removal of macroscopically normal looking appendix in detecting occult carcinoids (<1 cm in diameter) is not well studied.

Methods: Data pertaining to detection of carcinoid tumours from appendectomy specimens over a 10-year period in a single tertiary institute was collected from theatre records, cancer data software and patient notes. 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 anastomotic leak rates were detected (OR 0.93, 95% confidence interval (CI) 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% CI 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. Prospective 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.