**Introduction:** Multiple surgical resections may be necessary in chronic Crohn’s disease management. Laparoscopic techniques offer a minimally invasive approach. The 5-year experience of a Consultant Colorectal Surgeon in a District General Hospital is described. Short-term outcomes of elective laparoscopic procedures are emphasized.

**Methods:** Patient and operative data were extracted from a prospective database for the period November 2007 to November 2011.

**Results:** 14 elective laparoscopic procedures were performed on 13 patients (7 male, 6 female) with Crohn’s disease. Median age was 42.8 years (range 17.3–68.9 years). The procedures comprised: 11 right-hemicolecotomies, 1 sigmoid-colectomy and 2 ileostomy reversals. 5 were repeat resections for recurrent disease at the ileo-colic junction. Prior ileo-colic resection had occurred in 4 patients, (6 prior resections in 1 patient, 3 in 1 patient and 2 in 2 patients). Open conversion occurred in 1 patient, who had undergone a prior resection. One anastomotic leak (1/14, 7.1%) occurred, following primary right-hemicolecotomy. Median length of stay in the resection group was 6.5 days (range 2–11 days). No post-operative deaths occurred.

**Conclusion:** Laparoscopic techniques may be routinely applied to the surgical management of Crohn’s disease; this includes patients requiring repeated resections in chronic disease, without significant additional morbidity.

**0496: AUDIT OF LYMPH NODE HARVEST DURING BOWEL RESECTION FOR COLORECTAL CANCER**


**Aims:** To perform an audit of lymph node (LN) harvest, an independent prognostic factor for 5 year survival, during colorectal resections. The National Bowel Cancer Audit in 2010 identified that the median number of LNs excised with the specimen should be 15 for colorectal cancer and 13 for rectal cancer.

**Methods:** Retrospective analysis of prospectively collected data was performed of all eligible patients between January 2010 and August 2011 (20 months).

**Results:** A total of 177 patients were diagnosed with colorectal cancer during this study period. 72 patients were excluded for a variety of reasons, but predominantly for metastatic disease (47). Results from 105 patients are reported. 93 patients had colon cancer resections. 55 (59.1%) of these patients had more than 15 LNs excised with the specimen. LNs were positive in 43 (46.2%). 12 patients underwent surgery for rectal cancer. 9 (75%) of these patients had 13 or more lymph nodes excised with the specimen. LNs were positive in 4 (33.3%).

**Conclusions:** In a majority, the LN yield following colorectal resection at our centre was above the National average for rectal and colonic cancers in this study period, but the surgical technique needs to improve for colonic resections and a re-audit performed.

**0540: LARGE BOWEL OBSTRUCTION CAN BE SAFELY TREATED BY COLONIC STENT INSERTION - CASE SERIES FROM A UK DISTRICT GENERAL HOSPITAL**

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**Aim:** The aim of this study is to audit our outcomes and experience of colonic stent insertion for malignant bowel obstruction.

**Methods:** Retrospective audit of all stent insertions in a single district general hospital between August 2003 and December 2009. All patients had presented with acute bowel obstruction caused by malignant colorectal disease. Details were collected prospectively and contemporaneously onto a database. Stent insertion was a combined endoscopic and fluoroscopic procedure involving a colorectal surgeon and consultant radiologist.

**Results:** Stenting was attempted on 62 occasions in 54 patients. The technical success rate was 86% and clinical success rate 84%. The indications for stenting were relief of acute bowel obstruction, palliation and as a bridge to surgery. There were complications in fourteen cases (22.5%) including three perforations and one perioperative mortality. There were three cases of stent migration, six cases of re-stenosis and two stents became impacted with stool. There were no incidents of acute or delayed haemorrhage in any patients.

**Conclusion.** Our experience shows that stenting for obstructing colorectal cancer is a safe and effective method of alleviating acute and impending bowel obstruction and can be provided safely and effectively in a district general hospital.

**0560: ANTERGRADE COLONIC ENEMA IN ADULT PATIENTS: A SINGLE SURGEON SERIES**

Mohammed Hamdan, Andrew Gee. Department of Colorectal Surgery, Royal Devon and Exeter Hospital NHS Foundation Trust, Exeter, UK

**Aim:** The antegrade colonic enema (ACE) procedure is a minimally invasive treatment for refractory constipation. 47-83% success rates have been reported. The aim of this study is to demonstrate the outcome of patients who underwent the ACE procedure in a district general hospital.

**Methods:** Retrospective review of all patients who underwent the ACE procedure for refractory constipation between February 2002 and June 2011. Demographic, operative and follow up data were recorded.

**Results:** A total of 12 female patients had the ACE procedure performed by a single colorectal surgeon. Median age was 43 (24-70) years. Median postoperative hospital stay was 6 (2-17) days. Median follow up was 36 (14-75) months. Conduit stenosis or leakage developed in 4 and 1 patients respectively requiring surgical revision. 1 patient developed an incisional hernia with subsequent poor conduit function ultimately managed with an end ileostomy. 2 failed to use the conduit and are now on laxatives. Excluding the latter 3, all patients are managing their constipation without laxatives.

**Conclusion:** The ACE procedure was successful in 75% of patients who were, thus, able to avoid more aggressive surgery. Patient education and compliance are essential to improve success rates.

**0566: CHEAPER DOES NOT NECESSARILY MEAN INFERIOR**

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**Aim:** A recent service change at one of our sites (site 2) saw the sole utilisation of endoscopic equipment from a cheaper manufacturer. Endoscopists favoured the more expensive equipment and thought that service quality may be affected. The objective of our study is therefore to evaluate the effect of change of equipment on service quality.

**Methods:** Data for 836 colonoscopies performed by three colorectal surgeons on both sites was prospectively collected.

**Results:** Overall completion rates were 89.9% at site 1 (n = 490) and 92.2% at site 2 (n = 346) [p = 0.182]. Completion rates for each consultant also showed no significant differences. The overall usage of Midazolam between sites were comparable (3.576mg vs. 3.512mg, p = 0.413), however lower doses were observed for two consultants at site 2 (3.23mg vs 2.79mg, p = 0.00 and 3.19mg vs 2.95mg, p = 0.022). The use of analgesics showed no statistical differences between sites. Comfort score comparison showed no statistical differences overall, however comfort scoring was significantly better at site 2 for two consultants (p = 0.03 and p = 0.02)

**Conclusion:** Completion rates, use of sedation and comfort scores are comparable between the sites despite the difference in equipment. Therefore we conclude the quality of service provision is not diminished by the type of equipment utilised.

**0586: IS YOUR BLOOD ORDERING SCHEDULE FOR COLORECTAL RESECTIONS UP TO DATE AND COMPLIANT WITH NATIONAL GUIDELINES? AN AUDIT OF CROSS-MATCHED BLOOD UTILISATION IN ELECTIVE COLORECTAL RESECTIONS (ECR)**

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**Aims:** Assess compliancy of our blood ordering schedule against national guidelines by determining cross-matched blood usage in patients undergoing ECR.

**Methods:** Retrospective data collection for 12 consecutive months, on ECR (benign and malignant); Patients requiring preoperative blood transfusion excluded. Data analysed: operation, pre-operative radiotherapy, preoperative and postoperative haemoglobin, units cross-matched, blood transfusions.
Results: 115ECR performed. 9 patients excluded. 77/106 (73%) patients cross-matched. 28 patients required intra-operative or post-operative (within 7 days of surgery) blood transfusion. 225 units of blood cross-matched, but only 65/225 units 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 160 units 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 <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 G8S 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 80% 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 significant 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 15 mins 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 30 mins 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 30 mins 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 SSI’s 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