Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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plan of the operation, built on CT. In this regard, in the case of using robotic systems in minimally invasive surgery, there is a need for intraoperative navigation that provides operational data on the target’s position for automated control of a medical instrument.

**Method:** The project aims to develop an intraoperative navigation system for a robotic surgical system for minimally invasive surgery based on a combination of ultrasound, stereophotogrammetric navigation, and modern computer vision algorithms. It will allow for automatic tracking of the position of target areas of the patient’s operating area in real-time, thus increasing the accuracy of novel robotic systems for minimally invasive surgery.

**Results and conclusion:** Created RFA robotic surgical system integrates an automated ultrasonic needle localization system based on a vision system with stereotactic navigation. This approach involves the combined use of preoperative medical images based on CT / MRI and intraoperative ultrasound images to clarify the displacement of the target anatomical structures caused by breathing and other processes in the patient’s body.

**EP295**

**HEPATOBIILIARY MDM IN THE COVID-19 ERA: THE WESTERN HEALTH EXPERIENCE**

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**Introduction:** The impact of Covid-19 pandemic has been felt across almost every facet of our health system. The hepatobiliary (HPB) multidisciplinary meeting (MDM) which is an integral part of HPB surgery has not been left out of this. Our goal is to determine the effect of the Covid-19 pandemic on the HPB MDM using a major metropolitan tertiary Hospital as our case study.

**Methods:** An audit of a prospectively collected data base was conducted for a 12-month period (pre and post Covid-19). All consecutive patients in the database were included. Demographic data, diagnosis, treatment offered, time to treatment and compliance to treatment were recorded. The MDM attendance and length of meeting were also noted.

**Results:** Data analysis demonstrated an increase in the number of cases discussed, advanced presentations during the pandemic, leading to fewer curative resections and lower compliance to MDM recommendations. However, MDM attendance was 28% more during the pandemic with meetings taking 15% longer.

**Conclusion:** It appears the Covid-19 pandemic has both a positive and negative impact on the HPB MDM. We recommend building on the “benefits” of the pandemic while we minimise its disadvantages.

**EP296**

**HPB AMBULATORY CLINIC — A RESPONSE TO EASE INPATIENT PRESSURES DURING THE COVID-19 PANDEMIC?**

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**Purpose:** The COVID-19 pandemic has had a devastating impact on surgical services globally. Due to increasing demands on healthcare and attempts to minimise patients’ exposure to COVID-19, surgical admissions were avoided where possible and early discharge promoted.

Specialist HPB practice including the management of necrotising pancreatitis and biliary sepsis, often requires prolonged hospital stay. To facilitate earlier discharge, a consultant-led HPB ambulatory clinic was introduced for a single clinical session per week. This study aims to review the safety and efficacy of this pilot pathway.

**Methods:** A retrospective review of all patients seen at the ambulatory HPB clinic from September to November 2020 inclusively was performed. Patient demographics, clinical investigations, readmission rate and other outcomes were recorded.

**Results:** 57 episodes of patient care were provided, with a mean age of 60.9 years (range 29-93). The mean number of patients requiring review per week was 4.38, and the mean number of visits per patient was 1.46 (range 1-5). Indications for review included drain management (n=28), interval imaging (n=12), early clinical review (n=11) and wound management (n=6). The most common underlying diagnosis was pancreatitis (24.4%), followed by conservatively managed cholecystitis (17.8%) and post-operative complications (22.2%). Other diagnoses included cholecloolithiasis, liver abscess and trauma. The readmission rate was 6.66%, with no significant adverse events reported.

**Conclusion:** This retrospective review demonstrates a safe pathway for the ongoing management of these complex patients, providing consultant-led specialist care in a timely fashion and with an acceptable readmission rate.

**EP297**

**MANAGEMENT OF ISOLATED SPLenic VEIN THROMBOSIS: RISKS AND BENEFITS OF ANTICOAGULATION**

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**Purpose:** We report the outcome of isolated splenic vein thrombosis management from tertiary referral HPB units including impact of anti-coagulation on recanalization rates and subsequent variceal bleeding risk.

**Methods:** A retrospective cohort study including all patients diagnosed with iSVT on CT scan abdomen and pelvis between 2011 and 2019 from two institutions. Patients with both SVT and portal vein thrombosis at diagnosis, and isolated splenic vein thrombosis secondary to cancer were excluded. Response to anti-coagulation, recanalization rates, risk of bleeding and progression to portal vein thrombosis were examined.

**Results:** Ninety-eight patients with iSVT were included of which thirty-nine patients received anti-coagulation (40%). The most common cause of iSVT was acute pancreatitis n=88 (90%). The recanalization rate in the anticoagulation group was 46% vs 15% in patients receiving no anti-coagulation (p=0.0008, OR = 4.7, 95% CI 1.775 to 11.72). Upper abdominal vascular collaterals (demonstrated on CT scan angio,), was significantly less among patients.