0028: A CLOSED LOOP AUDIT INTO THE MANAGEMENT OF CHRONIC ANAL FISSURE
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Background: Chronic Anal Fissure (CAF) is one of the commonest proctological diseases with considerable variation in sequential treatment. We audited our compliance of CAF management with national guidance provided by the Association of Coloproctology of Great Britain and Ireland (ACPGBI).

Method: We retrospectively audited patients presenting to outpatient clinics with CAF over a 6-month period. Using electronic patient records, notes and clinic letters, we compared their management with ACPGBI guidelines. In total, 48.8% (n = 28/41) of patients had appropriate dietary therapy; only 7.1% (n = 2/28) were treated successfully. Nighty-six percent (n = 25/26) were then appropriately treated with topical dilatazam 2% or GTN 0.4%. Overall, 43.9% (n = 18/41) of all patients’ entire management strategy adhered to the ACPGBI guidelines. In total, 48.8% (n = 20/41) patients had surgical treatment (excluding Botox), of which 15% (n = 3/20) were guideline compliant. Following dissemination of results and education, the 20 patient re-audit demonstrated significant improvement in guideline adherence (43.9% vs. 95%; P = 0.001).

Conclusion: The data suggests that algorithm compliance leads to healing without surgery in 83.3% (n = 15/18) of patients, compared to 26.1% (n = 6/23) with non-compliant methods (P = 0.0004). This highlights the benefit of conservative/medical management of CAF, before attempting surgery.

0096: HARTMANN’S PROCEDURE AND REVERSAL RATE: A COHORT ANALYSIS OF PREDICTORS OF NON-REVERSAL
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Introduction: Hartmann’s operation is a gold standard emergency procedure for left colonic disease.

Aim: Evaluate the outcomes and reversal rate in those undergoing Hartmann’s procedure and identify factors predicting stoma non-reversal. To aid procedure planning and patient decision making.

Method: Retrospective analysis of patients having Hartmann’s and stoma reversal between January 2010 and December 2014. Analysis of demographics and clinicopathological parameters was performed. Univariate and multivariate logistic regression analysis were used to identify factors associated with non-reversal.

Result: 108 Hartmann’s operations performed during the study period, median age 72 years with equal male to female ratio. Stoma reversal in 45% of patients. Excluding patients not reversed because of prior clinical decision, early deaths and patients declining operation, the true reversal rate is 83%. Median time to reversal was 11 months. 48% had postoperative complications following Hartmann’s procedure and mortality rate was 12%. Factors associated with stoma non reversal from univariate analysis; Age above 70 years, female gender, ASA class greater than 2, presence of comorbidities, postoperative complications, prolonged hospital stays.

Conclusion: Independent factors for stoma non reversal from multivariate analysis; age above 70 years, ASA class greater than 2, prolonged hospital stays more than 14 days.

0068: IRON DEFICIENCY ANAEMIA AND NORMAL INITIAL GASTROTESTINAL ENDOSCOPES: LONG TERM OUTCOMES
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Aim: To evaluate long term outcomes of patients with iron deficiency anaemia (IDA) and normal upper and lower gastrointestinal endoscopies managed in accordance with the British Society of Gastroenterology (BSG) guidelines.

Method: Review of a prospectively maintained database of patients referred for investigation of IDA to a colorectal department at a United Kingdom district general hospital between 1999—2006. Case notes were reviewed to determine recurrence and subsequent re-investigation of IDA, any significant gastrointestinal pathology subsequently diagnosed and outcomes.

Results: 141 patients were referred for investigation of IDA. 116 (82.3%) patients had no cause found for IDA on their index gastrointestinal evaluations and were not investigated further. 23 (19.8%) patient were referred for IDA investigations of which 20 went on to have further normal endoscopies. 3 (2.6%) patients were diagnosed with a gastrointestinal cancers during the follow up period at a median of 12 years post index assessment.

Conclusion: There were no interval gastrointestinal cancers diagnosed in our cohort of patients with IDA and normal index investigations who were managed as per BSG guidelines after over 10 years of follow up. Rates of referral and survival were acceptable and overall this data supports the recommendations made by the BSG.

0059: TWO-WEEK WAITS IN A DISTRICT GENERAL HOSPITAL - BURDEN AND COST IN A DISTRICT GENERAL HOSPITAL
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Background: UK practice uses a ‘two-week wait’ (2WW) referral in patients with symptoms associated with colorectal cancer (CRC). With increasing service demands, we set out to identify rates of 2WW referrals and cancer diagnosis, alongside an estimated cost for this activity.

Method: Our 2WW database was cross-referenced with colorectal MDT records for 2011-2014. A costing formula using 2015 tariffs was created, allocating patients costs for diagnosis and cancer diagnosis, alongside an estimated cost for this activity.

Result: There were 2,994 2WW referrals in this period, with CRC detected in 196 (6.05%). Referrals rose from 409 in 2011, to 915 in 2014. The number of referrals to diagnose one cancer rose from 10.25 to 18.28. Estimated total cost was £295,115 in 2011 and £651,089 in 2014. Cost per cancer detected rose from £7,377 to £13,021. The most frequently recorded symptom associated with CRC was change in bowel habit (42%). Presentation of Dukes-D tumours changes from 10%-30% over the study period.

Conclusion: We have found increased workload and cost, without increased pick-up of cancer, as well as increased late-stage presentations. Review of 2WW use the main model for cancer diagnosis should be reviewed.

0292: ANAL SKIN TAGS EXCISION, DECISION OR INDECISION?
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Aim: Trusts and commissioners are deeming Anal Skin Tag excision a procedure of limited clinical value. But does it pick up serious pathology at an early and treatable stage?