Conclusion: Intestinal injury is a significant complication of laparoscopic colorectal surgery, which can be managed laparoscopically as well as by conversion to open surgery. However, unrecognised injuries can lead to high mortality.

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0912: EVALUATION OF HAEMORRHOID ARTERY LIGATION OPERATION AND RECTO-ANAL REPAIR (HALO-RAR) ON THE TREATMENT OF HAEMORRHOIDS

E. Tam*, P. Hainsworth. Freeman Hospital, Newcastle upon Tyne, UK.

Aim: To evaluate the role of HALO-RAR on the surgical management of haemorrhoids by means of pre and post-operative questionnaires.

Method: Patients with grade 1-IV haemorrhoids suitable for surgical haemorrhoidectomy were enrolled. A standardised questionnaire was given pre and post-operatively (6 weeks and 12 months) to assess satisfaction and symptom severity. The questionnaire was used to calculate a modified Wexner score. 10-day pain diaries were given postoperatively.

Result: 53 patients were included. By day 10, 6 (15%) patients had a pain score > 4. Preoperatively, the average modified Wexner score was 2.2. At 12 months it was 1.1. After 6 weeks, 72%, 43% and 94% of patients had improvement in pain, pruritus and bleeding respectively. At 12 months, 55%, 45% and 75% had improvement in pain, pruritus and bleeding respectively. 7 patients had recurrence of haemorrhoids.

Conclusion: The majority of the patients felt the core symptoms of pain, pruritus and bleeding were treated successfully. Patients were satisfied with the overall outcome of the procedure. Most patients were discharged on the same day with a low grade of postoperative pain. HALO-RAR seems a safe treatment option with no major peri or post-operative complications. The overall short-term results showed satisfactory symptomatic benefits.

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0929: MINIMALLY INVASIVE TREATMENT OF PROLAPSING SYMPTOMATIC HAEMORRHOIDS, RESULTS OF FIRST HUNDRED CASES OF THD-MUCOPEXY

M. Sajid*, H. Abudeeb, A. Mukherjee. Hairmyres Hospital, Glasgow, UK.

Introduction: Transanal haemorrhoidal detherialisation and mucopexy is minimally invasive non-excisional surgery for symptomatic prolapsing haemorrhoids. The long-term results are not clear yet.

Aim: The aim of this study to evaluate long-term outcome of THD-mucopexy.

Method: Prospective data was collected on 100 consecutive cases of grade 3 and 4 symptomatic haemorrhoids between (03/2010 and 06/2015), had THD-mucopexy as day cases under general anaesthetic. Median follow for two years, average age of 54.4years (range 34 –79), 61% Male and 39% Female.

Result: Pre and postoperative symptoms/6 months) were compared as follow; bleeding preop 74(74%) vs postop 9(9%) (P < 0.001), prolapse 31(31%) vs postop 7(7%) (P < 0.001), perianal pain 15(15%) vs 2(2%) (P = .006), discharge 5(5%) vs 0% (P = 0.21), itching 2(2%) vs 0%(P = 0.47), anal fissure 4(4%) vs 4(4%) (P = 0.71), complication were bleeding 7%, pain 5%, urgency 1%, discharge 2% and fistula 1%. No mortality but recurrence rate was 13%.

Conclusion: THD mucopexy is safe and effective minimally invasive modality for prolapsing symptomatic haemorrhoids with acceptable complication rates and a recurrence rate of 13% majority of which could be dealt with a repeat procedure. Long term follow-up and randomised multicentre trials are warranted to compare its efficacy with that of conventional excisional surgery.

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0943: POOR PAIN CONTROL IN MAJOR GASTROINTESTINAL SURGERY


Aim: Royal College of Anaesthetists standards require that poor pain control should occur on <5% patient days. The aim of the study was to determine the incidence of poor pain control in major gastrointestinal surgery.

Method: Data was extracted from a database where pain scores are recorded at the point-of-care. Patients undergoing bowel resection, reversal of stoma or creation of stoma in 2011–15 were included. Poor pain control was defined as a pain score of 2 or 3 on a 0–3 pain scale.

Result: A total of 1481 patients were included. The initial analgesic stragetic was epidural in 692 patients, patient controlled analgesia (PCA) in 601 and oral analgesia alone in 188. Overall 44% experienced early (post-operative days 0–2) poor pain control. Epidural use versus PCA was an independent risk factor for poor pain control (OR 1.59, CI: 1.26-2.02, p < 0.001). Early poor pain control was associated with poor pain control on postoperative days 3–5 (OR 2.76, CI: 2.16–3.53, p < 0.001).

Conclusion: Poor pain control following major gastrointestinal surgery is common. This observational study cannot fully account for selection bias which may explain increased poor pain control with epidural use. Novel analgesic strategies are required to improve postoperative analgesia in gastrointestinal surgery.

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0947: TELEPHONE ASSESSMENT CLINIC (TAC): A MORE EFFICIENT WAY OF DEALING WITH TWO WEEK WAIT COLORECTAL CANCER REFERRALS


The 2 week wait (WW) referral pathway is not fit for purpose. 54% of referrals do not meet the referral criteria and nationally the pathway has low diagnostic yield of colorectal cancers (7–10%). From March to October 2015, a nurse-led Telephone Assessment Clinic was piloted as an alternative to the traditional 2WW pathway. Process and outcome measures were collected prospectively and compared to a representative sample of 2WW pathway patients from the same unit. 38.5% (n = 240) of all received 2WW referrals (n = 624) were allocated to the TAC. 88% (n = 211) were successfully managed on this pathway.

Use of TAC reduced mean time to treatment by 19 days (44 vs 63) and reduced mean time to diagnosis (62 day pathway target) by 25 days (12 vs 37). There were no 62 Day breaches in the TAC cohort compared to 3 breaches in the traditional 2WW pathway. There were 5 cancers detected in the TAC pathway (2%) vs 28% (7%) in the traditional pathway.

There will be a significant increase in numbers of patients referred via the 2WW pathway with a planned expansion of criteria. The TAC pathway provides a more efficient alternative to the traditional 2WW pathway.

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0956: READMISSION TO INDEX VERSUS NON-INDEX PROVIDER AFTER COLORECTAL RESECTION IN THE NHS

A. Bhangu*, J. Tanner, F. Evison. University of Birmingham, Birmingham, UK.

Background: This study aimed to determine whether an association existed between readmission to the same versus different provider after colorectal resection.

Method: Retrospective analysis of hospital episode statistic data from the National Health Service. Adults (18+) undergoing elective or emergency resection of colon or rectum for benign or malignant indication were included. Readmission within 30-days of the initial procedure was recorded, and 90-day mortality taken as the primary endpoint.
F. Cull, S. Dilke

AMOUNT FOR OUR CANCER OPERATIONS?

and December 2015 were included. Those with adrenal lesions on CT

the hospital where their initial operation was performed.

major colorectal surgery have higher mortality than those re-admitted to

adrenal lesions picked up on staging investigations for new colorectal

most publications being case based. We aimed to identify the incidence of

liver and lung metastases are generally present in these cases. Current

renal metastases do occur in colorectal malignancies; however extensive

Aim:

0982: ADRENAL METASTASIS FROM COLORECTAL CANCER

A. Mccavoy, N. Manu, A. Wright, P. Skaife. Aintree University Hospital Trust, Liverpool, UK.

Aim: Typically, colorectal cancers metastasise to the lung and liver. Adrenal metastases do occur in colorectal malignancies; however extensive liver and lung metastases are generally present in these cases. Current literature has identified very few cases of solitary adrenal metastasis, with most publications being case based. We aimed to identify the incidence of adrenal lesions picked up on staging investigations for new colorectal cancers at our hospital.

Method: All newly diagnosed colorectal cancers between January 2011 and December 2015 were included. Those with adrenal lesions on CT staging were identified and investigation and nature of the lesion documented.

Result: There were 1486 newly diagnosed colorectal cancers over 5 years. 31 patients had adrenal lesions identified on staging CT. 30 of these had an MRI adrenal. The breakdown of adrenal lesions was 29 adenomas, 1 pheochromocytoma and one rapidly enlarging adrenal lesion. It is unclear whether this represents primary adrenal malignancy or colorectal metastases.

Conclusion: The incidence of adrenal lesions amongst this cohort of patients is 2%. There were no confirmed adrenal metastases. Our recommendation is that investigation of an adrenal lesion in the absence of metastatic disease elsewhere should not delay the commencement of treatment of a colorectal primary.

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DO WE PAY THE RIGHT AMOUNT FOR OUR CANCER OPERATIONS?

21.6% (99,946) were readmitted at least once, 10.5% of who (10,528) were readmitted to the non-index provider. Discrepancies between clinicians and coding departments would improve validity of coding, optimising available financial resources and ensuring accurate clinical records.

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1015: ENDOSCOPIC PILONIDAL ABSCESS TREATMENT (EPAT): A NOVEL APPROACH TO MANAGE ACUTE PILONIDAL ABSCESS


Aim: Traditional incision and drainage of pilonidal abscess is associated with prolonged dressing, slow healing, significant loss of working time and often requires definitive procedure. Encouraged by our initial experience of video-assisted treatment of anal fistulas (VAAFT) and endoscopic pilonidal sinus treatment (EPISR), we decided to apply the principle, tools & technique, ideoted by Piercarlo Meinerio to treat pilonidal abscess. The rationale of this technique is the removal of all the infected area and ablation of the cavity under direct vision by an endoscopic approach.

Method: We retrospectively analysed data collected from electronic medical records of all patients who underwent Endoscopic Pilonidal Abscess Treatment (EPAT). Primary outcome were recurrence of abscess within 6 weeks’ time, operating time and need of definitive surgery.

Result: 14 patients were operated on. Median age was 23 years. Median operative time was 46 minutes. All patients were discharged within 24 hours and none of the patients required readmission within 6 weeks of EPAT. Only 28.5% patients required definitive surgery in the elective setting.

Conclusion: All patients operated with EPAT did not require further emergency surgery. Based on our results, we can recommend this technique as a superior alternative to traditional approach of incision and drainage.

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1009: A NEW ALGORITHM FOR THE EFFECTIVE MANAGEMENT OF CHRONIC ANAL FISSURES

Z. Zafrani, T. Barnes, A. Abdelrazeq. Warrington and Halton NHS trust, Warrington, UK.

Aim: To investigate the effectiveness of Fissurectomy and high dose Botulinum Toxin A (BTA) +/- repeat BTA in treating Chronic Anal Fissures (CAF) and avoiding a Partial Lateral Internal Sphincterotomy (PLIS). Method: All patients treated with fissurectomy and BTA (100 units) for CAF between September 2008 and March 2012, under the care of a single surgeon, were prospectively evaluated. The outcome measures were: symptomatic relief; fissure healing; postoperative complication; recurrence; and the need for further surgical intervention.

Result: 102 patients were evaluated. Mean follow-up time was 33 months. After receiving the treatment as per the algorithm above, Ninety-seven patients (95%) reported complete resolution of symptoms. Ninety five patients (93%) reported no postoperative complications. Seven reported a degree of incontinence to flatus and liquid stool in the immediate post-operative period. At 12 month follow-up there was no reported recurrence and no reported complications. The remaining 5 patients (5%) opted instead for either a PLIS or anal advancement flap.

Conclusion: This new algorithm utilising fissurectomy and BTA provides a comparable success rate to PLIS with no complications.

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1141: AVAILABILITY OF ACCESSIBLE AND HIGH-QUALITY INFORMATION ON THE INTERNET FOR PATIENTS UNDERGOING COLONOSCOPY

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Aim: To investigate the effectiveness of Fissurectomy and high dose Botulinum Toxin A (BTA) +/- repeat BTA in treating Chronic Anal Fissures (CAF) and avoiding a Partial Lateral Internal Sphincterotomy (PLIS). Method: All patients treated with fissurectomy and BTA (100 units) for CAF between September 2008 and March 2012, under the care of a single surgeon, were prospectively evaluated. The outcome measures were: symptomatic relief; fissure healing; postoperative complication; recurrence; and the need for further surgical intervention.

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Conclusion: This new algorithm utilising fissurectomy and BTA provides a comparable success rate to PLIS with no complications.

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10091: A NEW ALGORITHM FOR THE EFFECTIVE MANAGEMENT OF CHRONIC ANAL FISSURES

Z. Zafrani, T. Barnes, A. Abdelrazeq. Warrington and Halton NHS trust, Warrington, UK.