

**0698: COMPLICATIONS FOLLOWING CLOSURE OF A DEFUNCTIONING LOOP ILEOSTOMY**

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**Aim:** Defunctioning loop ileostomy (DLI) is widely used as a component of various resectional procedures to reduce or ameliorate anastomotic leakage. However, the effectiveness of routine DLI remains unproven and reversal is associated with procedure-specific complications and hospital stay. We aim to describe the nature, rate of complications and hospital stay after DLI closure.

**Method:** The department database was queried and charts reviewed for all patients who underwent DLI closure in the 12-year period from January 2004 to November 2015.

**Result:** There were 421 patients who underwent DLI closure (median age 61 yrs, range 17–98yrs). Length of hospital stay after ileostomy closure was 0–17 days, median = 8 days with a total bed usage of 3423 days. Significant complications arose in 79 patients (18.76%) with 14 requiring re-operative intervention (3.33%). 33 developed a post-operative ileus. C. difficile infection arose in 9 cases and MRSA in 5. 17 patients were re-admitted with a total stay of 48 nights.

**Conclusion:** This study describes an appreciable morbidity (18.76%) and bed-day requirement associated with DLI closure. The findings inform discussion around the role and value of defunctioning ileoanal and coloanal anastomosis. The findings also provide useful data in the consideration of an appropriately-powered RCT of ileoanal and coloanal anastomosis.

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**0709: DESMOID TUMOURS AND FAMILIAL ADENOMATOUS POLYPOSIS: OUR ROYAL EXPERIENCE**

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**Aim:** Desmoid tumours are rare, non-metastasising fibromatoses that affect 8–23% of patients with FAP and occur more frequently in females, with mutations of the APC gene beyond codon 1309 and with previous abdominal surgery. We aimed to evaluate our management of patients with FAP and desmoid tumours.

**Method:** Patients with FAP and desmoid tumours on our colorectal database were identified. Information regarding APC mutation location and clinical management were collected and analysed.

**Result:** There are 41 patients with FAP (25 female, 16 male), ten with desmoid tumours. Median age at diagnosis was 33 (R = 8–49). All had undergone colectomy (eight prophylactically, two for malignancy). Three abdominal wall desmoids were excised. Seven patients have been managed conservatively with observation, chemoprophylaxis and ureteric stenting for managing complications of compression. All patients have been kept under surveillance. One patient died following bowel perforation and one from bowel obstruction. Genetic testing was performed on the majority but specific mutational analysis was available for only 67% of patients with FAP.

**Conclusion:** Our results show that our patients are being managed appropriately but knowledge of location of germline mutation is strongly advised prior to offering prophylactic colectomy and management of solid desmoid tumours.

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**0770: SYSTEMATIC REVIEW AND META ANALYSIS OF PUBLISHED TRIALS COMPARING THE EFFECTIVENESS OF TRANSANAL ENDOSCOPIC MICRO-SURGERY TEMS AND ENDOSCOPIC SUBMUCOSAL DISSECTION ESD IN THE MANAGEMENT OF EARLY RECTAL CANCER T1,T2**

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**Aim:** compare the safety and effectiveness of TEMS and ESD for early rectal cancer.

**Method:** Electronic search of Medline, Embase, Pubmed, Up to date and Chocrane Library was done.

**Inclusion criteria:** comparative published trials. Patients with early rectal cancer T1, T2. Quality was assessed (Newcastle-Ottawa Scale and the Cochrane Collaboration's Risk of bias tool). Revman 5.3 was used for statistical analysis. Odd Ratio with a 95% confidence interval was calculated for binary data. Standardized mean difference with a 95% CI was calculated for the continuous data. Heterogeneity was explored using  $\chi^2$ .

**Result:** Only two retrospective trials including 87 patients met the inclusion criteria: Park et al. 2012, Kawaguti et al. 2013. There was a higher risk of perforation with ESD. The En block resection rate was slightly higher with ESD. The R0 Resection rate was almost the same between the two groups. Operation time was shorter in ESD group. No difference in the total length of stay between two group. The recurrence was only reported in Kawaguti trial and it was higher in ESD Group. Most TEMS patients needed GA (86%), compared to ESD group 9 patients (22%). No mortality or bleeding in both studies.

**Conclusion:** ESD is of slight higher perforation risk than TEMS. It was also accompanied with small higher risk of recurrence.

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**0775: SYSTEMATIC REVIEW AND META-ANALYSIS OF MESH IMPLANTATION DURING PRIMARY STOMA FORMATION TO PREVENT PARASTOMAL HERNIA**

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**Introduction:** Parastomal hernia (PH) is common after gastrointestinal stoma formation. Mesh implantation during primary surgery may reduce the incidence of PH, but until recently the evidence has been limited to few, low-volume randomised controlled trials (RCTs).

**Method:** MEDLINE, EMBASE and the Cochrane Library were searched between 2004–2015 for published RCTs testing mesh versus no mesh for prevention of PH. Sixteen international trial registries were inspected for ongoing trials. Meta analysis was performed on incidence of PH at least 12 months after stoma formation. Secondary outcomes included rates of stoma-related complications and presence of ongoing trials.

**Result:** Of 2933 studies identified, 6 RCTs (380 patients) underwent meta-analysis. All RCTs were high risk of bias. The incidence of PH was reduced with mesh (10.8% versus 32.4%;  $P = 0.001$ ) (RR: 0.34, CI: 0.18–0.65,  $I^2 = 39\%$ ). Mesh was associated with fewer repairs (2.1% versus 9.7%;  $P = 0.02$ ) (RR: 0.33, CI: 0.13–0.82,  $I^2 = 0\%$ ) and did not increase the incidence of stoma-related complications. Results from ongoing RCTs are awaited, but few will assess newer mesh types or alternative surgical techniques.

**Conclusion:** Mesh implantation at time of stoma formation appears safe and effective in preventing PH. Low event rates and limitations of primary evidence still implicate larger, more rigorous RCTs.

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**0791: QUANTIFYING QUALITY OF LIFE (QOL) OF PATIENTS TREATED WITH BOTOX FOR CHRONIC ANAL FISSURE**

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**Background:** Anal fissures represent 10% of colorectal clinic referrals. Chronicity is defined as a fissure persisting for >6 weeks despite medical treatment. The hypothesis is that chronic fissures have a raised resting anal pressure from internal anal sphincter hypertonicity. Medical treatment is first line. Resistant cases are offered Botulinum Toxin or lateral internal Sphincterotomy. Sphincterotomy produces good healing rates but is associated with incontinence in up to 30% in long term follow up. Meta