0230 SUPERFICIALISATION OF ARTERIOVENOUS FISTULAE FOR RENAL DIALYSIS ACCESS IN OBESE PATIENTS

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Introduction: Radiocephalic or brachiocephalic arteriovenous fistulae (AVF) are the preferred form of access for dialysis. In obese patients AVF may not be utilised because veins are too deep for needling. No literature exists as to the longevity of superficialised fistulae compared to contemporaneous fistulae in non-obese patients.

Methods: Retrospective analysis of superficialisations and type-AVF matched controls from a prospectively maintained database. Creation date, dialysis-start date, failure date, or date of death, age sex, type AVF and diabetes were recorded.

Results: 11 superficialisation procedures and 50 gender and type-AVF matched controls were from November 2003 till May 2009. There were no significant differences in age and presence of diabetes in both groups, although there were slightly less women and more diabetics in the controls. As would be expected, time to first needling was significantly longer in the superficialisation group ($P=0.005$), but eventual fistula survival was comparable (log rank test, $\chi^2=0.24$, $P=0.62$).

Conclusion: While superficialisation requires a longer time to first needling when compared to a simple fistula, when the procedure is successfully completed, it produces a useable fistula, which has comparable survival to a standard fistula in a non-obese patient. This has not previously been reported in the literature.

0231 ADMINISTRATION OF BONE MARROW STROMAL CELLS FACILITATE AXONAL REGENERATION IN THE HEMISECTED ADULT RAT SPINAL CORD

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Background: Spinal Cord Injury has a lack of effective surgical treatment. Bone Marrow Stromal Cells (BMSC) and artificial extracellular matrices have been shown to aid. We proposed the combined use of BMSCs with a Honeycomb Collagen (HC) matrix to aid axonal regeneration.

Method: In-vitro study of rat Dorsal Root Ganglia onto BMSC infused HC scaffolds compared against HC controls were evaluated after 10 days of growth. An in-vivo study of cord hemisection followed, with the injury site being surgically implanted with HC or BMSC+HC scaffolds. 4 weeks post injury the cords were evaluated for injury volume compared to total volume. Basso Beattie Bresnahan (BBB) score and sub score was used to analyse motor recovery.

Results: Explants showed a significant difference in neurite length, with BMSC+HC producing 3x growth (p value 0.0004). The hemisection model showed motor recovery was significantly higher in the BMSC+HC group in both the BBB score and subscore ($p = 0.03$ & $p = 0.005$ respectively) with a tendency of BMSC+HC to have a smaller injury volume.

Conclusion: We successfully showed that BMSCs have efficacy compared to controls in both in-vitro and in-vivo regeneration, with a higher functional recovery. Therefore both structural and cellular support is needed for an effective recovery.

0234 EMERGENCY HERNIA REPAIRS: CAN IT BE AVOIDED?

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Aims: We did this study to investigate whether patients undergoing emergency hernia repair could have avoided it, and to propose strategies for managing hernias in our Trust.

Methods: We studied all patients undergoing emergency hernia repair in our CEPOD theatre for a year. The data collected included patient demographics, type of hernia, duration, symptomatic or not, medical attention received and outcome.

Results: There were 57 emergency hernia repairs for analysis during the study period. 21 (37%) patients had inguinal hernias, 19 (33%) patients had umbilical hernias and 12 (21%) patients had femoral hernias. Of the 57 patients, 51% had no previous symptoms; 23% had symptoms but were not seen by a GP regarding them. Only 15% of patients had consulted a surgeon before. Approximately 50% of patients with inguinal hernias had no symptoms whereas 75% of femoral hernia patients were asymptomatic. Overall mortality was 5.2% and morbidity was 33%.