FOLLOWING RECTOPEXY FOR RECTAL PROLAPSE

0085: PATIENT REPORTED OUTCOMES AT MORE THAN ONE YEAR FOLLOWING RECTOPEXY FOR RECTAL PROLAPSE
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Introduction: Oxford Pelvic Floor Group performs rectopecties for the management of rectal prolapse. Surgery is known to correct anatomy but there are varied reports from the view of patients’ symptoms. We aimed to identify whether the symptoms reported by patients were improved following surgery.

Methods: 105 patients who underwent rectopecty operations were sent a postal questionnaire asking them to retrospectively rate their symptoms (obstructed defecation, faecal incontinence and pelvic pain) out of 10 both pre-surgery and at least 1 year following surgery. They were also asked to rank quality of life before and after surgery out of 10, whether they were satisfied with the outcomes, and if they would recommend the procedure to a friend in a similar situation.

Results: There were 71 returned questionnaires (68%). Pelvic pain score showed the greatest absolute decrease with a mean decrease of 2.24 points, as well as improved faecal incontinence score. These results translated into an increase in quality of life rating of 2.79. Following this, 63% were satisfied and 73% would recommend the procedure to a friend.

Conclusions: These results indicate that rectopecty is can improve patients’ experienced symptoms of rectal prolapse, particularly pelvic pain, as well as achieving an anatomically satisfactory outcome.

0140: IS THERE A NEED FOR A NATIONAL COLONIC STENT REGISTER?
OUTCOMES OF COLONIC STENTING IN A DISTRICT GENERAL HOSPITAL
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Introduction: Patients with obstruction secondary to malignancy may benefit from decompensate colon stenting- either as a bridge to surgery or for palliation of symptoms in those who are not surgical candidates. The aims were to evaluate the safety, success and outcomes of stenting in a district general hospital.

Methods: All patients undergoing stenting from January 2002 to June 2013 were included. Information regarding demographics, indication for stenting, technical success and outcomes (symptom relief, mortality and morbidity) was collected from patient notes.

Results: Stenting was attempted in 30 patients with one for bridge to surgery and the remainder for palliation. Average age was 78.3 (range: 58-100) years. Technical success was obtained in 83% and 11 were done as emergencies. 30-day mortality in stented patients was 24% (6/25). Complications included two perforations and two cases of stent migration. Symptom relief was clearly documented in 32% (8/25).

Conclusions: The majority of stenting was done for palliation of symptoms, offering good symptomatic relief in a significant proportion of patients not suitable for surgery. Although the procedural success rate was high, it is difficult to evaluate outcomes given the lack of formal follow-up. A national stenting register would allow more detailed analysis of results.

0152: DEVELOPMENT OF A MAJOR PELVIC BLEEDING TOOLKIT FOR USE DURING RECTAL SURGERY
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Introduction: Major pelvic bleeding during rectal surgery can be a devastating event. Due to its rarity, the surgical team can be poorly prepared and ill-equipped. The aim of the study was to review the literature describing pelvic bleeding haemostasis techniques, and subsequently develop a major pelvic bleeding toolkit.

Methods: A literature search of electronic databases was performed, including Embase and MEDLINE (1950 – 2013). Studies describing techniques for controlling pelvic bleeding were included.

Results: The articles identified were case reports or case series. The use of electrocautery or suture ligation was controversial, with some reports suggesting exacerbation of bleeding. Other haemostatic techniques included occluder pins, muscle welding, bone wax, and synthetic topical haemostatic agents. If these failed, pelvic packing was utilised with sponges, balloon tamponade or haemostatic-impregnated gauze. A pelvic bleeding toolkit was then developed. This included a checklist alongside a designated shelf in theatre to accommodate the haemostatic equipment.

Conclusions: This review has demonstrated that a variety of haemostatic techniques exist for major pelvic bleeding during rectal surgery. The pelvic bleeding toolkit provides a checklist to allow an organised response for the surgeon, anaesthetist, and theatre staff. It also ensures the required haemostatic agents are readily available in theatre.

0219: SYSTEMATIC REVIEW AND META-ANALYSIS COMPARING STAPLED VERSUS HAND-SEWN ANASTOMOSES FOLLOWING EMERGENCY BOWEL RESECTION

Introduction: The safety of stapled gastrointestinal anastomoses in emergency situations remains controversial. The aim of this meta-analysis was to compare outcomes of stapled versus hand-sewn anastomosis following emergency bowel resection.

Methods: A systematic literature search was performed in September 2013. The primary endpoint was anastomotic failure, which was a composite measure of leak, abscess and fistula. Odds ratio (OR) and weighted mean difference (WMD) were calculated using meta-analytical techniques.

Results: The final analysis included seven studies of 1120 patients, with a total of 1261 anastomoses. Five studies were retrospective, one prospective and one a randomised trial. All studies were deemed to be at high risk of bias. Stapled anastomoses were associated with significantly greater odds of anastomotic failure in a fixed effect model (OR 1.61, p=0.010), but only a borderline effect in a random effects model (OR 1.53, p=0.070). They were also associated with significantly shorter length of stay (WMD -1.26 days, p<0.001). There were no differences in the individual rate of anastomotic leak, abscess formation, fistulae or post-operative death.

Conclusions: Current evidence is inadequate to determine the safety of stapled versus sutured anastomoses in emergency settings, and so caution is recommended. Evidence from robust randomised trials is needed.

0251: DOES THE TWO-WEEK REFERRAL PATHWAY FOR SUSPECTED COLORECTAL CANCER ALTER MANAGEMENT IN PATIENTS OVER THE AGE OF 80? A STUDY OF 354 PATIENTS
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Introduction: The two-week referral pathway for colorectal cancer has a reported diagnostic cancer pick-up rate of 3 – 14%. The aim of this study was to investigate the diagnostic pick-up rate of colorectal cancer and outcomes in patients over 80 presenting to the rapid access clinic.

Methods: From 1st March 2012 to 30th August 2012, data was collected on consecutive patients over 80 years old referred via the two-week referral pathway for suspected colorectal cancer.

Results: 354 patients were included. 244/354 (70%) were discharged after investigations revealed no pathology or a benign pathology; 58/354 (16%) were discharged without any investigations after the first consultation. None of these patients represented within the 1st year. 40/354 (11%) patients were diagnosed with colorectal cancer. 17/40 (43%) patients underwent resection, of which 4 patients died postoperatively. The remaining 23 had palliative treatment.

Conclusions: The study shows the pick-up rate for colorectal cancer in this age group is in keeping with published reports at 11%. Cancer resection rate was low at only 5%. The mortality was high with a quarter of patients not surviving surgery. We recommend the design of a referral system which takes in to account patients’ fitness for surgery prior to referral for exclusion of colorectal cancer.

0406: DOES ROUTINE REMOVAL OF MACROSCOPICALLY NORMAL LOOKING APPENDIX ENHANCE OCCULT CARCINOID DETECTION?

Introduction: There is currently no consensus on how to deal with macroscopically normal looking appendix identified during diagnostic laparoscopy for acute abdomen. The clinical significance of routine