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 25.2 % (260/1030), and inflammatory bowel disease 1.9 % (20/1030). Diverticular disease 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 Octogenarian 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, though intra-operative discrepancies may still arise.
CT scanning stages the disease but may also provide accurate anatomical localisation of the colonic 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 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

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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). 47 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 ILIAC 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, MediSec, PACS) comparing patients diagnosed with CRC