7 minute Presentation & 3 minute Discussion

1. **11.20**  Prostate MR: ‘the MAN-ogram’, no longer just a cancer staging tool  
   **Matthew Joseph Moran¹**, Leon Walsh¹, Peter McCarthy²  
   ¹School of Medicine, National University of Ireland Galway, University Road, Galway, Ireland  
   ²Discipline of Radiology, National University of Ireland Galway, University Road, Galway, Ireland

2. **11.30**  The use of drains in avoiding seroma formation in ventral hernia repair and the alternatives available: A systematic review  
   **Ronan Doherty**, Cian Henry, Umar Khan, Pooja Buttan, Albert Yee, Yasir Bashir, Kevin Conlon  
   Professorial Surgical Unit, Department of Surgery, Trinity College Dublin, University of Dublin, Tallaght University Hospital, Dublin, Ireland

3. **11.40**  The Irish Experience of the Mayo Protocol for unresectable hilar cholangiocarcinoma  
   **Alexandra Zaborowski**, Helen Heneghan, Diarmaid Houlihan, Tom Gallagher, Donal Maguire, Justin Geoghegan, Emir Hoti  
   National Liver Transplant Programme, St Vincent’s University Hospital, Elm Park, Dublin 4, Ireland

4. **11.50**  Is Abdominal CT being utilized optimally in acute non-traumatic patient management  
   **Lianne Pickett¹**, Jennifer Mannion¹, Alice Clarke², Dermot Hehir¹ Sean Johnston¹  
   ¹General Surgery Department, Midlands Regional Hospital Tullamore, Arden Road, Tullamore, Co. Offaly, R35 NY51, Ireland  
   ²Graduate Entry Medical School, University of Limerick, Castletroy, Limerick, Ireland

5. **12.00**  Time to theatre – a three-month experience in an urban, university hospital  
   **Megan Power Foley**, Michael Kelly, Brian Mehigan, Fady Narouz, John Larkin, Paul McCormick  
   Department of Surgery, St James Hospital, James Street, Dublin, D03 VX82, Ireland

6. **12.10**  The DATA protocol: Developing an educational tool to improve note-writing in hospitals  
   **Jessica Maeve Ryan**, Keith Geraghty, Waqar Khan, Iqbal Khan, Ronan Waldron, Michael Kevin Barry  
   Department of Surgery, Mayo University Hospital, Westport Road, Castlebar, Co. Mayo, Ireland
7. **12.20** Iron status before and after curative oesophagectomy, and its relation to anaemia, transfusion and postoperative outcomes  
   Nicola Raftery, Niamh Ni Leathlobhair, Conor Murphy, Michelle Fanning, David Koshy, Narayanasamy Ravi, John Vincent Reynolds  
   Department of Surgery, Trinity Centre for Health Sciences, Trinity College Dublin and St. James’s Hospital, James Street, Dublin, D03 VX82, Ireland

8. **12.30** Feasibility Study of The Impact of One Preoperative Physiotherapy Education Session and Patient Information Leaflet on Patient Compliance with Physiotherapy After Oesophago-Gastric Cancer Resections  
   Rebecca Mahon¹, Roisin Tully², William Robb²  
   ¹Department of Physiotherapy, Beaumont Hospital, Beaumont Road, Beaumont, Dublin, Ireland  
   ²Department of Surgery, Beaumont Hospital, Beaumont, Dublin, D09 FT51, Ireland

9. **12.40** The use of clinical parameters as adjuncts to endoscopic evaluation of mural thickening on conventional computed tomography in diagnosing malignancy  
   Noel Edward Donlon¹, Kevin Michael Barry¹, Iqbal Khan², Waqar Khan², Muneeb Zafar², Cian Davis², Rebecca Headon², Jai Wei Teh², Kevin Corless ²  
   ¹Department of Surgery, Trinity Translational Institute, St. James Hospital, James Street, Dublin, D03 VX82, Ireland  
   ²Department of Surgery, Mayo University Hospital, Westport Road, Castlebar, Mayo, Ireland

10. **12.50** The role of the registered nurse first assistant within the perioperative setting  
    Roland Pika, Colin Pierce, John Calvin Coffey  
    Theatre Department, University Hospital Limerick, St Nessan’s Road, Dooradoyle, Limerick, V94 F858, Ireland
AB128. 112. Prostate MR: ‘the MAN-ogram’, no longer just a cancer staging tool

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Background: The advent of Prostate Imaging Reporting and Data System (PIRADS) v2 has allowed magnetic resonance (MR) of the prostate to extend its role into triaging patients suspected of prostate cancer, from its previous use as a staging study in established disease. We aimed to reveal its altered perception in a modern setting.

Methods: Five hundred consecutive MRIs performed from June 2017 to January 2018 were analysed in a retrospective review. Patients going for initial diagnosis were split into 16 subgroups, depending on their prostate specific antigen (PSA) status, digital rectal exam (DRE) status, and demographics. Staging scans were split into their biopsy diagnosed cancer grade, and restaging above Gleason score 6 on diagnosis.

Results: Significant differences were observed. Amongst the diagnostic groups, most (n=66) were age <70, PSA >6, Neg DRE and previous negative biopsy; 56.1% showed no suspicious lesion (NSL), 42.4% an intra-prostatic lesion (IPL) and 1.5% extra prostatic spread (EPS). Overall in previously non-diagnosed patients, 51.4% showed NSL, 45.3% IPL and 3.3% EPS (n=204). In staging scans, 26.5% showed NSL, 50.2% showed IPL and 23.3% EPS (n=215). NSL was highest in Gleason 6 (41.2%, n=97) while highest IPL was 58.5% (n=66) in Gleason 4+3, highest EPL was Gleason 8+ at 65.5% (n=29). In restaging scans for Gleason 6 tumours (n=65), 80% remained stable since last scan while for Gleason 3+4 tumours and above, 62.5% were stable since last scan (n=16). P value was <0.001 for all.

Conclusions: A definite role for pre-biopsy scans is established, some patients don’t need biopsies. Restaging scans for tumours > Gleason 6 have a higher chance of progressing since the previous scan.

Keywords: Biopsy; malignancy; MRI; prostate; radiology

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AB129. 88. The use of drains in avoiding seroma formation in ventral hernia repair and the alternatives available: a systematic review

Ronan Doherty, Cian Henry, Umar Khan, Pooja Buttan, Albert Yee, Yasir Bashir, Kevin Conlon

Background: Annually 350,000 ventral hernias are operated on worldwide, and their incidence is on the rise. While the complications of ventral hernia repair (VHR) are few, seroma formation remains a well-established feature. Traditionally, drains have been placed to prevent the accumulation of blood and serum in the post-operative period. Given the potential for drains to act as a conduit for post-surgical infection their requirement has been questioned. There is a renewed impetus in the literature to investigate the evidence supporting the use of drains in all aspects of surgical practice, including VHR.

Methods: A comprehensive database search was undertaken to identify the published literature comparing the incidence of seroma and infection in comparable groups that varied in drain placement or operative technique. The studies were screened using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) protocol.

Results: The fixed effect method was used to assess risk ratios (RR). Drains tended to reduce seroma formation RR = 0.64 (CI, 0.38–1.09) with P = 0.10, while infection risk appeared unaffected using drains RR = 1.03 (CI, 0.50–2.12) and P = 0.95. Laparoscopic approaches tended to reduce the incidence of seroma RR = 0.54 (CI, 0.19–1.57) with P = 0.14, and infection risk RR = 0.54 (CI, 0.19–1.57) with P = 0.26. No comparisons however, were statistically significant.

Conclusions: There is insufficient evidence to decisively conclude if use of drain is beneficial or should be abandoned in the setting of VHR. Further research with adequately powered studies is necessary to better assess the utility of drains, as well as potential alternatives in preventing seroma formation.

Keywords: Abdominal hernia; drain; infection; seroma; ventral hernia

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AB130. 94. The Irish experience of the Mayo Protocol for unresectable hilar cholangiocarcinoma

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**Background:** Pioneered by the Mayo Clinic, multimodal therapy with neoadjuvant chemoradiotherapy (nCRT) and orthotopic liver transplant (OLT) has emerged as a promising option for unresectable hilar cholangiocarcinoma (hCCA), a disease otherwise associated with a dismal prognosis. Long-term outcome data is limited however, and concern exists surrounding reproducibility of results and justification of scarce liver grafts. This study reports the experience of the Irish National Liver Transplant Programme with the Mayo Protocol.

**Methods:** All patients diagnosed with unresectable hCCA between 2004 and 2016 who were eligible for the treatment protocol were prospectively studied.

**Results:** Thirty-seven patients were deemed eligible for the treatment protocol and commenced CRT. Of those, 11 were excluded due to disease progression and 26 proceeded to OLT. There were 24 males and the median age was 49. R0 and pCR rates were 96% and 62% respectively. Overall median survival was 99 months and 1-, 3- and 5-year survival were 80%, 68% and 52%. The median survival of patients achieving a pathologic complete response (pCR) was 83.8 months compared with 20.9 months in the group with residual disease (P=0.036). Six patients (23%) developed disease recurrence. Among the patients who developed metastatic disease during neoadjuvant treatment, median survival was 10.5 months compared to 107.7 months in patients who proceeded to transplant (P<0.001).

**Conclusions:** Neoadjuvant chemoradiotherapy followed by OLT substantially increases the survival of patients with unresectable hCCA. Pathologic response is an important predictor of outcome and achieving a pCR confers a significant survival benefit.

**Keywords:** Cholangiocarcinoma; chemoradiotherapy; liver transplant

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AB131. 121. Is abdominal CT being utilized optimally in acute non-traumatic patient management

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Background: CT utilization for the expedition of patient care has increased exponentially. This study aimed to evaluate the use of abdominal CT and to assess its clinical impact.

Methods: A retrospective analysis was conducted of all inpatient CT reports involving the abdomen over a 1 month period. CT for multiple trauma, oncological restaging and CT angiogram were excluded. Reports were identified using National Integrated Medical Imaging System (NIMIS) and analysed in conjunction with patient records with respect to the following outcomes: (I) new diagnosis; (II) discharge within 24 hours; and (III) significant change to clinical management. The iRefer guidelines were also consulted.

Results: A total of 155 inpatient CT scans were carried out over a 1 month period. Among them, 113 scans and patient records were analysed and 74% adhered to iRefer guidelines. Mean age was 61.21 years (52% female; 25% of child bearing age). The 59% resulted in a new diagnosis. CT diagnosis was consistent with the clinical question in 91% of cases and if a clinical question was formulated on request, this resulted in at least twice the number of new diagnoses than if it was not; 16% resulted in discharge within 24 hrs and 5% impacted clinical management. Thus, 80% were associated with a positive outcome, as defined by this study; 81% of scans were associated with at least 1 incidental finding, 35% of which were deemed clinically significant. The remaining scans either had no clinical impact (7%) or were inconclusive (12%).

Conclusions: Our findings suggest that use of abdominal CT has a beneficial impact on patient care and is potentially cost saving. A positive relationship between clinical question on request and the probability of a new CT diagnosis was illustrated. Adherence to iRefer guidelines was moderate and suggests suboptimal utilization. CT imaging is associated with a high rate of non-significant incidental findings and should not replace clinical examination.

Keywords: CT abdomen; iRefer; clinical outcomes

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AB132. 150. Time to theatre: a three-month experience in an urban, university hospital

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Background: Lack of access to emergency theatre is an escalating issue, placing significant strain on elective lists and causing adverse effects on patients. There are numerous guidelines on the “ideal” time to theatre for common surgical pathologies, but practice varies across institutions.

Methods: A review of all general surgery admissions and theatre usage at an university hospital over a three-month period (July–October 2018) was performed, with specific focus on appendicectomies. Data was obtained from electronic patient record and theatre logs. Demographic and clinical information, time of decision for general surgery admission and time taken for surgical intervention were recorded.

Results: Over the study period, 82 patients required a surgical (theatre) intervention: 68.8% (n=55) were male. Median (range) age was 44.5 (19–80) years. The overwhelming majority (80%) were American Society of Anaesthesiologists (ASA) Grade 1–2. The 72.5% (n=58) of procedures occurred “out-of-hours” (>17:00–<08:00), with 26.3% (n=21) being performed over the weekend. Interestingly, 16.3% were performed on an elective list. The average (range) time to surgery for emergency admissions was 20.3 (2–74) hours; 65.85% (n=54) of patients waited <24 hours for surgery, 34.14% (n=28) waited >24 hours, and 8.75% (n=7) waited >48 hours. Twenty-nine patients (26.6%) required an appendicectomy; 51.7% (n=15) were performed within 24 hours of admission, while 10.3% (n=3) waited over 48 hours. Over two-thirds (68.9%, n=20) of appendicectomies were performed out-of-hours.

Conclusions: The centralisation of specialist care in recent years has placed pressure on university hospitals. This impacts the provision of emergency surgical care. Dedicated emergency surgical lists are needed to alleviate this burden.

Keywords: Emergency theatre; general surgery; appendicectomy

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AB133. 164. The DATA protocol: developing an educational tool to improve note-writing in hospitals

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Background: There are many benefits of a well-written clinical note. National guidelines exist which mandate the inclusion of several basic details in every note. From this perspective, the current study aimed to assess quality of surgical inpatient notes, the level of intern training in this area, and to explore interventions which may be of benefit.

Methods: Healthcare records were assessed before and after an intervention which comprised of a teaching session and memory cues utilising the mnemonic DATA (Date and time, Addressograph, Team, Author details). A survey was also distributed to 124 interns to assess the level of training they had received in this area. Comparative analyses of quantitative data were performed using chi-squared test for categorical variables.

Results: A total of 200 notes were included for analysis. Those written after the intervention were significantly more likely (P<0.01) to contain patient details (95% vs. 45%), time seen (71% vs. 17%), author name (84% vs. 43%), job title (81% vs. 47%), bleep number (64% vs. 34%), and registration number (79% vs. 58%). Of 45 respondents to the survey, 82.2% had not received training on how to write a clinical note. Most (91.1%) had not been made aware of national guidelines for record-keeping and 66.7% had simply copied the format of notes from the preceding team. Almost two-thirds did not feel adequately trained in this area.

Conclusions: This study provides support for dedicated teaching on note-writing in hospitals, this should ideally be carried out prior to doctors commencing internship, however it would likely be effective at any stage of training.

Keywords: Medical education; record-keeping; surgery

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AB134. 167. Iron status before and after curative oesophagectomy, and its relation to anaemia, transfusion and postoperative outcomes

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Background: Iron-deficiency anaemia is common amongst cancer patients undergoing major surgery and may be an important determinant perioperative morbidity, postoperative recovery, and long-term outcomes. We sought to establish the rates of iron deficiency and iron-deficiency anaemia in patients before and after oesophagectomy, and to explore the relationship with red cell transfusion requirements, inpatient length of stay (LOS), and medication use.

Methods: A retrospective analysis of prospectively recorded data from consecutive patients undergoing oesophagectomy with curative intent since incorporation of a quality-of-life focused survivorship clinic in October 2017 at St. James’s Hospital, Dublin, was performed. Preoperatively, and 8–10 weeks postoperatively, clinical and biochemical measures were collected. Iron deficiency was defined using a serum ferritin <30 ug/L with normal inflammatory markers, or <100 ug/L or transferrin saturation <20%, if c-reactive protein was elevated >5 mg/L. Sex-specific haemoglobin thresholds were used to diagnose anaemia (females: <12 g/dL, males: <13 g/dL).

Results: Forty patients [85% male, mean ± standard deviation (SD) aged 61.9±11.4 years] underwent oesophagectomy [transhiatal, 13 (32.5%), Ivor-Lewis 22 (55%), McKeown 5 (12.5%)], with 62.5% receiving neoadjuvant therapy. Median (range) postoperative LOS was 13.2 (7.1–79.1) days. Preoperative, and follow up [55.8 (24.3–106.5) days], prevalence of iron deficiency was 50.0% vs. 65.7% (P=0.23), and iron-deficiency anaemia, 34.2% vs. 45.7% (P=0.39), respectively. 10 (25%) patients required ≥1 in-hospital transfusion (one preoperative, two intraoperative, eight postoperative). Preoperative iron status was not associated with postoperative LOS (P=0.33) or with transfusion (P=0.69). There was no significant relationship between medications and iron deficiency.

Conclusions: Iron deficiency and iron-deficiency anaemia are prevalent in patients undergoing oesophagectomy at a high-volume centre, and rates increase postoperatively, although clinical significance is unclear, requiring further exploration of functional and long-term outcomes.

Keywords: Oesophageal cancer; oesophagectomy; anaemia; iron status; transfusion

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AB135. 176. Feasibility study of the Impact of one preoperative physiotherapy education session and patient information leaflet on patient compliance with physiotherapy after oesophago-gastric cancer resections

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Background: Patient engagement is fundamental to postoperative rehabilitation. Patient Information leaflets serve to enhance patient understanding and increase engagement in their post operative care by providing patients and their relatives with important and relevant information. Engaging candidates preoperatively can assist with managing patient expectations and promote patient understanding and participation in decision making. Lack of physiotherapy, or poor engagement can lead to increased morbidity post operatively. Recent evidence suggests that one preoperative 30-minute physiotherapy session within six weeks of surgery may halve the incidence of postoperative pulmonary complications such as atelectasis, respiratory infection and exacerbation of pre-existing lung disease. The current study looked at the effects of a single preoperative physiotherapy education session and provision of a physiotherapy patient information leaflet on patient compliance with physiotherapy in the first days after oesophageal and gastric resection.

Methods: Patients attended a 30-minute education session with the physiotherapist as part of their preoperative outpatient visit. This education session aimed to teach patients the breathing exercises they would be asked to perform in the days after surgery and set goals for mobilisation. Postoperative compliance and engagement with physiotherapy was measured by the number of completed sessions, patient acceptability, measures of post operative morbidity as well as hospital length of stay.

Results: A single preoperative physiotherapy session with a patient information leaflet was feasible and acceptable to patients. It was associated with better engagement with physiotherapy postoperatively.

Conclusions: This was a small pilot study that highlights benefit of the incorporating patient education into all facets of enhanced recovery after surgery programs.

Keywords: Information leaflet; physiotherapy; oesophago-gastric cancer; enhanced recovery after surgery

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AB136. 194. The use of clinical parameters as adjuncts to endoscopic evaluation of mural thickening on conventional computed tomography in diagnosing malignancy

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Background: The identification of mural thickening (MT) on computed tomography (CT) poses a difficult diagnostic dilemma especially in the absence of clear guidelines. The aim of the current study was to retrospectively analyse conventional CT reports, identifying those patients in whom gastrointestinal wall MT was observed, and correlate these reports with subsequent endoscopic evaluation.

Methods: We reviewed the reports for patients who had thoracoabdominopelvic CT or isolated abdominopelvic CT performed between January 2016 and December 2017 retrospectively. Where patients were identified as having MT of the oesophagus, stomach or colon, results of subsequent endoscopic evaluations were documented. Only patients with reports of MT who had follow-up endoscopy (oesophagoduodenoscopy, colonoscopy, sigmoidoscopy) were included in the study (n=308).

Results: We divided the cohort into upper and lower gastrointestinal mural thickening cohorts (UGIMT & LGIMT respectively). Overall 55.71% (n=122) of colonoscopies and 61.8% (n=55) of gastroscopies were normal. Haemoglobin was found to be an independent factor with MT in both arms of the study in predicting neoplastic lesions (P=0.04 I.E, P<0.05, P<0.001 LGIMT cohort). Age was also found to be a statistically significant parameter in both UGIMT and LGIMT cohorts (P=0.02 I.E P<0.05, P<0.001 respectively).

Conclusions: This study indicates that Haemoglobin values and age are potentially useful adjuncts to Mural thickening in predicting carcinoma in Upper and Lower Gastrointestinal malignancies. It also indicates the need for robust criteria when contemplating endoscopic evaluation to investigate patients with CT evidence of mural thickening, especially in those patients who are asymptomatic. This can only serve to guide clinicians, reduce potential complications associated with endoscopy and ensure proficient use of limited resources.

Keywords: Age; carcinoma; computed tomography (CT); haemoglobin; mural thickening
AB137. 196. The role of the registered nurse first assistant within the perioperative setting

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Background: Within the perioperative setting certain factors have contributed to the need for nurses and allied health care professionals to undertake advance perioperative roles. an example of such a role is the registered nurse first assistant (RNFA). RNFA are nurses or non-medical practitioner who works within the multidisciplinary team and have advanced perioperative skills which extend beyond the traditional barriers of a perioperative nurse scope of practice. it is an ever-growing innovative role worldwide. However, with limited literature on the topic very little is known about the role within the author area of practice.

Methods: A systematic review was carried out to synthesis all the evidences from the literature to answer the author research question. Multiple electronic databases such as CINAHL, Medline, Web of Science, PubMed, Science direct, Scopus, Wiley Online Library, and SAGE were searched. A search of the grey literature using search engines such as google scholar and google was conducted. A hand search, related articles search, and reference list search was also conducted. Search was limited to a ten years period between 2007 to 2018, only full text studies and studies published in English were included.

Results: Of 125 hits, 57 were screened, 7 met the inclusion and exclusion criteria. Four of these studies were quantitative, 1 study was qualitative, and 2 studies used a mix method approach of qualitative and quantitative. Two themes were developed using Braun & Clarke 2006 thematic analysis. The two themes developed were: knowledge advancement and surgical contribution. Quality of articles were appraised using Crowe critical appraisal tool. Findings identify the RNFA as an essential source of knowledge and support to newly qualified and current medical and nursing staff within the perioperative setting. However, the findings identified that the RNFA must attain the necessary education and training to be a safe and efficient practitioner. Findings also acknowledged the tasks which were associated with the RNFA role and the impact of those tasks on patient care and the multidisciplinary team.

Conclusions: The RNFA role enhanced patient care and assisted in improving efficiency within the operating room while supporting the training of junior doctors and nurses.

Keywords: Training; theatre efficiency; role development; advance practice

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