Characteristic curve analysis was used to establish accuracy, sensitivity and specificity compared to pathological stage.

**Results:** Of 425 patients, 83 met the inclusion criteria. Accuracy for T4 disease was 88.2% ERUS and 83.8% MRI. MRI had greater sensitivity than ERUS for nodal stage (69.2% vs 48%) but lower specificity (52.4% vs 69%). Post-chemotherapy MRI had greater accuracy (93.8%) and specificity (100%) for ypT0 disease than ERUS (84.6% and 91.7%). ERUS was more sensitive for nodal sterilisation (ypN0) than MRI (75% vs 37.8%), although accuracy was poor in both modalities (53.8% and 48.8%).

**Conclusion:** ERUS is a valuable adjunct to MRI in local staging of rectal cancer and may be superior in detecting T4 disease and nodal response post-radiotherapy. Restaging of rectal cancer following chemoradiation continues to be a challenging problem.

**1332: COLONOSCOPY UNDER ENTONOX IS FEASIBLE AND IS ASSOCIATED WITH POTENTIAL COST SAVINGS: A REVIEW OF A DGH EXPERIENCE**

Mostafa Abdel-Halim, Suzanne Langley, Manish Kaushal. Farnese General Hospital, Barrow-in-Furness, UK.

**Aim:** Entonox has been proposed as an alternative to intravenous sedation with polyps were similar between groups. Cost savings achievable by using Entonox were calculated as £1.65/patient. In our department, this potentially amounts to £789-£1754 annually depending on the rate of Entonox uptake by patients.

**Conclusions:** Entonox is an effective analgesic during colonoscopy in significant proportion of patients. This practice has potential cost savings, and can be associated with quicker recovery without compromising diagnostic yield or comfort scores.

**1346: DIVERTING ILEOSTOMY SITE CLOSURE HERNIATION: HOW MUCH OF A PROBLEM IS IT?**

Zubair Saeed, Shruti Patel, Rami Radwan, Brian Stephenson. Royal Gwent Hospital, Newport, UK.

**Aims:** The prevalence of abdominal wall herniation at the site of a reversed loop ileostomy is uncertain. This study investigated the prevalence of CT abnormalities at the site of a reversed ileostomy.

**Methods:** A prospectively-held database was reviewed. Practice involved offering Entonox as the sole analgesic during colonoscopy, but is rarely used. This study aims to establish the efficacy and cost-effectiveness of Entonox as the sole analgesic during colonoscopy.

**Results:** The total of 322 procedures performed during 18 months’ period was studied. Fifty percent attempted Entonox, whilst the rest requested IV sedation. The majority who attempted Entonox (146, 91%) completed the procedure without additional analgesia, whilst 15 (9%) required so. Average comfort score was similar in the Entonox and Sedation groups. Rate of successful caecal intubation and proportion of patients diagnosed with polyps were similar between groups. Cost savings achievable by using Entonox were calculated as £1.65/patient. In our department, this potentially amounts to £789-£1754 annually depending on the rate of Entonox uptake by patients.

**Conclusions:** Entonox is an effective analgesic during colonoscopy in significant proportion of patients. This practice has potential cost savings, and can be associated with quicker recovery without compromising diagnostic yield or comfort scores.

**1387: A SINGLE INSTITUTION EXPERIENCE OF ILEAL-POUCH ANAL ANASTOMOSIS**

Naomi M. Fearn, Clodhna Browne, Maria C. Whelan, Paul C. Neary. Tolaghs Hospital, Dublin, Ireland.

**Aim:** The purpose of this study was to assess the outcomes in patients who have undergone laparoscopic ileo-Pouch Anal Anastomosis (J Pouch).

**Methods:** A retrospective review was carried out of patients who had J pouch surgery between 2008-2013. Complications were grouped into time periods and graded according to the Clavien Dindo Classification. Functional outcomes were assessed using The Gastrointestinal Quality of Life Index and Wexner Scoring Systems.

**Results:** Forty two patients were identified. 20 of these underwent laparoscopic surgery. The majority were male (90%) and had a diagnosis of ulcerative colitis (95%). The median LOS for completion surgery was 6 days (3-11 days). There were no immediate complications, 20% of patients had an early complication, 15% had a late complication. There were no Grade IV or V complications, 10% were classed as Grade III, the rest were Grade I and II. Half of patients gave a Wexner score 0 indicating no faecal incontinence, 11% gave a score above 5/20. The median frequency of daily bowel movements was 5.5(1 – 12) and nocturnal was 1.5.

**Conclusions:** Patients who undergo laparoscopic J pouch surgery generally have good results. The complication rate compares favourably to international standards and functional outcomes are promising.

**1401: PATIENTS REFERRED WITH ANAEMIA INVESTIGATED BY ENDOSCOPY: DOES ANAEMIA SUBTYPE MATTERS?**

Daniel Thomas, Firas Hussain, Rajab Kerwat. Queen May Hospital, Sidcup, Kent, UK.

**Aim:** To assess if non-microcytic or non-iron deficiency anaemia has a similar cancer risk as microcytic anaemia.

**Method:** Eighteen-month retrospective study of all patients who had endoscopies where anaemia was mentioned as an indication within an endoscopy database at a District general hospital.

**Results:** 358 cases were identified, 203 females and 155 males. Age ranged from 18 to 93 years with a mean, median and mode of 67, 69 and 82 respectively. Anaemia subtypes were known for 306 patients (microcytic-19, normocytic-138, normochromic-148). 3 patients had upper gastrointestinal cancer and 25 patients had colorectal cancer including synchronous colorectal cancers in 2 patients (1 microcytic, 1 normocytic). Overall cancer risk in this study is 7.82%. Upper gastrointestinal cancer risks in patients according to anaemia subtype were macrocytic (0%), microcytic (0.7%) and normocytic (1.3%). Colorectal cancer risks in patients according to anaemia subtype were macrocytic (5.2%), microcytic (8.7%) and normocytic (6.7%).

**Conclusions:** Non-microcytic anaemia appears to pose a clinically important risk of cancer. Comparing microcytic to normocytic anaemia;