

## AB159. 173. Colonic interposition for oesophageal reconstruction: a case series

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**Background:** Colonic interposition is rarely used as a first line option for oesophageal reconstruction however it has been shown to be a durable, safe option. It involves three anastomoses therefore the operating time is longer and the potential for post-operative complications is higher.

**Methods:** A chart review for each patient was carried out to determine indication, technique and outcomes. Nutritional and quality of life data was recorded prospectively.

**Results:** Four cases of colonic interposition were carried out between October 2012 and January 2017. The total number of oesophagectomies in this time period was 248. Two cases were for gastric conduit necrosis following

oesophagectomy, one for caustic ingestion and one for an oesophageal malignancy above an existing oesophagogastric anastomosis. All patients had a right colon conduit, three with perfusion from either the middle colic artery [3] or left colic artery [1]. The conduit was placed either retrosternal [3] or posterior mediastinal [1]. Two patients are alive and disease free at three and five years respectively. One patient died of cerebral metastatic disease and one died during an accident. Surviving patients are presently weight stable, of normal body mass index (BMI) and tolerating a normal diet without nutrition support. Nil or rare symptoms of dysphagia, regurgitation, dumping syndrome or diarrhoea are reported. Respective QLQ-C30 scores are 25 and 28/112 and OG25/OES18 scores are 33 and 36/100.

**Conclusions:** Colonic interposition is a valuable option for oesophageal reconstruction with good long-term nutritional and functional outcomes in our small cohort of patients.

**Keywords:** Colon interposition; oesophagectomy

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