

Results All procedures were completed laparoscopically. Follow-up at 6 months, 1, 2 and 3 years was 96%, 92%, 87% and 47% respectively. Mean (SD) % excess weight loss at these time periods was 81.4 (25.6), 102.1 (27.3), 108.7 (38.2) and 97.5 (29.1) respectively. Mean (SD) weight loss at 2 years was 34.2(19.3) kg. 83% of patients demonstrated partial or complete resolution of their preoperative comorbidities including hypertension, diabetes, sleep apnoea and hyperlipidaemia. 17% developed new-onset reflux. 53% of patients required vitamin supplementation. Complications: Wound infection (1.8%), food bolus obstruction requiring endoscopy (3.8%) and silastic ring removal for food intolerance (7.5%). There were no deaths.

Conclusion While the banded (silastic ring) SG is a safe procedure with good medium term excess weight loss and comorbidity resolution, around 11% of patients required endoscopic or surgical reintervention within 3 years.

Competing interests None declared.

PMO-057 **DIETARY INTERVENTION FOR INDIVIDUALS WITH SPINAL CORD INJURIES—A 2 YEAR REPORT ON THE SPINAL CLINIC FOR OBESE OUT-PATIENT PROJECT (SCOOP)**

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Introduction Obesity is common after spinal cord injuries (SCI)¹ and it is associated with chronic nutrition related complications. We previously reported that a simple dietetic-intervention can help SCI patients to lose weight without compromising lean body mass.²

Methods The present study aimed to assess the effectiveness of a dietitian led weight management clinic. Thirty-one individuals (52.4±11.5 years; body mass index (BMI): 32.9 kg/m²; 41% female) with SCI were referred for consultation to include nutritional advice and cognitive behaviour therapy in three consultations over 4 months. Outcomes measures included body composition from anthropometric measurements of BMI, mid upper-arm circumference (MUAC), triceps skinfold thickness (TSF) and mid-arm muscle circumference (MAMC), sitting blood pressure and dietary assessment of nutrient intake by 7-d food diary.

Results Of the thirty-one individuals, 15 (48.4%) reported one or more co-morbidities. Mean weight loss was 4.5 kg (SD 6.2) at week 16. Analysis of the pre- to post-intervention difference (using paired t-test) showed a significant reduction in weight (104.2 vs 100.4 kg, p=0.001), BMI (34 vs 33.1 kg/m², p=0.004), total energy intake (6.84 vs 5.62 MJ/d, p=0.029), total fat (p=0.005), saturated fat (p=0.001) and alcohol (p=0.003). No significant changes were found in MUAC, TSF, MAMC and sitting blood pressure post intervention. We noted a significant reduction in MAMC at 1-year follow-up (30.2 vs 27.1 cm, p<0.001). The 7-d food diary showed an average energy intake of 7.65 MJ/d, which is 15% below the estimated requirement.

Conclusion The findings of this study suggest that current guidance overestimates nutritional requirements in the SCI population, and that simple dietetic-intervention could help overweight SCI patients to achieve weight loss, but that it may not be sufficient to stimulate/maintain muscle mass long term. Further research is warranted to test whether combining lifestyle and intensive physical therapy could reduce long-term muscle wasting.

Competing interests None declared.

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Parenteral nutrition

PMO-058 **A SIMPLE AND AN EFFECTIVE STRATEGY FOR IMPROVING JUNIORS DOCTORS' KNOWLEDGE OF INTRAVENOUS FLUID THERAPY**

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Introduction Erroneous intravenous fluid therapy is a source of perioperative morbidity and mortality.¹ In most surgical units, junior doctors are given the major responsibility for prescribing intravenous fluids, even though their knowledge base is inadequate.^{2–4} Training junior doctors in intravenous fluid therapy is required to improve their knowledge and reduce the harm caused by erroneous intravenous fluid therapy. In this study we evaluated whether a single focused teaching session, based on the current national guidelines for perioperative fluid therapy, could improve junior doctors' knowledge of intravenous fluid therapy.

Methods Junior doctors attended a focused teaching session on a perioperative fluid therapy. They completed the questionnaire at baseline, immediately after and again 2–5 weeks after the teaching session. The questionnaire was developed from the current national guidelines on perioperative intravenous fluid therapy; 2008 British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients.

Results The mean pre-education score was 4.3 (36%). The mean post-education scores immediately after and an average of 22 days after the teaching session were; 10.3 (85%) and 9.5 (79%) respectively.

Conclusion A single focused teaching session is a simple and an effective way of improving junior doctors' knowledge of intravenous fluid therapy. We recommend that a teaching session on intravenous fluids be integrated into the teaching programme of all junior doctors.

Competing interests None declared.

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PMO-059 **PARENTERAL NUTRITION: AUDIT OF USAGE IN A DISTRICT GENERAL HOSPITAL WITHOUT A NUTRITION SUPPORT TEAM**

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Introduction Parenteral nutrition (PN) is well known to have possibility of serious sequelae, in particular from catheter related sepsis (CRS). Multiple studies have demonstrated that a Nutrition Support Team (NST), in particular a Nutrition Support Nurse (NSN), can reduce inappropriate PN as well as reducing CRS rates (Kennedy et al 2005). The aim of this audit was to document PN usage in a district general hospital without a NST or NSN.