

Colorectal Disease

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Results: The mean age was 37.0 years (7–68 years), and 67 patients (78.8%) were male. The mean symptom period was 37.1 hours (0–120 hours), and 28 patients (32.9%) suffered from septic shock. Perforation was single in 70 patients (82.4%), and they were located within the terminal 60 cm. of ileum in 73 patients (85.9%). In surgical treatment, 35 patients (41.2%) had primary closure, 9 (10.6%) had wedge resection with primary closure, 9 (10.6%) had resection with primary closure, 28 (32.9%) had resection with ileostomy, and 4 (4.7%) had exteriorization. Complications, including superficial surgical infection (in 27 patients), deep surgical infection (in 25), wound dehiscence (in 15), and intestinal leakage (in 7), were seen in 71 patients (83.5%), with the highest morbidity rate in ileostomy group (25 patients, 89.3%). In this series, 9 patients (10.6%) died, with the highest mortality rate in exteriorization group (1 patient, 25.0%).

Conclusion: The treatment of typhoid intestinal perforation is early surgical intervention.

P041

Long-term outcomes of seton drainage for perianal fistulizing Crohn's disease (PFCD)

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Aim: Treatment of PFCD is challenging due to complex disease, poor healing and high recurrence rate. We determined the outcomes of draining setons for PFCD.

Method: Charts of patients with PFCD treated with a draining seton were reviewed. All patients were primarily treated with silastic seton without planned future seton removal or fistula repair.

Results: Indications for draining seton alone rather than definitive fistula repair in the study cohort of 41 patients were presence of anorectal inflammation ($n = 30; 73\%$), complex fistulae not amenable to surgical repair ($n = 8; 26\%$) or patient preference ($n = 3; 7\%$). Concomitant medical therapy using biologics, immunomodulators, and/or steroids was used in 28 (68%), 14 (34%) and 13 (32%) patients, respectively. Median length of follow-up after seton placement was 35 months. 29 (71%) patients required additional seton placement for new or persistent fistula after a median time of 7 months after initial seton placement. All clinical factors including concomitant biologic therapy were not associated with the need for additional seton placement.

Conclusion: Almost 75% of patients with planned seton drainage for PFCD required additional seton placement. These data suggest that draining setons in PFCD, even in combination with biologic agents, may not have as promising results as previously believed.

P042

A novel hybrid suprapubic single port laparoscopy to treat complicated Crohn's Disease pelvic mass

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Aim: Complicated Crohn's disease (CD) of the terminal ileum may restrict the indication of minimally invasive surgery and increase the conversion rate for both multiport laparoscopy and umbilical Single Incision Laparoscopy (SIL). We present a novel hybrid SIL technique performed through a Pfannenstiel incision that combines the advantages of laparoscopy with the possibility of direct access to complicated pelvic mass.

Method: Mobilization of the right colon and the hepatic flexure is performed by laparoscopy with a SIL device placed on a Pfannenstiel incision. Articulating vessel sealer may be useful to improve triangulation during laparoscopic steps. By temporarily removing the single port device, direct access to the pelvic region can be obtained through the wound protector/retractor in order to easily detach large inflammatory mass as well as entero-enteric and entero-vesical fistulas.

Results: The procedure was successfully conducted in 5 young patient with complicated CD of the terminal ileum. Three ileo-mesenteric fistulas and 2 ileo-sigmoid fistula were treated respectively. No intra-/postoperative complication occurred.

Conclusion: Supra-pubic SIL is feasible and effective in complicated Crohn's disease usually needing larger extraction sites.

P043

A unique hybrid suprapubic single port procedure to treat complicated diverticulitis

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Aim: Laparoscopic sigmoidectomy is considered the standard operation for recurrent diverticulitis on elective basis. Single port sigmoidectomy has been proposed to reduce the number of skin incision, operative pain and improve cosmetic outcome. However access to complicated pelvic disease may be difficult. We propose a novel suprapubic single port (SPSP) procedure to perform sigmoidectomy for diverticulitis that provides easier direct access to complicated pelvic disease.

Method: The procedure was conducted through a 5 cm supra-pubic incision using a single-incision laparoscopic surgery device. Direct pelvic access was obtained through a wound protector/retractor for complicated disease featuring large pseudo-tumour mass or sigmoid-vesical fistulas.

Results: Twelve patients underwent SPSP sigmoidectomy. No intra- and postoperative complications were registered. Sigmoid-vesical fistula was treated in 3 patients. The bladder was repaired with direct suture. The mean operating time and hospital stay were 203 (± 42) min and 3.5 (± 0.5) days respectively.

Conclusion: Suprapubic Single port laparoscopic is technically feasible and could be considered as a valid alternative to standard laparoscopic or umbilical single port procedure especially valuable in complicated pelvic disease when direct access to the pelvis is pivotal.

P044

Ulcerative colitis and the aging-related development of colonic diverticula: a retrospective analysis

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Aim: Aim of the study was to assess the prevalence, features and risk factors of colonic diverticula in ulcerative colitis (UC) patients.

Method: The data of 563 UC patients were retrospectively analysed. Individuals with colonic diverticula were identified according to endoscopic and/or computed tomography findings. Clinico-pathologic data were analysed in order to identify risk factors for diverticula.

Results: Thirty-four patients had both colonic diverticula and UC with a 6.0% prevalence, rising to 18% when considering patients older than 50 years. Mean age at UC diagnosis was 61.9 ± 10.6 years, mean age of diverticula diagnosis was 64.8 ± 8.6 years. Diverticula diagnosis precedes or coincides with UC onset in 59% of subjects whereas it was associated to a long-standing (>10 years) UC in 15% of cases. The majority of patients had diverticulosis (no related symptoms), with less than 10 sigmoid-limited diverticula. UC was extended up to the left colon and determined a mild course of the disease in most individuals with diverticula. Risk factors for the association of colonic diverticula and UC were advanced age and late onset of UC.

Conclusion: UC may reduce but does not prevent the development with age of colonic diverticula, especially when the inflammatory disease has a late onset.

P045

Improving quality of life after pouch surgery with a dedicated nurse led follow up programme

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Aim: Bowel function after ileal pouch affects the quality of life (QOL). The aim of the study was to assess if objective evaluation and specialised supportive care improves QOL after pouch surgery.

Method: Consecutive patients who had an ileoanal pouch were invited to participate in a systematic follow-up regime led by specialised pouch nurse practitioners. The Cleveland global Quality of Life (CGQOL) and specific pouch related symptoms were documented at 6, 12, 24 and 52 weeks after ileostomy reversal. Pearson's Rho coefficient was used to assess the correlation between symptoms and CGQOL.

Results: Thirty nine consecutive patients who had ileoanal pouch surgery were evaluated. Thirty four had more than two visits and improvement in CGQOL (mean -1.36 ± 0.95) was seen in 27 (79%). There was reduction in CGQOL in 5 patients (15%) and no change in 2 (6%). Daytime frequency (DTF) significantly correlated with mean CGQOL ($R = -0.7$, $P < 0.01$). Twenty (59%) of 34 had reduced DTF after intervention. Nocturnal frequency only showed correlation with CGQOL up to 3 months. Incontinence had no impact on the QOL in this cohort.

Conclusion: DTF has the highest impact on QOL in this cohort. Regular systematic specialised pouch care follow up may achieve better QOL.

P046

The impact on female fertility of severe ulcerative colitis and its medical and surgical treatment

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Aim: An elevated risk of female infertility in patients with ulcerative colitis (UC) has been ascribed to ileo-anal pouch construction (IPAA). However, the impact of the disease predating IPAA has received little attention, with some studies reporting fertility in female UC patients is equivalent to normal population. We evaluated the independent, and combined, effects of UC, and IPAA on female fertility.

Method: We studied women diagnosed with severe UC with/without resectional surgery and compared these to population controls. We investigated the effects of