7 minute Presentation & 3 minute Discussion

1. **9.00** Warm ischaemia time at vascular anastomosis in kidney transplantation and functional outcomes  
   **Ati Ferede**, Anna Walsh, Dilly Little  
   Department of Transplant, Urology & Nephrology (TUN), National Kidney Transplant Service, Beaumont Hospital, Dublin Road, Dublin 9, Ireland

2. **9.10** Clinical effectiveness of dedicated ultrasound slots in a surgical assessment unit  
   **Muhammad Fahad Ullah**, Rishabh Sehgal, Shiori Kimura, Laura Roche, Anne Merrigan, Shauna Tormey  
   Department of Breast Surgery, University Hospital Limerick, St Nessan's Road, Limerick, V94 F858, Ireland

3. **9.20** Patient experience in a surgical assessment unit following a closed loop audit using a Kaizen Lean system  
   **Muhammad Fahad Ullah**, Christina Fleming, Christopher Laurence Fox, Shona Tormey  
   Department of Breast Surgery, University Hospital Limerick, St Nessan’s Rd, Dooradoyle, Co. Limerick, V94 F858, Ireland

4. **9.30** Medical students exposure to urology; are we doing enough to prepare the doctors of tomorrow?  
   **Sorcha O’Meara**, Kiaran O’Malley, David Galvin, Stephen Connolly  
   Department of Urology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, D07 R2WY

5. **9.40** “Is computed tomography of the head always appropriate?”: An evaluation of the outcomes of head CT scans undertaken during a one year period in an emergency department  
   **Orlaith Shinners¹, Christi Brady¹, Rachel O’Keefe¹, Sean Johnston², Dermot Hehir²**  
   ¹Graduate Entry Medical School, University of Limerick, Castletroy, Limerick, Ireland  
   ²Department of Surgery, Midlands Regional Hospital, Arden Road, Tullamore, Co Offaly, R35 NY51, Ireland

6. **9.50** Discrepancies between clinical and pathological diagnoses of appendicular and gallbladder disease  
   **David Doherty**, Hayder Shabana, Brain Whooley, David Gough, Brian Barry, Colm O’Boyle, Derbrenn O’Connor  
   Department of Surgery, Bon Secours Hospital in Cork, College Road, Cork, Ireland
7. **10.00** The effect of a community-based pre-operative exercise programme on health-related components of fitness and health-related quality of life in major surgical oncological patients: A pilot study

_Lisa Loughney_1, Ronan Cahill1, Kiaran O’Malley3, Noel McCaffrey1, Brona Furlong1

1School of Health and Human Performance, Dublin City University, Dublin 9, Ireland, 2Department of Colorectal Surgery, Mater Misericordiae University Hospital, Eccles Street, Dublin, D07 R2WY, Ireland, 3Department of Urology Surgery, Mater Misericordiae University Hospital, Eccles Street, Dublin, D07 R2WY, Ireland

8. **10.10** Readmission to hospital following laparoscopic cholecystectomy; A meta-analysis

_Caroline McIntyre_1, Alison Johnston1, Deirdre Foley1, Magda Bucholc2, Michael Sugrue3

1Donegal Clinical Research Academy, Department of Surgery, Letterkenny University Hospital, Kilmacrennan Road, Ballyboe, Glencar, Co. Donegal, Ireland
2EU INTERREG Centre for Precision Medicine project, Intelligent Systems Research Centre, School of Computing, Engineering and Intelligent Systems EU INTERREG Centre for Precision Medicine project, Intelligent Systems Research Centre, School of Computing, Engineering and Intelligent Systems, Ulster University, Belfast, Northern Ireland
3Department of Surgery, Letterkenny University Hospital, Donegal, Ireland

9. **10.20** 10 Years of Adrenalectomies: A Single Centre Experience

_Michael Hanrahan_, Zeeshan Razzaq, Mudassar Majeed, Hamid Mustafa, Mohammed Abdalla, Christopher O’Hare, Ibrahim Al-Khafaji, Peter O’ Leary, Fara Hassan Khawaja, Henry Paul Redmond

Department of General Surgery, Cork University Hospital, Wilton, Cork, Ireland

10. **10.30** Index laparoscopic cholecystectomy, our experience after the inception of acute care surgery program

_Muhammad Aakif_, Hamid Mustafa, Fudai Aftab, Mohammed Yasser Kayyal, Kinan Alromhien, James Byrne, Akbar Amin Achakzai, Hugo Prins, Zeeshan Razzaq

Department of Acute Care Surgery, Cork University Hospital, Wilton, Cork, Ireland

11. **10.40** Liver metastases from uveal melanoma: An indication to resect?

_Fiona Hand_, Sadhbh Doherty, Ray McDermott, David Fennelly, Donal Maguire, Justin Geoghegan, Emir Hoti

Department of Surgery, St. Vincents University Hospital, Elm Park, Dublin 4, Ireland

12. **10.50** Radiological-histological agreement in diagnosis of prostate cancer using multiparametric MRI and transperineal template biopsy histology

_Daniel Peter McNicholas_1, Stefanie Croghan1, Jody Khan1, Fintan Wallace2, Martin Shelly2, Sheila Kiely1, Naomi Cronin1, Muhammad Akram1, Girish Nama1, Subhasis Giri1

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AB098. 3. Warm ischaemia time at vascular anastomosis in kidney transplantation and functional outcomes

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Department of Transplant, Urology & Nephrology (TUN), National Kidney Transplant Service, Beaumont Hospital, Dublin, Ireland

Background: Kidney transplant is the treatment of choice for patients with end stage kidney disease (ESKD). Cold ischaemia time (CIT), among other factors, is recognised risk factor for delayed graft function (DGF) in transplanted kidneys, however until recently less was known about the effect of warm ischaemia time 2 (WIT2) on both short- and long-term transplant graft function. Our aim in this study was to assess the variation in WIT2 in the Irish national kidney transplant service (NKTS) and the consequent rate of DGF resulting from this.

Methods: A retrospective review of data from Jan 2015 to Sept 2017. The outcome measures included incidence of DGF, length of hospital stay, serum creatinine levels at 1 and 3 months post transplantation.

Results: A total of 461 kidney transplants were performed during the study period. Eighty-four patients developed DGF (18.2%). The median WIT2 was 43 minutes [interquartile range (IQR), 34–53 minutes]. Longer WIT2 was associated with risk of DGF (z=3.25, P=0.0012) and it remained significant predictor in the binary logistic regression analysis (OR 1.025 per minute, 95% CI, 1.007–1.043, P=0.004). However, WIT2 didn’t impact on LOS or creatinine levels at 1 and 3 months post transplantation respectively.

Conclusions: WIT2 during vascular anastomosis is an important modifiable factor that impacts on the short-term functional outcome of kidney transplant. However more research is required to assess its impact on long-term outcome.

Keywords: Delayed graft function (DGF); kidney transplantation; warm ischaemia time

doi: 10.21037/map.2019.AB098
AB099. 16. Clinical effectiveness of dedicated ultrasound slots in a surgical assessment unit

Muhammad Fahad Ullah, Rishabh Sehgal, Shiori Kimura, Laura Roche, Anne Merrigan, Shauna Tormey

Department of Breast Surgery, University Hospital Limerick, Limerick, Ireland

Background: The bed crisis and resource limitations continue to plague the Health Service Executive, with surgical patients being admitted for next day radiologic investigations. Ultrasound scan (USS) is a cheap and non-invasive modality for assessing acute surgical presentations. The acute surgical assessment unit (ASAU) in Limerick has two dedicated USS slots daily. The aim of the current study was to investigate the clinical impact on patient care and the cost-effectiveness of such an ASAU USS access.

Methods: A retrospective analysis of all patients who underwent USS investigation in the ASAU between May and Sept 2017 was conducted. Demographic, referral source, presenting complaint, and clinical outcome data were obtained from the ASAU Log. USS data was obtained from the National Integrated Medical Imaging System (NIMIS). The Integrated Patient Management System (IPMS) and Therefore Case Manager, Therefore 2014(12.0.2) were used to check for any discharged ASAU patient re-presenting to the emergency department (ED) within 30 days.

Results: Twelve hundred patients were included in the study. The most common presenting complaint was epigastric or right upper quadrant pain (55.8%). Same day USS (n=86) led to 51% being discharged home on same day. These patients would otherwise have been admitted for USS the next day. This service translated to an approximate savings of 26,000 euros over the 4-month study period. Post discharge ED visits in the ASAU discharged group was zero in first 30 days.

Conclusions: The ASAU dedicated ultrasound slots provide a cost-effective contribution in reducing hospital expenses and overcoming bed crisis. This streamlined service should be available in every ASAU.

Keywords: Acute surgical assessment unit (ASAU); ultrasound facility; bed crisis; cost effective; right upper quadrant pain

doi: 10.21037/map.2019.AB099

AB100. 17. Patient experience in a surgical assessment unit following a closed loop audit using a Kaizen Lean system

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Background: The acute surgical assessment unit (ASAU) in University Hospital Limerick (UHL) has provided a solution to overcrowding and long waiting times since centralization of emergency services to UHL. Recognizing the importance of its evolving role, the ASAU in UHL has recently undergone a major revamp to ease the pressure in the overcrowded emergency department (ED). This included a new purpose built state of art building and equipment, improved staffing levels and use of a Kaizen Lean system to identify key area of delays and inefficiency with subsequent implementation of suggestions derived after Kaizen Lean. The aim of this study was to analyse patient satisfaction response rates with the ASAU prior to and following Kaizen Lean implementation and change to a new custom made building.

Methods: The survey comprised of two phases. In phase I, 100 questionnaires were distributed to patients in ASAU (older building, pre-Kaizen Lean). In phase II, the survey was repeated (100 patients) after Kaizen Lean implementation in the new state of art building. Questionnaire design was based on WHO strategy on responsiveness measurement guidelines and was tailored to a population of surgical patients. Results were analysed using IBM SPSS, version 21 and Excel, 2013.

Results: Two hundred questionnaires were analysed. Implementation of suggestions derived post Kaizen Lean were translated into improved resource usage with reduced waiting time to be seen by nurses and doctors. Patients had improved awareness about their treatment plan and planned next steps in management. Overall satisfaction, perceptions of privacy and general treatment were also improved.

Conclusions: A Kaizen Lean approach improved the transition of an ASAU to a new purpose built building and brought altogether substantial improvement in patient satisfaction with services of the ASAU.

Keywords: Acute surgical assessment unit (ASAU); Lean Kaizen; patient satisfaction

doi: 10.21037/map.2019.AB100

Cite this abstract as: Ullah MF, Fleming C, Fox CL, Tormey S. Patient experience in a surgical assessment unit following a closed loop audit using a Kaizen Lean system. Mesentery Peritoneum 2019;3:AB100.
AB101. 19. Medical students exposure to urology—are we doing enough to prepare the doctors of tomorrow?

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Background: In light of the European Working Time Directive (EWTD) and centralisation of Urology services there is increasing responsibility on interns to perform common urology procedures without immediate access to on site senior cover. However, interns lack knowledge of practical urology procedures and skills. We aim to assess medical student exposure to urology and assess intern confidence managing common urology issues before and after a simple teaching intervention.

Methods: A paper-based survey was circulated to all interns in our centre during the first 3 months of intern year. The questions focused on urology teaching in medical school, and their self-reported ability to perform urology procedures. The same survey was repeated after an interactive teaching session. The data was analysed using excel.

Results: Thirty-two responses were received, with all medical schools except University College Cork represented. Half of the group had a compulsory urology placement during medical training. Only 10 (31%) students reported receiving practical urology sessions in college, and only 4 (12.5%) were able to insert a urethral catheter independently. A single intern (3.1%) was independent in suprapubic catheter change, three-way catheter insertion and bladder washout but others rated themselves as “comfortable” with the technique. No interns considered themselves competent to independently perform a scrotal exam or counsel patients regarding prostate specific antigen (PSA) checks. There was an improvement in self-reported confidence levels in common urology skills following our intervention.

Conclusions: There is variable exposure to urology training in Irish Universities, and subsequently interns are not adequately prepared to manage common urology issues. Simple teaching interventions can improve this, however there is a need for an undergraduate urology curriculum with incorporated practical urology teaching sessions.

Keywords: Training; education; practical skills

doi: 10.21037/map.2019.AB101

Cite this abstract as: O’Meara S, O’Malley K, Galvin D, Connolly S. Medical students exposure to urology—are we doing enough to prepare the doctors of tomorrow? Mesentery Peritoneum 2019;3:AB101.
AB102. 20. “Is computed tomography of the head always appropriate?”: an evaluation of the outcomes of head computed tomography scans undertaken during a 1-year period in an emergency department

Orlaith Shinners¹, Christi Brady¹, Rachel O’Keeffe¹, Sean Johnston², Dermot Hehir²

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Background: Computed tomography (CT) of the head is a common imaging modality in the management of patients with possible intracranial pathology and has significant radiation and cost implications. To evaluate the appropriate use of CT imaging of the head in patients attending the Emergency Department (ED). To identify indicators for predicting clinically significant outcomes in head CT imaging in non-traumatic patients.

Methods: Radiology records of patients undergoing head CT in the ED between November 2016 and October 2017 were interrogated using the Radiological Information System in patients over the age of 18. Patients with pre-diagnosed intracranial pathology were excluded. Multivariate logistical regression was used to identify the total number of scans that had clinically significant outcomes and to identify predictors of clinically important abnormal CT findings in the non-traumatic patient cohort.

Results: Thirteen fifty-eight scans were identified within the 1-year period. Four hundred thirty-two (31.8%) indicated for trauma and 926 (68.2%) for non-trauma. Common indicators utilised for non-traumatic head CTs were focal neurological deficit (36.7%), headache (32.5%), collapse (17.9%), dizziness/syncope (15.6%), confusion (15.1%), visual disturbance (14.7%), Glasgow Coma Scale (GCS) <15 (13.7%), seizure (10.8%), nausea/vomiting (9.3%) and anticoagulation (3.9%). Of these, 4 indicators were found to be statistically significant and positively correlated with abnormal findings on CT [GCS <15; P=0.001, odds ratio (OR) =3.794, focal neurological deficit; P=0.014, OR =2.117, nausea/vomiting; P=0.002, OR =3.748, anticoagulation; P=0.038, OR =2.807] while 1 indicator was negatively correlated (dizzy/syncope; P=0.010, OR =0.152).

Conclusions: Our findings suggest the potential over usage of CT in patients with possible intracranial pathology. Further prospective evaluation may support the use of detailed appropriate clinical examination as an alternative.

Keywords: Clinical risk factors; computed tomography; emergency department (ED); focal neurological deficit; GCS <15

doi: 10.21037/map.2019.AB102

AB103. 30. Discrepancies between clinical and pathological diagnoses of appendicular and gallbladder disease

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Background: The purpose of this audit was to verify the pathological diagnosis following appendicectomy and cholecystectomy.

Methods: Between 2nd January and 31st December 2017, all consecutive histology specimens labelled ‘appendix’ and ‘gallbladder’ were reviewed retrospectively. The patient information management system was queried for further clinical information in all cases of normal histology.

Results: Seventy patients underwent appendicectomy. Sixty-one percent [43] were female. The mean (range) age was 40 [12–82] years. Sixty-one percent [43] had a final diagnosis of acute appendicitis; 2.8% [2] chronic appendicitis; 8.6% [6] perforated appendix; 3% appendiceal abscess; 1.4% [1] Crohn’s disease. Only 6 patients 7.1% (6) had normal appendicectomy specimens on histology. Three patients (4.3%) had acute inflammation with parasite infection. Three patients (4.3%) had fibrotic changes of the appendix and three patients (4.3%) had lymphoid hyperplasia of the appendix. One patient presented with low-grade appendiceal mucinous neoplasm with perforation. One hundred and ninety-six patients underwent cholecystectomy. Sixty-three percent [124] were female. The mean age was 55 (range 20–84) years. Seventy-seven percent [152] had chronic cholecystitis. Fourteen percent [30] had acute cholecystitis. Two percent [4] had gallstones only. Three patients had a gangrenous acute cholecystitis. Two had gallbladder polyps and one patient had a diagnosis of adenocarcinoma.

Conclusions: Pathological evaluation of surgical specimens confirms high diagnostic accuracy for appendicectomy (93%) and cholecystectomy (100%) in our institution.

Keywords: Discrepancy; clinical; pathological

doi: 10.21037/map.2019.AB103

AB104. 37. The effect of a community-based pre-operative exercise programme on health-related components of fitness and health-related quality of life in major surgical oncological patients: a pilot study

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Background: Low pre-operative fitness levels are linked to poor post-operative outcome. Pre-operative exercise training improves fitness and health-related (HR) quality of life (HRQoL) following hospital-based programmes. This study assessed the feasibility of community-based pre-operative exercise training and its effect on HR components of fitness and HRQoL.

Methods: Forty prostate and colorectal cancer participants were recruited and assessed to measure heart rate components of fitness: strength; body mass index (BMI), cardiorespiratory fitness and HRQoL. A pre-operative exercise training programme was prescribed in the time window available prior to surgery and repeat assessments were conducted prior to surgery (within 1 week).

Results: Thirty-two participants completed the study (19 prostate and 13 colorectal). The mean [standard deviation (SD)] duration of exercise training was 4 [2] and 3 [3] weeks for prostate and colorectal cancer participants, respectively. Adherences rates were >80%. From baseline to post-intervention, there were significant improvements in lower body strength for the prostate (P=0.014) and colorectal cancer groups (P=0.001). For prostate cancer participants, there was a significant reduction in BMI (P=0.016), while improvements for upper body strength and cardiorespiratory fitness were not statistically significant (P>0.05). There were significant improvements in HRQoL for the prostate (P=0.006) and the colorectal cancer groups (P=0.025).

Conclusions: Community-based pre-operative exercise training, within a short pre-operative time window, is feasible and increases heart rate components of fitness and HRQoL.

Keywords: Surgical-oncology; community; feasibility; pre-operative exercise training

doi: 10.21037/map.2019.AB104

Background: Laparoscopic cholecystectomy is one of the most commonly performed surgical procedures. Despite this, the pattern of readmission to hospital following laparoscopic cholecystectomy is not well defined. This meta-analysis aimed to determine rates and predictors of readmission.

Methods: An ethically approved PROSPERO-registered meta-analysis was undertaken searching PubMed, Scopus, Web of Science and Cochrane Library databases from January 2013–June 2018 and followed the preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram format. Published literature potentially suitable for data analysis was graded using methodological index for non-randomised studies (MINORS) criteria; papers scoring ≥16/24 were included. The odds ratio (OR) using random-effects, Mantel-Haenszel method with 95% confidence intervals (CI) were computed for each potential risk factors using RevMan5.

Results: Three thousand six hundred and thirty-two articles were reduced to 44 studies qualifying for a final analysis of 1,573,715 laparoscopic cholecystectomies from 25 countries. Overall readmission rate was 3.3% (range, 0.0–11.7%); 52,628 readmissions out of 1,573,715 laparoscopic cholecystectomies performed. Surgical complications accounted for 76% of reported reasons for readmission, predominantly bile duct complications (33%), wound infection (17%) and nausea and vomiting (9%). Pain (15%) and cardiorespiratory complications (8%) account for the remainder. Obesity, single port laparoscopic cholecystectomy and day case laparoscopic cholecystectomy did not increase rates of readmission.

Conclusions: Surgical complications are the most common causes for readmission, however causes are inconsistently reported. No statistically significant risk factors were identified. The mean readmission rate of 3.3% may act as a quality benchmark for improving laparoscopic cholecystectomies and clearer reporting of reasons for readmission may aid in their reduction.

Keywords: Laparoscopic cholecystectomy; readmission; surgical outcome; quality care
AB106. 73. Ten years of adrenalectomies: a single centre experience

Michael Hanrahan, Zeeshan Razzaq, Mudassar Majeed, Hamid Mustafa, Mohammed Abdalla, Christopher O’Hare, Ibrahim Al-Khafaji, Peter O’Leary, Fara Hassan Khawaja, Henry Paul Redmond

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Background: Adrenalectomies were traditionally performed by open technique. However more recently, laparoscopic trans-peritoneal and laparoscopic retro-peritoneal approaches are gaining popularity. Laparoscopic approach has the advantages of less post-operative pain, fewer wound site problems and above all reduced length of hospital stay. The aim of this retrospective study was to examine the characteristics of all adrenalectomy patients at Cork University Hospital (CUH) over a 10-year period.

Methods: All cases of adrenalectomy done at CUH between 1/1/2007 and 31/12/2016 were retrospectively reviewed. Patient demographics, diagnosis, surgical approach, length of hospital stay, histology and all documented complications were evaluated. Comparisons were made between open and laparoscopic adrenalectomy cases.

Results: There were 46 adrenalectomies performed on 44 patients over the 10-year period. Twenty-one patients (48%) were male and the mean age was 49 (range, 14–84) years. Twenty-seven (59%) of the procedures were left adrenalectomies, 17 (37%) were right sided and 2 (4%) patients had bilateral adrenalectomies. Pheochromocytoma and non-functioning adenoma were the most common indications for adrenalectomy (44% and 41% respectively), 5 cases (11%) were for malignancies and 2 (4%) had other benign indications. Twenty-nine (63%) of cases were performed laparoscopically. Two (7% conversion rate) of the laparoscopic procedures were converted to open. The complication rate for laparoscopic adrenalectomy was 14% versus 19% for open (P=0.66). The mean length of stay post-operation was 4.8 days for the laparoscopic group and 7.2 days for the open surgery group (P=0.03). There was no mortality and no recurrence seen.

Conclusions: Adrenalectomy is a safe procedure and in our setting was primarily performed for pheochromocytoma and non-functioning adenomas. Laparoscopic adrenalectomy has become the standard of care in recent years and is associated with fewer complications, shorter hospital stays and has a low conversion to open rate.

Keywords: Adrenal adenoma; laparoscopic adrenalectomy; pheochromocytoma

doi: 10.21037/map.2019.AB106
AB107. 84. Index laparoscopic cholecystectomy, our experience after the inception of acute care surgery program

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Background: Laparoscopic cholecystectomy has become the gold standard for the treatment of symptomatic gallstone disease. Although multiple studies have confirmed its safety, laparoscopic cholecystectomy at index admission is still not widely practiced in Ireland. We present our experience of a cohort of patients who underwent index cholecystectomy in Cork University Hospital after the start of acute care surgery program in May 2017. The aim of this study is to determine the safety of laparoscopic cholecystectomy at index admission, the rate of complications, re-admissions, length of hospital stay.

Methods: Integrated Patient Management System, Theatre records and imaging reporting system were searched to enrol all patients who underwent laparoscopic cholecystectomy for gallstone disease at index admission from May 2017 to October 2018. Patient demographics, indication for surgery, postoperative complications, readmission and conversion rate were recorded. In addition, timings of magnetic resonance cholangiopancreatogram, endoscopic retrograde cholangiopancreatogram, imaging findings, and length of hospital stay were also noted.

Results: A total of 117 patients underwent laparoscopic cholecystectomy at index admission for various indications. Median age was 47 years with age ranging between 18–79. Male to female ratio was 1:1.78. Seventy-five (64%) patients had acute cholecystitis, 12 (10%) had acute biliary pancreatitis, 10 (8.5%) biliary colic and 9 (7.6%) had cholecystitis with signs of CBD obstruction. Seven (5.9%) patients had obstructive jaundice and one with adenomyomatosis. Fifty patients (42%) had pre-op MRCP while 23 (19%) underwent pre-op endoscopic retrograde cholangiopancreatogram. All except 3 patients undergoing ERCP had pre-procedure MRCP. Two patients had pre-op cholangiograms. In terms of complications, 2 (1.7%) patients had bile leak and 1 (0.85%) had re-operation. One patient had the post-op hematoma which was drained percutaneously, one patient had procedure abandoned because of bradycardia upon induction of anesthesia, so she was cancelled for a pre-op cardiology assessment. There was no common bile duct injury, no conversion to open and no 30 days mortality was reported. The average length of hospital stay has been 6 days (ranging from 2 to 18 days).

Conclusions: Laparoscopic cholecystectomy at index admission for cholecystitis, choledocholithiasis, and biliary pancreatitis, has been a safe and feasible treatment option in our hospital. A safe practice can be ensured by adherence to a care pathway and a multidisciplinary, consultant-led service. Index cholecystectomy service can be provided safely across the country to prevent disease-related morbidity and multiple re-admissions in patients awaiting interval surgery.

Keywords: Acute cholecystitis; biliary colic/laparoscopic cholecystectomy; urgent cholecystectomy; complications; endoscopic retrograde cholangiopancreatogram; choledocholithiasis

doi: 10.21037/map.2019.AB107

AB108. 210. Liver metastases from uveal melanoma: an indication to resect?

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Background: Owing to its relative resistance to chemotherapeutics, survival following the diagnosis of metastatic uveal melanoma has remained largely unchanged over the past two decades. On this basis, the benefit of hepatic resection has been postulated. Herein we performed an analysis of patients who underwent hepatic metastasectomy for uveal melanoma and compared their outcomes to those undergoing resections for colorectal liver metastases (CRLM) in the same time period.

Methods: From 2008 to 2018, all patients undergoing hepatic metastasectomy were included for analysis. Performing a 3:1 matched cohort analysis, patients with metastatic uveal melanoma were matched for age, sex, operative approach, tumour number and size to those undergoing resections for CRLM. Clinicopathological data was sought from a prospectively maintained database and reviewed along with 30-day post-operative morbidity and mortality.

Results: Fifteen patients underwent hepatectomy for metastatic uveal melanoma in the time period. A further 45 patients undergoing hepatectomy for metastatic colorectal cancer acted as the control group. In the melanoma group three patients (20%) developed a post-operative morbidity, no in-hospital mortalities were noted. The median follow-up period following melanoma resection was 27 months (range, 5–211 months) with 1-, 3- and 5-year overall for this cohort was 86.6%, 53.3% and 40% respectively. There was no difference in overall survival between the melanoma and CRLM group (P=0.80).

Conclusions: In patients presenting with hepatic metastases from uveal melanoma, this present study supports the rationale to proceed to surgery with comparable morbidity and mortality rates to resection for CRLM.

Keywords: Metastatic uveal melanoma liver resection
doi: 10.21037/map.2019.AB108

AB109. 139. Radiological-histological agreement in diagnosis of prostate cancer using multiparametric magnetic resonance imaging and transperineal template biopsy histology

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Background: Multiparametric magnetic resonance imaging (mpMRI) of the prostate is rapidly evolving in prostate cancer diagnostics. We aimed to review local diagnostic performance of prostate imaging reporting and data systems (PIRADS) reporting, by correlation with transperineal (TP) template biopsy histology.

Methods: A retrospective review (2016–2018) of patients undergoing TP biopsy preceded by mpMRI was performed. MRI reports, TP/previous TRUS histology, PSA and DRE were recorded. Radiological and histological results were correlated. Clinically significant prostate cancer (csCaP) was defined ≥ Gleason 3+4/ISUP 2.

Results: Fifty cases were identified, mean age 65.86 [50–78], mean gland size 61 cc (18–122 cc). One of two radiologists reported 48 MRIs. Forty-four patients had abnormal MRIs pre-biopsy. Of 10 reported PIRADS-3 lesions, histology confirmed 1 ipsilateral csCaP. Of 32 PIRADS-4 lesions, histology showed ipsilateral csCaP in 17. Of 19 PIRADS-5 lesions, ipsilateral csCaP was seen in 5. Of 19 patients without focal right sided prostatic abnormality on MRI, 4 had right sided csCAP (low volume). Of 20 patients with no radiological abnormality on the left, 3 had left sided csCAP. Where PIRADS-4/5 lesions correlated with csCaP histologically, 14 were peripheral zone, 4 transitional, 4 included both. In csCaP, mean PSA density was 0.3, versus 0.17 in those without csCaP. Of 23 patients with csCap, 18 had previous TRUS biopsy and were newly diagnosed/upstaged with mpMRI + TP biopsy.

Conclusions: mpMRI prostate is sensitive in detection of csCaP with high negative predictive value, and reasonable specificity. Incorporation of mpMRI and transperineal template biopsy into diagnostic algorithm has potential to significantly increase detection of CaP following benign TRUS biopsy where clinical suspicion exists. A greater volume of prospectively collected data will provide greater insight into local results.

Keywords: Multiparametric magnetic resonance imaging (mpMRI); prostate cancer; transperineal template biopsy

doi: 10.21037/map.2019.AB109