

background we did not form a submuscular pocket in individual cases, but instead placed the implant in a cranially and caudally covering mesh pocket.

Material and Methods: Between 06 and 12/2011 seven patients were operated according to the above protocol, and the short-term follow up analyzed. Patients that had to get radiation therapy were not admitted to the study. Furthermore, we only included patients that were planned to get a second, contralateral operation so that corrections of the first operation were possible.

Patients were between 34 and 58 years old. One patient had to receive radiotherapy due to a nodal involvement not diagnosed before.

Results: Four patients had received prior surgery. Indications for subcutaneous mastectomies comprised invasive carcinomas with large DCIS, R1 resections or secondary prophylaxis.

Mastectomy weights ranged between 225 and 480 g; implant volumes ranged between 225 and 430 cm³. Titanized meshes (TiLoopBra) were used in four cases and partially absorbable polypropylen meshes (SeragynBR) in three cases as interponate materials. The cosmetic outcome was excellent, we the margins of the implants were not visible. In three cases there was a partial necrosis of the nipple and in one case a partial skin necrosis with the necessity of a wound revision.

Discussion: Using a mesh-pocket instead of subpectoral positioning of the implant makes the operation in individual cases easier. Post-operative mobility is immediate and unrestricted. Since the implant size has to be chosen according to the tissue weight removed, a bilaterally identical cosmetic result can be achieved. Complications include a mild seroma formation without the necessity to puncture. However, the small number of cases and the short term follow up do not allow to make any statements about consecutive capsular fibrosis.

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Poster

Wide Local Excision of Breast Cancer Under Local Anaesthetic – a Treatment Option

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Background: Elderly and medically unfit patients make up a small but significant proportion of breast cancer patients. Treatment of such patients can be challenging.

Methods: A prospective study of breast cancer wide local excisions (WLE) performed under local anaesthesia (LA) from Mar 2008 to Apr 2010. Preoperative assessment included calculation of American Society of Anaesthesia (ASA) status, Portsmouth Physiologic and Operative Severity Score for enumeration of Mortality and Morbidity (PPOSSUM), mini mental state examination and oestrogen receptor (ER) status. Treatment options were then discussed with patients and their carers.

Results: 17 patients were included, with average age of 81 years (range 59–94 years). 10 patients had ASA grade 3 and 7 patients had ASA grade 2. 1% lignocaine with adrenaline was used diluted in normal saline as LA. Dose was calculated according to body weight, average volume injected was 37 ml (range 20–80 ml).

	Expected (Calculated by PPOSSUM score, if done under general anaesthesia)	Observed (Follow-up; range 8–34 months, median 19 months)
Morbidity	28.5% (range 15–60%)	5.8% (one patient developed haematoma)
Mortality	1.8% (range 0.1–6.1%)	0

Size range was 13–47 mm with median of 26 mm. 9 patients were ER negative and 7 were positive. One had involved margins needing further wider excision under LA. All patients were offered appropriate adjuvant treatment.

Conclusions: WLE of breast cancer under LA is a useful option. All patients in this selected 'unfit' group were treated as day cases. Despite a relatively short follow-up, all patients currently remain disease free.

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Poster

Role of Intra-operative Specimen Imaging and Systematic Cavity Shaves in Reducing Re-excision Rate for Breast-conserving Cancer Surgery

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Background: Clear cancer resection margin in breast-conserving cancer surgery is considered to be one of the predictive factors for the local recurrence. This study aims to assess the ability of intra-operative specimen imaging and systematic cavity shaves in ensuring complete cancer excision.

Methods: 145 patients (149 breast cancers) undergoing breast-conserving surgery over a four-year period under a single consultant were studied prospectively. All these patients underwent preoperative mammography and ultrasonography. Cancer specimens were x-rayed intraoperatively. If cancer was not seen on the x-ray, the specimen was scanned under ultrasonogram. Cavity shaves were taken from around the main specimen.

Results: Preoperative mammogram detected 142 cancers (95.3%), ultrasonogram detected 135 cancers (90.6%) and combined detection rate was 99% (148/149). Intra-operative x-ray found 147 cancers (98.7%) whereas in the remaining 2 patients specimen ultrasonogram confirmed the cancer, hence achieving 100% intra-operative cancer detection. Cavity shaves were positive in 17 patients (11.4%), needing re-excision. 13 opted for wider excision and 4 decided to have mastectomy at this stage. Histological analysis confirmed that only 4 had residual cancer, 1 had carcinoma-in-situ and 12 did not have any residual malignancy. A third operation was required in one patient (0.67%).

Conclusions: We conclude that intra-operative specimen imaging combined with the systematic cavity shaves during breast conserving surgery helps achieving complete cancer excision, thereby significantly reducing the re-excision rate.

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Poster

Ambulatory Breast Cancer Surgery is Safe and Feasible in an Asian Population

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Background: Breast cancer surgery done in the ambulatory setting has been shown to be safe, feasible and more cost effective. Although this is widely practiced in the West, it is less popular in Asia. Many in Asia believe that a patient receives ideal care and recovers best in hospital, and are thus hesitant and apprehensive about being discharged so soon after surgery. Since 2004, our Service has moved towards ambulatory breast cancer surgery as routine standard of care. In this study, we review the results and outcomes of this practice.

Methods: A retrospective review was conducted on 1858 breast cancer surgeries performed in 1742 patients from 1st March 2004 to 31st December 2010. Ambulatory surgery was performed either as a day procedure (with patients being discharged on the day of surgery) or as an AS23 procedure (whereby the patient remains in hospital and is discharged the following morning). All patients are reviewed by the surgical team, including a specialist breast care nurse, prior to discharge. Patients are then reviewed in the outpatient clinic by the breast care nurse 3 to 4 days later and by the surgeon about 1 week after surgery.

Results: The proportion of breast cancer surgeries performed in the ambulatory setting increased significantly from 48% in 2004 to 72.3% in 2010. Elderly patients, those with significant co-morbidities, and those with poor family support continued to be managed as inpatients, as were those who underwent immediate breast reconstruction following mastectomy. Seventy-four patients (5.7%) who were planned as ambulatory procedures were managed inpatient post-operatively instead. Closer monitoring because of intra-operative events (such as cardiac arrhythmias), wound bleeding and pain, giddiness and nausea were among the more common reasons for a change to inpatient management. Median length of inpatient stay was 2.0 days (1–22). In the initial 30-day period following discharge, 33 patients (2.5%) who had undergone ambulatory surgery were re-admitted through Emergency Services because of post-complications, compared to 20 patients (3.6%) from the planned inpatient admission group. Common reasons for readmission included wound hematoma, persistent bleeding and wound infection. These patients were typically discharged within 1 or 2 days of readmission.

Discussions and Conclusions: Our study has shown that close to three quarters of our patients now undergo ambulatory breast cancer surgery. A change to inpatient management because of intra-operative or post-operative problems is uncommon, as is the readmission rate within the initial 30 days following surgery. Careful patient selection, and a comprehensive set-up combining clinicians, specialist breast care nurses and coordinators, have been instrumental in making ambulatory surgery with early postoperative discharge from the hospital a feasible and well accepted concept among our local patients.

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Poster

An Assessment of the Impact of OSNA (One Step Nuclear Acid Amplification) Analysis On the Rates of Axillary Clearance in Breast Cancer Patients

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Background: The introduction of OSNA (one step nuclear acid amplification) in breast cancer patients allows rapid and accurate intra-operative