patients who described their cough as painful or warranting treatment. The MCLCS and VAS are simple cough assessment tools that can be readily used in research and clinical practice to better evaluate cough and facilitate the development of effective cough therapies.

P60 INVESTIGATIONS IN SUSPECTED LUNG CANCER: PATIENTS' PERSPECTIVE

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Background NICE recommend choosing "investigations that give the most information about diagnosis and staging with the least risk to the patient" when diagnosing and treating lung cancer. Patient experience data was collected in order to review our service and also as anecdotally it was felt that some investigations were better tolerated than others.

Methods Patients were identified following the weekly MDT; 127 consecutive adults who had undergone either EBUS, EUS, Bronchoscopy, FNA of a neck node or pleural aspiration were sent an anonymous, patient satisfaction questionnaire, 87 responded (69%). Simple questions regarding the practicalities of arranging the test were asked and participants were also required to rate their experience on a scale from1 (very poor) to 10 (excellent). Similarly they were asked to score various aspects of the investigations like pain and discomfort on a 10 point scale and the scores were compared between the investigations.

Results All respondents felt they had received an adequate explanation of the test including the indication and risks. The highest rated investigation (on a 1 to 10 scale) was an US guided FNA of a neck node. See Table 1.

The most 'uncomfortable' procedure was an EUS; this was also the endoscopic procedure that was most likely to be fully remembered. Less than 10% of patients undergoing a bronchoscopic procedure reported that they had full recall of the test.

When asked whether they would have the procedure again if advised, no patient said they would never have the test again.

The worst thing about the investigations was either cough or pain whilst the requirement to stay in one position was commented on by a significant number of patients undergoing a radiologically guided procedure.

Conclusions No one test appeared significantly more tolerable than any other but EUS seem to be the most uncomfortable test. This information will help the team to present clinical equipoise when recommending investigations.

Abstract P60 Table 1.

Investigation	No of patients	Mean Service Rating (range)
EBUS	23	9.56 (8 to 10)
Bronchoscopy	25	9.64 (6 to 10)
CT guided lung biopsy	22	9.00 (5 to 10)
EUS	3	8.33 (8 to 9)
FNA	7	9.71 (8 to 10)
Pleural aspiration	7	9.14 (8 to 10)

P61 FACTORS INFLUENCING IMPROVED LUNG CANCER RESECTION RATES 2006–2012; A SINGLE CENTRE CASE COHORT STUDY

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Background Surgical resection rates for lung cancer have increased steadily over the last decade. There are a number of possible explanations for this increase which include: earlier presentation, earlier detection and an increase capacity and/or willingness for thoracic surgeons to operate. The aim of this study is to identify which of these factors are associated with the increase in surgical resection seen at our institution, in particular, whether the increased use of CT scanning across all areas of medicine, e.g. cardiac CT, has impacted on the rate of incidentally detected operable lung cancers.

Methods We used data submitted to the national lung cancer audit (excluding Mesothelioma) to identify changes in performance status (PS), lung function and stage at presentation from 2006 to 2012. We then performed a retrospective case note analysis of patients who received surgery to identify the proportion of surgical cases in whom the lung cancer had been detected incidentally i.e. on imaging not performed to investigate suspected lung cancer. Statistical comparisons were performed using chi-squared and ANOVA tests.

Results Mean age was 71 years and did not change across the study period. The remaining results are summarised in the table. Surgical resection rates increased significantly during the study period but there was no change in performance status or lung function at presentation. There was a significant increase in the proportion of patients presenting with early stage disease however the proportion of operable lung cancers detected incidentally did not change during the study period.

Conclusion The increase in surgical resection rates seen at our institution appears to relate to a stage shift at presentation. Although incidentally detected lung cancers make up a significant proportion of operable lung cancers, this does not account for the stage shift. An alternative explanation is the impact of the national awareness and early diagnosis campaign (formally launched in 2008) prompting patients to present earlier and GPs to refer sooner.

Abstract P61 Table 1.

	2006	2007	2008	2009	2010	2011	2012	p value
Lung cancers (n)	189	214	221	237	191	245	255	
PS 0–1	59%	51%	54%	53%	49%	52%	54%	ns
Mean FEV1% pred	73	74	71	70	71	75	78	ns
stage I-II	16%	18%	17%	18%	21%	28%	27%	0.001
surgery	10%	11%	11%	13%	17%	20%	18%	0.006
Incidental	53%	38%	50%	40%	38%	32%	39%	ns

P62 THOROPLASTIC RECONSTRUCTION FOLLOWING CHEST WALL RESECTION

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Background Reconstructive procedures following chest wall resection continue to improve. This study reviews our experience of chest wall reconstruction with multidisciplinary approach.

Methods We conducted a retrospective review of 25 patients who underwent chest wall reconstruction in our department between September 2006 and April 2013.

Results 13 cases were primary chest wall tumours. Underlying diseases included chondrosarcoma, osteosarcoma, sarcomas, primary and metastatic lung tumours, radionecrosis and Aspergilloma. Mean number of ribs resected was 3.5. Reconstruction was performed using Marlex mesh with methyl methacrylate in all patients. The exact nature of the resectional defect cannot be fully planned for reconstruction until after its creation. Muscle, myocutaneous and chimeric flaps were used. Soft tissue reconstruction was carried out using Latissimus Dorsi muscle or myocutaneous flaps in 10 patients, Pectoralis Major in 2 patients, Rectus Abdominis in 1 patient, Trapezius in 1 patients and Serratus Anterior in 1 patient. 3 patients had post-operative complications requiring re-admission. There were no cases of 30-day mortality on follow-up.

Conclusions Chest wall resection and reconstruction with Marlex mesh had excellent results, and is useful for managing defects following chest wall resectionwith low morbidity. The importance of close collaboration between reconstructive and cardiothoracic surgery team is demonstrated.

Respiratory education and training issues

P63 PATIENTS' AND HEALTHCARE PROFESSIONALS' PERCEPTIONS OF OXYGEN THERAPY? A QUALITATIVE STUDY

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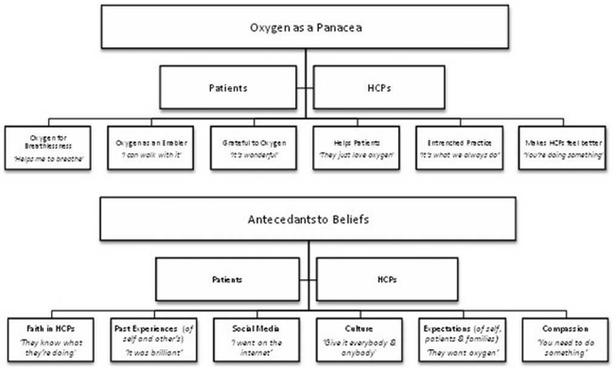
10.1136/thoraxjnl-2013-204457.213

Background Despite common usage of oxygen as a therapeutic intervention, audit suggests poor prescribing and administration practices exist. Contemporary studies and guidelines propose an influencing culture whereby oxygen is given to alleviate breathlessness with disregard for potential harm; but there is no evidence supporting this claim. Further suggestions indicate confusion regarding the use of oxygen therapy, possibly as a consequence of conflicting information; again, there is no evidence. The problem may self-perpetuate as erroneous beliefs are passed to patients, their carers and the general public.

Aim To explore healthcare professionals' (HCPs) and patients' perceptions of oxygen therapy and help direct future research, education and practice.

Method Semi-structured interviews were undertaken with 28 patients and 33 HCPs, including doctors, nurses, paramedics and pharmacists. Self-reported beliefs and behaviours were recorded and transcribed verbatim and analysed iteratively using interpretative phenomenological analysis (IPA). Independent audit served to validate findings.

Results Two overarching themes were identified: *oxygen as a panacea* and *antecedents to beliefs* (Figure 1). Sub-themes under these constants differed between HCPs and patients but fundamentally both groups viewed oxygen as an innocuous therapy with numerous benefits. HCPs use of oxygen stems from *entrenched culture*, *expectations* (of patients, families and other HCPs) and a need to '*to do something*'. Patients are influenced by *HCPs*, *past experiences* (of self and others) and *social media*. Knowledge, education and understanding predisposed both groups' perceptions, but without exception all HCPs believed that they had not received enough education about oxygen therapy and an approach of DIY education prevails.



Abstract P63 Figure 1 Major Themes

Conclusion These findings suggest that a set of fixed beliefs and practices regarding oxygen therapy exist, influenced by several factors. The overwhelming perception being that oxygen is a universal remedy. Patients rely on HCPs for education and information, yet HCPs' fixed beliefs regarding oxygen therapy can lead to ill-informed practice. As the gatekeepers to oxygen therapy, and a major influence on patients' education, HCPs would seem the logical catalyst to change these fundamental beliefs and practices. In order to achieve this, current educational curricula needs to be addressed.

P64 THE IMPACT OF SIMPLE INTERVENTIONS ON OXYGEN PRESCRIBING AND MONITORING: AUDIT OF OXYGEN MANAGEMENT IN CENTRAL LONDON TEACHING HOSPITAL

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Introduction Oxygen is one of the most commonly used drugs, but one of the most poorly prescribed. National BTS audits show many patients receive oxygen without prescription[1]. Local historical data showed over 50% of patients were on oxygen without prescription and not titrated appropriately. Currently there are no targeted interventions to improve practice. We aimed to improve oxygen prescribing and monitoring through simple interventions.

Methods For 5 weeks all patients on oxygen were audited using the BTS audit template. Prescriptions, written orders, target ranges and saturations were recorded, together with the ward and speciality. Nurses were also surveyed to gauge understanding of oxygen management. Subsequently, the key findings were emailed to clinical staff as a Clinical Governance issue and the results were presented to junior doctors, together with targeted teaching on oxygen prescribing. Oxygen "hangers" raising awareness of oxygen management were trialled on 5 medical wards, which were subsequently re-audited.

Results 43% of patients on oxygen had a prescription with target range. A further 13% had a written order in the notes. Medical wards out-performed surgical wards (52% vs. 24%). Oxygen prescriptions were signed by nurses on just 5% of drug rounds. 45% of patients' saturations were out of range, with 61% of patients with saturations above the 88–92% target range. However, all surveyed nurses reported feeling confident titrating oxygen. Furthermore, 72% and 20% of nurses thought shortness of breath and anxiety were indications for oxygen respectively.