Method: A retrospective analysis of patients at a London hospital with anal skin tag excision over five years was identified via electronic records. 266 patients were identified and histological analysis of the specimen sent on the date of operation was checked.

Result: One patient was identified as having a squamous cell carcinoma. 3 out of 175 where histology was available showed high grade AIN (either AIN 2 or AIN 3) and three had viral warts. Result showed that 34.2% of patients did not have a histological result recorded.

Conclusion: 2.3% of anal skin tags excised over five years had a histological diagnosis of cancer or AIN. The detection rate of cancerous lesions in our population suggests that anal skin tag excision is of clinical value and that all specimens should be sent for histology. This analysis also showed that electronic coding for procedures could be improved. A further prospective study sending all specimens for histology is warranted.

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http://dx.doi.org/10.1016/j.ijssu.2016.08.142

0301: ASSESSMENT OF PATIENTS’ PSYCHOLOGICAL NEEDS ON THE COLORECTAL ENHANCED RECOVERY PROGRAMME AT A DISTRICT GENERAL HOSPITAL

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Aim: This audit aimed to assess local adherence to an aspect of NICE guideline CG138, on the colorectal Enhanced Recovery Programme (ERP). The guideline stipulates that patients’ potential need for psychological support should be recognised and regularly reviewed. One aspect of this is the identification of pre-existing mental health problems.

Method: 30 patients who underwent colorectal surgery on the ERP in 2014 were identified. Their case notes were studied retrospectively to determine whether patients had been questioned pre-operatively about psychiatric co-morbidities or cognitive impairment.

Result: In only 25% of cases studied had patients been screened as described above.

Conclusion: This represents an unequivocal failure to recognise those at increased risk of needing psychological support in the peri-operative period.

Method: The ERP proforma was altered to include a specific question about mental illness, as well as an Abbreviated Mental Test Score (AMTS) for patients 75 years and over. The proforma also now prompts regular completion of a Hospital Anxiety and Depression Scale (HADS) by those with pre-existing mental illness. A re-audit of 30 cases subsequently demonstrated screening in 68% of cases. Further improvement is needed, and a larger study is desirable to determine what impact this intervention has on patient outcomes.

http://dx.doi.org/10.1016/j.ijssu.2016.08.143

0308: USING CR-POSSUM TO PLAN HDU ADMISSIONS FOR HIGH-RISK PATIENTS UNDERGOING COLORECTAL RESECTIONS

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Aim: The 2011 Royal College of Surgeons and Department of Health guidelines state that all higher risk general surgical patients (predicted mortality ≥ 10%) should be admitted to critical care post operatively. CR POSSUM was used to classify patients as low (mortality<5%), intermediate (5–10%), or high-risk (>10%). Whether patients had planned or unplanned admissions to HDU post operatively was evaluated.

Method: All patients who underwent major colorectal cancer surgery from April 2013 to April 2014 were included. 103 patients met the inclusion criteria; notes were available for 90 patients.

Result: There were 31 patients with predicted a mortality >10%; Only 8 of these patients had HDU beds booked post operatively and there were 7 unexpected HDU admissions. Thirty five patients had a predicted mortality 5–10%, 6 of whom had HDU beds booked post operatively. There were a further 6 unplanned HDU admissions in this group.

Conclusion: CR POSSUM is a user friendly pre-operative assessment tool to estimate mortality risk. Only a fraction of our high risk patients are routinely managed in HDU post operatively. The number of unplanned HDU admissions could be reduced by developing our pre-operative assessment system to identify patients who would benefit from HDU care post operatively.

http://dx.doi.org/10.1016/j.ijssu.2016.08.144

0397: DO RESOURCES AFFECT OUTCOMES IN COLORECTAL SURGERY? RESULTS OF A NATIONAL SURVEY OF UK UNITS

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Background: Resource levels are thought to be associated with surgical outcomes. The ACPGBI has undertaken a survey of UK colorectal units to assess this.

Method: Data was extracted from hospital-level surveys of UK colorectal surgery units. This assessed domains of care including inpatients, outpatients, endoscopy and nursing. This was correlated with HES data on 90-day mortality, 90-day readmissions and CEPs global rating. Centres were grouped by the primary outcomes of adjusted 90-day mortality rate, readmission and overall patient satisfaction using a hierarchical euclidean distance-based clustering algorithm. Variation in resource levels were compared between clusters with univariate poisson analysis.

Result: 91 of 175 UK mainland trusts responded. Variation in end-points for HES data meant Welsh and Scottish units were excluded. This left 75 responses from hospitals undertaking colorectal surgery across England. This algorithm split centres into three tiers of outcomes; poorer outcomes (8.3% mortality, 19.4% readmission, 87.7% satisfaction), middle outcomes (4.2% mortality, 21.5% readmission, 88.2% satisfaction) and better outcomes (2.0% mortality, 17.3% readmission, 89.7% satisfaction). Analysis of population served, workload, consultant and nurse staffing levels did not show significant variation between clusters.

http://dx.doi.org/10.1016/j.ijssu.2016.08.145
Conclusion: This suggests that utilisation of resources rather than levels of resources may be related to outcomes.

http://dx.doi.org/10.1016/j.ijsu.2016.08.146

0408: RETROSPECTIVE COMPARISON OF THE OUTCOMES OF EXTRALEVATOR ABDOMINOPERINEAL RESECTION (ELAPE) WITH ABDOMINOPERINEAL RESECTION (APR) FOR RECTAL CANCER

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Aim: Specimen quality as a risk factor for local rectal cancer recurrence, was compared between tissue specimens obtained using the Extralevator abdominoperineal excision (ELAPE) approach and conventional abdominoperineal resection approach in a retrospective analysis.

Method: Specimen quality in 67 surgical resection specimens of rectal tumours was compared using histopathology reports. 39 resections were performed using the Extralevator abdominoperineal excision approach and 28 using conventional abdominoperineal resection. The Quirke classification used in the Dutch TME trial was used to characterize specimen quality. Plane of excision, presence of specimen wasting, as well as tissue defects and the presence of intraoperative bowel perforation were classified into three categories: complete, nearly complete and incomplete resection.

Result: In the ELAPE group: 16 (41%) specimens were reported as complete excision, 18 (46.2 %) as nearly complete, 5 (12.8 %) as incomplete. Amongst the conventional APR group: 15 (53.6%) classified as complete excision, 12(42.9 %) as nearly complete, and 1 specimen (3.6 %) as incomplete.

Conclusion: In this study, lower specimen quality was demonstrated in the ELAPE group than in the APR group. Further assessment of disease recurrence in these patients would be beneficial to demonstrate the impact of this risk factor on disease recurrence.

http://dx.doi.org/10.1016/j.ijsu.2016.08.147

0426: DIAGNOSTIC BIOPSIES FOR PERSISTENT DIARRHOEA

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Aim: To determine if biopsies are taken in all patients undergoing colonoscopy due to persistent diarrhoea, as per quality standards set by the Joint Advisory Group on Gastrointestinal Endoscopy, for prompt diagnosis and management of malignancy/inflammatory bowel disease.

Method: A retrospective analysis of colonoscopy and histology reports of 50 patients referred for persistent diarrhoea was carried out. The initial audit showed an 88% rate of biopsy (n = 121).

Result: After recommendations to improve the rate of biopsy were implemented, the number of biopsies taken improved to 96% (n = 50), an overall 8% increase in the total number of biopsies taken six months after the initial audit. 54% of the biopsies were normal. 12% showed tubular adenoma, and 6% detected Crohn’s disease, 4% each detected collagenous colitis, ischaemic colitis and proctitis. The rate of ulcerative colitis, focal active colitis, lymphocytic colitis and active ileitis was 2%. Only 4% of colonoscopies were not biopsied—the rate of failure to biopsy did not differ between medical or surgical operator.

Conclusion: A complete audit cycle identified the need to improve the biopsy rate in diagnostic colonoscopies, and demonstrated a significant improvement in the number of biopsies taken by the time of re-audit.

http://dx.doi.org/10.1016/j.ijsu.2016.08.148

0510: SENSITIVITY OF ROUTINE CT ABDOMEN AND PELVIS FOR DETECTING COLORECTAL CANCER


Aim: We have little data about the sensitivity of routine CT abdomen and pelvis (RCTAP) in detecting colorectal cancer. Therefore, a retrospective study was performed to determine the sensitivity of RCTAP in identifying the malignant lesion in our already diagnosed colorectal cancer patients.

Method: Prospectively collected data for all colorectal cancer patients in the Ayrshire and Arran Health Board were examined from January 2010 to December 2014. The correlation between their preoperative CT findings and the final histopathological reports of their resected specimens was analyzed.

Result: The total of 882 patients were collected for the 5-year period. 165 patients were excluded. The overall sensitivity of RCTAP for colorectal cancer was 74.5% and the sensitivity improves as the lesion gets bigger: 50% < 2 cm, 65% >2 and < 3 cm, 75% for > 3 and < 4 cm, 86% >4 and < 5 cm and 95% > 5 cm. In terms of Duke’s stage disease, the sensitivity of detecting the lesion was 52% in Duke’s A, 82% Duke’s B, and 80% Duke’s C.

Conclusion: RCTAP appears to have a poor sensitivity of cancer detection for small and early Duke’s A lesions, but the sensitivity seems to improve significantly with bigger and more advanced lesion.

http://dx.doi.org/10.1016/j.ijsu.2016.08.149

0526: ENHANCED RECOVERY AFTER SURGERY VERSUS CONVENTIONAL CARE IN ELECTIVE COLONIC AND RECTAL CANCER SURGERY: FIRST EXPERIENCE IN SAUDI ARABIA


Aim: To compare outcomes of conventional perioperative care with ERAS care pathway including elective colorectal cancer surgery patients for first time in a single centre in Saudi Arabia.

Method: Cohort study, comparing two groups, each group being managed by one consultant’s team. Outcome measures included: hospital stay, postoperative complications, 30 days morbidity & mortality, 6 month follow up and return to normal ambulation, bowel motion & normal diet.

Result: 32 patients were included for each group with comparable baseline features (age,sex,BMI,ASA). Rectal surgeries represented 32% of ERAS group and 53% of conventional group. 80% of each group had PCA while remaining had epidural postoperatively. There was highly significantly different regarding length of hospital stay (5.83 versus 9 days, p < .001) and return to normal diet (2.9 vs 3.9, p = .001). There was no significant difference in postoperative complications, 30 days morbidity or 6 months FU. Subgroup analysis of rectal surgery patients revealed shorter hospital stay in ERAS group (7.36 vs 8.3, p = 0.25), however, longer than colonic surgery in either groups.

Conclusion: ERAS pathway provided shorted hospital stays without increased morbidity or mortality. Differences were less pronounced in rectal surgery subgroup which might benefit of further research regarding ERAS pathways in rectal surgery.

http://dx.doi.org/10.1016/j.ijsu.2016.08.150

0528: DRUG-INDUCED COLITIS IN ADULTS: A SYSTEMATIC REVIEW

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Aim: Drug-induced colitis is increasingly common and remains a diagnostic challenge. This review aims to outline the characteristic endoscopic and histologic features of main types of drug-induced colitides and to distinguish them from inflammatory bowel disease (IBD), with which they share similar clinical presentations.

Method: A systematic MEDLINE search was performed, yielding 472 articles. Articles on pseudomembranous colitis were excluded. 113 articles were eligible for final review.