
**Results:** 2010/11 - 114 patients, 2005/6 - 133 patients. No change in proportion of emergency presentations - 21.2% in 2010/2011 versus 25.6% in 2005/6 (P = 0.6044). A significant reduction in stage - 45% Dukes C/D compared to 64% in historic cohort (P = 0.0038). Most right sided CRCs presenting - 39.5% 2010/11 versus 33.8% 2005/6 (P = 0.36). Greater proportion presented with anaemia (23.7% versus 14.3%, P = 0.0586). Duration of anaemia prior to presentation increased (365 days versus 150 days, P = 0.292).

**Conclusion:** Since BSCP introduction there has been a significant decrease in stage of CRC at presentation but no decrease in emergency presentations. There has been a shift towards more right sided tumours which may explain the trend to an increase in those presenting with anaemia.

**0935: LOOP ILEOSTOMY REVERSAL: 5 YEAR EXPERIENCE IN AN ENGLISH RURAL DISTRICT GENERAL HOSPITAL**

Dhya Al-Leswas, Magdalena Oles, Daniel Negrea, Milind Rao. Pilgrim Hospital, Boston, Lincolnshire, UK

**Introduction:** Loop ileostomy (LI) is fashioned to protect against the substantial risk of leakage from low pelvic anastomosis. However, the revision of these LIs has a reported morbidity of 5.7-69%.

**Aim:** To report the outcome of reversal LI in a rural district general hospital (DGH).

**Method:** Retrospective data collection and analysis for patients who underwent reversal LI between November 2006 and October 2011.

**Results:** Sixty-nine patients (45M,24F) with a median age of 69 (23-87) and mean BMI of 26.8±5.3 had a reversal of defunctioning LI for: i) 38 rectal and 10 colonic cancers; ii) 9 inflammatory bowel and 4 diverticular diseases; and iii) 8 other. Anastomotic technique was hand sown in 44 (63.8%) and stapled closure in 25 (36.2%). The mean periods for light diet tolerance and bowel movement were 2.9±1.8 and 3.5±2.1 days, respectively. The overall morbidity and mortality were 15 (21.7%) and 2 (2.9%), respectively. Six (8.7%) patients had septic complications and 9 (13%) had small bowel obstruction (SBO). The mean in-patient stay was 79±7.5 days. Around 6% of the patients have been re-admitted within 90 days of the procedure with subacute SBO.

**Conclusions:** Overall outcomes are comparable with tertiary centres. However this study again highlights the high morbidity associated with the procedure and senior presence at the time of surgery may help.

**0958: A REVIEW OF PATIENTS IN A SINGLE CENTRE WITH ILEAL POUCH-ANAL ANASTOMOSIS FOR ULCERATIVE COLITIS AND AN ASSESSMENT OF THOSE PATIENTS WHO REQUIRE ON GOING MEDICAL THERAPY**

Natalie Allen, Eunice Garforth, Richard Heath, Paul Rooney. The Royal Liverpool and Broadgreen University Teaching Hospitals, Mersey, UK

**Aims:** Restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA) is the surgical therapy of choice for patients with chronic ulcerative colitis. A proportion of patients require ongoing medical management, which this study assesses.

**Methods:** A retrospective review of a prospectively collected data of patients who underwent curative resection for rectal cancers between 2008-2011 was carried out. LN yield was compared in the two groups with respect to the tumour stage, type of surgical resection, location of tumour and histology showed no significant clinicalopathological factors, LNR (P = 0.001), Peterson Index (P = 0.001), Klintrup score (P = 0.017) and systemic(s) CRP (P = 0.001) were independently related to cancer-specific survival. SCBP (P = 0.007) was only significant in right sided tumours with cCRP (P = 0.022) significant in left sided tumours. cPvA (P = 0.029) was significant in rectal tumours.

**Conclusion:** This study did not elicit any link between the systemic inflammatory response and activation of pAkt and MAPK. These findings support the concept of colorectal tumour heterogeneity with different methods of invasion and metastasis. Understanding the mechanisms by which tumours from each genetic pathway progress and metastasis will help develop personalised treatment regimens.

**1030: NEOADJUVANT CHEMO-RADIOThERAPY AND LYMPH NODE RETRIEVAL RATES AFTER CURATIVE RESECTION FOR RECTAL CANCERS- SHOULD THE SAME STANDARDS APPLY?**

Philip Varghese, Zakir Mohamed, Fadlo Shaban, Talvinder Gill, Mohammed Tabaqchali, Dharmendra Garg, David Borowski, Anil Agarwal. University Hospital of North Tees, Stockton-on-Tees, UK

**Aims:** This study aimed to evaluate if there is a significant difference in the number of lymph nodes (LN) harvested following neoadjuvant chemoradiotherapy (N-CRT) and resection vs. curative resection only.

**Methods:** A retrospective review of a prospectively collected data of patients who underwent curative resection for rectal cancers between 2008-2011 was carried out. LN yield was compared in the two groups with respect to the tumour stage, type of surgical resection, location of tumour and histology showed no significant clinicalopathological factors, LNR (P = 0.001), Peterson Index (P = 0.001), Klintrup score (P = 0.017) and systemic(s) CRP (P = 0.001) were independently related to cancer-specific survival. SCBP (P = 0.007) was only significant in right sided tumours with cCRP (P = 0.022) significant in left sided tumours. cPvA (P = 0.029) was significant in rectal tumours.

**Conclusions:** This study did not elicit any link between the systemic inflammatory response and activation of pAkt and MAPK. These findings support the concept of colorectal tumour heterogeneity with different methods of invasion and metastasis. Understanding the mechanisms by which tumours from each genetic pathway progress and metastasis will help develop personalised treatment regimens.

**1088: DOES CONVERSION ALTER OUTCOME IN LAPAROSCOPIC COLORECTAL SURGERY?**

Nigel Rajaretan, Gregory Nason, Brian Barry, Paul Neary. Adelaide and Meath incorporating the National Children’s Hospital, Tallaght, Dublin, Ireland

**Introduction:** Laparoscopic Colorectal surgery has been shown by some trials to confer a survival advantage to patients. Controversy exists on the impact of converting laparoscopic cases to open in terms of increasing morbidity and impairing cancer related survival. We assessed whether conversion to open surgery had long term implications.

**Methods:** We performed a prospective analysis of our prospective database for all patients undergoing colorectal cancer surgery from January 2005 to April 2008. Disease related and overall mortality rates were cross referenced with the National Cancer Registry of Ireland.

**Results:** 102 patients were included, 60 male:42 female, mean age 42 years Standard Deviation of ±12.01. Follow-up is ongoing and currently between 2 and 193 months. Complications included anastomotic leak (n=4), incisional hernia (n=7), pouchitis (n=36), stenosis (n=15), pre pouch stricture (n=1), ileitis (n=2), enterocutaneous fistula (n=2), perianal fistula (n=6), pouch vaginal fistula (n=5), pouch ulceration (n=8). All patients prior to surgery had a histological diagnosis of UC, 4 patients were reclassified as Crohn’s. 13 (12.7%) patients were recommenced on medication, including sulphasalazine, budesonide, azathioprine, 6-mercaptopurine and infliximab. All patients reclassified as Crohn’s were recommenced on medication and seen in a joint gastro/surgical clinic.

**Conclusions:** Long-term anastomotic problems are common after IPAA. Most patients don’t require additional medication other than antibiotics but 12.7% need continued complex medical therapy under the care of gastroenterologists and surgeons. Use of steroids is low. Diagnostic problems remain an issue.