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HYDATIC COMPRESSION REDUCES VENOUS CALIBRE AND CALF VOLUME

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POLYPHARMACY IN OLDER VASCULAR SURGERY INPATIENTS

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*(1) Department of Cardiovascular Sciences, University of Leicester; (2) University Hospitals of Leicester NHS Trust; (3) Department of Health Sciences, University of Leicester***Introduction:** Polypharmacy is common in older people and is associated with mortality and hospital readmission. The prevalence of polypharmacy in vascular patients is not well described.**Method:** Retrospective audit of all patients aged >65 years admitted to a single vascular surgery unit for ≥ 24 hours during a 10-week study period (20/4/17 – 28/6/17). Data collected included age, gender, admission type, diagnoses, medications and length of stay (LoS).**Result:** 87 admissions were included. Mean age was 78 [± 7.6], 67 [77.0%] patients were male, 63 [72.4%] had unplanned admissions and 40 [46.0%] were admitted with severe limb ischaemia. Median number of medications on admission was 8 [IQR:6-10]. Excessive polypharmacy (defined as ≥ 10 medications) was present in 27 [31.0%] patients and was not associated with age, gender, admission type or diagnosis (binary logistic regression analysis). Overall, median LoS was 6 days [IQR:3-11.5] and was similar in patients with and without excessive polypharmacy (7 days [IQR:2.5-11.5] vs 6 days [IQR:3-11.25] respectively). 40 [46.0%] patients were discharged on ≥ 1 more medications than admission; only 9 [10.3%] patients were discharged on ≥ 1 fewer medications. 33 [37.9%] patients were discharged on more than three high-risk medications, with theonly associated patient factor being number of high-risk medications on admission [OR = 15.80; 95%CI = 3.03-34.80; $p < .001$] (ordinal logistic regression analysis).**Conclusion:** Polypharmacy, including prescription of multiple high-risk medications, is highly prevalent amongst older vascular surgery inpatients. Further research is needed to understand the association of polypharmacy on outcomes and determine strategies to reduce the prescribing of unnecessary medications.**Take-home message:** Polypharmacy is common amongst older vascular surgery inpatients although more research is needed to understand its associations with outcomes from vascular surgery.

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SIDE STREAM DARK FIELD (SDF) IMAGING OF ORAL MICROCIRCULATION IN THE ASSESSMENT OF FIBROTIC CONDITIONS

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VARIATIONS IN ARTERIAL PEDAL CIRCULATION IN IDIOPATHIC CONGENITAL TALIPES EQUINOVARUS (CTEV): A SYSTEMATIC REVIEW

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