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Coexistence of rectocele and anal incontinence and long term results of simultaneous surgical repair
F. Karakayali, T. Tezcaner, E. Haberal, Ü. Oçkalık & E. Özyılmaz
Department of General Surgery, Faculty of Medicine, Baskent University, Istanbul, Turkey

Aim: In this study, we evaluated the coexisting prevalence of taelal 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 incontinence symptoms were evaluated prospectively. Coexisting pathologies of rectocele and faecal incontinence were determined in 61 patients (10.9%). Mesh repair with a perineal approach were performed in 82 patients, followed by an overlapping sphincteroplasty in 17 and levatorplasty in 33 patients. All patients were evaluated with anal manometry pressure measurement, Wester Incontinence Score, Adjusted Operative Defecation Score (ODS), Cleveland Clinic Constipation Score (CPhCS) and Adjusted Pelvic Floor Disorder Questionnaire (PFD-20) in the pre- and post-operative periods.

Results: The mean follow-up time was 22 months. The post-operative decrease of the CPhCS, Wester 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. PFD-20 also revealed a significant increase in the quality of life in the post-operative follow-up.

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

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Risks factors affecting wound complications and recurrence after excision of sacrococcygeal pilonidal disease
Tehran University of Medical Sciences, Tehran, Iran

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 ± 7.9 years. Twenty patients (11.36%) 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 ± 8.04 cm, 2.94 ± 8 cm, and 29.56 ± 36.01 g, respectively. Analysis detected significant relations (P < 0.05) between the type of previous SPD treatment and recurrence (n = 10) and postoperative complications including delayed wound healing (n = 47) and bleeding (n = 3).

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

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Delayed wound healing after excision of sacrococcygeal pilonidal disease: is it curatectage a solution?
A. Keshvari, M. R. Keramati, M. Kazem & N. Taromlou
Tehran University of Medical Sciences, Tehran, Iran

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 curatectage as a treatment of delayed healing.

Method: In this study, all patients who underwent curatectage 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 35.48. Mean time between first operation and curatectage was 169 days. In these patients, the curatectage was repeated twice. The patients were followed up for a mean of 38 months. Complete wound healing was detected in 77.8% of patients in mean time of 76 days after curatectage. 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.

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Conversion of a suprasphincteric into intersphincteric fistula track: results of a single centre prospective trial
I. Kostarev, A. Titov & M. Andrey
State Scientific Centre of Coloproctology, Moscow, Russia

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

Method: Twenty-four patients with suprasphincteric fistula were included (16 males, nine females). 20 patients underwent CIFT 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 CIFT 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 CIFT with drainage of IS by latex seton and 3/4 (2/4) after CIFT 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 and difficult cases when other sphincter-sparing methods were nonfeasible or in cases when open correction of fistula may be used.

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Acute and chronic anal fissure: mutual treatment-higher satisfaction
I. Kostic, B. Maric, A. Milojkovic & A. Aleksić
General Hospital, Cacak, Serbia, Serbia

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

Method: This is a retrospective study from 2010 to 2015. Two groups were compared. Group A were 40 patients with acute fissure treated with hot baths, 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 from 0 to 7 days, 2 weeks and 1 month following treatment.

Results: In group A 87.5% patients were fully satisfied after 2 weeks with the treatment having almost no influence on their quality of life. In group B, 80% patients were partially or fully satisfied after 1 month. 75% having no or very little 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.

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The role of Metronidazole in managing post haemorrhoidectomy pain: a systematic review
N. J. Lyons, J. Baptiste, S. Pathak, P. Charters, I. R. Daniels & N. J. Smart
Exeter Surgical Health Service Research Unit (HeSRU), Royal Devon and Exeter Hospital, Exeter, UK

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

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

Results: Meta-analysis of post-operative pain which demonarced statistical significiace (P < 0.001) reductions in pain on day 1 (–1.15, 95% CI –2.61 to –0.66), day 2 (–1.78, 95% CI –1.96 to –1.54) and day 7 (–1.74, 95% CI –3.15 to –1.31). 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 –2.12 to –0.12).

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