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Contents

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ABSTRACT

E-Posters

Cancer

P0001 | Feasibility and safety of a minimal ileostomy approach to anterior resection of the rectum

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Aim: Loop ileostomy has been used to mitigate the consequences of anastomotic leak after anterior resection. However, loop ileostomies may cause complications in their construction and reversal. This study describes the outcomes of a minimal ileostomy approach to anterior resection surgery introduced at a tertiary colorectal department.

Methods: Following a consensus meeting on the use of ileostomies, a retrospective analysis of prospectively collected data was conducted on patients undergoing anterior resections for rectal cancer between 1/4/22 and 31/3/24. Patients were grouped according to the tumour height and use of chemoradiotherapy.

Results: Of 129 patients included, 12 (9%) had an ileostomy formed, while 117 (91%) had primary anastomosis with no stoma. Patients having a low anastomosis (0-10 cm from the anus) had a higher rate of ileostomy formation (11/53, 20%). Patients who had radiotherapy and a low anterior resection had an ileostomy formed (6/14) 34% of the time. Without radiotherapy, the ileostomy rate for low anterior resection was 13% (5/39). Only one patient with an intraperitoneal anastomosis had a stoma formed. 8 patients (6%) suffered an anastomotic leak, of whom 5 were treated conservatively. A further 3 ileostomies were formed for a total ileostomy rate of 12% (15/129). There were no deaths within 90 days of surgery. Patients that had an ileostomy on the index operation were significantly more likely to have a hospital stay of more than 5 days ($p < 0.001$).

Conclusion: A minimal approach to protective ileostomy creation appears safe in this cohort and does not seem to be associated with increased risks of anastomotic leak. This approach is likely to lead to shorter length of stay, reduced costs for the patient and hospital, reduced risk of renal dysfunction and lower rates of low anterior resection syndrome. We also noted that anastomotic leak can, in carefully selected patients, be successfully managed without the need for a defunctioning stoma.

Disclosure of Interest: No conflict of interest.

P0002 | Evaluating the impact of preoperative "surgery school" on postoperative outcomes in colorectal cancer surgery: A single-centre experience from a tertiary centre

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Aim: Colorectal cancer is a major contributor to morbidity and healthcare burden, with over 35,000 new diagnoses of bowel cancer in England in the year leading up to March 2023 (NBCA, 2024). Surgical management, often complex and high-risk, is supported by Enhanced Recovery After Surgery (ERAS) pathways. At the Royal Oldham Hospital—a tertiary referral centre for inflammatory bowel disease (IBD)—a multidisciplinary "Surgery School" was introduced to enhance patient preparation. This study aims to assess whether attendance at Surgery School impacts postoperative outcomes in patients undergoing colorectal cancer surgery.

Methods: This retrospective study analysed routinely collected data from 169 patients undergoing elective colorectal cancer surgery between October 2018 and February 2020 as part of the ERAS programme. Patients included those with colorectal cancer aged 24–89 years. Of these, 77 patients attended Surgery School, while 92 did not. Outcomes measured included length of stay (LOS), readmission within 30 days, postoperative chest infections, and mobilisation on postoperative Day 1.

Results: Surgery School attendance was associated with:

- 2% reduction in 30-day readmission rates (7.8% vs 9.8%) ($p = 0.79$).
- 2.6% reduction in postoperative chest infections (3.9% vs 6.5%) ($p = 0.49$).
- Higher early mobilisation rates (84.4% vs 78.3%) ($p = 0.31$)
- No difference in median LOS (6 days for both groups)

While none of the differences reached statistical significance, consistent trends toward improved outcomes were observed in the Surgery School cohort.

Results: A total of 16,963 patients met inclusion criteria, of which 54.2% (N = 9,186) underwent SFM. Patients undergoing SFM were similar to those without SFM in age (58.7 vs 58.7 years, $p = 0.44$) and sex (56.3 vs. 56.9% female, $p = 0.40$). In univariate analysis, SFM was associated with fewer anastomotic leaks (1.7 vs. 2.2%, $p = 0.028$) but increased operative time (218 vs. 193 minutes, $p < 0.001$) and conversion to open surgery (7.3 vs 6.0%, $p < 0.001$). These differences persisted after multivariable regression. SFM was associated with a decreased risk of anastomotic leak (OR 0.79, $p = 0.039$) but increased operative time (B = 26.0 minutes, $p < 0.001$), conversion to open (OR 1.23, $p = 0.001$), and postoperative ileus (OR 1.24, $p = 0.002$), transfusion (OR 1.22, $p = 0.047$), and acute kidney injury (OR 1.47, $p = 0.02$). There was no association between SFM and 30-day readmission (OR 0.95, $p = 0.42$).

Conclusion: Splenic flexure mobilization is associated with a decreased risk of anastomotic leak in a carefully selected, elective cohort undergoing sigmoid colectomy for diverticular disease. However, the trade-offs must be carefully weighed, as SFM is associated with increased operative time, conversion to open surgery, and ileus.

Disclosure of Interest: Rudasill: This abstract will be presented at the 2025 American Society of Colon & Rectal Surgeons annual meeting in San Diego, California on May 10-13, 2025

P0750 | Outcome of laparoscopic sigmoidal flap vaginoplasty in male-to-female transgender patients

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Aim: Evaluate the surgical outcomes, perioperative complications, functional results, and patient satisfaction following laparoscopic sigmoidal flap vaginoplasty in male-to-female transgender patients.

Methods: Three patients underwent laparoscopic sigmoidal flap vaginoplasty between January 2023 and January 2025. Baseline demographics, surgical characteristics, perioperative and postoperative complication of all performed total laparoscopic sigmoid vaginoplasty procedures were retrospectively reviewed. Two had primary and one had secondary procedures. The operation included an abdominal phase—mobilizing a 10-inch rectosigmoid segment, confirmed for perfusion, followed by intracorporeal colorectal anastomosis—and a perineal phase, in which the neovaginal space was created and the flap was fixed and anastomosed to the perineum. The outcomes included operative time, estimated blood loss, intraoperative and postoperative complications (including anastomotic leakage, infection, and port-site hernia), vaginal or introital stenosis, rectal injury, time to initiate oral feeding, length of hospital stay, and patient sexual satisfaction.

Results: an operative time for abdominal procedure was 2 hour 30 minute, 4 hour 40 minute, and 2 hour 15 minute. Blood loss from abdominal procedure was 10 ml, 700 ml and 20 ml, respectively. None of the patients developed anastomosis leakage, peritonitis, adhesion, port site infection or hernia. One patient had keloid scar, and another developed ileus, which resolved conservatively. All patients resumed oral intake by day 3 and were discharged within 6–8 days. No introital or vaginal stenosis occurred. All were sexually active and satisfied with neovaginal function and appearance.

Conclusion: Laparoscopic sigmoidal flap vaginoplasty is a safe and effective procedure. It provides a well-vascularized, self-lubricating neovagina with adequate depth and width, while minimizing complications. It is a preferred option, particularly for patients not suitable for penile inversion techniques.

Disclosure of Interest: No conflict of interest.

P0751 | Retrospective analysis of colonoscopy findings in symptomatic patients under 50 years

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Aim: Colonoscopy is done in younger patients nowadays despite benign nature of disease in majority of this population. The diagnostic yield of colonoscopy has been considered one of the measures for appropriateness of colonoscopy in young adult. This study aim to evaluate the yield of colonoscopy in young adults whom are symptomatic.

Methods: A retrospective analysis on colonoscopy findings was done in a single tertiary centre in Malaysia. Study period was from January 2017 till June 2023. Patient aged 18 to 49 years old whom were symptomatic according to ASGE guideline were recruited. We excluded patient underwent diagnostic surgery and surveillance colonoscopy

Results: Total 389 patients were analysed. 51.4% of patients were female. Majority of patients were Malay (94.3%) and have no other comorbidity (81.5%). Only 0.02% patients have association with family history of colorectal cancer. Commonest indication for colonoscopy is alteration of bowel habits (37.1%) followed by rectal bleeding (31.2%) and abdominal pain (25.5%). Other indication includes symptomatic anemia and unexplained weight loss . Complete colonoscopy achieved in 81.5% patients. Various pathology were detected in one third of patients. Hemorrhoidal disease make up majority of findings (22.1%) . Colorectal carcinoma seen in 3% patient , 2/3 of them presented as obstructing tumor during colonoscopy. Most patient were stage III and IV during presentation, and associated with aggressive type , such as mucinous and signet cell carcinoma. Hyperplastic polyp makes up 65.4% patients followed by tubular adenoma , low grade dysplasia (29%). Advanced adenoma seen in two patients only. Adenoma detection rate is 4.6%. Diverticulum was seen in 4.1 % patients while Inflammatory bowel disease was seen in 2.8% of patient.

Conclusion: Diagnostic colonoscopy provide almost 30% yield when done symptomatic patient before screening age . Young adult benefit from colonoscopy especially when they are symptomatic.
Disclosure of Interest: No conflict of interest.

P0752 | Elective surgery for diverticulitis in patients under immunosuppressive therapy: A national cohort study with propensity score analysis

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Aim: Diverticulitis is a common condition that can affect patients receiving immunosuppressive therapy. Elective resection in this context remains controversial, and the criteria for selecting surgical candidates are unclear. The aim of this study was to evaluate the outcomes of elective surgery for diverticulitis in patients under immunosuppressive treatment.
Methods: This retrospective, multicenter cohort study included patients who underwent elective surgery for diverticulitis between January 2010 and December 2021 in 40 centres in France. Two groups were defined: patients on immunosuppressive therapy (IS+ group) and those not receiving such therapy (IS− group). The primary endpoint was the rate of severe morbidity within 90 days postoperatively, as defined by Clavien-Dindo grades III–V. Secondary endpoints included overall morbidity, anastomotic leak, and mortality rates. A propensity score analysis using inverse probability of treatment weighting (IPTW) was conducted to address potential channeling bias related to severe morbidity risk within 90 days.
Results: A total of 4,443 patients were included: 386 (8.7%) in the IS+ group and 4,057 (91.3%) in the IS− group. In the unadjusted analysis, the 90-day severe morbidity rate was 16.8% in the IS+ group versus 11.2% in the IS− group ($p=0.001$). The overall 90-day morbidity rate was 39.6% vs. 28.8% ($p<0.001$), and the anastomotic leak rate was 5.1% vs. 4.7% ($p=0.5$). The 90-day mortality rate was 2.6% in the IS+ group and 0.6% in the IS− group, $p<0.001$. After adjustment using IPTW, there were no significant differences between groups for severe morbidity (OR = 0.93, 95% CI [0.65–1.33], $p=0.7$), overall morbidity (OR = 0.98, 95% CI [0.76–1.26], $p=0.8$), anastomotic leak (OR = 1.11, 95% CI [0.60–2.04], $p=0.7$), or mortality (OR = 2.06, 95% CI [0.75–5.64], $p=0.1$).
Conclusion: Immunosuppressive therapy alone is not an independent risk factor for postoperative complications following elective surgery for diverticulitis.
Disclosure of Interest: No conflict of interest.

P0753 | Biological prophylactic mesh for parastomal hernia prevention: A multicentre randomized controlled trial

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Aim: Parastomal hernia (PH) remains one of the most common complications following end colostomy formation. Prophylactic mesh reinforcement at the time of stoma creation has been proposed to reduce this risk. Both synthetic and biological meshes are available, but high-level evidence supporting the preventive use of biological mesh is limited. This multicentre randomized controlled trial aimed to evaluate the efficacy of a biological mesh in preventing PH.
Methods: From April 2014 to Decembre 2021, patients requiring permanent end colostomy and providing informed consent were randomized to receive either biological mesh reinforcement or no mesh at stoma formation. The primary endpoint was the incidence of PH at 6 months (evaluated clinically and at CT scan). Secondary outcomes included morbidity at 1 and 6 months, and at 1, 2, and 3 years; PH rate at 1, 2, and 3 years; stoma-related quality of life (STOMA QoL, SF-12, EuroQoL 5D, CCS) and a medicoeconomic assessment. A sample size of 98 was calculated to detect a PH rate reduction from 40% to 15%.
Results: Seventy-eight patients were enrolled (39 per group). Baseline characteristics were comparable. At 6 months, PH was observed in 27% of the no mesh group vs. 15% in the mesh group (OR: 0.47, 95% CI: 0.13–1.49, $p=0.21$; ITT analysis).
Conclusion: Although the biological mesh group showed a lower PH rate at 6 months, the difference was not statistically significant. Underpowering due to incomplete recruitment may have limited the ability to detect a clinically meaningful effect.
Disclosure of Interest: The study has been performed in partnership with STRATTICE tissue matrix. The company gave the mesh.

P0754 | Increased recurrence risk in recurrent diverticulitis and improved quality of life with surgery: A systematic review

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Aim: The prevalence of diverticulitis has been increasing, with up to 1/3 of patients experiencing recurrence after an initial uncomplicated episode. In the past, resection of the affected segment was commonly performed following a second uncomplicated episode, but current guidelines advocate for an individualized approach. This