Colorectal Disease

Volume 18 Supplement 1 September 2016

Abstracts of the 11th Scientific and Annual Meeting of the European Society of Coloproctology

28–30 September 2016

Milan, Italy

This abstract book has been produced using author-supplied copy. Editing has been restricted to some corrections of spelling and style where appropriate. No responsibility is assumed for any claims, instructions, methods or drug dosages contained in the abstracts: it is recommended that these are verified independently.

WILEY
Blackwell

Contents

Abstracts of the 11th Scientific and Annual Meeting of the European Society of Coloproctology, 28-30 September 2016, Milan, Italy

	Numbers	Pages
The Six Best Abstracts	B1–B6	3–4
Visiting Fellows Papers		5
Free Papers	F01-F36	6-12
Student Oral Posters	OP01-OP06	13–14
Oral Posters	OP07-OP66	15-26
Lunchtime Posters	LTP01–LTP90	27-43
Poster Abstracts	P001-P473	44-125
Trials Abstracts	T01-T13	126–128
Video Surgery Abstracts	V01-V10	129-130
Author Index		131-138

14631318, 2016, S1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/codi.13438 by University Of Kelaniya, Wiley Online Library on [29/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

UC duration; severity; medication and surgical variables to ascertain fertility ratios compared to the general population.
Results: Female patients with severe UC had a significant reduction in fertility. Of females undergoing IPAA, there was only modest further reduction in overall fertility. We found no significant difference in the rates of IVF or successful pregnancies according to various surgical variables.
Conclusion: The data supports the concept that in a high volume centre, fertility is reduced only modestly by IPAA itself. In women with disease activity sufficiently severe to merit surgery, the illness itself and the attendant exposure to medications contribute appreciably to subsequent infertility risk. We propose that the observed lower fertility rates attributed to IPAA maybe over-estimated.

P047
Closure of an end-ileostomy after two-staged ileocolic resection in patients with Crohn's disease

I. Iesalnieks[1], T. Bittermann[2] & C. Hackl[2]
[1]*Städtisches KlinikumMünchenBogenhausen, Munich, Germany,*
[2]*Universitätsklnikum Regensburg, Regensburg, Germany*

Aim: End-ileostomy is frequently formed in patients with Crohn's disease who undergo ileocolic resections and are unfit to receive an anastomosis; and to treat postoperative anastomotic complications. The present study was conducted to assess predictors of adverse postoperative outcome in patients undergoing closure of an end-ileostomy.
Method: 119 patients undergoing closure of end-ileostomy between 1994 and 2016 were included. We assessed risk factors for postoperative anastomotic complications (leakage, fistula, local abscess or peritonitis).
Results: The median interval between formation and closure of the ileostomy was 4 months. The body weight increased prior to stoma closure by mean 4.8 kg (by 9.2%), and hemoglobin level increased by mean 2 g/dl (by 20.8%). The incidence of postoperative anastomotic complications following closure of end-ileostomy was 10% (n = 12). By multivariate analysis, failure to gain body weight (Hazard ratio 4.7; 95% CI, 1.1 to 19.1, P = 0.031) was associated with anastomotic complications (19% *vs* 6%). Fourteen patients received parenteral fluid substitution and 11 patients were under Anti-TNF medication before stoma closure: none of them developed postoperative anastomotic complications.
Conclusion: Failure to gain body weight before stoma closure was associated with an adverse postoperative outcome. Use of biologicals did not increase risk of anastomotic complications.

P048
Comparison of the technical procedures of mesenteric lengthening in ileal reservoir anal anastomosis. An anatomy and angiography study

E. Ismail[1], A. K. Aslar[2], H. İ. Acar[3], S. Celik[4], M. Haci[4], A. Comert[3] & M. A. Kuzu[5]
[1]*Acibadem Hospital, Ankara, Turkey,* [2]*Ankara Numune Education and Research Hospital, Clinic of General Surgery, Ankara, Turkey,* [3]*Ankara University, School of Medicine, Department of Anatomy, Ankara, Turkey,* [4]*Council of Forensic Medicine, Istanbul, Turkey,* [5]*Ankara University, School of Medicine, Department of General Surgery, Ankara, Turkey*

Aim: Aim of this study is to compare the mesenteric lengthening procedures for ileal pouch anal anastomosis.
Method: Four different technics of mesenteric lengthening were compared on fresh cadavers. On first group (n = 5), stepladder incisions were made on visceral peritoneum of the mesentery of the small intestine, whereas on second the group (n = 7), superior mesenteric artery and vein (S M Pedicle - SMP) were divided preserving the ileocolic vessels. On third group (n = 6) SMP was divided preserving marginal artery of the right colon and the right branch of the middle colic artery, whereas, on fourth group (n = 7) SMP was divided without preserving the ileocolic vessels and the marginal artery. Angiograpy was performed to cadavers regarding blood supply of terminal ileum and pouch.
Results: Average mesenteric lengthening was 5.72 (4.30–8.30) cm on group I, 3.63 (2.20–7.0) on group II, 7.03 (5.0–14.0) on group III, and 7.29 (5.0–10.0) on group IV (comparison - for group II, P = 0.011).
Conclusion: In case of mesenteric tightness, dividing the SMP either preserving the marginal artery or without preserving the ileo colic and the marginal artery, result in an additional mesenteric lengthening.

P049
Single incision laparoscopic surgery (SILS) for primary surgery in medically refectory ulcerative colitis: a case series

P. C. Chandrasinghe, C. A. Leo, S. F. Samaranayake, C. Santorelli, R. Strouhal & J. Warusavitarne
St Mark's Hospital Academic Institute, Harrow, UK

Aim: Medically refractive ulcerative colitis (UC) requires surgical intervention. Primary surgery includes subtotal colectomy (STC), restorative proctocolectomy (RPC) or panproctocolectomy (PPC) with end ileostomy. Single incision surgery is gaining popularity in this group of patients.
Method: Patients who underwent single incision surgery for medically refractory UC from 2013 January to 2015 December were prospectively followed up. Demographics, hospital stay and early complications were analysed.
Results: A total of 34 patients were included. There were 21 STCs, 9 PPCs and 4 RPCs done as primary surgery for medically refractory UC. The median hospital stay was 7 days (range: 4–41 days). Four out of 34 patients had a complication with Clavien-Dindo score above 3; (2-re-operation for obstruction (5%), 2 required intensive care for sepsis (5%). Two procedures (5.8%) had to be converted strategically to open. Three patients had cancer in the resected specimen. The median age of those who had PPC was significantly higher compared to those who had restorative procedures (48 years: range 17–69 *vs* 38 years: range 34–64; $P < 0.005$).
Conclusion: Single incision surgery for medically refractory UC is safe with an acceptable complication profile. The quality of life implications of this procedure require further evaluation.

P050
Single incision laparoscopic surgery (SILS) as surgical option in Crohn's disease: our experience

C. A. Leo, S. F. Samaranayake, J. D. Hodgkinson, C. Santorelli, P. C. Chandrasinghe & J. H. Warusavitarne
St Mark's Hospital Academic Institute, Harrow, UK

Aim: Single Incision Laparoscopic Surgery (SILS) is a newer mini-invasive. Benefits of SILS in complex Crohn's disease (CCD), which includes a significant cohort of young patients sometimes needing multiple operations has not been comprehensively assessed. This study analyses our early experience.
Method: Data were collected prospectively from January 2013 to December 2015. Ileocolic resections, right hemicolectomy, small bowel stricturoplasties and resections SILS were included in the CCD cohort. Primary and re-do surgeries were analysed separately.
Results: A total of 45 patients were included: 39 ileocolic resections, 6 small bowel stricturoplasty/resections. Median hospital stay was 8 days (Range - 3 days – 28 days). Three patients from primary (11%) and 2 from re-do group (11%) had to be converted to open surgery. Total complication rate was 35.5% including 31.1% ClavienDindo 1 and 2. In term of operating time, average blood loss, conversion rates, complication rate and hospital stay, there was no significant difference between the groups. Six months follow-up showed no major complications.
Conclusion: We have demonstrated the feasibility of SILS in patients with CCD. There were no significant differences between primary and re-do surgeries. More robust data and longer follow-up is needed in future studies to evaluate this further.

P051
Anorectal function and quality of life in IBD patients with perianal disease: a prospective observational study

F. Litta[1], F. Scaldaferri[2], A. Parello[1], T. Zinicola[2], L. Donisi[1], M. Pizzoferrato[2], A. Gasbarrini[2] & C. Ratto[1]
[1]*Proctology Unit - Catholic University, Rome, Italy,* [2]*Institute of Medical Pathology - Catholic University, Rome, Italy*

Aim: Aim of this prospective observational study was to analyse the anorectal function and the quality of life (QoL) of IBD patients.
Method: Patients were assessed by anorectal manometry, endoanal ultrasound (EAUS), and endoscopy. The patients' QoL was evaluated by the Inflammatory Bowel Disease Questionnaire (IBDQ).
Results: 24 IBD patients (18 Crohn, 6 Ulcerative Colitis) and 20 healthy volunteers were enrolled. Thirteen patients had a history of perianal fistula, while 7 of faecal incontinence. At the EAUS, 21/24 IBD patients had some pathological features. At the anorectal manometry, the maximum anal resting pressure was lower in IBD patients when compared to controls ($P < 0.0001$), while the maximum squeeze pressure was higher in IBD patients ($P = 0.0001$); 19 out 24 IBD patients had a dyssynergic defecation pattern; rectal sensations did not differ. Rectal inflammation ($P = 0.026$) and incontinence ($P = 0.040$) were associated to a lower maximum anal resting pressure. The mean IBDQ score was lower in UC patients when compared to CD patients; the score was not significantly influenced by the presence of rectal inflammation and a perianal fistula, but it was reduced by faecal incontinence ($P = 0.030$).
Conclusion: Anorectal function was impaired in IBD patients with perianal disease. Perianal disease negatively affect patients' QoL.

14631318, 2016, S1, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/codi.13445 by Sri Lanka National Access, Wiley Online Library on [28/05/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License