0742: PRELIMINARY RESULTS WITH TRANSANAL HEMORRHOIDAL DEARTERIALISATION (THD) AT DISTRICT GENERAL HOSPITAL

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Introduction: Advances in haemorrhoid treatment reflect our increased knowledge of their blood supply. We introduced THD at our DGH following NICE guidance in 2010. THD uses a Doppler-guided proctoscope to locate, and ligate, the terminal branches of the haemorrhoidal arteries. We are presenting our preliminary results.

Methods: The audit was performed retrospectively using a standardised pro-forma and patient questionnaire. All patients (83 in total) undergoing THD between March 2010 and July 2011 were included.

Results: All 83 patients were completed as a day-case. The average age at surgery was 53 years with a male preponderance (58%). Preoperatively, 96% had 2nd or 3rd degree haemorrhoids. 95% had undergone previous treatments, including rubber-band ligation (86%), haemorrhoidectomy (6%) and stapled haemorrhoidectomy (2.5%). Haemorrhoidopexy was performed at time of THD in 43% of patients and 4% had an additional procedure below the dentate line.

92% of patients were asymptomatic when reassessed 6-12 weeks post-operatively. Significant post-operative pain was reported in 4% 3/85 (4%) reported continued rectal bleeding, with 2 patients subsequently requiring ‘traditional’ haemorrhoidectomy.

Conclusions: THD is a suitable alternative treatment for 2nd- and 3rd-degree haemorrhoids. Although long-term results are not yet available, patients remained asymptomatic at follow-up with minimal symptoms post-operatively.

0756 WINNER OF DIUKES’ CLUB/ACPGRI PRIZE: FACTORS ASSOCIATED WITH THE DEVELOPMENT OF THE UNHEALED PERINEUM FOLLOWING SURGERY

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Aim: To establish patient and procedural factors associated with the development of the unhealed perineum in patients undergoing proctectomy or excision of il eo- anal pouch.

Method: A review of casenotes was carried out for all procedures performed between 1997 and 2009. All patients underwent at least 12m of follow-up. Univariable and multivariable analyses were performed in 16 parameters. For those patients who developed an unhealed perineum, a Cox regression analysis was performed to establish healing over a 12 month period.

Results: 200 patients were included in this study. 6 patients had unknown wound status and were excluded. 86 (44.3%) patients had a fully healed perineum at the outset. 63 (58.3%) patients who had an unhealed perineum healed within a 12 month period. A comparison of patients with intact perineum versus those with unhealed perineum shows existing perineal sepsis was associated with lack of healing OR 4.32 95% CI 2.16-8.62 P<0.001.

In patients who had an unhealed perineum, perineal sepsis and surgical treatment were both significantly associated with time to healing (HR 0.54 CI 0.31-0.93 P= 0.03 and HR 0.42 CI 0.21-0.84 P= 0.01).

Conclusion: Control of perineal sepsis pre-operatively may improve healing of the perineum following surgery.

0800: AUDIT: ROUTINE TESTING OF POST OPERATIVE LIVER FUNCTION AFTER ELECTIVE COLORECTAL SURGERY: IS IT NECESSARY?

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Aim: Liver function tests (LFTs) taken after elective surgery frequently show abnormalities, usually returning to normal without further intervention. The aim of this study was to determine whether LFTs are routinely necessary in the post-operative phase of elective colorectal surgery.

Method: A retrospective analysis of all patients undergoing elective colorectal surgery during a 6 month period was performed. Pathology database was used to check LFTs for the first 3 days post-operatively to assess any abnormalities. In those patients with abnormal results, case notes were reviewed to determine whether any change in management was indicated.

Results: 95/104 (91.3%) patients had LFTs performed on day 1, which fell to 56/104 (53.8%) by day 3 post-op. 27 patients (25.9%) developed abnormal LFTs and only 5/104 (4.8%) had persistently abnormal LFTs on third post-operative day. 6/27 patients who developed post-operative abnormal LFTs subsequently had imaging and no statistically significant difference were found between laparoscopic and open procedures.

Conclusions: Abnormal LFTs in the first 3 days following elective colorectal surgery is not unusual, but does not normally necessitate further clinical intervention. We suggest LFTs should only be taken if there is a clinical indication, which would have cost saving implications.

0816: FUNCTIONAL RESULTS OF ANTERGRADE COLONIC ENEMA COMPARING THE PERCUTANEOUS ENDOSCOPIC CAECOSTOMY PROCEDURE (PEC) WITH THE STANDARD MALONE PROCEDURE (MACE)

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Introduction: Recent evidence has shown favourable outcomes with the use of both PEC and the MACE for the management of chronic constipation. We report our results on the use of PEC and MACE in those adult patients with chronic constipation who had failed conservative management.

Method: Patient information, including diagnosis, Cleveland constipation questionnaire scores pre procedure and date and type of procedure performed were obtained from the case notes. Patients were contacted by telephone post procedure and asked to complete the Cleveland constipation questionnaire and were asked questions related to quality of life.

Results: 14 patients underwent either PEC or MACE procedures between 2000 and 2009. 9 patients underwent MACE while the remaining patients had PEC. The mean modified Cleveland score pre/post procedure was 16.3/5.6 for MACE and 15.6/5.0 for PEC respectively. 93% of patients expressed satisfaction following either their PEC or MACE procedure.

Conclusion: Results showed improvement in functional results as well as patient satisfaction for both the PEC and MACE procedures. PEC is a less invasive procedure and has shown to have as favourable an outcome as the accepted MACE procedure, and should therefore be considered an alternative to MACE in carefully selected individuals.

0822: LYMPH NODE HARVEST FOR COLORECTAL CANCER COMPARING LAPAROSCOPIC AND OPEN SURGERY

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Aims: Lymph node harvest is an important component of staging for colorectal cancer in order to decide on the requirement for adjuvant chemotherapy and to predict survival. The aims of our study were to investigate lymph node harvest comparing laparoscopic and open surgery for colorectal cancer resections.

Methods: Data was obtained from all consecutive patients who underwent a segmental surgical resection for colorectal adenocarcinoma over a three year period. Resections were classed as either right sided, left sided or rectal.

Results: Between Oct 2008 to Oct 2011, 561 patients presented with colorectal cancer, with 358 patients undergoing segmental bowel resection. 129 underwent right sided resections (77 open/ 52 laparoscopic), 100 underwent left sided resections (61 open/ 39 laparoscopic) and 127 underwent rectal resections (45 open/ 82 laparoscopic). The median lymph node harvest in right sided resections was 12 for open and 12 for laparoscopic (p=0.4236). The median lymph node harvest in left sided resections was 12 for open and 13 for laparoscopic (p=0.5886). The median lymph node harvest in rectal resections was 14 for open and 12 for laparoscopic (p=0.1655).

Conclusion: There was no statistically significant difference seen in lymph node harvest between open and laparoscopic surgery for colorectal cancer resections.

0829: DIAGNOSTIC YIELD AND SAFETY OF COLONOSCOPY IN OCTOGENARIANS IN A DISTRICT GENERAL HOSPITAL

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ABSTRACTS

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Objectives: According to the British Society of Gastroenterology (BSG) guidelines, colonoscopy in elderly patients is less likely to be successful and is not without risks. We aimed to analyse the yield of colonoscopy, the completion rate and the complications in octogenarians.

Methods: All patients who underwent colonoscopy from November 2008 to November 2011 in a District General Hospital were included. Data was extracted from a prospectively collected endoscopy database. Data related to endoscopy findings, histology, completion rate and complications encountered was collected and analysed.

Results: 986 patients underwent 1030 colonoscopies in the 3 year period. Average age of the cohort was 84 (81-97) years and female to male ratio was 1.23 (570:460). Three hundred and nine (30 %) were reported normal. Significant pathology was identified in 34.3 % including malignancy 7.2 % (75/1030), polyps 23.2 % (260/1030), and inflammatory bowel disease 1.9 % (20/1030). Diarrhoea was the most prevalent benign pathology encountered (45.6 %). The completion rate was 85%. There were 39 complications.

Conclusion: Our results demonstrate that colonoscopy amongst octogenarians has a high diagnostic yield and a relatively low complication rate. This procedure could be offered to octogenarian safely, depending on relative cancer risk and co-morbidity.

0837: MANAGING ACUTE DIVERTICULITIS - A CRITERION BENCH MARK IS ESSENTIAL

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Background: Acute diverticulitis (AD) is a common diagnosis in patients admitted as an emergency. Although it may be a clinical diagnosis this can be supported by radiological investigations and occasionally endoscopy. After diagnosis patients are usually treated conservatively and intervention only occurs in those who develop complications (e.g. abscess formation). Following the acute admission patients can be investigated either to confirm diverticular disease or to rule out other pathologies.

Aim: To review the current pattern of management in a district general hospital.

Methods: Patients admitted with AD over last two years were included. The cohort was assessed for demographics, symptoms, diagnostic studies, treatment, outcome and follow up.

Results: A total of 275 patients had an index diagnosis of AD. The median age was 73 (27-99) years, hospital stay was 5 (0-89) days including critical care admissions of (8.4%). Early diagnosis was aided by Computerised tomography (38.8%), ultrasonography (15 %), Endoscopy (24.2 %). 39.6% of patients were subsequently seen in a clinic, 70% had follow up investigations.

Conclusions: Our series revealed variable usage of diagnostic imaging tests which was mainly consultant driven and no standard pattern in the way in which patients were followed up. An algorithm to standardise practice would be helpful in reducing unnecessary investigations and clinic appointments.

0879: CT IS BETTER THAN COLONOSCOPY FOR ANATOMICAL LOCALISATION OF COLONIC TUMOURS

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Aims: Traditionally patients undergo a colonoscopy to identify a malignancy and gain histological samples. Recently with laparoscopic surgery the need for localisation is necessary, thus intra-operative discrepancies may still arise. CT scanning stages the disease but may also provide accurate anatomical localisation of the colorectal tumour. Our aim was to compare colonoscopy and CT in terms of localisation of tumours.

Methods: A retrospective review over a one year period, of all patients with colorectal cancer, in a large district general hospital was undertaken. Colonoscopic and radiological tumour localisation were compared with histopathological assessment.

Results: 103 consecutive patients were included. On histological assessment tumour localisation was as follows: 61 right sided tumours (caecum/ascending colon), 13 lesions between hepatic flexure and splenic flexure and 29 tumours in the descending or sigmoid colon. Colonoscopy accurately identified the tumour location in 58% (60/103) of patients. CT localised the lesion accurately in 86% (89/103). This was statistically significant (p = 0.0001 using chi-squared).

The mean size of tumours accurately localised by CT was 50mm. The mean size of tumours not accurately localised was 37mm (p = 0.03 using t-test).

Conclusions: CT is more accurate than colonoscopy for anatomical localisation of tumours. CT localisation is better for larger tumours.

0883: SURGICAL OUTCOMES FOLLOWING BOWEL CANCER SURGERY IN THE VERY ELDERLY


Aim: The aim of this study was to assess surgical outcome in patients above the age of 85 who underwent curative surgery for bowel cancer.

Method: This was an observational study that described surgical outcomes, in a consecutive series of patients diagnosed with bowel cancer above the age of 85 between January 2008 and December 2010 at our hospital.

Results: There were 96 patients with bowel cancer over this period of time. Their median age was 87 years (Range 85 - 100 years) patients underwent curative surgery and 49 were palliated. The 30 day mortality for patients undergoing curative surgery was 12.8% (6 deaths). The median survival for those undergoing curative surgery was 19.29 months and for those that were palliated was 6.86 months. In contrast, patients under the age of 85 years undergoing curative surgery had a median survival of 39.44 months.

Conclusion: Very elderly patients undergoing curative elective surgery for bowel cancer, have a greater post-operative mortality and lower overall survival than younger patients. Despite this, survival in this carefully selected cohort of patients is fair, and confirms that curative bowel surgery in the very elderly can result in acceptable outcomes.

0887: RIGHT ILLIAC FOSSA PAIN IN FEMALES UNDER THIRTY: THE ROLE OF ULTRASOUND SCANNING

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Aim: To evaluate the use of ultrasound (US) scanning for right iliac fossa pain in females under thirty.

Method: A retrospective analysis was performed, identifying females admitted to the surgical assessment unit with acute onset right iliac fossa pain. Clinical findings, investigations conducted and clinical outcome were evaluated.

Results: 50 females were included. 27 patients (54%) had abdominal US: 52% were normal, 11% were inconclusive and 37% identified right-sided gynaecological pathology. Ten patients (20%) underwent laparoscopy with 90% of this group undergoing laparoscopic appendicectomy: 30% had US pre-operatively. Laparoscopic and US findings correlated well: 100% of patients with a normal US had normal laparoscopy findings. Of the patients that proceeded to laparoscopy without any prior imaging, three (43%) were found to have tubo-ovarian pathology intra-operatively. Four patients (8%) underwent open appendicectomy; 75% had a pre-operative US (100% were normal or inconclusive). 74% of patients were managed conservatively; no intervention was required in the majority (46%). 14% were referred to gynaecology and 14% had outpatient investigation.

Conclusion: The majority of women with right iliac fossa pain did not have appendicitis. Evidence from this study shows US to be a useful tool in demonstrating alternative pathology as a potential cause of symptoms.

0891: BOWEL CANCER SCREENING - HAS IT MADE AN IMPACT?

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Introduction: The National Bowel Cancer Screening Programme (BCSP) was introduced in 2006 with the aim of reducing colorectal cancer (CRC) mortality.

Aim: To determine whether there had been a reduction in CRC emergency presentations and staging at presentation since BCSP was introduced. Secondary end-points included symptom duration and tumour site.

Methods: Prospective computerised database (Chester Colorectal Database, Meditech, Medisc, PACS) comparing patients diagnosed with CRC