

AB037. 132. Ileoanal pouch anastomosis in Ireland—how to be better

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Background: Ileal pouch-anal anastomosis (IPAA) restores bowel continuity for patients with ulcerative colitis (UC) who have needed total colectomy with end ileostomy. While recent international guidelines suggest best outcomes in centres performing over 10–20 IPAA operations annually, data related to procedural frequency and outcomes in Ireland are sparse.

Methods: First, an in-institution retrospective study from examining patient outcomes over a 16-year period (Jan 2002 to Jan 2018) was performed using data from our inflammatory bowel disease database, hospital in-patient enquiry (HIPE) codes and clinical chart review. Second, a registry and literature search regarding IPAA outcome studies in Ireland was undertaken to provide context.

Results: A total of 34 patients had IPAA for UC were identified (2.3 IPAA/year) and found to have had pouchitis and 10-year pouch failure rates of 52.9% and 17.6% respectively. No Irish centre contributes to the Association of Coloproctology of Great Britain and Ireland (ACPGBI) pouch registry. Three other centres have published studies reflecting annual experiences of between 3.8 and 8.2 IPAA/year with associated pouchitis rates of between 31% and 49%. None reported failure rates. Estimating national incidence of IPAA from catchment areas of these centres suggests annual pouch formation rates of approximately 50 operations per year in Ireland.

Conclusions: Ireland currently has no centre reporting long-term outcomes in any readily available fashion and none currently meeting international guidelines related to volume/frequency. Our data readily suggests ways that this could be advanced without significant resource implications opening opportunity for outcome improvements and trials but will likely need intergroup co-operation and collaboration to make real sense.

Keywords: Ileal; pouch; surgery

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