susceptible strain. All positive cases were treated according to antibiogram.

Conclusions:

1. Salmonella group B was most frequent detected;

2. Salmonella group D had higher relapse rate (7 relapses from 15 samples);

3. Higher resistance rate was reported for AMP and SXT;

4. As compare to Shigella, Salmonella cases had frequent relapses (13 from 34 samples).

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OUTCOMES OF SURGICALLY TREATED BABIES WITH GASTROSCHISIS- A 10 YEAR EXPERIENCE

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Background: Gastroschisis is now a common anomaly and survival rates are high, but there is a spectrum of outcomes.

Aims: To define the outcomes to discharge of babies treated for gastroschisis over a ten-year period.

Methods: All babies born with gastroschisis and treated at the regional surgical unit between 01/01/1998 - 31/12/2007 were identified and data obtained from case notes.

Results: 128 babies had gastroschisis, 1/4 with inadequate data died. Complete data were available in 124(97%). Median (range) gestation was 37 weeks (31-40), birth weight was 2300g(1400-4000) and maternal age 20 years (16-35). Primary closure was performed in 70(57%) babies, 31(25%) had silo reduction with secondary closure and 23(18%) babies had a Bianchi procedure. Bowel atresia was seen in 6(5%) and one baby had a perforation. The median age to full feeds was 25 days (12-350) and 2 babies went home on PN. The babies required a median of 24 days (10-350) of PN. There were 37

episodes of line infection in 27 babies, 2 developed intestinal failure and liver disease, one requiring liver transplant. 6 cases developed obstruction/stricture post-surgery (3 following NEC), 15(12%) babies were diagnosed with NEC. The median age at discharge was 32 days (16-364). There were no significant differences in outcomes between those with and without atresias.

Conclusions: 1/128 babies died. The median stay was 32 days but 8(6%) babies stayed over 6 months, one had liver transplant and 2 had home PN. This information is important when counselling parents of babies with gastroschisis.

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PREDICTABILITY OF COMPLICATED PERIPHERAL VENOUS ACCESS IN CHILDREN

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Background and aims: Potential risk factors for difficult venous access (BMI and a young age) are well known from experience, but literature evaluating these risk factors is sparse.

Methods: In a prospective cohort study, venous punctures were measured in pediatric patients at four departments at a university children's hospital: at the operating room (OR; n = 1080), the daycare outpatient clinic (n = 178), the outpatient phlebotomy station of the laboratory (n = 267) and children who were revered to the pediatric anesthesiologist at the recovery room, because their treating physician was unsuccessful in gaining intravenous access (n = 81). Time to successful venous access, single puncture rate and potential risk factors (age, gender, skin color, BMI or weight-to-age z-score, anesthetized or not, grade of performer and type of surgery if applicable) were measured. A logistic regression analysis for single puncture rate was performed to determine predictive factors for difficult peripheral venous access.

Results: The analysis showed that age, profession of the performer and type of surgery at OR (P< .001), age and skin color at the phlebotomy station (P< .001) and age at the recovery room (P=.002) were predictive for single puncture rate (table 1).