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. 55% of patients required vitamin supplementation. Complications: Wound infection (1.8%), food bolus obstruction requiring endoscopy (5.8%) 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 5 years.

Competing interests None declared.

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.

REFERENCES


