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# Abstracts From The 2011 Meeting Of The Association Of Surgeons In Training

## Oral abstracts



\* ASiT Medal 0650 **PRE-OPERATIVE NEUTROPHIL LYMPHOCYTE RATIO GREATER THAN 5 IS A PROGNOSTIC FACTOR FOR RECURRENT COLORECTAL CANCER**

Sreelakshmi Mallappa, Ashish Sinha, Sharmila Gupta, Stephen Chadwick. *Northwick Park Hospital, North West London Hospitals NHS Trust, Harrow, Middlesex, UK*

**Aim:** Pre-operative neutrophil lymphocyte ratio (NLR) is associated with poor prognosis in colorectal cancer (CRC). The aim of this study was to assess if pre-operative NLR could predict patients at risk of recurrence of CRC.

**Methods:** All consecutive patients who underwent surgical resection for CRC over a two-year period at our institution were analysed. Demographic data including CRC recurrence was prospectively collected from our institutional cancer database. Pre-operative NLR was calculated on baseline blood results, with a value  $>5$  being a poor prognostic factor. Parametric survival analysis was used to identify risk factors for CRC recurrence. Hazard ratios (HR) were calculated for gender, CRC stage using Jass score, pre-operative NLR and CRC site.

**Results:** 298 patients underwent CRC resection at a median age of 70 years. The distribution by stage of CRC was 30.2%, 23.8%, 19.5% and 26.5% for stages 1, 2, 3 and 4 respectively. Over a median follow up period of 3.35 years, 59 patients had recurrent CRC. Multivariate analysis revealed CRC stage (HR 8.69, 95% CI 3.85–19.6,  $p < 0.0001$ ) and  $NLR > 5$  (HR 1.81, 95% CI 1.07–3.07,  $p = 0.028$ ) to be significant and independent risk factors predictive of recurrent CRC.

**Conclusion:** These data suggest that pre-operative  $NLR > 5$  is predictive of CRC recurrence.

ASiT Medal 0792 **USE OF CO<sub>2</sub> ANGIOGRAPHY FOR COMPLEX ENDOVASCULAR ANEURYSM REPAIR**

Jane Cross, Dominic Simring, Luke Morgan Rowe, Krassi Ivancev, Peter Harris, Toby Richards. *UCH, London, UK*

**Objectives:** Use of fenestrated and branched EVAR is associated with a significant incidence of contrast induced nephropathy. We describe the

use of CO<sub>2</sub> as primary contrast agent in patients undergoing complex EVAR. The aim of this study is to demonstrate a reduction in post operative renal dysfunction with CO<sub>2</sub> as the primary contrast agent.

**Methods:** Two consecutive cohorts of patients undergoing fenestrated and branched EVAR were compared. 41 procedures were completed with iodinated contrast media (group 1) and 27 utilised CO<sub>2</sub> as the primary contrast agent (group 2). Endpoint assessed was renal impairment, defined as an increase in creatinine of  $>25\%$ .

**Results:** Baseline renal function was similar in each group. Median change in post op creatinine: 28.5 (group 1), 9.5 (group 2) ( $P = 0.048$ ). Post op renal dysfunction: 13/41 (group 1), 8/27 (group 2) ( $P = 0.79$ ). Temporary haemofiltration 7/41 (group 1), 3/27 (group 2) ( $P = 0.72$ ). Medium volume (ml) of iodinated contrast 226.26 (group 1), 75 (group 2) ( $P = 0.43$ ). No patients required permanent dialysis. There was no difference between the groups in fluoroscopy time or radiation dose.

**Conclusion:** Renal impairment is a common complication amongst patients undergoing complex EVAR. CO<sub>2</sub> angiography may reduce the volume of iodinated contrast used as well as lower post operative creatinine levels.

ASiT Medal 0111 **ELECTIVE ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM AT 10 YEARS: IS THE INITIAL ANEURYSM DIAMETER A VALID TOOL TO PREDICT OUTCOME?**

M.A. Sharif, M.J. Clarke, L. Wales, M.G. Wyatt. *Freeman Hospital, Newcastle upon Tyne, UK*

**Aims:** To assess the validity of the preoperative maximum abdominal aortic aneurysm (AAA) diameter as a predictive tool for long-term complications after Endovascular Aneurysm Repair (EVAR).

**Methods:** Data were collected prospectively and analysed retrospectively for 550 consecutive patients undergoing EVAR from September 1999–July 2009 in a single centre. Some 116 patients were excluded and the remaining were divided into two groups: small aneurysms ( $<60$  mm,  $n = 118$ ) and large aneurysms ( $\geq 60$  mm,  $n = 316$ ). The long-term outcome measures were compared between the two groups using Kaplan-Meier life table analysis at 10 years.

**Results:** The median aneurysm diameter was 65 (interquartile range 59–73) mm. At 10 years, patients with small aneurysms had a better overall survival

\* The winning papers.