Case report: A 63 year old man was referred by his dentist for extraction of carious and mobile LL6 and LL7 teeth. Medical history included hypertension, angina and two myocardial infarcts, for which an implantable cardioverter defibrillator was placed. He was an insulin-dependent diabetic and previous extractions resulted in localised alveolar osteitis. On examination no swelling or sinus was present. Chlorhexidine mouthwash was prescribed for two weeks prior to the extractions. One week following the simple extractions, osteonecrosis was evident in the lower left quadrant and an orocutaneous fistula was present. Debridement of necrotic bone was performed and irrigation with chlorhexidine, followed by a course of antibiotics. Unfortunately, the osteonecrosis and fistula have persisted and hyperbaric oxygen is planned. We illustrate this case with clinical pictures.
Discussion: Post-operative osteonecrosis in patients taking bisphosphonates is well recognised, but may also occur in immunocompromised patients, such as diabetics. Guidelines for treating these patients would be useful and they should be fully informed of the increased risk of osteonecrosis following extractions.

COLOPROCTOLOGY

0053: MANAGEMENT OF INDETERMINATE LUNG NODULES IN COLORECTAL CANCER

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Purpose: Indeterminate lung nodules are frequently identified on staging scans for colorectal cancer, raising uncertainty as to their clinical significance, and need for follow-up or active management. This study aims to determine the incidence and natural history of such lesions.
Methods: Indeterminate lung nodules were identified from the MDT database over a 42 month period. Data regarding patient demographics, primary tumour characteristics, site, number and size of the lesion, number of subsequent chest CTs and any pathological diagnoses of these lesions was recorded.
Results: Of the 431 patients discussed at MDT, indeterminate nodules were detected in 39 (9%) patients and definite metastasis in 14 patients (3%). These 39 patients had a median (range) of 3 (0-6) further surveillance CTs and nodules in 3 patients (8%) developed into metastases. None underwent further surgery. The median (range) time from initial scan to diagnosis was 32 (14-40) months. There were no significant differences in patient/tumour characteristics between those that remained indeterminate and those that progressed to metastases.
Conclusion: Indeterminate lung nodules in patients with colorectal cancer are common. Frequent follow-up CTs of these lesions has a low yield (8%), and does not change management and is therefore not an effective use of resources.

0075: COMPARISON OF THE EFFICACY AND SAFETY OF LAPAROSCOPIC-ASSISTED COLECTOMY (LAC) AND OPEN COLECTOMY (OC) IN PATIENTS WITH LOCALISED NON-METASTATIC COLON CANCER

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Aim: To determine the short-term efficacy and safety of laparoscopic-assisted colectomy (LAC) and open colectomy (OC) in patients with localised non-metastatic colon cancer.
Method: Electronic searches of MEDLINE, PubMed, BioMed central and Google scholar databases were undertaken to identify relevant randomised controlled trials (RCTs) using the keywords "colon cancer", "laparoscopy", "open surgery", and "colectomy". The inclusion criteria were papers from year 2000 onwards, primary RCTs comparing LAC and OC, participants with localised colon cancer and reporting of short-term outcomes. Duration of hospital stay was selected as a proxy for efficiency, while perioperative blood loss was selected as a proxy for safety.
Results: Seven primary RCTs with relevant outcomes reporting data from over 2,500 participants were included. All of the studies concluded that length of hospital stay was reduced in LAC compared to OC (mean stay=6.2 days and 8.1 days respectively) (P=0.001). In contrast, majority of the studies reported that volume of blood loss was lower in LAC in comparison to OC, with the exception of one study. Mean volume of blood loss was 139.82ml for LAC compared to 193.76ml for OC ($P<0.001$).
Conclusion: This review concluded that LAC is safe and efficient in the treatment of localised non-metastatic colon cancer.

0110: FACTORS AFFECTING THE QUALITY OF IMAGING IN COMPUTED TOMOGRAPHIC COLONOGRAPHY

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Aim: The aim of this study was to ascertain the factors affecting the quality of computed tomographic colonography (CTC) images which are increasingly being used for detecting colorectal neoplasia.
Method: The CTC scans and case records of 100 consecutive patients were studied retrospectively with particular attention to clinical indication, faecal tagging, bowel preparation and distension, overall image quality and final diagnosis.
Results: The results are reported from 100 patients (63 female) aged 74.05 [+/-1.1 SEM] years. Quality of CTC imaging was affected in 68% of patients by factors such as incomplete faecal tagging, suboptimal bowel preparation, poor bowel distension and pelvic artefacts after hip replacement, often in combination. There were no gender or age differences. 5% of patients were diagnosed with colonic carcinoma, 47% with diverticulosis, 7% with polyps and 5% with polyps and diverticulosis.
Conclusions: Although quality of CTC scans may be affected by factors such as residual fluid or poor distension it was still possible to visualise the entire colonic mucosa and obtain images of diagnostic quality. CTC had the advantage of being minimally invasive, producing a 3D view of the colon and being better tolerated than colonoscopy and enabled other diagnoses to be made.

0126: LAPAROSCOPIC RIGHT HEMICOLECTOMIES WITH ENHANCED RECOVERY AFTER SURGERY: IS IT THE MINIMALLY INVASIVE TECHNIQUE OR POSTOPERATIVE MANAGEMENT THAT REDUCES HOSPITAL STAY?

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Aims: Advantages of laparoscopic surgery within an Enhanced Recovery After Surgery (ERAS)setting include reduced hospital stay. However it's unclear whether this is due to ERAS or the minimally invasive technique. Here we present outcomes following laparoscopic right hemicolectomies(LapRH) with and without ERAS.
Methods: Retrospective analysis of elective LapRH between 2009 and 2012. Exclusion criteria:- ASA IV or V; extended right hemicolectomy; stoma formation. ERAS included carbohydrate drinks, no bowel preparation and enteral diet from post-op day one. ERAS patients formed Group A. Patients not on ERAS formed group B. Groups were compared for hospital stay, operative details and complications.Discharge criteria was standardised for both groups. Significance: $p<0.05$.
Results: Total 29 patients in Group A and 18 in Group B. Four procedures(14%) from A were converted to open compared to one(6%) in B. There was no significant difference in sex, age, BMI, ASA, opiate usage, operating time and complications. There was one leak in each group. Of note median post-op stay in A was significantly less at 6 days(range 3to16) vs 8days for B(range 5to 43). Patients in A opened their bowels earlier(median day 4vs 5). This latter difference may be due to earlier resumption of an enteral diet.
Conclusions: ERAS independently reduces postoperative hospital stay following lapRH.

0162: OUTCOMES IN NON-CURATIVE MANAGEMENT OF ADVANCED COLORECTAL CANCER

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Aims: 33% of patients diagnosed with colorectal cancer are not amenable to curative resections. We assessed which surgical and non-surgical interventions optimised survival in this patient cohort at our institution.
Methods: All patients with locally advanced non-recurrent colorectal cancer with or without metastases from 2007 to 2012 were identified from a prospective database. Primary and secondary endpoints were method of