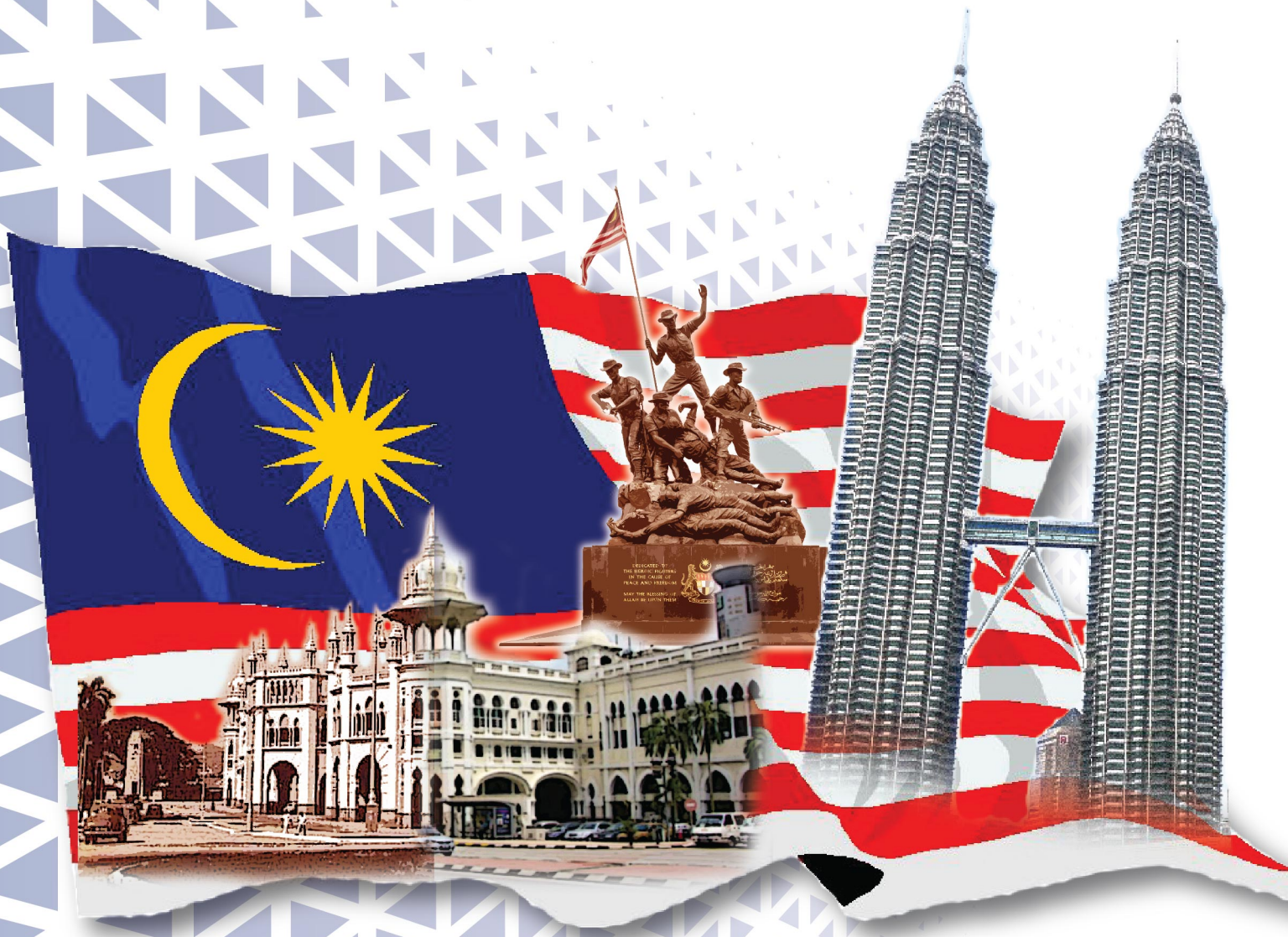
MALAYSIAN SOCIETY OF COLORECTAL SURGEONS

MSCRS

VIRTUAL COLOPROCTOLOGY 2021

Theme: Looking Inwards

4th to 7th March 2021



SOUVENIR PROGRAMME & ABSTRACT BOOK

www.colorectalmy.org

Acknowledgements

DIAMOND SPONSOR

PLATINUM SPONSORS

SILVER SPONSORS

BioLitec (M) Sdn Bhd

Boston Scientific (M) Sdn Bhd

Coloplast Malaysia

Convatec Malaysia Sdn Bhd

EP Plus Group Sdn Bhd

Lap Tech Medical Sdn Bhd

Medi-Life (M) Sdn Bhd

Prime Medical Concepts Sdn Bhd

Takeda (M) Sdn Bhd

UMMI Surgical Sdn Bhd

Contents

Malaysian Society of Colorectal Surgeons
Council 2019 - 2021

President	Professor Datuk Dr Ismail Sagap
Immediate Past President	Dato' Dr Meheshinder Singh
Vice President	Professor Dr April Camilla Roslani
Hon Secretary	Dr Jasiah Zakaria
Hon Treasurer	Dr Luqman Mazlan
Council Members	Dato' Dr Ahmad Shanwani Dr Shankar Gunarasa

Coloproctology 2021
Organising Committee

Chairman	Professor Datuk Dr Ismail Sagap
Scientific Committee	Dr Luqman Mazlan *(Chair)* Associate Professor Dr Khong Tak Loon Dr Mohana Raj Thanapal Dr Nurhashim Haron Dr Zairul Azwan Puan Mariam Mohd Nasir
Committee Members	Dato' Dr Meheshinder Singh Professor Dr April Camilla Roslani Dr Jasiah Zakaria Dato' Dr Ahmad Shanwani Dr Shankar Gunarasa

Welcome Message

The Organising Committee has decided to hold Coloproctology 2021 as a virtual conference in view of the latest developments on the COVID-19 pandemic. The decision is made in the interest of safety for all. This is the first time that the Coloproctology is being held virtually.

The Scientific Committee has planned a very educational and academic programme which will just be as stimulating and exciting as a physical meeting. The programme will, as before, cater to all levels of healthcare providers - colorectal surgeons, general surgeons, trainees, medical officers, allied health professionals and nurses. There is also a programme for the colorectal cancer survivors' support group (CORUM).

In addition to the usual academic activities of our conference which involve international and local faculties, plus the poster and video competition, this year's Coloproctology 2021 will also showcase our fellow trainees' experiences from their overseas training. For all participants to the conference, we also have a "visit all the booths' competition" with a good prize to be won.

Representing the Council members for 2019-2020 of MSCRS, I would like to thank all parties involved in organising Coloproctology 2021, especially our members, for giving us the trust to serve the Society. The experience has been phenomenal for us to work and serve a Society that is full of friendship. Your support had been exceptional especially during this unprecedented COVID-19 pandemic and we shall continue to work together and support each other in overcoming all impacts and obstacles that the pandemic has brought.

Enjoy the *VIRTUAL CONFERENCE of COLOPROCTOOLGY 2021* and continue to *BE SAFE. TOGETHER WE WILL WIN*.

Professor Datuk Dr Ismail Sagap
President, Malaysian Society of Colorectal Surgeons &
Organising Chairman, Coloproctology 2021

Faculty

Abdul Kadir Abdul Karim

Consultant Obstetrician & Gynaecologist
Hospital Canselor Tuanku Muhriz
Kuala Lumpur
Malaysia

Akhtar Qureshi

Consultant Colorectal & General Surgeon
Cengild Medical Centre
Kuala Lumpur
Malaysia

Ang Chin Wee

Consultant Colorectal & General Surgeon
Mahkota Medical Centre
Melaka
Malaysia

April Camilla Roslani

Dean
Faculty of Medicine
University of Malaya
Kuala Lumpur
Malaysia

Ausama A Malik

Consultant Colorectal & General Surgeon
KPJ Ampang Puteri Specialist Hospital
Selangor
Malaysia

Azmi Md Nor

Dean
Kulliyyah of Medicine
International Islamic University Malaysia
Kuantan, Pahang
Malaysia

Azreen Nur Indah Mohammad Hatta Chong

Registered Nurse / Enterostomal Therapist
Prince Court Medical Centre
Kuala Lumpur
Malaysia

Andrés Cervantes

Head, Medical Oncology Department
University Hospital of Valencia
Valencia
Spain

Chan Koon Khee

Consultant Colorectal Surgeon
Hospital Sultanah Aminah
Johor Bahru, Johor
Malaysia

Peter Chien-Chih Chen

Department of Surgery
Koo Foundation
Sun Yat-Sen Cancer Center
Taipei
Taiwan

Carlo Vivaldi

EnddarmPraxis PANKlinik
Cologne Augustinian Hospital
Cologne
Germany

Christian Eckmann

Antibiotic Stewardship Expert
Head, Department of General Visceral and Thoracic Surgery
Klinikum Hannoversch-Muenden
Germany

Faculty

Devi Sahputra
Director Operational
WOCARE Center
Indonesia

Jirawat Pattana-Arun
Consultant Colorectal Surgeon & Lecturer
Faculty of Medicine
Chulalongkorn University
Bangkok
Thailand

Fitjerald a/l Henry
Consultant Colorectal & General Surgeon
Head of Surgical Department
Selayang Hospital
Selangor
Malaysia

Khong Tak Loon
Head, Colorectal Unit
Department of Surgery
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Cherylin Fu Wan Pei
Senior Consultant Surgeon
Department of Colorectal Surgery
Singapore General Hospital
Singapore

Lam Kai Seng
Consultant Oncologist
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Gayathri K Kumarasuriar
Psychiatrist & Clinical Hypnotherapist
Melaka Hospital
Melaka
Malaysia

Yoon-Suk Lee
Professor
Seoul St. Mary's Hospital
College of Medicine
The Catholic University of Korea
Korea

Ismail Sagap
Consultant Colorectal Surgeon & Deputy Director (Surgical Services)
Hospital Canselor Tuanku Muhriz
Kuala Lumpur
Malaysia

Luqman Mazlan
Consultant Colorectal & General Surgeon
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Ian Jenkins
Consultant Colorectal Surgeon
St. Mark's Hospital
London
United Kingdom

Mahendra Raj
Consultant Gastroenterologist & Hepatologist
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Faculty

Manohar Padmanathan

Consultant Colorectal & General Surgeon
KPJ Klang & Damansara Specialist Hospital
Selangor
Malaysia

Marcello Deraco

Director, Peritoneal Surface Malignancies Unit
IRCCS Istituto Nazionale dei Tumori
Co-Director, European School of Peritoneal Surface Oncology (ESPSO)
Italy

Mariam Mohd Nasir

Nursing Consultant & Director
M&T Network Consultancy
Subang Jaya, Selangor
Malaysia

Masrita Md Seri

Registered Nurse / Enterostomal Therapist
Enche' Besar Hajjah Khalsom Kluang Hospital
Johor
Malaysia

Mastura Md Yusof

Consultant Oncologist
Pantai Hospital Kuala Lumpur &
Sime Darby Medical Centre
Malaysia

Meheshinder Singh

Consultant Colorectal & General Surgeon
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Mohamad Amirudin Jaafar

Registered Nurse / Enterostomal Therapist
M&T Network Consultancy
Subang Jaya, Selangor
Malaysia

Mohana Raj Thanapal

Consultant Colorectal & General Surgeon
Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Mohd Rahime Ab Wahab

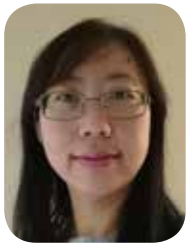
Nursing Supervisor / Enterostomal Therapist
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Dion Morton

Barling Professor of Surgery &
Head of the Academic Surgery
University of Birmingham
United Kingdom

Muhammad Radzi Abu Hassan

Consultant Physician and Gastroenterologist &
Head, Gastroenterology and Hepatology Service
Ministry of Health Malaysia
Malaysia



Elaine Ng Hui Been

Consultant Colorectal Surgeon
Hospital Raja Permaisuri Bainun
Ipoh, Perak
Malaysia

Faculty

Simon Ng Siu Man

Associate Dean (Student Affairs)
of the Faculty of Medicine &
Professor & Chief
Division of Colorectal Surgery
Department of Surgery
The Chinese University of Hong Kong
Hong Kong

Nora Jasmin Ahmad Kamal

Registered Nurse / Enterostomal
Therapist
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Norazilah Isa @ Ab Majid

Enterostomal Therapist Nurse &
Nurse Manager Specialist Clinics
Complex
Hospital Gleneagles Medini
Johor
Malaysia

Norfarizan Azmi

Consultant Colorectal & General
Surgeon
Department of Surgery
Hospital Tuanku Ja'afar
Seremban, Negeri Sembilan
Malaysia

Nur Afdzillah Abdul Rahman

Colorectal Surgeon
Hospital Canselor Tuanku Muhriz
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Nur Ain Abdullah Sani

Registered Nurse / Enterostomal
Therapist
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Nur Ermy Syakirah Ahmad Kushairi

Registered Nurse / Enterostomal
Therapist
University Malaya Specialist Centre
Kuala Lumpur
Malaysia

Nurhashim Haron

Consultant Colorectal & General
Surgeon
KPJ Tawakkal KL Specialist Hospital
Kuala Lumpur
Malaysia

Nur Nadiatul Asyikin Bujang

Centre for Epidemiology &
Evidence-Based Practice
Faculty, Department of Social &
Preventive Medicine
University of Malaya
Kuala Lumpur
Malaysia

David Ong Li Wei

Consultant Colorectal & General
Surgeon
Head, Department of Surgery
Hospital Tengku Ampuan Afzan
Kuantan, Pahang
Malaysia

Paul Selvindoss

Consultant Colorectal & Laparoscopic
Surgeon
Colorectal Clinic Associates
Gleneagles Hospital
Kuala Lumpur
Malaysia

Pipit Lestari

Wound Ostomy Continence Nurse
WOCARE Center
Indonesia

Faculty

Poh Keat Seong

Senior Lecturer & Colorectal Surgeon
Colorectal Surgery Unit
University of Malaya
Kuala Lumpur
Malaysia

Pua Wee Khong

CORUM (Colorectal Cancer Survivorship Society Malaysia)
Malaysia

Ragu Ramasamy

Consultant Colorectal & General Surgeon
Avisena Specialist Hospital
Shah Alam, Selangor
Malaysia

Ratha Krishnan a/l Sriram

Consultant Colorectal & General Surgeon
Hospital Queen Elizabeth
Kota Kinabalu, Sabah
Malaysia

Rohani Arshad

Adjunct Professor
MAHSA University
Kuala Lumpur
Malaysia

Rozita Mohamad

Senior Nursing Sister / Enterostomal Therapist
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Ruhi Fadzlyana Jailani

Consultant Colorectal Surgeon
Hospital Ampang
Selangor
Malaysia

Francis Seow-Choen

Consultant Colorectal Surgeon
Seow-Choen Colorectal Centre
Singapore

Shankar Gunarasa

Consultant Colorectal & General Surgeon
Pantai Hospital Ayer Keroh
Melaka
Malaysia

Siti Nurshazwani Musa @ Mohd Zaid

Enterostomal Therapist & Wound Nurse SASMEC
International Islamic University Malaysia
Selangor
Malaysia

Tan Kok Neang

Consultant Colorectal & General Surgeon
Oriental Melaka Straits Medical Centre
Melaka
Malaysia

Emile John Tan Kwong Wei

Senior Consultant Surgeon &
Head, Department of Colorectal Surgery
Singapore General Hospital
Singapore

Faculty

Charles Tsang
Department of Surgery
Yong Loo Lin School of Medicine
National University of Singapore
Singapore

Ummi Affah Mahamad
Consultant Palliative Medicine & General Physician
Pantai Hospital Kuala Lumpur
Kuala Lumpur
Malaysia

Vicente Pla Marti
Consultant Surgeon (Colorectal Surgery)
Department of General and Digestive Surgery
Hospital Clínico Universitario de Valencia
Spain

Widasari Sri Gitarja
Clinical Nurse Specialist &
Director, WOCARE Clinic
Indonesia

Wong Chung Heong
Secretary, CORUM &
Enterostomal Therapy Nurse
Kuala Lumpur
Malaysia

Woramin Riansuwan
Associate Professor
Chief of Colorectal Surgery Unit
Department of Surgery
Faculty of Medicine Siriraj Hospital
Mahidol University
Bangkok
Thailand

Christopher Young
Senior Colorectal Surgeon
Royal Prince Alfred Hospital
Sydney
Australia

Zaidi Zakaria
Consultant Colorectal & General Surgeon
Department of Surgery
Hospital Universiti Sains Malaysia
Kubang Kerian, Kelantan
Malaysia

Zolkefli Muhamad
CORUM (Colorectal Cancer Survivorship Society Malaysia)
Malaysia

Programme Summary

Time \ Date	5th March 2021 (Friday)		6th March 2021 (Saturday)			7th March 2021 (Sunday)
0730 - 0800	Registration		Registration			Registration
0800 - 0830				AHP SYMPOSIUM 6		SYMPOSIUM 7 Core Topics
0830 - 0900	SYMPOSIUM 1 Pelvic Floor	AHP Welcome Speech	SYMPOSIUM 4 Benign Anorectal Conditions		SYMPOSIUM 1 (CORUM 1)	
0900 - 0930		AHP SYMPOSIUM 1				
0930 - 1000						
1000 - 1030	Welcome Speech		PLENARY 3			Break
	Break	AHP SYMPOSIUM 2	Break		Coffee	SYMPOSIUM 8 Operative Surgery
1030 - 1100	PLENARY 1		Fellow Presentation			
1100 - 1130	Video Presentation	Coffee	Poster Presentation		SYMPOSIUM 2 (CORUM 2)	
1130 - 1200		AHP SYMPOSIUM 3	DEBATE			Break
1200 - 1300	Lunch Symposium		Lunch Symposium		Break	COLORECTAL MASTERCLASS
1300 - 1400	Break / Friday Prayers / Poster Rounds		Sponsored Symposium			
	PLENARY 2	Break	PLENARY 4	AHP SYMPOSIUM 7	MUTUAL SHARING SESSION AND ROUND TABLE DISCUSSION	
1400 - 1430	SYMPOSIUM 2 Rectal Cancer	AHP SYMPOSIUM 4				
1430 - 1500			SYMPOSIUM 5 Colon Cancer			
1500 - 1530						
1530 - 1600	Sponsored Symposium	WORKSHOP 1 & 2	Break			
1600 - 1630	SYMPOSIUM 3 Peri-Operative Issues		SYMPOSIUM 6 How I Do It			
1630 - 1700		AHP SYMPOSIUM 5				
1700 - 1730						
1730 - 1800	MSCRS Annual General Meeting					
1800 - 1830						

4th March 2021 Pre-Congress Workshop - Proctology Surgery (Virtual)

Pre-Congress Workshop
4th March 2021 (Thursday)

Proctology Surgery (Virtual)

PROGRAMME

0900 - 0905	**Welcome Address**
0905 - 1000	**Laser HemorrhoidoPlasty (LHP®)** *(Biolitec)* *Luqman Mazlan*
1000 - 1100	**Fistula-Tract Laser Closure (FiLaC®)** *(Biolitec)* *Ragu Ramasamy*
1100 - 1200	**Stapled Hemorrhoidopexy** *(Lap Tech/Panther)* *Akhtar Qureshi*
1200 - 1300	**Ultrasound Imaging For Anorectal Sepsis** *(Medi-Life)* *Charles Tsang*
1300 - 1400	Lunch
1400 - 1500	**Rafaelo Procedure: Mini-Invasive Radio Frequency Treatment Of Grade III Hemorrhoids Under Local Anaesthesia** *(Medi-Life)* *Carlo Vivaldi*

Daily Programme
5th March 2021 (Friday)

0730 - 0830 **REGISTRATION**

0830 - 1000 HALL 1

SYMPOSIUM 1 | *Pelvic Floor*

Chairpersons: *Jasiah Zakaria / Ballan Kannan*

Updates On Pelvic Floor Services In Malaysia - How Far Have We Progressed?
Azmi Md Nor

The Challenges In Management Of Obstructive Defecation In Younger Patients
Emile John Tan Kwong Wei

Management Of Low Anterior Resection Syndrome
Luqman Mazlan

Traumatic Anal Sphincter Injury, Immediate Or Late Repair?
Francis Seow-Choen

Q&A

0830 - 0900 HALL 2

Prayer Reciting
Muhammad Afiq Mohd Azlin

Welcome Speech by Chairman
Allied Health Professional Session
Mariam Mohd Nasir

Video Presentation:
- WCET Biennial Congress 2021
Glasgow, Scotland

- APETNA 2021
Tokyo, Japan

0900 - 1000

AHP SYMPOSIUM 1

Chairperson: *Mariam Mohd Nasir*

Clinical Decision Making: Criteria For Re-Constructing Stoma Creation In Inverted Stoma?
Manohar Padmanathan

Chairperson: *Rozita Mohamad*

The Optimization Of Convexity For Retracted Stoma
Wong Chung Heong

1000 - 1015 **Welcome Speech by President, Malaysian Society of Colorectal Surgeons** HALL 1
Ismail Sagap
Induction Of New Members

1015 - 1030 HALL 1

Break

1030 - 1100

PLENARY 1

Chairperson: *Razali Ibrahim*

Bowel Cancer Screening In Malaysia - How Far Have We Come?
Muhammad Radzi Abu Hassan

1100 - 1200

VIDEO PRESENTATION
Minimally Invasive Colorectal Surgery
Chairperson: *Khong Tak Loon*

Single Port Laparoscopic Reversal Of Hartmann's
Lau Peng Choong

Ventral Mesh Rectopexy: Avoiding Surgical Pitfalls
Ruhi Fadzlyana Jailani

Laparoscopic Right Hemicolectomy With CME + CVL
Leow Yeeen Chin

Lap Right Hemicolectomy
Jothinathan Muniandy

1015 - 1045 HALL 2

AHP SYMPOSIUM 2

Chairperson: *Mohamad Amirudin Jaafar*

Health-Related Quality Of Live Muslim Ostomate In Indonesia
Widasari Sri Gitarja

1045 - 1115

Coffee

1115 - 1145

AHP SYMPOSIUM 3

Chairperson: *Noorfariza Hussin*

Stoma Care Challenges In Malaysia: Challenge Of Change
Mariam Mohd Nasir

Daily Programme
5th March 2021 (Friday)

1200 - 1300 **Lunch Symposium** *(Servier)* HALL 1
Chairperson: *Reynu Rajan*
Is There A Need For Prevention Of Antibiotic Associated Dysbiosis In Clinical Practice?
Mahendra Raj
A Candid Chat On Piles
Paul Selvindoss
Panel Discussion

1300 - 1330 Break / Friday Prayers / Poster Rounds

1330 - 1400 HALL 1
PLENARY 2
Chairperson: *Zairul Azwan*
Covid 19: Impact On Colorectal Cancer Management In The Ministry Of Health Malaysia
Fitjerald a/l Henry

1400 - 1530
SYMPOSIUM 2 | *Rectal Cancer*
Chairpersons: *Samuel Tay / Andee Zulkairnan Zakaria*
Rectal Cancer Surgery - Should I Follow The Pre- Or Post CCRT MRI?
Khong Tak Loon
Timing Of Surgery After Neoadjuvant CCRT For Rectal Cancer: Is Longer Better?
Woramin Riansuwan
Multimodal Approach In Managing Low Volume Oligometastatic Rectal Cancer
Mastura Md Yusof
Total Neoadjuvant Therapy For Rectal Cancer: A New Frontier
Andrés Cervantes
Q&A

1530 - 1615
Sponsored Symposium *(Johnson & Johnson)*
Chairperson: *Luqman Mazlan*
Colorectal Anastomotic Leaks. Echelon Circular Study Results
Vicente Pla Marti

1615 - 1745
SYMPOSIUM 3 | *Peri-Operative Issues*
Chairpersons:
Sarkunnathas Muthusamy / Mohana Raj Thanapal
Aversion To Stoma - Overcoming Challenges
Mariam Mohd Nasir
Management Of The Unhealed Perineal Wound After Proctectomy
Ian Jenkins
Infertility After Rectal Surgery
Abdul Kadir Abdul Karim
Role Of Prehabilitation In Improving Surgical Outcome In Colorectal Surgery
Simon Ng Siu Man
Q&A

1745 - 1830
MSCRS Annual General Meeting

1415 - 1545 HALL 2
AHP SYMPOSIUM 4
Chairperson: *Mariam Mohd Nasir*
Stoma Care Activities And Achievements In Private Setting
Nur Ermy Syakirah Ahmad Kushairi / Azreen Nur Indah Mohammad Hatta Chong / Siti Nurshazwani Musa @ Mohd Zaid

Chairperson: *Masrita Md Seri*
How To Develop An Effective Poster Presentation?
Rohani Arshad

Chairperson: *Azreen Nur Indah Mohammad Hatta Chong*
Guidance And Tips For Muslim Ostomate To Perform Prayer
Mohamad Amirudin Jaafar

Chairperson: *Masrita Md Seri*
Effective Communication: Avoid The Barriers
Rohani Arshad

1545 - 1655
WORKSHOPS
1. **Convatec Malaysia Sdn Bhd**
   Michael Ng Kim Hoong And Team
2. **Coloplast**
   Jessica Ng And Team

1655 - 1720
AHP SYMPOSIUM 5
Chairperson: *Muhammad Afiq Mohd Azlin*
Quality Improvement Project: Empowering Nurses Toward Excellent Stoma Care
Norazilah Isa @ Ab Majid

Chairperson: *Nora Jasmin Ahmad Kamal*
Embracing Life And Getting Fit After Stoma Surgery
Zolkefli Muhamad

Daily Programme
6th March 2021 (Saturday)

0730 - 0830 **REGISTRATION**

0830 - 1000 HALL 1

SYMPOSIUM 4 |
Benign Anorectal Conditions

Chairpersons:
Wan Khamizar Wan Khazim / Shankar Gunarasa

Strategies In Management Of Complex Cryptoglandular Anal Fistula
Jirawat Pattana-Arun

Anal Fissure: BOTOX Or Sphincterotomy
Akhtar Qureshi

Haemorrhoids: Are We Doing Too Much?
Nurhashim Haron

To Mesh Or Not To Mesh? - Rectal Prolapse Surgery
Cherylin Fu Wan Pei

Q&A

1000 - 1030

PLENARY 3

Chairperson:
Buvanesvaran Tachina Moorthi

Colorectal Surgery - Working With Industry In Malaysia
Ismail Sagap

1030 - 1040
Break

1040 - 1120

FELLOW PRESENTATION

Chairperson: *Jasiah Zakaria*
Tan Kok Neang / Norfarizan Azmi / Elaine Ng

1120 - 1150

POSTER PRESENTATION

Chairperson: *Zairul Azwan*
Christopher Young / Simon Ng Siu Man

1150 - 1215

DEBATE

Chairperson: *Sandip Kumar*

Defunctioning Stoma Is A Routine After All Low Colorectal Anastomosis

Proponent
Meheshinder Singh

Opponent
Ismail Sagap

0800 - 1230 HALL 2

AHP SYMPOSIUM 6

Chairperson:
Norazilah Isa @ Ab Majid

Ostomy Motivation: Is Your Life Over After An Ostomy?
Rozita Mohamad

Chairperson:
Azreen Nur Indah Mohammad Hatta Chong

Treating Peristomal Skin Excoriation
Nora Jasmin Ahmad Kamal

Chairperson:
Mohamad Amirudin Jaafar

What We Do To Manage Effluent In Ileostomy Patient?
Nur Ermy Syakirah Ahmad Kushairi

Chairperson:
Siti Nurshazwani Musa @ Mohd Zaid

Empowerment As An Enterostomal Therapist In Practice
Azreen Nur Indah Mohammad Hatta Chong

Chairperson:
Muhammad Afiq Mohd Azlin

Being A Newly Graduated Enterostomal Therapist (E.T.): How Do I Cope?
Nur Ain Abdullah Sani

Chairperson:
Nur Ain Abdullah Sani

Best Practices Guidelines In Ostomy Care And Management
Mohd Rahime Ab Wahab

Chairperson:
Muhammad Afiq Mohd Azlin

How Important Is Documentation In Stoma Care And What To Document?
Devi Sahputra

Chairperson:
Wong Chung Heong

Legal Aspect In Stomacare
Mariam Mohd Nasir

0800 - 0900
REGISTRATION

0900 - 1030 HALL 3

SYMPOSIUM 1
(CORUM 1)

Palliative Care In Colorectal Cancer
Ummi Affah Mahamad

Surgery In Colorectal Cancer: What You Need To Know
Ratha Krishnan a/l Sriram

Radiation Therapy In Colorectal Cancer - When Is It Necessary
Lam Kai Seng

Q&A

1030 - 1100
Break

1100 - 1230

SYMPOSIUM 2
(CORUM 2)

Development Of A Needs Evaluation Questionnaire In Malaysians Living With Colorectal Cancer
Nur Nadiatul Asyikin Bujang

Getting Back To Life As A Survivor
Pua Wee Khong

Coping With The Stress Of Cancer
Gayathri K Kumarasuriar

Q&A

Daily Programme
6th March 2021 (Saturday)

1215 - 1300 **Lunch Symposium** *(Pfizer)* HALL 1
Chairperson: *Michelle Chiang*
Exploring The Role Of Ceftazidime-Avibactam In The Management Of Complicated Intra-Abdominal Infections (cIAIs)
Christian Eckmann

1300 - 1315 Break

1315 - 1400 **Sponsored Symposium** *(Medtronics)*
Chairperson: *Luqman Mazlan*
Evolution Of Tri-Staple Technology In Colorectal Anastomosis
Meheshinder Singh

1400 - 1430 HALL 1
PLENARY 4
Chairperson: *Nora Aziz*

Young Colorectal Cancers - Should They Be Treated The Same?
April Camilla Roslani

1430 - 1600
SYMPOSIUM 5 | *Colon Cancer*
Chairpersons:
April Camilla Roslani / Luqman Mazlan

Does Neoadjuvant Chemotherapy Have A Role In The Management Of Colon Cancer?
Dion Morton

Management Of Left-Sided Obstructive Colon Cancer - An Update
Christopher Young

Management Strategies In Dealing With Synchronous Colonic Tumours
Peter Chien-Chih Chen

What Is The Optimal Surgical Approach For A Splenic Flexure Cancer?
Yoon-Suk Lee

Q&A

1600 - 1610
Break

1400 - 1700 HALL 2
AHP SYMPOSIUM 7

Chairperson:
Mohamad Amirudin Jaafar
Determining The Organizational Commitment Through Job Satisfaction As Mediation That Influences Job Stress Amongst Employees Of Wound, Ostomy And Continence Care Unit, WOCARE, Indonesia
Widasari Sri Gitarja

Chairperson:
Mohamad Amirudin Jaafar
Indonesian Ostomate: An Overview
Pipit Lestari

Chairperson:
Nur Ain Abdullah Sani
Stoma Teaching Tool
Masrita Md Seri

Chairperson:
Nur Ermy Syakirah Ahmad Kushairi
Nutritional Care Of Patient With Ostomies
Mohamad Amirudin Jaafar

Chairperson:
Siti Nurshazwani Musa @ Mohd Zaid
The Challenges In The Management Of Fistula
Wong Chung Heong

Chairperson:
Mohamad Amirudin Jaafar
How Does COVID-19 Effects The Ostomy Community?
Mariam Mohd Nasir

1400 - 1500 HALL 3
MUTUAL SHARING SESSION AND ROUND TABLE DISCUSSION (CORUM)

Daily Programme
6th March 2021 (Saturday)

1610 - 1730 HALL 1 **SYMPOSIUM 6 | *How I Do It*** Chairpersons: *Nurhashim Haron /* *Norfarizan Azmi* **Submucosal Ligation Of Fistula Tract (SLOFT)** ***Chan Koon Khee*** **Cytoreduction & HIPEC For Colorectal Peritoneal Metastasis** ***Marcello Deraco*** **Laparoscopic Right Hemicolectomy - CME/D3** ***Yoon-Suk Lee*** **Q&A**		

Daily Programme
7th March 2021 (Sunday)

0730 - 0800 Registration

0800 - 1000 **SYMPOSIUM 7 | *Core Topics*** HALL 1

Chairpersons: *Luqman Mazlan / Khong Tak Loon*

Hereditary Colorectal Cancer Syndromes
Mohana Raj Thanapal

Management Of Rectal / Colonic Perforations
Poh Keat Seong

Management Of Toxic Colitis
Shankar Gunarasa

Surgical Management Of Inflammatory Bowel Disease
Ang Chin Wee

Imaging In Rectal Cancer
David Ong Li Wei

The Painful Anus
Nurhashim Haron

1000 - 1030 Break

1030 - 1150 **SYMPOSIUM 8 | *Operative Surgery*** HALL 1

Chairpersons: *Zairul Azwan / Mohana Raj Thanapal*

Open Anterior Resection
Ausama A Malik

Open Right Hemicolectomy
Ragu Ramasamy

Open And Closed Haemorrhoidectomy
Ruhi Fadzlyana Jailani

LIFT And Mucosal Advancement Flap For Fistula-In-Ano
Ismail Sagap

1150 - 1200 Break

1200 - 1300 **COLORECTAL MASTERCLASS**

Facilitators: *Zaidi Zakaria / Nur Afdzillah Abdul Rahman / Ruhi Fadzlyana Jailani / Ratha Krishnan a/l Sriram / Norfarizan Azmi / David Ong Li Wei*

SYMPOSIUM 1 - Pelvic Floor

MANAGEMENT OF LOW ANTERIOR RESECTION SYNDROME

Luqman Mazlan
Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Improvements in operative techniques for rectal cancer surgery and innovations in surgical devices such as the use of robots, advanced laparoscopic equipment and surgical staplers results in increasingly higher rates of primary anastomoses with the primary aim to preserve as much sphincter function as possible and avoiding a permanent stoma. These developments, however, are a double edge sword because surgeons are then faced with trying to find a balance between achieving optimal functional outcome while not compromising on oncological margins.
Sphincter damage, reservoir dysfunction and dysmotility due to pelvic nerve denervation are among the few theories behind the pathophysiology of the Low Anterior Resection Syndrome (LARS) which is increasingly common with sphincter saving surgeries. This phenomenon is a challenge to treat and has been proven to significantly affect the quality of life of patients. Treatment modalities include pelvic floor exercises, biofeedback therapy, trans-anal irrigation and sacral never stimulation.
The talk will highlight the latest literature on LARS and management options as well as the evidence behind the newer techniques currently available to evaluate and preserve as sphincter and rectal reservoir function as possible without compromising on cancer margins.

SYMPOSIUM 1 - Pelvic Floor

TRAUMATIC ANAL SPHINCTER INJURY, IMMEDIATE OR LATE REPAIR?

Francis Seow-Choen
Seow-Choen Colorectal Centre, Singapore

The perineum is a very complex structure, bound by bone but surrounded by lympho-vascular vessels, nerves, muscles and tendons, holding urogenital organs, digestive organs and channels, covered by skin and subcutaneous tissues. Anal sphincter trauma may result from a wide variety of intentional, accidental and iatrogenic mechanisms. Some of these may be associated with life treatening injuries whilst others may be limited to sphinter injury.
High energy injuries as in explosives or close range gunshot injuries may require operating theatre resuscitation. Massive associated injuries which threaten life will mean that faecal diversion should be done for such sphincter injury only. Thorough wound debridement and where possible surgery to augment skin cover are absolutely needed to hasten recovery. Attempts at sphincter repair in such patients should be limited to marking the cut ends of the sphincter for later subsequent identification. Unsalvageable damage will require APR. Early wound cover simplifies wound care and encourages early rehabiliation.
Low energy sphincter injuries eg penetrating stab, impalement or iatrogenic sphincter injuries should be repaired immediately if recognised. Complex injuries may need a defunctioning stoma to increase healing rates. If sphincter disruption is not recognised immediately, subsequent repair at 3 months to allow wound infection and inflammation to settle is recommended.

AHP SYMPOSIUM 1

THE OPTIMIZATION OF CONVEXITY FOR RETRACTED STOMA

Wong Chung Heong
Kuala Lumpur, Malaysia

A well-fitting skin barrier is the key to skin integrity, good wear-time, comfort as well as the peace of mind for an ostomate. Stomas comes in different shapes, sizes and degree of protrusion for different patients, similarly their abdominal planes surrounding the stoma too can be very varied - flat, sunken, firm, flaccid, with creases, skin folds etc. Some poses problems for skin barrier adhesion after application because of the irregular skin surface against the skin barrier. Effluent which is liquid and stoma opening off centred will also increase risk of leakage if the stoma is flush. Common challenges nurses faced when managing stoma which is flush or retracted are leakage, frequent skin barrier changes and excoriation which needs convexity.
Convexity in stomacare was introduced in 1980s, during early days convexity was in the form of convex rings, paste, layers of skin barriers and many other innovative ways experimented by the nurses. The main objectives are to reduce leakage, prevent excoriation, prolong wear-time and provide peace of mind for ostomates. Integrated convexity skin barrier was introduced in the 90s which helped to improve quality of life. Convex skin barrier has gained more popularity recent years because of its effectiveness, the ease of use, improved product features and easy accessible.
This topic will discuss about items other than convex skin barrier that will provide convexity, the selection of convex items matching different indications of convexity. There will be sharing of some clinical cases in the presentation.

PLENARY 1

BOWEL CANCER SCREENING IN MALAYSIA - HOW FAR HAVE WE COME?

Muhammad Radzi Abu Hassan
Ministry of Health Malaysia, Malaysia

This plenary session covers several aspects of the colorectal cancer (CRC) screening program in Malaysia, ranging from the current practice, the major challenges to the way forward. CRC remains the second most prevalent cancer in Malaysia, affecting 13.5% of its population. However, similar to many countries in the lower-middle end of the CRC spectrum, Malaysia does not push for population-based CRC screening due to its arguably low cost-effectiveness. As nearly 70% of the CRC patients in Malaysia used to be diagnosed only at late stages of the disease, the immunochemical fecal occult blood test (iFOBT) has been widely adopted in public healthcare centers since 2014 as a means to justify the need for colonoscopy in average-risk individuals aged between 50 and 75 years. The launch of the Clinical Practice Guidelines for Colorectal Carcinoma further strengthens the promotion of this approach. In the following 5 years since the first use of IFOBT, more than 120,000 individuals had been opportunistically screened. An uptrend in the screening and colonoscopy uptake, as well as in the number of individuals subsequently found to have CRC and polyps, is also observed over the years. Nevertheless, the expansion of CRC screening coverage in Malaysia is still hindered by the suboptimal awareness of the disease, along with the poor acceptance of the stool-based test and the limited accessibility of healthcare in remote areas. Going forward, the Ministry of Health will strive to scale up CRC screening in the country, and to explore the alternative screening tools.

AHP SYMPOSIUM 2

HEALTH-RELATED QUALITY OF LIVE MUSLIM OSTOMATE IN INDONESIA

Widasari Sri Gitarja
WOCARE Clinic, Indonesia

Ostomy surgery profoundly impacts the patient's daily life, both physically and psychologically. In the 21st century, as our healthcare concept is moving into patient-centred care, connectivity between healthcare professionals and clients is likely to be more focused on discussion, counselling, and education which can conduct in the hospital or community. Furthermore, discussion about religion and the cultural aspect of patients following ostomy construction must discuss adequately. It is essential to understand that Muslim Ostomate needs to adapt their condition, including their prayer preparation. Health-Related Quality of Life (H-RQOL) is a critical measure of health outcomes for patients with an ostomy. Muslim Fatwa is part of HRQOL in spiritual concept with clear information pre-operation education, proper in stoma sitting, and precise education stoma care management and rehabilitation partnership about Muslim Fatwa will be helpful to the patients. The stoma support group and Moslem Fatwa information for ostomate could help stoma patients and their families adapt to their new condition. Caring holistically for a patient means that a stoma nurse must be concerned about religious and cultural issues, which may affect them. It is crucial to make sure the Muslim patients seen as a particular population.

OBJECTIVES

Determine the H-RQOL of Muslim patients living with an ostomy, correlated factors, and average of ostomy supplies appliances was used.

METHODS

Cross-sectional study with questionnaires carried to patients with an ostomy. Self-administered individual factors questionnaire, and the ostomy appliances satisfaction that helps Muslim activities with questionnaire surveys were employed.

RESULTS

It reveals that most participants had moderate HRQOL levels and were satisfied with ostomy appliances. Spiritual domain of questionnaires had the highest number of participants who had low HRQOL levels. One-piece ostomy appliance system had a lower cost with better HRQOL scores and better ostomy appliances satisfaction scores. However, the sample population limited to the one-piece system.

CONCLUSION

Most patients living with an ostomy have a moderate quality of life, adjusting well. The spiritual compromises are significant issues that healthcare professionals should address with this group of patients. Ostomy supplies can be an essential expense for patients.

Keywords
Health-related quality of life, Muslim ostomy, ostomy appliances

AHP SYMPOSIUM 3

STOMA CARE CHALLENGES IN MALAYSIA: CHALLENGE OF CHANGE

Mariam Mohd Nasir
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Change is very difficult. Whether it's changing a habit or attitude or social interaction, technology or our current practices and standard. Change is always a challenge, and change is even more difficult when it's imposed on us suddenly or without our approval or agreement.

But change is inevitable and needed for betterment. Even an ostomy is a procedure that saves life, but ostomy care itself present some challenges too.

Since ostomy care involves many factors includes the knowledge and skills of the practitioners, we need to review the roles and responsibility including to evaluate our practices and current standard of care.

This topic will discuss the challenges in the process of changing to better our ostomy care and the speaker will share her insights on this topic with all in the conference.

SYMPOSIUM 2 - Rectal Cancer

RECTAL CANCER SURGERY - SHOULD I FOLLOWS THE PRE- OR POST CCRT MRI

Khong Tak Loon
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Pelvic MRI has been widely adopted to stage rectal cancers. It is able to identify high risk features in rectal cancer patients who would benefit from neoadjuvant chemoradiotherapy (CCRT) prior to surgery for better locoregional control. Despite the additional information afforded by MRI, there is still a degree of doubt and cynicism amongst colorectal surgeons as to its accuracy in predicting the surgical resection margins. Is this solely an issue of trust? What are the uncertainties and shortfalls of MRI which unpins its limitations in predicting margin involvement particularly after CCRT? This talk will provide the evidence to the use of pelvic MRI in rectal cancer, and offer an overview of the challenges faced when attempting to measure the precise tumour response to CCRT and to accurately predict surgical margin involvement prior to surgery. A tool is only as good as its user, and this certainly holds true for colorectal surgeons who should be able to appreciate the usefulness and limitations of both the pre- and post neoadjuvant MRI during pre-op surgical planning.

SYMPOSIUM 2 - Rectal Cancer

TIMING OF SURGERY AFTER NEOADJUVANT CCRT FOR RECTAL CANCER: IS LONGER BETTER?

Woramin Riansuwan
Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

Comparing with postoperative chemoradiation, preoperative neoadjuvant chemoradiation (CCRT) is associated with reduced toxicity and improves local control as demonstrated by the landmark German rectal cancer trial. Most surgeons consider surgery 6-8 weeks after CCRT, but recent evidence suggested that tumor response to CCRT is a time-dependence. In contrast, the French GRECCAR-6 multicenter randomized controlled trial has been reported that a longer waiting period did not increase the rate of pCR but it was associated with a higher morbidity and more difficulty during surgery. Therefore, some surgeons have been reluctant to adopt the concept of delaying surgery after neoadjuvant CCRT beyond 8 weeks because they concern with radiation-induced pelvic fibrosis which could increase both technical difficulty and complications of surgery as well as disease progression.

A higher pCR rate could be achieved by adding a consolidation chemotherapy after CCRT and waiting for surgery up to 20 weeks as reported by a study from the Timing of Rectal Cancer Response to Chemoradiation Consortium. Although there was an increase in pelvic fibrosis, but technical difficulty, overall and specific complications including pelvic abscesses and anastomotic leakage did not increase. Furthermore, a consolidation chemotherapy seems to reduce the chance of progressive disease during waiting for surgery.

In conclusion, both consolidation chemotherapy and longer waiting time for surgery should be implemented after CCRT in locally advanced rectal cancer patients if a higher pCR rate is anticipated either for organ preservation or watch and wait strategy.

SYMPOSIUM 2 - Rectal Cancer

MULTIMODAL APPROACH IN MANAGING LOW VOLUME OLIGOMETASTATIC RECTAL CANCER

Mastura Md Yusof
Pantai Hospital Kuala Lumpur & Sime Darby Medical Centre, Malaysia

About a quarter of rectal cancer patients present with oligometastases at diagnosis and up to half of treated early stage patients may relapse with metastases that often affects the liver, lung, and peritoneum despite receiving optimum therapy. Oligometastases is defined by presence of small number of metastasis in one or two other parts of the body in a patient with cancer. In rectal cancer, long-term survival could be obtained in patients undergoing surgical resection of these metastases, particularly in the liver. Alternative non-surgical methods such as thermal or radiofrequency ablation and stereotactic radiotherapy may also confer a significant survival benefit to suitable patients.

The concept of treating oligometastases from rectal cancer for cure is now widely accepted and more therapeutic strategies have been applied within a multimodal treatment concept. Ideally, treatment decisions are made at tumour board meetings attended by colorectal, hepatobiliary, and thoracic surgeons, oncologists, pathologists, diagnostic and interventional radiologists who oversee all information on the diagnostic work-up, using current imaging facilities, patient fitness and accessibility.

In this lecture, we will discuss how to select suitable patients for radical oligometastatic therapy. We outline management options for oligometastatic rectal cancer, focusing on local treatment strategies including surgery and local ablative techniques such as stereotactic body radiotherapy, RFA, SIRT, TACE and systemic therapy strategies to enhance the effects from the local therapy. Lastly the safety quality of life and cost effectiveness of each therapy will be discussed.

SYMPOSIUM 2 - Rectal Cancer

TOTAL NEOADJUVANT THERAPY FOR RECTAL CANCER: A NEW FRONTIER

Andrés Cervantes
University Hospital of Valencia, Spain

Most strategies of preoperative radiation or chemoradiation together with high quality total mesorectal excision achieved a much better local control, minimizing local relapses. However, most clinical trials do not show neither a significant benefit in reducing systemic relapses nor better overall survival. ESMO clinical practice guidelines recommend a selective approach for rectal cancer after clinical staging mainly based upon magnetic resonance imaging (MRI). In low-risk patients, upfront surgery is an appropriate option. However, in patients with MRI-defined high-risk features such as extramural vascular invasion, multiple nodal involvement or T4 and/or tumors close to or invading the mesorectal fascia, a more intensive preoperative approach is recommended, which may include neoadjuvant or preoperative chemotherapy. The benefits include better compliance than postoperative chemotherapy, a higher pathological complete remission rate, which facilitates a non-surgical approach, and earlier treatment of micrometastatic disease with improved disease-free survival compared to standard preoperative chemoradiation or short-course radiation. Two recently reported phase III randomized trials, RAPIDO and PRODIGE 23, show that adding neoadjuvant chemotherapy to either standard short-course radiation or standard long-course chemoradiation in locally advanced rectal cancer patients reduces the risk of metastasis and significantly prolongs disease-related treatment failure and disease-free survival. Another important finding in both studies is that pathological complete responses are consistently over 25% in the total neoadjuvant treatment (TNT) arms. This observation implies a potential indication for sphincter preservation procedures after TNT. Moreover, these practice-changing trials will be presented and discussed, stressing how they affect our current understanding of treating locally advanced rectal cancers.

SYMPOSIUM 3 - Peri-Operative Issues

AVERSION TO STOMA - OVERCOMING CHALLENGS

Mariam Mohd Nasir
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

The first we should ask ourselves is how do we prepare our patients for ostomy surgery?
Is it sufficient time given for them to make a decision? Do we explained clearly to the patients in order to help them to make the decision? Do the patient and the family understand?
Does anyone see the patient for counselling and thorough explanation what they will undergo and the outcome of it?
Colo-rectal surgeons and Enterostomal Therapist (E.T.), responsible and play an active role in helping patients perform self-care for their ostomy and adjust to it psychologically, starting even before surgery. Preparation for the ostomy is the most critical aspect of a healthy adjustment and acceptance including rehabilitation. When the ostomy is planned, the patient and family members are more likely to process the life changes it will entail.
Refusing to go for the surgery itself has another impact to our profession as well.
The speaker will discuss further as a team, the surgeons can overcome the challenges together with the Enterostomal Therapist (E.T.) so that our patient can accept having a stoma.

SYMPOSIUM 3 - Peri-Operative Issues

INFERTILITY AFTER RECTAL SURGERY

Abdul Kadir Abdul Karim
Hospital Canselor Tuanku Muhriz, Kuala Lumpur, Malaysia

Infertility is the failure to spontaneously conceive despite having regular unprotected intercourse. It is uncommon for a couple with one of the partners having had previous rectal surgery to present to the reproductive clinic. Once a couple presents to a fertility clinic, the investigations and treatment options are rather specialized. Describe here are the basis on how rectal surgery could directly affect infertility. These include the areas of injury, the nerves it impacted and the complication from these nerve injuries. The majority of this has the potential to cause sexual dysfunction which includes erectile dysfunction, retrograde ejaculation and dyspareunia. However, it should not be forgotten that the co-morbidity that accompanies the patient and the impact of subsequent treatment does play a role in infertility. A brief review of the literature on how rectal surgery for inflammatory bowel disease, colorectal cancer and deep infiltrating endometriosis of the rectum effects infertility is also described. Treatment options are limited and the best is still preventive and awareness amongst the surgeon and patient alike.

AHP SYMPOSIUM 4

STOMA ACTIVITIES AND ACHIEVEMENTS IN PRIVATE SETTING

Nur Ermy Syakirah Ahmad Kushairi
University Malaya Specialist Centre, Selangor, Malaysia

UM Specialist Centre (UMSC) is a tertiary medical centre. Establish in 1998. UMSC is part of integrated regional healthcare hub with University Malaya Medical Centre (UMMC) with a committed multidisciplinary team of 240 consultants with 30 major specialists, UMSC offered treatment for improved health outcomes with vision of ***"Healing Mankind"***.
I graduated as an Enterostomal Therapy Nurse (ETN) in May 2019. Currently managing by myself. Fortunately, I always have support from the Colorectal team, UMMC ET team and vendors as well. ET is responsible to provide medical care on stoma for perioperative, intra and post-operative. We also act as resource personnel for advice, guidance and support the ostomate during difficult transition period to prevent any complication.
Good stoma care may ease patient's journey towards new life changes to provide better quality of life.

AHP SYMPOSIUM 3

STOMA ACTIVITIES AND ACHIEVEMENTS IN PRIVATE SETTING

Siti Nurshazwani Musa @ Mohd Zaid
International Islamic University Malaysia, Selangor, Malaysia

In IIUM Medical centre there are two Enterostomal Therapy (ET) nurses that doing full time services in hospital. As an Enterostomal Therapy (ET) nurse in any clinical setting may see patients with a stoma, it is important they develop a basic understanding of stoma care. E.T nurse should be known the reasons for stoma formation, types of stoma and appliances available to educate patient. It is essential that E.T nurse have a good understanding of stoma to ensure patients receive holistic care and able to care for themselves after hospital discharge.
For example, stoma siting, pre op counselling and stoma education before stoma education can reduce stoma complications and able to improve their quality of life. Post op counselling and stoma care after operation also vital to prevent prolong stay at hospital, early stoma related complications and enhance recovery for stoma patient.
Patients may be concerned about effect of the stoma on their activity daily life, thus E.T nurse play main role to educate them. Besides, by organize ostomate gathering will encourage patients to share their experience and knowledge about stoma within peer group.
As conclusion, stoma siting, pre op counselling, post op counselling and stoma care are able to reduce rate of stoma related complications, readmission, and improve quality of life for stoma patients.

AHP SYMPOSIUM 4

GUIDANCE AND TIPS FOR MUSLIM OSTOMATE TO PERFORM PRAYER

Mohamad Amirudin Jaafar
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Muslims follow the religion of Islam and believe in one God - Allah and follow the teachings of Prophet Muhammad (peace be upon him). It is compulsory for all Muslims to make Salaah (prayer) five times a day.
Perceptions of cleanliness emerged as a concern to Muslim ostomate as it is core to the performance of prayer. Muslim ostomate are known to avoid or reduce participation in prayers due to perceived inferior hygiene and fear of leakage.
Therefore, having a stoma does not qualify one to be excused from making Salaah, exceptions to this compulsory Muslim practice are children and the mentally ill.
Many Muslim ostomate experience isolation and social deprivation, and discussions around stomas within society were kept very private. Society at large is often unaware of the existence of ostomate and their challenges within their own community.
To perform the Salaah, it is necessary to take Wudu (ablution). The passing of urine or faeces, including flatus, will nullify the ablution.
The problem for the ostomate is that the impurities flow freely from the body and are unable to be controlled, and therefore would nullify the Wudu and Salaah. To address this issue, a Fatwa (Muslim ruling) has made a special allowance for the ostomate to clean the stoma of all faeces and, if necessary, change or clean the stoma bag before each Salaah.
It is then considered acceptable for the Muslim Ostomate to perform the Wudu and Salaah. It is important for patients, family members and healthcare professionals such as Enterostomal Therapist (E.T) to understand the practical and religious implications of these Muslim Ostomate for appropriate guidance and tips, so that they can improve their quality of life and maintain their participation in religious and spiritual aspects of life.

AHP SYMPOSIUM 5

QUALITY IMPROVEMENT PROJECT EMPOWERING NURSES TOWARDS EXCELLENT STOMA CARE

Norazilah Isa @ Ab Majid
Hospital Gleneagles Medini, Johor, Malaysia

Stomas represent a social and medical problem worldwide. Patients undergoing stoma surgery face many lifestyle changes and challenges.
So, health care professionals who are involved in creating or caring for stoma should have the up-to-date and fundamental knowledge of stomas complications and management. Therefore, my hospital realised that they need to have Enterostomal Therapist (E.T.) Nurse to take care those patients.
E.T. nurse who has specialized training in treating patients with ostomies (such as an ileostomy, colostomy, or urostomy). An ET nurse may treat patients before, during, and after their ostomy surgery. An ET nurse may be a patient's first and primary point of contact for information regarding their stoma.
ET nurses are often good sources of information about ostomy appliances and can help for those who need help in obtaining supplies. My Hospital management has empowered me to be an ET and I have been given the responsibility to set up stoma clinic and team and have equipped the clinic with all the needed equipment and items.
As the result the speaker is able to increase the number of patients received stoma care including stoma siting, caring and managing peristomal skin problems and complicated stoma, pre- and post-counselling including education and organizing seminars and workshops to train Nurses.
In this presentation the speaker will share with all how she set up the clinic and also the cases that she has managed.

SYMPOSIUM 4 - Benign Anorectal Conditions

ANNAL FISSURE: BOTOX OR SPHINCTEROTOMY

Mohamed Akhtar Qureshi
Cengild Medical Centre, Kuala Lumpur, Malaysia

Non surgical management of anal fissures consists of nitroglycerin ointment (GTN), isosorbide mono & dinitrate, Botulinum toxin (Botox), diltiazem, nifedipine (Calcium channel blockers or CCBs), hydrocortisone, lignocaine, bran, minoxidil, indoramin, clove oil, L-arginine, sitz baths, sildenafil, "healer cream" and placebo as well as Sitz baths. Botulism toxin results in flaccid paralysis by its effects on the peripheral nerve ending at the neuromuscular junction. This is due to the irreversible and selective multiphasic blockade of acetylcholine. The toxin inhibits contraction of gastrointestinal smooth muscle. Thus its effectiveness in treating anal fissure when injected into internal anal sphincter, avoiding permanent complications. Chemical denervation with botulinum toxin has been proposed as a non-invasive alternative treatment for chronic anal fissure. However, no medical therapy comes close to the efficacy of surgical sphincterotomy, though none of the medical therapies are associated with a significant risk of incontinence.

SYMPOSIUM 4 - Benign Anorectal Conditions

TO MESH OR NOT TO MESH? - RECTAL PROLAPSE SURGERY

Cherylin Fu Wan Pei
Singapore General Hospital, Singapore

Rectal prolapse is increasingly recognised as an important cause of functional colorectal problems such as faecal incontinence and obstructed defecation. The manifestations of rectal prolapse include internal rectal intussusception, rectal mucosa prolapse and full thickness rectal prolapse. These can give rise to evacuatory problems which can be potentially delibitating. Definitive management usually requires surgery which can be performed via an abdominal approach or a perineal approach. Abdominal approaches such as ventral mesh rectopexy have gained increasing popularity in recent years as it has shown to be effective and durable. However, controversies still exist as to whether or not mesh should be used in rectal suspension procedures and if so, the type of mesh that is best. I shall discuss these in my talk and dissect the evidence on whether to mesh or not to mesh for rectal prolapse surgery.

PLENARY 3

COLORECTAL SURGERY - WORKING WITH INDUSTRY IN MALAYSIA

Ismail Sagap
Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Over the last 2 decades Colorectal surgery in Malaysia had witnessed rapid development of the fraternity. This has been supported strongly by the industrial players through technological, financial and education support. Colorectal Surgery in Malaysia has now reached to a state comparable to international standards through strong collaboration and teamwork with its industrial partners. It involves relentless support through device innovations, performing continuous training and education programs aimed towards better care and minimizing harm to patients. Business has been encouraging and promising for better future.

AHP SYMPOSIUM 6

OSTOMY MOTIVATION: IS YOUR LIFE OVER AFTER AN OSTOMY?

Rozita Mohamad
University Malaya Medical Centre, Kuala Lumpur, Malaysia

The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to other, a challenge; where one person considers its life-saving, another finds it a devastating experience. Each person will adapt or adjust in their own way and in their own time. Permanent and significant changes in the body's appearance and functional ability may change the way the person internalizes their body image and self-concept. Within the rehabilitation process there are times that patients should have the opportunity to express or deny their feelings, about their surgery, the changes in their body or their self-image.

The preparation of the patient who may require a stoma should begin as soon as surgery is considered. Enterostomal Therapist (ET) initiates an individualized plan of care which addresses both psychological and physical needs.

We are patient advocates, the eyes and ears of the provider, the frontline caregiver for each of our patients. Patients rely on us and trust us with their lives. We help to enable independence, promote quality of life, educate, and empower our patients on a daily basis as WOC nurse specialists. Nurses in all specialty areas contribute something unique and very much needed to health care. As an Enterostomal Therapist (ET), we have the opportunity to heal the heart, mind, soul and body of our ostomates, their families and ourselves. They may forget your name, but they will never forget how you made them feel.

AHP SYMPOSIUM 6

TREATING PERISTOMAL SKIN EXCORIATION

Nora Jasmin Ahmad Kamal
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Ostomy surgery is a life-saving procedure that allows bodily waste to pass through a surgically created stoma on the abdomen into a prosthetic known as a 'pouch' or 'ostomy bag' on the outside of the body or an internal surgically created pouch for continent diversion surgeries. An ostomy may be necessary due to birth defects, cancer, inflammatory bowel disease, diverticulitis, incontinence and many other medical conditions. They are also necessary in cases of severe abdominal or pelvic trauma resulting from accidents or from injuries.
Ostomy or continent diversion surgery can occur at any age and does not lower life expectancy but is the start of a "new normal" life. Living with a stoma is a challenge by itself for both patient and also their caregiver. It takes time to become comfortable with an ostomy.
Complication of the stoma and peristomal skin are recognized as negative outcomes of living with an ostomy. Up to 80% of ostomy patients do not seek help for peristomal skin complications because they do not recognize there's a problem. Some assume that having skin issues is "normal" with an ostomy.
Peristomal skin complications incidence following ostomy surgery range from 10% to 70%. The incidence is depending on the stoma types, 1/3 colostomy patient and 2/3 are ileostomy & urostomy patient.
There is various treatment for peristomal skin excoriation depending on the cause. Awareness and education on prevention of peristomal skin excoriation is important to avoid pain, stress to patient and caregiver. Prevention is always better then cure.

AHP SYMPOSIUM 6

WHAT WE DO TO MANAGE EFFLUENT IN ILEOSTOMY PATIENT?

Nur Ermy Syakirah Ahmad Kushairi
University Malaya Specialist Centre, Selangor, Malaysia

To go through ostomy surgery is not an easy decision. For individuals suffering from such condition, ostomy is both lifesaving and life-changing.
Ileostomy creation may be required temporarily or permanently for the management of a variety of pathologic condition. Managing it post operatively will be as challenging as other types of ostomy surgery.
Therefore, it is important as E.T. to be able to manage the stoma as to prevent any complications especially in managing the effluent.

AHP SYMPOSIUM 6

EMPOWERMENT AS AN ENTEROSTOMAL THERAPIST IN PRACTICE

Azreen Nur Indah Mohammad Hatta Chong
Prince Court Medical Centre, Kuala Lumpur, Malaysia

Enterostomal Therapist (E.T.) are Nurses who have been trained in a nursing specialization with three (3) specialty, which is ostomy, wound and continence care. ETs plays a major role in management of different types of wound, management of patient undergoing ostomy surgery and bowel or urinary incontinence.
The care that they provides includes pre and post operation recovery, aftercare and the rehabilitation process by consultation, education and counselling to the ostomate till they being discharge from the hospital.
We as ETs are also accountable to provide consultation and education not only to patients, also to doctors, nurses, and other health care professional or organizations. Therefore, we are responsible for our continuous education in developing out expertise to ensure the knowledge and practice are up to date and based on current evidence. The acquisition of knowledge, skills and competence are required to develop our expertise to care for the patients.
To do all that, E.T. needed the empowerment to be able to design the care needed and able to make recommendation and refer when necessary including intervention.
Empowerment also seen as recognition, and this is importance to all E.T. as a motivation factor in managing the patients. The speaker shall share her experiences in her hospital and how empowerment has given a great impact to her practice.

AHP SYMPOSIUM 6

BEING A NEWLY GRADUATED ENTEROSTOMAL THERAPIST (E.T.): HOW DO I COPE?

Nur Ain Abdullah Sani
University Malaya Medical Centre, Kuala Lumpur, Malaysia

An Enterostomal Therapy Nurse, or ET nurse, is a registered nurse (RN) who has specialized training in treating patients with stoma after undergone 3-month intensive training. Besides stoma care, E.T. also provide wound and incontinence care.
It takes time to become better in our work especially when the area is new. As a newly graduated Enterostomal Therapist (E.T.) I face a few challenges too in managing stoma but I do have many resource person that I can refer to, the E.T. Team of UMMC.
Getting a new license as an E.T. and the challenges of my first experience seeing a patient is quite stressful. Fear and not sure what to do when managing difficult stoma such as inverted or flat stoma. Nevertheless, in UMMC we have a very strong E.T. Team and I can consult them anytime when I need help or unsure of what to do.
With little or no experiences, I often find it sometime frustrating, but I do believe that it will take time for me to become better and overtime I believe I can be equally good as any other E.T..

AHP SYMPOSIUM 6

BEST PRACTICES GUIDELINES IN OSTOMY CARE AND MANAGEMENT

Mohd Rahime Ab Wahab
University Malaya Medical Centre, Kuala Lumpur, Malaysia

People living with stoma require specialized care and management to sustain physical health and quality of life (QOL). Specialized ostomy care begins preoperatively and continues to postoperative and rehabilitative period and throughout the patient's lifetime living with a stoma.
Ongoing stoma and ostomy appliance sizing, the treatment of peristomal skin complications, ostomy appliance modifications, access to ostomy products, financial assistance, dietary consultation, and emotional support are just a few of the health management issues that require continuity of care and management. Various guidelines and recommendations produced on stoma care and management to promote best practices for Enterostomal Therapists and Healthcare Provider. However, the Enterostomal Therapist (E.T.) must analyze accessories available in specific area and the impact holistically. ET's plays an important role to choose the best practices that benefit the ostomates as there are risk for development of stomal and peristomal skin complications.
Evidence based practice will improve the competencies of healthcare provider and patient wellbeing in general and also stoma care.

AHP SYMPOSIUM 6

HOW IMPORTANT IS DOCUMENTATION IS STOMA CARE AND WHAT TO DOCUMENT?

Devi Sahputra
[1]WOCARE Center, Indonesia
[2]Faculty of Medicine, Universitas Pelita Harapan, Indonesia

Evidence indicates that the reporting of nurses is frequently contradictory and lacking a cohesive and systematic plan. For follow-up medical treatment, reporting on the stoma is quite essential. This review uses stoma treatment as a case study for the My Wocare with the online app to analyze WOCARE reporting's roles, concentrating on how this can be enhanced. Documentation may also include: stoma shape, general appearance, presence of stents, rods, drains (including type and location), ostomy stoma colour, presence or absence of odour; substantial foul, pungent, faecal, musty, sweet, complications of type. The nursing staff also thought that other nurses did not see such documentation and were thus inefficient in improving patient care. Significant changes have made to the documents used in the treatment of WOCARE stoma due to this report. In light of the value of reporting in producing successful patient results, this is an essential exploration of record-keeping in nursing documentation. Nurses should follow their facility's guidelines and principles for patient care documentation, especially when using more advanced technologies.

Keyword
Documentation; Stoma care; My Wocare; Technology

AHP SYMPOSIUM 6

LEGAL ASPECT IN STOMACARE

Mariam Mohd Nasir
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Medical definition of Ostomy Care is defined as how to change, empty, or clean the pouching system. The patient and family will be taught ostomy care before they leave the hospital. The information begins, the moment it is indicated by the surgeon that the patient needed an ostomy surgery.
A survey of stoma care in general practice is reported. It demonstrates a wide diversity in the patterns of care provided to ostomates, with only half of the general practitioners reporting regular follow-up by a member of the health care team. Dealing with appliance difficulties was found to be an aspect of stoma care in which a majority of general practitioners have little confidence. The district nurse and stoma nurse are considered to be the most valuable sources of back-up - Rubin, G, The Journal of the Royal College of General Practitioners (1986) Aspect of Stoma care in General Practice.
No matter the setting in which we practice, as health care providers we constantly are under the threat of a malpractice lawsuit.
We need to understand the duty of care which has a legal concept in our practice and to understand the bill of right for an ostomate.
The speaker will discuss further on this issues and how we can better the practice not just to protect us legally but to be responsible towards the care given to the patients.

SYMPOSIUM 1 (CORUM 1)

PALLIATIVE CARE IN COLORECTAL CANCER

Ummi Affah Mahamad
Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

The news of dreadful diagnosis usually leaving the patients and families with challenging situations, mounting physical distress, inadequate coping patterns, unanswered spiritual issues in the background of serious threat to very existence of life leads to a debilitating quality of life. The Palliative Care team approach addresses all the issues, prioritising holistic care and affirming your life as long as you live.
Many recent studies have shown palliative care not only improved quality of life in patients but also prolonged survivals. The earlier the initiation of palliative care in patients in advanced diseases, the better symptom controls can be achieved. Patients and families will be more prepared and better supported throughout the journey. Palliative care is everybody's business. Anyone involved in the care of the patient can initiate palliative care and help is widely available throughout Malaysia should more specialised palliative care needs arises.

SYMPOSIUM 2 (CORUM 2)

DEVELOPMENT OF A NEEDS EVALUATION QUESTIONNAIRE IN MALAYSIANS LIVING WITH COLORECTAL CANCER

Nur Nadiatul Asyikin Bujang
University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION
In Malaysia, colorectal cancer (CRC) is the second most common cancer. The incidence of CRC among Malaysian increases as the population ages and the proportion of long-term survivors increases with advances in health care. The needs of cancer survivors are highly dependent on their cultural and religious backgrounds. Thus, there is a need to identify and address the concerns of unmet needs among CRC survivors to ensure improvement in terms of quality of life. This study aimed to develop a needs assessment questionnaire, which is specific to multi-ethnic CRC survivors in Malaysia.
METHOD
The needs questionnaire was developed based on literature reviews and previous qualitative studies. The initial 64 items were reviewed by experts for face validity, pretested, and translated using forward-backward (English-Bahasa Melayu-English) translation. The self-reported questionnaire was distributed to several oncology centres in the Klang Valley and via REDCap for online recruitment. We used universal sampling of 300 respondents who were diagnosed with CRC for at least 3 months and who were clinically fit with no other cancer. Exploratory factor analysis and confirmatory factor analysis were performed using the FACTOR program and SmartPLS.
RESULT
The item and scale development resulted in five domains. Cronbach's alpha of all the domains was above 0.7. The final items showed good discriminant and convergent validity with both measurement and structural model assessment of the domains being adequate in the scale evaluation phase.
CONCLUSION
The study contributes to knowledge by producing a validated instrument for measuring the needs of colorectal cancer survivors. This is essential to facilitate the design of appropriate interventions which caters to the needs of survivors.

SYMPOSIUM 2 (CORUM 2)

COPING WITH THE STRESS OF CANCER

Gayathri K Kumarasuriar
Melaka Hospital, Melaka, Malaysia

Stress is part of all our lives. Overwhelming stress, however, can be draining, more so if the stressors are persistent.
Out of the blues, you get the news. You have the Big C . Like a hurricane it comes, devastating all your hopes & dreams. It hits you right in the middle & takes your breath away, leaving a huge void in the core of you, only to be filled by despair & darkness.
There are things we can control & there are things we cannot. We can't control some situations in our lives but we can control how we respond to them. This choice creates a shift in our Stress Response.
You have a choice on how to respond to situations and to move forward. You can choose the positive road. Many have and have come out victorious. So why not you?
You just need to take 1 step: A massive shift in YOUR mindset- use the energy you have positively to focus on healing. It also helps to have faith. Courage? You definitely have it. You are here, aren't you?
Mindset, that's what needs to change.

PLENARY 4

YOUNG COLORECTAL CANCERS - SHOULD THEY BE TREATED THE SAME?

April Camilla Roslani
University of Malaya, Kuala Lumpur, Malaysia

Evidence-based management of colorectal cancers is well-established in high-prevalence cohorts. Hereditary cancers aside, however, the evidence for managing sporadic young colorectal cancers is scant. Worryingly, there has been a steadily increasing incidence of the latter since the 1990s, and they represent as much as half of all colorectal cancers below the age of 50. Furthermore, as they are excluded from current screening guidelines, and index of suspicion is low, they tend to present at advanced stages. Nevertheless, the poor outcomes seen in sporadic young colorectal cancers is not solely due to stage at presentation. Other clinical, histological and molecular features associated with poor prognostic outcomes are also more frequently seen in this cohort.
Differential risk appears to have an association with ethnicity. In Western populations, Africans and Hispanics have a greater proportion of young colorectal cancers, that are biologically more aggressive and associated with poorer outcomes. In Malaysia, indigenous populations may have as much as three times the risk of young colorectal cancers than other ethnic groups. The reasons for this are still obscure, but may be a combination of genetic, environmental and socioeconomic factors, which require further elucidation. Nevertheless, weightage of epidemiological data may be used to better target ethnic groups at risk for screening, while awaiting identification of novel therapeutic targets. Conversely, while young patients tend to be offered more aggressive treatment protocols, we may need to rethink such strategies in those with advanced disease, given the poorer biology.

MANAGEMENT STRATEGIES IN DEALING WITH SYNCHRONOUS COLONIC TUMOURS

Peter Chien-Chih Chen
[1]Department of Surgery, Koo Foundation, Sun Yat-Sen Cancer Center, Taipei, Taiwan
[2]College of Medicine, National Yang Ming-Chiao Tung University, Taipei, Taiwan

The definition of synchronous colorectal carcinoma is two or more primary colorectal carcinomas are identified simultaneously or within 6 months of the initial diagnosis in a single patient. The reported incidence of synchronous colorectal cancers ranges from 2.3% to 12.4%. Diagnosis of the presence of synchronous colorectal cancers plays an important role in determining the treatment plan, surgical strategies and the prognosis of cancer disease.
The known risk factors include inflammatory bowel diseases, Lynch syndrome, familial adenomatous polyposis, and adenomas polyposis. Moreover, the chromosomal instability, microsatellite instability, and gene methylation account for various predisposing lesions for synchronous colorectal cancer. According to the published literatures, compare to patients with solitary lesion, patients with synchronous colorectal cancer refers to poor prognosis, even in early stage.
Because of the popularity of colonoscopy and the advancement computed tomography (CT) colonography, the diagnosis of synchronous cancer has increased. However, the consensus of the appropriate surgical strategies is still lacking. Especially for the lesions located in separate segments, much uncertainties exits between multiple segmental resections or extensive one segment resection.

INDONESIAN OSTOMATE: AN OVERVIEW

Pipit Lestari
WOCARE Center, Indonesia

BACKGROUND
Stoma is an opening that created in the gastrointestinal tract or urinary system. Many reasons lead to stoma construction in an adult population such as cancer, inflammatory bowel disease, tuberculosis, and abdominal trauma. Those are significant reasons for stoma surgery. In Indonesia, a stoma is an underestimated issue in healthcare. Data related to people with a stoma (ostomate) was still unknown due to stigma, confidence loss and lack of government support. Unfortunately, the support for ostomate post-surgery in a community is relatively not easy to find. However, since 2000 many ostomy associations and stoma nurse service have been developing to support ostomate to adjust to life with a stoma.
AIM
To identify the profile of ostomate in Indonesia and the role of ostomy associations.
METHOD
A descriptive study using a survey conducted to stoma nurse service and ostomy associations in Indonesia. The **Result** showed that the number of ostomates registered in the ostomy support group and stoma nurse services was around 617 persons. However, based on the estimation of the number of colorectal cancer in Indonesia from Globocan 2018 were at least around 6205 ostomates. The ostomate profile was dominated by colostomy (80%), ileostomy (10%). Types of stoma were permanent (69%) and temporary (31%). Based on gender, a male is slightly higher than female by 59% and 41% respectively. Inoa, SOS, KOIN, and POP were four associations that support ostomate in term of support group provision, professional consultations and care regarding stoma, stoma bag access and donations. These activities support ostomate to adapt their life post-surgery.
CONCLUSION
The data of ostomate in Indonesia is still less than estimated. Ostomy associations play an essential role in supporting ostomates in Indonesia. The more comprehensive study must have to conduct to get precise data, and the Government Issue regarding stoma will be more acknowledged.
Keyword
Data, Indonesia, ostomate, ostomy associations, stoma

STOMA TEACHING TOOL

Masrita Md Seri
Enche' Besar Hajjah Khalsom Kluang Hospital, Johor, Malaysia

Patients undergoing stoma formation should make significant physical and psychological adjustments after surgery. Patients and families need to be approached in an orderly manner, supported by proper teaching, and learning sessions.
Their willingness to learn using appropriate tools is vital to ensure that patients and families can accept their condition in terms of their mental, physical, and financial capabilities. Adequate knowledge and understanding is needed to facilitate a successful recovery.
There are many ways to provide the knowledge for the patient before surgery and one of them is by using a stoma teaching tool that every stoma nurse should have.
The speaker will share with all about the stoma teaching tool that she used to educate her patient in the conference.

AHP SYMPOSIUM 6

NUTRITIONAL CARE OF PATIENT WITH OSTOMIES

Mohamad Amirudin Jaafar
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

Enterostomal Therapist (E.T.), play a very vital role in the recovery and rehabilitation of an ostomate. It is crucial for us to provide awareness and advice on nutritional care for patients with ostomies (colostomy, ileostomy, and urostomy), for their recovery and to live their life as normal as possible.
Concerns about diet and nutrition are common among ostomate and their caregivers. Nutritional care or ostomy diet is required to ensure stool remains normal after surgery, as the amount, frequency and consistency of stool are influenced by the food that they take. In deciding what to eat with an ostomy bag is an individual decision. Everybody reacts differently to foods and these reactions do not change because of the ostomy.
The goals of dietary management in stoma patients are to prevent stoma blockages after surgery, to promote healing of stoma wound and to minimise unpleasant gastrointestinal upset such as flatulence, diarrhoea, constipation, and odours. On the other hand, early oral feeding in patients is important. Since it is planned to progress from a liquid to low fibre (residue) diet. Some foods may not be as well tolerated and may cause flatulence, odours, diarrhoea, and constipation.
Preoperatively, fibre and lactose intolerances are common in ileostomy patients. Postoperatively, it is important to provide a high-energy, high-protein diet for wound healing. As we know certain foods and drugs can discolour the urine or produce a strong odour.
The old saying - "You are what you eat" is true. What you eat or drink become the building blocks for all the cells in your body. Overtime your food and drink choices will make a difference in your overall health.

AHP SYMPOSIUM 6

THE CHALLENGES IN THE MANAGEMENT OF FISTULA

Wong Chung Heong
Kuala Lumpur, Malaysia

A fistula is an abnormal connection or passageway that connects two organs or vessels that do not usually connect. They can develop anywhere between an intestine and the skin, between the vagina and the rectum, and other places (National Association for Continence).
Enterocutaneous fistula is the most common fistula managed by ET nurse. Managing enterocutaneous fistula is challenging for patient, family and care givers because it was not an intended wound and it normally takes up a lot of resources and time to heal the wound. These wounds are usually associated with malodorous, skin excoriation and in some cases malnutrition, fluid and electrolyte imbalance.
Fistula management focuses on skin protection, odor control, containment of effluent, accurate measurement and replacement. Management for patients with fistula wound requires good assessment skills and application technique, innovation in modifying pouching system will be an added advantage. Sharing of some clinical cases will be shown in the presentation.
Although it is a challenging task but can be rewarding when the wound is getting smaller, good odor control, skin integrity regained and patient able to go back to activities of daily living.

AHP SYMPOSIUM 6

HOW DOES COVID-19 EFFECTS THE OSTOMY COMMUNITY?

Mariam Mohd Nasir
M&T Network Consultancy, Subang Jaya, Selangor, Malaysia

The arrival of COVID-19 is challenging to all in maintaining our routine and continuity in the care. Ostomates new and old continue to need support especially during this time.
This has impact so many things in their life such as their daily lives and family, health.
support networks, access to ostomy supplies, financial constraints even to get access for care.
Many people living with an ostomy are older people and those with chronic disease and are therefore at higher risk. They have to access the support through online. Zoom meetings have emerged as the platform of choice as we strive for human connection and some may struggle to adapt to it.
The speaker will discuss further the issues with all.

SYMPOSIUM 6 - How I Do It

SUBMUCOSAL LIGATION OF FISTULA TRACT (SLOFT)

Chan Koon Khee
Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

We describe a novel sphincter-saving technique, submucosal ligation of fistula tract (SLOFT) for the management of fistula-in-ano (FIA) after a follow-up period of 1 year.
This procedure is simpler than ligation of intersphincteric fistula tract (LIFT), and its results are comparable to those of LIFT. The success rates at the end of 24 weeks and 1 year were 87.2% and 80.9%, respectively. No postoperative incontinence was recorded. Repeat SLOFT was feasible for 6 cases of recurrences and achieved complete healing.
SLOFT should be considered an alternative sphincter-saving procedure to LIFT for the management of FIA.

SYMPOSIUM 6 - How I Do It

CYTOREDUCTION & HIPEC FOR COLORECTAL PERITONEAL METASTASIS

Marcello Deraco
[1]IRCCS Istituto Nazionale dei Tumori, Italy
[2]European School of Peritoneal Surface Oncology (ESPSO), Italy

Since 1990s, Cytoreductive Surgery (CRS) and Hyperthermic Intra Peritoneal Chemotherapy (HIPEC) has been increasingly used as a treatment of patients with peritoneal surface malignancies (PSM) with meaningful clinical advances, including for a subset of patients with peritoneal metastases (PM) of colorectal (CRC) origin. The benefit with CRS/HIPEC versus systemic chemotherapy (sCT) has been demonstrated by numerous prospective cohorts and one randomized studies. However, HIPEC was conducted using various and inhomogeneous chemotherapy regimens often not supported by efficacy and dose finding studies and this generated criticisms. The real benefit of HIPEC conducted with Oxaliplatin (OX) has been investigated, through randomized studies, both in patients with peritoneal metastases (PRODIGE 7) and at high risk of develop them (COLOPEC and PROPHILOCHIP). These studies have shown no significant benefits in patients treated with HIPEC except for a limited subgroup of patients with moderate disease diffusion.
These results have opened a heated debate within the scientific community, especially regarding the optimization of the pharmacological data sheet to be adopted during HIPEC and an important work of homogenization of the procedures promoted by PSOGI is ongoing.
In the mean time, the French expert meeting held in Paris on November 2018, recommended the use of Mitomycin C (MMC) for CRC PM in the subset of patients where HIPEC is indicated. MMC is a drug commonly used in over 50% procedures of HIPEC carried out for CRC and the use is based on existing cohort data and several comparative studies.[11] In Italy, the treatment of PSM is regulated by the AIOM (Italian Association of Medical Oncology) guidelines. According to these guidelines, CRS HIPEC treatment is standard in patients with peritoneal CRC metastases with low and moderate PCI (<16).

SYMPOSIUM 7 - Core Topics

HEREDITARY COLORECTAL CANCER SYNDROMES

Mohana Raj Thanapal
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Majority of colorectal cancer are sporadic in nature. Familial Colorectal Cancer accounts to about 25-30% of colorectal cancer and hereditary colorectal cancer syndromes only accounts to about 5-8% of all Colorectal cancers. Hereditary colorectal cancer syndromes are attributed to highly penetrant genes and associated with life time colorectal cancer risk up to 70-90% compared to general population.
Assessment of an Individual's lifetime risk of developing colorectal cancer incorporates clinical and molecular data; accurate phenotypic assessment and genetic diagnosis.
A better understanding of hereditary cancer syndromes will facilitate in targeted risk reducing interventions such as endoscopic surveillance, preventative surgery and also chemoprophylaxis. Understanding and managing Hereditary colorectal cancer syndromes is also important as we continue to witness increasing number of young patients diagnosed with colorectal cancer.

SYMPOSIUM 7 - Core Topics

MANAGEMENT OF RECTAL / COLONIC PERFORATIONS

Poh Keat Seong
University of Malaya, Kuala Lumpur, Malaysia

Lower gastrointestinal perforation can be due to multiple causes, which can be broadly divided into traumatic perforation and non traumatic perforation. For non traumatic causes, perforated diverticulitis and iatrogenic perforations are two of the commonest aetiologies besides of colorectal malignancy. The management of colon and rectal perforation largely depends on its aetiology, as well as the patient's clinical presentation and co-morbidities. Imaging studies such as plain x-ray and contrasted CT scan play a main role in decision making of either conservative management or operative management for the patient. Among all the modalities, CT abdomen/pelvis is widely accepted as the diagnostic modality of choice when perforated viscus is suspected, due to its high sensitivity for pneumoperitoneum, greater detection of alternative diagnoses and ability to localize the perforation site. However, detection of free air alone in the CT does not always warrant a laparatomy exploration. Laparoscopic intervention has played a main role in management of perforated viscus in the last 2 decades.
In this core subject talk, we will discuss various imaging modalities for patients suspected to have perforated viscus, and different management options for perforated viscus in general. Some specific focus will be put on the management of perforated diverticulitis and iatrogenic colonoscopy perforation.

SYMPOSIUM 7 - Core Topics

MANAGEMENT OF TOXIC COLITIS

Shankar Gunarasa
Pantai Hospital Ayer Keroh, Melaka, Malaysia

Toxic colitis also known as fulminant colitis is historically due to complications of Ulcerative Colitis (UC). In recent decades, infectious causes of toxic colitis especially Clostridium difficile (CD) has increased. Due to dilemma of treatment and cause, a multi-disciplinary approach by the gastroenterologist and surgeon are needed to optimize medical treatment and surgical intervention. General treatment measures are generally the same but would require specific treatment measures. Surgical options differs if its an elective or emergent procedure and also based on patients general medical status. Generally the options would be total abdominal colectomy with ileostomy, proctocolectomy with ileostomy and pouch creation.

SYMPOSIUM 7 - Core Topics

SURGICAL MANAGEMENT OF INFLAMMATORY BOWEL DISEASE

Ang Chin Wee
Mahkota Medical Centre, Melaka, Malaysia

Despite the emergence of new medical therapies that are effective for inflammatory bowel disease (IBD), surgery still has its place in the treatment of IBD but it is generally reserved to cases in which medical treatment is unsuccessful in relieving symptoms, preventing disease progression and complications. In some patients, upfront surgery is required as these patients may present with acute surgical emergencies prior to the diagnosis of IBD. In this lecture 'surgical management of inflammatory bowel disease', the indications for surgery, options of surgical approach, outcomes and complications will be discussed for ulcerative colitis and Crohn's disease.

SYMPOSIUM 7 - Core Topics

IMAGING IN RECTAL CANCER

David Ong Li Wei
Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Earl Nightingale once wrote, "All you need is the plan, the road map, and the courage to press on to your destination".
Similarly, before one embarks on the journey to remove a rectal cancer, one must have the road map and the plan. The road map here may refer to the humble digital rectal examination or the more sophisticated imaging modalities like the endorectal sonography, computed tomography scan and magnetic resonance imaging, with increasing complexities, or even combinations like the PET CT Scan.
Here, we will delve into the different imaging modalities available; which to choose, when to combine, to ensure a smooth journey to reach the destination where the rectal cancer is oncologically removed. After all, no surgeon wishes to get lost along the way in the midst of an operation.
Hence it cannot be emphasized enough that planning with a road map before every surgery is imperative because successful surgeries make happy patients, and happy patients make happy surgeons.

SYMPOSIUM 8 - Operative Surgery

OPEN RIGHT HEMICOLECTOMY

Ragu Ramasamy
Avisena Specialist Hospital, Shah Alam, Selangor, Malaysia

Open right hemicolectomy is becoming less popular and uncommon operation in the current day and age. This is probably attributed to increasing incidence of left sided colorectal cancer and also with the advancement of laparoscopic surgery. Right hemicolectomy itself has become more complex as compared to 10 years ago with the introduction of Central Mesocolic Excision (CME) and D3 Lymph node dissection. The benefit (as clearly demonstrated by reduce rate of recurrence) is hindered by the complex nature of the dissection involved and deep understanding of the variant anatomy of the vascular structure. Nonetheless the fellows in training must be able to adapt to the current evidence and practice what is presented to them.

OPEN AND CLOSED HAEMORRHOIDECTOMY

Ruhi Fadzlyana Jailani
[1]Universiti Sains Islam Malaysia, Nilai, Negeri Sembilan, Malaysia
[2]Hospital Ampang, Ampang Jaya, Selangor, Malaysia

Haemorrhoidectomies are classically known as Milligan-Morgan and Ferguson. Both techniques require a V-shaped incision in the skin around the base of the hemorrhoid. The submucosa space is dissected to strip the entire hemorrhoid from its bed ensuring the sphincters are preserved. The dissection is carried cranially to the pedicle, which is ligated with absorbable suture and the distal part is excised. Other hemorrhoids are similarly treated, leaving a skin bridge in-between to avoid stenosis. In Milligan Morgan, the wound is technically left open; while in Ferguson method the wound is closed using absorbable running sutures.
A systematic review comparing both techniques found that closed haemorrhoidectomy demonstrated a clinically measurable advantage; namely it reduces post-operative pain, lower the risk of post-operative bleeding and promotes faster wound healing.

LIFT AND MUCOSAL ADVANCEMENT FLAP FOR FISTULA-IN-ANO

Ismail Sagap
Hospital Canselor Tuanku Muhriz, Kuala Lumpur, Malaysia

Ligation of Inter-sphincteric fistula tract and Anal mucosal advancement flap are among several options in the treatment of fistula-in-ano. Their success rates are reported as 85% and 70% respectively with minimal complications. Like other treatment modalities, these procedures are aimed at effective fistula healing and avoidance of anal sphincter injury. They require careful patients' selection and preprocedural assessment such as pelvic MRI before surgery. Modifications Combination of these techniques (the Hybrid procedures) has been reported especially in complex cases.

Poster Presentations

Poster Presentations

Poster Presentations

Poster Presentations

PP 01

ACUTE INCARCERATION PROLAPSED SOLITARY RECTAL ULCER: A RARE CASE OF ANORECTAL EMERGENCY

Norfaidhi Akram M N, Yusof Sainal, Faisal Elagili, Azmi M N
International Islamic University Malaysia, Kuantan, Pahang, Malaysia

OBJECTIVE
We aim to report a case of acute incarceration prolapsed giant solitary rectal ulcer that was treated successfully by transanal excision.
CASE REPORT
A 17-year-old male presented to emergency department with acute an incarcerated mass protruding from the anal canal 3 hours prior. Patient was diagnosed with a solitary rectal ulcer syndrome for one year-old and started receiving medical treatment with signs of partial recovery. On clinical examination, vital signs within normal limits. His abdomen was not tender and had no signs of peritoneal irritation. Rectal examination revealed 15cm x 10cm incarcerated prolapsed mass, looked like cauliflower, because of the failure of external manual reduction we decided to bring the patient to the operating room. The mass was removed by transanal excision under spinal anesthesia and the histopathologic result is consistent with solitary rectal ulcer.
CONCLUSION
Our case is a rare presentation of SRUS, although less common than other causes of prolapsed anal mass, it should be considered as part of the differential diagnosis.

PP 02

ADULT INTUSSUSCEPTION IN SECONDARY HOSPITAL: A CASE SERIES

C L Ling[1], Rosdi P[2], L W H Lai[2], T H Chieng[2]
[1]University of Malaya, Kuala Lumpur, Malaysia
[2]Hospital Sibu, Sarawak, Malaysia

OBJECTIVES
To observe differences in symptom presentations and managements of adult intussusception (AI) in our institution.
METHODS
This is a case series of three patients who presented to our hospital over one-year period between January and December 2020. All the cases was referred from our emergency department. Two of the cases of AI were diagnosed by computed tomography (CT) while the other was diagnosed intraoperatively.
RESULTS
All three cases were female aged between 40 and 70. All of the patients has abdominal distension as their predominant symptoms. The rest of the symptoms were non-specific, such as altered bowel habit, abdominal pain, per rectal bleeding and anemic symptoms. One of them presented critically ill with intestinal obstruction requiring prompt surgical intervention after adequate resuscitation while the other two indolent cases had CT done as part of intestinal obstruction workup. All of them underwent laparotomies, bowel resection followed by primary anastomosis. One of the cases was an ileo-colic intussusception whereas the other two were colo-colic intussusceptions. All three histopathological examinations (HPE) reported benign advanced colonic polyps as the lead point of the intussusceptions. All of the patients were discharged uneventfully and still under our routine follow-up for symptoms as well as colonic surveillance.
CONCLUSIONS
Diagnosis of intussusception in adult population remains a challenge as AI is a rare entity, accounting for only one to five percent of bowel obstructions. It is also attributed to the non-specific symptoms at time of presentation. Classical triad of abdominal pain, passage of currant-jelly stool and palpable mass per abdomen in pediatric intussusception were rarely present. Approximately 20-50% of AI cases harbor bowel malignancies, which was not observed in our case series. Nevertheless, we need to have high index of suspicion of malignancy in AI to avoid delay in diagnosis and subsequent appropriate treatment.

PP 03

SYNCHRONOUS ADENOCARCINOMA OF SMALL BOWEL, APPENDIX AND RECTUM

Wan Aini Faizah Wan Mokhtar[1], Mohammad Alif Yunus[1], Mohd Fadliyazid Ab Rahim[1], Farah Hanum Ahmadi[2], Siti Zarqah Omar[2]
[1]Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia
[2]Department of Pathology, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Synchronous colorectal carcinoma (SCRC) has been relatively a rare case as nature of the disease is not well established, due to limited data regarding the disease. The incident of SCRC showed by ranges from 1.1 to 12.4%, as show in international literatures, most cases were 2 site pathologies, involving colon and rectum. Due to its rarity, the diagnostic and treatment modalities provide such challenges to clinician.
We reported a rare case in which patient had 3 sites synchronous adenocarcinoma of small bowel, appendix and rectum. Diagnosis was made intra-operatively as patient presented with acute small bowel obstruction. Here we discussed regarding the challenges in detecting and managing the synchronous lesion, including the interesting pathobiology of the disease.

PP 04

STUMP APPENDICITIS: REVISIT AN AGED ENTITY

Khairul Anwar Abdul Rahman, Fatin Nur Afzan Afifah, Mohammad Alif Yunus, Taufiq Khalila
Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Appendicectomy is one of the most common surgical procedures in the field of General Surgery. Stump appendicitis is a rare complication post appendicectomy, with reported incidence of 1 in 50000 cases. It poses diagnostic dilemma to the clinician, as the presentation similar to the clinical findings of acute appendicitis, in a patient whom supposedly had already underwent appendicectomy.
We reported a case of a young man, whom had history of laparoscopic appendicectomy for acute appendicitis one year earlier, presented with sudden onset of right iliac fossa pain and fever. Intraoperative finding of perforated stump appendicitis was made, and completion of appendicectomy was done.

PP 05

PERFORATED STUMP APPENDICITIS AFTER ONE YEAR POST APPENDECTOMY

Khairul Anwar Abdul Rahman, Fatin Nur Afzan Afifah, Mohammad Alif Yunus, Taufiq Khalila, Mohd Fadliyazid Ab Rahim
Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Appendectomy is one of the most common surgical procedures in the field of General Surgery. Stump appendicitis is a rare complication post appendectomy, with reported incidence of 1 in 50000 cases. It poses diagnostic dilemma to the clinician, as the presentation similar to the clinical findings of acute appendicitis, in a patient whom supposedly had already underwent appendectomy.
We reported a case of a young man, whom had history of laparoscopic appendectomy for acute appendicitis one year earlier, presented with sudden onset of right iliac fossa pain and fever. Intraoperative finding of perforated stump appendicitis was made, and completion of appendectomy was done.

PP 06

LATE CHILDHOOD MIDGUT VOLVULUS MIMICKING ACUTE PANCREATITIS

Koh Chee Keong, Wan Khalilah Wan Zid, Mohammad Alif Yunus, Mohd Fadliyazid Ab Rahim, Hussain Mohamad
Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Intestinal obstruction in children can occur due to congenital or acquired cause. Congenital cause includes Merkel diverticulum, malrotation, and inguinal hernia. Other causes include appendicitis, intussusception, inflammatory bowel disease and ingested foreign body. Presentation in children is often non-specific with almost all patients presented with abdominal pain and vomiting. Therefore, imaging is often required to determine it cause.
Here we reported a case of 14 years old boy with intestinal obstruction due to midgut volvulus mimicking acute pancreatitis. Intestinal malrotation is an anomaly in embryological development in the gastrointestinal tract. It usually presented with symptoms of midgut volvulus, which is common in the neonatal period in the first 2 weeks of life and adult presentation is rare. Our patient presented with vomiting and persistent epigastric pain for 4 days. Computed tomography (CT) abdomen with oral contrast showed midgut volvulus with malrotation. He underwent laparotomy, the midgut was un-twisted and Ladd procedure was performed which included widening of the small bowel mesentery and appendicectomy. He recovered well post operatively and was discharged home on post op day 4. Symptoms completely resolved during the subsequent follow up at 2 months. Due to the rare incidence of intestinal malrotation with volvulus in adolescent and adult, we must have high index of suspicious as the presentations are non-specific.

PP 07

DELAYED MESENTERIC INJURY WITH PERFORATED SMALL BOWEL SECONDARY TO INGESTION OF SANDORICUM KOETJAPE AFTER ROAD VEHICLE ACCIDENT

Atiqah Najwa Abd Wahab, Mohammad Alif Yunus, Maznah Zain, Mohd Fadliyazid Ab Rahim, Nor Hisham Muda
Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Delayed bowel perforation in blunt abdominal trauma has always been a challenging task for surgeons as the involvement of the small bowel and its mesentery in trauma is relatively rare. While foreign body ingestion is often encountered in clinical practice, bowel perforation secondary to foreign body ingestion is uncommon. Approximately 80% to 90% of ingested foreign bodies are excreted from the digestive tract without any complications or morbidity.
In this case report, we present a case of patient who had simultaneous abdominal trauma and ingestion of cotton fruit's seed *(Sandoricum koetjape sp)*, causing dilemma in diagnostic and management. He sustained mesenteric haematoma and perforated small bowel secondary to foreign body ingestion caused by impact from blunt abdominal trauma. He underwent exploratory laparotomy after 3 days post trauma.

PP 08

TREATMENT AND OUTCOME OF LOWER GASTROINTESTINAL BLEEDING: AN OBSERVATIONAL MULTICENTRE STUDY IN EAST COAST REGION OF PENINSULAR MALAYSIA

Hanis M, Elagili, Md Nor Azmi
Department of Surgery, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

OBJECTIVE
The objective of this study is to determine the type of treatment and its patients' outcome with new onset of LGIB in the East Coast of Peninsular Malaysia.
METHOD
This was a cross-sectional study conducted at hospitals in the East Coast region of Peninsular Malaysia. Observational data were collected from patients with a new onset of non-traumatic LGIB. The patient was observed from beginning of treatment until discharged from the hospital to study its outcome. This study commenced from September 2019 until September 2020.
RESULT
54 patients with LGIB were recruited. Male was reported to be more common than female to have lower gastrointestinal bleeding (40.7% vs 59.3%). The incidence of LGIB is most common at the age of 65 years and above (35.2%). The most common cause of LGIB is haemorrhoid. 8 patients from the study came with massive bleeding. 27 patients underwent colonoscopy. 64% of the patients were treated conservatively. 47 patients (87%) were resolved upon the same admission and 7 patients (12.9%) had a recurrence. 2 patients died due to sepsis which was non-bleeding related. The amount of blood transfusion ranges from 0-18 pints of packed cells. The bivariate analysis revealed that there was no statistical significance in the findings.
CONCLUSION
LGIB is common among Malay, male aged more than 65 years old. The common cause of bleeding is haemorrhoid and most patients were treated conservatively. Majority of bleeding was resolved and rarely caused morbidity.
Keyword
Lower gastrointestinal bleeding, Colonoscopy, Haemorrhoid.

PP 09

THE EFFECT OF CARBOHYDRATE LOADING ON THE PATIENTS' WELL-BEING: A SINGLE-BLINDED, RANDOMIZED CONTROLLED TRIAL

Lua Bee Chen, Mohd Nizam Md Hashim, Andee Dzulkarnaen Zakaria, Zaidi Zakaria, Syed Hassan Syed Abd Aziz, Michael Pak-Kai Wong
School of Medical Sciences & Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

BACKGROUND
Carbohydrate loading is one of the key steps in the success of Enhanced Recovery After Surgery (ERAS). Body response to surgery and prolong fasting by releasing of stress hormone and inflammatory marker leads to insulin resistance and catabolic state.
OBJECTIVE
Effectiveness of carbohydrate loading versus plain water on patient's well-being.
METHODOLOGY
This is a single-centre, single-blinded, parallel, placebo-controlled, stratified randomized-controlled trial at Endoscopy Unit, Hospital Universiti Sains Malaysia (HUSM) from May 2019 to March 2020. The participants were randomly assigned to either carbohydrate loading (237mls of resource) or control group (250mls of plain water). Randomization sequence was computer generated and allocation sequence was sealed in sequentially numbered and opaque envelopes. The drinks were served 2 hours prior to OGDS procedure. The patients' well-being (hunger, thirst, anxiety, tiredness, and weakness) was assessed using visual analogue scale (VAS) before (pre) and after (post) drink consumption.
RESULTS
78 patients were randomized with equal allocation between groups for analysis. Their mean age was 49 years old with standard deviation of 14.3 years old. Carbohydrate loading group significantly showed reduction in VAS score of hunger ($p=0.043$) and thirst ($p=0.021$) when comparing before and after consumption. There was improvement of VAS score for anxiety, tiredness, and weakness over time in carbohydrate loading group compared with plain water group, but not statistically significant.
CONCLUSION
Carbohydrate loading plays an important role in improving the patient's well-being by reducing stress related to hunger and thirst.

PP 10

PRIMARY GASTROINTESTINAL MELANOMA PRESENTING AS SMALL BOWEL INTUSSUSCEPTION

Eng Jian Yang[1], Salehah Tahkin[1], Huzairi Yaacob[1], Nur Hayati Yunus[2], Ahmad Shan Wani Mohamed Sidek[1], Michael Pak-Kai Wong[3]
[1]Department of Surgery, Hospital Raja Perempuan Zainab II, Kubang Kerian, Kelantan, Malaysia
[2]Department of Pathology, Hospital Raja Perempuan Zainab II, Kubang Kerian, Kelantan, Malaysia
[3]School of Medical Sciences & Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

BACKGROUND
Primary small bowel malignant melanoma is a rare disease. It remains a controversial diagnosis as it may be a metastasis from an unidentified or regressed primary cutaneous melanoma.
CASE PRESENTATION
We are presenting a case of a 61-year-old gentleman presented with small bowel intussusception from small bowel melanoma intussusceptum. He complains of intermittent abdominal distension but no history intestinal obstruction. Apart from this, he was also symptomatic anaemia which required repeated transfusion for the past few months. The intussusception was diagnosed from a contrast-enhanced computed tomography of the abdomen with which he had undergone an exploratory laparotomy with segmental resection of the affected segment. The diagnosis of melanoma was confirmed with histopathological examination.
DISCUSSION
Regardless of primary or metastatic disease, small bowel melanoma is known to be aggressive, with prognosis worse than cutaneous or other extraintestinal melanomas. Medial survival time is about 4-6 months. In view of its poor prognosis, operative exploration in asymptomatic patient remains debatable. Incidental intussusception often resolves spontaneously on follow-up however, up to 50% of cases will eventually require surgery due to complicated intussusception. Therefore, a low threshold for operative intervention is warranted.
CONCLUSION
Prompt surgical intervention facilitates precise tissue diagnosis, preventing complicated intestinal obstruction and strategize the goals of treatment for the patient.

PP 11

RECTAL MELANOMA. "A BLACK DOT IN THE ASS"

Kiran R S[1], Sarmukh S[1], Azmi H[1], Sue A A[2]
[1]Department of General Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia
[2]Department of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

INTRODUCTION
Rectal melanoma is an extremely rare and aggressive malignancy. Rectal melanoma constitutes around 0.5-4% of overall anorectal malignancy and less than 1% of all melanoma. Delay in early diagnosis at early stages are up to 80% as this lesion lack pigmentation and the rest 20% are amelanotic. Surgery is mainstay of treatment consists of abdominal perineal resection (APR) or wide local excision (WLE). Studies have shown WLE are adequate for local control, minimise morbidity of surgery, the need of stoma not required and minimal effects on bowel function.
CASE REPORT
58 years old lady presented with anal mass sensation for 2-month duration. Per rectal examination revealed mass 3cm from anal verge with a melanotic skin lesion at perianal region. Colonoscopy revealed anorectal mass 2cm from anal verge, biopsied which revealed malignant melanoma. Computed tomography of thorax, abdomen and pelvis showed anorectal lesion with possible lymph node metastasis We proceeded with APR, intra-operative finding was fungating rectal mass at anterior wall of rectum measuring 4x4cm, 3cm from anal verge, multiple matted pre-sacral lymph nodes. Histopathology examination report as malignant melanoma. Patient was discharge home well. Patient was referred to Oncology team and planned for adjuvant immunotherapy, fembrolizumab.
CONCLUSION
Rectal melanoma is extremely rare, aggressive and difficult to diagnose. Early diagnosis and treatment may improve survival rate. APR may offer a higher rate of local control and can be carried out safely in district hospital setting. However, wide local excision offers a much less morbid operation but need to be carried out centre with colorectal subspecialty.
Referrences
1. Singer M, Mutch MG., Anal melanoma. *Clin Colon Rectal Surg* 2006;**19**:7887
2. Row D, Weiser MR., Anorectal melanoma. *Clin Colon Rectal Surg* 2009;**22**:1206

PP 12

OAKLAND SCORE FOR SAFE DISCHARGE AFTER ACUTE PRESENTATION WITH LOWER GI BLEED: A SINGLE-CENTRE VALIDATION STUDY

P Mothayapan[1], C W Ang[1], Sumaiyah Mat[2]
[1]University Malaya Medical Centre, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
[2]National University of Malaysia, Kuala Lumpur, Malaysia

OBJECTIVES
Lower gastrointestinal bleeding (LGIB) is a common acute surgical disorder that contributes to significant hospital admissions and utilization of healthcare resources. To identify patients suitable for safe discharge, the Oakland score has been developed and validated in the UK and the US. However, it has yet to be globally accepted due to a lack of generalizability. This study aimed to assess the validity of the Oakland score in an Asian population.
METHODS
A retrospective analysis was conducted on adult patients who presented to the emergency surgical service with LGIB and underwent emergency inpatient colonoscopies in the UMMC from January 2018 to December 2018. Based on the Oakland scoring system, a total of 7 variables were calculated. A safe discharge was defined as the absence of all the following: blood transfusion, rebleeding, hemostatic intervention, readmission, and death. The performance of the Oakland score was assessed using the area under the ROC curves with 95% CIs.
RESULTS
133 patients fulfilled the inclusion criteria of this study and 33.8% of patients fulfilled the criteria for safe discharge. For the Oakland score of ≤ 8, 100% sensitivity was achieved for 3% of patients for safe discharge, with the area under the receiver operating characteristics curves for safe discharge of 0.83 (95%CI, 0.76-0.89). Scores from 13 to 9 suggested the sensitivity between 91% to 99%, with the percentage of patients for safe discharge ranging from 14.3% to 4.5%.
CONCLUSION
Consistent with the studies from the US and the UK, the Oakland Score has shown good performance in an Asian-based population. However, the proportion of patients applicable for safe discharge when applying the scoring system appears significantly lower to other validation studies. Therefore, further large-scale prospective validation study is warranted before the application of this scoring system in our practice.

PP 13

PARADIGM SHIFT IN MANAGING APPENDICITIS (ACUTE AND COMPLICATED) IN DISTRICT HOSPITAL (HOSHAS) DURING COVID-19 PANDEMIC. A RETROSPECTIVE STUDY

Ariff I, Dewaraj V, Sarmukh S, Azmi H
Department of Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUND
COVID-19 pandemic has made major impact in medical field. Practicing principles of reducing direct contact and practicing social distancing in hospital has changed some parts of management. Acute appendicitis being the commonest surgical emergency, we wanted to study the change towards the trend of managing such cases during this pandemic.
AIM
To compare conservative vs surgical management in appendicitis in a district hospital (HoSHAS) during COVID-19 outbreak period of 6 months (March - August 2020).
METHOD
Data of patients with appendicitis throughout March till August 2020 was collected and grouped into two cohorts; 1) Acute appendicitis and 2) Complicated appendicitis. These groups further subdivided into 1) conservative vs 2) surgical management.
RESULTS
There were 251 appendicitis cases with the mean age of 28.4±15.1 in this period. 186 were acute appendicitis and remaining 65 were complicated appendicitis. 174 cases were operated and 77 cases were treated conservatively. In acute appendicitis group 40% (n:74) and complicated appendicitis group 4% (n:65) mainly appendicular mass were treated conservatively. 46 cases treated surgically stayed lesser than 3 days as compared to only 7 cases treated conservatively.
CONCLUSION
In acute appendicitis and appendicular mass group can be treated conservatively. However, in perforated and suppurative group require surgical intervention. Surgical approach involves single prolonged direct contact (>15minutes) with patients. Conservative management avoids this problem. However, duration of stay in conservative cases is longer. Hence, the dilemma; which is a better option during this pandemic? Since surgical approach involves more medical personnel (e.g.: anesthesiology department) and the patient is subjected to various locations, conservative management still has the upper hand.

PP 14

TRAUMATIC PERFORATED APPENDICITIS. "INCIDENCE OR COINCIDENCE" AN UNREVEALED MYTH - A CASE REPORT AND LITERATURE REVIEW

Sarmukh S, Azmi H
Department of General Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUND
Acute appendicitis is a common surgical scenario. In Western population 7% are estimated to have appendicitis during their lives time. Perforated appendicitis caused by blunt abdominal trauma are very rare, less than 100 cases been reported.
CASE REPORT
We are reporting a case of a 11-year-old boy presented with suprapubic pain for duration of 4 day post alleged blunt injury (punched) by his cousin. Per abdomen tender at suprapubic region with no sign of peritonism or bruises seen. CBD showed no hematuria. We proceeded with emergency laparotomy and intraoperative noted perforated appendix with 100cc of pus at pelvic region with appendicolith. A diagnosis of traumatic perforated appendicitis was made. We would like to advocate blunt abdominal trauma has varies ethology such as i) appendiceal oedema theory, ii) increase in intra-abdominal pressure theory and iii) appendicolith dislodgement theory. It can be a dilemma in diagnosis just by depending solely on clinical presentation of patient due to the rarity.
CONCLUSION
A high index of suspicious of appendicitis should be considered in particularly pediatric patients. Delay in diagnosis of perforated appendicitis following blunt abdominal trauma can be lethal. Serial clinical examination, with judicious inclusion of laboratory and radiological investigation is recommended in children with blunt abdominal trauma.

PP 15

MANAGEMENT OF DUAL PRIMARY MALIGNANCIES: AN EXPERIENCE IN SECONDARY HOSPITAL

H F Lai, I S M Noratika, L W H Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE
To report a rare case of multiple primary malignant tumour (MPMT) in our institution.
CASE REPORT
A 70-year-old lady presented to us with bleeding per rectum and dysuria with constitutional symptoms of three-week duration. Her clinical examination were unremarkable except a mass palpable on digital rectal examination. Her colonoscopy and histopathological examination (HPE) revealed a low rectal adenocarcinoma. Staging Computed Tomography (CT) scan was performed and reported a rectal tumour and a left mid-ureteric mass with no distant metastasis. The retrograde pyelogram (RPG) and diethylenetriaminepentacetate (DTPA) scan showed a hydronephrotic and non-functioning left kidney. She underwent a short-course neoadjuvant concurrent chemoradiotherapy (CCRT) followed by laparoscopic ultra-low anterior resection, left nephro-ureterectomy and covering ileostomy. She recovered and was discharged home. The HPE reported two distinct primary rectal adenocarcinoma (T2N0M0) and urothelial carcinoma. No adjuvant therapy was required and her surveillance cystoscopy examination (CE) and colonoscopy showed no evidence of recurrence. Subsequently, closure of ileostomy was performed for her. She remains well and put under our surveillance follow-up.
DISCUSSION
MPMT is rare with incidence of 2-17% depending on institutions, countries and the organs involved. It is getting more common with improved diagnostic techniques, screening, and surveillance with growing and ageing population. The etiology, pathogenesis and prognosis of MPMT are poorly understood, posing a challenge and therapeutic dilemma until today. Multidisciplinary team (MDT) approach is mandatory for treatment of MPMT. In general, the tumour which is more aggressive or detrimental to patients' health and survival is often treated with priority. Our patient was managed similarly followed by synchronous resection of both primary tumours.
CONCLUSION
The possibility of MPMT should be considered during workup for any malignancy for early diagnosis and intervention. More studies should be conducted in future on epidemiology of MPMT for subsequent clinical trials to improve overall survival of patients.

PP 16

A RARE YET AGGRESSIVE CASE OF GOBLET CELL ADENOCARCINOMA OF THE APPENDIX: A CASE REPORT

S M Noratika, R Vimala, L W H Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE
To report a rare case of goblet cell adenocarcinoma (GCA) in our institution.
CASE REPORT
A 63-year-old lady with hypertension presented to us one-day history of right iliac fossa (RIF) pain with anorexia and fever without associated constitutional symptoms or family history of malignancy. Her clinical examination revealed a low midline scar for previous tubal ligation and tenderness at RIF region. Diagnosis of appendicitis was made and booked for surgery. Intraoperatively, perforation was seen at tip of appendix and laparoscopic appendicectomy was performed. The histopathological examination (HPE) reported GCA of the appendix with base involved. Her colonoscopy showed abnormal-looking appendiceal orifice with adjacent leukoplakia. Her staging computed tomography (CT) scan reported thickened caecum with multiple lymph nodes (LN) at mesenteric and para-aortic region with no distant metastasis. Her carcinoembryonic antigen (CEA) was 139ng/ml. She underwent open right hemicolectomy and discharged well at day six postoperatively. The final HPE reported residual GCA and extensive LN metastasis with clear surgical margins. Currently, she is on adjuvant chemotherapy and our follow-up for surveillance.
DISCUSSION
Primary appendix cancers are rare, accounting for one percent of all gastrointestinal malignancies. The clinical manifestations vary from asymptomatic to metastastic features and diagnosis are made essentially on histological ground postoperatively. In our case, she presented as appendicitis but the HPE revealed GCA with aggressive tumour biology. Rarity and poor understanding of GCA behaviour preclude therapeutic algorithms for optimal treatment. Debates often include the need of right hemicolectomy after appendicectomy as a standard of care. Decisions made were based on tumour size, grade, stage and surgical margins. Cytoreductive surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) should be considered for patient with disseminated disease.
CONCLUSION
More collaborative multicenter clinical trials should be conducted to investigate the tumour biology, novel treatment and prognosis to improve overall survivals of GCA patients.

PP 17

FOREIGN BODY REACTION MASQUERADING AS PERITONEAL METASTASIS

Mark Redden, Andrew Riddell
Redcliffe Hospital, Redcliffe, Australia

OBJECTIVES
We present an unusual case in which a foreign body reaction to plant material had the intra-operative appearance of peritoneal metastatic lesions.
METHODS
A 62-year-old male underwent a colonoscopy to investigate anaemia and positive faecal occult blood test. This identified a 4cm adenocarcinoma at the rectosigmoid junction. Staging CT chest/abdomen/pelvis, MRI pelvis, MRI liver and FDG-PET scan showed a solitary segment 8 hepatic lesion highly suspicious for metastasis. The patient was booked for laparoscopic anterior resection with a plan for subsequent chemotherapy and resection of the hepatic metastasis. The patient's medical history included Type 2 diabetes, hypertension, asthma and a sleeve gastrectomy 4years prior for obesity which was complicated by a spill of gastric contents during the procedure.
Upon laparoscopy multiple peritoneal nodules with the appearance of metastatic disease were observed throughout the abdomen. The largest measuring 2x3cm. The resection was aborted, a defunctioning colostomy was fashioned and a biopsy of a peritoneal nodule was taken.
RESULTS
The histology of the biopsy showed a foreign body giant cell and histiocytic reaction to vegetable material. No evidence of malignancy was identified. Given the benign nature of the lesions, the patient then underwent anterior resection as previously planned.
CONCLUSIONS
The peritoneal nodules likely represented a reaction to plant material spilled during sleeve gastrectomy, which had been retained within the abdomen for 4 years. Foreign body reaction should be considered as a differential in patients with peritoneal nodules who have had previous gastrointestinal perforation/leak.

PP 18

ACUTE ABDOMEN IN SITUS INVERSUS: A TWIST OF TALE

Farra Ellyana Hazni, Khoo Zi Huan, Muhamad Izwan Ismail
Department of Surgery, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

Situs inversus is described when a patient's visceral organs are located in reversed or mirrored from the normal sites. It is a rare condition seen in clinical settings, however when encountered, dilemmas may arise in view of their anatomical variants. We present a case of a young gentleman with lower quadrant abdominal pain and incidental finding of situs inversus. Discussions are made with regards to the incidence, prevalence and diagnostic approach of acute abdomen in a situs inversus patient.

PP 19

LARGE BOWEL OBSTRUCTION DUE TO GIANT FECALOMA. "THE TUNNEL IS BLOCKED"

Sarmukh S, Azmi H
Department of General Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUND
Fecaloma was first described in 1967. It is defined as a mass of hardened feces most commonly accumulated in the colon especially sigmoid or rectum. Impacted stool is commonly seen in the emergency department, however fecaloma is extremely rare form of impaction which could cause bowel obstruction. However, few case report has been described in the literature. Fecaloma are common in Hirschsprung's disease, idiopathic chronic constipation and psychiatric patients. Complications of fecaloma can be devastating as can lead to perforation, peritonitis and abscess formation.Beside that, it also can cause compression to adjacent anatomical structures and lead to bladder compression, ureteral obstruction resulting in hydronephrosis, nerve compression resulting in sciatica and deep venous thrombosis.
CASE REPORT
A 72 years old Malay gentleman presented to our district hospital casualty with generalized abdominal pain with distension for 1 week duration. Patient was unable to pass bowel opening for 1 week duration associated with vomitting 3 episodes per day. Per abdomen was distended with generalized tenderness, the bowel sound was sluggish. Biochemical investigation showed leucocytosis with Compensated metabolic acidosis and acute on chronic kidney injury. Abdominal X-ray showed dilated large bowel (7cm). Initial diagnosis of large bowel obstruction with differential of obstructed rectosigmoid cancer. We proceeded with exploratory laparotomy with on table colonoscopy with colonic decompression and evacuation of stool was performed. There were a hard fecaloma at desending colon with multiple hard stool till ceacum and multiple diverticulum at descending colon. A flatus tube was inserted. Postoperatively patient was nursed in ICU. Patient required hemodialysis and ventilatory support.
CONCLUSION
We would like to advocate the endoscopic management to removal of fecaloma is safe and can decompress the dilated bowel. Surgical exploratory is suitable to remove giant fecaloma. CT scan is importance of early detection of these patients which may prevent dreadful complications such as bowel perforation, peritonitis or abscess formation.

PP 20

RANDOMIZED CONTROLLED TRIAL COMPARING LOW AND HIGH-VOLUME POLYETHYLENE GLYCOL ON THE CLEANLINESS OF BOWEL PREPARATION

Faied Othman, Michael Pak-Kai Wong, Mohd Shahrulsalam Mohd Shah, Syed Hassan Syed Abd Aziz, Andee Dzulkarnaen Zakaria, Zaidi Zakaria
School of Medical Sciences & Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

BACKGROUND
Bowel preparation is an essential element for optimal visibility during colonoscopy. Polyethylene glycol (PEG) solution is one of the commonly used bowel cleansing agents. However, due to its large volume, it may not be tolerable to all. Our study aim is to explore the effectiveness of reduced volume PEG as bowel preparation.
OBJECTIVE
The objective of this study was to compare the cleanliness of bowel preparation using low and high-volume PEG solution.
METHODOLOGY
This randomised controlled, single-blinded (endoscopist), superiority study involved 164 patients randomised in two arms, 82 patients in the conventional high-volume (3-litres PEG) group, and 82 patients in the low-volume (2-litres PEG) group. The endoscopist was blinded from the study. The primary endpoint was the effectiveness of colon cleaning process measured objectively using the Boston Bowel Preparation Scale (BBPS) scored by the endoscopist. The scale was subgrouped into Poor (BBPS= less than 5) and Good (BBPS= more than 6) for Chi-square test analysis.
RESULTS/DISCUSSION
The high-volume group has more cases with good bowel prep (n=62) than the low-volume group (n=54). However, there was no statistically significant difference between the two intervention groups (p: 0.119). The majority (>70%) of the cases in both groups have good bowel preparation regardless of the volume of PEG. Therefore, the effectiveness of low-volume PEG is as good as the conventional high-volume PEG.
CONCLUSION
The reduced volume PEG, low-volume PEG, is as effective as the conventional high-volume PEG as bowel preparation for colonoscopy.

PP 21

COLONIC ANGIODYSPLASIA - CONFINEMENT NIGHTMARE

F Nurul Hafiez[1], Oaris I[1], Zaidi Z[1], Andee D Z[1], Syed Hassan S A[1], Faezatul A H[2], Wong M P K[1]
[1]Department of Surgery, School of Medical Sciences and Hospital Universti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
[2]Department of Pathology, School of Medical Sciences and Hospital Universti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION
Bleeding colonic angiodysplasia in a young population is rare. The prevalence of angiodysplasia in healthy asymptomatic adult aged 50 and older which was 0.8%.
We are reporting a case of a young, postpartum lady who presented to us with massive lower GI bleeding.
A fit 25-year-old lady presented with type IV hypovolemic shock due to massive lower gastrointestinal bleeding on day 15 postpartum. She was presented with fresh per rectal bleeding for 1 day. Emergency upper and lower endoscopy were performed and could not identify the source of bleeding. The patient was consented for emergency exploratory laparotomy due to hemodynamic instability. Segmental colonic clamping was performed and noted persistent pooling of blood at different segment throughout the colon. Hence, subtotal colectomy and end ileostomy were performed.
DISCUSSION
GI angiodysplasia is defined as an abnormal vascular malformation leading to fragile and thin wall vessels with risk of gastrointestinal bleeding. These lesions were usually identified via endoscopic or imaging. These lesions can be managed by either endoscopic intervention or radiological embolization. However, when this fail, will result to surgical exploration such as in this lady.
CONCLUSION
Managing colonic angiodysplasia is challenging and pronounced especially during post-partum period due to ongoing restitution of physiological state after delivery.

PP 22

A CASE OF MESENTERIC DESMOID TUMOUR ABUTTING THE SMA

Anzel Jansen van Rensburg, Jason
Queensland Health, Redcliffe Hospital, Queensland, Australia

OBJECTIVE
Primary tumours arising from the mesentery are a rare entity. Mesenteric metastases are more common. Most primary lesions are mesenchymal in origin and they are usually benign. Desmoid tumours are rare, locally aggressive, non-encapsulated tumours arising from benign proliferation of fibrous tissue. We describe a rare case of a mesenteric desmoid tumour.
METHODS
A 53yo female presented with abdominal pain, nausea, vomiting and obstipation for 24 hours. Her past medical history included sleeve gastrectomy, open appendicectomy, open cholecystectomy and dyslipidaemia. CT abdomen showed small bowel obstruction with suspected associated perforation, a soft tissue mass measuring 6.9x6.7x7.1cm present at the transition point as well as a small tissue lesion abutting the sleeve gastrectomy. The patient proceeded to a laparotomy and was found to have a mesenteric mass in close proximity to the Superior Mesenteric Artery (SMA). The decision was made to perform a CT angiogram whilst the patient was intubated to better define the anatomy to avoid damaging the SMA. CT angiogram showed the mass in close proximity and to the left of the SMA with multiple small SMA branches feeding into the mass. This information then allowed the tumour to be resected using a combination of transillumination and intraoperative doppler. The adjacent section of small bowel was also resected with end-to-end anastomosis.
RESULTS
The histology from the small bowel mesenteric mass and perigastric mass showed mesenteric desmoid fibromatosis. There was focal involvement of the mesenteric margin. Post operative imaging, including MRI abdomen and CT, showed no evidence of distant disease.
CONCLUSION
Appropriate surgical planning, either prior in the elective setting or intraoperatively in an emergency situation, is important for mesenteric tumours when in close proximity to the SMA to avoid compromise of the small bowel.

PP 23

OUTCOMES OF ACUTE INPATIENT COLONOSCOPIES AND RISK FACTORS FOR INVASIVE INTERVENTION IN PATIENTS ADMITTED WITH LOWER GASTROINTESTINAL BLEEDING

E F Philip, P Mothayapan, C W Ang
Department of Surgery, Faculty of Medicine, University Malaya Medical Centre, Kuala Lumpur, Malaysia

OBJECTIVES
Lower gastrointestinal bleeding (LGIB) is a common presentation for acute admission to the surgical unit. Although associated with significant morbidity and mortality, the risk factors of poor outcomes have not been explored adequately. This study aims to investigate the outcomes of patients undergoing acute inpatient colonoscopy for LGIB, and to identify risk factors for rebleeding requiring embolization, endoscopic, or operative intervention.
METHODS
A retrospective analysis was conducted based on data collected in the REDCAP database that comprised of patients who presented with lower GI bleeding and underwent an inpatient colonoscopy in the University Malaya Medical Centre from January 2018 to December 2018. Colonoscopies performed for occult bleeding were excluded. Data on patient demographics, clinical parameters, and clinical outcomes were tabulated.
RESULTS
A total of 133 patients who underwent acute inpatient colonoscopy for LGIB during the study period were included in our analyses. Of these, 7 (5.2%) rebled during inpatient stay, 47 (35.3%) required endoscopic intervention, 24 (18.0%) required radiological embolization, 17 (12.8%) underwent emergency surgery, and 4 (3%) died during the index hospital stay. Further analyses revealed that patients aged below 60 years old and who had lower systolic blood pressure (SBP) had a significantly higher risk of rebleeding, embolization and surgery while a lower diastolic blood pressure (DBP) was associated with an increased risk of embolization and surgery. Interestingly, a higher sodium level was significantly associated with the risk of rebleeding and endoscopic intervention. However, multivariate analysis showed that these factors were not independent predictors for adverse outcomes or requiring invasive intervention.
CONCLUSION
In patients undergoing acute colonoscopy for LGIB, factors including younger age, lower blood pressure and a higher sodium level are associated with increased risk of rebleed or requirements for invasive intervention. Therefore, patients with these factors should be monitored more closely to avoid morbidity or mortality.

PP 24

FACTORS ASSOCIATED WITH INCOMPLETE COLONOSCOPY IN SYMPTOMATIC ELDERLY PATIENTS

Arif Rukaini Sufian[1], Yusof Saina[2], Faisal Elagili[2], Edre Aidid[2], Azmi Md Noor[2]
[1]Sultan Ahmad Shah Medical Centre, Kuantan, Pahang, Malaysia
[2]International Islamic University Malaysia, Kuantan, Pahang, Malaysia

OBJECTIVES
Colonoscopy is the gold standard for the investigation of lower GI symptoms. As Life expectancy in Malaysia has increased more colonoscopies are performed among older patients with GI symptoms, scant data about their risk factors for incomplete colonoscopy. The aim of our study was to evaluate significant risk factors for incomplete colonoscopy among older patients ≥ 65 years old.
METHODOLOGY
Data for patients who underwent colonoscopy from 2018 to 2020 were reviewed. The relationship between incomplete colonoscopy and demographics, patient characteristics, and other factors was assessed using univariate and multivariate analyses.
RESULTS
108 patients (56% male patients) were recruited. The cecal intubation rate was 67%. By univariate analysis, increment increase age, poor colon preparation, cancer and diverticular were significant risk factors for incomplete colonoscopy. On multivariate analysis, the only factor associated with incomplete colonoscopy was poor bowel cleansing ($p = 0.002$).
CONCLUSION
In this study older patients were more likely to have an incomplete colonoscopy exam. The factors most strongly associated with incomplete colonoscopy was poor colon preparation. Older patients bowel preparation is target on which we should act to improve performance.

PP 25

A CASE REPORT ON THE CASE OF TRAUMATIC ANAL, RECTAL AND BLADDER INJURY POST FALL

W N Chok, H Sukiman, O David
Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Anal sphincter injury may result from obstetrical damage, surgery or trauma. In women, majority are due to obstetrical damage (84%), followed by surgery (12%) and trauma (4%). In men, majority are caused by trauma (62%) followed by surgery (38%). In most reported cases, primary repair had a success rate of 90% while delayed repair was reported to have deterioration of long term functional results.

We would like to report a case of an Orang Asli male who sustained a fall from height and penetrating injury from bamboo shards. Clinically presented with dysuria and hematuria. Further examination revealed suprapubic tenderness, with perianal jaggered wound involving anal sphincter, and lax anal tone.

Examination under anaesthesia showed bamboo shards pierced the perineal wound at 6 o'clock, posterior anal wall, anterior rectal wall into the urinary bladder. Proceeded with transrectal repair of urinary bladder, anterior rectal wall, primary repair of posterior anal wall and sphincteroplasty. Open vesicotomy also was done to remove the remaining bamboo shards. Post operatively patient recovered well, with imaging revealed rectovesical fistula which spontaneously resolved. Patient had normal anal tone during follow up, subsequently planned for stoma reversal.

Sphincteroplasty is a safe procedure to repair sphincters tears resulting from trauma, surgery or obstetric damage. In most reported cases, sphincteroplasty had high successful rate if repaired primarily. From this report, our patient is able to benefit from sphincteroplasty despite presented to us in an emergency setting.

PP 26

EPITHELIAL TO MESENCHYMAL TRANSITION (EMT) IN IDIOPATHIC COMPLEX FISTULA IN ANO. A SURGICAL - IMMUNOPATHOLOGICAL CHARACTERISTIC

Deven Aragena[1], Zairul Azwan[1], Suria Hayati[2], Ruhi Fadzlyana[3]
[1]Department of General Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
[2]Department of Pathology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
[3]Department of General Surgery, Universiti Sains Islam Malaysia, Kuala Lumpur, Malaysia

OBJECTIVES

To investigate the immunopathological characteristic of Epithelial to Mesenchymal Transition (EMT) in cryptoglandular fistula in ano.

METHODOLOGY

Fistula tract were classified into simple and complex fistula in ano based on endoanal ultrasound and magnetic resonance imaging. The surgical intervention performed by the attending surgeon based on clinical findings and deemed appropriate for the fistula. Post excision, fistula tract is fixed in 10% buffered formalin and embedded in paraffin. 3um of tissue is sectioned and immunohistochemical staining is performed using advanced immuno - staining method. Two biomarkers of EMT were evaluated: TGF - β and β - Catenin.

RESULT

Total of 53 patients were recruited: 29 simple and 24 complex fistulas with homogenous demographic data. There was a statistically significant difference in cytoplasmic staining of β Catenin in complex versus simple fistula in ano, 12 (50%) vs 4 (13.8%) $p < 0.05$. The positive cytoplasmic staining for TGF - β is higher in complex fistula, 9 (37.5%) compared to simple fistula, 8 (27.5%) however it was not statistically significant $p = 0.441$. None of the complex fistula showed nucleus positivity for β catenin except for one simple fistula.

CONCLUSION

We were able to show the expression of β - Catenin in complex fistula in ano. EMT might be the driving force behind the complexity of cryptoglandular fistula, however its true clinical value must be ascertained with further studies.

PP 27

EPIDEMIOLOGY OF COLORECTAL CANCER (CRC) IN A SECONDARY REFERRAL HOSPITAL: A 2-YEAR DATA

H F Lai, C L Ho, L W H Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE
To report the incidence and epidemiology of colorectal cancer (CRC) in Hospital Sibu as a secondary referral hospital.
METHODS
Patients with diagnosis of CRC from 1st November 2018 to 31st October 2020 were included into our data. Diagnosis of CRC was confirmed with colonoscopy, computed tomography (CT) scan and histopathological examination (HPE). Patients' demographic data and tumour characteristics were collected and analyzed using SPSS software version 26.0.
RESULTS
A total of 225 patients over the 2-year period were included in our data analysis. The mean age was 62.5±13.8. The male and female group made up of 60.9% and 39.1% respectively. Chinese was the predominant ethnic with CRC (48%), making it almost half the total of patients. Malay only made up 8.9% of the cases. Among the Dayak group, Iban was the most common ethnic with CRC (38.2%) followed by Melanau (4%) and Bidayuh (0.4%). Only one foreigner from Indonesia (0.4%) was found in our data. Most tumour were left-sided (77.3%) and mainly found at rectum (32%) and sigmoid colon (28%). Right-sided tumour made up of 18.7% of CRC and mainly found at caecum (15%) and hepatic flexure (15%). The rare cases also included 2 (0.9%) synchronous tumours, 2 (0.9%) familial adenomatous polyposis (FAP) and 5 (2.2%) tumours of the appendix.
CONCLUSION
CRC is the second most common cancer in Malaysia. The incidence and prevalence of CRC is on the rise among Malaysian population, regardless of district or city. It is mainly attributed to increasing CRC screening, public awareness campaign and education with the advent of modern medical imaging technologies. With the availability of more data as such in the future will enable a better understanding of CRC tumour biology, genetic basis of tumour, risk factors and mortality in order to improve healthcare and patients' survival.

PP 28

MALIGNANT MELANOMA OF THE SMALL BOWEL

Kumanan P, Lee C H
Department of surgery, Hospital Seri Manjung, Perak, Malaysia

Malignant melanoma is one of the most common malignancies to metastasize to the gastrointestinal (GI) tract. Metastases to the GI tract can be present at the time of primary diagnosis or decades later as the first sign of recurrence. Symptoms may include abdominal pain, dysphagia, small bowel obstruction, hematemesis and melena. Here we report case of a 76 years old lady presenting with anaemic symptoms and loss of weight and loss of appetite and palpable mass over abdomen. Computer tomography (CT) scan of abdomen and pelvic revealed a mass over jejunum which was confirmed on laparotomy and histologically diagnosed as melanoma. Extensive postoperative clinical examination did not show any cutaneous lesion. A primary small bowel melanoma is an extremely rare neoplasm and definite diagnosis can only be made after thorough investigation has been made to exclude the coexistence of a primary lesion. Curative resection of the tumor remains the treatment of choice.

PP 29

COLONOSCOPY IN THE ELDERLY SYMPTOMATIC PATIENTS: IT IS SAFE AND HIGH YIELD

Muhammad Abd Jaafar[1], Yusof Sainal[2], Faisal Elagili[2], Edre Aidid[2], Azmi Md Nor[2]
[1]Sultan Ahmad Shah Medical Centre, Kuantan, Malaysia
[2]International Islamic University Malaysia, Kuantan, Malaysia

OBJECTIVE
Colonoscopy is the gold standard for investigation of lower GI symptoms. In elderly patients, colonoscopy may have an increased risk of complications. The purpose of this study was to assess the safety and diagnostic yield of colonoscopy in patients aged 65 years and older.
METHODS
We reviewed retrospectively the endoscopic and pathologic reports for all patients aged 65 years and older who underwent colonoscopy between 2018 and 2020 in our institution. Patient characteristics, indications for examination, findings at colonoscopy, and complications were recorded and analyzed.
RESULTS
One hundred eight patients (56% male) underwent colonoscopy, mean age 72 ± 5 years. Forty-seven percentage of patients were ASA grade II. There were 35 cases (33 percent) of incomplete examinations. Adenoma detection rate was 40%, cancer detection rate was 11% and total detection rate, including adenoma and cancer was 51%. A total of two significant complications (perforation) were recorded (1.8%).
CONCLUSION
Although colonoscopy completion rates in symptomatic elderly patients are below recommended rate, it is safe and has a high diagnostic yield.

PP 30

AUTOEROTICISM AND PSYCHOSOCIAL ASPECTS OF ANORECTAL INSTRUMENTATION: DILEMMA IN THE MANAGEMENT OF A SURGICAL PICAYUNE

***M S M Ghazali*[1], *A Valan*[1], *S R Udin*[2]**
[1]Sultanah Fatimah Specialist Hospital, Muar, Johor, Malaysia
[2]Segamat Hospital, Segamat, Johor, Malaysia

INTRODUCTION

Deliberate anorectal instrumentation is not an uncommon surgical problem. The etiologies are varied however the most common cause of anorectal instrumentation is autoeroticism which is related to paraphilias (PAs) or paraphilia related disorders (PRDs). Patients in Asian countries tend to conceal the erotic intent of the instrumentation due social, cultural and religious stigma. Many a times, deliberate anorectal instrumentation follow a chronic cause therefore do not show any signs of forced penetration at presentation. In most surgical centers, these problems are managed using various methods depending on the nature of the injury, severity of injury and the surgeons' anamnesis. After initial management of the so-called surgical emergency, the underlying etiologies and psychosocial aspects are usually not dealt with leading to poor understanding and repeated instrumentation.

CASE SERIES SUMMARY

Here, we would like to present case series of men aged between 20 to 70 years old who presented in the year 2020 with deliberate anorectal instrumentation using an air blow gun, a carrot, a deodorant bottle and a flexible rubber hose. The injuries sustained can be divided into anorectal injuries, intraperitoneal injuries and retroperitoneal injuries.

DISCUSSION

We recommend management algorithm based on our experience and discuss the psychosocial aspects of this problem which evidently has not gained wide attention due to the lack of emphasis in the surgical field.

CONCLUSION

Deliberate anorectal instrumentation is indeed a surgical picayune and is frequently overlooked as compared to other surgical problems. Although this condition is often only picked up during emergency surgical presentation, it follows a chronic cause and is often related to psychiatric illnesses. Thus, management of this condition needs to involve a multimodal and multidisciplinary approach.

PP 31

GARDNER'S SYNDROME: A RARE CASE PRESENTATION OF INFECTED DESMOID TUMOR

N A A Katimon*, *M S M Ghazali*, *M H N Hana*, *B Kamalbarathi
Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia

INTRODUCTION

Gardner's syndrome is a rare manifestation of familial adenomatous polyposis which is characterized by the presence of colonic polyposis, osteomas and a multitude of soft tissue tumours.[1] In the case of desmoid tumours, the management approach would vary according to the patient's clinical presentation. Non-operative management is the most common approach in cases of painless desmoid tumors due to high post-operative recurrence (up to 80%) especially for mesenteric desmoid tumors.[2-4]

CASE PRESENTATION

We report a case of a 23-year-old female known to have familial adenomatous polyposis with previous pan-proctocolectomy and ileal-J pouch done, who came to us in septic shock and intestinal obstruction requiring an en-bloc small bowel and mesenteric tumour excision with a double barrel ileostomy. Inpatient CT scan prior surgical intervention showed multiloculated intraabdominal collections with air locules within. Histopathology examination revealed a presence of elongated slander spindle shape cell in uniform appearance with pale cytoplasm which typical features of Desmoid Tumour (DT). Post operatively, the patient recovers and will require active serial surveillance in view of high recurrence rate.

DISCUSSION

Surgical excisions are mostly done for extra-abdominal desmoid tumours. However, surgery in cases of intra-abdominal desmoid tumours are still controversial and debatable as the progression free survival rate for non-operative and operative management is comparable. In cases of intra abdominal desmoid tumour with complication such as abscess formation, intestinal obstruction and ischemia, urgent surgery is mandatory. Complete excision of the tumour (R0) in a resectable circumstance has a favorable outcome compared to an unresectable desmoid tumour.

CONCLUSION

Management of DT may depend on clinical presentation and its severity. In view of high recurrence rate, non-operative measures should be preferred. However, selected cases of desmoid tumour required invasive management due to its complexity and nature of progression.

PP 32

MONSTERS LIVING DOWN UNDER - A CASE SERIES

Khaw C Y J, Ong E C W
Department of General Surgery, Hospital Bintulu, Sarawak, Malaysia

INTRODUCTION

Giant Condyloma Acuminata, also known as Buschke-Lowenstein tumor, represent a rare form of sexually transmitted disease caused by Human Papillomavirus (HPV), arising frequently in the perianal and vulvar region as large exophytic cauliflower-like mass. The disease is usually locally destructive with potential of malignant transformation. The most common risk factor is immunosuppression from Human Immunodeficiency Virus (HIV). Treatment modalities range from topical imiquimod to cryotherapy to surgical excision by cauterization.

CASE SERIES

We report a series of five young patients with HIV, undergoing antiretroviral therapy, presenting with long standing history of perianal swelling with occasional per rectal bleed. Per rectal examination showed large cauliflower-like growth covering the entire perianal region with one extending up to the vulvar region. Three of the patients were previously treated with topical podophyllotoxin without success. All five patients eventually underwent examination under anaesthesia with wide mucosal dissection and electrosurgical excision under spinal anaesthesia. They were all discharged by day 2 post-operative, and showed no recurrence till date. Histopathological evaluation showed condylomata accuminatum for two patients, and inflamed squamous papilloma with koilocytosis for the other three. No malignancy features seen for all five patients.

DISCUSSION

Anogenital warts are the most common outcome of HPV genital infection. Warts are usually asymptomatic but some may develop into large tumour like masses leading to deterioration of patient's quality of life. Psychosocial stigmata is so profound that many of these patients present very late to the hospital. Treatment options include topical therapy, surgical excision, and immunotherapy.

Electrosurgical excision has shown to be the treatment of choice for patient with giant anogenital warts. Overall, our patients are satisfied with the outcome of the surgery aesthetically and functionality.

PP 33

UNCOMMON FISH BONE PERFORATION MASQUERADING AS APPENDICITIS: A CASE REPORT OF DUAL DIAGNOSIS

Pravin R, I B Chua, Rosdi P, L W H Lai
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE

To report a rare case of small bowel perforation secondary to fish bone (FB) ingestion with acute appendicitis at our institution.

CASE REPORT

A 56-year-old gentleman presented to us with one-day history of right iliac fossa pain and anorexia with no fever. On clinical examination, he was not septic but revealed some degree of tenderness at McBurney's point without peritonism. Other history and physical examination were unremarkable. A clinical diagnosis of appendicitis was made and patient was booked for open appendectomy. Intraoperatively, a microperforation by a FB was seen at a segment of distal ileum via Lanz incision. The perforation site was repaired primarily after removal of FB. The appendix was inflamed hence appendectomy was performed. Post-operative recovery was uneventful and he was discharged home the next day. During follow-up in clinic, he was well and the histopathological examination (HPE) of appendix reported as acute appendicitis as evidenced by presence of neutrophilic infiltration.

DISCUSSION

Even though accidental ingestion of foreign body is encountered in our clinical practice, it rarely causes gastrointestinal (GI) perforation. Most of the foreign bodies will be passed out through the GI system without the need of any surgical intervention. In this case, the microperforation was caused by the sharp edge of the FB. However, a computed tomography (CT) scan, might not be helpful in this case as compared to other cases of foreign body. That is attributed to small size of FB, absence of pneumoperitoneum or collections due to microperforation and also short duration of symptoms. Correct diagnosis wtih subsequent optimal treatment still depend on good clinical acumen.

CONCLUSION

It remains a challenge to make an accurate pre-operative diagnosis of foreign body ingestion. Nevertheless, we need to have low index of suspicion for this diagnosis as one of the differential diagnosis of an acute abdomen.

PP 34

THE "SARAWAK-WAY" OF TRANSANAL TOTAL MESORECTAL EXCISION AND INTERSPHINCTERIC RESECTION (TaTME-ISR) FOR RECTAL CANCER: A CASE SERIES

L W H Lai, C L Ho, H F Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVES
To report a case series of four patients who underwent TaTME-ISR for rectal cancer our institution in Sarawak.
METHODS
The technique of TaTME-ISR was performed by the same colorectal surgeon when sufficient distal margin for transection of rectum were not feasible via abdominal approach intraoperatively in addition to avoid a permanent colostomy. Completion of total mesocolic excision (TME) was achieved from transanal approach instead. Four cases of bulky middle and low rectal tumours in our institution was included between February 2015 and May 2017.
RESULTS
All four cases were male aged between 40 and 68. Three of them were overweight (Body Mass Index (BMI)>25) and another patient was underweight (BMI<18.5). One patient presented with per rectal bleeding while the remaining presented with altered bowel habit. Three cases were mid-rectal tumour (Stage II) and one was low-rectal tumour (Stage III). All patients underwent neoadjuvant concurrent chemoradiotherapy (CCRT) except one case with a benign lesion on preliminary histopathological examination (HPE). All cases operated were converted to open and performed under elective settings. One patient ended up with a permanent stoma while the rest had coloanal anastomosis with diversion ileostomy. Mean operating time was 237.5±73.7minutes with mean blood loss of 900±761mililitres. Two patients had superficial surgical site infection (SSI) as short-term postoperative complication. All patients recovered and were discharged well. Their final HPE revealed rectal adenocarcinoma with clear distal and circumferential (CRM) margins. Adjuvant chemotherapy was required for all four patients.
CONCLUSIONS
TaTME-ISR technique can be viewed as a salvage procedure before considering the tumour inoperable followed by palliation intent. It also serves as an option to increase the rate of sphincter-saving procedures whenever possible for better quality of life. Evaluation of long-term complication, functional and oncological outcomes of this technique is required before it can be recommended as an alternative.

PP 35

MULTIPLE PRIMARY MALIGNANCIES. A RARE CASE OF MULTIPLE COLORECTAL AND LARYNGEAL CANCERS

G Dhayalan[1,2], O David[2]
[1]Department of Surgery, Hospital Canselor Tuanku Muhriz UKM, Kuala Lumpur, Malaysia
[2]Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Multiple primary malignancy (MPM) is the occurrence of a second primary malignancy in the same patient. Warren & Gates criteria require that, each tumour present a definite picture of malignancy, histologically distinct and possibility that one is metastasis of the other be excluded. Although increasing in frequency due to an increase in the number of elderly cancer survivors, frequency of MPM is reported to be only 2-17%. Predisposing factors among others are genetic mutations, prior cancer diagnosis, alcohol abuse and infection by HPV and EBV.

Reported is a 60 year old Chinese gentleman who had a history of left hemicolectomy for a descending colon cancer in 1997, followed by a right hemicolectomy for ascending colon cancer in 2003. Despite completing his adjuvant therapy, he developed a rectal cancer in 2016. Following a course of neoadjuvant chemoradiotherapy, he underwent an abdominoperineal resection, completion colectomy and end ileostomy in 2017. The histopathology examination reported a T_2N_1 adenocarcinoma.

He was followed up in clinic well, with normal CEA count. In 2020 however, he presented again with progressive dysphagia and dysphonia for 3 months. A tracheostomy was done and biopsy of bilateral vocal cord mass from the surgery proved to be squamous cell carcinoma (SCC). He then underwent a total laryngectomy and the histopathology examination revealed a T_4N_0 SCC. He was offered adjuvant radiotherapy but he refused any further treatment and is still being followed up regularly.

Identifying the type of different synchronous/metachronous primary malignancies may awaken a special clinical vigilance for surgeons and oncologists, warranting new screening programs for patients to detect other primary malignancies at an early stage. Patients with several primary malignancies would benefit from special treatment strategies (including longer follow-up), regarding the previously administered radio-and/or chemotherapy, to avoid excessive cytotoxic harm due to the cumulative effect of adjuvant treatment for several primary malignancies.

PP 36

LAPAROSCOPIC VERSUS OPEN APPENDICECTOMY IN DISTRICT HOSPITAL - A RETROSPECTIVE STUDY ASSESSING THE POSTOPERATIVE HOSPITAL STAY AND THE RATE OF SURGICAL SITE INFECTION

M Razeen Roslan, Anwar R, Chong J S L, Subhathira M
Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan, Malaysia

INTRODUCTION
The first successful open appendicectomy, OA, was performed by Claudius Amyand in 1735. Since then, appendicectomy has been the standard treatment for appendicitis. In 1981, Kurt Semm performed the first laparoscopic appendicectomy, LA, and it has gained popularity due to lesser complication and faster recovery.
OBJECTIVES
In some parts of the world, where the resources are available, LA is being the gold standard for appendicectomy. However in Malaysian settings, especially in district hospitals, OA is still widely performed. Studies have proven that LA is superior to OA in terms of lesser surgical site infection, SSI, rate and shorter hospitalisation. The objective of our study is to compare the rate of SSI and the length of postoperative hospital stay between OA and LA in Hospital Tuanku Ampuan Najihah, HTAN.
METHODS
Data of OA and LA performed in HTAN from January 2018 till December 2019 were collected. All patients aged above 13 years old with the diagnosis of appendicitis and performed appendicectomy were included in this study. Exclusion criteria were those who underwent right hemicolectomy, pregnant patients and appendicectomy that was done involving other pathology.
RESULTS
Total of patients operated for appendicitis is 211. 151 cases were performed via Lanz's incision and 60 cases were done laparoscopically. LA has shorter postoperative hospitalisation with a mean of 1.36±0.65 days as compared to OA which is 2.12±1.82 days (P=0.008). 14 patients developed SSI post OA and none of the patients post LA had SSI (P=0.015). There is no significant difference in duration of surgery between OA and LA (OA: 91.76±31.29 minutes, LA: 100.8±56.80 minutes, P=0.883).
CONCLUSIONS
In our study, we found that LA is better in terms of shorter hospital stay and lesser SSI rate. Hence we suggest for LA to be performed widely in all hospital settings and provide the necessary resources and training for the young doctors to achieve this.

PP 37

SIGNET-RING CELL COLORECTAL CARCINOMA: A CASE SERIES

C L Ho, H F Lai, L W H Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVES
To review a case series of signet-ring cell colorectal carcinoma (SRCC) presenting locally throughout a span of five years, with a review of its atypical manner of presentation and surgical management.
METHODS
A collection of nine cases of colorectal carcinoma fulfilling the histopathological criteria of signet ring cell carcinoma were reviewed from a prospectively collected colorectal cancer database of a colorectal surgeon in two different institutions between July 2015 and December 2020.
RESULTS
The mean age of all nine cases was 55.2±13.8 and found to be predominantly male (66.7%). The majority was Iban (44.4%) followed by Chinese (22.2%), Bidayuh (22.2%) and Malay (11.1%). The presenting symptoms were reported as altered bowel habit (33.3%), hematochezia (22.2%), intestinal obstruction (22.2%), tumour perforation (11.1%) and anal pain with abscess passage (11.1%); eight amongst these cases did not have association with family history for malignancies. Most of the surgeries were done under elective setting (66.7%) as most of the patients were from American Society of Anesthesiologists Classification (ASA) II (55.6%). However, five of the patients underwent definitive surgeries (55.6%) while the remaining four only had diversion stoma performed (44.4%). Most of the tumour was located at the rectum (55.6%) with a case each originating from the sigmoid colon, ascending colon and caecum. One patient who initially presented with intestinal obstruction was found to have instead carcinomatosis peritonei. All of the cases were stage III (33.3%) and IV (66.7%) at time of diagnosis.
CONCLUSIONS
SRCC is a rare entity of colorectal carcinoma that is usually detected at the advanced stage of the disease, suggesting an aggressive tumour behaviour and characteristic or even transformation of an advanced tumour. The poor prognosis of this histologic finding warrants more thorough understanding of this disease to reduce this disease burden and improve the patients' overall survival.

PP 38

EMERGENCY LIGATION OF INTERSPHINCTERIC TRACT (EM-LIFT) AS INDEX TREATMENT FOR CRYPTOGLANDULAR ANAL FISTULA

Diana Melissa Dualim[1], Siti Mayuha Rusli[1], Michael Pak-Kai Wong[2], Ismail Sagap[1]
[1]Colorectal Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
[2]School of Medical Sciences & Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

OBJECTIVE
Our study aims to prospectively observe the postoperative outcomes of patients undergoing emergency ligation of intersphincteric fistula tract for cryptoglandular origin anal fistula.
METHODS
A prospective observational study of LIFT procedure for the treatment of anal fistula. They were equally recruited into emergency and elective arms. They were follow-up closely for six-months observing the short-term post-operative outcomes that includes the healing rate, healing time, postoperative complications, and hospital stay.
RESULTS
Twenty-two patients were recruited for this study; 11 patients underwent LIFT as an emergency procedure (EM-LIFT) while the others underwent LIFT as an elective procedure (EL-LIFT). The healing rate for EM-LIFT group was 90.9% (n=10) with a median healing time of 2 (range, 0.5-4) months while for EL-LIFT group was 100% (n=11) with a median healing time of 2 (range, 0.5-4) months. Two of the patients in the EM-LIFT group developed recurrence with a median recurrence time of 5 (range, 4-6) months while three of the patients developed recurrence in EL-LIFT group with a median recurrence time of 5 (range, 4-6) months. There were minor post-operative complications of pain and subcutaneous infection with no faecal incontinence. There was no statistically significant difference in postoperative outcome between both groups.
CONCLUSION
EM-LIFT is feasible and safe primary procedure for active cryptoglandular-type anal fistula.

PP 39

THE ENIGMA OF ASYMPTOMATIC IDIOPATHIC PNEUMOPERITONEUM: A DANGEROUS TRAP FOR GENERAL SURGEONS

M Masood Sidiqi, David Fletcher, Tasfeen Billah
Kalgoorlie Regional Hospital, Western Australia, Australia

INTRODUCTION
Idiopathic pneumoperitoneum is an extremely rare condition that can easily be misdiagnosed as an acute abdomen. Awareness of this phenomenon can help avoid unnecessary surgical intervention and the potential associated morbidities.
PRESENTATION OF CASE
A 76 year old man presented to hospital with dyspnoea and productive cough and was diagnosed with an infective exacerbation of COPD. He subsequently had a CTPA which showed a significant amount of free intraperitoneal gas in the upper abdomen. He was completely asymptomatic from this with no abdominal pain, distension, or significant rise in inflammatory markers. Of note, he had never had previous abdominal surgery or endoscopic procedures. He showed no signs of peritonism and was closely observed with serial abdominal examinations for 24 hours. He subsequently tolerated oral intake and was discharged 8 days after admission.
DISCUSSION
Spontaneous pneumoperitoneum can be due to a variety of intrathoracic, gynaecologic, intra-abdominal and iatrogenic causes. This is a rare case of asymptomatic idiopathic pneumoperitoneum where no clear aetiology or risk factors were found for his free intraperitoneal gas. To the best of our knowledge there have only been two published case reports in the English literature describing idiopathic pneumoperitoneum in a patient that was completely asymptomatic from it.
CONCLUSION
As a general surgeon it is important to be aware of the non-surgical causes of pneumoperitoneum. Knowledge of this uncommon condition may help reduce the risk of unnecessary laparotomy.

PP 40

FAMILIAL ADENOMATOUS POLYPOSIS (FAP) WITH SIGMOID COLON ADENOCARCINOMA AND CRIBRIFORM MORULAR VARIANT OF THYROID CARCINOMA. A RARE OCCURRENCE

Nur Shahirah M S, Buveinthiran B, Mohana Raj T, Raflis R A
Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

BACKGROUND
Familial adenomatous polyposis (FAP) is an autosomal dominantly inherited disorder, which results from a germ line mutation in the APC (adenomatous polyposis coli) gene. FAP is characterized by the formation of hundreds to thousands of colorectal adenomatous polyps. Although the development of colorectal cancer (CRC) stands out as the most prevalent complication, it has a spectrum of extra-intestinal manifestations including thyroid cancer which occurs in 1-2% of the affected individuals. The cribriform morular variant (CMV) is a rare subtype of papillary thyroid carcinoma (PTC) associated with FAP.
CASE PRESENTATION
We present a case of a 39 year old lady who is a beta- thalassemia carrier, with a strong family history of FAP. She was referred to us by the Gastroenterology unit following a screening colonoscopy, after being diagnosed with FAP and Sigmoid Colon Adenocarcinoma. She had a staging CT done which revealed an incidental finding of subcentimeter left thyroid nodule. Ultrasound guided biopsy of the thyroid nodule showed PTC. She underwent left hemithyroidectomy, panproctocolectomy with ileoanal pouch and defunctioning ileostomy in a single setting. Histopathological examination of the specimens was reported as a moderately differentiated sigmoid colon adenocarcinoma with CMV variant of PTC.
CONCLUSION
CRC emerge as the most characteristic manifestation of this disease. Prophylactic colectomy has improved the life expectancy of the patient, hence, the prevalence of other manifestations has increased. Additionally to the endoscopic screening and diagnostic workups that are routinely done, screening and workup of extraintestinal manifestations and malignancies for patients with pathogenic *APC* mutations should not overlooked. Screening FAP-associated tumors should be done for patient with a pathogenic *APC* mutation. Decisions for screening of CRC and other FAP-associated tumors for these patients should be carefully made on the basis of their personal and family history of adenomas and malignancy.

PP 41

VASCULAR RECTAL MALFORMATION: AN UNIQUE CASE OF A RARE PHENOMENON

Thayalan R, Ivan, Jothinathan M, Chan K K
Department of Surgery, Sultanah Aminah General Hospital, Johor Bahru, Johor, Malaysia

Vascular rectal malformation is a rare clinical condition. Main presentation of this clinical entity is fresh per-rectal bleeding. The patient should be investigated with colonoscopy and transrectal ultrasound to rule out luminal pathology; mesenteric angiography and MRI pelvis to locate the origin, drainage and extent of the lesion. There is no treatment guideline of vascular rectal malformation. Treatment is necessary if symptomatic with option of treatment being less invasive transcatheter arterial embolization to radical resection of involved bowel segment. Vascular rectal pathology, it is site with challenging access especially more in male with narrow pelvis. This case report presents a patient with back pain and incidental finding of soft tissue rectal mass which prompt further investigation. As he was young and asymptomatic, active surveillance strategy planned. Patient-tailored treatment is necessary taking into account clinical presentation, age and morbidity of intervention choice.

PP 42

EARLY OUTCOMES OF OPEN VS LAPAROSCOPIC ASSISTED ANTERIOR RESECTIONS PERFORMED BY ADVANCED COLORECTAL SURGERY SKILLS (ACrS) CERTIFIED SURGEONS, RESULTS FROM SOUTHERN MALAYSIA

Teh Jin Zhe[1], Yap Wenqi[1], Henry Tan Chor Lip[1], Tan Jih Huei[2], Low Kuan Yean[1], Bong Ye Chen[1], Normah Binti Ismail[1], Mathew Thomas[1]
[1]General Surgery Department, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia
[2]General Surgery Department, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

OBJECTIVE
ACrS is an outreach training apprenticeship that was initiated in Malaysia since 2018. The objective of this program is to impart advanced surgerical skills to general surgeons in the field of coloproctology through a series of supervised training. This study aims to investigate the early outcomes of anterior resections which were performed by ACrS certified surgeons in General Surgery Department of Hospital Sultan Ismail.
METHODS
This is a retrospective cohort study of all patients who underwent anterior resections performed by four ACrS certified surgeons in Hospital Sultan Ismail from January 2019 to December 2020. Patients were grouped into open anterior resection (OAR) and laparoscopic assisted anterior resection (LAAR). Short term and oncological outcomes were compared between both groups. Significant variables on univariate analysis were further analyzed using multivariate analysis.
RESULTS
A total of 34 patients underwent anterior resections with 19 laparoscopic assisted (LAAR) and 15 via open method (OAR). There was an equal male to female patient (52.9%:47.1%) with mean age of 64.9 years old. Comparison between the OAR and LAAR group revealed a shorter mean duration of surgery in the open group (169±72.9 vs 210±45.6 minutes; p=0.053), equal mean length of hospital stays (8.3±4.2 vs 8.2±4.7days; p=0.941), lower complications in LAAR (40% vs 26.3%; p=0.397) and lower anastomotic leak rate in LAAR group (13.3% vs 10.5%; p=0.801). Oncologic outcomes in OAR and LAAR had equal 100% clear proximal (p=0.273) and distal margins (p=0.25) with clear CRM (17.2±12.1mm vs 13.4±16.9mm; p=0.218).
CONCLUSION
Laparoscopic assisted anterior resections had comparable early post-operative and oncological outcomes compared with conventional open method. ACrS training allowed the provisions of laparoscopic colonic resections which benefitted patients as these advanced surgeries would have been usually performed in a hospital with an attached colorectal surgery unit.

PP 43

COLONIC COMPLICATIONS IN ACUTE PANCREATITIS: A RETROSPECTIVE REVIEW

***Krishanth Naidu*[1,2], *Evangeline Wong*[2], *Andrea Nicole Rodrigues*[1], *Sivakumar Gananadha*[1,2]**
[1]Department of General Surgery, Canberra Hospital, Canberra, ACT, Australia
[2]Australian National University Canberra, ACT, Australia

AIMS
Colonic complication in acute pancreatitis is rare. The aim of this study is to examine the epidemiology of acute pancreatitis and its colonic sequalae in an Australian tertiary level hospital. We also aim to identify prognostic factors in patients with colonic complications that influence a patient's survival and quality of life.
METHODS
This is a retrospective study of all patients diagnosed with acute pancreatitis from 2007 to 2019. Records were accessed from the institution's electronic medical records and discharge diagnosis codes to ensure all episodes were captured. Patients who are under 18 years of age, diagnosed with chronic pancreatitis and having an episode of pancreatitis managed ERCP were excluded. Colonic complications were defined as a large bowel sequalae within 3 months of an episode of acute pancreatitis. Acute pancreatitis was defined as per the revised Atlanta classification.
RESULTS
A total of 2780 cases were identified. 16 (0.6%) patients developed colonic complications, with a mean time to diagnosis of 10 days. The mean age was 66 years with a male predominance. The median length of stay was 25 days. Mortality rate of the cohort was 43.8%. A biliary aetiology was most common. In those with colonic sequalae, 10 (62.5%) had necrotising pancreatitis and 7 (44%) formed pseudocysts. Ischemic colitis and perforation were noted in 9 (56%) and 5 (31%) patients respectively. The transverse colon was the favoured area of compromise. Colonic complications included colonic perforation, ischaemic colitis, large bowel obstruction and pseudo-obstruction. Necrotising pancreatitis, pancreatic pseudocyst and inflammation involving the peripancreatic fat were some risk factors for developing colonic complications.
CONCLUSION
Colonic complications secondary to acute pancreatitis is rare (<1%) but associated with a high mortality. Non-specific symptoms are common, and detection happens late in the course of the disease. A high index of suspicion is important to provide timely interventions and improve patient outcomes.

PP 44

CASE REPORT: A DISTRESSED YOUNG MAN WITH RARE SKIN DISEASE - HIDRADENITIS SUPPURATIVA

Saw Shier Khee
Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION
Hidradenitis suppurativa (HS) is a rare chronic inflammatory skin disease. It is frequently misdiagnosed as a simple skin infection. In this case study, we aimed to highlight the epidemiology, clinical presentations, risk factors to increase the awareness and avoid delay in diagnosis.
CASE REPORT
A 35 years old overweight Malay man, active smoker without medical illness presented with recurrent pain and swelling over the gluteal region with pus discharge for the past two months. He was associated with fever and poor oral intake. There were two similar presentations at the age of 26 and 28. He was examined under anaesthesia, incision and drainage were done. However, he defaulted follow up. Physical examination revealed hyperpigmented skin with multiple tender nodules and fistula with pus over the perianal region. Laboratory investigations showed only leucocytosis. Other blood investigations and swab culture and sensitivity were unremarkable. Loop colostomy, wound debridement and seton insertion were done and histopathological report confirmed Hidradenitis Suppurativa. Split skin graft was done to enhance wound healing.
HS is more common in male in Malaysia which occur between 30 to 40 years old. It is reported Indian has the highest risk. The common risk factors are metabolism syndrome, genetic predisposition, obesity, and smoking. Patient usually presented with ordinary skin lesions such as papules, nodules, scars, suppurative sinus, comedones and abscesses at different body parts. Management of HS depends on the severity of the disease according to the Hurley staging system which can be divided into medical, surgical and laser treatment.
CONCLUSION
HS is a distressing chronic skin inflammatory disease that is often misdiagnosed. Early diagnosis and correct management are crucial to improve the outcome of the disease and reduce the psychological stress of patient.

PP 45

CROHN'S DISEASE AND INTESTINAL TB: AN UNREMITTING CONUNDRUM

Y P Lim, Senthil V, T L Khong
Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION
Crohn's disease (CD) and intestinal tuberculosis (ITB) are two granulomatous diseases that involve the digestive tract. To date, the challenge lies in differentiating the two as both are similar clinically, radiologically and endoscopically. We present a young lady who was diagnosed with ITB and CD at different stages of her life.

CASE REPORT
A 19-year-old lady presented with persistent abdominal pain one week post open appendicectomy for perforated appendicitis. Laparoscopic adhesiolysis and segmental bowel resection with primary anastomosis was performed for a segment of unhealthy small bowel. HPE confirms tuberculous granulomatous inflammation. She was well after completing 1 year of anti-TB. 2 years later, she had persistent lower abdominal pain for which colonoscopy shows mild acute colitis and was treated as Crohn's disease. While on Mesalazine for 6 months, she presented with fever and diarrhea. CT demonstrates an abscess collection in the right iliac fossa with fistulous communication with the small bowel and caecum. Laparoscopic right hemicolectomy and double barrel stoma was performed as the collection persist with antibiotics. HPE confirms features of chronic inflammatory bowel disease, consistent with Crohn's disease.

DISCUSSION
Differentiating ITB and CD is often challenging especially in TB endemic areas such as Malaysia. It is uncommon to be diagnosed with both ITB and CD. Although it is important to distinguish between the 2 diagnoses prior to treatment, empirical anti-TB may be necessary. Our patient responded to anti-TB, which leads us to 3 possible theories. Firstly, both ITB and CD are Paneth cell diseases; secondly, association of *Mycobacterium paratuberculosis* in the etiology of CD; thirdly, the natural history of spontaneous remission in CD, seen in 20%. Nevertheless, timely surgical intervention in complex cases does not only save the patient during an emergency, but aids in establishing the diagnosis, hence providing potential cure.

PP 46

PREVALANCE OF COLORECTAL CANCER IN FOBT POSITIVE PATIENTS. RETROSPECTIVE STUDIES

Nur Shahirah M S, Che Fateen S, Hazim K, Mohana Raj T
Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

BACKGROUD
Colorectal cancer (CRC) is the second most common cancer with an overall incidence and mortality rate of 21.3 cases and 9.8 cases per 100,000 populations respectively. CRC incidence and mortality is higher in males than females. Individuals of Chinese ethnicity have the highest incidence of CRC, followed by the Malay and Indian ethnicities. People at the age of 50 with average risk recommend to do FOBT by National Cancer Society Malaysia. Fecal occult blood testing (FOBT) is the most widely prescribed screening test for CRC because it is simple, non-invasive, and it has been demonstrated that it reduces the mortality due to CRC.

OBJECTIVES
To examine the effectiveness of FOBT in screening for colorectal cancer.

METHODS
Among 53 patients FOBT were registered in Malaysian GastroIntestinal Registry (MGIR) from 2018-2020 in Hospital Kuala Lumpur were selected. Patients findings colonoscopy reviewed and further divided into biopsied and non-biopsied then classify according to the colonoscopy findings. Then HPE taken during colonoscopy was traced. Patients with findings and normal colonoscopy was calculated as the proportion of FOBT positive patients. Further staging cancerous patients documented retrospectively.

RESULTS
The total of 54 patients shows FOBT positive among colorectal screening and surveillance of colorectal cancer from MGIR data. Colonoscopy done in these patients show 13% normal and 87% has colorectal findings. 49% from the colorectal findings are polyp and from HPE traced only 4% has cancer lesion they are male.

CONCLUSIONS
Although FOBT is aimed at detecting colorectal neoplasms, other colorectal conditions can affect the result. Correspond to data collected, FOBT suffer low sensitivity and poor specificity especially for detecting early cancerous lesion.

PP 47

INCIDENCE OF ANASTOMOTIC LEAK (AL) IN COLORECTAL CANCER SURGERY: AN EXPERIENCE IN A SECONDARY REFERRAL HOSPITAL

C L Ho, Sharon D, L W H Lai, T H Chieng
Hospital Sibu, Sarawak, Malaysia

OBJECTIVE
To review the incidence of AL in colorectal cancer surgery in our institution.
METHOD
Patients who underwent colorectal surgery for cancer from 1st November 2018 until 31st October 2020 were included in our data. Patients with end-stoma or had surgery done without anastomosis were excluded from our analysis. The surgeries were performed in presence of a colorectal surgeon in our hospital. Diagnosis of AL was confirmed by contrasted computed tomography (CT) scan if there was any clinical signs to suggest an AL postoperatively. Data were collected and analyzed using SPSS software version 26.0.
RESULTS
A total of 69 patients were included, with the mean age of 63.7±12.0 and male predominance (56.5%). Majority were Iban (44.9%), followed by Chinese (43.5%), Malay (7.2%) and Melanau (4.3%). Most of the surgeries were performed under elective setting (89.5%). The emergency cases (14.5%) were conducted for obstruction (60%), perforation (20%) and bleeding (20%). Open surgery made up 40 cases (58%). Most of the tumour were found in sigmoid (31.9%), rectum (13%) and hepatic flexure (11.6%). There were 67 cases which comprised of single anastomosis (97.1%). Majority of the anastomosis were colo-rectal anastomosis (39.1%); followed by ileo-colic (36.2%), colo-anal (15.9%), colo-colic (4.3%), and small bowel anastomosis after en-bloc resection (1.4%). One of the cases had small bowel anastomosis with colo-colic anastomosis (1.4%) while another had small bowel anastomosis with colo-rectal anastomosis (1.4%). Fourteen of the patients (20.3%) had covering ileostomy performed for cases of ultra-low anterior resection or colo-anal anastomosis. No AL were seen in all our patients.
CONCLUSION
AL remains as one of the most dreaded complications of colorectal surgery, which is not seen in our cases. AL results in increased morbidity and mortality of patients and known be a marker for surgical performance suggesting value in case-based selection and technique for primary anastomosis.

PP 48

APPENDIX MUCOCELE - A RARE BUT NOT UNCOMMON

Sinthura V, Sarmukh S, Nitin S, Azmi H
Department of General Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUND
Appendix mucocele is rare with incidence of 0.2% to 0.7% of all the appendectomied specimens. This disease is characterized by intraluminal accumulation of mucoid material which cause obstructive dilatation of the appendix. Generally there are 4 histologic types of appendiceal mucocele, which are retention cyst, mucosal hyperplasia, mucinous cystadenoma, and mucinous cystadenocarcinoma. Ultrasonography is the primary diagnostic tool for the assessment of appendiceal lesion. However, histopathology is needed for definitive diagnosis.
CASE REPORT
We report a 61 years old gentleman, who presented with 1 year history of right iliac fossa pain. USG and CT suggestive of appendiceal mass to rule out malignancy inview of CEA was raised. This patient underwent a diagnostic laparososcopy with appendectomy. Intraoperative findings were huge cystic mass of the appendix measuring in 9cm x 3cm x 3cm in dimension and 4cm away from the base. Base and cecum was healthy. Appendicectomy was performed and the specimen was removed carefully via the umbilical port with open technique. In general, conventional surgery is preferred to laparoscopic approach as the latter increases the risk of rupture. Appendectomy is preferred in each case of benign appendiceal mucocele with negative margins of resection without perforation. In case of evidence of appendix perforation or positive margins of excision, cytology or appendiceal lymph nodes, right hemicolectomy and cytoreductive surgery (CRS) combined with heated intra-peritoneal chemotherapy (HIC) is recomended. Early post-operative intra-peritoneal chemotherapy (EPIC) should also be considered in this group of patient.
CONCLUSION
We advocate that laparoscopic appendectomy alone is safe and feasible for huge appendiceal mucocele provided that the base is not involved. However, it is extremely crucial for careful handling of specimen when laparoscopic surgery is used as spillage of the contents can lead to catastrophic pseudomyxoma peritonei.

PP 49

CASE SERIES OF SMALL BOWEL AND LARGE BOWEL VOLVULUS- A DISTRICT HOSPITAL EXPERIENCE

Sinthura V, Sarmukh S, Azmi H
Department of General Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUND
Volvulus causes bowel obstruction and occurs when a loop of intestine twists around itself and the mesentery that supplies it. In adults, the sigmoid colon is the most commonly affected part and followed by the cecum where else the small intestine is more commonly involved in children. Only 1% of small bowel obstruction are caused by volvulus and divided into primary and secondary causes. Primary small bowel volvulus is volvulus with no pre-existing anatomical abnormalities; whereas, secondary small bowel volvulus occurs as a result of anatomical pathologies.
CASE SERIES
We report cases of small bowel and large bowel volvulus from the year of 2017 to 2020 in our center who underwent surgical intervension. This case series involved 6 patients between the age group of 3 years old to 69 years old with majority of the cases (5 cases) involving small bowel volvulus and 1 case of large bowel which is rectosigmoid volvulus. In the cases of small bowel volvulus, secondary causes of small bowel volvulus which is adhesion remain the main cause of small bowel volvulus. Out of 5 cases of small bowel volvulus, 4 patients underwent only laparotomy with release of adhesion band and adhesiolysis without bowel resection and stoma creation whereas one patient underwent laparotomy with adhesiolysis with small bowel resection and ileostomy creation. Patient with rectosigmoid volvulus underwent laparotomy and colostomy creation. For small bowel volvulus the general management consists of surgical exploration as well as supportive management. For large bowel volvulus, some conservative measures can be applied to relieve the symptoms caused by volvulus but regardless of the location, surgical resection is the most definitive approach in treating this condition.
CONCLUSION
We advocate that surgery remain the mainstay of treatment for the management of small and large bowel volvulus.

PP 50

ACUTE BOWEL ISCHEAMIA (ABI), THE RELATION OF PRE-OPERATIVE LACTATE AND LEUCOCYTE COUNT WITH THE EXTEND OF BOWEL RESECTION - A SINGLE CENTRE RETROSPECTIVE OBSERVATIONAL STUDY

Shafeez S K, Fareth A, Sarmukh S, Azmi H
General Surgery Department, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

BACKGROUD
ABI is a life threatening condition that is often difficult to diagnose in early stages. Delay in diagnosing results in transmural bowel ischemia thus leading to extensive resection and poor prognosis. The quest for an ideal biochemical marker for ABI is still ongoing nevertheless lactate and leucocyte levels are indicators that may help clinicians in suspecting ABI in district hospitals.
OBJECTIVE
To look the association of pre-operative lactate and leucocyte count with the extend of bowel involvement and resection in our centre.
METHODOLOGY
Retrospective observational study involving 41 cases of ABI from year 2017 to 2020. Pre-operative lactate and leucocyte levels were analysed and compared in relation to the site of bowel ischemia and the extend of bowel resection.The site and extent of bowel resected were divided into four groups i) small bowel less than 50cm, ii) small bowel more than 50cm, iii) large bowel and iv) extensive bowel resection. Data was analyzed using SPSS-24 software.
RESULTS
We found that patient that presents to us with ABI presents with lactate levels ranging from 0.9-10.3 (mean ± SD: 3.03±2.08) and leucocyte levels ranging from 3-31 (mean ± SD: 12.8±5.95). Lactate levels in group 2 (>1-4) and group 3 (>4) showed an extensive bowel resection (>50cm) 44 % (n: 18) and 22% (n: 9) respectively with insignificant (p=0.176). Meanwhile, in leucocyte count, leucocytosis group showed 68 % (n: 28) requiring extensive bowel resection with a significant (p=0.054).
CONCLUSION
With this small sample size we found that there is no linear relation of pre-operative lactate level in determining the length of bowel resected however pre operative leucocytosis is a statistically significant predictor.