and the ability to keep visceral vessels "in flow" whereas endografting requires a "seal-zone", replacing the "clamp position" of open surgery.
Method: We propose division of the visceral segment into zones based on the location of this "seal-zone": - Zone 0: below the lowest renal artery - Zone I: between renal arteries - Zone II: between the upper renal artery and SMA - Zone III: between the SMA and CA - Zone IV: above the CA
Results: We present our series of 61 complex EVAR based on this classification system. Mean operative time (hrs): Zone I/II (n=20) 5.1, Zone III (n=25) 6.9, Zone IV (n=16) 8.6. Mean number of target vessels: Zone I/II 1.75, Zone III 2.9, Zone IV 3.5. Morbidity/mortality: zone I/II 35/0%, Zone III 48/16%, Zone IV 38/13%.
Conclusions: Higher seal-zones reflect increasingly complex procedures and are associated with greater morbidity and mortality. The proposed seal-zone classification allows for accurate and reproducible differentiation between aneurysms requiring complex endovascular repair, replacing the surgical clamp-based classification.

0780 COMBINED MODALITY TREATMENT FOR COMPLEX FISTULATING CROHN'S DISEASE

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Introduction: Perianal disease affects one third (range 8-90%) of patients with Crohn's disease. Fistulae are often complex and their management is often difficult and unsatisfactory. **Aims:** A retrospective assessment of combined surgical treatment and a standardized protocol of infliximab therapy (IFX).
Methods: A consecutive series of patients with complex perianal Crohn's Disease between January 2003 and June 2008 were included. Acute sepsis was initially treated with antibiotics and/or surgery. Infliximab infusions were given at 5 mg/kg at 0, 2, and 6 weeks. Endpoints were complete, partial or no response. Setons were empirically removed after second cycle of IFX.
Results: Forty eight patients with perianal Crohn's disease were identified, average age 46 years (range 24-82).
Three patients stopped after the second infusion, two due to allergy and the third had no response. Fourteen patients continued on maintenance IFX at 12 weekly intervals.
Fourteen (29%) patients experienced a complete response. Twenty (42%) patients experienced a partial response, and the remaining fourteen (29%) had no response to treatment. Outpatient follow-up was over a median period of 20 months.
Conclusion: Combining surgical procedures with infliximab infusion lead to complete resolution in 29% cases, and partial in 42% of patients. No serious side effects reported.

0783 PALLIATIVE STOMAS IN INOPERABLE COLORECTAL CANCER

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Aim: Advanced inoperable colorectal cancer is a bleak diagnosis. Untreated bowel obstruction is likely to be fatal but a stoma can palliate symptoms. There is little published on this common procedure. We aimed to review the outcome after palliative stoma surgery in our institution.
Method: All patients undergoing palliative stoma formation without resection for colorectal carcinoma were identified from a prospectively compiled colorectal cancer database. Patients having colorectal stent placement and bypass surgery were excluded from analysis.
Results: Analysis of the database identified 86 patients (55 male) who underwent palliative surgery between October 1998 and January 2009. The median age at surgery was 71 (inter-quartile range 65 - 79). Median survival was 103 days (inter-quartile range 19-263 days), with a 30 day survival of 69% and a 1-year survival of 18%.
Conclusion: Palliative stoma surgery is associated with high morbidity and mortality. However, with reference to the universally fatal result without surgery, our survival rates were encouraging. Our results were similar to the one previous report in the literature. The best palliative care requires a multi-disciplinary approach and we must accept that even though we can offer surgery, the risks and alternatives should be considered and discussed with the patient.

0784 EMERGENCY GROIN HERNIA REPAIR – A CAUTIONARY NOTE FOR TRAINEES

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Aims: Emergency groin hernia repair is frequently performed out of hours. Evidence suggests that such surgery is often associated with high post-operative complications. Our aim was to evaluate the outcome of emergency hernia surgery in a district general hospital.
Methods: Case note analysis was undertaken of those patients who underwent emergency groin hernia repair. Data collected included sex, age, co-morbidity, grade of surgeon, operative and post-operative details. Data from patients over and under 65y was analysed separately.
Results: 31 patients(15F & 16M) were included in the study. 24 had significant co-morbidity. 18 were over 65y. 28 operations were carried out unsupervised by surgical trainees of at least registrar grade and only 3 undertaken by a Consultant Surgeon. Mesh repair was undertaken in 19/31. 13/31 (41.9%) had postoperative complications with no difference between the two age groups. 6/19 (31%) mesh repairs and 7/12 (58%) simple suture repairs had post operative complications. The main complication was significant postoperative pain prolonging hospital stay(n=3). There were no deaths, anastomotic leaks or recurrences.
Conclusions: This study demonstrates that emergency groin hernia surgery is associated with significant complications irrespective of type of repair. Trainees should take caution and not underestimate the morbidity associated with such procedures.

0786 EXPERIENCE OF THE ENHANCED RECOVERY PROGRAMME AND LAPAROSCOPIC COLORECTAL SURGERY AT WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST

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Aims: To assess the effect of the introduction of the enhanced recovery programme (ERP) and laparoscopic colorectal surgery on length of stay (LOS), re-admission and mortality rates in elective colorectal cancer resections at Warrington and Halton Hospitals NHS Foundation Trust.
Methods: Patients who had elective colorectal cancer resections from July 2006-July 2010 were evaluated. Data collated included: demographics, length of in-hospital stay, re-admission within 30 days and 30 day mortality for open and laparoscopic cases during the 2 years prior to introduction of the ERP and the 2 years subsequently.
Results: 578 elective patients were included, the ERP group incorporated 308 patients; 133 of which were treated laparoscopically and whom subsequently had a reduced length of stay of 6.75 days compared to the open group. LOS for open procedures decreased by 1.4 days following the introduction of the ERP. Laparoscopic procedures had lower re-admission rates compared to open procedures and 30 day mortality rate improved after the introduction of the ERP in open procedures; laparoscopic procedures having a 0% rate of 30 day mortality.
Conclusions: The introduction of laparoscopic surgery and the ERP has reduced the LOS and produced 30 day mortality rates superior to those outlined by the ACPGBI.

0788 FUNCTIONAL OUTCOME FOLLOWING TREATMENT FOR IDIOPATHIC ADHESIVE CAPSULITIS

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Aim: Adhesive capsulitis (frozen shoulder) is a debilitating condition. This retrospective study investigates the mid-term functional outcome of one treatment protocol.