**Introduction:** In 2011 patients referred with suspected colorectal cancer at our institution waited a median of 36 days (IQR 28-46) for a decision to treat. We aimed to reduce this waiting time.

**Methods:** Quality improvement methodology was employed to change our existing clinic-first service to a straight-to-test service. Our nurse-led telephone triage service confirmed symptoms and assessed fitness for colonoscopy, with higher-risk patients defaulting to flexible sigmoidoscopy or clinic.

**Results:** 438 patients were referred between 1/10/2012 and 1/10/2013. 217 went straight to colonoscopy and 136 to flexible sigmoidoscopy, 46 went to clinic, 31 patients DNA’d and data was missing for 8 patients. Diagnoses were colorectal cancer (14), non-colorectal cancers (4), normal (111) and benign conditions (224). Median time to decision to treat was 25 days (IQR 20-34), a significant reduction (p<0.01). 41/66 (62%) of patients with a normal colonoscopy were discharged directly from endoscopy.

**Conclusions:** The new straight to endoscopy pathway was associated with an average reduction of 11 days in making a decision to treat. Appointment savings were saved in 88% of new patients and in 62% of those with a normal colonoscopy.

**0702: RE-ADMISSION FOLLOWING APPENDICECOTOMY: THE ROLE OF MISDIAGNOSIS**

Ben Rymer, Mark Watson, Darent Valley Hospital, Dartford, UK.

**Introduction:** To investigate the cause for a higher-than-peer readmission rate following appendicectomy at a district general hospital.

**Methods:** CHKS database was used to identify all patients re-admitted following appendicectomy within 30 days between April and November 2013. Data were gathered from CHKS database, discharge summaries and case notes. Initial appendix pathology was reviewed.

**Results:** Between April and November 2013, 143 patients underwent appendicectomy with 13.2% (n=19) readmitted within 30 days. This compared with 7.5% in the peer cohort. Twelve patients had acute appendicitis and pathology, confirmed by macroscopic appearance, histology or radiological findings. All twelve had raised inflammatory markers on admission. The main reasons for readmission in this group were wound infection (n=4) or post-op pain (n=3). In five cases, no acute pathology was found on histology. Of these, 80% had normal inflammatory markers on admission. Related readmission in this group was due to post-op pain (n=2) or wound infection (n=1).

**Conclusions:** A significant number of patients (26%) readmitted following appendicectomy had no acute pathology at initial operation. Recognised post-operative complications led to these patients being readmitted. Higher pre-operative diagnostic certainty would reduce unnecessary appendectomies and subsequently reduce readmissions. Inflammatory markers on admission were predictive of final diagnosis in this cohort.

**0724: DEFUNCTIONING LOOP ILEOSTOMY IN RECTAL CANCER SURGERY – HELP OR HINDRANCE?**

Olga Rutka, Meera Ramcharn, Gethin Williams, Keshav Swarnkar. Royal Gwent Hospital, Newport, UK.

**Introduction:** To analyse incidence of ileostomy formation during anterior resection, outcomes of these operations as well as to audit the rate of reversal of loop ileostomies.

**Methods:** A prospective database of all patients undergoing elective anterior resection for rectal cancer from January 2007 to December 2011 was interrogated. Outcome measures were: use of neoadjuvant therapy, length of hospital stay (LOS), complications, anastomotic leak, reversal rate and length of follow up.

**Results:** 131 patients underwent anterior resection. Fifty five patients (42%) had a loop ileostomy fashioned, of these 55 patients 65% (n=36) had neoadjuvant therapy. Mean LOS for a patient with loop ileostomy was 13 days and for those without 12 days. The morbidity rate for patients with loop ileostomy was higher than in those without (24% vs. 19%). There was no significant difference in an anastomotic leak between groups (7.3% vs. 6.6%). There was one case of 30 day mortality in group without ileostomy. Out of 55 fashioned ileostomies only 69% (n=38) have been reversed.

**Conclusions:** Most loop ileostomies are fashioned in patients that have undergone neoadjuvant therapy. Vast numbers of loop ileostomies (31%) are not being reversed. It is still not clear when to omit loop ileostomy in rectal resection.

**0734: ACCURATE LESION LOCALISATION AT COLONOSCOPY: AN ANALYSIS OF POTENTIAL INFLUENCING FACTORS**

A.S. Bryce, S.J. Moug, M.S. Johnstone, University of Glasgow, Glasgow, UK; Royal Alexandra Hospital, Paisley, UK.

**Introduction:** In this modern surgical era of laparoscopic resections and cancer screening, the accuracy of colonoscopy for pre-operatively localising colorectal tumours has taken on a new importance. This prospective study aimed to elucidate factors which potentially influence this accuracy.

**Methods:** Patients who underwent surgical resection for a colorectal tumour were recruited from five centres. To determine localisation accuracy, tumour location as reported by colonoscopy and radiological imaging was compared with “true” (intra-operative) location. Also recorded were patient and colonoscopy data.

**Results:** Tumour location at colonoscopy matched true location in 88 of 111 patients (79.3%). If patient BMI was ≥ 27.0 kg/m2 and if colonoscopy was completed, colonoscopic localisation was more accurate (p<0.05). Combination of eight bowel segments into three “super-segments” revealed decreased localisation accuracy in tumours localised from sigmoid colon to hepatic flexure, in comparison to those localised to rectum, and ascending colon to caecum (p<0.05).

**Conclusions:** This study adds information to a topic whose coverage thus far has been sparse. The observations of increased likelihood of inaccurate localisation (p<0.05) when colonoscopy is incomplete, patient BMI is < 27.0 kg/m2, or a tumour is colonoscopically localised from sigmoid colon to hepatic flexure may be worth carrying forward to clinical practice.

**0740: THE IMPACT OF INTRAVENOUS BUSCOPAN ON POLYP DETECTION RATES AND PATIENT DISCOMFORT LEVELS DURING COLONOSCOPY**

Qamar Zaman, Aftab Khan, Daniel Thomas, Rajab Kerwat, Hamid Khawaja, John Payne, Queen Mary Hospital, Sidcup, UK; University College London, London, UK.

**Introduction:** Hyoscine Butylbromide (Buscopan, Boehringer Ingelheim) is sometimes administered intravenously during colonoscopy to relief patient discomfort and/or improve diagnostic yield. In this study we investigate the impact of intravenous Buscopan on polyp detection rates and patient discomfort levels during colonoscopy.

**Methods:** We undertook a retrospective review of all colonoscopy reports with completed data during the period January 2008 till June 2013 at our institution. We compared the polyp detection rate and patient discomfort levels with and without administration of intravenous Buscopan.

**Results:** A total of 7092 colonoscopies were undertaken during study period. There was a 1.25:1 median age 63 years (IQR 50-73). Buscopan was given to 30.1% of total patients and 90% of those received an average dose of 20mg. There was F:M 1.25:1, median age 63 years (IQR 50-73). Buscopan was given to 29.5% and moderate levels of discomfort were recorded in those with and without Buscopan (p=0.004).

**Conclusions:** Buscopan is an important adjunct to improve polyp detection rates and patient discomfort levels during colonoscopy.

**0770: AUDIT ON ELECTIVE COLORECTAL SURGERY IN THE ULSTER HOSPITAL**

Dorothy Johnston, Bill Campbell, Peter McGarrity, Jonathan McCarter, Ian McAllister, Ulster Hospital, Dundonald, UK.

**Introduction:** To examine the outcomes of patients undergoing major colorectal resections in this unit as compared to outcomes from the National Bowel Cancer Audit and the Association of Coloproctology guidelines.

**Method:** Data was gathered retrospectively with patients identified using ICD-10 coding for major colorectal resections. 69 patients were identified over the time period of April to September 2013 and were followed up for 30 days post-operatively. Complications were rated using the Clavien-Dindo scoring system.

**Results:** We found that of 39 males and 30 females 65% underwent open resection and the remainder laparoscopic.