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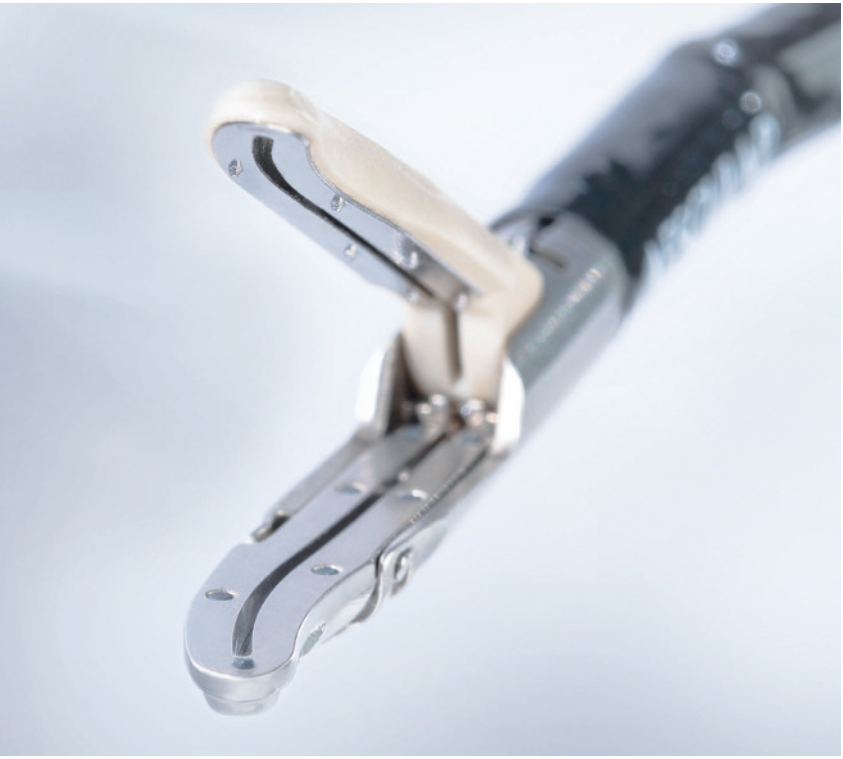

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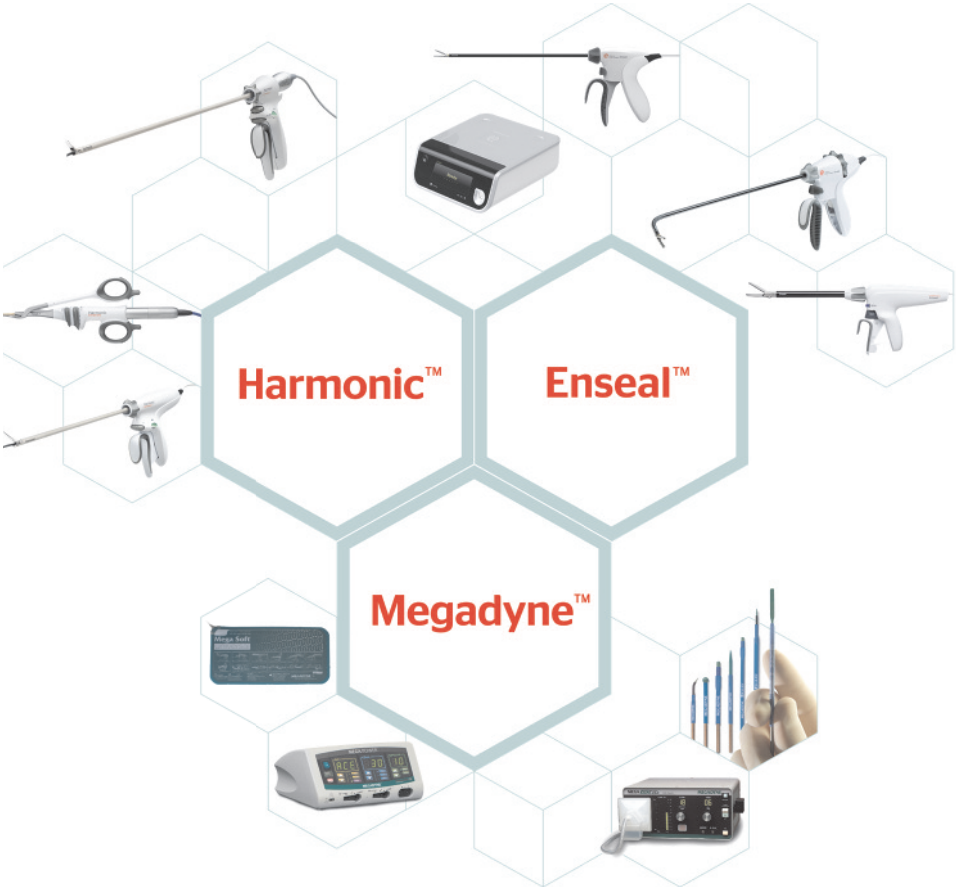

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FP01 (18:40 - 18:50: 07.12.20)

ROBOTIC RESECTIONS FOR LOCALLY ADVANCED CANCER POST NEOADJUVANT RADIATION: SINGLE CENTRE EXPERIENCE

Presenter: Dr A Pervez
Author(s): Dr A Pervez, Mr C Selvasekar
Institution: Christie NHS FT, Manchester, United Kingdom

Aims: Outcomes analysis of robotic resection for locally advanced rectal cancer post neoadjuvant radiation in 62 patients at a specialist cancer centre from 2012 to 2020 to assess safety and efficacy.

Methods: Retrospective analysis using frequencies, percentage and confidence intervals for events of interest. Group differences in categorical variables presented with Chi-squared test. Normally distributed continuous variables presented with mean, standard deviation. Group differences tested with independent T test. Non-normal variables presented with median, interquartile range and group differences tested using Mann-Whitney U.

Results: Low rate of conversion (3.2%). No intraoperative adverse event. Oncologic lymph node yield in 40.3%. Positive circumferential resection margin in 14.5% with tumour differentiation playing key role. Neoadjuvant radiation has no significant statistical difference in R0 and R1 resection. Duration of stay 8 days. No significant postoperative complications.

Conclusion: Locally advanced rectal cancers require multidisciplinary management. Robotic surgery can provide safe and good short-term outcomes in selected patients following neoadjuvant radiotherapy. Long term outcomes may offer further clarity.

Key statement: Robotic resection is safe and effective in the management of locally advanced rectal cancers post neoadjuvant radiation with adequate oncological outcome, low conversion rate, short hospital stay and no significant postoperative complications.

FP02 (18:50 - 19:00: 07.12.20)

THE IMPACT OF LAPAROSCOPY ON EMERGENCY SURGERY FOR ADHESIONAL SMALL BOWEL OBSTRUCTION: PROSPECTIVE SINGLE CENTRE COHORT STUDY

Presenter: Mr A Darbyshire
Author(s): Mr A Darbyshire[1], Dr I Kostakis[2], Mr P Pucher[1], Mr S Toh[1], Mr S Mercer[1]
Institution: [1]Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust, United Kingdom
[2]University of Portsmouth, Centre for Healthcare Modelling & Informatics, United Kingdom

Aims: Laparoscopic adhesiolysis is being increasingly used to treat adhesional small bowel obstruction (ASBO). However, concerns regarding iatrogenic bowel injury and failure to relieve the obstruction have limited its uptake. This study reports our centre's experience of adopting laparoscopy as the standard operative approach for ASBO.

Methods: A single centre prospective cohort study was performed incorporating local data from the National Emergency Laparotomy Audit Database; 01/01/2015-31/12/2019. All patients undergoing surgery for ASBO were included. Patient demographic, operative and in-hospital outcome data were compared between different surgical approaches. Linear regression analysis was performed for length of stay.

Results: Of 299 cases, 76.3% were started laparoscopically and 52.2% successfully completed. Patients treated laparoscopically had lower P-POSSUM-mortality (2.1 vs 5.7%, p=<0.001), shorter post-operative LOS (4.2 vs 11.3 days, p=0.000) and lower in-hospital mortality (2 vs 7 deaths, p=<0.001). In regression analysis, laparoscopy had the strongest association with post-operative LOS (8.51, p=0.002).

Conclusion: Laparoscopy is a safe and feasible approach for adhesiolysis in the majority of patients with ASBO. It is associated with reduced post-operative length of stay with no impact on complications or mortality.

Key statement: Laparoscopy has been successfully adopted as the standard operative approach for ASBO in our centre, with 83.3% cases started laparoscopically in 2019. This is with a significant reduction in post-operative LOS with no increase in mortality. This challenges the widely held view that laparoscopy should be for selected, straightforward cases.

FP03 (18:40 - 18:50: 08.12.20)

INTRODUCTION OF LAPAROSCOPIC IVOR LEWIS ESOPHAGECTOMY AS HYBRID PROCEDURE AND COMPARISON WITH OPEN ESOPHAGECTOMY; A PROPENSITY-MATCHED RETROSPECTIVE STUDY

Presenter: Mr A Spiliotis
Author(s): Mr A Spiliotis, Dr G Gäbelein, Professor Dr M Glanemann
Institution: University Clinic of Saarland, Germany, Homburg/Saar, Germany

Aims: Open esophagectomy (OE) is associated with increased rate of postoperative complications. Hybrid minimally invasive esophagectomy (HMIE) with laparoscopy and thoracotomy has been developed with the aim to reduce postoperative morbidity, without compromising on oncological outcomes. We conducted this survey to compare OE with HMIE.

Methods: This study included the first 17 patients who underwent HMIE at a high-volume tertiary center. After generating propensity scores using the variables age, body mass index, pulmonary comorbidities, cardiac comorbidities, histologic type, and neoadjuvant treatment, 17 patients in the hybrid group were matched with 17 patients in the open group.

Results: Surgical and oncological outcomes were comparable between the two approaches. The rate of postoperative complications, including surgical, gastrointestinal, and pulmonary complications, were similar in the two matched groups. In univariate and multivariate logistic regression analyses, HMIE and OE were not detected as predictors for pulmonary complications.

Conclusion: Our hypothesis that laparoscopy could reduce postoperative complications was not confirmed. HMIE is a safe procedure, resulting in radical oncological resection and similar morbidity with open esophagectomy. Surgeons, who are proficient in OE and laparoscopic gastroesophageal surgery, can safely adopt the hybrid approach without significant learning curve associated morbidity.

Key statement: Safety and oncological profile were similar between HMIE and OE. HMIE can be adopted as a safe procedure for esophageal resection, consisting a step towards total minimally invasive esophagectomy.

FP04 (18:50 - 19:00: 08.12.20)

COMPARISON OF INTRA-ABDOMINAL ABSCESS FORMATION AFTER LAPAROSCOPIC AND OPEN APPENDECTOMY FOR COMPLICATED APPENDICITIS: A RETROSPECTIVE STUDY

Presenter: Dr F Mulita
Author(s): Dr F Mulita[1], Dr K-M Plachouri[2], Mr E Liolis[3], Mr L Tchabashvili[1], Professor I Kehagias[1]
Institution: [1]Department of General Surgery, General University Hospital of Patras, Greece [2]Dermatology Department, General University Hospital of Patras, Greece, [3]Department of Internal Medicine, Division of Oncology, General University Hospital of Patras, Greece

Aims: The risk for intra-abdominal abscess (IAA) formation after appendectomy is still a matter of debate. The aim of this study was to evaluate IAA formation after open (OA) and laparoscopic appendectomy (LA), in particular in complicated appendicitis.

Methods: From January 2003 to December 2018, records of 1809 patients who underwent appendectomy with diagnosis of appendicitis were retrieved from computer database for analysis.

Results: During that period, 939 LAs and 850 OAs were performed in our institution. There was no difference between the incidences of IAA (LA, 3.73% [35/939] vs OA, 3.41% [29/850]; $P > 0.05$). The incidence of IAA in those with complicated appendicitis was (LA, 11/212 [5.19%] vs OA 14/198 [7.07%]; $P > 0.05$).

Conclusion: This retrospective study shows that the technique of appendectomy does not appear to affect the incidence of IAAs neither in non-complicated nor in complicated appendicitis.

Key statement: The technique of appendectomy does not appear to affect the incidence of IAAs neither in non-complicated nor in complicated appendicitis. However, laparoscopic appendectomy has the advantages of laparoscopic procedures, such as lower hospital stay, earlier return to activities and should therefore be preferred for acute appendicitis.

FP05 (18:38-18:48: 09.12.20)

A SYSTEMATIC REVIEW AND META-ANALYSIS OF ANTERIOR VERSUS LATERAL APPROACH FOR LAPAROSCOPIC SPLENECTOMY

Presenter: Mr J Shah
Author(s): Mr J Shah, Mr N Cheema, Dr P Peters, Dr J Harrison
Institution: North Manchester Care Organisation, United Kingdom

Aims: To compare outcomes of anterior approach and lateral approach in laparoscopic splenectomy.

Methods: We conducted a search of electronic information sources to identify all randomised controlled trials (RCTs) and observational studies comparing anterior and lateral approach in patients undergoing laparoscopic splenectomy. Random or fixed effects modelling were applied to calculate pooled outcome data.

Results: We identified 1 RCT and 4 retrospective observational studies, enrolling 728 patients. The baseline characteristics included populations in both groups were comparable. Anterior approach was associated with higher need for blood transfusion. There was no difference in the risk of mortality between the two groups (RD 0.00,95% CI -0.01-0.02, P=0.61).

Conclusion: The best available evidence suggests that the lateral approach is superior to anterior approach in laparoscopic splenectomy as indicated by better access, more secure haemostasis, less conversion to open surgery, less morbidity, earlier recovery, and shorter length of hospital stay.

Key statement: To our knowledge, there is no comprehensive review and meta-analysis in the current literature comparing the feasibility and outcomes of LLS and ALS. In view of this, we aimed to perform a comprehensive systematic review and conduct a meta-analysis of outcomes to compare anterior approach and lateral approach in LS.

FP06 (18:48-18:58: 09.12.20)

IMPACT OF TOUPET VERSUS NISSEN FUNDOPLICATION ON DYSPHAGIA IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE AND ASSOCIATED PREOPERATIVE ESOPHAGEAL DYSMOTILITY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Presenter: Mr J Shah
Author(s): Mr J Shah, Mr N Cheema, Dr P Peters, Dr J Harrison
Institution: North Manchester Care Organisation, Manchester, United Kingdom

Aims: Controversy exists regarding the best surgical approach for the management of gastroesophageal reflux disease (GORD) and associated preoperative esophageal dysmotility. Aim was to conduct a systematic review and meta-analysis to compare the outcomes of Toupet fundoplication (TF) and Nissen fundoplication (NF) in patients with GORD and coexistent preoperative esophageal dysmotility.

Methods: We conducted a systematic search of electronic information sources, including MEDLINE, EMBASE, ClinicalTrials.gov, and bibliographic reference lists. We applied a combination of free text search and controlled vocabulary search adapted to thesaurus headings, search operators, and limits in each of the above-mentioned databases. Postoperative dysphagia and improvement in dysphagia were primary outcome parameters.

Results: We identified 3 randomized controlled trials and 1 observational study reporting a total of 220 patients, of whom 126 underwent TF and the remaining 94 patients had NF. Despite existence of significantly higher preoperative dysphagia in the TF group (29.3% vs 4.2%, P = .05), TF was associated with lower postoperative dysphagia.

Conclusion: TF may be associated with significantly lower postoperative dysphagia than NF in patients with GORD and associated preoperative esophageal dysmotility. However, no definite conclusions can be drawn as the best available evidence comes mainly from a limited number of heterogeneous randomized controlled trials. Future studies are encouraged.

Key statement: TF may be associated with significantly lower postoperative dysphagia than NF in patients with GORD and associated preoperative esophageal dysmotility.

FP07 (18:30-18:40: 10.12.20)

STAPLE-LESS VERSUS STAPLED LAPAROSCOPIC SPLENECTOMY: A PROSPECTIVE RANDOMIZED CONTROLLED STUDY

Presenter: Mr O Lasheen
Author(s): Mr O Lasheen[1,2]
Institution: [1]Pennine Acute Trust - Royal Oldham Hospital, Manchester, United Kingdom
[2]Cairo University Hospitals, Egypt

Aims: To assess the safety and hospital cost efficiency of staple-less laparoscopic splenectomy (using knots, hemostatic devices, clips and hemolocks) compared to the more conventional stapled laparoscopic splenectomy, using endovascular staples.

Methods: 40 patients divided into two equal groups:
1. 20 patients: Laparoscopic splenectomy using vascular staples
2. 20 patients: Staple less laparoscopic splenectomy

We compared operative time, intra and postoperative complications and patients' postoperative recovery

Results: There was no statistically significant difference between both groups across all comparative outcomes. Apart from the cost of the individual case, which was much higher for the second group, mostly due to the high cost of the vascular staples and reloads.

Conclusion: Both techniques are comparable in terms of safety but not in terms of cost efficiency, with the total cost being much higher for the group that underwent conventional splenectomy using vascular staples.

Key statement: Despite being almost equally safe, the choice not to use endovascular staples over using them can be justified only in presence of good surgical experience with laparoscopic splenectomy, being more cost efficient especially in facilities where the more costly staples may not be as readily available.

FP08 (18:40-18:50: 10.12.20)

EFFECTIVE IMPLEMENTATION AND ADAPTATION OF STRUCTURED ROBOTIC COLORECTAL PROGRAMME IN A BUSY TERTIARY UNIT

Presenter: Dr D Sochorova
Author(s): Dr D Sochorova[1], Miss A Thomas[1], Miss K Altaf[1], Mr U Gur[1], Mr A Parvaiz[2], Mr S Ahmed[1]
Institution: [1]Department of Surgery, Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust, Liverpool, United Kingdom
[2]Faculty of Health Science, University of Portsmouth United Kingdom

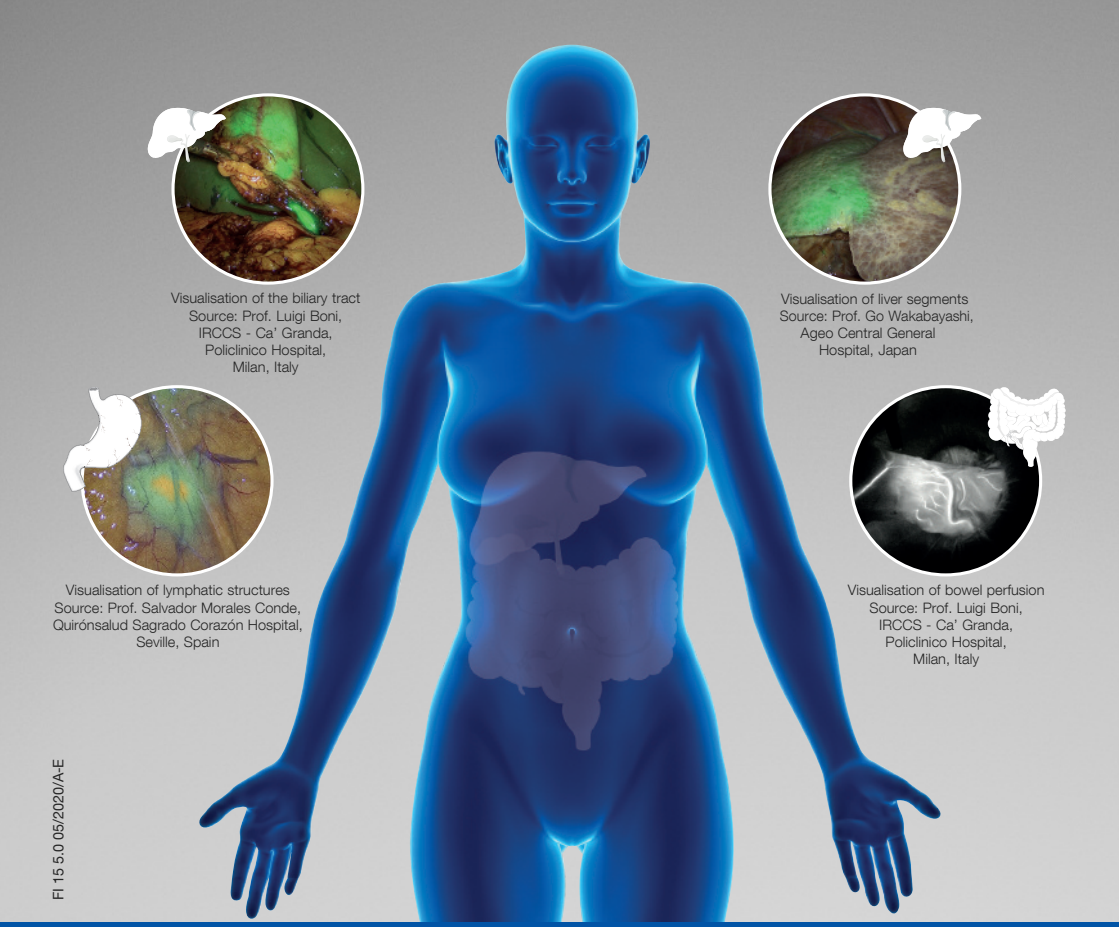
Aims: Assess the safety and feasibility of robotic colorectal surgery (RCS) by the implementation of a structured robotic colorectal programme in a high-volume centre in UK.

Methods: Comparision of 30 robotic colorectal cancer resections (RCcR) versus 60 non-robotic colorectal cancer resections (N-RCcR, 5 open, 55 laparoscopic), comparing conversion to open, mean operating time, return to theatre, complications, blood loss, oncological outcomes.

Results: Patients characteristics, operating time and return to theatre between the two groups were comparable. Complications and length of stay were fewer/shorter in RCcR group as compared to N-RCcR (16.6% vs 25%) (5 vs 7). Blood loss and conversion was significantly lesser in the robotic group ($p<0.01$). Oncological outcomes were comparable.

Conclusion: Robotic surgery represents safe and feasible alternative to laparoscopic surgery and in our cohort, it was proven to be superior to non-robotic approach in the terms of blood loss and conversion to open.

Key statement: Implementation and integration of RCS is safe and effective in a busy tertiary centre through a structured training programme with comparable short-term survival and oncological outcomes during learning curve.



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Video01 (18:24-18:32: 07.12.20)

MINIMALLY INVASIVE DUAL CAVITY DOUBLE CROWN TECHNIQUE FOR DIAPHRAGMATIC HERNIAS – THE 'BIRMINGHAM' TECHNIQUE

Presenter: Miss E Jerome
Author(s): Miss E Jerome, Mr H Fallouh, Mr R Singhal
Institution: University Hospitals Birmingham, United Kingdom

Aims: Diaphragmatic hernias are uncommon and there is limited evidence for efficacy of various repair techniques. Proximity of the defect to the posterior rib cage with lack of robust diaphragmatic tissue for fixation can make posterior part of the repair challenging. Inadequate repair can lead to recurrence and morbidity.

Methods: The Bochdalek diaphragmatic hernia contained stomach, transverse colon and left kidney. This minimally invasive dual cavity double crown technique sutured a composite mesh to the diaphragmatic defect from the abdomen using an inner crown of Prolene sutures, and reinforced thoracoscopically with an outer crown of Ethibond sutures.

Results: This 72-year-old patient made an uneventful recovery. Post-operative CT confirmed full hernia reduction and repair. At 6 months follow-up, exercise tolerance is unlimited from a pre-operative limited tolerance of 50 yards on the incline and 200 yards on the flat. No pain was reported from posterior peri-costal rib fixation sutures.

Conclusion: Minimally invasive dual cavity double crown technique is a safe technique for complex diaphragmatic hernias with good post-operative outcomes. Whilst progress in our series has been hampered due to COVID-19, we felt that it was important to publish this technique in the interest of further collaborative research and outcomes.

Key statement: Dual cavity laparoscopic diaphragmatic hernia repair with thoracoscopic outer crown fixation is a novel minimally invasive approach to repair posterior diaphragmatic hernias with large defects. Thoracic outer crown offers space to reinforce the mesh and minimises mesh contact with abdominal viscera, with excellent short- and medium-term patient outcomes.

Video02 (18:32-18:40: 07.12.20)

COMMON BILE DUCT EXPLORATION: A TRAINING PERSPECTIVE AND TECHNICAL ASPECTS

Presenter: Mr M Aker
Author(s): Mr M Aker, Mr Neil Keeling, Mr Bobby Sebastian
Institution: West Suffolk Hospital, Bury St. Edmunds, United Kingdom

Aims: This video aims to provide a technical teaching session on exploration of the Common Bile Duct (CBD) using a Zero Tip Helical basket and a Choledochoscope. It also provides indications, methods, and alternatives to Exploration of the CBD.

Methods: This is a short video on indications and technical aspects of performing CBD Exploration for a 66 YO lad presenting with obstructive jaundice. She had the procedure performed, she was sent home next day after the drain was dry and removed. She remains well 4 months after the procedure.

Results: Surgical Common Bile Duct (CBD) exploration is a demanding operation, with a steep learning curve. It is indicated for choledocholithiasis, or stones in CBD. Our presented lady was admitted for an elective Surgical Laparoscopic Cholecystectomy and CBD exploration, was sent home next day, and remains well 4 months later.

Conclusion and key statement: CBD exploration is a safe and single stop procedure. It should be considered the gold standard for treating ductal stones, as an alternative to Endoscopic treatment, which is a multi-stage procedure, with a higher morbidity and mortality.

Video03 (18:24-18:32: 08.12.20)

LAPAROSCOPIC APPROACH IN EMERGENCY GENERAL SURGERY: MANAGEMENT OF MECHANICAL SMALL BOWEL OBSTRUCTION SECONDARY TO NECROTISING PANCREATITIS

Presenter: Dr J Latif
Author(s): Dr J Latif, Dr S Klimach, Dr B Jaber, Mr. Imran Bhatti, Mr A Awan
Institution: University Hospitals of Derby & Burton, Derby, United Kingdom

Aims: Mechanical small bowel obstruction secondary to necrotising pancreatitis is extremely uncommon, with only several cases reported in literature. We aim to describe a case of mechanical small bowel obstruction secondary to necrotising pancreatitis associated with a concomitant peripancreatic collection, managed laparoscopically with positive outcomes.

Methods: We present a case of a 79-year-old male with CT confirmed localised peripancreatic abscess with concomitant mechanical small bowel obstruction and transition point left of duodenal-jejunal flexure involving loop of distal jejunum adjacent to tail of pancreas, with area of discrete gas locules at the site of transition.

Results: The patient had emergency surgery utilising a minimally invasive approach for complex sequalae of severe pancreatitis and underwent laparoscopic adhesiolysis and drainage of peripancreatic collection (total operative time 82 minutes). This patient was surgically fit for discharge day 7 post-operatively, without any complications related to his surgery.

Conclusion: This case shows effective use of laparoscopy to diagnose and treat acute surgical emergencies. Generally, laparoscopy in the early stage of necrotising pancreatitis is used to exclude alternative causes of symptoms. However, we successfully treated acute small bowel obstruction with concomitant drainage of peripancreatic collection using a minimally invasive approach.

Key statement: Minimally invasive surgery is an important tool in the armamentarium of the acute care surgeon. A laparoscopic approach will further reduce the insult of intervention in already physiologically deplete patients. This case demonstrates the feasibility of laparoscopy for small bowel obstruction presenting as a surgical emergency.

Video04 (18:32-18:40: 08.12.20)

TIPS AND TRICKS IN LAPAROSCOPIC AND ROBOTIC SURGERY. EFFECTIVE METHOD TO USE SURGICAL MATERIALS IN MINIMAL ACCESS SURGERY

Presenter: Mr RT Kochupapy (TK)
Author(s): Mr RT Kochupapy (TK)[1,2], Dr P Dasgupta[1], Dr Vt Akilesh[1]
Institution: [1]Gem Hospitals, Chennai, India. [2]University Hospitals of Plymouth, United Kingdom

Aims: Traction counter-traction and effective use of assistance is the principle of minimal access surgery. Lack of undisturbed visual field is a frustration for surgeon.

This presentation will highlight the effective use of small surgical materials like thread, loop, rubber band and small gauze to produce a clear field to help MIS.

Methods: Proline thread or T lift can be used to lift Uterus or pelvic peritoneum to help pelvic surgery.
Mastoid swabs are used to protect duodenum, bowel, ureter and Pancreas in multi quadrant colorectal surgery.
Sterile rubber bands can be used in pancreatic and gynaecological surgery for progressive traction.

Results: All the above materials are used in MIS as an effective assistance. Once the material is placed inside the abdomen, the number and position should be noted in a board .Once the area is cleared then these materials should be removed promptly and a team member should be allotted for this purpose.

Conclusion: We have been using these materials for the past 20 years in MIS. Early in the career we used to spend time to get back the material, once we noted the number and area of the placement of the surgical material on a board then the operative time markedly reduced.

Key statement: For the trainees these tips and tricks will help in their career. Once we know how to use these materials many new inventions can be made. Now we use small mastoid swabs to effectively suck out blood and fluid from the abdomen without sucking out the pneumoperitoneum.

Video05 (18:30–18:38: 09.12.20)

ENHANCED VIEW TOTAL EXTRA PERITONEAL METHOD FOR INCISIONAL HERNIA REPAIR

Presenter: Mr RT Kochupapy (TK)[1,2]
Author(s): Mr RT Kochupapy (TK)[1,2], Dr P Dasgupta[1]
Institution: [1]Gem Hospitals, Chennai, India. [2]University Hospital of Plymouth, United Kingdom

Aims: 10 to 15 percent of laparotomy wounds will form incisional hernia. MIS for incisional hernia is a challenging field. Techniques used are IPOM and open methods. ETEP is a new method for treating primary and recurrent ventral hernia. This video will demonstrate the access and the technique of ETEP for ventral hernia.

Methods: Visciport is used to access the retrorectal space in the left upper quadrant. Once the left side is cleared a cross over was performed at the epigastrium. The whole retrorectus space was cleared and the hernia reduced, adhesions cleared. Posterior and anterior rectus sheath closed with V lock stitches and Mesh placed

Results: Incisional hernia size of 2 to 10 cms can be performed by ETEP. If the patient has a bigger hernia an ETEP TAR technique can be performed to close the posterior rectus sheath without tension. By this technique we can use simple prolene mesh to cover a large area.

Conclusion: In ETEP technique there is no need to use any mesh fixation device. This leads to less pain.
As no inlay mesh is used, future complications like mesh adhesions and intestinal obstruction is prevented. Laparoscopic posterior TAR is easy by this technique. This technique will be the future of AWR repair.

Key statement: ETEP can also be used for combined inguinal and incisional hernia. This technique needs good suturing technique. V lock stitches will help in suturing the posterior and anterior rectus sheath. Divarication of rectus muscles can be corrected by this technique.

Video06 (18:22–18:30: 10.12.20)

LAPAROSCOPIC EXCISION OF GASTRO-GASTRIC FISTULA AFTER PERFORATING ULCER IN ROUX EN Y GASTRIC BYPASS

Presenter: Dr A Khogeer
Author(s): Dr A Khogeer, Mr A Ilczyszyn, Mr M Adamo
Institution: University College Hospital, London, United Kingdom

Aims: The management of chronic gastro-gastric fistula post Roux-en-Y gastric bypass can be technically challenging. Risk factors include smoking and chronic NSAID use. We demonstrate a laparoscopic excision of a complex gastro-gastric fistula highlighting the technical aspects of the procedure.

Methods: We present a 29-year old lady who developed a chronic gastro-gastric fistula following a perforated gastro-jejunal anastomotic ulcer post Roux-en-Y gastric bypass. She was a previous heavy smoker. We resect the fistula-remnant-stomach complex and the gastro-jejunostomy. We redo the gastro-jejunostomy using the OrVil technique.

Results: The procedure was carried out successfully and she was discharged on D3. After 6-months follow-up she has not had any complications, her weight remains stable and her dysphagia symptoms have resolved.

Conclusion: Laparoscopic excision of gastro-gastric fistula after perforating ulcer in Roux en Y gastric bypass is feasible, safe and effective in managing these challenging patients.

Key statement: Video presentation of a laparoscopic excision of gastro-gastric fistula after perforating ulcer in Roux en Y gastric bypass.

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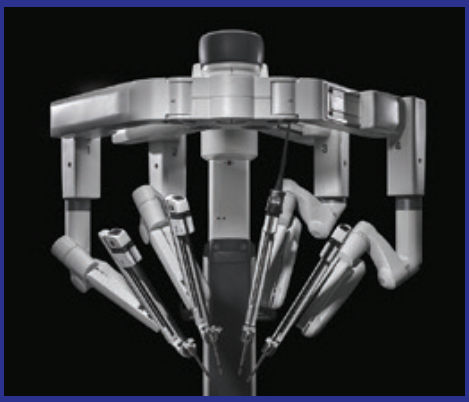

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P01

IMPROVING CONSENTING FOR LAPAROSCOPIC SURGERY DURING THE COVID-19 PANDEMIC

Presenter: Mr B Oyewole
Author(s): Mr B Oyewole, Dr A Patel, Mr A Elzaafarany, Mr A Gordon, Mr A Belgaumkar
Institution: Surrey and Sussex Healthcare NHS Trust, Redhill, United Kingdom

Aims: Patients undergoing surgery during the Covid pandemic are exposed to increased risks of pulmonary complications and mortality. These novel risks need to be documented on the consent form. We carried out various interventions to ensure appropriate consenting and documentation following an initial audit that revealed poor compliance with published guidelines.

Methods: The initial audit reviewed consent forms of patients undergoing emergency laparoscopic surgery over two-weeks in May 2020 while the re-audit was over a two-week period in June 2020 following implementation of interventions.
Inclusion Criteria: Age >18-years, urgent or emergency laparoscopic surgery
Exclusion criteria: Age <18-years, Open surgery, 'Covid-light' areas, NELA.

Results: A total of 31 consent forms were assessed during the audit loop; 18 laparoscopic appendicectomies, 8 laparoscopic cholecystectomies, 4 diagnostic laparoscopies and 1 laparoscopic hernia repair. Consenting for Covid pneumonia increased from 60% to 94%, potential ITU admission 63% from 20% and the risk of death 69% from 7%.

Conclusion: The Covid pandemic changed our surgical practice. There are many unknowns regarding the risks to surgical patients, however, evidence shows increased risks of Covid pneumonia, ITU admission and death in the perioperative period. Our consenting and the documentation of such conversations with patients must reflect our new reality.

Key statement: Interventions by medical education, critical analysis of published articles at surgical journal clubs and meetings, Covid information booklets for surgical patients and relevant posters can help increase compliance in the discussion and documentation of Covid related risks as required by national guidelines.

P02

EASIER RECOGNITION AND BETTER COMMUNICATION OF THE SURGICAL TEAM ACROSS THE HOSPITAL

Presenter: Mr PP Narayan
Author(s): Mr PP Narayan
Institution: Surrey & Sussex Healthcare NHS Trust, Redhill, United Kingdom

Aims: To improve the recognition & communication of the surgical team by means of posters of surgical members (Trainees/ Trust Grades/ Associates) including their name, designation & bleep; and colour coded ID/Lanyard for the surgical team.

Methods: An online survey was conducted for the surgical team and separately for the nursing staff across the hospital to understand how well the surgical team is recognised across the hospital and how changes, if implemented would bring about a difference in communication and recognition of the surgical team members.

Results:

	Surgical (n=25)	Nursing (n=40)
Surgical team recognised efficiently	Yes-72% No-28%	Yes-12.5% No-87.5%
Surgical team poster improve recognition	Yes-78% No-22%	Yes-85% No-15%
Poster make communication with nursing more effective	Yes-72% No-28%	Yes-80% No-20%
Special ID improve recognition	Yes-60% No-40%	Yes-70% No-30%

Conclusion: It is vital to have posters of surgical team members (trainees/ trust grades) across all key wards and in Emergency, along with unique ID for efficient recognition of Surgical team in urgent scenarios & to develop an effective communication with the nursing staff across the hospital.

Key statement: Recognition & communication of a surgical team is of paramount significance especially in catastrophic scenarios- like a crowded trauma call in ED, and ward rounds as surgical patients are dispersed across the hospital. Hence implementing basic changes like posters across all key wards and special ID could play a key role.

P03

LAPAROSCOPIC SURGERY IN PATIENTS WITH CYSTIC FIBROSIS

Presenter: Mr M El Boghdady
Author(s): Mr M El Boghdady[1], Assistant Professor B Ewalds-Kvist[2]
Institution: [1]University of Edinburgh, United Kingdom
[2]General Surgery Department, Croydon University Hospital, United Kingdom

Aims: Laparoscopic surgery might be advantageous for Cystic fibrosis (CF) patients because it carries less complications compared to open surgery. However, it might be of concerns due to the pulmonary and cardiovascular complications in CF patients. We aimed to systematically review the use of laparoscopic surgery in CF patients.

Methods: A systematic review was performed in compliance with PRISMA guidelines. A literature search using PubMed/Medline, ScienceDirect, Embase and Google Scholar, was performed using the search terms "cystic fibrosis and laparoscopic surgery". Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria were applied. The protocol was registered with PROSPERO register.

Results: Six studies met the premeditated inclusion criteria, two studies satisfied high and four citations completed moderate quality scores out of max. 30 scores. The interrater correlation was convincing (rs= .95, p=.02, 2-tailed). Thus, three quantitative and three qualitative citations were assessed and evidence-graded in agreement with GRADE four-level evidence-grading protocol.

Conclusion: The benefits of laparoscopic surgical interventions for patients with CF were supported with strong evidential value and were recognized as a safe and suitable surgical option.

Key statement: Laparoscopic surgery can be safe in patients with CF, in case the patients are preoperatively prepared by the treating cardiologist and anaesthetist.

P04

THE EFFECT OF EYE EXERCISES ON VISUAL SYMPTOMS IN THREE-DIMENSIONAL LAPAROSCOPY

Presenter: Mr M El Boghdady
Author(s): Mr M El Boghdady[1,2], Mr G Ramakrishnan[2], Mr A Alijani[2]
Institution: [1]University of Dundee, United Kingdom
[2]General Surgery Department, Croydon University Hospital, United Kingdom

Aims: Visual strains and associated symptoms have been reported when operating in 3D laparoscopic environments. Eye exercises are prescribed to school pupils of certain populations to relieve ocular fatigue and myopia following prolonged periods of intense concentration. We aimed to study the effect of eye exercises on 3D laparoscopic visual symptoms.

Methods: Twenty-four novices performed 30-minutes standardised lab-based laparoscopic tasks. Subjects completed a questionnaire to scale their visual symptoms before and after the tasks. Participants were divided equally into: those who received two minutes eye exercises before the tasks and those who didn't. Visual symptoms were scored with and without eye exercises.

Results: The effect of the simple eye exercises on relieving the visual symptoms was not statistically significant: blurred vision Mean (s.e.m.) 0.5 (0.5), dry eye 0.5 (0.33), difficulty in refocusing from one distance to another 1.75 (1.03), eye strain 1.5 (0.98), headache 0.5 (0.5) and eye deviation 4.33 (0.86), $p > 0.05$.

Conclusion: Eye exercises did not significantly resolve the 3D visual symptoms.

Key statement: Future research is recommended to prevent the visual strains and symptoms associated with 3D laparoscopy.

P05

THE RESULTS OF TREATMENT OF ACUTE APPENDICITIS DURING COVID-19 PANDEMIC IN A DISTRICT GENERAL HOSPITAL

Presenter: Mr T Urbonas
Author(s): Mr T Urbonas, Dr D Centea, Dr T Wild, Mr P Thomas
Institution: Queens Burton Hospital, Burton on Trent, United Kingdom

Aims: At the beginning of the Covid-19 pandemic conservative management of acute appendicitis (AA) was advised to reduce the risk the spread of infection during aerosol generating procedures. The aim of this study was to audit the outcomes of the management of AA in a district general hospital during the pandemic.

Methods: The prospective data collection was conducted for all patients treated for AA from 12/03/2020 to 18/05/2020. All patients above 16 years old with confirmed diagnosis of AA were included. The primary objective was the failure rate of conservative management requiring surgical intervention. Statistical analysis was performed using JASP software.

Results: There were 22 patients included. 19 (86%) were managed conservatively of which 4 (21%) patients failed and progressed to surgery. 3 patients (20%) treated non-operatively were readmitted within median 4 days (4-6); 2 (13%) of them developed appendix mass and continue antibiotics. None of the patients had positive SARS-CoV-2 test.

Conclusion: The sample size was small hence it is difficult to draw any solid conclusions. We feel that appendicectomy should remain standard treatment for AA as failure, complications and readmission rate was rather high in our case series. However, antibiotics should be considered as the first line during the pandemic.

Key statement: COVID-19 pandemic has changed the management of acute appendicitis in our hospital temporarily. The operative management was restored using AirSeal device for all laparoscopic cases.

P06

EMERGENCY LAPAROSCOPIC CHOLECYSTECTOMY DURING THE COVID PANDEMIC, IS IT SAFE?

Presenter: Mr B Oyewole
Author(s): Mr A Tawfik, Mr B Oyewole, Ms L Brewin, Mr A Belgaumkar
Institution: East Surrey Hospital, Redhill, United Kingdom

Aims: To assess the management of acute cholecystitis during the Covid pandemic. To assess outcomes of patients that underwent emergency laparoscopic cholecystectomy during the Covid pandemic.

Methods: Acute cholecystitis was diagnosed based on clinical, radiological and biochemical parameters. All patients above the age of 18 years old and managed for acute cholecystitis during the studied period were included and compared to a similar cohort six month prior.

Results: 37 patients had acute cholecystitis in the Covid period, 32% of whom had inpatient laparoscopic cholecystectomy; mean age 47 years and co-morbidity score of 1.4. No mortality nor significant complications were recorded, no patient tested Covid positive. Length of stay was 4 days versus 17 days for cholecystostomy patients.

Conclusion: The number of patients managed for acute cholecystitis decreased during the Covid period from 68 pre-Covid to 37, however overall mortality was similar compared to the pre-Covid cohort. Ironically a greater percentage of patients had an inpatient laparoscopy cholecystectomy which could be attributed to increased capacity during the Covid period.

Key statement: Inpatient laparoscopic cholecystectomy, after careful patient selection, has continued to prove to be the management of choice for patients presenting with acute cholecystitis even in the COVID-19 pandemic.

P07

LAPAROSCOPIC SURGERY AND THE DEBATE ON ITS SAFETY DURING COVID-19 PANDEMIC: A SYSTEMATIC REVIEW OF RECOMMENDATIONS

Presenter: Mr M El Boghdady
Author(s): Mr M El Boghdady[1], Professor B Ewalds-Kvist[2]
Institution: [1]University of Dundee, United Kingdom
[2]General Surgery Department, Croydon University Hospital, United Kingdom

Aims: Aerosol generating procedures such as laparoscopic surgery are known to be associated with increased risks of viral transmission to the healthcare workers. The safety of laparoscopy during the COVID-19 pandemic was therefore debated. We aimed to systematically review the literature regarding the safe use of laparoscopy during COVID-19.

Methods: We performed a systematic search using PubMed and ScienceDirect databases from inception to 1st May, 2020. The following search terms were used: "laparoscopic surgery and COVID-19"; "minimally invasive surgery and COVID-19". The study protocol was registered with PROSPERO register.

Results: Altogether, 174 relevant citations were identified and reviewed for this study, of which 22 articles were included. The analysis of the findings was presented in tabular form. We scrutinized the common recommendations for performing laparoscopy during the COVID-19 pandemic in forms of pre-, intra- and postoperative phases.

Conclusion: There is no scientific evidence to date for the transmission of COVID-19 by means of laparoscopic surgery. If safe, conservative management is the primary alternative during the pandemic. We concluded that recommended precautions should be respected while performing laparoscopy during the pandemic.

Key statement: If indicated, laparoscopic surgery can be used with precautions because of supplementary benefits compared to open surgery.

P08

PROSPECTIVE STUDY TO ASSESS THE ROLE OF DIAGNOSTIC LAPAROSCOPY AND SPECIAL EMPHASIS ON STAGING IN PATIENTS WITH INTRAABDOMINAL MALIGNANCY

Presenter: Mr PP Narayan
Author(s): Mr PP Naravan
Institution: East Surrey Hospital, Redhill, United Kingdom

Aims: Aim of this study is to use staging laparoscopy to accurately define the extent of disease, direct appropriate therapy and avoid unnecessary intervention. Routine laparoscopy before laparotomy, especially in cancers which have equivocal operability helps to avoid unnecessary laparotomies.

Methods: Patients with intra-abdominal malignancies who have operable disease on preoperative imaging will be taken for diagnostic laparoscopy and the findings will be corroborated with the findings in laparoscopy. Laparoscopy will include assessment of distant metastasis (liver/peritoneum/omentum), resectability of the disease, and biopsy from lesions of uncertain diagnosis.

Results: Out of 35 patients in this study, 29 were operable on radiology and 6 had uncertain operability. Out of these 29, only 15 were found to be resectable on diagnostic laparoscopy and underwent definitive resection. Out of the rest 14 , 7 had isolated peritoneal metastasis, 3 had only liver metastasis.

Conclusion: Diagnostic laparoscopy can reduce the number of unnecessary laparotomies that seem resectable on radiology but are found to be irresectable on laparoscopy. It can aid in diagnosis of uncertain malignancies in which image guided biopsy is not recommended in operable disease on radiology (e.g. gall bladder malignancy).

Key statement: Role of diagnostic laparoscopy and special emphasis on staging in patients with intraabdominal malignancy.

P09

THE AUDIT OF TIMING OF LAPAROSCOPIC CHOLECYSTECTOMY FOR GALLSTONE PANCREATITIS IN A DISTRICT GENERAL HOSPITAL

Presenter: Mr T Urbonas
Author(s): Mr T Urbonas, Dr D Centea, Dr K Thomas, Dr R Yusuf, Mr Z Muras
Institution: Queens Burton Hospital, Burton on Trent, United Kingdom

Aims: The British Society of Gastroenterology recommends performing laparoscopic cholecystectomy (LC) for acute gallstone pancreatitis (GSP) on the index admission or within 2 weeks of the diagnosis to prevent further attacks of pancreatitis. The aim of the audit is to audit the current management of patients suffering with GSP.

Methods: The retrospective data collection was conducted for all patients treated for GSP from 01/01/2019 to 31/12/2019. All patients with confirmed diagnosis of GSP were included. The primary objective was the number of LC performed within 2 weeks of admission with GSP. Statistical analysis was performed using JASP software.

Results: There were 55 patients. 35 (64%) patients had LC performed. Only 14 (25%) had it done within 2 weeks of admission. 20 (36%) patients didn't have LC of those only 6 (30%) were fit to have it on index admission. Median wait for LC was 32 days (1-300).

Conclusion: Only 14 (25%) of the patients were treated as per BSG guidelines. 26 (40 %) patients were fit to have LC within 2 weeks of admission but operation was delayed or not done. The theatre capacity should be increased in DGH type hospitals to accommodate all eligible patients for timely operations.

Key statement: Timely performed LC for patients with GSP will prevent further attacks of pancreatitis and therefore we should aspire to meet BSG guidelines to reduce morbidity and readmissions.

P10

RE-DO OF LAPAROSCOPIC CBD EXPLORATION THROUGH CYSTIC DUCT REMNANT FOLLOWING LAPAROSCOPIC CHOLECYSTECTOMY; A CASE SERIES

Presenter: Mr R Jardine
Author(s): Mr R Jardine, Ms A Abdelmabod, Mr M Habib, Mr M Ghazanfar
Institution: NHS Grampian, Aberdeen, United Kingdom

Aims: Common bile duct (CBD) stones are detected in 10-15% of patients with gallstone disease. There is increasing evidence illustrating the effectiveness of the transcystic approach for cholecystectomy and CBD exploration. Through a case series, we reviewed this approach for re-exploration following previous cholecystectomy and outline the need for new guidelines in this complex patient group.

Methods: Review of four cases in 2020 in Aberdeen Royal Infirmary. Each underwent re-do laparoscopic transcystic common bile duct exploration for retained stone, following previous laparoscopic cholecystectomy.

Results: Each case had successful stone clearance and resolution of symptoms.

Conclusion: With increasing laparoscopic technology and surgical skill, re-exploration of the CBD following previous cholecystectomy due to emergency surgical presentations should be performed. This is feasible and safe. We recommend the transcystic approach due to reduced morbidity and high success rates of stone extraction.

Key statement: We recommend the transcystic approach for re-exploration of the CBD due to reduced morbidity and high success rates of stone extraction. We propose a multi-centre study to ultimately produce new guidelines on this patient population.

P11

THE INFLUENCE OF MUSIC ON THE SURGICAL TASK PERFORMANCE: A SYSTEMATIC REVIEW

Presenter: Mr M El Boghdady
Author(s): Mr M El Boghdady[1], Professor B Ewalds-Kvist[2]
Institution: [1]University of Edinburgh, United Kingdom
[2]General Surgery Department, Croydon University Hospital, United Kingdom

Aims: Music is commonly played in operating theatres. Music was shown to diminish stress of the surgical team. However, it might give rise to negative effects of divided attention causing auditory distracted surgical routines. Therefore, we aimed to systematically review the effect of music on the surgeon's task performance.

Methods: A systematic review was performed in compliance with PRISMA guidelines. A literature search using PubMed, ScienceDirect and Google Scholar, was performed. Search items were considered from the nature of the articles, date of publication, forum of publication, aims and main findings in relation to use of music in operating theatres.

Results: Out of 18 studies, 6 studies were assessed having high quality and 8 studies of moderate quality. Five studies, provided strong and moderate scientific evidence for a positive effect of music on surgical task performance. The positive effect of music was significantly higher compared to its negative effect ($p<0.0001$).

Conclusion: Certain music elements affect the surgical task performance in a positive or negative way. The total and significant outcome of the present study was that the positive effect of music on surgeon's task performance, overrides its negative effect.

Key statement: Classic music when played with a low to medium volume can improve the surgical task performance by increasing both accuracy and speed. The distracting effect of music should also be put in consideration when playing a loud or high-beat type of music in the operating theatres.

P12

AUDIT OF EMERGENCY OPERATION NOTES (AUDIT CYCLE)

Presenter: Miss N Gulnaz
Author(s): Miss N Gulnaz[1,2], Mr A Crumley[2]
Institution: [1]Royal Oldham Hospital, Oldham, United Kingdom
[2]NHS Forth Valley Royal Hospital, Larbert, United Kingdom

Aims: The aims of this study were to Review compliance with the Royal College of Surgeons operation note guidance and to identify areas of improvement.

Methods: The notes of all patients who underwent emergency surgery from 1st of January to 15th of March 2020 under the General Surgical department were reviewed. Endoscopic procedures were not included in the study. Electronic records were used to review the operation notes.

Results: 176 patients were included in the study. Compliance of 100% was seen in documenting operative findings, type of incision, wound closure technique, procedural details, documenting extra procedures, and post-operative instructions. Information about DVT prophylaxis, blood loss, antibiotics, and blood loss was found to have been missing in many notes.

Conclusion: Key areas for improvement are to include specific details about the following:

- Operative indication/diagnosis especially in emergency laparotomies
- Antibiotic prophylaxi
- DVT prophylaxis
- Blood loss (major area of attention)
- Intervention – raising awareness that this guidance exists
- Suggesting inbuilt forms for electronic recording if possible, in the future

Key statement: A good compliance was seen in documenting operative notes however some areas of the surgical notes do need improvement.

P13

CLINICAL ACCURACY OF ULTRASOUND COMBINED WITH INFLAMMATORY MARKERS IN ACUTE APPENDICITIS

Presenter: Miss N Gulnaz
Author(s): Miss N Gulnaz[1,2], Miss S Tasleem[3], Dr F Abdullah[2], Professor A UrRahman[2]
Institution: [1]Royal Oldham Hospital, Oldham, United Kingdom
[2]Khyber Teaching Hospital, Peshawar, Pakistan
[3]Pinderfield General Hospital, Wakefield, United Kingdom

Aims: The objective of the study was to determine the diagnostic accuracy of ultrasound, combined with the inflammatory markers; CRP, TLC, and neutrophil% in the diagnosis of acute appendicitis keeping histopathology as gold standard.

Methods: This was a cross-sectional study from September 2014 to March 2015 on 250 consecutive patients who have been clinically diagnosed with acute appendicitis. All Patient had their blood tests done for inflammatory markers and then had an Ultrasound of the abdomen and pelvis to evaluate for sonological signs of appendicitis.

Results: TLC had the highest sensitivity (77.68%) followed by neutrophil% (69.96%), CRP(67.10%) and U/Sound (62.96%) respectively.While U/Sound had the highest specificity (70.59%) followed by CRP and TLC (64.71% each) and neutrophil% (58.82%) respectively. When all four tests were combined the sensitivity, and specificity,(99.17% and 98.45%) increased significantly.

Conclusion: Combining radiological imaging with the inflammatory markers increases the diagnostic accuracy significantly But it is stressed that history and clinical examination by a skilled surgeon still remain important in diagnosing acute appendicitis, and its importance cannot be denied. These can be used as an adjuvant to a surgeon's clinical diagnosis.

Key statement: Combining radiological imaging with the inflammatory markers increases the diagnostic accuracy significantly hence reducing the negative appendectomy rates and is cost-effective.

P14

A COMPARATIVE ASSESSMENT OF APPENDICECTOMY TRAINING MODELS IN SIMULATION SETTING

Presenter: Dr S Marsh
Author(s): Dr S Marsh, Mr A O'Connor, Mr I Petre, Mr S Loganathan, Mr M Paraoan
Institution: Wrightington, Wigan and Leigh Teaching Hospitals NHS FT, Wigan, United Kingdom

Aims: The aim of the study was to evaluate the currently available models in the UK for training in simulated appendicectomy training setting with regards to the following characteristics:

1. Ability to allow practice of essential procedural steps
2. Cost-effectiveness and ease of procurement
3. Trainee satisfaction with use of model

Methods: We identified 3 commercial, two wetlab and one innate model (glove appendix). We tested the 3 commercial models alongside an in-house wetlab model in a simulated training session with a group of 10 trainees attending the LapPass® course and 2 Consultants surgeons for 6 characteristics using a 1-3 ranking score.

Results:

Characteristic tested	ranking score (1-3) (3 highest score)		
	Inovus	iSurgical	eosurgicals
Resemblance to surgical anatomy	2	3	1
Meso-appendix dissection and clipping	2	3	not suitable
Dissection with energy device	not suitable	not suitable	not suitable
Endo-loop placement	2	3	1
Cost-effectiveness	2	3	1
Overall satisfaction	2	3	1

Conclusion: The iSurgicals was the preferred model in our training setting and the most cost-effective through design (replaceable appendix and reusable caecum). None of the models allowed the effective teaching of dissection of meso-appendix by energy device and this is a major drawback in simulated appendicectomy using the commercial models.

Key statement: Convenient teaching all technical steps of simulated appendicectomy remains challenging due to inbuilt limitations of available models. A combination of a commercial model and with the addition of an in-house made model for meso-appendix dissection has increased the trainee satisfaction and secured the delivery of all technical steps of procedure.

P15

INCIDENCE OF NEGATIVE APPENDECTOMIES – AN EXPERIENCE AT DISTRICT GENERAL HOSPITAL

Presenter: Mr M Fahim
Author(s): Mr M Fahim, Dr SI Abbasi
Institution: East Surrey Hospital, Redhill, United Kingdom

Aims: The aim of this study is to identify the incidence of negative appendectomies in patients undergoing emergency appendectomy (Open and laparoscopic surgical procedures) at East Surrey Hospital over 18-month time from May 2018 to October 2019.

Methods: Patients admitted in Surgical Assessment Unit with diagnosis of acute appendicitis and had undergone appendectomy were included. Age, surgical approach and histological findings of resected appendix were noted retrospectively. Exclusion criteria included age less than 6 years and appendectomy performed as part of other procedures.

Results: A total of 669 appendectomies were performed during 18-month period from May 2018 to October 2019. 58 patients were excluded from the study as they did not meet the inclusion criteria. Among remaining 611 patients who had appendectomy, 97(15.87%) of patients did not have histological evidence of appendicitis.

Conclusion: A significant number of patients are undergoing appendectomy procedure without histological evidence of appendicitis for abdominal pain. Appendectomy is not a harmless procedure and the clinical diagnosis of acute appendicitis must be supported by monitoring of inflammatory markers and imaging investigations as appropriate.

Key statement: Although appendectomy is a very safe surgical procedure but not harmless and has its own risks to patient, surgical team and financial implications. A period of prolonged clinical monitoring aided by trends in inflammatory markers and supported by appropriate imaging investigations is recommended in selected equivocal cases.

P16

A SYSTEMATIC REVIEW ON THE EFFECT OF PLAYING VIDEO GAMES ON THE PERFORMANCE OF LAPAROSCOPIC SKILLS USING SURGICAL SIMULATORS

Presenter: Mr R Udall
Author(s): Mr R Udall[1,2], Mr R McWilliams[2], Miss Z Javed[2], Professor B Patel[2]
Institution: [1]King's College London, London, United Kingdom
[2]Queen Mary, University of London, United Kingdom

Aims: There have been numerous attempts to ascertain if gaming has an effect on performance of laparoscopic skills. The aim of this study was to review relevant literature on the effects of gaming on laparoscopic performance using surgical simulators and determine if gaming can become a viable tool for laparoscopic training.

Methods: A systematic search was carried out on PubMed, Embase, Scopus, Ovid and Cochrane databases from inception to June 2020, using synonymous terms for video games and laparoscopy. All randomised controlled trials utilising gaming as an intervention and assessing performance of laparoscopic skills using surgical simulators were included.

Results: 1795 articles were found: 298 articles were duplicates, 1459 were not relevant and 29 were excluded following full text assessment, leaving 9 articles for inclusion in this review. Playing video games significantly improved laparoscopic simulator performance in 8 out of 9 studies, including both basic laparoscopic skills and simulated procedures.

Conclusion: The evidence from this review points towards the playing of video games improving laparoscopic performance on surgical simulators, which could one day be used to aid surgical trainees reach proficiency. However, the overall reliability of this evidence is questionable, especially as the metrics that significantly improved varied greatly between studies.

Key statement: Until a large, randomised study demonstrates that playing video games can be equally as effective and predictable compared to more traditional means of laparoscopic surgical simulation, it is not possible to advocate the implementation of a formal gaming curricula to a laparoscopic surgery training program at this current time.

P17

SURGICAL OUTCOMES OF ROBOTIC VS LAPAROSCOPIC INGUINAL HERNIA REPAIR: A SYSTEMATIC REVIEW

Presenter: Miss A Mushtaq
Author(s): Miss A Mushtaq, Miss Z Javed, Mr R McWilliams, Professor B Patel
Institution: Queen Mary University, London, United Kingdom

Aims: Inguinal hernia repair (IHR) is among the most common general surgeries in the UK. Robotic technology offers advantages including increased precision and filtering of physiological tremor. This review aims to determine whether robotic IHR has superior outcomes compared to laparoscopic for post-operative complications, recurrence and chronic groin pain (CGP).

Methods: PubMed, Cochrane, EMBASE, Scopus and Web of Science were systematically searched from inception until 21st April 2020 for articles reporting outcomes of robotic IHR or comparing robotic and laparoscopic IHR. Statistical analysis was through independent t test, and risk of bias assessed using the Cochrane tool via RevMan.

Results: 21 articles were identified, including 14,034 patients undergoing robotic (n=3712) and laparoscopic (n=3088) IHR. Robotic operating time was longer (96 vs 69 minutes, p=0.008). Robotic IHR showed lower post-operative complications (10% vs 13%), seroma rate (3.92 vs 21.38, p=0.03), recurrence (2% vs 7%) and CGP (8% vs 20%).

Conclusion: Robotic IHR is safe and effective. However, limiting its use to complex cases could balance the higher costs which may be reduced by robot purchase for other surgeries. More information regarding long-term outcomes and cost-benefit analysis is needed to determine its suitability for clinical practice.

Key statement: More precise mesh placement secondary to the increased dexterity offered by robotic platforms may translate to lower recurrence and CGP rates. There is some evidence that robotic IHR has lower post-operative complications rates compared to laparoscopic, but further RCTs are necessary to determine this.

P18

OUTCOMES OF LAPAROSCOPIC SUBTOTAL CHOLECYSTECTOMY IN THE TREATMENT OF GALLSTONE DISEASE IN ADULTS. A SYSTEMATIC REVIEW

Presenter: Mr M Elzawahry
Author(s): Mr M Elzawahry, Professor C Magee, Mr J Wilson
Institution: Wirral University Teaching Hospitals NHS Trust, United Kingdom

Aims: The aim of this project is to perform a systematic review of the evidence available to support laparoscopic subtotal cholecystectomy as a safe alternative that can minimise the incidence of bile duct injury (BDI).

Methods: A comprehensive literature search was preformed through MEDLINE and EMBASE databases. All studies comparing LSTC to LC or reviewing long-term outcomes of LSTC without control in adults were included. A data extraction form was used to collect data. The primary outcome measured will be the occurrence of postoperative complications.

Results: The initial search identified 855 results which were hand-searched, 21 manuscripts were included in this review. Overall, there were 1371 LSTC patients; in which; 5 bile duct injuries, Biliary leakage in 99 cases & 125 postoperative ERCP procedures performed. There were 31 recurrences of biliary events, 17 completion cholecystectomies.

Conclusion: LSTC is increasingly popular and provides an acceptable alternative in difficult cases; potentially avoiding bile duct injury. This comes with an increased rate of secondary interventions and other complications. Further research is required to affirm such conclusions with stronger evidence.

Key statement: Laparoscopic subtotal cholecystectomy is a valid alternative in difficult cases. Its use is increasing and with that the body of evidence. Further research and review is required to ascertain the most appropriate technique and indications for its use.

P19

SUPERVISED REMOTE LAPPASS® TRAINING USING ZOOM: INITIAL REPORT ON FEASIBILITY AND TRAINEE SATISFACTION

Presenter: Dr S Marsh
Author(s): Dr S Marsh, Mr A O'Connor, Mr S Loganathan, Mr A Talbot, Mr M Paraoan
Institution: Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, Wigan, United Kingdom

Aims: The aim of the study was to explore the feasibility of overcoming barriers to supervised surgical skill training during the COVID-19 crisis by employing newly available Zoom technology and to assess the trainee satisfaction with the remotely supervised LapPass® training model using a 9 questions survey scored on Lembert scale.

Methods: Seven surgical trainees (CST and IMF) were provided with training boxes equipped with webcams and LapPass® kits and undertook a 6 week training programme including one weekly live Zoom supervised by an experienced trainer. We assessed the feasibility of supervising and providing feedback and undertook a survey of trainees' satisfaction.

Results:

Survey question (selected 3 out of 9)	Lembert scale Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Zoom connection is straightforward	A-1	SA-6			
The feedback received during Zoom session improved my task performance	A-3	SA-4			
I recommend Zoom session become regular as providing training benefit	A-1	SA-6			

Conclusion: We demonstrated the feasibility and the benefit of using modern internet technology in delivery of supervised surgical training in a setting embraced with enthusiasm by surgical trainees. The trainer recorded enhanced quality of personalised supervision and feedback, superior physical comfort and the ability to review recordings to monitor trainee progress.

Key statement: Remote training and telementoring using internet-based technology has been available for almost 2 decades in surgery but not embraced on large scale. COVID crisis has focused delivery of teaching and training through internet-based technologies which will undoubtedly shape the future of medical training meeting both trainees' and trainers' satisfaction.

P20

THE DIAGNOSIS AND MANAGEMENT OF APPENDICITIS DURING THE COVID-19 PANDEMIC: THE PENNINE ACUTE TRUST EXPERIENCE

Presenter: Mr D Idama
Author(s): Mr D Idama, Dr G Aldersley, Dr M Connolly, Mr A O'Conner
Institution: Royal Oldham Hospital, United Kingdom

Aims: Appendicitis management has evolved recently with more reliance on Computed Topography (CT) and laparoscopic surgery being commonplace. In this project we looked at how the Coronavirus pandemic (COVID-19) had impacted the diagnosis, management and outcomes of patients with appendicitis in our unit.

Methods: A retrospective review of all patients diagnosed with appendicitis from 1st March to 30th April in 2019 and 2020 was carried out. We collected demographic information and data on the diagnostic tools used.

Results: In 2020, 91 patients were identified. In 2019, 107 patients were identified. There was no significant difference in patients' symptom duration (p=0.21), WCC(p=0.20) or CRP(p=0.10). More CTs were performed in 2020 (56/91, 61.5%) than 2019 (40/107, 37.4%). Less patients underwent appendicectomy in 2020 (82.4%) than in 2019 (97.2%).

Conclusion: Open appendicectomies were performed in 64% operated in 2020 compared with 12.2% in 2019. No difference in length of stay or readmissions. The diagnosis and management of appendicitis changed considerably at our trust during COVID-19 with more reliance on CT diagnosis and less use of laparoscopy. However, outcomes remained unchanged.

Key statement: During COVID-19 less patients were admitted to our hospital with appendicitis, but there were no significant differences in outcomes. It's possible this reliance on CT to diagnose appendicitis could continue.

P21

AMBULATORY ULTRASOUND – COULD WE BE MORE EFFICIENT? A DISTRICT GENERAL HOSPITAL EXPERIENCE

Presenter: Dr D Idama
Author(s): Dr D Idama, Dr C Gamble, Dr O Lasheen, Dr A O'Connor
Institution: Royal Oldham Hospital, Oldham, United Kingdom

Aims: Right iliac fossa (RIF) pain a common presentation to General Surgery departments and appendicitis is a possible cause. There are diagnostic challenges in these patients. Indeed, over a fifth undergoing appendicectomy have a histologically normal appendix. National guidelines recommend performing Ultrasound Scans (USS) in select patients.

Methods: A retrospective review of all ambulatory USS from June 2019 - December 2019 for RIF pain. We collected demographics, working diagnoses, imaging request details and outcomes. We aimed to understand the utility of USS for RIF pain in our department.

Results: 76 patients were included. 65 female, 11 male. 18 had a working diagnosis of 'appendicitis', whilst 19 'appendicitis vs gynaecological pathology'. USS reports concluded 'appendix not seen' in 18, 'normal study' in 23 and 10 inconclusive. 14 identified only ovarian cysts. 12 had further imaging with only 2 showing pathology.

Conclusion: Only 2 patients underwent appendectomy and histology was normal in both. Only one USS stated a likely diagnosis of appendicitis. We conclude that we are not using the resource as efficiently as possible and only recommend using USS in women of childbearing age to identify gynaecological causes of RIF pain.

Key statement: USS is not the ideal modality to investigate RIF pain, we have found that our ambulatory slots have not been used ideally with some males and patients older than 40 receiving scans. we recommend its only used to rule out gynaecological causes of RIF pain

P22

COLORECTAL CANCER DURING COVID: OUR EXPERIENCE

Presenter: Mr SG Hosny
Author(s): Mr SG Hosny, Mr N Hossain, Mr M Venza, Mr D Boyle
Institution: Barnet Hospital – Royal Free London NHS Foundation Trust, London, United Kingdom

Aims: Colorectal cancer remains a problem during the COVID crisis. Delaying treatment will only lead to worse outcomes overall and higher pressures on healthcare services. Our aim was to describe how our region implemented definitive management pathways for these patients and their ongoing treatment during this time.

Methods: Following the temporary interruption to all elective operating, including cancer due to the risks associated with patients and/or staff members contracting COVID, several trusts in one geographical region merged to form an extended cancer network.

Results: Services were very limited due to the increased requirement of personal protective equipment and due to fixed intervals between cases. Investigations of suspected cancer and proven cases were triaged and the threshold for invasive investigation was increased. Resectional cancer work was relocated to a private hospital that was declared safe.

Conclusion: Cancer care is an essential part of any healthcare service provision. It is important to sustain these services during COVID as the pandemic may last for an extended period and every effort should be made to avoid additional morbidity and mortality due to underlying malignancy.

Key statement: Colorectal cancer surgery remains a priority during COVID. Emergency surgery for colorectal cancer leads to worse patient outcomes and so maintaining an effective cancer service is a priority.

P23

THE RECONFIGURATION OF AN ACUTE GENERAL SURGERY SERVICE IN THE CONTEXT OF COVID

Presenter: Mr SG Hosny
Author(s): Mr SG Hosny, Mr N Hossain, Mr L Soares, Mr P Mathur, Mr M Alwhouhayb
Institution: Barnet Hospital - Royal Free London NHS Foundation Trust, London, United Kingdom

Aims: During the COVID crisis, our Trust developed a new the Adult Assessment Unit (AAU) facility to streamline patients away from the Emergency Department (ED). Our aim was to develop a sustainable patient-centred acute general surgery pathway suitable for both COVID and the post-COVID era.

Methods: We adopted a multi-disciplinary approach and developed a referral pathway to cover a spectrum of patients including critically unwell patients requiring emergency surgery to less acute ones requiring review, reassurance and discharge. We piloted this over a period of 2 weeks with rapid audit and improvement cycling thereafter.

Results: During the initial pilot phase, a total of 168 patients were referred to general surgery with 68 patients were seen in the AAU. The median time to initial assessment was found to be 20 minutes (range 5 – 170 minutes). The length of stay ranged from 10 minutes to 635 minutes.

Conclusion: A safe and effective service reconfiguration can be developed quickly provided that all key stakeholders are actively involved and open to service improvement and change. Rapid cycling and revisions of this pathway enabled the service to be expanded and may be used as a framework for further service development.

Key statement: Service improvement must occur using a dynamic multidisciplinary approach and requires engagement from all key stakeholders in the process. Clinical involvement from the start is required to ensure optimal service provision and patient care.

P24

TRAINING IN GENERAL SURGERY IN THE CONTEXT OF COVID: OUR EXPERIENCE

Presenter: Mr SG Hosny
Author(s): Mr SG Hosny, Mr N Hossain, Mr P Mathur, Mr L Soares, Mr M Alwhouhayb
Institution: Barnet Hospital - Royal Free London NHS Foundation Trust, London, United Kingdom

Aims: Our hospital is a high volume of colorectal cancer centre within the training region and is a popular training allocation. Our aim was to identify how training has changed in the context of COVID by evaluating the number of elective training opportunities available before, during and after the first wave.

Methods: We examined the number of available training sessions before, during and after the peak of the first wave of COVID. This included both operative and non-operative training opportunities.

Results: Before COVID, there were 7 elective theatre sessions, 5-day case sessions, 5 endoscopy lists and 5 outpatient clinics a week. During COVID, all elective clinics, endoscopy and theatre sessions were cancelled. Presently, there are no elective sessions, 5-day case sessions, 5 endoscopy lists and 5 clinics a week.

Conclusion: Surgical training has been significantly adversely affected by the COVID crisis in the short-term, but the long-term repercussions are yet to be fully understood. Training must be safeguarded and reviewed to avoid a significant impact upon the delivery of surgical training.

Key statement: Surgical training must remain a priority during the COVID crisis to avoid a future healthcare crisis due to reduced training opportunities. Training opportunities have been significantly reduced and this must be given a priority during any service reconfiguration.

P25

THE CLINICAL IMPACT OF A DIRECT REFERRAL PATHWAY FOR LAPAROSCOPIC CHOLESCYSTECTOMY - A QUALITY IMPROVEMENT PROJECT

Presenter: Dr M Tan
Author(s): Mr K El-Samani[1], Dr M Tan[1,2,3], Dr D Gearon[1,2], Ms L Ong[1]
Institution: [1]Peterborough City Hospital, Peterborough, United Kingdom
[2]Addenbrooke's Hospital, Cambridge, United Kingdom
[3]Imperial College London, United Kingdom

Aims: Determine the impact of implementing a direct referral pathway (eTCI) for laparoscopic cholecystectomy for patients attending an ambulatory biliary colic pathway in a District General Hospital.

Methods: Criteria for a direct eTCI was introduced in August 2018. Patients attending 12 months before (pre-group) and after (post-group) introduction were included if criteria was met. Demographics, time between first presentation and operation, number of clinical referrals, emergency department (ED) or ambulatory care unit (ACU) reattendances, and readmissions were extracted.

Results: 24 and 41 patients were included from the pre- and post-groups respectively. Post-implementation, waiting time between first presentation and operation was decreased from an average of 91 to 76 days, proportion of patients needing outpatient appointments, proportion of patients reattending the ED/ACU, and readmissions rate were lowered.

Conclusion: The direct eTCI is a safe and effective criteria-driven pathway that has improved patient care in a district general hospital. Implementation has improved waiting times for laparoscopic cholecystectomy and has significantly reduced the demand on both emergency and outpatient departments leading to overall cost savings and better quality of care.

Key statement: Criteria-driven direct referral for elective cholecystectomy has improved patient care and resulted in cost savings in a district general hospital in the United Kingdom.

P26

FEASIBILITY AND OUTCOMES OF LAPAROSCOPIC MANAGEMENT OF MIRIZZI SYNDROME: A SINGLE CENTRE EXPERIENCE

Presenter: Mr M Elhusseini
Author(s): Mr M Elhusseini[1,2,3], Dr L Saraswat[1], Mr M Bekheit[1,2], Mr M Ghazanfar[1,2], Mr M Habib[1,2]
Institution: [1]Aberdeen Royal Infirmary Hospital, United Kingdom. [2]University of Aberdeen, United Kingdom
[3]Ain Shams University, Cairo, Egypt

Aims: Pre-operative diagnosis of Mirizzi Syndrome (MS) is challenging, as mismanagement of undiagnosed cases is associated with undesirable outcomes. Laparoscopic management is becoming popular for type 1 MS but not for type 2. In this series, we describe the outcomes of laparoscopic management of thoroughly investigated cases of MS.

Methods: Retrospective analysis of prospectively maintained database from December 2015 to March 2020 was performed. A dedicated multidisciplinary team of surgeons, radiologists and endoscopists has agreed on peri-operative diagnosis. Laparoscopy was considered the standard initial surgical approach in all cases. Treatment success, conversion to open and surgical outcomes were reviewed.

Results: 31 patients (24 type 1, 7 type 2) with median age 64 years, were included. MRCP alone was diagnostic in 51.6%, ERCP in 22.6% whereas Ultrasound or CT failed to be single diagnostic modality. 2 patients needed conversion. 35% experienced post-operative complications, of which 9.7% (n=3) bile leak needed re-operation.

Conclusion: High index of clinical suspicion aided by appropriate imaging, most importantly MRCP, helps achieving accurate pre-operative diagnosis and in turn reduces peri-operative complications. Technical difficulty in type 2 can be an obstacle, however, laparoscopic management should be considered.

Key statement: Management of MS is multidisciplinary. Good clinical acumen with use of the right diagnostic modalities can improve the surgical outcomes, especially in the presence of laparoscopic expertise.

P27

CONSERVATIVE MANAGEMENT OF SMALL BOWEL OBSTRUCTION: A LOCAL EXPERIENCE

Presenter: Dr M Gonzalez
Author(s): Dr M Gonzalez, Mr M Aker, Dr P Manjunath, Mr A Mishra, Mr N Ward
Institution: West Suffolk Foundation Trust, Bury St Edmunds, United Kingdom

Aims: Adhesive small bowel obstruction (SBO) represents one of the main diagnoses warranting emergency laparotomies. The National Audit in Small Bowel Obstruction advocates the use of water-soluble contrast agents (WSCA) as initial management of SBO. We aim to assess the role and outcomes of WSCA in successfully managing SBO non-operatively.

Methods: We conducted a 2-year retrospective analysis including all patients admitted with adhesive SBO. Other aetiologies of SBO have been excluded. Outcomes of patients who received WSCA were compared to those who hadn't. Subsequent need for surgery and length of stay (LOS) were compared using chi-square and Mann-Whitney U tests.

Results: From the 118 patients included, 91(77%) were initially managed conservatively. From this group, 53(58.2%) received WSCA and 36(39.5%) were successfully managed non-operatively compared to the 26(28.5%) that didn't receive WSCA. LOS didn't differ between these two groups (5 vs. 5.5 days, p=0.805).

Conclusion: Adhesive SBO remains a common surgical emergency that can be managed conservatively in up to two-thirds of patients. The use of WSCA has a positive impact in the management but needs further assessment in larger studies.

Key statement: As recommended by the The National Audit in Small Bowel Obstruction (NASBO, 2017) the use of water-soluble contrast agents (WSCA) should be used as initial management of SBO. This will have a positive impact in both LOS and success in non-operative management.

P28

THE EFFECT OF SELF-ASSESSMENT VERSUS VIDEO FEEDBACK ON THE ACQUISITION OF SURGICAL SKILLS: A SYSTEMATIC REVIEW

Presenter: Miss Z Javed
Author(s): Miss Z Javed, Miss A Mushtaq, Professor B Patel
Institution: Barts and The London, London, United Kingdom

Aims: The primary aim of this review is to determine the effect of self-assessment and video feedback on performance of surgical skills and to ascertain whether one feedback method is superior to the other. The secondary aim is to compare perceived opinion of both feedback methods.

Methods: A literature search of PubMed, EMBASE, Cochrane and Web of Science was conducted. Terms used for the literature search were: [self-assess* OR self-performance OR self-confidence OR self-evaluat* OR self-perception OR self-appraisal] AND [video OR record*] AND [surg* OR operat* OR technical] AND [skill* OR performance OR competence].

Results: Of the 2738 records identified, 16 eligible studies (430 participants) were included. Improvement post video feedback was seen in 59% of studies compared with 50% post self-assessment. Expert level analysis showed a greater improvement in performance post self-assessment and video feedback in novices compared to trainees and experts.

Conclusion: Improvements in performance were seen after both feedback methods. There is insufficient and conflicting evidence to support objective differences between self-assessment and video feedback, with inconsistent correlation of participants' surveyed responses with actual performance. Further research ought to be conducted to determine the true difference between the feedback methods.

Key statement: Both self-assessment and video feedback lead to improvements in surgical skill acquisition when comparing different study types and participant grade. Although video feedback was shown to be the preferred feedback method by participants, there was no clear evidence showing superiority of video feedback over self-assessment.

P29

A FOUR YEARS RETROSPECTIVE ANALYSIS OF PORT SITE AND EXTRACTION SITE COMPLICATION IN LAPAROSCOPIC COLORECTAL RESECTION

Presenter: Mr A O'Connor
Author(s): Mr A O'Connor, Mr S Loganathan, Mr M Ashrafi, Mr G Kumar, Mr M Paraoan
Institution: Wrightington, Wigan and Leigh Teaching Hospital NHS FT, Wigan, United Kingdom

Aims: Port and extraction site complications are an under investigated but important secondary outcomes of laparoscopic surgery. This retrospective cohort study aimed to investigate what complications occurred and whether any pre-operative factors may be used to predict such complications.

Methods: Four years retrospective data was collected on age, gender, length of stay, comorbidities, procedure undertaken, stoma type, port and extraction site complications and mortality for laparoscopic colorectal resections. Univariate analysis and multivariable logistic regression was performed to assess whether any pre-operative factors can predict port or extraction site complications.

Results:

Total cases 251 (148 male)			
Age	Median 67 (17-85)		
Length of stay	Median 5		
Resection type (number)	Anterior resection (72)	Abdominoperineal (8)	Right hemicolectomy (95)
	Sigmoid colectomy (59)	Subtotal colectomy (3)	
Complication	Port site hernia 11/251	Extraction site hernia 11/251	

BMI above 25 was a significant predictor of complications (P=0.002).

Conclusion: Port and extraction site complications were uncommon in our study, occurring in just 22 (8.7%) of laparoscopic colorectal resection cases. High BMI was a statistically significant predictor for occurrence of both port and extraction site complications.

Key statement: Our study demonstrates the benefit of the established laparoscopic approach for colorectal resections for patients and hospital in terms of post-operative complication rate and length of stay. When compared to our retrospective unit data on open surgery there is a clear and significant benefit of laparoscopic versus open resection.

P30

GROIN HERNIA REPAIRS: WHAT DO PATIENTS WANT?

Presenter: Dr M Kekeff
Author(s): Dr M Kekeff
Institution: Cairns Base Hospital, Cairns, Australia

Aims: This study will help us understand how patients perceive risks and what they are looking for in a hernia repair. Mesh choice has expended, tissue incorporation enhanced and techniques have progressed. We sought to determine patient choice, their understanding and their ability to exercise this choice.

Methods: 97 patients participated in this study (64 males, 32 females). All participants were recruited from clinic and had no relative contraindications to either repair.

All participants were required to complete a questionnaire 'Evaluation of Risk Scale'. Specifically, perceived risk of the complications and whether that changes their operation choice.

Results: Younger working males preferred laparoscopic repair despite indicating they viewed the risks as serious. Older males indicated that post operative pain and urinary retention was a main concern. Females preferred an open approach. The risks of open were considered less severe and the single groin incision was acceptable.

Conclusion: This study has highlighted that patient groups perceive risk differently; and some are prepared to engage that risk nonetheless. Males take more risk and seek immediate reward. Females perceive the risks and morbidity as unacceptable. Females also perceive pain differently to males as pain was not considered an important variable.

Key statement: The key is understanding patient expectations and preferences that will help us approach inguinal hernia repairs in a holistic way, keeping in mind preference/skills will not be substituted for patient preference alone unless it is a safe and suitable procedure which also meets patient expectations.

P31

SPLENIC FLEXURE MOBILISATION WITH VASCULARISED OMENTAL PEDICLE

Presenter: Mr RT Kochupapy (TK)
Author(s): Mr RT Kochupapy (TK), Mr M Coleman, Mr S Smolerek
Institution: University Hospitals of Plymouth, United Kingdom

Aims: Splenic flexure mobilisation is the last and difficult step to master by a colorectal surgeon. There are various ways of doing this procedure like Medial to lateral, lateral to medial and superior to inferior. Lateral to medial carries more procedure specific complications. We are presenting a novel and easy way.

Methods: Low anterior resection needs a complete splenic flexure mobilisation to attain a tension free anastomosis. Our method is to take down the IMV just below the pancreas. Separating the transverse mesocolon completely from pancreas. Gastro colic omentum is separated from its origin and splenic flexure is mobilised with vascularised omental pedicle.

Results: We have prospectively audited our last 100 low anterior resections with complete splenic flexure mobilisation and found leak rate of 4 percent. None of our patients had any omental vascular insult. None of patients were taken back for internal hernia. This vascularised omental pedicle is used to pack the retro colic space too.

Conclusion: Mobilisation of the vascularised omentum with splenic flexure mobilisation gives an easy access for splenic flexure mobilisation. Separating the omentum from transverse colon can be tedious in obese and patients with diverticular disease. This standardised way of performing splenic flexure mobilisation is quick and need only slight head up and right tilt.

Key statement: We recommend this method of splenic flexure mobilisation with vascularised omental pedicle will help splenic flexure mobilisation to be learned by trainees easily and without complications. This pedicle will be used to cover the anastomosis and pack the retro colic space. Damage to transverse colon can be avoided by this method.

P32

ROBOTIC COLORECTAL TRAINING PATHWAY. STRUCTURED TRAINING BY INTUITIVE USING MAYO GAS FORM

Presenter: Mr RT Kochupapy (TK)
Author(s): Mr RT Kochupapy (TK), Professor C Palanivelu
Institution: Gem Hospitals, Chennai, India

Aims: Training in robotic surgery is essential before clinical practice. Over one third of hospital in US have da Vinci robotic system. More than 14000 surgeons outside US are getting trained. Trained laparoscopic colorectal surgeon through LAPCO program from England was selected. Training pathway in Gem hospitals Chennai (India) is explained.

Methods: Trainee was the first assistant for 10 robotic cases. Intuitive representative supported the training pathway. Trainee started the program by observing two robotic procedures followed by simulation training. After completing online assessment an in-service overview of the system was conducted at Local hospital.TR200 training completed using animal model .

Results: Certificate of completion as a console surgeon was obtained. Training took 6 months to complete with practice for 1000 hrs of Initial cases were selected for high anterior resection followed by low anterior resection. Mayo based GAS forms are used for the assessment. Trainee became proficient in Robotic surgery within 5 cases.

Conclusion: Challenges in the use of the technology and the learning curve can be shortened by this structured training pathway. Selection of cases in the initial period is important. MAYO based GAS forms which were used for training is important for assessing and for reflective practice.

Key statement: Robotic surgery needs a trainee centred pathway to effectively complete the program. Fellowships are planned for trainees early in their career. A senior surgeon needs a tailored pathway to complete the training in a timely fashion for him to attain conscious competence. GEM Hospital, India is a good training centre.

P33

ANTIBIOTIC STEWARDSHIP FOR PATIENTS UNDERGOING EMERGENCY APPENDECTOMY

Presenter: Mr O Lasheen
Author(s): Mr D Idama, Mr Z Salahudeen, Ms M Daniels, Ms M Chekera
Institution: Pennine Acute Trust - Royal Oldham Hospital, Manchester, United Kingdom

Aims: To evaluate Antibiotic Stewardship for Patients Undergoing Emergency Appendectomy and ensure that postoperative antibiotics are prescribed and administered ONLY when properly indicated and for a reasonable course.

Methods: We looked into patients that underwent emergency appendicetomy, both open and laparoscopic, between April and September of 2019. We reviewed the intraoperative findings that would signify a complicated appendix, the advice regarding postoperative antibiotics stated in the postoperative instructions and compared it to patients' antibiotic administration history.

Results: The study included 222 patients who underwent emergency appendectomy. Only 61 had pus/Inflammatory fluid, perforation or a gangrenous appendix which would justify postoperative antibiotics. This left 161 cases who shouldn't receive postoperative antibiotics. However, 134 of these ended up inappropriately receiving postoperative antibiotics.

Conclusion: Despite it being clear that uncomplicated appendicitis does not require postoperative antibiotic therapy, it is still common practice for antibiotics to be inappropriately prescribed. However for properly indicated cases (complicated appendicitis), there remains no consensus for the duration of postoperative antibiotics prescribed.

Key statement: Surgery remains gold standard for uncomplicated and most cases of complicated appendicitis. According to NICE guidance for prevention of SSIs only a single dose of antibiotic prophylaxis intravenously should be given on induction of anaesthesia to ALL patients and only complicated cases should receive postoperative antibiotics for a therapeutic course.

P34

GROUP AND SAVE FOR LAPAROSCOPIC CHOLECYSTECTOMY-IS IT REALLY NECESSARY?

Presenter: Ms A Farrugia
Author(s): Ms A Farrugia, Dr Q Muhammad, Mr M Ali, Mr G Marangoni, Mr J Ahmad
Institution: University Hospitals Coventry and Warwickshire NHS Trust, Coventry, United Kingdom

Aims: Routine group and save for patients undergoing elective or emergency laparoscopic cholecystectomy has become common practice, with no evidence backing this historical practice. We aim to assess the cost effectiveness of performing group and save for all patients undergoing cholecystectomy.

Methods: A retrospective study including all patients having laparoscopic cholecystectomy between January 2016 and December 2019 was conducted. 1916 patients were identified, and their electronic records were searched to investigate whether a group and save was obtained pre-operatively and if a transfusion peri or post operatively was required.

Results: Only 4 patients required transfusion during post-operative period. No deaths were recorded. The average cost of group and save at our local hospital is £17.24. We perform 500 cholecystectomies a year, and as two samples are normally required as per the hospital policy the final cost is £16,515.92 per year.

Conclusion: There is no current strong evidence that pose the need of requiring group and save prior to laparoscopic surgery. The prospect of blood transfusion attributable to laparoscopic cholecystectomy is exceedingly rare.

Key statement: Rather doing group and saves for every single patient, we can distinguish patients as per their needs and a directed method is suggested.

P35

CONSERVATIVE MANAGEMENT OF ACUTE APPENDICITIS AT THE HEIGHT OF THE COVID-19 PANDEMIC

Presenter: Mr O Lasheen
Author(s): Mr O Lasheen, Ms J Barclay
Institution: Pennine Acute Trust - Royal Oldham Hospital, Manchester, United Kingdom

Aims: There were some concerns regarding laparoscopic due to proposed risk of viral transmission of COVID-19 with the creation of pneumoperitoneum. Since surgeons favor the more superior laparoscopic appendectomy, we were faced with a dilemma. So under these unusual circumstances, we looked more into the option of conservative management of appendicitis.

Methods: This was a observational study of patients with appendicitis admitted over 3 months since the start of COVID-19 lockdown, and managed conservatively.

Results: 10 patients were included, ALL generally fit for surgery. All had negative COVID-19 tests. All were given trial of conservative management. 3 underwent appendectomy during same admission. 7 were discharged after resolution of symptoms. 3 of those 7 later presented with similar symptoms and underwent surgery.

Conclusion: It widely accepted that laparoscopic appendicectomy is superior to open appendicectomy. When laparoscopy was challenged, owing to suggested risk of COVID-19 transmission, for selected cases, non-operative management of appendicitis was a choice of treatment with the understandable risks of failure. However for the time being surgery shall remains gold standard.

Key statement: The debate of whether or not conservative management of appendicitis is successful remains valid and shall remain so, as management plans will always be tailored to each specific patient and will always be affected by other factors, a life-threatening global pandemic being one.

P36

PATIENT EXPERIENCE WITH FAST TRACK BARIATRIC SURGERY

Presenter: Miss N Condie
Author(s): Miss N Condie, Mr T Walker, Miss A Sudlow, Mr D Pournaras, Mr J Hewes
Institution: Southmead Hospital, Bristol, United Kingdom

Aims: A fast track bariatric service has been implemented in North Bristol NHS Trust, positively improving waiting times. The impact it has had on patient experience has not been formally addressed. We surveyed patients to identify whether they felt the service had a positive impact and which element was most beneficial.

Methods: We conducted a survey of patients who had undergone fast track bariatric surgery. Patients were identified from an online support forum and invited to share their experiences via a survey consisting of 20 questions based on a Likert scale and free text answers.

Results: 20 patients responded. 100% felt they received adequate preoperative preparation and 90% that a specialist nurse was essential to this process. Patients had concerns about postoperative complications (21%) or being discharged without adequate pain relief (13%). 90% felt that pain was controlled and 70% reported <24h stay was beneficial psychologically.

Conclusion: We have an established fast track bariatric service which patients felt was positive and contributed to their physical and psychological wellbeing. Patient education and support both pre-and postoperatively is essential and the role of a dedicated bariatric specialist nurse central in successfully running the service.

Key statement: Patient responses demonstrated fast track service had a positive impact on recovery and overall wellbeing. In an era where there are increased pressures on service provision due to the current Covid-19 pandemic, patient experience must remain central in the decision-making process when developing or modifying services.

P37

ACUTE PANCREATITIS FROM CLOSED LOOP OBSTRUCTION OF INCARCERATED BILIOPANCREATIC LIMB IN A PORT SITE HERNIA FOLLOWING GASTRIC BYPASS SURGERY

Presenter: Dr J Thomson
Author(s): Mr SK Bandyopadhyay, Dr J Thomson, Mr R Chaparala
Institution: Salford Royal Hospital, Manchester, United Kingdom

Aims: Port site hernias are not uncommon. However, a closed loop obstruction of the incarcerated biliopancreatic limb following a Gastric Bypass surgery is a rare complication of Laparoscopic bariatric surgery. The aim of the submission is to present this complication and raise awareness about the possibility of this challenging situation.

Methods: A 63-year old lady was admitted with upper abdominal pain. She was found to have an irreducible port site hernia and a significantly raised amylase level. CT scan was suggestive of Acute Pancreatitis as well as a closed loop obstruction involving the Biliopancreatic limb.

Results: The pancreatic inflammation was ascribed to possible reflux from the Biliopancreatic limb and she underwent a diagnostic laparoscopy and reduction of the incarcerated bowel - the segment was found to be viable. The hernia was reduced and repaired. She required a re-exploration for early recurrence of the hernia but recovered uneventfully.

Conclusion: Port site herniation of biliopancreatic limb may happen after a laparoscopic roux en Y gastric bypass surgery. If incarcerated, the situation can result in a closed loop obstruction following which there is a possibility of intestinal juice refluxing into Pancreatic Duct and resulting in Acute Pancreatitis.

Key statement: Acute Pancreatitis after Bariatric Surgery is known and reported. However, acute pancreatitis in the setting of an irreducible port site hernia may result in a major dilemma – which problem is the primary one and needs to be addressed first. Our experience showed that one may lead to the other.

P38

ACUTE APPENDICITIS, EVALUATION OF CONSERVATIVE MANAGEMENT DURING THE COVID-19 PANDEMIC

Presenter: Miss M Abbakar
Author(s): Miss M Abbakar, Dr S Luhana, Mr M Giles
Institution: York Teaching Hospitals NHS Trust, Scarborough, United Kingdom

Aims: Right iliac fossa pain is one of the most common presentations to the acute surgical take. The aim was to assess the impact of the COVID-19 on the management of this emergency admission. In addition to evaluate the effectiveness of antibiotics as a first line of treatment.

Methods: Analysis of data collected from 15/03/2020 to 15/06/2020 (lockdown period) of the acute surgical admissions for patients diagnosed with acute appendicitis. Updated guidance on COVID-19, where non-operative management is possible and reasonable this should be implemented such as antibiotic therapy as first line treatment. Open appendicectomy to be offered alternatively.

Results: 55.5% of the patients had COVID-19 swabs taken, the rest had CT thorax instead. 74% of the cases had a CT scan to confirm the diagnosis. 48% were treated conservatively; subsequently 15% had appendicectomy later on. 44.4% had appendicectomies, 66.6% of which were done open. 7.6% needed radiological drainage.

Conclusion: COVID-19 evidently had an impact on the surgical practice. More reliance on CT was demonstrated. Half of the patient were treated conservatively however, 2 needed appendectomies on later readmissions. 2/3 of the appendectomies were done open and we have observed return to laparoscopic appendicectomy at the end of the lockdown.

Key statement: It was Evident that our practice has changed with the updated Intercollegiate Royal College guidance during the COVID-19 era, ranging from conservative management to open appendicectomy. By the end of the lockdown we have noticed a decline in CT scan and performing more laparoscopic operations.

P39

OUTCOMES FOLLOWING ROBOTIC SURGERY FOR RECTAL CANCERS

Presenter: Mr S Khan
Author(s): Mr S Khan, Mr P Naik, Mr R Mathews, Mr S Sangal, Mr S Chaudhri
Institution: Leicester General Hospital, Leicester, United Kingdom

Aims: Oncological and general surgical outcomes following Robotic Surgery for Rectal Cancers were investigated.

Methods: A prospective analysis of our first 70 consecutive robotic resections for Rectal Cancer from Feb 2015 to Sept 2019. Surgeries were performed by 3 laparoscopic colorectal surgeons who were trained as per the European Academy of Robotic Colorectal Surgery (EARCS) programme. Oncological and general surgical outcomes were investigated.

Results: Male:Female was 1:1, average age 69Y, re-admission rate of 17%, 3% returned to theatre, average LOS was 9d, 9% conversion to open, average LN of 9, no anastamotic leak, 47% received LCCR, 7% had R1 resection, 25 APERs, 3 Hartman's procedure, 24 ileostomies and 90day mortality of zero.

Conclusion: Our preliminary results show that with a structured training programme Robotic Colorectal Surgery can be easily adopted to achieve good clinical and oncological outcomes.

Key statement: Our preliminary results show that with a structured training programme Robotic Colorectal Surgery can be easily adopted to achieve good clinical and oncological outcomes.

P40

MODIFIED FRAMEWORK FOR THE MANAGEMENT OF ACUTE GALLSTONE DISEASE DURING THE COVID-19 PANDEMIC AND BEYOND

Presenter: Dr A White
Author(s): Dr A White, Mr J Brewer, Mr E Efthimiou, Mr H Khwaja, Mr G Bonanomi
Institution: Chelsea & Westminster Hospital, London, United Kingdom

Aims: To create a framework to efficiently manage acute gallstone pathology during the COVID-19 pandemic and beyond, navigating the clinical and logistical challenges. PHE and RCS advised non-operative management wherever possible, changing the management of acute gallstone pathology from early laparoscopic cholecystectomy to conservative treatment and frequent percutaneous drainage.

Methods: During the pandemic (23/03/2020-16/08/2020), data of patients admitted with acute gallstone pathology was collected. Cases were prioritised as "Urgent", "Expedited" or "Elective" using Tokyo Classification, FSSA and RCS "Recovery of Surgical Services" Guidance. Timely and safe management of patients using a "Gallbladder referral and management pathway" is reported.

Results: Of 68 patients (25 "Urgent", 12 "Expedited", 31 "Elective") accumulated, consisting of Gallstone pancreatitis (11), acute cholecystitis (53), obstructive jaundice (12) and biliary colic (8); 12 required cholecystostomies.

Ten laparoscopic cholecystectomies were performed during the "Recovery phase" (02/06/20-06/07/20), and 21 during "Resolution" (06/07/20-18/08/20). Eleven patients (16%) re-presented while awaiting surgery, none critically ill.

Conclusion: Early adoption of this framework allowed accurate case prioritisation, efficient resource allocation and safe patient care. The observed readmissions demonstrated the well-described pitfalls of conservative management and the importance of a framework facilitating early case prioritisation and access timely surgical intervention.

Key statement: On 12/03/2020, WHO declared SARS-CoV-2 a global pandemic, causing unprecedented disruption to modern surgical services throughout the UK. This framework provides a safe and reproducible method of prioritisation and resource distribution based on up-to-date guidance for optimal management of acute gallbladder pathology both during the pandemic and subsequent service recovery.

P41

TOWARDS A DAY CASE LAPAROSCOPIC APPENDICECTOMY SERVICE

Presenter: Mr B Oyewole
Author(s): Mr B Oyewole, Dr Z Elahi, Dr P Narayan, Mr F Muhammed, Mr A Belgaumkar
Institution: East Surrey Hospital, Redhill, United Kingdom

Aims: The aim of the QI project was to decrease length of stay post laparoscopic appendicectomy and assess the effectiveness of the quality measures by comparing outcomes before and after implementation. Secondary aim was to identify characteristics of patients with a length of stay less than 24 hours.

Methods: QI measures included laparoscopic simulation training for trainees, institution of the 'golden patient' as the first case of the day, identifying potential day case appendicectomy patients, dedicated post-operative surgical centre with clear post-operative communication, instructions, and prompt discharge summary completion along with patient motivation.

Results: Average LOS decreased from 2.3 days to 1.9 days, patients with less than 24-hour LOS had an average ASA grade of 1.4, mean age of 33.2 years, mean duration of operation of 62.5 minutes and mean WCC and CRP of 11.5 x 106 and 19 respectively.

Conclusion: The length of stay reduced following the implementation of quality improvement measure. Characteristics of patients with a short length of stay were described and hence patients that can be identified to be put on the day case laparoscopic appendicectomy pathway.

Key statement: Quality improvement measures are an effective way to reduce length of stay. Laparoscopic appendicectomy offers the opportunity to provide patients with a day case appendicectomy service.

P42

A PROSPECTIVE CASE-CONTROL STUDY COMPARING POSTOPERATIVE PAIN SCORES BETWEEN IPOM VS ETEP FOR VENTRAL HERNIA REPAIR

Presenter: Dr VA Thota
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Institution: [1]Chettinad Hospital and Research Institute, Kelambakkam, India
[2]GEM Hospitals, Chennai, India
[3]Derriford Hospital – University Hospitals of Plymouth – NHS Trust, United Kingdom
[4]ESI medical college & PGIMSR, Bengaluru, India

Aims: To compare the postoperative pain scores between patients who underwent laparoscopic eTEP hernioplasty vs IPOM hernioplasty for Ventral hernias including incisional hernias.

Methods: During a hernia surgical camp in a tertiary care centre in India, 31 patients were selected for the study and studied over a period of 3 weeks post-op using a Pain Visual analogue scale ranging from 1 to 10. The patients who underwent any additional surgical procedures simultaneously were excluded.

Results:

Days of measurement	Type of Surgery	No of participants	Mean Pain score	SD	t value	df	p value
Pain 0 Day	ETEP	11	5.9	2.7	0.80	29	0.43
	IPOM	20	5.2	2.5			
	Total	31	5.4	0.5			
Pain 7 Day	ETEP	11	2.8	1.7	-0.14	29	0.89
	IPOM	20	2.9	1.4			
	Total	31	2.9	0.3			
Pain 14 Day	ETEP	11	2.6	1.5	0.89	29	0.38
	IPOM	20	2.2	1.2			
	Total	31	2.4	0.2			
Pain 21 Day	ETEP	11	2.5	1.4	0.84	29	0.41
	IPOM	20	2.1	0.9			
	Total	31	2.2	0.2			
Average pain score	ETEP	11	3.5	1.6	0.748	29	0.46
	IPOM	20	3.1	1.1			
	Total	31	3.3	1.3			

Conclusion: Though eTEP is a new and novel approach which overcomes the issues related to fixing the Intrabdominal mesh in IPOM, there has been no significant difference in the pain experienced by patients in a 3-week postoperative period between the two groups.

Key statement: The results from a repeated measure (within-subjects) ANOVA showed a significant difference in pain scores between different times from surgery (week 0, 1, 2, 3). There is no significant difference in the postoperative pain experienced by patients operated by eTEP and the ones operated by IPOM hernioplasty.

P43

EFFECTIVENESS OF LAPAROSCOPIC BILE DUCT ULTRASOUND

Presenter: Dr S Donoghue
Author(s): Dr S Donoghue, Mr K Bowling, Mr G Srinivas, Mr S Sinha, Mr S Andrews
Institution: Torbay Hospital, Torquay, United Kingdom

Aims: Laparoscopic ultrasound (LUS) can be used during laparoscopic cholecystectomy (LC) to detect common bile duct stones (CBDS). Studies suggest it's safe, accurate and should be considered instead of intraoperative cholangiogram (IOC). We aimed to add to this growing bank of data, recording sensitivity and specificity of LUS at detecting CBDS.

Methods: Prospective database of all patients undergoing laparoscopic cholecystectomy at a Benign Specialist Unit between 2015 – 2018 was maintained. Elective and emergency cases, with suspicion of CBDS, that underwent LUS, were included. Where CBDS were detected, cases were treated by either intraoperative laparoscopic common bile duct exploration(LCBDE) or postoperative ERCP.

Results: 420 patients had LUS. 128 were positive for CBDS, 292 were negative. 6 positive cases had no stones with LCBDE, 2 negative cases represented within 90 days with missed CBDS. False positive and negative rates were 4.7% and 0.7% respectively, specificity 95.3% and sensitivity 99.3%. Median time for LUS, 5-minutes.

Conclusion: LUS is an accurate, safe and non-irradiating investigation for detection of CBDS at time of laparoscopic cholecystectomy. It has many additional benefits to its use over its alternatives, such as IOC, and should therefore be considered as an alternative study.

Key statement: Laparoscopic ultrasound is extremely accurate at detecting common bile duct stones at time of laparoscopic cholecystectomy and should be considered the performance standard.

P44

COST EFFECTIVENESS OF APPENDICITIS MANAGEMENT IN COVID PERIOD

Presenter: Mr M Khan
Author(s): Mr M Khan, Mr U Khan
Institution: East Cheshire NHS Trust, Macclesfield, United Kingdom

Aims: The COVID-19 pandemic has deemed aerosol generating procedures (appendicectomy) as high-risk procedure, therefore antibiotic treatment is recommended (Government guidelines). Aim of the study is to evaluate the management of appendicitis since COVID lockdown in our institution.

Methods: This is a prospective study carried out since March 2020 to October 2020 at a single institution.

Results: See table

	Conservative (n = 63)	Surgical (n = 28)	Mann-Whitney U test p value
Uncomplicated	55	9	< 0.05
Complicated	8	19	< 0.05
Readmission (n)	8	0	(< 0.05, $\chi 2$ test)
Failed conservative (n)	10	10	(< 0.05, $\chi 2$ test)
Perforation (n)	2	10	< 0.05

Conclusion: Uncomplicated appendicitis can be treated with antibiotics, but complicated appendicitis requires early surgical intervention. The cost of conservative management of appendicitis should include; acute admission, prolonged period of antibiotic therapy, potential readmissions, failed conservative treatments, delayed managements (further radiological imaging, endoscopy evaluation of colon, delayed appendicectomy) & prolonged "work affected" sickness.

Key statement: Uncomplicated appendicitis can be treated with antibiotics, but complicated appendicitis requires early surgical intervention.

FREE PAPERS

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ROBOTIC RESECTIONS FOR LOCALLY ADVANCED CANCER POST NEOADJUVANT RADIATION: SINGLE CENTRE EXPERIENCE
Dr A Pervez, Mr C Selvasekar
Christie NHS FT, Manchester, United Kingdom

FP02
THE IMPACT OF LAPAROSCOPY ON EMERGENCY SURGERY FOR ADHESIONAL SMALL BOWEL OBSTRUCTION: PROSPECTIVE SINGLE CENTRE COHORT STUDY
Mr A Darbyshire[1], Dr I Kostakis[2], Mr P Pucher[1], Mr S Toh[1], Mr S Mercer[1]
[1]Queen Alexandra Hospital
Portsmouth Hospitals University NHS Trust, United Kingdom
[2]University of Portsmouth, Centre for Healthcare Modelling & Informatics, United Kingdom

FP03
INTRODUCTION OF LAPAROSCOPIC IVOR LEWIS ESOPHAGECTOMY AS HYBRID PROCEDURE AND COMPARISON WITH OPEN ESOPHAGECTOMY; A PROPENSITY-MATCHED RETROSPECTIVE STUDY
Mr A Spiliotis, Dr G Gäbelein, Professor Dr M Glanemann
University Clinic of Saarland, Germany, Homburg/Saar, Germany

FP04
COMPARISON OF INTRA-ABDOMINAL ABSCESS FORMATION AFTER LAPAROSCOPIC AND OPEN APPENDECTOMY FOR COMPLICATED APPENDICITIS: A RETROSPECTIVE STUDY
Dr F Mulita[1], Dr K-M Plachouri[2], Mr E Liolis[3], Mr L Tchabashvili[1], Professor I Kehagias[1]
[1]Department of General Surgery
General University Hospital of Patras, Greece
[2]Dermatology Department, General University Hospital of Patras, Greece
[3]Department of Internal Medicine, Division of Oncology
General University Hospital of Patras, Greece

FP05
A SYSTEMATIC REVIEW AND META-ANALYSIS OF ANTERIOR VERSUS LATERAL APPROACH FOR LAPAROSCOPIC SPLENECTOMY
Mr J Shah, Mr N Cheema, Dr P Peters, Dr J Harrison
North Manchester Care Organisation, United Kingdom

FP06
IMPACT OF TOUPET VERSUS NISSEN FUNDOPLICATION ON DYSPHAGIA IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE AND ASSOCIATED PREOPERATIVE ESOPHAGEAL DYSMOTILITY: A SYSTEMATIC REVIEW AND META-ANALYSIS
Mr J Shah, Mr N Cheema, Dr P Peters, Dr J Harrison
North Manchester Care Organisation, Manchester, United Kingdom

FP07
STAPLE-LESS VERSUS STAPLED LAPAROSCOPIC SPLENECTOMY: A PROSPECTIVE RANDOMIZED CONTROLLED STUDY
Mr O Lasheen[1,2]
[1]Pennine Acute Trust - Royal Oldham Hospital
Manchester, United Kingdom
[2]Cairo University Hospitals, Egypt

FP08
EFFECTIVE IMPLEMENTATION AND ADAPTATION OF STRUCTURED ROBOTIC COLORECTAL PROGRAMME IN A BUSY TERTIARY UNIT
Dr D Sochorova[1], Miss A Thomas[1], Miss K Altaf[1], Mr U Gur[1]
Mr A Parvaiz[2], Mr S Ahmed[1]
[1]Department of Surgery, Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust, Liverpool, United Kingdom
[2]Faculty of Health Science, University of Portsmouth United Kingdom

VIDEOS

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MINIMALLY INVASIVE DUAL CAVITY DOUBLE CROWN TECHNIQUE FOR DIAPHRAGMATIC HERNIAS – THE 'BIRMINGHAM' TECHNIQUE
Miss E Jerome, Mr H Fallouh, Mr R Singhal
University Hospitals Birmingham, United Kingdom

Video02
COMMON BILE DUCT EXPLORATION: A TRAINING PERSPECTIVE AND TECHNICAL ASPECTS
Mr M Aker, Mr Neil Keeling, Mr Bobby Sebastian
West Suffolk Hospital, Bury St. Edmunds, United Kingdom

Video03
LAPAROSCOPIC APPROACH IN EMERGENCY GENERAL SURGERY: MANAGEMENT OF MECHANICAL SMALL BOWEL OBSTRUCTION SECONDARY TO NECROTISING PANCREATITIS
Dr J Latif, Dr S Klimach, Dr B Jaber, Mr. Imran Bhatti, Mr A Awan
University Hospitals of Derby & Burton, Derby, United Kingdom

Video04
TIPS AND TRICKS IN LAPAROSCOPIC AND ROBOTIC SURGERY. EFFECTIVE METHOD TO USE SURGICAL MATERIALS IN MINIMAL ACCESS SURGERY
Mr RT Kochupapy (TK)[1,2], Dr P Dasgupta[1], Dr Vt Akilesh[1]
[1]Gem Hospitals, Chennai, India
[2]University Hospitals of Plymouth, United Kingdom

Video05
ENHANCED VIEW TOTAL EXTRA PERITONEAL METHOD FOR INCISIONAL HERNIA REPAIR
Mr RT Kochupapy (TK)[1,2], Dr P Dasgupta[1]
[1]Gem Hospitals, Chennai, India
[2]University Hospital of Plymouth, United Kingdom

Video06
LAPAROSCOPIC EXCISION OF GASTRO-GASTRIC FISTULA AFTER PERFORATING ULCER IN ROUX EN Y GASTRIC BYPASS
Dr A Khogeer, Mr A Ilczyszyn, Mr M Adamo
University College Hospital, London, United Kingdom

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Mr A Belgaumkar
Surrey and Sussex Healthcare NHS Trust, Redhill, United Kingdom

P02 EASIER RECOGNITION AND BETTER COMMUNICATION OF THE SURGICAL TEAM ACROSS THE HOSPITAL
Mr PP Narayan
Surrey & Sussex Healthcare NHS Trust, Redhill, United Kingdom

P03 LAPAROSCOPIC SURGERY IN PATIENTS WITH CYSTIC FIBROSIS
Mr M El Boghdady[1], Assistant Professor B Ewalds-Kvist[2]
[1]University of Edinburgh, United Kingdom
[2]General Surgery Department
Croydon University Hospital, United Kingdom

P04 THE EFFECT OF EYE EXERCISES ON VISUAL SYMPTOMS IN THREE-DIMENSIONAL LAPAROSCOPY
Mr M El Boghdady[1,2], Mr G Ramakrishnan[2], Mr A Alijani[2]
[1]University of Dundee, United Kingdom
[2]General Surgery Department
Croydon University Hospital, United Kingdom

P05 THE RESULTS OF TREATMENT OF ACUTE APPENDICITIS DURING COVID-19 PANDEMIC IN A DISTRICT GENERAL HOSPITAL
Mr T Urbonas, Dr D Centea, Dr T Wild, Mr P Thomas
Queens Burton Hospital, Burton on Trent, United Kingdom

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Mr A Tawfik, Mr B Oyewole, Ms L Brewin, Mr A Belgaumkar
East Surrey Hospital, Redhill, United Kingdom

P07 LAPAROSCOPIC SURGERY AND THE DEBATE ON ITS SAFETY DURING COVID-19 PANDEMIC: A SYSTEMATIC REVIEW OF RECOMMENDATIONS
Mr M El Boghdady[1], Professor B Ewalds-Kvist[2]
[1]University of Dundee, United Kingdom
[2]General Surgery Department
Croydon University Hospital, United Kingdom

P08 PROSPECTIVE STUDY TO ASSESS THE ROLE OF DIAGNOSTIC LAPAROSCOPY AND SPECIAL EMPHASIS ON STAGING IN PATIENTS WITH INTRAABDOMINAL MALIGNANCY
Mr PP Naravan
East Surrey Hospital, Redhill, United Kingdom

P09 THE AUDIT OF TIMING OF LAPAROSCOPIC CHOLECYSTECTOMY FOR GALLSTONE PANCREATITIS IN A DISTRICT GENERAL HOSPITAL
Mr T Urbonas, Dr D Centea, Dr K Thomas, Dr R Yusuf, Mr Z Muras
Queens Burton Hospital, Burton on Trent, United Kingdom

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Mr R Jardine, Ms A Abdelmabod, Mr M Habib, Mr M Ghazanfar
NHS Grampian, Aberdeen, United Kingdom

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Mr M El Boghdady[1], Professor B Ewalds-Kvist[2]
[1]University of Edinburgh, United Kingdom
[2]General Surgery Department
Croydon University Hospital, United Kingdom

P12 AUDIT OF EMERGENCY OPERATION NOTES (AUDIT CYCLE)
Miss N Gulnaz[1,2], Mr A Crumley[2]
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[2]NHS Forth Valley Royal Hospital, Larbert, United Kingdom

P13 CLINICAL ACCURACY OF ULTRASOUND COMBINED WITH INFLAMMATORY MARKERS IN ACUTE APPENDICITIS
Miss N Gulnaz[1,2], Miss S Tasleem[3], Dr F Abdullah[2], Professor A UrRahman[2]
[1]Royal Oldham Hospital, Oldham, United Kingdom
[2]Khyber Teaching Hospital, Peshawar, Pakistan
[3]Pinderfield General Hospital, Wakefield, United Kingdom

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Dr S Marsh, Mr A O'Connor, Mr I Petre, Mr S Loganathan, Mr M Paraoan
Wrightington, Wigan and Leigh Teaching Hospitals NHS FT
Wigan, United Kingdom

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Mr M Fahim, Dr SI Abbasi
East Surrey Hospital, Redhill, United Kingdom

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Mr R Udall[1,2], Mr R McWilliams[2], Miss Z Javed[2], Professor B Patel[2]
[1]King's College London, London, United Kingdom
[2]Queen Mary, University of London, United Kingdom

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Miss A Mushtaq, Miss Z Javed, Mr R McWilliams, Professor B Patel
Queen Mary University, London, United Kingdom

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Mr M Elzawahry, Professor C Magee, Mr J Wilson
Wirral University Teaching Hospitals NHS Trust, United Kingdom

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Dr S Marsh, Mr A O'Connor, Mr S Loganathan, Mr A Talbot, Mr M Paraoan
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, Wigan, United Kingdom

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Royal Oldham Hospital, United Kingdom

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Mr D Idama, Dr C Gamble, Mr O Lasheen, Mr A O'Connor
Royal Oldham Hospital, Oldham, United Kingdom

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Mr SG Hosny, Mr N Hossain, Mr M Venza, Mr D Boyle
Barnet Hospital - Royal Free London NHS Foundation Trust
London, United Kingdom

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Mr SG Hosny, Mr N Hossain, Mr L Soares, Mr P Mathur, Mr M Alwhouhayb
Barnet Hospital - Royal Free London NHS Foundation Trust
London, United Kingdom

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Mr SG Hosny, Mr N Hossain, Mr P Mathur, Mr L Soares, Mr M Alwhouhayb
Barnet Hospital - Royal Free London NHS Foundation Trust
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Mr K El-Samani[1], Dr M Tan[1,2,3], Dr D Gearon[1,2], Ms L Ong1
[1]Peterborough City Hospital, Peterborough, United Kingdom
[2]Addenbrooke's Hospital, Cambridge, United Kingdom
[3]Imperial College London, United Kingdom

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Mr M Elhusseini[1,2,3], Dr L Saraswat[1], Mr M Bekheit[1,2]
Mr M Ghazanfar[1,2], Mr M Habib1,2
[1]Aberdeen Royal Infirmary Hospital, United Kingdom
[2]University of Aberdeen, United Kingdom
[3]Ain Shams University, Cairo, Egypt

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Dr M Gonzalez, Mr M Aker, Dr P Manjunath, Mr A Mishra, Mr N Ward
West Suffolk Foundation Trust, Bury St Edmunds, United Kingdom

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Mr A O'Connor, Mr S Loganathan, Mr M Ashrafi
Mr G Kumar, Mr M Paraoan
Wrightington, Wigan and Leigh Teaching Hospital NHS FT
Wigan, United Kingdom

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Dr M Kekeff
Cairns Base Hospital, Cairns, Australia

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University Hospitals of Plymouth, United Kingdom

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Mr RT Kochupapy (TK), Professor C Palanivelu
Gem Hospitals, Chennai, India

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Mr D Idama, Mr Z Salahudeen, Ms M Daniels, Ms M Chekera
Pennine Acute Trust - Royal Oldham Hospital
Manchester, United Kingdom

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Ms A Farrugia, Dr Q Muhammad, Mr M Ali
Mr G Marangoni, Mr J Ahmad
University Hospitals Coventry and Warwickshire NHS Trust
Coventry, United Kingdom

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Mr O Lasheen, Ms J Barclay
Pennine Acute Trust - Royal Oldham Hospital
Manchester, United Kingdom

P36 PATIENT EXPERIENCE WITH FAST TRACK BARIATRIC SURGERY
Miss N Condie, Mr T Walker, Miss A Sudlow, Mr D Pournaras, Mr J Hewes
Southmead Hospital, Bristol, United Kingdom

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Mr SK Bandyopadhyay, Dr J Thomson, Mr R Chaparala
Salford Royal Hospital, Manchester, United Kingdom

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Miss M Abbakar, Dr S Luhana, Mr M Giles
York Teaching Hospitals NHS Trust, Scarborough, United Kingdom

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Mr S Khan, Mr P Naik, Mr R Mathews, Mr S Sangal, Mr S Chaudhri
Leicester General Hospital, Leicester, United Kingdom

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Dr A White, Mr J Brewer, Mr E Efthimiou, Mr H Khwaja, Mr G Bonanomi
Chelsea & Westminster Hospital, London, United Kingdom

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Mr B Oyewole, Dr Z Elahi, Dr P Narayan
Mr F Muhammed, Mr A Belgaumkar
East Surrey Hospital, Redhill, United Kingdom

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Dr VA Thota[1,2], Mr RT Kochupapy (TK)[3], Dr P Dasgupta[2], Dr D Kiran R[4]
[1]Chettinad Hospital and Research Institute, Kelambakkam, India
[2]GEM Hospitals, Chennai, India
[3]Derriford Hospital – University Hospitals of Plymouth – NHS Trust United Kingdom
[4]ESI medical college & PGIMSR, Bengaluru, India

P43 EFFECTIVENESS OF LAPAROSCOPIC BILE DUCT ULTRASOUND
Dr S Donoghue, Mr K Bowling, Mr G Srinivas, Mr S Sinha, Mr S Andrews
Torbay Hospital, Torquay, United Kingdom

P44 COST EFFECTIVENESS OF APPENDICITIS MANAGEMENT IN COVID PERIOD
Mr M Khan, Mr U Khan
East Cheshire NHS Trust, Macclesfield, United Kingdom

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