Results:115ECR performed. 9patients excluded. 77/106(73%) patients cross-matched. 28patients required intra-operative or post-operative (within 7days of surgery) blood transfusion. 225units of blood cross-matched, but only 65/225units transfused. Cross-match:transfusion ratio was 3.5:1 with blood utilisation rate of 28.9%. Preoperative radiotherapy, APR and Hartmanns were risk factors for blood transfusion requirement (blood utilisation rate nearing 50%).
Conclusions: Our blood cross-matching schedule is outdated with 160units of blood unnecessarily cross-matched. Most of these would have been wasted. Based on British Society of Haematology guidelines (which state that blood needn't be cross-matched if usage is $\leq$50%) none of our patients required cross-matching. Adopting these guidelines could result in a cost saving of £20800 per annum (excluding laboratory costs), based on a unit of blood being £130.
We agree with current ACPGBI guidelines that G&S is sufficient in uncomplicated operations but cross-matching is recommended for more extensive operations, especially rectal resections, and current hospital guidelines are under review.

0588: A PRAGMATIC APPROACH TO MR DIRECTED RECTAL SURGERY

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Aims: This study compares the radiological and histological staging of rectal cancers within our department and thus the fundamental workings of our MDT.
Methods: The pre-operative MR scans performed between April 2009 and July 2011 in patients with histologically proven carcinoma of the rectum were reviewed retrospectively. Comparison was made between the T and N stage,and the CRM involvement as reported on the MR scan with the post-operative histological staging.
Results: 53 patients were identified. There was a 42% correlation between the MR and histological T staging. For Nodal staging there was a 64% correlation. Using a pragmatic approach,patients were divided into 2 groups: advanced rectal cancers ,and non-advanced rectal cancers. 18 patients were staged as having non-advanced rectal cancer. For 89% of these patients the T stage was correctly correlated. The nodal staging correlated in 83% of cases, with 100% correct prediction of CRM involvement.
Conclusion: Pre-operative MR scans appear initially to be a poor predictive indicator of tumour stage. Interpreting their results in a pragmatic fashion shows an excellent correlation between both the T and N stage as well as CRM involvement. Therefore the MDT can confidently stage patients and accurately predict those who would benefit most from neo-adjuvant therapy.

0601: MANAGEMENT AND OUTCOME OF COLOVESICAL FISTULAS: A SEVEN YEAR REVIEW OF ALL CASES IN A SINGLE DISTRICT GENERAL HOSPITAL

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Aim: Colovesical fistulas (CVF) are a rare, but well recognised complication of both inflammatory and neoplastic diseases. We reviewed all cases of CVF at a single institution over a seven year period.
Method: A retrospective review of all patients with radiologically confirmed CVF between 2005 and 2011. The aetiology, method of diagnosis, management, and outcome of all patients were evaluated.
Results: A total of 56 patients were found to have confirmed CVF. 47 cases were confirmed by CT scan alone; the remaining 9 cases required further contrast studies. 86% of cases were a result of diverticular disease, while the remaining 14% were secondary to locally invasive carcinoma. 52% of all diverticular cases were treated conservatively with 48% of these patients achieving resolution of their symptoms. A further 16 patients underwent resection surgery, while 7 patients were treated with defunctioning stomas. Only 50% of all neoplastic fistulas underwent resection surgery, the remaining 4 patients received palliative management.
Conclusions: CT scan remains the most common modality of diagnosis of CVF. The majority of these CVF are often secondary to complicated diverticular disease. Although surgery provides immediate resolution of symptoms, this study highlights the effectiveness of conservative management in such patients as well.

0625: EXPECTING THE UNEXPECTED - EXTRACOLONIC FINDINGS FOUND AT CT COLON

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Aim: The aim of this paper is to report our experience of extracolonic findings identified at CT colonography, in particular the high prevalence of important findings including extracolonic malignancies.
Methods: Using the PACS system all CT colonograms performed for symptomatic indications between December 2008 and June 2011 were retrieved as part of our ongoing audit, extracolonic findings were then identified and analysed. They were categorized into benign, important benign findings (findings that required further investigation or management) and extracolonic malignancies.
Results: 830 patients underwent CT Colon during this time period (518 females, 313 males, average age 74). Extracolonic abnormalities were found in 383 patients (46%). Of those patients with extracolonic findings, 9% had extracolonic malignancies, 26% had important extracolonic findings requiring either further investigation, management or referral and 65% were benign incidental findings requiring no further follow up.
Conclusion: CT Colonography has the potential to pick up malignancies and other life threatening lesions such as large non ruptured AAA at a preclinical stage. Whilst we acknowledge that insignificant extra-colonic abnormalities may be identified, we believe that with correct planning and management this should not increase the number of unnecessary investigations or costs.

0645: EFFECTIVE MANAGEMENT IS KEY IN PROVIDING A PRODUCTIVE DAY CASE OPERATING THEATRE

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Aims: The Department of Health target for all elective work to be performed on a Day Case basis is 75%. Standards include a pre-op efficiency of 90% and an operative efficiency of 91%. By the introduction of simple cost neutral working practices we show how a unit can be transformed.
Methods: Initial study carried out over 2 weeks in 2008 identified key areas for service improvement. Only 54% of operating lists commenced within 15mins of starting times. Theatre efficiency was 59.9%, with a high number of on-the-day cancellations. After implemented changes were introduced, including increasing the theatre sessions by 30 minutes and not cancelling patients on overrun lists, they were re-audited in 2010.
Results: Theatre intra-operative efficiency increased from 59.9% in 2008 to 94.5% in 2010. Increasing the length of the theatre session by 30mins lead to a 5% increase in the case-load across our theatres.
Conclusions: By using LEAN principles the operative efficiency of theatre utilisation can be improved. An increase of sessions by 30mins can lead to a 5% rise in operative case load and capacity. This can be appreciated by an improved rating from 145th to 66th out of all 166 Day Surgery Departments in the country.

0684: A RETROSPECTIVE CASE SERIES STUDY OF A SINGLE CENTRE'S EXPERIENCE OF SURGICAL SITE INFECTION FOLLOWING PURSE-STRING CLOSURE VERSUS LINEAR CLOSURE OF ILEOSTOMY SITES

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Aims: Recognised complications of ileostomy closure include surgical site infection (SSI), small bowel obstruction and anastomotic leak. Incidence of SSIs following ileostomy closure has been reported as up to 41%, placing significant strain on healthcare resources and patient quality of life. Conventionally ileostomy wounds are closed by a linear technique. More recently purse-string closure has been tried to reduce complications. This is a study to compare the SSI rates following purse-string closure versus linear closure of ileostomy wounds.
Methods: Thirty-eight patients undergoing closure of ileostomy were included. Seventeen patients underwent purse-string closure, twenty-one patients underwent linear closure. The primary end-point was a documented diagnosis of SSI either during their inpatient stay, or upon discharge or thirty days post operatively.
Results: Overall there were fewer diagnoses of SSI following purse-string closure compared with linear closure of ileostomy wounds. Three in seventeen (18%) patients who underwent purse-string closure was