technically successful TAE for ruptured HCC, there is a high 30-day mortality. There was no correlation between 30-day mortality and ALBI and PALBI grades in our study.

OC306

Hematoma or Contrast Extravasation Posthepatic Tumor Ablation: Does It Require Intervention?

Almamoon I. Justaniah, Quang Nguyen¹, Ammar Sarwar¹, Muneeb Ahmed

*King Abdullah Medical City, Makkah, Saudi Arabia, ¹Beth Israel Deaconess Medical Center, Boston, US.
E-mail: dr_justaniah@yahoo.com*

Background: This study aimed to determine the incidence and management of clinically significant bleeding after radiofrequency ablation (RFA) of hepatic tumors and to evaluate the need for angiographic intervention in patients with active contrast extravasation on immediate postablation imaging. **Methods:** In this Institutional Review Board-approved, Health Insurance Portability and Accountability Act-compliant study, computed tomography (CT) and clinical data were retrospectively reviewed of consecutive patients (March 2006–September 2014) who underwent percutaneous image-guided ablation of hepatic tumors. Patients were evaluated for the need of care escalation and angiographic intervention for ablation-related bleeding within 30 days of the procedure. **Results:** A total of 339 patients (422 tumors) treated with percutaneous ablation were included. One hundred and nineteen patients required hospitalization following ablation with 74 (62.1%) and 10 (8.4%) patients having a perihepatic hematoma and active contrast extravasation/bleeding, respectively, on postablation imaging. Nine out of 119 patients (7.6%) required escalation of care to an Intensive Care Unit (ICU). The average hospital stay of patients with a perihepatic hematoma, bleeding, or lack of thereof on immediate postablation imaging was 2.5, 1.6, and 2 days, respectively ($P = 0.47$ and 0.28). Furthermore, 6/339 patients (1.7%) required angiography due to clinically significant bleeding with 1/339 (0.3%) death postprocedure (from progressive hypotension requiring ICU admission, angiographic intervention, and subsequent emergent laparotomy on postprocedure day 1 for delayed hemorrhage and disseminated intravascular coagulation). In comparison with a lack of hematoma, the presence of a perihepatic hematoma or active contrast extravasation on immediate postablation imaging did not increase the need for angiographic intervention for bleeding compared to patients without perihepatic hematoma on immediate imaging ($P = 0.14$ and 0.13 , respectively). **Conclusion:** Perihepatic hematoma and/or active contrast extravasation seen on immediate contrast-enhanced CT after hepatic tumor ablation does not necessitate escalation of care, increased hospital stay, or angiographic intervention and can be managed conservatively. Specifically, postablation contrast extravasation does not equate to unstable bleeding and need for immediate angiography.

OC307

Combined Treatment, Transarterial Embolization, and Microwave Ablation in Patients with Hepatocellular Carcinoma

Mohamed Zaitoun

*Zagazig University Hospitals, Zagazig, Egypt.
E-mail: zaitoun82@gmail.com*

Background: This study aimed to compare the feasibility and benefit of combined therapy (transarterial embolization [TACE] + microwave ablation [MWA]) versus TACE or MWA alone in the treatment of hepatocellular carcinoma (HCC) >3 and <5 cm. **Methods:** During 3 years, 150 consecutive patients with HCC >3 and <5 cm were divided into three groups: Group 1: fifty HCC patients who underwent TACE, Group 2: fifty HCC patients who underwent MWA, and Group 3: fifty HCC patients who received combined therapy with TACE followed by MWA after 1 month. The mean age was 57 years, 94 (62.7%) patients were males. Follow-up with triphasic computed tomography (CT) was performed after 1 month and then every 3 months for 1 year. **Results:** After 1 month, complete response was detected in 27 cases (54%) in Group 1, 22 cases (44%) in Group 2, and 50 cases (100%) in Group 3; partial response in 8 cases (16%) in Group 1 and 5 cases (10%) in Group 2; and progressive disease in 15 cases (30%) in Group 1 and 23 cases (46%) in Group 2. Recurrence rate after 1 year was 38 cases (72%) in Group 1, 40 cases (80%) in Group 2, and 9 cases (18%) in Group 3. Disease-free survival rate at 12 months was 12 cases (24%) in Group 1, 10 cases (20%) in Group 2, and 41 cases (82%) in Group 3. **Conclusion:** Combined therapy (TACE + MWA) in HCC >3 cm and <5 cm is better than TACE or MWA alone concerning the recurrence rate and disease-free survival rate.

OC308

The Impact of Implementation of Electronic Medical Record on the Practice

Khalid Othman, Omar Bashir, Mohammed Arabi

*National Guard Health Affairs, Riyadh, Saudi Arabia.
E-mail: othmankh@ngha.med.sa*

Background: The use of information technology (IT) had measurable impact on many aspects of the practice of medicine and radiology. The introduction of electronic medical records (EMRs) has improved work efficiency by standardization of data collection and protocols, reducing the chances for medical errors, and facilitated long-term data maintenance. Implementation of EMR in interventional radiology represents a unique challenge, where both clinical and radiology information has to be integrated. **Methods:** This poster discusses the impact of introducing a new EMR system on workflow in vascular interventional radiology (VIR) and briefly discusses the preparation for launching EMR system, obstacles, advantages, and disadvantages based on an electronic survey of employees in the VIR unit at King Abdulaziz Medical City and King Abdullah Specialized Children Hospital. **Results:** Launching the EMR system was preceded by 6-month period of a hospital-wide training, introducing the new EMR system to all health-care providers and associates. During this period, all hospital units were equipped with new computers, iPads, and special printers compatible with the new system. Integration of the Radiology Information System and new EMR was carefully conducted and monitored by the radiology IT team and new pre- and post-procedure order sets for every VIR procedure were uploaded to the system. Intensive training of staff and “super users” was done in preparation for the actual launch of the system. On-call clinical and IT teams along with hotlines were available on the day of “Go Live” for troubleshooting. The electronic survey of the VIR team on the use of EMR had a 66%