Colorectal Disease

Volume 15 Supplement 3 October 2013

ESCP 8th Scientific and Annual Meeting
25–27 September 2013
Belgrade, Serbia

WILEY
Blackwell

happen. Therefore, identifying meaningful risk factors contributing anastomotic leakage is important to prevent potentially lethal complication.
Method: Two-hundred and forty-seven consecutive patients who underwent low anterior resection for middle and low rectal cancer between January 2002 and December 2006 were studied. Total mesorectal excision was performed by single surgeon. Diverting stomas were not created during these period. Double stapled anastomosis was performed using EEA and Endo-GIAs (Tyco@).
Results: Patients' mean age was 67.7. Preoperative chemo-radiation was delivered in 16 patients. Patients were divided into two groups, such as leakage group ($N = 14$) and non-leakage group ($N = 233$). Two groups were compared by possible contributing factors, such as height of cancer, associated cardiopulmonary diseases, diabetes, ASA score, stage, site of vascular ligation, transfusion, repeated stapling, numbers of GIA, laparotomy *vs* laparoscopy, preoperative CRT, and stapler size.
Conclusion: We found that when fully mobile neorectum was created and complete staple rings were obtained, the IMA ligation was the single most meaningful risk factor for the anastomotic dehiscence after low anterior resection.

P303
Multicentre "LigaLongo" RCT comparing DG haemorrhoidal artery ligation/mucopexy and stapled anopexy: a cost-effectiveness analysis

A.-S. Didnee[1] & P. Lehur[1], For the Ligalongo Group[2]
[1]*University Hospital, NANTES, France,* [2]*Colorectal, Centres, France*

Aim: Doppler-guided haemorrhoidal artery ligation/mucopexy (DGALM), a recent option for symptomatic haemorrhoids has never been compared to stapled anopexy (SA)(Longo) in terms of cost-effectiveness.

Trial hypothesis: DGALM is at lesser risk and therefore more cost-effective than SA.

Report the results of "LigaLongo" trial (NCT01240772) at 2-week and 2-month follow-up.
Method: Four hundred and seven patients with grade II/III haemorrhoids, recruited in 22 French centres were allocated to DGALM(203) or SA(204) and followed at regular intervals up to 1 year. Primary and relevant secondary endpoints were respectively: complication rate and type according to Clavien-Dindo at 2 post-operative months, operating time, length of stay and hospital cost, sick-leave.
Results: Operative time and OR occupancy were longer by a median 14 min for DGALM. Hospital stay was comparable at a median one day and respectively for DGALM and SA at a cost 1670€ and 1427€. Complications usually minor occurred at a slightly higher rate and sick leave for those at work (63% of the series) was longer by a median 6 days in SA group.
Conclusion: In this preliminary analysis, a difference in short-term outcome including complication rate failed to demonstrate a cost-difference between the 2 procedures. One-year results could modify the present conclusion.

P304
Colorectal cancer: factors of the early recognition

V. Lupaltsov[1] & Y. Shalkov[2]
[1]*Kharkiv National Medical University, Kharkiv, Ukraine,* [2]*Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine*

Aim: To improve the early diagnostics of a colorectal cancer based on the screening of non-profile ambulance patients and the development of questionnaires.
Method: The study is based on patients ($n = 548$) over 50 years, observed due to various somatic diseases. In 81% of cases they were patients of gastrointestinal units.
Results: The questionnaires were based only on 8 reliable informative signs of a colorectal cancer, allowing patients to freely navigate in the questions. Risk value ranking was made based on: tendency to constipation (21%), weight loss over the past 6 months (16%), abnormal rectal discharge (8%), presence of the cancer in blood relatives (7%), age > 60 years (6%), presence of colon polyps (6%), bad social habits (alcohol, tobacco) (4%), excessive use of salt (4%). Based on the sum of factors patients were divided into groups with small (< 30%), average (31–70%), and high (> 70%) risk value. Average risk was identified in 17% and high – in 6% of cases. Patients with average risk were investigated by clinical examination. High risk patients had, in addition, a colonoscopy with biopsy of suspicious sites.
Conclusion: Approbation of the developed survey schemes allowed improved early diagnosis of colorectal cancer in 9.7% of cases.

P305
Association between anal intercourse and sphincter damage in 40 women referring to colorectal center in Tehran

B. Mahjoubi[1], Z. Omrani[2], R. Mirzaei[2] & R. Azizi[1]
[1]*Department of Surgery, Hazrat-e-Rasoul Hospital, Iran University of Medical Sciences and Health Services, Tehran, Iran,* [2]*Department of Surgery, Hazrat-e-Rasoul Hospital, Tehran University of Medical Sciences and Health Services, Tehran, Iran*

Aim: Hetrosexual anal intercourse is rarely discussed in the scientific literature. We aimed to evaluate the presence of sphincter disruption and prevalence of faecal incontinence among women who were referred to colorectal ward of Rasool Hospital.
Method: We reviewed faecal incontinence in patients who came to Tehran Legal Organization from January 2012 to November 2012 and have history of anoreceptive Intercourse.All the patients have undergone endoanal ultrasound by the same colorectal surgeon.
Results: Thirty two of our 40 patients had a gap in their external anal sphincter in endoanal sonography. Among patients 17.5% had no external sphincter gap and 12.5% had gap site in 6–>9 + 9–>12 o,clock in lithotomy position. The most common form of incontinence was to liquid form of stool. Analysis of data in people had unwanted anal intercourse; the most common type of incontinence was to solid form of stool (21%). there was no statistical difference in Wexner score between different types of anal sex (wanted, unwanted, consant).
Conclusion: We understood the prevalence of gap is high among patients with ARI (82.6%) and most common form of incontinence was to liquid form of stool, although the mean Wexner score is 4.7 in this group.

P306
Tailored prolapse surgery for the treatment of haemorrhoids and obstructed defaecation syndrome with a new dedicated device: TST STARR Plus

G. Naldini[1], D. Mascagni[2], R. Rea[3], S. Lucchini[4], C. Menconi[1], D. Ren[5], P. He[6] & J. Martellucci[7]
[1]*Proctological and Perineal Surgery, Cisanello University Hospital, Pisa, Italy,* [2]*University La Sapienza, Roma, Italy,* [3]*Department of General Surgery, Clinica Mediterranea, Napoli, Italy,* [4]*General Surgery, Piacenza Hospital, Piacenza, Italy,* [5]*Gastric and Intestine Hospital, Sun Yi San University, Sun Yi San, China,* [6]*Colorectal Hospital, Chengdu Traditional Chinese Medicine University, Chendu, China,* [7]*General, Emergency and minimally invasive surgery, Careggi University Hospital, Firenze, Italy*

Aim: To assess the safety, the efficacy and the feasibility of stapled transanal procedures performed by a new dedicated device for tailored transanal stapled surgery, named TST STARR Plus.
Method: All consecutive patients enrolled in six referral centres affected by III-IV degree haemorrhoids and ODS with rectocele and/or rectal intussusception that underwent stapled transanal resection with TST STARR Plus were included in the present study. The use of sutures for staple line bleeding, specimen volume, operative time, length of hospital stay and perioperative complications were recorded.
Results: From 1 January 2013 to 31 March 2013 150 consecutive patients (81 females) were enrolled in the study. In 94 patients the prolapse was over half of the CAD. The mean duration of the procedure was 25 min. The mean resected volume was 13.3 cm^2, the mean hospital stay was 2.2 days. The mean number of haemostatic stitches per procedure was 1.9. No complications requiring reintervention were reported.Suture line dehiscence was reported in two cases, with intraoperative renforcement. Bleeding was reported in seven patients (5%). Urgency was reported in one patient.
Conclusion: The new device seems to be safe and effective for a tailored approach to anorectal prolapse due to haemorrhoids or obstructed defecation.