Conclusions: MRI scores correlated significantly with colonoscopy score (CDEIS) providing validity for its use in clinical practice.

0849: PREDICTING THE DECISION MAKING ABILITY OF COLORECTAL CANCER MULTI-DISCIPLINARY TEAMS: RESULTS OF AN OBSERVATIONAL STUDY
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Introduction: To evaluate whether results from a validated tool can be used to predict a MDTs ability to come to a clinical decision.

Methods: A prospective observational study assessed decision-making in colorectal MDTs. Descriptive statistics and logistic regressions were calculated.

Results: 423 patients were discussed at 24 colorectal cancer MDTs at a single hospital. A clinical decision was reached in 347/423 cases (82%). Reasons for no decision included insufficient radiological information, inadequate pathological information, lack of patient information, unavailable clinical notes, and non-attendance of team members. Of the 347 cases where a decision was reached, this decision was implemented in 317 cases (91.4%). Reasons for non-implementation included change in patient’s clinical condition (including requiring emergency admission), patient co-morbidity, patient choice and availability of additional clinical information. The overall contribution percentage score was a significant positive predictor of whether or not decisions were made as well as whether or not decisions were implemented.

Conclusions: Our results show that an MDT’s ability to make and implement decisions is influenced by both information and team member contributions. Specifically, the overall contribution percentage score is a significant positive predictor, and can be used to guide further MDT training and structuring.

0868: TIME AS A PREDICTIVE DOMAIN FOR OUTCOME OF EMERGENCY APPENDICECTOMY
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Introduction: We sought to investigate time as a predictive domain for outcomes of urgent appendicectomy for acute appendicitis (AA).

Methods: Retrospective chart review of a prospectively maintained database. All patients undergoing emergency appendicectomy for AA between 1st Jan 2010-31st Dec 2012 were analysed. Primary outcomes: histopathologically-proven AA and 30-day adverse events (composite outcome: post-operative complications, return to theatre and return to hospital). Time & day of admission, procedure and discharge were extracted: (Day: 08:00-16:59; Evening: 17:00-22:59; Night: 23:00-07:59) and (Weekday: Mon 08:00-Fri 22:59; Weekend: Fri 23:00-Mon 07:59). Kruskal-Wallis and Chi-squared analyses were performed (alpha=0.05).

Results: 953 patients were identified (Male=54%; median age=29). Laparoscopy was the initial approach in 90.7% (n=864). Adverse events occurred in 18% (n=172) [post-operative complications: n=79; return to theatre: n=33; return to hospital: n=92]. Greater incidence of adverse events were associated with weekend admissions (p=0.027) but not with time (p=0.066) or day (p=0.486) of procedure. Histopathologically-proven non-AA appendicectomy occurred in 240% (n=229) [normal appendix n=100; other pathology n=129]. Increased incidence of normal histology was associated with procedures performed at night (p=0.01), but not with time (p=0.362) or day (p=0.341) of admission.

Conclusions: The data highlights areas for targeted improvement in service delivery and gains in clinical efficiency for management of AA.

0900: PUBLICS’ AWARENESS OF DISORDERS AFFECTING THE BOWEL AND RESEARCH ON BOWEL DISEASES – A POPULATION SURVEY
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Introduction: The burden of bowel disorders is rapidly increasing worldwide. Early recognition and intervention improve outcomes. Publics’ awareness of 3-major bowel disorders (CRC, IBD, constipation) was explored in this survey. Subjects answered questions on perception of their bowel health, exercise, dietary behaviour and issues regarding research.

Methods: A representative population sample was surveyed using a postal delivered 26-point questionnaire with 3 sub-sections; “about you”, “bowel health and you” and “bowel & cancer research” (binary responses).

Results: 66.3% (n=214) were in the age group 46-78-years with only 2.3% <30-group. 81.3% believed their bowel health is good, with 58.8% reporting daily fibre intake. Half of the sample had direct experience of bowel disease (family member/friend). 79% were aware of bowel symptoms relating to bowel cancer but nearly half of the sample underestimated the burden of bowel cancer. This figure was better for IBD (53.7% vs. 78.5%; CRC vs. IBD). 81% were unaware of the poor funding resources available for research on bowel conditions.

Conclusions: Publics’ awareness of disease, its symptoms, and treatment options alters their attitudes to the disease and help seeking behaviour. Strategies focused on younger generation are required to improve their engagement including research to beat bowel disorders.

1015: SAFETY AND EFFICACY OF PERMACOL® IN THE TREATMENT OF FAecal INCONTINENCE
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Introduction: Permacol is gaining popularity as an anal bulking agent for the treatment of passive faecal incontinence FI. The aims are: (i) Evaluate the safety and efficacy of Permacol in the treatment of FI (ii) Assess patient satisfaction.

Methods: A retrospective analysis of consecutive patients who had Permacol anal bulking injections over a 3-year period. Patients were evaluated clinically and with ano-rectal physiological tests in a dedicated pelvic floor clinic. Pre-and post-injection Cleveland Clinic Florida Incontinence Scores (CCFIS) were calculated. A telephonic interview was carried out to assess quality of life and patient outcome measures.

Results: 23 patients were included. 61% had complete response and 30% partial response at a median of 8 weeks post injections. At 6-12 weeks post injection, CCFIS showed significant improvement from a mean of 13.5 (6-20) at baseline to 5.1 (0-20) p<0.001. 21% required repeat injections with further benefits. We reported no adverse reaction to the injections and 88% of the patients were satisfied with the outcomes.

Conclusions: Permacol injection for FI is safe, efficacious and well tolerated by patients. The effect is not permanent, as some patients required repeat injections. A large randomised controlled trial with long-term data is desirable for this agent.

1036: ENDOSCOPIC STENTING OF OBSTRUCTING COLORECTAL CANCERS: A SUITABLE THERAPEUTIC OPTION? A REVIEW OF EIGHT YEARS’ DATA FROM A TERTIARY REFERRAL CENTRE
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Introduction: To establish whether stenting of obstructing colorectal cancers (CRCs) is a suitable alternative to emergency resection in a local setting.

Methods: All patients who underwent stenting of a CRC from April 2004 to March 2012 were studied. Data were collected regarding reason for stenting, time to stenting, success, complications, further surgery, and final outcomes.

Results: Sixty emergency and 5 planned stents were performed, patient age range 25-98 (median 72). Twenty-five were performed as a bridge to surgery, 27 due to advanced disease, 12 due to patient co-morbidity, and 7 due to patient choice. Time from referral to stent for emergency referrals was 1-360 hours (median 23). Sixty-one stents were successfully deployed. Perforation occurred in 2 patients and migration in 5 patients. Twenty-one patients underwent planned surgery (time to surgery 2-208 days, median 24), 8 patients underwent emergency surgery (time to surgery 0-79 days, median 5). 33 patients have died since stent insertion (time to death 7-1263 days, median 203).

Conclusions: Stenting of obstructing colonic cancers is a viable alternative to emergency resection, with a low complication rate. Stenting may allow a proportion of patients to later undergo planned surgery. Stenting carries a lower peri-procedure mortality than emergency resection.