Diagnostic methodology and treatment modalities for the 2-year periods before (2007–8) and after (2010–11) the specialist MDT formation are given in the table (Table 1). There was no difference in histological rates (100% and 92% respectively) or cell types between the two periods.

Conclusions In the second time period, our use of radical oncological treatment increased and at the same time extensive surgical treatment decreased, in keeping with current considered best practice. These changes in clinical practice coincided with discussion of these cases at the newly formed MCCN specialist mesothelioma MDT. This study emphasises the value of an expert multidisciplinary approach to the management of this unfortunate group of patients.

P216 ANALYSING THE SUCCESS RATES OF PLEURODESIS IN PATIENTS ADMITTED TO AN ELECTIVE SHORT STAY WARD

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Introduction Pleural effusions are a common respiratory problem and account for 20,000 hospital episodes annually. 70% of patients need admission of 7 days or more (1). Treatment options include pleurodesis and long term indwelling pleural catheters (IPC)(2). Traditionally, management has involved recurrent lengthy hospital admissions which are both inconvenient for the patient and expensive. To reduce these problems, we admit patients to an elective short stay ward where they undergo pleurodesis and are discharged after 1–2 days.

Aim To assess the effectiveness of pleurodesis in patients admitted to an elective short stay ward.

Method We retrospectively reviewed 33 patients who were managed on an elective ward. A 12F Chest drain was inserted followed by administration of 4g sterile talc. Patients who did not re-attend with an effusion within in the following six months, or prior to dying were considered a success.

Results During 2009–2010, 33 patients with an average age of 66.5 years underwent pleurodesis on the elective short stay ward. 23/33 patients did not re-attend with an effusion within six months (70%). However, 10 re-attended with a recurrent effusion despite talc (30%). Of these, 3 patients had trapped lung on their xray and 1 had a chylothorax. Both are reported causes of failure (2).Chest drains stayed in for 1–2 days, with an average inpatient stay of 2 days. 18/33 patients died within 3 months of admission (54%). Of the 10 that re-attended, 6 died within 3 months (60%). There were no complications resulting from this procedure.

Conclusions Patients who are admitted to an elective short stay ward are managed safely and effectively. They require a shorter inpatient hospital stay which is cost-effective. Our results illustrate 70% of patients did not require an IPC but treatment with pleurodesis alone was sufficient to prevent re-attendances.Most patients do not require an acute hospital admission. Patients who do re-attend with a recurrent effusion due to trapped lung can be considered for IPC.

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P217 DOES CHEMOTHERAPY INCREASE THE RISK OF DEVELOPING PLEURAL INFECTIONS IN PATIENTS WITH INDWELLING PLEURAL CATHETERS?

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Introduction Indwelling Pleural Catheters (IPC) are indicated for the management of recurrent or resistant Malignant Pleural Effusions (MPE), usually after talc pleurodesis. While generally safe and effective, they carry a risk of pleural infection thought to be 4.7%[1]. We have noticed a number of empyema's in patients receiving chemotherapy with an IPC, and want to see if there is an increased risk for IPC associated infection with chemotherapy in MPE above that in the general population.

Methods We reviewed all patients in our hospital who have received an indwelling pleural catheter, from the implementation of the service in February 2011 until June 2013. We reviewed patient details, indication for IPC, possible or definite infection post procedure and relation to chemotherapy. This information was obtained from patients' medical records, pathology reports and the radiology system.

Results 86 IPC's have been inserted from February 2011 until June 2013. Five of these were replacement drains (replaced due to blockage, displacement or infection). A total of 21/86 (24%) patients had chemotherapy either immediately before IPC insertion or with IPC in place. 11 patients (12.8%) were treated for suspected pleural infections, but only 5 patients (5.8%) were confirmed with positive pleural cultures. 3 of the 5 patients were undergoing chemotherapy at the time of the infection

Conclusions Patients receiving indwelling pleural catheters are usually those with a malignant process and therefore chemotherapy is a common treatment used in this population. Although our numbers are small, they suggest that there may be an increased risk of pleural infection in patients with an IPC who undergo chemotherapy. Until a larger analysis can be done, it would be reasonable to consider prophylactic antibiotics during catheter insertion if a patient is due to have chemotherapy.

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Abstract P217 Table 1.

Patient	Indication	Cultures	Timing of infection	Chemotherapy
1	Lung cancer	S. aureus & Group C Strep from pleural fluid	Time of insertion	No
2	Breast cancer	Pseudomonas from pleural fluid	8 months	Yes
3	Lung cancer	S. aureus from pleural fluid	3 weeks	No
4	Mesothelioma	S. aureus from pleural fluid	2 months	Yes
5	Lymphoma	MRSA from pleural fluid	2 months	Yes

P218 PREDICTING PNEUMOTHORAX OUTCOME BY AIR LEAK MEASUREMENT: PILOT USING DIGITAL SUCTION DEVICE

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