1056: EFFECT OF NEGATIVE PRESSURE INCISION CARE DRESSING ON WOUND INFECTION RATE IN COLORECTAL SURGERY: A PROSPECTIVE NON RANDOMIZED TRIAL
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Introduction: Negative Pressure Incision care therapy (NPICCT) has never been reported in colorectal surgery. The aim of this trial is to evaluate the effect of NPICCT on wound infection rate. Methods: 317 consecutive patients underwent major colorectal procedures in a regional hospital over 3 years by a single team. 104 (32.1%) patients were excluded on the basis of other complications affecting LOS. Out of 213 patients included, 71 (33.3%) patients received NPICCT, while 142 (66.6%) patients received regular dressings (Non-NPICCT group). Study endpoints were rate of 30-day wound infection rate and LOS.
Results: The mean age was 66.46 (NPICCT) and 65.58 (Non-NPICCT). Male to female ratio was 1:1.06 (NPICCT) and 1:1.04 (Non-NPICCT). Patients in NPICCT group underwent at least 07 days of incision care therapy. 3 patients (4.2%) in NPICCT group and 29 patients (20.4%) in Non-NPICCT group developed wound complications (p < 0.001, RR: 0.38 [0.57-0.79], OR: 0.34 [0.033-0.6362]). The LOS increased from 9 ± 3.22 days in the NPICCT group and 14 ± 4.31 days for Non-NPICCT group. Complete healing of wounds occurred from 31 ± 1.8-22 days in NPICCT group.
Conclusions: Use of Negative Pressure Incision care therapy (NPICCT) significantly reduces risk of wound infections in high risk colorectal surgical patients thus reducing LOS.

1059: EFFICACY OF ORAL REHYDRATION THERAPY (ORT) IN RESTORING WATER AND ELECTROLYTE BALANCE POST-COLECTOMY – A BLINDED PLACEBO-CONTROLLED RANDOMISED CROSS-OVER TRIAL
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Introduction: To evaluate the efficacy of oral rehydration therapy (ORT) in restoring water and electrolyte balance post-colectomy.
Methods: Blinded placebo-controlled randomised cross-over trial. 30 patients with demonstrated hyperaldosteronism from the on-going observational study were recruited. Patients were randomised to receive either placebo or ORT first in a cross-over trial. Fasting urine and blood samples were collected to measure sodium loss, hydration status and renin-angiotensin-aldosterone system (RAAS) activation. Oral glucose tolerance test was performed. Health related quality of life (HRQoL) was assessed using SF-36 and FACIT-F questionnaires.
Results: Observational study: 60 FAP patients who had undergone colectomy were recruited. 27 patients (45%) demonstrated fasting hyperaldosteronism (>250pmol/L) leading to higher urinary losses of potassium (p<0.03) and creatinine (p<0.01). 19 patients 32% demonstrated postprandial hypoglycaemia (<3.9mmol/L).
Cross-over RCT Biochemistry results: Data acquired so far in 16 patients (n=48 clinic visits) demonstrated fasting plasma aldosterone concentration post-ORT to be significantly lower compared to baseline [189.25 (7.24) vs. 536.25 (12.56) pmol/L; p<0.05]. HRQoL results: SF 36 & FACT-F: Post-ORT, patients reported marked improvement in QoL scores when compared to baseline.
Conclusions: Colestipol results in metabolic disturbances leading to a negative impact on QoL. ORT forms a safe and effective intervention to correct the metabolic disturbances post-colectomy resulting in restoration of metabolic homeostasis and a positive impact on QoL.

1076: TAKE IT OR LEAVE IT: A MULTI-INSTITUTIONAL STUDY OF MECKEL’S DIVERTICULUM
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Introduction: The management of an incidental Meckel’s diverticulum (MD) remains controversial. Current practice guidelines suggest that age less than 50 years, male sex and diverticulum length greater than 2cm are factors favouring resection. The aim of this study was to review a regional experience of resected Meckel’s diverticula.
Methods: All resected specimens over a 17year period (1993-2010) were identified from patient clinical records, theatre logbooks, Hospital Inpatient Enquiry data and pathology databases across four hospital sites in Leinster, Ireland. Patient demographics and clinicopathological characteristics were reviewed.
Results: Ninety-four MD were identified. The average age at surgery was 43.5 years (range 13-84 years) and 66% of patients were male. The majority presented symptomatically (n=65), with abdominal pain and rectal bleeding the most common symptoms. Patients presenting symptomatically were significantly younger than patients with an incidental finding of MD (p=0.02, Mann-Whitney U test) and 73% of symptomatic patients were male (p<0.03, Mann-Whitney U test). Seventy-five per cent of specimens were 2cm or greater in length with no difference detected between the symptomatic and incidental groups. Ectopic mucosa was detected in 21 specimens and no malignancies were detected.
Conclusions: This data suggests the decision to resect should be on an individual case basis.

1093: A CLINICAL AUDIT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PATHWAYS IN COLORECTAL AND HEPATO-PANCREATO-BILIARY SURGERY AT QUEEN’S MEDICAL CENTRE, NOTTINGHAM UNIVERSITY HOSPITAL
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Introduction: To determine the rate of success of the ERAS pathways in colorectal and HB activity, but also relating compliance and its impact on ERAS success.
Methods: Pre-, peri- and post-operative data of 56 colorectal and 9 HPB patients was collected prospectively between October and December 2013. Primary outcomes of ERAS success (% discharged on or before clinically expected day) and length of stay (days) were analysed using SPSS version 21.0
Results: ERAS success in colorectal surgery rose to 39.3% after a general decline from 2010-2012. Mean LOS for open and laparoscopic colorectal procedures were reduced by 2.8 and 2.6 days respectively. After univariate analysis 24 protocols were significantly associated with colorectal success. Further multivariate analysis established 12 including PCA or epidural removal before 12.00am (p=0.004), urinary catheter removal (p=0.005) and length of surgery (p=0.017). HBP saw a slight drop in ERAS success to 44.4%, only lunch consumption (p=0.016) was significantly associated with ERAS success after univariate analysis.
Conclusions: Improvement in colorectal ERAS success suggests effective revision of protocols. As before the HB activities are clinically irrelevant due to the small sample size. If recommendations put forward are implemented one would expect them to increase future ERAS success.

1116: AVAILABILITY, AND FEASIBILITY OF ROUTINELY MEASURING CO-MORBIDITY IN A COLORECTAL CANCER MDT
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Introduction: With an ageing population diagnosed with cancer, rigorous co-morbidity assessment is cornerstone to optimising treatment and improving quality of survivorship. The study primarily aimed to determine the feasibility of routine co-morbidity data collection using the validated ACE-27 questionnaire. Secondary aims included determining the optimal time and method of data collection.
Methods: A retrospective mapping exercise (phase I: 6-months) examined the co-morbidity data availability within the MDT. Phase II prospectively collected co-morbidity data using ACE-27 for a 3-month period.
Results: In phase I, 73(135/54%) patients had co-morbidity data available informing the MDT discussion. In 62-patients with no co-morbidity data, assessment revealed 41(30%) to have co-morbidities including >2 major system disorders in 21(16%) patients. Common referral sources to the MDT were surgical out-patients (42%), and endoscopy (13%). The average lead time from referral to index MDT discussion was 14-days. In phase II, ACE-27 was administered in 50-patients, mean age 54-years (range 20-84). Male: female ratio 26: 24. Average time to administer ACE-27 was 48-minutes (range 1-15).
Conclusions: The phase I study confirmed the previously widely acknowledged view of poor co-morbidity data availability within a CRC