In total, out of the all patients who had endoscopy, 20 (44.4%) were found to have low grade tubullovillous adenomas, 5 (11.1%) had cancer, whilst 2 (4.4%) had hyperplastic polyps on histology.

Conclusion These findings are in keeping with other series and suggest that it makes sense only to carry on with current practice of following up these hot spots with endoscopy.

REFERENCES

1 Israel O, Yefremov N, Bar-Shalom R, Kagana O, Frenkel A, Keidar Z, *et al*. PET/CT detection of unexpected gastrointestinal foci of 18F-FDG uptake: incidence, localization patterns, and clinical significance. *J Nucl Med* 2005;46:758–762

2 Tatlidil R, Jadvar H, Bading JR, Conti PS. Incidental colonic fluorodeoxyglucose uptake: correlation with colonoscopic and histopathologic findings. *Radiology* 2002;224:783–787

3 Putora PM, Muller J, Borovicka J, Plasswilm L, Schmidt F. Relevance of incidental colorectal FDG-PET/CT-enhanced lesions. *Onkologie* 2013;36(4):200–4

Disclosure of Interest None Declared.

PWE-024 CLINICAL AND ECONOMIC BURDEN ASSOCIATED WITH ANASTOMOTIC LEAK AFTER COLORECTAL SURGERIES IN THE UNITED KINGDOM

[1]Y Wan*, [2]S Lim, [2]J Riebman, [3]N Jamous, [1]X Gao. *[1]Pharmerit International, Bethesda, MD; [2]Ethicon, Inc., Somerville, NJ, USA; [3]Ethicon, Inc., Wokingham, UK*

10.1136/gutjnl-2014-307263.284

Introduction In the UK, anastomotic leak rate after colorectal surgeries has been reported up to 19%. Yet, clinical and economic consequences of anastomotic leak have not been clearly articulated. Our study aims to estimate the clinical/economic burden of anastomotic leak following colorectal surgeries in the UK.

Methods The Hospital Episode Statistics database was used to identify English National Health Service Trust adult patients undergoing colorectal surgeries between January 2007 and December 2011. Anastomotic leak was identified by re-intervention/diagnosis codes within a 30-day window following colorectal surgery, including re-operation, re-anastomosis, stent, colostomy, image guided drainage, washout procedure, abscess/drainage and diagnosis of generalised (acute) peritonitis. Hospital costs were calculated using Healthcare Resource Group and Department of Health reference index costs. Differences in outcomes between groups were compared using a propensity score matching approach, adjusting for age, gender, admission method, surgery type, comorbidity and medical stabilisation. Generalised linear models (GLM) were performed to estimate the impact of leak on costs/LOS, adjusting for covariates.

Results A total of 131,689 patients received colorectal surgeries (mean age: 65.2 ± 15.4, male: 50.4%). The rate of anastomotic leak following colorectal surgery was 6.4% (8,404 out of 131,689). After propensity score matching by key covariates, Patients with leak (vs. without leak) had higher in-hospital mortality (15.9% (95% CI: 15.2%, 16.7%) vs. 6.2% (95% CI: 5.7%, 6.7%), $p < 0.001$), 30-day readmission rate (19.7% vs. 11.6%, $p < 0.001$), and post-operative infection rate (19.3% vs. 4.5%, $p < 0.001$). The hospitalisations for patients with leak (vs. without leak) were more costly (£9,071 ± £4,588 vs. £6,420 ± £2,895, $p < 0.001$) and longer (20 ± 23 vs. 11 ± 13 days, $p < 0.001$). Anastomotic leak resulted in an additional cost of £2651 and an extra LOS of 9 days per patient. GLM analyses revealed comparable results.

Conclusion Our study findings underscore the clinical/economic burden of anastomotic leak after colorectal surgeries in the UK. The presence of anastomotic leak was associated with greater mortality, LOS, and costs, highlighting the importance of providing prompt medical attention to minimise the impact of anastomotic leak.

Disclosure of Interest Y. Wan Consultant for: Yin Wan is an employee of Pharmerit International. Pharmerit International were paid by Ethicon Inc. in connexion with this study., S. Lim Employee of: S Lim is an employee of Ethicon, Inc., J. Riebman Employee of: J Riebman is an employee of Ethicon, Inc., N. Jamous Employee of: N Jamous is an employee of Ethicon, Inc., X. Gao Consultant for: X Gao is an employee of Pharmerit International. Pharmerit International were paid by Ethicon Inc. in connexion with this study.

Endoscopy II

PWE-025 INCREASED ADENOMA DETECTION IN THE RIGHT COLON AT SURVEILLANCE COLONOSCOPY COMPARED TO INDEX COLONOSCOPY WITHIN THE BCSP

A Kamora*, K Kandiah, G Smith, J Martin. *Gastroenterology Department, Imperial College Healthcare NHS Trust, London, UK*

10.1136/gutjnl-2014-307263.285

Introduction Colonoscopy has been shown to be effective in reducing the incidence of colorectal cancer (CRC), presumably resulting from the removal of premalignant adenomas. There are data, however, to suggest that colonoscopy is less effective at preventing malignancy in the right colon, when compared to the left colon. A proposed explanation for this observation is that right-sided adenomas may be missed at colonoscopy, either due to inadequate bowel preparation or, alternatively, due to the presence of serrated adenomas that are more difficult to visualise. Within the Bowel Cancer Screening Programme (BCSP) patients found to have adenomas are entered into a surveillance programme, based on predefined guidelines. This study compares the findings at surveillance colonoscopy with the index colonoscopy in these individuals.

Methods All patients having surveillance colonoscopies at the West London Bowel Cancer Screening Centre between 1st January 2009 and 28th February 2013 were included in the study. The results of the initial index procedure and subsequent surveillance procedures were retrieved from the endoscopy reporting system (Scorpio) and the histology of all polyps resected and retrieved was obtained from the hospital pathology system. The site of all adenomas removed for all procedures was recorded and the distribution of the adenomas found in the left and right colon were compared for the index and surveillance procedures (Chi squared).

Results 242 patients were included in the study. In total 848 adenomas were found during the index colonoscopies and 379 adenomas were found during the surveillance procedures. 143 (59.1%) surveillance colonoscopies were performed at 1 year and 99 (40.9%) were performed at 3 years. The table below

Abstract PWE-025 Table 1

	Adenomas detected no. (%)	
Site	Index colonoscopy	Surveillance colonoscopy
Left colon	465 (54.8)	123 (32.5)
Right colon	383 (45.2)	256 (67.5)
Total	848 (100)	379 (100)