

Table 1

Number of patients recruited	Time period	Age range in years (mean)	BMI range in kg/m ² (mean)	Diagnosis- Biliary Colic (%)	Conversion to open (%)	Discharge on same day (%)	Re-admission (%)
First 34 patients	July 2000 - August 2001	20-72 (37)	20-34 (27)	29 patients (85%)	2 patients (6%)	25 patients (74%)	0
Last 68 patients	September 2001 - April 2003	21-76 (41)	18-44 (34)	37 patients (54%)	0	62 patients (91%)	3 patients (4%)

Key words: colorectal surgery, laparoscopic.

Reference: Greene F L. Laparoscopic management of colorectal cancer. CA Cancer J Clin 1999; 49, 221-218.

0-058

Early experience in laparoscopic bariatric surgery

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Introduction: Morbid obesity is a disease of excess energy stores associated with severe physical problems and increased morbidity and mortality.

Aim: To assess the results of laparoscopic gastric banding and laparoscopic gastric bypass.

Patients and Methods: The patients who fulfilled the criteria for bariatric surgery were those with a BMI of 40 or a BMI of 35 and one obesity related co-morbidity. A total of 43 patients underwent a total of 44 procedures between November 1999 and June 2003.

Two operations were performed: laparoscopic adjustable gastric banding and laparoscopic roux-en-Y gastric bypass. It was left up to the patients to decide which operation they wanted. All patients were assessed pre-operatively by a dietician and an endocrinologist. Only patients with a psychiatric history or having psychological problems were seen by a psychiatrist.

Results: A total of 43 patients were included in this study. All the patients were over 18 years of age and were ASA grade I or II. There were 7 males and 36 females. 25 patients underwent gastric banding and 19 underwent gastric bypass. One female patient had an attempted gastric banding procedure following a bypass at a later date. There was no mortality following the operations. There was no statistical difference between the two groups for age and BMI. The percentage excess weight loss was higher for LRYGB as compared with LGB.

Conclusion: Laparoscopic bariatric surgery can be performed with acceptable morbidity and mortality and satisfactory rate of loss of excess weight. LRYGB patients had a higher percentage of loss of extra weight.

0-059

Incidental gallbladder carcinoma in the Maltese Archipelago

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Background: Incidental gallbladder carcinoma is defined as carcinoma of the gallbladder first diagnosed at histological examination of the resected gallbladder. Gallbladder carcinoma is the most common cancer of the biliary tract worldwide. However, it is a rare neoplasm with a poor prognosis. Incidental gallbladder carcinoma is found in 0.35% to 2% of patients undergoing cholecystectomy.

Objectives: To establish the incidence of unsuspected gallbladder carcinoma in the Maltese islands and to identify any common characteristics amongst these patients.

Patients and methods: We present a series of 2577 cholecystectomies carried out at St. Luke's Hospital and Gozo General Hospital between May 1993 and May 2003. The patients were identified from the pathology

database and from the national cancer registry.

Results: In this series, there were 27 histological diagnosis of incidental gallbladder carcinoma. The M:F was 1:1.7 and the mean age at diagnosis was 71.0 years (range 54 - 89 years). Most patients had co-existing gallstones. Eighteen patients from this series died. Their mean survival time after diagnosis was 9.1 months (range 0 - 48 months).

Conclusions: The incidence of unsuspected gallbladder carcinoma in our series is 1.0%. A high index of suspicion is required in the preoperative management of elderly patients with gallstones, deranged liver-function tests and an irregular walled gallbladder on ultrasound.

Key words: Gallbladder carcinoma - incidental - cholecystectomy

0-060

Outcome after upper limb revascularisation

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Objective: A single centre's 20 year experience of upper limb revascularisation.

Method: All patients undergoing operative or radiological upper limb revascularisation between June 1983 and July 2003 were collected from a database and their results reviewed.

Results: 172 patients underwent 184 upper limb revascularisation procedures. Sixty one patients had a thrombo embolic event (35%), 53 patients presented with traumatic vascular injury (31%) and 29 patients presented with chronic upper limb ischaemia (17%). Fifteen patients presented with symptoms of subclavian steal syndrome (9%), 8 patients presented with thoracic outlet compression (5%) and 6 patients had iatrogenic injuries (3%).

Fifty eight thrombo-embolectomies were carried out, 35 under loco regional anaesthesia (61%). Ten patients (16.4%) died following embolectomy, all from cardiopulmonary causes.

Fifteen reversed saphenous vein bypass grafts were performed for traumatic damage, 3 for proximal (proximal to teres major) and 12 for distal arterial lacerations. Twenty seven patients underwent primary arterial repair and 5 required an autologous vein patch. One patient subsequently had an arm amputation and two patients (4%) died.

Twelve patients presenting with arm ischaemia underwent subclavian angioplasty, 12 patients had a proximal bypass and in 5 patients stenoses were stented. Mortality in this group was 6.9% (2/29). Fifteen patients had radiological evidence of subclavian steal syndrome for which 9 prosthetic bypasses, 5 angioplasties and one stent were performed.

Conclusion: The mortality for upper limb revascularisation was 8.8%. The mortality was highest after embolectomy and was similar to the mortality associated with lower limb embolectomy. Only 1 limb was amputated and this followed an arterial injury.

Key Words: Upper limb revascularisation - ischaemia - embolism - bypass - amputation - angioplasty

0-061

Biomechanics of median sternotomy closures