



## AB048. 186. Patient outcomes after restorative ileal pouch anal anastomosis for ulcerative colitis in a single centre over a 15-year period

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**Background:** Ileal pouch-anal anastomosis (IPAA) can restore bowel continuity for patients with ulcerative colitis (UC) who have needed total colectomy with end ileostomy. Internationally this surgery is recommended for centralisation focusing reflection on results from centres within Ireland, all of whom are relatively low volume at present.

**Methods:** Retrospective study examining patient outcomes after IPAA in our institution over a 15-year period using data from inflammatory bowel disease database, HIPE codes and clinical charts review over the period January 2002 to August 2017.

**Results:** Thirty-five patients with IPAA for UC were studied.

The average age was 34.8 years and 21 (64%) were male. Laparoscopic procedure rate was 39.4 % overall increasing to 85% from 2013 to 2017 and was associated with lower lengths of stay compared to open (10.6±8 *vs.* 12.7±6.5 days) and less postoperative drains (69% *vs.* 90%). A stapled anastomosis was performed in 95% and 92.3% of open and laparoscopic surgeries respectively. The total mean duration of ileostomy was 27.3±22.5 months, longest in the lattermost time period and after an open index procedure. Overall pouchitis affected 51% (n=18) with rates at 1, 5, 10 and 15 years being 12.2%, 39.4%, 51.5% and 54.5%, respectively. Pouch failure rates at 1, 5 and 10 years were 2.0%, 12.1% and 18.2%.

**Conclusions:** Overall outcomes and practice in this study are consistent with previously published studies on IPAA both from Ireland and abroad. While acceptable, the opportunity from surgical centre collaboration outside of the National Cancer and Acute Surgery Strategies is still to offer better outcomes for our patients.

**Keywords:** Ileal; pouch; outcomes; surgery

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