Conclusion: SGF is a rare differential for testicular swelling, but should remain a consideration in equivocal cases.

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Coloproctology

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 algorithm. A prospective re-audit was then performed.
Result: Forty-one patients were analysed (59% male). Sixty-eight percent (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 diltiazem 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 = 0.0001).
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.

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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 <45 years-old to sigmoidoscopy, and >45 to colonoscopy. CT and OGD for iron-deficiency were added in 10% of patients.
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.

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0068: IRON DEFICIENCY ANAEMIA AND NORMAL INITIAL GASTROINTESTINAL ENDOSCOPIES: 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 re 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 re-referral and survival were acceptable and overall this data supports the recommendations made by the BSG.

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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.

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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?

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.
Results 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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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 2% 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.
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.

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0330: IMPROVING OUTCOMES: IMPLEMENTATION OF THE ASGBI PATHWAY FOR THE MANAGEMENT OF SMALL BOWEL OBSTRUCTION (SBO) AT THE ROYAL UNITED HOSPITAL

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Aim: Small bowel obstruction (SBO) is a surgical emergency accounting for 12–16% of acute surgical admissions across the UK and is responsible for 20% of emergency laparotomies[1]. The RCS Commissioning Guide produced a pathway to improve management of SBO[2]. We aimed to implement this pathway to facilitate conservative resolution of SBO, thereby mitigating requirement for unnecessary laparotomies.
Methodology: Initial data was collected retrospectively using clinical coding records over 4 months (n = 36), and cross-matched with theatre records for completeness. Outcomes were assessed in accordance with the different pathway stages. We implemented the 'initial pathway' then prospectively collected data over 2 months (n = 13). The pathway was then adapted to facilitate easier use amongst healthcare professionals, this included wider accessibility of gastrografin. We then re-audited (n = 14).
Result: Initial results demonstrated 75% (27/36) of patients underwent laparotomies with 25% (9/36) resolving following conservative management. Following pathway implementation, we observed a reduction to 46% operative resolution. Pathway amendments caused an increase to 57%, however conservative resolutions following gastrografin improved from 0%–14%. Laparotomy reduction shows statistical significance (z-score,one-tailed *t*-test $p < 0.05$).
Conclusion: Our findings provide evidence that through implementation of this pathway we have ameliorated our conservative management of SBO and subsequently reduced unnecessary emergency laparotomies.

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0358: USING CR-POSSUM TO PLAN HDU ADMISSIONS FOR HIGH-RISK PATIENTS UNDERGOING COLONIC 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.

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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.