(p < 0.001). Significant reduction in lost payments for these patients £54,735 (£156,159) across respective periods. Inpatient mortality unchanged 11.5% (11.75%).

**Conclusion:** This audit shows that by targeting specific areas of practice, this can lead to significant financial gains for the treatment of this cohort of patients to help fund additional services. Achieving further improvement would necessitate further investment in services e.g. Orthogeriatric cover over Bank Holidays. To justify this, further evaluation would be needed into associated healthcare costs. Unfortunately targeting these areas alone did not show any reduction in 30 day mortality. Further evaluation is needed to assess associated morbidity and mortality in these patients to allow potential reduction.

**0992: WHAT HAS BEEN THE ROLE FOR MRI SCANNING OF THE KNEE IN PRIMARY CARE?**

B. Kapur*, W. Marlow, A. Carroll, R. Parkinson. Wirral University Teaching Hospital Trust, UK

**Aim:** To assess the compliance of the existing GP radiology protocol in patients over 40. Older patients present to the GP with symptoms of osteoarthritis, for which radiographs aid the diagnosis. There is concern over the number of Magnetic Resonance Imaging (MRI) scan requests from Primary Care in this patient group. The current GP radiology protocol for knee pain is antero-posterior WB, lateral and skyline radiographs. An MRI can be considered if the diagnosis is in doubt.

**Methods:** Between March–May 2012, 390 GP requested MRI scans were performed at Wirral University Teaching Hospital. The MRI results were reviewed and of those referred to orthopaedics, a review of the clinic letter took place to assess the outcome.

**Results:** 117/390 patients referred to our orthopaedic unit following their MRI scan.
89/117 patients were >40 years. 20/89 of these patients had protocol compliant radiographs.
89/89 (66%) MRI scans were normal or showed osteoarthritis. 117 clinic letters were reviewed by the 2 senior authors. In 51/117 cases an MRI scan was deemed appropriate.

**Conclusion:** Our study shows that MRI scans are used as a diagnostic tool. Over 50% of MRI scans are thought to be performed inappropriately (66/117). This has financial implications.

**Posters: Paediatric Surgery**

**0176: VENOUS THROMBOEMBOLISM PROPHYLAXIS IN CHILDREN: THE SLOW WHEELS OF CHANGE**

L. Merker*, T. Murphy, R. Roberts, M. Brimouille, R. Clark, M. Woodward. The Royal Bristol Children’s Hospital, UK

**Aim:** Venous thromboembolism (VTE) in children is a rare but potentially catastrophic occurrence. Prevalence is 5.3 per 10,000 hospital admissions and increasing with rising childhood obesity. We evaluated the number of children at risk of VTE admitted to a paediatric surgery centre and audited compliance with VTE prophylaxis guidelines.

**Methods:** A prospective audit was undertaken (January–March 2014) with data gathered from notes and patients, with a re-audit (November 2014). Audit standards were set using British Committee for Standards in Haematology and local guidelines. Inclusion criteria were minimum overnight surgical admission and weight over 40 kg.

**Results:** 36 patients were identified initially. 61% (n = 22) had two or more risk factors for VTE. 100% required formal VTE risk assessment. 44% (n = 16) had evidence of assessment and 42% (n = 15) were prescribed VTE prophylaxis. Following intervention only 33% were assessed for prophylaxis.

**Conclusion:** As paediatric VTE is uncommon, prophylaxis consideration is often neglected. Less than half of at risk patients had their need assessed. Although initial data was presented, change failed to occur possibly due to staff changeover and time required to update guidelines and theatre checklists. This highlights the need for thorough departmental induction and more efficient protocol changes to improve patient safety.

**0195: STREPTOCOCCUS MILLERI AND POST-APPENDICECTOMY ABSCESS**

J. Lee*, D. Banerjee, R. England. Norfolk and Norwich University Hospital, UK

**Aim:** The importance of Streptococcus milleri with regard to abscess formation after appendicectomy in children remains unclear.

**Methods:** A retrospective data collection was performed using the hospital ICE system. All patients who underwent appendicectomy for appendicitis between November 2009 and October 2014 were identified. Patients less than 1 year, incidental and interval appendicectomy were excluded. Patient age, histology, swab results, ultrasound scan reports, hospital length of stay (HLOS) and readmission details were collected. Data from cultured patients were classified into three groups: Streptococcus milleri positive (SM); other organisms; and negative culture. Statistical comparisons were performed using Chi-square test and Z-score.

**Results:** A total of 444 patients were identified, from which 157 had a pus culture sent. SM patients (23%) were more likely to develop an abscess compared to other organisms (16.8%) (rr = 1.36, p < 0.05) and to develop advanced appendicitis, 73% SM group compared to 55% in other organisms. (rr = 1.32, p < 0.01). There was a longer HLOS stay of 6.9 days in SM patients vs 5.4 days in other species (p < 0.05).

**Conclusion:** Streptococcus milleri was associated with an increased risk of advanced appendicitis, abscess formation and prolonged hospital stay, after appendicectomy compared to other organisms.

**0200: OUTCOMES OF LAPAROSCOPIC VERSUS OPEN PYELOPLASTY IN CHILDREN**

S. Collinson*, A. Goyal*, S. Hennayake*, S. Jabeen*, 1 The University of Manchester, UK; 2 The Royal Manchester Children’s Hospital, UK

**Aim:** Pelviureteric junction obstruction (PUJO) is the leading cause of antenatal hydronephrosis. Although its persistence into childhood may cause no problems, symptomatic disease presents as intermittent loin pain, vomiting and recurrent urinary tract infections. Primary prevention of disease encourages early intervention for PUJO to limit any decline in renal function. Over time, minimally invasive procedures have been encouraged and laparoscopic pyeloplasty has emerged in paediatric urology. Previously a thorough analysis of the success of laparoscopic pyeloplasty at Royal Manchester Children’s Hospital had not been completed. An audit was therefore conducted to assess the complication rate of laparoscopic pyeloplasty and whether any predisposing factors to complications could be identified.

**Methods:** All consecutive patients aged 5 and above who underwent laparoscopic or open pyeloplasty during the period January 2006 to July 2013 were included. Patient demographics and operative details were recorded and analysed.

**Results:** Laparoscopic patients encountered a higher rate of post operative anastomotic leakage and long term persistent obstruction. Both approaches offered similar success rates of 92%. Laparoscopic pyeloplasty offered no definitive advantage over the traditional open approach.

**Conclusion:** Advances in training schemes, scrutiny of operative approach and thorough analysis of preoperative surgical errors will undoubtedly improve paediatric pyeloplasty outcomes.

**0211: IS LAPAROSCOPIC CHOLECYSTECTOMY SAFE IN THE HANDS OF THE PAEDIATRIC SURGEON?**

J. Burke*, R. Farrelly*, R. Craigie*. 1 University of Manchester, UK; 2 Royal Manchester Childrens Hospital, UK

**Aim:** One of the current controversies surrounding non-specialist paediatric surgery is whether paediatric laparoscopic cholecystectomy should be performed by an adult or a paediatric surgeon. The safety of this procedure performed by paediatric surgeons could be brought into question as the published data is often extrapolated from adult series.
**Methods**: A retrospective review of paediatric laparoscopic cholecystectomy over the last four years was performed at The Royal Manchester Children’s Hospital (Manchester, United Kingdom) between 9th February, 2010, and 4th February, 2014.

**Results**: During the study period there were 69 cholecystectomies, 47 of which were laparoscopic. The mean age of the patients was 12.7 years (range, 4–16), mean weight of 60.5kg (range, 15.3–114.9), 66% (n = 31) were female and 34% (n = 16) were male and patients. There were no open conversions or mortality. Post operative complications were present in 6.4% (n = 3) of patients. 91.4% (n = 43) of patients received their operation within 1 day of admission.

**Conclusion**: Paediatric patients diagnosed with cholelithiasis and other gallbladder pathology have excellent outcomes following laparoscopic cholecystectomy at The Royal Manchester Children’s Hospital. The procedure is safe and effective when patients are placed in the hands of a paediatric surgeon.

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**0267: MESENTERICO-LEFT PORTAL BYPASS (REX-SHUNT) OF PORTAL VEIN CAVERNOMA: ASSESSMENT OF POST-OPERATIVE CHANGES IN BODY MASS**

N. Alizai1, B. Chambers1,2, A. Kishore2. 1 University of Leeds, UK; 2 Leeds Teaching Hospitals NHS Trust, UK

**Aim**: Portal vein cavernoma (PVC) is a sequela of congenital portal vein thrombosis, a rare condition predominantly of an unknown aetiology. PVC predisposes to portal hypertension and reduced portal circulation, leading to significant growth impairment in children. The Rex-shunt restores portal blood flow by relieving presure in the portal system. The aim of this study is to assess the significance of post-operative changes in body mass of patients over 12 months, following Rex-shunt surgery.

**Methods**: Four patients with PVC requiring Rex-shunt surgery were selected, and followed-up prospectively up to 12 months. The weight-for-age (z scores) were calculated pre-operatively and compared to the scores 2–3 months and 5–12 months post-operatively. A paired t-test was used to assess significance.

**Results**: Patients were aged 3.6 to 10.7 years (mean = 7.03). Compared to a mean pre-operative z score of 0.558, post-operatively there was an increase to 0.590 at 2–3 months (p = 0.740) and an increase to 0.815 at 5–12 months (p = 0.389). An overall decrease in z score across 12 months was observed in one patient.

**Conclusion**: Over 12 months, despite an increase in absolute weight, there was no statistically significant improvement in weight-for-age z scores in patients with PVC after Rex-shunt surgery.

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**0672: SYSTEMATIC REVIEW OF SPECIALIST CENTRES VERSUS NON-SPECIALIST CENTRES IN THE MANAGEMENT OF GENERAL PAEDIATRIC SURGICAL CASES**

D. Hanratty, T. Evans, J. Pollitt, M. Foster. Royal Glamorgan Hospital, UK

**Aim**: General Paediatric Surgery (GPS) has traditionally been provided by General Surgeons in District General Hospitals, however subspecialisation means few Consultant General Surgeons are trained in GPS. JCST guidance states all general surgeons should be trained in paediatric general surgery to ST4 level. The aim of this study is to determine whether or not outcomes from General Surgeons are equivalent to Specialist Paediatric Surgeons.

**Methods**: A systematic review was performed according to the PRISMA statement. The search was performed in February 2014 using PubMed and MEDLINE.

**Results**: Of a total of 1107 articles screened, 11 articles involving patients undergoing GPS operations by General Surgeons vs Specialist Paediatric Surgeons were included in this review. Eight studies compared appendicectomy outcomes. One study compared outcomes of inguinal herniotomy. There were no studies comparing outcomes of orchidopexy or umbilical hernia repairs.

**Conclusion**: This unique study proves that good outcomes can be obtained in GPS by General Surgeons. Despite a paucity of individual surgeons’ results in the literature, it appears we can meet JCST guidance by trainee in GPS away from tertiary referral paediatric centres with training provided by GPS consultants.

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**1003: SYMPTOMATIC GALLOSTONES IN CHILDHOOD: TRENDS IN ANTHROPOMORPHIC DATA**

S. Williams, S. Adams, A. Mahomed. Royal Alexandra Children’s Hospital, UK

**Aim**: Obesity and female sex are strongly associated with gallstone disease as reported in adult literature. With increasing incidence of symptomatic cholelithiasis in childhood we wish to examine anthropomorphic trends in well children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis. Our aim was to review age, sex and weight for age (centile) for a single surgeon cohort of children undergoing laparoscopic cholecystectomy for symptomatic cholelithiasis.

**Methods**: A prospectively collected dataset of children undergoing laparoscopic cholecystectomy over a 9 year period, 2003—2012 was evaluated. Z-scores were calculated from weight and age at surgery from 1990 UK
The American Pediatric Surgical Association (APSA) is a surgical specialty organization composed of individuals who have dedicated themselves to the care of the pediatric surgical patient. The British Association of Paediatric Surgeons (BAPS) was founded in 1953. Journal of Pediatric Surgery presents original contributions as well as a complete international abstracts section and other special departments to provide the most current source of information and references in pediatric surgery. Handbook of Pediatric Surgery Chandrasen K. Sinha â€¢ Mark Davenport (Eds.) The surgeons who practised it were a small, often self-selected group who typically dedicated their surgical lives to the care of infants and children. That generation would often have been available round the clock, for most days of the week, simply because there was no-one else to do the job. When they did get out, to discuss cases and compare notes, it was often across borders to meet like-minded people from overseas or out-of-town. Pediatric Surgery PNG Images. 267 results. oral and maxillofacial surgery ethicon endo surgery cancer surgery reconstructive surgery plastic surgery laser surgery foot and ankle surgery. 2 301 0. 2 155 2. Journals. Journal of Pediatric Surgery. ISSN: 0022-3468. Journal of Pediatric Surgery. Official Journal of the Section on Surgery of the American Academy of Pediatrics, the British Association of Paediatric Surgeons, the American Pediatric Surgical Association, the Canadian Association of Paediatric Surgeons, and the Pacific Association of Pediatric Surgeons. Publishing options: OA Open Access.