0085: PATIENT REPORTED OUTCOMES AT MORE THAN ONE YEAR FOLLOWING RECTOPEXY FOR RECTAL PROLAPSE
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Introduction: Oxford Pelvic Floor Group performs rectopexies for the management of rectal prolapse. Surgery is known to correct anatomy but there are varied reports from the view of patients’ symptoms. We aimed to identify whether the symptoms reported by patients were improved following surgery.

Methods: 105 patients who underwent rectopexy operations were sent a postal questionnaire asking them to retrospectively rate their symptoms (obstructed defecation, faecal incontinence and pelvic pain) out of 10 both pre-surgery and at least 1 year following surgery. They were also asked to rank quality of life before and after surgery out of 10, whether they were satisfied with the outcomes, and if they would recommend the procedure to a friend in a similar situation.

Results: There were 71 returned questionnaires (68%). Pelvic pain score showed the greatest absolute decrease with a mean decrease of 2.24 points, as well as improved faecal incontinence score. These results translated into an increase in quality of life rating of 2.79. Following this, 63% were satisfied and 73% would recommend the procedure to a friend.

Conclusions: These results indicate that rectopexy is can improve patients’ experienced symptoms of rectal prolapse, particularly pelvic pain, as well as achieving an anatomically satisfactory outcome.

0140: IS THERE A NEED FOR A NATIONAL COLONIC STENT REGISTER?
OUTCOMES OF COLONIC STENTING IN A DISTRICT GENERAL HOSPITAL
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Introduction: Patients with obstruction secondary to malignancy may benefit from decompensative colonic stenting- either as a bridge to surgery or for palliation of symptoms in those who are not surgical candidates. The aims were to evaluate the safety, success and outcomes of stenting in a district general hospital.

Methods: All patients undergoing stenting from January 2002 to June 2013 were included. Information regarding demographics, indication for stenting, technical success and outcomes (symptom relief, mortality and morbidity) was collected from patient notes.

Results: Stenting was attempted in 30 patients with one for bridge to surgery and the remainder for palliation. Average age was 78.3 (range: 58-100) years. Technical success was obtained in 83% and 11 were done as emergencies. 30-day mortality in stented patients was 24% (6/25). Complications included two perforations and two cases of stent migration. Symptom relief was clearly documented in 32% (8/25).

Conclusions: The majority of stenting was done for palliation of symptoms, offering good symptomatic relief in a significant proportion of patients not suitable for surgery. Although the procedural success rate was high, it is difficult to evaluate outcomes given the lack of formal follow-up. A national stenting register would allow more detailed analysis of results.

0152: DEVELOPMENT OF A MAJOR PELVIC BLEEDING TOOLKIT FOR USE DURING RECTAL SURGERY
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Introduction: Major pelvic bleeding during rectal surgery can be a devastating event. Due to its rarity, the surgical team can be poorly prepared and ill-equipped. The aim of the study was to review the literature describing pelvic bleeding haemostasis techniques, and subsequently develop a major pelvic bleeding toolkit.

Methods: A literature search of electronic databases was performed, including Embase and MEDLINE (1950 – 2013). Studies describing techniques for controlling pelvic bleeding were included.

Results: The articles identified were case reports or case series. The use of electrocoagulation or suture ligation was controversial, with some reports suggesting exacerbation of bleeding. Other haemostatic techniques included oclcluder pins, muscle welding, bone wax, and synthetic topical haemostatic agents. If these failed, pelvic packing was utilised with sponges, balloon tamponade or haemostatic-impregnated gauze. A pelvic bleeding toolkit was then developed. This included a checklist alongside a designated shelf in theatre to accommodate the haemostatic equipment.

Conclusions: This review has demonstrated that a variety of haemostatic techniques exist for major pelvic bleeding during rectal surgery. The pelvic bleeding toolkit provides a checklist to allow an organised response for the surgeon, anaesthetist, and theatre staff. It also ensures the required haemostatic agents are readily available in theatre.

0219: SYSTEMATIC REVIEW AND META-ANALYSIS COMPARING STAPLED VERSUS HAND-SEWN ANASTOMOSES FOLLOWING EMERGENCY BOWEL RESECTION

Introduction: The safety of stapled gastrointestinal anastomoses in emergency situations remains controversial. The aim of this meta-analysis was to compare outcomes of stapled versus hand-sewn anastomosis following emergency bowel resection.

Methods: A systematic literature search was performed in September 2013. The primary endpoint was anastomotic failure, which was a composite measure of leak, abscess and fistula. Odds ratio (OR) and weighted mean difference (WMD) were calculated using meta-analytical techniques.

Results: The final analysis included seven studies of 1120 patients, with a total of 1261 anastomoses. Five studies were retrospective, one prospective and one a randomised trial. All studies were deemed to be at high risk of bias. Stapled anastomoses were associated with significantly greater odds of anastomotic failure in a fixed effect model (OR 1.61, p=0.010), but only a borderline effect in a random effects model (OR 1.53, p=0.070). They were also associated with significantly shorter length of stay (WMD = 1.26 days, p<0.001). There were no differences in the individual rate of anastomotic leak, abscess formation, fistulae or post-operative death.

Conclusions: Current evidence is inadequate to determine the safety of stapled versus sutured anastomoses in emergency settings, and so caution is recommended. Evidence from robust randomised trials is needed.

0251: DOES THE TWO-WEEK REFERRAL PATHWAY FOR SUSPECTED COLORECTAL CANCER ALTER MANAGEMENT IN PATIENTS OVER THE AGE OF 80? A STUDY OF 354 PATIENTS

Introduction: The two-week referral pathway for colorectal cancer has a reported diagnostic cancer pick-up rate of 3 – 14%. The aim of this study was to investigate the diagnostic pick-up rate of colorectal cancer and outcomes in patients over 80 presenting to the rapid access clinic.

Methods: From 1st March 2012 to 30th August 2012, data was collected on consecutive patients over 80 years old referred via the two-week referral pathway for suspected colorectal cancer.

Results: 354 patients were included. 244/354 (70%) were discharged after investigations revealed no pathology or a benign pathology: 58/354 (16%) patients were discharged without any investigations after the first consultation. None of these patients represented within the 1st year. 40/354 (11%) patients were diagnosed with colorectal cancer. 17/40 (43%) patients underwent resection, of which 4 patients died postoperatively. The remaining 23 had palliative treatment.

Conclusions: The study shows the pick-up rate for colorectal cancer in this age group is in keeping with published reports at 11%. Cancer resection rate was low at only 5%. The mortality was high with a quarter of patients not surviving surgery. We recommend the design of a referral system that takes in to account patients’ fitness for surgery prior to referral for exclusion of colorectal cancer.

0406: DOES ROUTINE REMOVAL OF MACROSCOPICALLY NORMAL LOOKING APPENDIX ENHANCE OCCULT CARCINOID DETECTION?

Introduction: There is currently no consensus on how to deal with macroscopically normal looking appendix identified during diagnostic laparoscopy for acute abdomen. The clinical significance of routine
results of compression versus hand-sewn and stapled colorectal anastomoses were included and pooled odds ratios (OR) were calculated. The percentage of macroscopically normal looking specimens removed with incidental finding of carcinoid tumours was analysed.

Results
A total of 4312 appendectomies were performed during 2000 – 2010. Of these, incidental carcinoids were detected in 18 specimens. 4 (22%) of these appendices were macroscopically normal during the procedure with occult carcinoid detected on histological analysis.

Conclusions
A significant proportion of appendicular carcinoids were detected in macroscopically normal looking appendices. Routine excision of such appendices would enhance the detection of occult tumours, which have a favourable prognosis if detected well in time. We recommend routine removal of appendix if no obvious cause for the symptoms was found at laparoscopy for acute abdomen.

0490: THE SEARCH FOR AN IDEAL METHOD OF COLORECTAL ANASTOMOSIS: A META-ANALYSIS

Introduction: Anastomotic leakage remains a significant problem following colorectal resections. Alternatives to traditional hand-sewn and stapled anastomosis techniques are being sought and there has been a resurgence of interest in sutureless compression devices. This study aimed to determine whether there was a difference in anastomotic leak rates in patients undergoing compression, hand-sewn or stapled anastomoses.

Methods: Articles were searched for in MEDLINE, Embase and the Cochrane Library. Randomised Controlled Trials (RCTs) comparing outcomes of compression versus hand-sewn and stapled colorectal anastomosis were included and pooled odds ratios (OR) were calculated. The quality of the RCTs and potential risk of bias were assessed using the Cochrane risk of bias tool.

Results: Nine RCTs were included in the analysis, comprising a total of 1969 patients (752 hand-sewn, 225 stapled and 992 compression anastomoses). Six trials compared compression with hand-sewn anastomosis; no significant differences in anastomatic leak rates were detected (OR 0.93, 95% confidence interval (c.i.) 0.4 to 1.71; P = 0.61). Four trials compared compression with stapled anastomosis; the incidence of anastomotic leakage was similar (OR 0.57, 95% c.i. 0.26-1.21, P = 0.14).

Conclusions: Based on current evidence, compression anastomosis offers no significant benefit in reducing anastomotic leakage rates compared to hand-sewn and stapled techniques.

0498: INCISIONAL HERNIA RATES IN LAPAROSCOPIC AND OPEN COLORECTAL MALIGNANCY RESECTIONS AT A FOUNDATION TRUST IN NORTH WEST REGION
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Introduction: Incisional hernia rates vary nationally but have not recently been audited at the Trust. We compare practice with national standard.

Methods: Colorectal cancer database identified patients undergoing laparoscopic and open colorectal malignancy resection between 2010-2012. Retrospective review of follow up and imaging was recorded on a spreadsheet. Review of current literature established the standard- CLASICC Trial 2010 (Medical Research Council’s Conventional vs Laparoscopic Assisted Surgery in Colorectal Cancer: Incisional hernia rates should be < or + 5% in laparoscopic and < or ~9.5% in open cases. Statistical analysis was performed using Chi² test.

Results: 169 (84%) elective and 33 (16%) emergency patients were included. 146 cases were open and 35 laparoscopic with the remainder lap-assisted/converted. Incisional hernia rates in elective patients were higher (18.9%), compared with 15% in emergency patients but not statistically significant (p = 0.607). Comparing laparoscopic and open patients completely, 6 (18%) of laparoscopic cases, and 29 (19.8%) of open cases developed incisional hernias but this difference was not statistically significant (p = 0.714).

Conclusions: Our incisional hernia rates are double the gold standard. Incisional hernia development is multi-factorial but we need to improve our rates to mirror those elsewhere. Changes will be implemented to improve practice.

0509: EFFECT OF LOCAL ANESTHESIA ON ANORECTAL MANOMETRY IN PATIENTS WITH CHRONIC ANAL FISSURE
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Introduction: To study the different manometric data of patients with chronic anal fissure (CAF) before and after the application of local anesthetics.

Methods: 20 Patients with CAF were included. Patients associated with other specific anal pathology, previous anal surgery or any neurological disorders affecting pain perception were excluded. ARM was done before and after topical application of local anaesthetic.

Results: History of incontinence (65%, with varying degrees). In many of our studied patients raise the importance of anorectal physiology studies in simple anorectal disorders. Regarding the manometry results, there was significant decrease in resting anal pressures (p<0.01). However, anal squeeze pressures and endurance squeeze pressures were significantly higher (p<0.01). Rectal pressure during the defecation increased significantly, indicating improvement in the defecation process (p<0.01). The threshold volumes for initiation of different rectal sensations (constant sensation, first urge, maximal tolerable volume) were also significantly higher (p=0.02-0.04) Not only increasing the rectal capacity, but also improving significantly overall rectal compliance.(p= 0.02).

Conclusions: The effect of anal pain extends from just symptomatic discomfort to affect the highly integrated ano-rectum segment both in continence and defecation. This can only be explained by the high integration and interaction between the anal canal and the rectum.

0510: PATHOLOGY OF SURGICALLY RESECTED RECTAL CANCERS: FIRST LOCAL AUDIT
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Introduction: To audit the pathological reporting of the resected rectal cancers (LAR/APR) and highlighting important facts about rectal cancer.

Methods: Retrospective analysis of reports in 2011 & 2012. The lab is accredited by College of American Pathologists and score of 22-items based on their protocol is used to assess the adequacy of reporting.

Results: 59 patients were recruited (20 in 2011, 39 in 2012). 43 males, average age of 55 years (24-79), with 35.6% below 50 years. In 2011, 35% of reports were using the pro-forma while in 2012, 38.5% used it. There was highly significant difference between the average percent of items reporting in 2011 (52%) and 2012 (63%) (p=0.025). The least reported items were the peritoneum and intramural lymphocytic responses, intactness of mesorectum, presence of perforation and associated findings (<20%). Average LN retrieved after APR (9.75) and percent of satisfactory LN (>12) (41.7%) was lower than LAR (12.9 LN, 57.4%). There is no significant difference between the LN retrieved when comparing the No-neoadjuvant, chemotherapy or CRRT patients.

Conclusions: There is marked variability of pathological reporting that affects the prognosis evaluation. Application of proforma improves the reporting quality. The audit expanded to include (2009 to 2013) patients.

0518: INCLUSION OF OLDER PATIENTS IN ERAS PROGRAMME DOES NOT COMPROMISE OUTCOME
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Introduction: Enhanced recovery after surgery (ERAS) programme improves the care of elective surgical patients, there is little data assessing ERAS in older patients. This study aims to compare outcome between younger and older patients.

Methods: A prospective observational study of consecutive patients undergoing elective colorectal surgery in one unit. Data collected from 64 patients from June to October 2013. All patients were managed post operatively as per ERAS protocols. All relevant data including, post op discomfort to affect the highly integrated ano-rectum segment both in continence and defecation.