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Abstracts

Junior Doctors' Prize Evening 15th December 2011

ORAL PRESENTATIONS

CIRCUMFERENTIAL RESECTION MARGINS IN OESOPHAGEAL CARCINOMA: A NEW APPROACH

Ahmad J, Ranaghan L, Loughrey MB, Rajeev R, Kennedy JA.

Circumferential resection margin (CRM) status is considered to be a significant factor in determining the prognosis and disease free survival of patients with oesophageal carcinoma. The two most commonly used classification systems to define CRM status are described by the Royal College of Pathologists (RCPath) and the College of American Pathologists (CAP). According to RCPath criteria, CRM is involved (R1) if tumour is present within 1 mm of the resection margin. On the other hand, CAP designates R1 status only if tumour is present at the CRM of the resection specimen. Consensus is clearly required in the classification of CRM status to avoid confusion in comparisons between cohorts classified using these different systems. This study compared the CRM status, assessed by both classifications, and the overall survival of patients with oesophageal carcinoma treated by surgical resection, within a population-based cancer registry in Northern Ireland.

All patients who had undergone oesophagectomy and were diagnosed to have a pathological stage T3 tumour between January 2000 and December 2007 were identified from the Northern Ireland Cancer Registry. The pathology reports were examined for RCPath and CAP CRM status by two independent assessors. In cases where clear-cut information about CRM status was not reported, specifically the actual distance in mm to CRM, the archived histopathology slides were reviewed to ascertain classification. 129 patients with T3 oesophageal cancer (all types) were identified. All patients were available at follow up. Male to female ratio was 2:1 (87 males, 42 females) with median age 66 years. 49 patients (37%) received neo-adjuvant chemotherapy and 10 (8%) received both pre and post-operative chemotherapy. According to the RCPath CRM classification, 34 resections were R0 and 95 were R1 within this cohort of patients. Median survivals were 67 and 18 months respectively. When the CAP criterion was applied, 89 patients were R0 and 40 R1. Using the CAP classification, median survival was 65 months for R0 and 12 months for the R1 group. The survival difference between R0 and R1 remained statistically significant, regardless if patients were classified by RCPath or CAP criteria. Patients were then divided into three groups: CRM clear by > 1mm in group 1, 0-1 mm in group 2 and tumour present at the resection margin (0mm) in group 3. Categorisation into these three groups revealed median survivals of 89, 26 and 12 months respectively. Kaplan-Meier analysis showed statistically significant differences in survival for the three groups. CRM status is again shown to be of major prognostic value for stage pT3 oesophageal carcinoma treated by surgery. The difference in survival between R0 and R1 cancers remained consistent irrespective of the classification system used. However, a clear difference in survival curves was evident when CRM status was stratified using a three-tier combination of CAP and RCPath criteria; 0mm, 0-1mm and >1mm. If confirmed prospectively, such an expanded pathology reporting system may be helpul in estimating prognosis more accurately in oesophageal cancer resection specimens and possibly identifying patients who may benefit from adjuvant treatment.

COLORECTAL SCREENING IN THE NORTHERN TRUST – THE FIRST YEAR'S EXPERIENCE

Davey PT, Neely D, Campbell B, McCrory D, Rodgers C, Lynch P, Jacobs A.

Colorectal cancer is the second most common cause of cancer death in NI. Colorectal cancer screening was introduced in England in 2000, with Scotland and Wales following in 2007. The Northern Trust (NI) introduced colorectal screening in May 2010. A retrospective review of the patients participating in the first year of screening was performed. The colonoscopy reports including completion rate and complications, subsequent histopathology biopsies and surgical resection specimens were analysed. These were compared national standards. 182 patients were pre-assessed whose stools tested positive on Faecal Occult Blood (FOB). Of these 177 proceeded to colonoscopy. Caecal intubation rate was 94.4%. 100 patients had one or more polyps. 217 polyps were excised in total. 14 malignancies were detected as well as 6 polyp cancers. Polypectomy site bleeding was recorded in 6 cases. No perforations were recorded. Compared with national standards, more cancers (20 vs 11.3) were detected than would have been expected and these tended to be earlier in TNM stage. Therefore one would presume to increase the prognosis and survival of patients with cancers detected through the screening programme. Further work is planned to ascertain epidemiological significance.

STUDENTS PRESCRIBING EMERGENCY DRUG INFUSIONS UTILISING SMARTPHONES OUTPERFORM CONSULTANTS USING BNFCS

Flannigan C, McAloon J.

To compare a drugs calculator on a smartphone with the BNFC for prescribing in a simulated paediatric emergency. 28 doctors and 7 medical students in a paediatric department of a District General Hospital, were asked to prescribe both a dopamine infusion and an adrenaline infusion for a hypotensive child. For one calculation they used the BNFC as their reference source and for the other they

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used the 'PICU Calculator' on the iPhone. The drugs calculator on the smartphone was more accurate than the BNFC, with 28.6% of participants being able to correctly prescribe an inotropic infusion using the BNFC and 100% of participants being able to do so using the drugs calculator on the smartphone ($p < 0.001$). The smartphone calculator was 376% quicker than the BNFC with the mean time saved being 5 min and 17 s per participant ($p < 0.001$). Participants were more confident in their prescription when using the drugs calculator on the smartphone with a mean confidence score of 8.5/10 compared with 3.5/10 when using the BNFC ($p < 0.001$). Utilising the smartphone was significantly more accurate and faster, with prescribers more confident in their calculations, than with use of the BNFC.

EXHALED BREATH TEMPERATURE; THE NEW ASTHMA BIOMARKER?

Hamill LM, Ferris KCA, Kapande KM, McConaghy LA, Shields MD.

Exhaled Breath Temperature (EBT) has been proposed as a novel biomarker for asthma control, but it is not understood how EBT is related to current markers. We evaluated the role of the new handheld EBT (X-Halo®) device as a non-invasive measure of asthmatic airway inflammation. EBT was compared to lung function (FEV1%, MMEF%), Fractional Exhaled Nitric Oxide (FENO) and physician's decision to alter treatment (up/ down/ no change). Cross sectional study with 114 patients aged 4-16 attending outpatient asthma clinics at Royal Belfast Hospital for Sick Children from June 2010 – August 2011. The range of EBT was 27.23 to 35.16°C (mean 32.82°C). Contrary to previous studies, we found no significant relationship between EBT and ENO ($R= 0.10$, $p= 0.51$). We found a poor correlation between EBT and FEV1% ($R=0.13$, $p=0.67$) There was no correlation between EBT and MMEF% ($R= 0.12$, $p=0.86$) or to the clinical decision to alter treatment ($p=0.27$) whereas Fraction of Exhaled Nitric Oxide (FENO) was higher in those whose treatment was increased ($p=0.029$). EBT as measured by the handheld XHalo did not correlate with established measures of asthma control. Further research is required to determine what the results mean before we can dismiss EBT as new biomarker.

THE IMPLICATIONS OF CURRENT UPPER GI SURGICAL TRAINING ON FUTURE PRACTICE

Jones C, Loughlin P, Kennedy JA, Taylor MA, Clements WBD.

The current reduced working hours for trainee surgeons have caused many concerns regarding training competent surgeons by CCT. We aimed to assess the current state of upper GI training in the United Kingdom. An e-mail survey of 175 trainees, identified from the Association of Upper Gastrointestinal Surgeons database, was performed. Data was collected on exposure to oncological planning, and operative experience. 26.3% responded. 73.9% were senior trainees. Operatively within oesophagogastric training (67.4%), 45.8% performed 1-5 and 21% greater than 5 oesophagectomies in the past year, while 56.5% had performed 1-5 and 26.1% greater than 5 gastrectomies. No trainee was confident to perform an oesophagectomy or total gastrectomy without supervision, while 13% could perform a subtotal gastrectomy unsupervised. Within hepatopancreatobiliary training (32.6%), 23.1% had performed 1-10 hepatectomies and 7.7% greater than 10 in the past year, while 30.8% had performed 1-5 pancreatic resections, and 7.7% greater than 5. No trainee was confident to perform either of these procedures unsupervised. No trainee felt confident to perform key operations independently, despite the high proportion of senior trainees, raising concerns for the future. This could potentially prevent the delivery of specialist care, affecting the training of a future generation.

POSTER PRESENTATIONS

TELEPHONE REVIEW CLINIC: ASSESSING PATIENT SATISFACTION AND RATE OF WOUND COMPLICATIONS FOLLOWING DAY-CASE PROCEDURES

R Caffrey, IJ Rychlik, MG Brown

Use of telephone review systems varies. In our hospital one general surgical consultant uses post-operative telephone reviews for patients having undergone day-case procedures. Our objectives were to assess patient satisfaction following telephone review, as well as the rate of wound complications following day-case procedures. Completed telephone review forms spanning a ten month period from November 2010 to August 2011 were reviewed retrospectively. Of the 55 included patients, 43 were contactable. Of these, 31 patients felt telephone reviews were 'better for patients' (as opposed to OPC) (72.1%). 16 requested further OPC review (37.2%), however, 9 of these patients still felt on the whole telephone reviews were better for patients. 14 patients (32.6%) reported wound problems. Of these, 7 (50%) requested an OPC review. 11 of these patients still stated a telephone review was better for patients. None of the 5 patients overall who felt telephone reviews were not better for patients had reported wound complications. This study demonstrates a high satisfaction with the telephone review system, although just over a third of patients still requested formal OPC appointments. Wound problems were encountered in less than a third of patients, but did not affect satisfaction with this type of review. Telephone review, therefore, provides an alternative method of follow-up for many day case procedures, & OPC can still be offered if concerns exist.

INTRODUCTION OF PRE-ASSESSMENT CLINIC RATIONALISES INVESTIGATIONS BUT DOES NOT PREVENT VARIATION BETWEEN SPECIALTIES

Campbell J, Clarke L, Scott K.

Antrim Hospital is a district general hospital incorporating general surgery, ENT and gynaecology. We previously audited pre-operative investigations performed on 100 elective patients in the 3 specialties above, and found a large variation in practice across the specialties.

Since then a Pre-Assessment Clinic has started, led by nurse specialists with consultant back-up. We expected the variation between specialties to have ceased, and performed a re-audit to demonstrate this. Standards: 100% compliance to NICE guidelines 2003. We performed a chart review of 100 patients presenting for elective surgery on randomly selected days between January and April 2011. Other hospital systems were cross-checked. Comorbidities and ASA (as graded by the anaesthetist involved) were documented, allowing investigations to be compared with NICE guidelines. We successfully demonstrated an improvement in compliance with NICE guidelines for pre-operative investigations, as 77.8% of patients pre-assessed were compliant, compared to 60.7% patients not pre-assessed. This improvement was seen across all specialties. However, obvious trends were still present in investigations, varying by specialty. Some are demonstrated in the chart below. For example, patients in General Surgery still had the lowest compliance, and continue to have coagulation screens when not indicated. We noticed that pre-assessed patients often continue to have further tests in admission, and reducing compliance in these patients. There are a significant number of patients bypassing

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pre-assessment (28%), such as breast cancer patients. Compared to previous results, compliance of pre-op tests in patients not pre-assessed has worsened significantly, from 72% to 60.7%. Reasons for this are unclear, but may include loss of junior doctors skills and knowledge in pre-assessing patients. We found that the pre-assessment clinic has rationalised investigations performed, but suggest that continual rotation of junior medical staff causes difficulty in creating a more efficient system. As some patients "slip through the net" of the pre-assessment clinic, we often still rely on junior doctors for appropriate pre-op investigations.

AUDIT OF DELAYED DETECTION OF CLEFT PALATE IN NORTHERN IRELAND 2005-2010

K. Collier, K.H. Hoo, C. Hill

To identify the prevalence of delayed detection of cleft palate in Northern Ireland and compare the results with other UK centres. A retrospective chart review of patients presenting to the Joint Cleft Clinic with isolated cleft palate from 2005 until 2010. Demographic information was collected, cleft type and within the cohort of delayed detection (diagnosed after discharge from birth unit), calculated the delay in referral, recorded signs and symptomatology. 96 patients with cleft palate presented to the Joint Cleft Clinic, of which 9.3% (n=9) patients had a delay in detection. Mean delay was 180 days; ranged between 2 days and 3 years. The common symptom in the delayed detection cohort was feeding difficulties. Delayed detection of cleft palate is not uncommon and may have an adverse effect on the overall wellbeing of the child. The regional rate of delay in detection is comparable to other parts of the UK. There is scope for improvement through better education of trainees and midwives of a simple method of palate examination in the newborn: visual inspection and digital examination.

TIMELINE OF CARE, FROM FIRST SYMPTOM TO TREATMENT, IN LUNG CANCER PATIENTS. IS THERE A GENERAL PRACTICE DELAY IN DIAGNOSIS?

Connolly E, Burt P.

Lung cancer is the leading cause of cancer death in the U.K. with a mean survival of only six months. Survival rates are considerably lower than in Western Europe and the U.S.A.. Excessive delays are believed to an important factor. This study was undertaken to determine if there is a general practitioner (G.P.) delay in referral for chest x-ray with regard to the 'referral guidelines for suspected cancer: lung cancer' (NICE, 2005). 145 patients were selected randomly from numerous outpatient clinics of a large cancer treatment centre. Data was obtained through patient interview and patient records. The overall timeline of care interval was 135(97) days. The mean G.P. delay was 59 days and the referral guidelines were not adhered to in 25.8% of patients. Only 58.8% of patients received a chest x-ray within 30 days of visiting their G.P. and 6.2% had not received a chest x-ray after 180 days (range 225-724). G.P. delay has increased, since previously reported, despite significant improvements in the NHS. Adherence to the referral guidelines could be improved. A lack of follow up appointments appears to contribute as patients' delay returning to their G.P. This could be addressed in future guidelines.

DRONEDERONE: INTRODUCTION AND EVALUATION OF EVOLVING SAFETY RECOMMENDATIONS WITHIN A NORTHERN-IRELAND BASED POPULATION OVER ONE YEAR.

Connolly M, Hussey S, Cinnamond N, Menown IBA

Atrial Fibrillation (AF) is a common cardiac arrhythmia associated with a 4-5 times increased risk of thromboembolic events. Dronederone (Multaq), a new non-iodinated derivative of amiodarone, was approved by NICE as second-line therapy for patients with non-permanent AF. In ATHENA, dronederone significantly reduced all-cause mortality and cardiovascular hospitalisations[1]. However, two reports of liver failure and transplantation in dronederone treated patients, combined with PALLAS and ANDROMEDA[2] showing concern with dronederone in permanent AF and cardiac failure, has led to safety concerns. Modified prescribing advice has now been issued. We created a database of 107 patients who commenced dronederone in the Southern Trust. Baseline demographics, liver function tests (LFT's) and ejection fraction (EF) on echocardiography were recorded. LFTs were recorded at monthly intervals for the first 6 months, then at 9 and 12 month intervals in keeping with recent guidance. No patients developed significant transaminitis (x3 ULN). Patients with EF<35% have discontinued dronederone. Safety aspects of dronederone in long term use have yet to be established. A service provision model through a primary-secondary care partnership is ideal to facilitate introduction of complex patient monitoring and adapt promptly to additional recommendations.

A SURVEY OF LMA CUFF PRESSURES WITH A DIFFERENCE

Cullen A, Goddard K.

Approximately 2.9 million general anaesthetics are performed each year in the UK equating to 1.3 million LMA insertions.[1] Excessive cuff pressure may cause sore throats, lingual nerve palsy or dysphagia.[2 3 4 5] Ambu® recommends a cuff pressure of < 60cmH_2O for its Auraonce LMA, the device utilised in our institution. Cuff manometer use is not routine in our institution. Reduction of LMA cuff pressures can be achieved by the application of a standard 20ml syringe to the pilot balloon. We speculated that cessation of backward movement of the plunger is a reliable endpoint that could consistently reduce LMA cuff pressure to a safe level. 57 patients undergoing general anaesthesia with an Auraonce LMA were surveyed. Permission was sought from the consultant anaesthetising. If LMA cuff pressure was above 60cm$H_2$0 a 20ml syringe was applied to the pilot balloon until backward movement of the plunger ceased. Cuff pressure was then rechecked. Fifty-seven patients were surveyed. Fifty-six patients had cuff pressures of >60cmH_2O. Following the 20ml syringe manoeuvre 51 patients had cuff pressures <60cmH_2O. The 20ml syringe manoeuvre is a reproducible, safe and cheap technique producing safe LMA cuff pressures in Ambu® Auraonce LMAs.

A DISAPPEARING ACT – A TALE OF IMMUNOSUPPRESSION, EBV AND CNS B-CELL LYMPHOMA

C M Doherty, P Toner, E Healy, S Mc Kinstry, O Sheehy, S J Hunt

A 41 year old female presented in April 2010 with a three day history of frontal headache and verbal dyspraxia. On examination she was encephalopathic with no focal deficits. Past medical history included histologically confirmed ulcerative colitis, treated with azathioprine 2mg/kg/day since October 2008. This was withdrawn on admission. Imaging showed cortical, subcortical and cerebellar enhancing nodular mass lesions. CSF constituents were normal with negative cytology. CT of chest, abdomen and pelvis revealed pulmonary nodules and bilateral adrenal masses. Bronchoscopy was normal, and two adrenal biopsies also normal. Her clinical condition improved and 10 week MRI revealed significant improvement

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in lesions other than in the left cerebellum. Biopsy of the lesion demonstrated B-cell lymphoma. Epstein Barr virus was detected by EBV encoded RNA within the brain specimen. CT PET and bone marrow biopsy were normal leading to diagnosis of CNS limited B Cell Lymphoma. Spontaneous resolution of the cerebellar lesion was observed. Following discharge she is well with no neurological deficit. We propose that following withdrawal of the immunosuppressant azathioprine 'immune reconstituition' led to the resolution of her EBV associated malignancy. In similar scenarios the potential for self resolution should be noted, as exposure to toxic therapies may be avoided.

DOES THE SUN ALWAYS SHINE ON PLASTIC'S TRAUMA? – THE INFLUENCE OF WEATHER AND SEASONALITY ON NUMBER OF PATIENTS ATTENDING A PLASTIC'S TRAUMA CLINIC

Eastwood MP, Hoo KH, Stevenson M, Lewis HG.

This was a retrospective study to correlate weather (rainfall, cloud cover and sunshine index) and seasonality with the number of patients attending the plastic surgery trauma clinic in the Ulster Hospital Belfast. The number of patients attending daily between January 2008 and January 2011 were correlated with rainfall (mm), cloud cover (oktas) and sunshine (hrs) the preceding day. Weather data was taken from the local Armagh observatory archives. Data was processed using SPSS (v 18) and a Poisson Regression method of analysis. Rainfall was found to be inversely proportional to the number of attendances at trauma clinic ($p<0.023$). The season was found to play a very highly significant role in number of attendances at clinic ($p<0.001$), with higher patient numbers in the summer months. Cloud cover and amount of sunshine were not found to be statistically significant. Greater rainfall led to fewer attendances at trauma clinic the following day. More referrals are also seen in summer months. We can conclude that weather does have the effect on the number of patients attending Trauma clinic in our regional plastic surgery unit.

AN AUDIT OF THE DIAGNOSIS, MANAGEMENT, AND COMPLICATIONS OF PLACENTA PRAEVIA

Glackin KG, Johnston KM

To audit the diagnosis, management of, and complications arising from cases of placenta praevia in an Area Hospital over 3 years. Retrospective audit of 36 cases in 3 years. Most women had no risk factors. 81% cases were diagnosed at the 2nd trimester scan. 53% women had elective CS (category 4). A consultant obstetrician was present in 58% and consultant anaesthetist in 53% of cases. In 45% cases the diagnosis confirmed at CS. EBL in the majority was 500 – 1000mls. Only 1 patient required blood transfusion (2 units) with no cases of hysterectomy or major complications. Incidence appears stable. The majority of cases were diagnosed at anomaly scan but follow-up arrangements varied and trans-vaginal ultrasound was used in only one case despite evidence about its value and safety. Documentation regarding consent and findings at delivery was poor and should be improved. 38% of elective deliveries were carried out prior to 38 weeks. Consultant presence, both obstetrician and anaesthetist appears to have varied but is recommended for all planned procedures as a minimum. We recommend the unit guideline be updated to reflect RCOG guidelines and thereby reduce risk.

TORSION OF MONOFILAMENT AND POLYFILAMENT SUTURES UNDER TENSION DECREASES SUTURE STRENGTH AND INCREASES RISK OF SUTURE FRACTURE

DB Hennessey, E Carey, CK Simms, AHanly, DC Winter.

A continuous running suture is the preferential method for abdominal closure. In this technique the suture is secured with an initial knot and successive tissue bites are taken. At each tissue bite, the needle is rotated through the tissue; in doing so, the suture can twist around the knot which acts as an anchor. To determine the effect of axial torsional forces on sutures as this is an unknown entity that may increase the risk of wound complications. The effect of axial twisting on polydioxanone (PDS*II), polyglactin (Vicryl), polypropylene (Prolene) and nylon (Ethilon) sutures was investigated with a Zwick /Z005 uniaxial testing device. The maximum tensile force withstood for untwisted sutures was determined: polydioxanone was the strongest material and failed at a tensile force of 116.4±0.84 N, polyglactin failed at 113.9±2.4 N, polypropylene failed at 71.1±1.5 N and nylon, the weakest, failed at 61.8±0.5 N. Twisting decreased the maximum tensile force of all sutures, one complete twist per 10mm (i.e. 15 twists) decreased the tensile strength of polydioxanone by 21%, polyglactin by 23%, polypropylene by 16% and nylon by 13%, $p <0.001$. Furthermore, excessive twisting caused a non linear decrease in suture strength, with one twist per 75mm (i.e. 20 twists) of polydioxanone decreasing strength by 39%, $P <0.001$. Axial twisting sutures also decreased the elasticity and ability of all twisted sutures to extend, $P <0.001$. The effect of excessive twisting on the mechanical properties of sutures is a previously unrecognised phenomenon. Surgeons should be aware that this can result in a decrease in suture strength and reduce the elasticity of the material, and therefore need to adapt their practice to reduce the torsional force placed on sutures.

STEPS TO A BETTER BELFAST – PHYSICAL ACTIVITY PROMOTION IN PRIMARY CARE

Heron N, McKinley M, Tully M, Cupples M.

66% of men and 75% of women report levels of physical activity which substantially increase their risk of chronic disease. This study aims to explore the feasibility of integrating brief assessment of physical activity into GP consultations and recruiting inactive patients to a trial of a pedometer-based intervention. Within four general practices in socio-economically deprived areas of Belfast, 35-75 year olds attending for consultation over a two week period were invited to complete a General Practice Physical Activity Questionnaire (GPPAQ). Each practice determined their method of administration following discussion of options. 'Inactive' individuals were invited to participate in the trial. All were given a pedometer: baseline step-counts were assessed and participants were then advised to increase their activity. Group one was given a specific step-count goal; group two was not. Step-counts were re-assessed after 12 weeks and the analysis of this is on-going. Practices chose different methods of GPPAQ administration: GP/nurse led(n=3) or receptionist-led(n=1); computerised GPPAQ(n=1) or paper-copy(n=3). Of 2154 consultations, 192(8.9%) completed questionnaires: 83(43%) were categorised as inactive; 46(55%) participated in the trial. Recruitment rates varied between practices. Physical activity assessment can be integrated into day-to-day general practice but there appear to be barriers in performing this for every patient. This requires further exploration.

IRELAND NORTH SOUTH URBAN RURAL EPIDEMIOLOGICAL (INSURE) STUDY- DIAGNOSIS BY SITE AND TRAUMA

Maguire S, McLaughlin J, Wylie M, Kelly C on behalf of INSURE Group

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The INSURE Collaborative Study of Suicidal Behaviour in Psychiatric Disorders was conducted to increase knowledge on a variety of factors associated with an increased risk of suicidal behaviour throughout Ireland. This presentation aims to compare the rates of diagnosis by gender, and the rates of diagnosis in all six sites. The INSURE study was conducted at six sites throughout Ireland, two in the North, four in the South, of which two were urban and four rural. This presentation presents information relating to Phase One which studied new patient referrals to Mental Health Clinics in the six locations. The most common diagnosis (37.3%) in the overall study and in each individual site except Dublin was depression. In Dublin, the commonest diagnostic category was no current illness (15.6%). In females the commonest diagnosis overall and in each individual site was depression (45.4%). In males the commonest diagnosis in Omagh and Belfast was depression (46.9%, 51.5%) with alcohol dependence being the most common in Balinasloe (20.9%), Donegal (36.8%) and Portlaoise (37.2%). The male to female ratio in schizophrenia (SCZ) was 11:7, in Bipolar Affective Disorder (BPAD) 9:5, in depression 8:11, in anxiety related disorders 9:14, and in alcohol dependence 31:12. Not surprisingly the commonest diagnosis in the overall study for males and females was depression with just over one third of the entire sample having this diagnosis. Interestingly alcohol dependence was the commonest diagnosis in three of the four Southern sites. The male to female 11:7 ratio in SCZ and 9:5 in BPAD approximate the widely accepted 1:1 ratio. Of note, the 8:11 ratio in depression is in contrast with the widely accepted 1:2 ratio. The almost 3:1 male to female ratio in alcohol dependence is higher than the 2:1 ratio which has been suggested.

A COMMON COMPLAINT; A RARE DISEASE

Mallett P, Addley J,Kalansooriya V, Carl I, Johnston S, Mitchell M,Hamilton P, Herron B, Mainie I.

A 63 year old female presented with a 4 week history of intermittent abdominal pain and diarrhoea. Her background included asthma, nasal polyps and mixed conductive/sensorineural deafness. White Blood Cells were elevated at 41.1 x10^9/L (4 -10 x10^9/L) with an elevated eosinophil count of 24.88x10^9/L (0.04 - 0.4 x10^9/L) and mildly deranged cholestatic LFTs. Stool Sample for parasites was normal as was sigmoidoscopy. The patient complained of progressive paraesthesia in both hands and feet. Nerve conduction studies showed severe bilateral median nerve lesions with moderate-severe sensorimotor neuropathy, as well as absent left sural and peroneal sensory responses. Electromyography revealed clear active denervation; findings in keeping with mononeuritis multiplex. A mass seen in the right atrium on echocardiogram was further clarified by cardiac magnetic resonance and felt to be a localised mass of inflammatory tissue. Nasal septum tissue biopsy revealed surface ulceration and inflamed granulation tissue. The myeloperoxidase anti-nuclear cytoplasmic antibody (mpo-ANCA) level was raised at > 8 u/mL(0 - 0.8u/mL) with Perinuclear Anti-Neutrophil Cytoplasmic Antibody raised at pANCA of 40u/mL (0 - 19u/mL). Sural nerve biopsy demonstrated axonal loss, with marked eosinophilic infiltration; findings in keeping with peripheral nerve vasculitis and confirming the diagnosis of Churg Strauss Syndrome (CSS). Treatment was initiated with high dose steroids and cyclophosphamide and the patient made a significant clinical recovery, with drastic decrease in her eosinophilic count. The American College of Rheumatology (ACR)has established six criteria for the classification of CSS. The presence of four or more of these criteria had a sensitivity of 85 percent and a specificity of 99.7 percent for CSS. The patient met all 6 of the above criteria. This patient's description of non specific symptoms, grossly abnormal cell counts abnormal imaging and rapidly evolving clinical signs renders this case highly unusual and most interesting.

NOVASURE ENDOMETRIAL ABLATION AFTER CAESAREAN-SECTION: A REPORT OF 75 CASES.

C Monaghan, P Campbell.

There are anecdotal reports of complications in women undergoing endometrial ablation with a previous history of Caesarean delivery. There are no reports in the current literature to support or refute these claims. To determine the safety and efficacy of NovaSure endometrial ablation in women with a previous history of Caesarean delivery. A retrospective observational study of 75 women who attended for NovaSure endometrial ablation between December 2006 and December 2009 with a previous history of one or more Caesarean deliveries. Information was collected from patient charts, postal and telephone questionnaires. Outcome measures were compared with a cohort of 325 women with no previous history of Caesarean delivery. The mean age and parity of patients was 42 and 2.97 respectively. Thirty-two women had one previous Caesarean section, 20 had two, 11 had three, and 6 had four previous Caesarean sections. The complication rate was calculated at 15% and this included abandoned procedures and post-operative admissions. Eighty-four percent of women were satisfied with the procedure. The amenorrhoea rate was 55%. When compared with the control group, complication rates were similar (13%) and there was no statistical difference in satisfaction rates (p=0.5). NovaSure endometrial ablation is a safe and effective treatment for menorrhagia in women with a history of previous lower segment Caesarean-section.

TRANSCATHETER CLOSURE OF SECUNDUM ATRIAL SEPTAL DEFECTS, A COHORT STUDY.

McCain RS, McCain RS, Craig B, Casey F.

Atrial septal defects (ASD) account for 10% of all congenital heart disease and if untreated carry a lifetime mortality risk of 25%. Treatment traditionally involves open surgical repair, however in recent years transcatheter closure has become increasingly common. The aim of this study was to assess the safety and efficacy of transcatheter closure of ASDs. A prospective database was maintained for consecutive patients undergoing transcatheter closure of ASDs. Data gathered included patient demographics, procedural data and outcomes for one year post procedure. Transcatheter closure was attempted in 79 patients and a device successfully deployed in 75 (95%). Five patients experienced transient arrhythmias during the procedure. No serious complications occurred. Successful closure was achieved in 84% of patients at 24 hours, 86% at 3-6 months and 91% at 1 year. Success was less likely in those with multiple or fenestrated defects. Those procedures in which the transcatheter device could not be deployed underwent successful surgical closure with no mortality. This study shows that transcatheter closure of ASD's is a safe and efficacious procedure. Strict selection criteria are essential to ensure the optimum method of closure for each patient.

GASTROINTESTINAL ENDOSCOPY PRIORITY, A PROSPECTIVE COHORT STUDY.

MacCormack B, McCain RS, Skelly BL, Gray RT, Neill AK

NICE guidelines for management of suspected gastrointestinal cancer aid clinicians when deciding the priority of patients for endoscopy. The aim of this study was to assess referral patterns in a district general hospital within this context. A prospective database was maintained for consecutive patients undergoing gastrointestinal

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endoscopy. Data gathered included patient demographics, referral priority, clinical presentation and final diagnosis. Data was collected on 117 patients: 61 OGD; 16 flexible sigmoidoscopy; 40 colonoscopy. 35 patients were referred as routine, 31 as urgent, 35 as "red flag", 16 were planned. 94 (80%) referrals were prioritized correctly. 36(30%) endoscopies revealed benign pathology, one malignancy was diagnosed, the remainder were normal. Median waiting time was 336 days for routine, 101 days for urgent, and 18 days for "red flag". Referral for colonoscopy was most likely to have been prioritized correctly. Direct primary care access to endoscopy was most likely to have an inappropriate referral priority (40%). Significant numbers of inappropriate referrals are made for endoscopy. Low numbers of cancers are diagnosed, even in those patients who meet "red flag" criteria. Waiting times for routine endoscopy are long. Inappropriate referrals place patients at risk and have a low diagnostic yield.

PROPRANOLOL THERAPY FOR INFANTILE HAEMANGIOMA – THE NORTHERN IRELAND EXPERIENCE.

Pauline McGee, Sophie Miller, Claire Black, Susannah Hoey.

Infantile haemangioma are the most common tumours of childhood affecting approximately 1 in 10 children. They are characterised by rapid proliferation during the first year of life followed by a slow regression over the next 5-10 years. It has been observed that propranolol can inhibit growth of haemangioma during the proliferative phase. A retrospective chart review was performed on patients with infantile haemangioma treated with oral propranolol at the Royal Belfast Hospital for Sick Children (RBHSC) between April 2009 and June 2011. 24 patients were identified. The male to female ratio was 1:4. There were four indications for propranolol therapy: ocular, airway, presence of ulceration and functional impairment. Age at initiation of therapy ranged from 8 to 47 weeks. Significant improvement was observed in 22/24 (91.6%) of patients. Side effects included disturbed sleep, bradycardia and lethargy. Propranolol is an effective treatment for infantile haemangioma for the indications described. Improvement was noted in the majority of our patients' haemangiomas. A low incidence of side effects was reported. Further research is required to determine efficacy of its use in children with haemangiomas that fall outside the current indications.

DO WE NEED TO SEE DIABETIC PATIENTS MORE OFTEN?

Prabhavalkar P, Xavier A, Gormley M

Optimal glycaemic control minimizes complications associated with diabetes[1 2]. There is scant evidence on the impact of frequency of diabetic clinic visits on glycaemic control. To determine the effect of frequency of clinic visits and age on glycaemic control. 800 patients with at least 2 diabetic clinic visit episodes from January 2008 until December 2009 were included in the study. Data was obtained from Diamond database and statistical analysis performed using Chi-square test with SPSS. Data from 2300 clinic visit episodes were collated. A rising trend was noted in the percentage of patients showing an improvement in glycaemic control (as measured by the reduction in HBA1c levels) in relation to the frequency of clinic visits 51% (n=176) in 2 visits, 56% (n=164) in 3 visits and, 60% (n=55) in 4 visits (p=0.07). Age positively correlated with improved glycaemic control. HbA1c <8% was found in 42% (n=148) and 56% (n=101) of patients aged <70 and >70 years respectively (p=0.002). Moreover, only 1.6% (n=3) of patients aged >70 years had HbA1c >10% as compared to 16% (n=57) in <70 year age group (p<0.001). Frequent clinic visits were associated with a rising proportion of patients showing an improvement in glycaemic control. Thus frequent outpatient reviews could play an indirect role in reducing risk of complications and need for inpatient admissions. Age might be an important factor in determining the patient cohort that could be discharged from the diabetic clinic and followed up in the community.

LONG-TERM FUNCTIONAL OUTCOMES OF THE MODIFIED BRETTEVILLE TECHNIQUE. WHAT ARE THE TRENDS IN UROFLOWMETRY AND SPRAY ANALYSIS?

Robinson AJ, Harry LE, Stevenson JH.

The Bretteville technique was first described by Gorm Bretteville in 1986 and later modified by our senior author in 1996. Long-term outcomes in hypospadias are lacking. We present the long-term functional outcomes in patients undergoing this technique. We prospectively followed a cohort of patients from surgery between 1998 to 2004 to now. Each patient was reviewed annually and underwent clinical examination, uroflowmetry and spray analysis. Each patient had a HOSE questionnaire filled out for them. 16 patients were followed up on average for 9 yrs and 8 months. Over the follow up patients were able to urinate faster (flow rate: 15.3 ml/s vrs 10.1), straighter (weight sprayed 3.2g vrs 4.4g) with less spray (spray area: 2.05 % vrs 10.29 %). Objectively using the Hypospadias Objective Scoring System (HOSE) questionnaire outcomes improved with time from an 13.8 to 15.3 over the follow up (max score 16). We conclude that the Modified Bretteville Technique provides a cosmetically acceptable and a functionally sound repair that is robust over the long term. Over time the trend is that patients urinate at a faster rate and with less spray.

SECONDARY PREVENTION POST MYOCARDIAL REVASCULARISATION– AUDIT REVEALS 'INDUCTION PACKS' OFFER MORE THAN JUST TRUST OBLIGATION

Rychlik IJ, Booth K, Jackson M, Graham A.

Myocardial revascularisation with coronary artery bypass grafting has been indicated in the treatment of patients with coronary artery disease for over a quarter of a century. In-spite of surgical advances, the use of optimal medical therapy (OMT) still remains an important priority[1]. In the Belfast trust, we audited the implementation of ESC/EACTS guidelines in patients undergoing coronary artery bypass grafting and demonstrated the use of 'Junior Doctor Induction Packs' along with local presentation improved compliance with these guidelines. Prospective data was collected by the ward pharmacist in patients undergoing coronary artery bypass grafting from October to December 2009. Age, gender, surgical procedure, past medical history, ejection fraction and admission and discharge medication were recorded and analysed. 54 patients in the first loop and 32 in the second loop were identified. In comparison between pre-operative and post-operative prescribing habits in the first loop, it was noted only 86% of patients were discharged on correct Statin therapy. Change in clinical practice was brought about with junior doctor education (induction pack and oral presentation) with resolution of 100% correct Statin prescription on discharge seen in the second loop of the audit cycle. Our data suggests that to have effective OMT prescribing in patients with coronary artery disease, a multi-disciplinary approach is needed with continued staff education and when followed, successful secondary prevention strategy can be achieved.

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