

## P430

**Coexistence of rectocele and anal incontinence and long term results of simultaneous surgical repair**

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**Aim:** In this study, we evaluated the coexisting prevalence of faecal incontinence and rectocele and also the long-term results of the perineal repair techniques used for the management of these patients.

**Method:** A total of 567 female patients presenting to our clinic with outlet obstruction symptoms were evaluated prospectively. Coexisting pathologies of rectocele and faecal incontinence were determined in 61 patients (mean age 60). Mesh repair with a perineal approach were performed in 52 patients, followed by an overlapping sphincteroplasty in 17 and levatoroplasty in 35 patients. All patients were evaluated with anal manometry pressure measurement, Wexner Incontinence Score, Adjusted Obstructive Defecation Score (ODS), Cleveland Clinic Constipation Score (CCCS) and Adjusted Pelvic Floor Disorder Questionnaire (PFDI-20) in the pre- and post-operative periods.

**Results:** The mean follow-up time was 22 months. The post-operative decrease of the CCCS, Wexner and ODS scores were statistically significant. Although they were not statistically significant, the mean resting and squeezing pressures were found to be increased in the anal manometry assessment. PFDI-20 also revealed a significant better quality of life in the post-operative follow-up.

**Conclusion:** In such patients, adding a levatoroplasty or sphincteroplasty procedure to the mesh repair of rectocele may provide increased success rates and better patient satisfaction.

## P431

**Risk factors affecting wound complications and recurrence after excision of sacrococcygeal pilonidal disease**

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**Aim:** Excision with Healing by Secondary Intention (EHSI) is one of the most popular and widely used surgical procedures for Sacrococcygeal Pilonidal Disease (SPD). This study describes risk factors leading to the development of various post-operative complications and recurrence after this procedure.

**Method:** In this prospective analytic cohort study, 177 patients with SPD who underwent EHSI procedure were included. Clinical presentation, past medical/surgical history, pilonidal disease characteristics, and excised ellipse characteristics were measured as possible risk factors. Post-operative complications and recurrence were recorded as outcomes.

**Results:** A total of 177 (129 males, 48 females) patients underwent EHSI with a mean age of  $25.58 \pm 7.9$  years. Twenty patients (11.3%) had a history of previous surgery for their SPD (including EHSI or flap procedures). Discharge was the most common presenting symptom detected in 132 (74.5%) patients. Mean length, width, and weight of the excised ellipses were  $5.64 \pm 8.04$  cm,  $2.94 \pm 8$  cm, and  $29.56 \pm 36.01$  g, respectively. Analysis detected significant relations ( $P < 0.05$ ) between the type of previous SPD treatment and recurrence ( $n = 16$ ) and postoperative complications including delayed wound healing ( $n = 47$ ) and bleeding ( $n = 3$ ).

**Conclusion:** Patients with a history of previous pilonidal surgery are prone to the development of future recurrence or delayed wound healing after the EHSI procedure.

## P432

**Delayed wound healing after excision of sacrococcygeal pilonidal disease: is it curettage a solution?**

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**Aim:** Excision and healing by secondary intention (EHSI) is one of the common Method for the treatment of sacrococcygeal pilonidal disease. In 30% of patients, the wound does not heal completely in expected time of eight weeks. In this study we present our experience with curettage as a treatment of delayed healing.

**Method:** In this study, all patients who underwent curettage due to delayed wound healing after EHSI procedure between 2008 and 2015 were selected. Delayed wound healing was defined as lack of complete wound closure and epithelialization after 90 days from the operation.

**Results:** Curettage was performed for 18 patients. The mean age was 22.11 years and BMI was 25.48. Mean time between first operation and curettage was 169 days. In three patients, the curettage was repeated twice. The patients were followed up for a mean of 58 months. Complete wound healing was detected in 77.8% of patients in mean time of 76 days after curettage. Four patients did not heal and were considered as non-healing wound or recurrent disease.

**Conclusion:** Curettage could be an accepted treatment for patients with delayed wound healing after EHSI, before considering them as recurrent disease.

## P433

**Conversion of a suprasphincteric into intersphincteric fistula track results of a single centre prospective trial**

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**Aim:** This study evaluates the efficacy of method of treatment of complex suprasphincteric anal fistulae by conversion of suprasphincteric into intersphincteric fistula track (CFT).

**Method:** Twenty-four patients with suprasphincteric fistula were included (15 males, nine females). 20 patients underwent CFT with excision of peripheral part of fistula, suturing of fistula opening through the wound and drainage of intersphincteric space (IS) by latex seton. Four patients underwent CFT with mobilization of peripheral part of fistula to the rectal wall and full transposition of fistula track into IS.

**Results:** Mean follow-up was 19 months (range, 6–36). Complete healing of wound and formation of a new intersphincteric fistula observed in 12 (50%) patients. Success rate was 50% (10/20) after CFT with drainage of IS by latex seton and 50% (2/4) after CFT with transposition of fistula track into IS. Newly formed intersphincteric fistula excised after wound healing. Recurrence developed in one patient 13 months after surgery. No patients reported any incontinence postoperatively.

**Conclusion:** Conversion of a suprasphincteric into intersphincteric fistula track could be a method of choice for treatment of patients with complex anal fistulae when other sphincter-sparing methods were ineffective or in cases when only cutting seton may be used.

## P434

**Acute and chronic anal fissure-mutual treatment-higher satisfaction**

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**Aim:** The most significant problems associated with anal fissure are pain and discharge. Our goal was to show that mutual treatment with hot bath, stool softeners and ointment with topical anaesthetics (OTA) are the best treatment combination to improve pain in acute and chronic fissures.

**Method:** This is retrospective study from 2010 to 2015. Two groups were compared. Group A were 40 patients with acute fissure treated with hot baths twice a day, stool softeners and OTA. Group B were 40 patients with chronic fissure who received the same treatment. Patients included in this trial had fissures which significantly affected their quality of life. We graded their satisfaction and quality of life at 7 days, 2 weeks and 1 month following treatment.

**Results:** In group A 87.5% patients were fully satisfied after 2 weeks with the acute fissure having almost no influence on their quality of life. In group B 82.5% of patients were partially or fully satisfied after 1 month; 75% having no or minimal influence on quality of life.

**Conclusion:** For patients with acute fissure this treatment can provide full satisfaction, with no influence on quality of life within 2 weeks. For patients with chronic fissure the treatment can provide satisfaction in most of cases. After 4 weeks there was no influence on the quality of life of a majority of patients with chronic fissure.

## P435

**The role of Metronidazole in managing post haemorrhoidectomy pain; a systematic review**

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**Aim:** There is conflicting data on the effectiveness of Metronidazole in reducing pain following open haemorrhoidectomy. The aim of this study is to systematically review randomised controlled trials (RCTs) addressing this question and conduct a meta-analysis.

**Method:** A systematic review was undertaken in accordance with the PRISMA protocol. Of 122 articles initially identified, 7 were taken forwards to full review following application of the inclusion/exclusion criteria. The primary outcome was post-operative pain on days 1, 2 and 7 with secondary outcomes including patient first defecation post procedure as measured using a Visual Analogue Scale (VAS).

**Results:** Meta-analysis of post-operative pain which demonstrated significant ( $P < 0.001$ ) reductions in pain on day 1 ( $-1.11$ , 95% confidence interval  $-1.53$  to  $-0.66$ ), day 2 ( $-1.75$ , 95%CI  $-1.96$  to  $-1.54$ ) and day 7 ( $-1.74$ , 95% CI  $-2.05$  to  $-1.61$ ). Meta-analysis of pain on first defecation was likewise strongly significant ( $P < 0.001$ ) in favour of Metronidazole with a mean of  $-1.12$  (95% CI  $-1.48$  to  $-0.81$ ).

**Conclusion:** Whilst the analgesic mechanism of Metronidazole remains unclear, this meta-analysis of RCT evidence appears to demonstrate that Metronidazole can provide significant pain relief post open haemorrhoidectomy compared to placebo. In such our recommendation is that Metronidazole should be routinely offered to patient undergoing these procedures.