# 20th Congress of Asia Pacific Federation of Coloproctology

## & 14th Asian Society of Stoma Rehabilitation Congress in conjunction with Coloproctology 2025

13th - 16th February 2025

Sabah International Convention Centre, Kota Kinabalu, Sabah, Malaysia

**Sustainable Surgery**

*Embracing Innovation, Empowering Teams*

# PROGRAMME BOOK

**13th - 16th February 2025**

**Sabah International Convention Centre, Kota Kinabalu, Sabah, Malaysia**

Organised by

secretariat@apfcp2025.org apfcp2025.org

# Welcome Message

## from The 20th Congress of the Asia Pacific Federation of Coloproctology & 14th Asian Society of Stoma Rehabilitation Congress in conjunction with Coloproctology 2025 Congress President

On behalf of the Malaysian Society of Colorectal Surgeons (MSCRS), we are honored to welcome you to the The 20th Congress of the Asia Pacific Federation of Coloproctology & 14th Asian Society of Stoma Rehabilitation Congress in conjunction with Coloproctology 2025, themed "Sustainable Surgery: Embracing Innovation, Empowering Teams" The congress is now scheduled to take place in the picturesque city of Kota Kinabalu, Sabah, from the 13th to the 16th of February 2025.

This marks a significant occasion as the APFCP returns to Malaysia, and we are delighted to host this pivotal congress once again in the vibrant heart of Sabah. Our privilege lies in bringing together some of the foremost experts in advancing the science and practice of colorectal surgery to Kota Kinabalu.

We are optimistic that healthcare professionals worldwide, particularly those in Malaysia and the Asia Pacific region, will gain valuable insights into the science and art of managing colorectal-related diseases through this congress. We trust that the knowledge shared will empower them to make positive changes in their daily practices, contributing to improved outcomes for patients.

The Congress program has been meticulously designed to offer ample opportunities for networking and exploration of the latest products and services at the exhibition. The organizing committee has dedicated significant efforts to ensure a seamless and efficient congress in the new and scenic seaside venue of the Sabah Convention Center. We have also arranged an exciting social program for delegates and accompanying persons.

Given Sabah's rich cultural diversity and natural beauty, we invite you to explore unique experiences. We hope delegates will find time to enjoy the vibrant atmosphere and natural wonders of Kota Kinabalu. Extend your stay after the congress to seize the opportunity to explore other parts of our beautiful country, delve into our history and culture, or simply unwind at one of our picturesque beaches or island resorts.

We express our gratitude for your participation and eagerly anticipate your presence at this momentous gathering in Kota Kinabalu, Sabah, Malaysia.

REGISTER EARLY and SEE YOU AT THE CONGRESS!

**Dr Luqman Mazlan**
*President and Congress President*
*Malaysian Society of Colorectal Surgeons (MSCRS)*
*The 20th Congress of the Asia Pacific Federation of Coloproctology & 14th Asian Society of Stoma Rehabilitation Congress in conjunction with Coloproctology 2025 (APFCP 2025)*

# Malaysian Society of Colorectal Surgeons Council
(2023 - 2025)

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Dr Luqman Mazlan

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**Vice President**
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STEP 1


STEP 2


STEP 3

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**That's the Signia™ stapler.**

†Preclinical results may not correlate with clinical performance in humans.
‡Compared to manual and fixed-speed powered staplers.

# Real-time feedback

Medtronic

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Real-time feedback also allows you to:

- Make informed decisions about reload selection[7,‡]
- Shows you forces on tissue to let you know when Adaptive Firing™ technology is adjusting firing speed to improve staple formation in challenging applications[1,2,§ ‡]

**The Signia™ stapler is the only stapler made specifically to optimize intelligence-enabled Tri-Staple™ and Signia™ small diameter reloads.**


# Adaptive Firing™ technology

## Controlling firing speed based on tissue properties can increase staple line security[1-3,†]

That's why we gave the Signia™ stapler Adaptive Firing™ technology. It senses tissue to adjust firing speed based on tissue properties and thickness.[1,2,†] The result is more properly formed "B"-shaped staples for a more consistent staple line.[1–3,†,‡]

† Preclinical results may not correlate with clinical performance in humans. ‡ Compared to manual and fixed-speed powered staplers. § A staple that had at least one leg less than parallel to the back span or both legs parallel to the back span was considered a malformed staple. 1. Based on internal test report #R2146-151-0, Powered stapling firing speed DOE analysis and ASA parameters: preliminary ex vivo porcine model data using various speeds a user can deploy staples with a manual handle (n = 243 firings). 2015. 2. Based on internal test report #R2146-173-0, ASA verification testing with slow speed force limit evaluation. 2015. 3. Based on internal report #RE0021874O, Signia™ stapling adaptive firing technology data calculations and references. Aug. 7, 2019. 4. Based on internal test report #PCG-028, Signia™ stapling system competitive claims, March 27, 2017.

5. Based on internal test report #PCG-032, Comparison of undercrimp staple measurement between Medtronic and Ethicon powered stapling platforms. May 10, 2018. 6. Based on internal test report #RE00024826 rev D, Signia™ stapling system summative usability report. September 2016. 7. Based on internal test report #RE00055515, Surgeon evaluation testing Signia™ stapling system sensing technology and real-time feedback. Aug. 4, 2016.

For Healthcare Professional use only. Device registration in Malaysia.
Signia™ power handle: GB8325422-110369

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# The Asia Pacific Federation of Coloproctology (APFCP) 2025

## Organising Committee

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Dr Luqman Mazlan

**Congress President (ASSR)**
Dr Aini Fahriza Ibrahim

**Scientific Chair (APFCP)**
Dr Nurhashim Haron

**Organising Committee (APFCP)**
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Dr Norfarizan binti Azmi
Dr Buvanesvaran Tachina Moorthi
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Dr Siti Mayuha Binti Rusli
Dr Michael Wong
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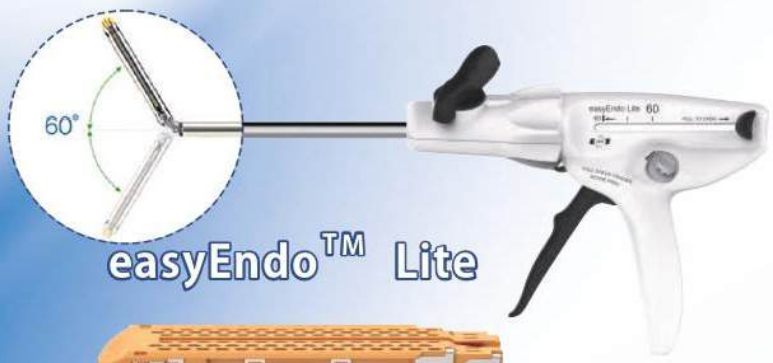


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## EasyLC™ Liner Cutter

## easyCS™ Circular Stapler

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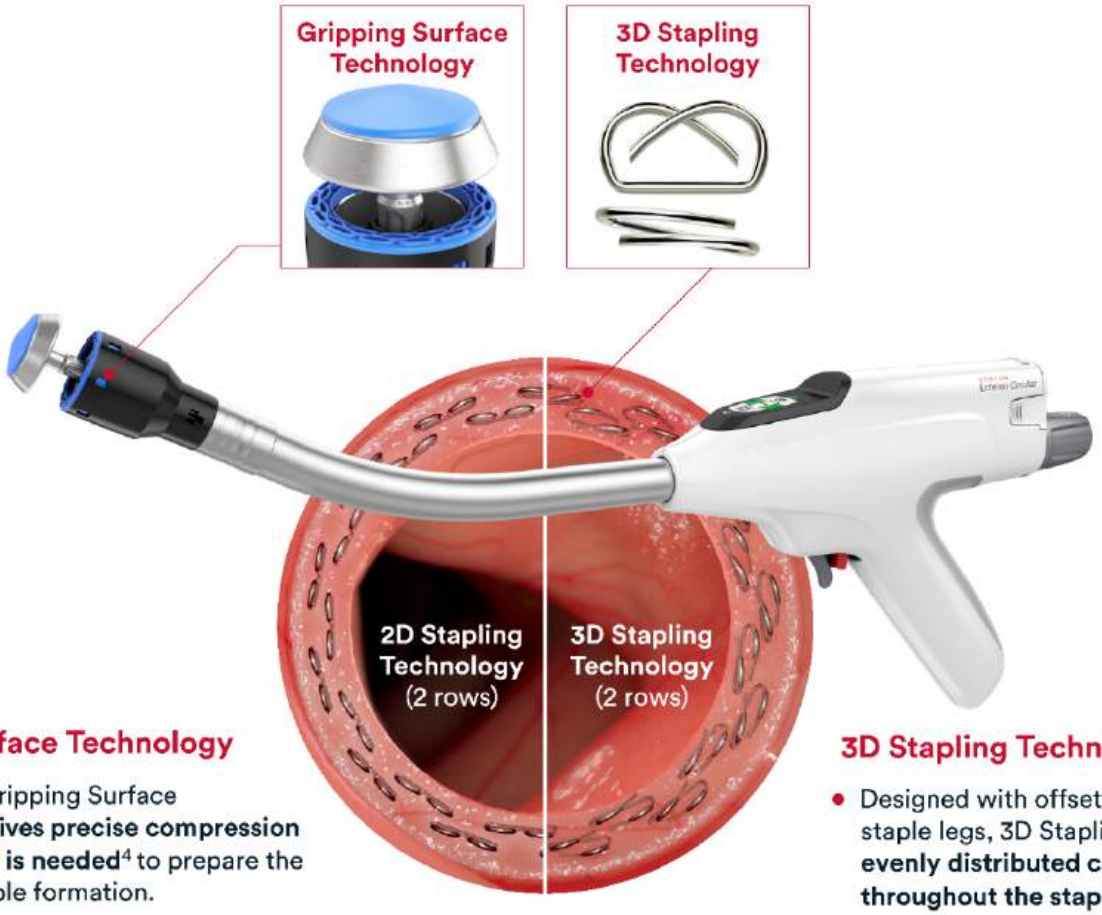
# ECHELON CIRCULAR™ Powered Stapler

## Optimized perfusion.[1]
## Reduced leaks at the staple line.[2]



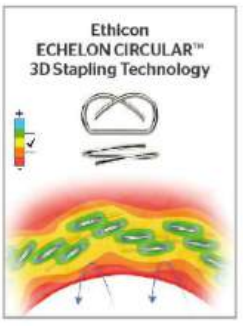

### Gripping Surface Technology

- Atraumatic Gripping Surface Technology **gives precise compression only where it is needed**[4] to prepare the tissue for staple formation.
- Provided gentler handling with a 33% reduction in compressive forces on tissue.[4]


Conceptual comparison demonstrating potential effects of tissue compression during firing. Results can vary based on tissue characteristics, device design, techniques and other factors.

### 3D Stapling Technology

- Designed with offset closure of the staple legs, 3D Stapling Technology **evenly distributed compression throughout the staple line.**[3]
- Reduced potential leak paths.[3]




Conceptual comparison demonstrating potential effects of tissue compression during firing. Results can vary based on tissue characteristics, device design, techniques and other factors.

1 Preclinical perfusion model comparing Ethicon CDH29P to Brand X, in which perfusion was not statistically significantly different between devices ($p>0.05$). 2 Benchtop testing in porcine tissue ≤30mmHg (26mmHg average pressure experienced during intra-operative leak test), comparing Ethicon CDH29P to Brand X ($p<0.001$) and preclinical perfusion model, in which perfusion was not significantly different between devices. (063164-191113) 3 Staple line analysis in benchtop testing, comparing Ethicon CDH29P to Brand X. 4 Benchtop testing on porcine colon, comparing Ethicon CDH29P to Brand X, $p<0.001$.

Claims compared to Brand X Circular Stapler

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## Why Knot?

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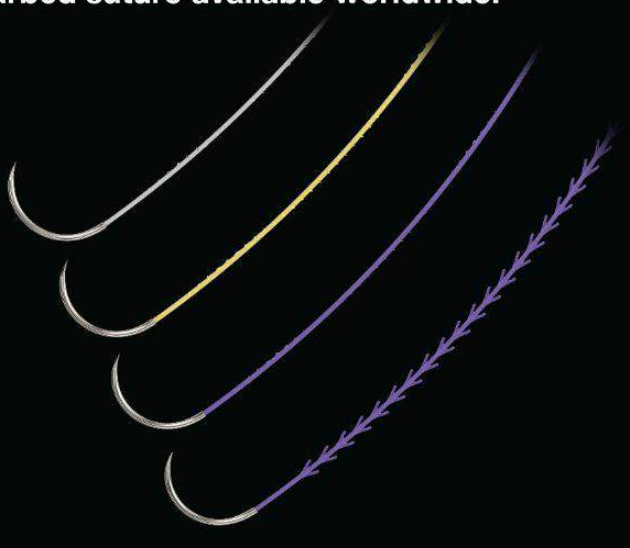

**References:** 1. Greenberg J, Goldman R. Barbed Suture: A review of the technology and clinical uses in obstetrics and gynecology. Rev Obstet Gynecol. 2013;6 (3-4):107-115. 2. Moran ME, Marsh C, Perrotti M. Bidirectional-barbed sutured knotless running anastomosis v classic Van Velthoven suturing in a model system. J Endourol. 2007;21(10):1175-1178. 3. Vakil JJ, O'Reilly MP, Sutter EG, Mears SC, Belle SM, Khanuja HS. Knee arthrotomy repair with a continuous barbed suture: a biomechanical study. J Arthroplasty. 2011;26(5):710-713.

**Further information is available upon request.**

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# Programme At A Glance

## Workshop 1: Peritoneal Surface Malignancy Workshop

## 13 February 2025, Thursday

**Faculty**

*Paul H Sugarbaker, United States*
*Cherry Koh, Australia*
*Marc Paul Lopez, Philippines*

| Time | Hyatt Centric, Kota Kinabalu |
|---|---|
| 0730 - 0800 | **Registration & Introduction** |
| 0800 - 0930 | **Session 1: Anatomy & Pathophysiology** |
| | Hidden Peritoneal Spaces |
| 0930 - 1000 | **Coffee Break** |
| 1000 - 1200 | **Session 2: Mastering Parietal Peritonectomy** |
| | Strategies and Precision in the Scarred Abdomen<br>Interactive Video and Case Discussions |
| 1200 - 1300 | **Lunch Break** |
| 1300 - 1530 | **Session 3: Mastering Visceral Peritonectomy** |
| | Techniques and Tailored Approaches<br>Interactive Case Discussion |
| 1530 - 1600 | **Coffee Break** |
| 1600 - 1700 | **Session 4: Strategies for Advanced Peritoneal Surgery** |
| | Interactive Video and Case Discussions |
| 1700 | **Closing Remarks** |

# Workshop 2: Endoanal Ultrasound (EAUS Workshop)

## 13 February 2025, Thursday

**Faculty**

*Charles Bih-Shiou Tsang, Singapore*
*Surendra Mantoo, Singapore*
*Ratha Krishnan Sriram, Malaysia*

| Time | Hospital Queen Elizabeth |
|---|---|
| **0800 - 0900** | **Registration & Opening Remarks**<br>📍 *Seminar Room 1* |
| **0900 - 0950** | **Lecture Session 1**<br>📍 *Seminar Room 1* |
| 0900 - 0915 | Techniques and Basic Principles of Endoanal Ultrasound |
| 0915 - 0930 | Anorectal Sepsis- Abscesses and Fistula |
| 0930 - 0945 | Anal Incontinence |
| 0945 - 0950 | Q&A |
| **0950 - 1010** | **Break**<br>📍 *Seminar Room 1* |
| **1010 - 1100** | **Lecture Session 2**<br>📍 *Seminar Room 1* |
| 1010 - 1025 | Techniques and Basic Principles of Endorectal Ultrasound |
| 1025 - 1040 | Staging for Rectal Cancer |
| 1040 - 1055 | Extrarectal Lesions and Biopsies |
| 1055 - 1100 | Q&A |
| **1100 - 1300** | **Hands-On Session** (2 stations)<br>📍 *Endoscopy Suite* |
| **1300 - 1400** | **Lunch Break**<br>📍 *Seminar Room 1, GF* |
| **1400 - 1600** | **3D Cube Review and Discussion**<br>📍 *Seminar Room 1* |
| **1600 - 1630** | **Closing Remarks**<br>📍 *Seminar Room 1* |

# Workshop 3: Operative - Live Demonstration

# Laparoscopic AR / LAR (With Artisential – Alternative to Robotics)

## 13 February 2025, Thursday

**Faculty**

*Yoon Suk Lee, South Korea*
*Elaine Ng, Malaysia*
*Zairul Azwan, Malaysia*

| Time | Hospital Queen Elizabeth 1 |
|---|---|
| 0800 - 0830 | **Registration**<br>📍 *Auditorium Reception Area* |
| 0830 - 0900 | **Opening Remarks**<br>📍 *Auditorium* |
| 0900 - 0930 | **Lecture – Laparoscopic Techniques and Pitfalls in LAR**<br>📍 *Auditorium* |
| 0930 - 1000 | **Morning Tea Break** |
| 1000 - 1500 | **Operative Demonstration – Low Anterior Resection with Artisential**<br>📍 *OR1 (live transmission to Auditorium)* |
| 1300 - 1400 | **Lunch Break** |
| 1500 - 1600 | **Q&A and Discussion**<br>📍 *Auditorium* |
| 1600 | **Closing Remarks** |

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# Main Congress Day 1 - 14 February 2025

| Time | APFCP Track 1 | APFCP Track 2 | ASSR |
|---|---|---|---|
| 0730 - 0830 | **Registration** | | |
| 0830 - 1000 | **SYMPOSIUM 1A: RECTAL CANCER**<br>📍 *Sipadan 2*<br>Moderator: Michael Wong Pak Kai, Nora Abdul Aziz | **SYMPOSIUM 1B: ENDO LAPAROSCOPY**<br>📍 *Sipadan 1*<br>Moderator: Paul Selvindoss, Shankar Gunarasa | **SYMPOSIUM 1C: CURRENT ADVANCEMENT IN STOMA CARE**<br>📍 *Sipadan 3*<br>Moderator: Mariam Mohd Nasir |
| | NOTES & NOSES in Rectal Cancer Surgery: Feasibility and Achieving Optimal Oncological Outcome<br>*William Tzu-Liang Chen, Taiwan* | Hybrid Endolaparoscopic Surgery: Integrating Concept into Practice<br>*Simon Ng, Hong Kong* | Robotic Colorectal Surgery : Does it Influence the Rate of Stoma Formation?<br>*James Ngu, Singapore* |
| | Beyond TME: How to Approach the 5 Pelvic Compartments<br>*Peter Lee, Australia* | Management of Rectal Anastomotic Leak Using the Endo-Lap Approach<br>*Luqman Mazlan, Malaysia* | Stoma Irrigation – Is It Still Relevant?<br>*Wong Chun Heong, Malaysia* |
| | LLND: When, How and To What Extent? The Evidence So Far<br>*Takashi Akiyoshi, Japan* | Endoscopic Assessment and Management of Lateral Spreading Tumours<br>*Supakij Khomvilai, Thailand* | Patient Journey Post Ostomy Surgery – Now and Then<br>*Ong Choo Eng, Singapore* |
| | How Does MRI Influence Sphincter Preservation Option with Neoadjuvant Therapy for Rectal Cancer?<br>*Gina Brown, United Kingdom* | Optimising Endoscopic Tools for Early Colorectal Cancer Detection<br>*James Emmanuel, Malaysia* | |
| 1000 - 1030 | **MORNING TEA BREAK**<br>📍 *Foyer* | | **Signing Ceremony: Memorandum of Understanding:** Medtronic & Malaysian Society of Colorectal Surgeons<br>📍 *Selingan, Level 5* |
| 1030 - 1100 | **PLENARY 1**<br>📍 *Sipadan 2*<br><br>Navigating Challenges in Colorectal Cancer Screening in Malaysia<br>Moderator: Elaine Ng Hui Been<br>*Maria Suleiman, Malaysia* | | |

| | | | |
|---|---|---|---|
| **1100 - 1200** | **OPENING CEREMONY & PRESIDENT ADDRESS**<br>📍 *Sipadan 2*<br><br>Welcome Address<br>Launch of APFCP 2025<br>Cultural Performance<br>Induction of New Members of MSCRS<br>Booth Walkabout<br><br>Master of Ceremony: Mohamed Rezal Abdul Aziz, Siti Mayuha Rusli<br>*Guest of Honour: YB Datuk Seri Panglima Dr. Joachim Gunsalam, Deputy Chief Minister II of Sabah* | | |
| **1200 - 1300** | **LUNCH SYMPOSIUM** *(Medtronic)*<br>📍 *Sipadan 2* | | |
| **1300 - 1400** | **APFCP Board Meeting**<br>📍 *Sepilok Room* | | |
| **1400 - 1430** | **PLENARY 2**<br>📍 *Sipadan 2*<br><br>Sustaining a Long-Term Balanced Career with Complex Colorectal Surgeries<br>Moderator: April Camilla Roslani<br>*Paul H Sugarbaker, United States* | | |
| **1430 - 1600** | **SYMPOSIUM 2A: COLON CANCER**<br>📍 *Sipadan 2*<br>Moderator: Akhtar Qureshi, Kenneth Voon | **SYMPOSIUM 2B: SURGICAL EDUCATION**<br>📍 *Sipadan 1*<br>Moderator: Ismail Sagap, Andee Dzulkarnain | **SYMPOSIUM 2C: SUSTAINABILITY : EDUCATION & TRAINING**<br>📍 *Sipadan 3*<br>Moderator: Karenita K. Shandu |
| | Complete Mesocolic Excision in Early Colon Cancer - Standard or Selective?<br>*Emile Tan, Singapore* | Robotic Education and Training Pathway<br>*James Ngu, Singapore* | Online Stoma Care Education : Does It Improve the Outcome?<br>*Mohana Raj Thanapal, Malaysia* |
| | Individualised Surgical Strategy in Metastatic Colon Cancer<br>*Zairul Azwan, Malaysia* | Collaborative Colorectal Training and Research<br>*Alaa el Hussuna, Denmark* | Hybrid Delivery of Malaysian Enterostomal Therapy Nursing Education: Is It Effective and Efficient?<br>*Mariam Mohd Nasir, Malaysia* |
| | Colorectal Cancer Nationwide Screening: Choosing the Best Strategy<br>*Songphol Malakorn, Thailand* | Mentoring the Millennials<br>*April Camilla Roslani, Malaysia* | The Development of Indonesian Enterostomal Therapy Nursing Education<br>*Widasari Sri Gitarja, Indonesia* |
| | Neoadjuvant Treatment for Colon Cancer: Practicality & Feasibility in SEA Countries<br>*Wan Zamaniah Wan Ishak, Malaysia* | Optimising Sustainable Technology for Surgical Precision<br>*Masaaki Ito, Japan* | The Impact of Stoma Management Education on the Self-Care Abilities of Individuals With an Intestinal Stoma<br>*Ong Choo Eng, Singapore* |
| **1600 - 1645** | **HI-TEA SYMPOSIUM** *(Servier)*<br>📍 *Sipadan 2* | | |
| **1645 - 1815** | **SYMPOSIUM 3A: ROBOTIC SURGERY**<br>📍 *Sipadan 2* | **VIDEO COMPETITION**<br>📍 *Sipadan 1*<br>*Moderator: Shafhawi Adznan,* | **SYMPOSIUM 3C: COMPLEX STOMA**<br>📍 *Sipadan 3* |

| | | | |
|---|---|---|---|
| | *Moderator: Chong Hoong Yin, Siti Mayuha Rusli* | *Khong Tak Loon* | *Moderator: Nora Abdul Aziz* |
| | Value of Robotic Surgery in overcoming traditional pit-falls<br>*Roger Gerjy, Dubai* | **WRITERS' WORKSHOP**<br>📍 *Sepilok Room*<br>*Kotaro Maeda, Gyung Mo Son, April Camilla Roslani, In Ja Park*<br><br>Annals of Coloproctology: Mission & Achievement<br><br>The Basic Composition of a Medical Article<br><br>Do's and Dont's in Medical Writing<br><br>Common Errors Identified by Reviewers<br><br>Practical Session | Never Divorce the Hole From the Whole: Case Presentation on Complicated Stoma<br>*Nurbaisyah Badaruddin, Malaysia* |
| | Overcoming Challenges in Robotic LLND<br>*Masaaki Ito, Japan* | | Low Anterior Resection: Ghost Ileostomy Versus Conventional Loop Ileostomy<br>*Aini Ibrahim, Malaysia* |
| | Expanding the Horizons of Robotic Surgery in Pelvic Multivisceral Resection<br>*Kim Seon Hahn, South Korea* | | Stomal Complications: Prevention and Management<br><br>*Edith James, Malaysia* |
| | Single-port Robotics: Is it the Next Frontier?<br>*Simon Ng, Hong Kong* | | Case Presentation: Trouble Shooting for Ostomy Issues<br>*Wan Ahmad Fathi Farhan, Malaysia* |
| **1815 - 19:30** | **MSCRS Annual General Meeting**<br>followed by MSCRS Member Dinner<br>📍 *Sipadan 1* | | |

## Main Congress Day 2 - 15 February 2025

| Time | APFCP Track 1 | APFCP Track 2 | ASSR |
|---|---|---|---|
| **0730 - 0830** | **MEET THE EXPERT 1: FUNCTIONAL PELVIC FLOOR**<br>📍 *Sepilok Room*<br><br>Moderator: Azmi Mohd Noor, Nurhashim Haron<br>*Alaa el Hussuna, Denmark*<br>*Cherilyn Fu, Singapore*<br>*Nur Afdzillah Abdul Rahman, Malaysia* | **MEET THE EXPERT 2: PARASTOMAL HERNIA**<br>📍 *Dinawan Room*<br><br>Moderator: Ang Chin Wee, Zairul Azwan<br>*Paul H Sugarbaker, United States*<br>*Aras Emre Canda, Turkey*<br>*Cherry Koh, Australia* | |
| **0830 - 0900** | **PLENARY 3**<br>📍 *Sipadan 2*<br>Pushing Boundaries: My Evolution in Minimally Invasive Colorectal Surgery<br>Moderator: Elaine Ng Hui Been<br>*William Tzu-Liang Chen, Taiwan* | | |
| **0900 - 1030** | **SYMPOSIUM 4A: PELVIC FLOOR**<br>📍 *Sipadan 2*<br>Moderator: Yunus Gul, Mohd Syafferi Masood | **SYMPOSIUM 4B: PERITONEAL SURFACE MALIGNANCY**<br>📍 *Sipadan 1*<br>Moderator: Shafhawi Adznan, Mohamed Rezal Abdul Aziz | **SYMPOSIUM 4C: ETN AROUND THE REGION**<br>📍 *Sipadan 3*<br>Moderator: Nurbaisyah Badaruddin |
| | Recurrence of Rectal Prolapse: What is the Most Appropriate Approach? | Palliative CRS with or without HIPEC<br>*Aras Emre Canda, Turkey* | What Our ETN Does Differently To Improve the QoL of an Ostomate in Hong Kong? |

| | | | |
|---|---|---|---|
| | *Andrew Stevenson, Australia* | | *Kam Sin Yu, Hong Kong* |
| | Pelvic Floor Reconstruction After Pelvic Exenteration<br>*Songphol Malakorn, Thailand* | Prophylactic HIPEC in Colorectal Cancer - Are We Overtreating?<br>*Paul H Sugarbaker, United States* | Did We Have Enough ETN To Serve Ostomy Population in Indonesia?<br>Widasari Sri Gitarja, Indonesia |
| | Setting up and Sustaining Biofeedback services<br>*Nur Afdzillah Abdul Rahman, Malaysia* | Peritoneal Recurrence following CRS-HIPEC for Colorectal Peritoneal Metastasis<br>*Marc Paul Lopez, Philippines* | The Cost of ETN Services in Singapore<br>*Ong Choo Eng, Singapore* |
| | Can We Prevent LARS?<br>*Cherilyn Fu, Singapore* | Setting-up CRS HIPEC Services in Malaysia<br>*Norfarizan Azmi, Malaysia* | Post Basic Course on Stomacare<br>*Karenita Shandu, Malaysia* |
| **1030 - 1100** | **MORNING TEA BREAK** | | |
| **1030 - 1130** | **PRESIDENTIAL ROUNDTABLE DISCUSSION** *(Invite Only)*<br>📍 *Dinawan Room* | | |
| **1100 - 1230** | **SYMPOSIUM 5A: PROCTOLOGY**<br>📍 *Sipadan 2*<br>Moderator: Sarkunnathas Muthusamy, Mohd Fadliyazid Ab Rahim | **SYMPOSIUM 5B: BENIGN COLORECTAL DISORDERS**<br>📍 *Sipadan 1*<br>Moderator: Siti Mayuha Rusli, Samuel Tay | **SYMPOSIUM 5C: LIVING WITH STOMA**<br>📍 *Sipadan 3*<br>Moderator: Saravanan Nagappan |
| | Understanding Proctalgia Fugax<br>*Ahmad Shanwani Mohamed Sidek, Malaysia* | IBD-Associated Rectal Cancer<br>*Cherry Koh, Australia* | My Story: Embracing a Life With a Stoma<br>*Saravanan Nagappan, Malaysia* |
| | Essential Concepts of Anal Fistula Surgery: Patterns, Parts & Procedures<br>*Arun Rojanasakul, Thailand* | Role of MIS for Hinchey III & IV Diverticular Disease<br>*Elaine Ng Hui Been, Malaysia* | Managing the Challenge of Change<br>*Tengku Nazeehah Tengku Mahmood, Malaysia* |
| | Utilising MRI in directing management fistula in Ano<br>*Pankaj Garg, India* | Management of Complicated Ileal Pouch<br>*Alaa el Hussuna, Denmark* | Letting Stoma Set Me Free<br>*Ellil Mathiyan Lakshmanan, Singapore* |
| | Journey in Anal Fistula Surgery<br>*Arun Rojanasakul, Thailand* | Parastomal Hernia - Prevention or Repair<br>*Aras Emre Canda, Turkey* | |
| **1245 - 1330** | **LUNCH SYMPOSIUM** *(Johnson & Johnson Medtech)*<br>📍 *Sipadan 2* | | |
| **1330 - 1400** | **PLENARY 4**<br>📍 *Sipadan 2*<br><br>Pelvic Exenteration: Past, Present and Future<br>Moderator: David Ong Li Wei<br>*Michael Solomon, Australia* | | |
| **1400 - 1530** | **SYMPOSIUM 6A: PROFESSOR'S CORNER**<br>📍 *Sipadan 2*<br>Moderator: Aini Ibrahim, Zaidi Zakaria | | **SYMPOSIUM 6C: STOMA WORKSHOP**<br>📍 *Sipadan 3*<br>Moderator: Muhamad Aiman Bahri Bin Mohamed Noor |
| | *Panellist:*<br>*Masaaki Ito, Japan* | | Workshop A - Malaysia Management of Fistula |

| | | |
|---|---|---|
| | *Michael Solomonm, Australia*<br>*April Camilla Roslani, Malaysia*<br>*Peter Chen, Taiwan*<br>*Surendra Mantoo, Singapore* | Workshop B - Indonesia Paediatric Stoma<br>Workshop C – Singapore Pancaking and Double Begged Application |
| **1530 - 1600** | **HI-TEA SYMPOSIUM** *(Biolitec)*<br>📍 *Sipadan 2* | |
| **1600 - 1730** | **PRESIDENTIAL DEBATE**<br>📍 *Sipadan 2*<br><br>Rise of the Robots will Lead to the Death of Laparoscopy<br><br>*Moderator: Luqman Mazlan, Malaysia*<br>*Pro: Roger Gerjy, Dubai & Simon Ng, Hong Kong*<br>*Against: Ismail Sagap, Malaysia & Kang Sung-Bum, Korea* | |
| **1730 - 2100** | **Gala Dinner**<br>📍 *Kinabatangan 1, Level 2* | |

## Main Congress Day 3 - 16 February 2025

| Time | APFCP Track 1 | APFCP Track 2 | ASSR |
|---|---|---|---|
| **0730 - 0830** | **MEET THE EXPERT 3: PROCTOLOGY**<br>📍 *Sepilok Room*<br>Moderator: Krishnan Sriram, Michael Wong Pak Kai<br>*Surendra Mantoo, Singapore*<br>*Pankaj Garg, India* | **MEET THE EXPERT 4: IMAGING FOR COLORECTAL SURGEONS**<br>📍 *Dinawan Room*<br><br>Moderator: Ang Chin Wee, James Khaw<br>*Gina Brown, United Kingdom*<br>*Michael Solomon, Australia*<br>*Carlo Angelo Cajucom, Philippines* | |
| **0830 - 1000** | **SYMPOSIUM 7A: OPERATIVE - HOW I DO IT**<br>📍 *Sipadan 2*<br>Moderator: Ausama Malik / Mohana Raj | **SYMPOSIUM 7B: POTPOURRI**<br>📍 *Sipadan 1*<br>Moderator: Navinakathiresu Muthukumarasamy / Lu Ping Yan | **SYMPOSIUM 7C: ASSR VIDEO COMPETITION**<br>📍 *Sipadan 3*<br>*Moderator: Aini Ibrahim, Hizami Amin-Tai* |
| | Laparoscopic Segmental Resection for Early Splenic Flexure Cancer<br>*Ang Chin Wee, Malaysia* | Medicolegal and Ethical Challenges in Colorectal Surgery Practices<br>*Yunus Gul, Malaysia* | |
| | TAMIS in Early Rectal Cancer Local Excision<br>*Peter Chen, Taiwan* | Reimbursement Options for Robotic Surgery and New Technologies<br>*James Ngu, Singapore* | |
| | Ileal Pouch Construction: Overcoming Difficult Reach<br>*Mina Ming-yin Shen, Taiwan* | Emerging Trends in Colorectal Research and Advancements in Global Research Initiatives<br>*Yoon-Suk Lee, South Korea* | |

<table>
<tr><td></td><td>TROPIS : Principle, Technique and Tricks!!<br>Pankaj Garg, India</td><td>Establishing and Sustaining ERAS with Quality Initiatives<br>Carlo Angelo Cajucom, Philippines</td><td></td></tr>
<tr><td>1000 - 1030</td><td colspan="3">MORNING TEA BREAK</td></tr>
<tr><td rowspan="5">1030 - 1200</td><td>SYMPOSIUM 8A: INFLAMMATORY DISORDERS<br>📍 Sipadan 2<br>Moderator: Wan Khamizar Wan Khazim, Kenneth Voon</td><td rowspan="2">ORAL PRESENTATION FREE PAPER<br>📍 Sipadan 1<br>Moderator: Mohamed Rezal Abdul Aziz</td><td rowspan="5">SYMPOSIUM 8D: FORUM & PANEL DISCUSSION<br>📍 Sipadan 3<br><br>Embracing Innovation, Empowering Team<br><br>Moderator: Mariam Mohd Nasir<br>Panellist: Hizami Amin-Tai, Widasari Sri Gitarja, Aini Ibrahim, Ong Choo Eng</td></tr>
<tr><td>Pilonidal Sinus - Is Less More?<br>Marc Paul Lopez, Philippines</td></tr>
<tr><td>Role of Surgery in Stricturing Crohn's Disease<br>April Camilla Roslani, Malaysia</td><td rowspan="3">POSTER COMPETITION<br>📍 Foyer<br>Moderator: Ruben Gregory Xiavier</td></tr>
<tr><td>Surgical strategies in Emergency Intestinal TB in Indonesia<br>Ronald E Lusikooy, Indonesia</td></tr>
<tr><td>Paradigm Shift in Understanding of Rectal Prolapse : From Structural Problem to Functional Problem<br>Lim Jit Fong, Singapore</td></tr>
<tr><td>1200 - 1230</td><td colspan="3">CLOSING CEREMONY & PRIZE PRESENTATION<br>HANDOVER OF APFCP 2027<br>📍 Sipadan 2</td></tr>
<tr><td>1230 - 1400</td><td colspan="3">LUNCH</td></tr>
<tr><td rowspan="2">1400 - 1700</td><td colspan="3">POST CONGRESS MASTERCLASS<br>📍 Sepilok<br><br>Moderator: Michael Wong Pak Kai<br>Panellist: April Camilla Roslani, Ismail Sagap, Zaidi Zakaria, Azmi Mohd Noor</td></tr>
<tr><td colspan="3">Case-based Scenario discussion<br><br>Hot Seat Viva Merry-Go-Round - Principles of Surgery, Operative, Pathology</td></tr>
</table>

# CORUM - 15 February 2025

| Time | 📍 *Sepilok Room* |
|---|---|
| **0900 - 0930** | **Registration** |
| **0930 - 1040** | **CORUM SESSION 1**<br>Moderator: Meheshinder Singh |
| | Spearheading Colorectal Cancer Patient Support Group<br>*Wong Chun Heong, Malaysia* |
| | Understanding Oncological Treatment in a Nutshell<br>*Flora Chong, Malaysia* |
| | Balancing Needs of Colorectal Cancer Survivors - Role of Caretaker |
| **1040 - 1100** | **MORNING TEA BREAK** |
| **1100 - 1230** | **CORUM SESSION 2**<br>Moderator: Nurhashim Haron |
| | My Rectum is Removed: What Am I Expecting?<br>*Krishnan Sriram, Malaysia* |
| | Patient Advocacy & Empowerment<br>*Norazri Mohd Nor, Malaysia* |
| | My Colorectal Cancer Journey |
| **1230 - 1330** | **LUNCH** |
| **1330 - 1600** | **SHARING (ROUND TABLE)**<br>Moderator: Wong Chun Heong, Norazri Mohd Nor, Meheshinder Singh |
| | Understanding the Needs of Colorectal Cancer Survivors and Caretakers in Sabah - First Step Towards Peer Support Services for Sabah |

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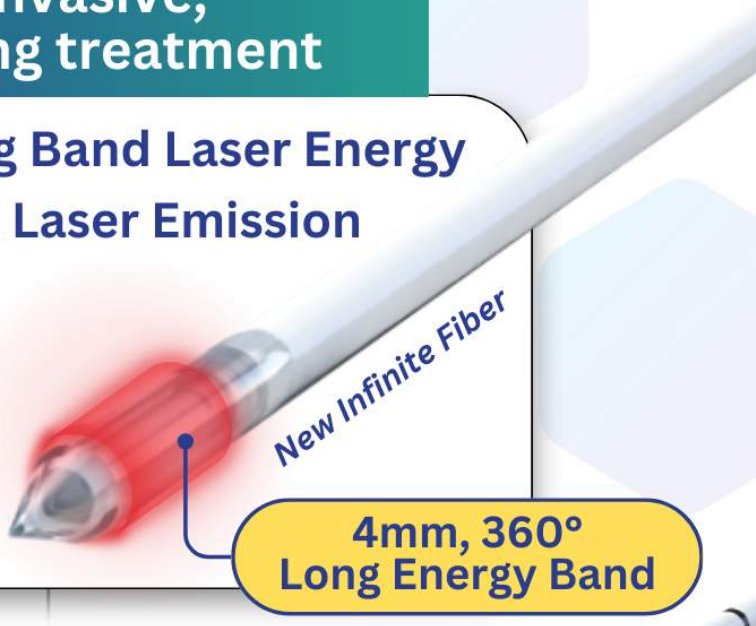


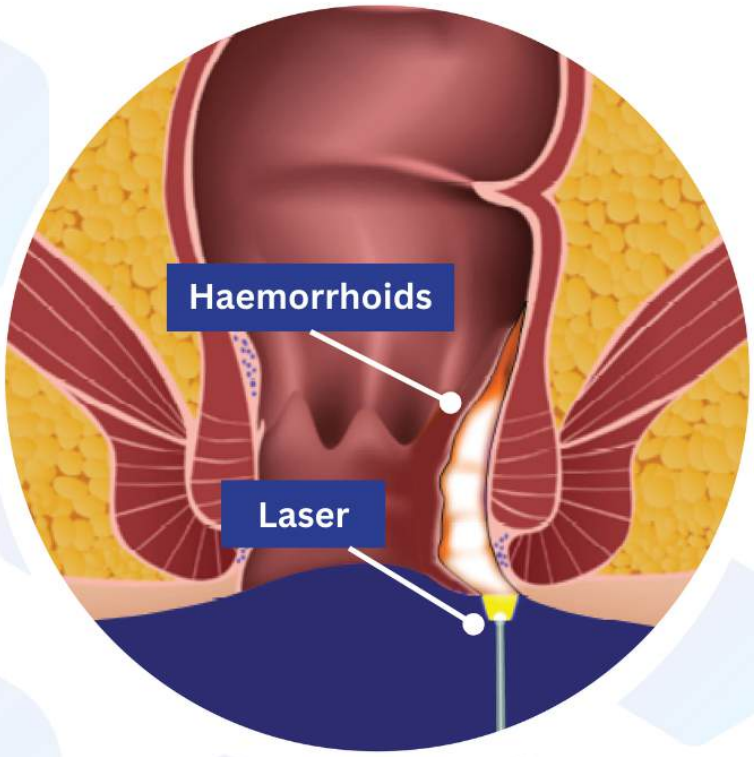


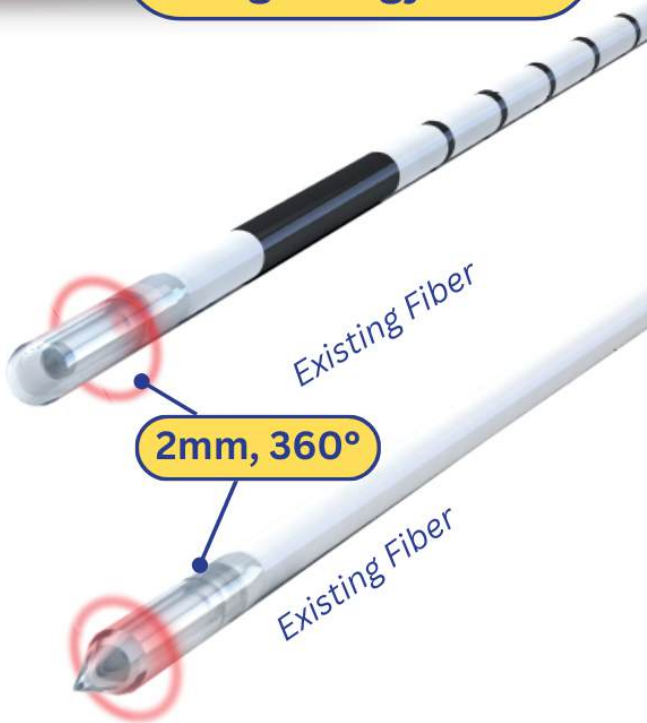


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1. Asia Oceania J Obstet Gynaecol. 1994;20(2):203-8
2. J Minimally Invasive Gynaecology.Vol 19,No 6,Nov/Dec 2012
3. Data on file
4. Product Information
5. 2005 Approval on Certificate of Suitability by EDQM (European Directorate for the Quality of Medicines)

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## INTERNATIONAL

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Australia

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Australia

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Australia

**Alaa El-Hussuna**
Denmark

**Simon Ng**
Hong Kong, China

**Kam Sin Yu**
Hong Kong, China

**Pankaj Garg**
India

**Pipit Lestari**
Indonesia

**Ronald E Lusikooy**
Indonesia

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Japan

**Takashi Akiyoshi**
Japan

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Japan

**Kang Sung-Bum**
South Korea

**Gyung Mo Son**
South Korea

**Lee Yoon Suk**
South Korea

**In Ja Park**
South Korea

**Carlo Angelo Cajucom**
Philippines

**Marc Paul Lopez**
Philippines

**Ellil Mathiyan Lakshmanan**
Singapore

**Emile Tan**
Singapore

**Surendra Mantoo**
Singapore

**Ong Choo Eng**
Singapore

**Lim Jit Fong**
Singapore

**James Ngu Chi Yong**
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**William Tzu-Liang Chen**
Taiwan

Mina Ming-yin Shen
Taiwan

Arun Rojanasakul
Thailand

Songphol Malakorn
Thailand

Supakij Khomvilai
Thailand

Aras Emre Canda
Türkiye

Gina Brown
United Kingdom

Paul H Sugarbaker
United States

## LOCAL

Ahmad Shanwani Mohamed Sidek

Aini Ibrahim

Ang Chin Wee

April Camilla Roslani

Azmi Bin Md Nor

Edith James

Elaine Ng Hui Been

Flora Chong

Hizami Amin-Tai

Ismail Sagap

Kim Seon Hahn

Luqman Mazlan

Maria Suleiman

Mariam Mohd Nasir

Mohana Raj

Norfarizan Azmi

Nur Afdzillah Abdul Rahman

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Ratha Krishnan Sriram

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## Congress Venue

**Sabah International Convention Centre (SICC)**

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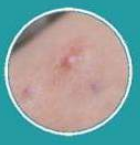
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# ABSTRACT

## VIDEO PRESENTATION

**Video Presentation**

| Abstract ID | Abstract Title |
|---|---|
| AB-00152 | Laparoscopic Deloyers Procedure For Multiple Synchronous Left Colon Cancers And Rectal Cancer |
| AB-00180 | Laparoscopic Sigmoid Colectomy With Natural Orifice Specimen Extraction For Malignant Polyp |
| AB-00172 | Bottom-Up Approach For Laparoscopic Right Hemicolectomy With D3 Lymphadenectomy Using Artisential |
| AB-00092 | Multicompartment Pelvic Exenteration Of A Large Locally Advanced Anorectal Tumour |
| AB-00196 | Laparoscopic Elape And Right Plnd For Low Rectal Tumour With Ectopic Left Kidney |

Abstract ID: 152
Category: APFCP Video, Clinical

**LAPAROSCOPIC DELOYERS PROCEDURE FOR MULTIPLE SYNCHRONOUS LEFT COLON CANCERS AND RECTAL CANCER**

Jih Huei Tan[1], Seon Hahn Kim[1]
[1]Colorectal Unit, Department Of General Surgery, Faculty Of Medicine, University Malaya

**Aim/Objective**

Extended resection of the left colon in cases of synchronous left colon cancer with mid-rectal cancer may result in insufficient bowel length for a tension-free colorectal anastomosis. The Deloyers procedure offers a viable strategy to achieve a tension-free anastomosis in such cases.

**Method**

We present a rare case of a patient who presented with altered bowel habits and weight loss. Colonoscopy, staging MRI and CT scans revealed a locally advanced mid-rectal cancer, along with synchronous sigmoid and splenic flexure cancers, and a right colon polyp. The patient underwent a short course of radiotherapy followed by radical surgery, which included extended left colon resection with low anterior resection, the Deloyers procedure, local excision of the right colon polyp, ileocolic sampling, and diversion ileostomy.

**Results**

Given the complexity and relative rarity of this procedure, we highlight this unique case of a 70-year-old male with multiple synchronous lesions. Intraoperative findings included a redundant colon and involvement of the arch of Riolan lymph nodes. Key technical aspects discussed in the video include two free-hand techniques, the ""IMV-first"" approach, the use of gauze for bowel protection and retraction, as well as the application of suction monopolar devices and endocutter instruments. The patient was discharged home after a one-week hospital stay, primarily due to the slow return of intestinal function. Postoperative histology confirmed R0 resection, with all lesions identified as adenocarcinoma. The patient subsequently underwent adjuvant chemotherapy and is scheduled for ileostomy closure.

**Conclusion**

A comprehensive understanding of mesenteric vascular anatomy, along with mastery of laparoscopic techniques and principles of mesenteric plane dissection, are critical for successfully performing complex procedures such as the Deloyers procedure. These key principles are emphasized in the accompanying video presentation, which demonstrates how the procedure can be performed safely and efficiently.

Abstract ID: 180
Category: APFCP Video, Clinical

**LAPAROSCOPIC SIGMOID COLECTOMY WITH NATURAL ORIFICE SPECIMEN EXTRACTION FOR MALIGNANT POLYP**

Goh Rui Ying[1], Lee Jin Keat Daniel[1]
[1]Khoo Teck Puat Hospital

**Aim/Objective**

Natural orifice specimen extraction (NOSE) represents an advancement in minimally invasive colorectal surgery. It is associated with less postoperative pain, shorter length of hospital stay and better cosmesis. NOSE is non-inferior in terms of morbidity, although it is associated with specific complications like bacterial peritonitis, anal sphincter dysfunction and extraction site tumour implantation. It is typically used in benign pathologies in patients with low body mass index (BMI).

Key considerations when operating on patients with high BMI include meticulous dissection using an energy device, and proper isolation of critical vessels to minimise bleeding. Mobilisation ought to be adequate to ensure tension-free anastomosis as such patients usually possess a short mesentery. NOSE can be considered to avoid tissue damage and wound complications associated with difficult specimen extraction through the abdominal wall.

**Method**

We describe a case of a female patient with BMI 40.9 who underwent laparoscopic sigmoid colectomy with transrectal NOSE and intra-corporeal primary anastomosis for a malignant polyp.

**Results**

Patient recovered uneventfully and was discharged well on post-op day three.

**Conclusion**

This case challenges the norms by utilising NOSE in oncologic surgery for a patient with morbid obesity. NOSE proved to be an effective technique that reduces the risk of abdominal wall incision complications whilst maintaining principles of oncological radicality.

Abstract ID: 172
Category: APFCP Video, Clinical

**BOTTOM-UP APPROACH FOR LAPAROSCOPIC RIGHT HEMICOLECTOMY WITH D3 LYMPHADENECTOMY USING ARTISENTIAL**

Sentilnathan S, Tan Jh, Mohanaraj Thanapal, Razali Ibrahim, Fitzjerald H
Hospital Kuala Lumpur,
Hospital Selayang

**Aim/Objective**

There are various approaches in performing an oncological resection for right sided malignancies. This video presents the surgical technique of performing a laparoscopic right hemicolectomy with D3 lymphadenectomy via a bottom-up approach following the principles of complete mesocolic excision (CME) and central vascular ligation (CVL) using ArtiSential and further describing its advantages in this context.

**Method**

A 60 year old gentleman presented with an ascending colon adenocarcinoma of clinical staging T3N1M0. A laparoscopic bottom-up approach was used to perform the right hemicolectomy with D3 lymphadenectomy assisted by ArtiSential articulated bipolar fenestrated forceps.

**Results**

R0 resection with adequate margins was achieved with histopathology showing a T3N1c moderately differentiated adenocarcinoma. A total of 38 nodes were harvested. No perineurial or lymphovascular invasion were seen.

**Conclusion**

The bottom-up approach for laparoscopic right hemicolectomy + D3 lymphadenectomy has its own advantages and these can be further enhanced with the use of ArtiSential articulated instruments.

Abstract ID: 092
Category: APFCP Video, Clinical

# MULTICOMPARTMENT PELVIC EXENTERATION OF A LARGE LOCALLY ADVANCED ANORECTAL TUMOUR

Khaw Chern Wern James[1], Tan Jie Shyan[1]
[1]Colorectal Unit, Surgical Department, Hospital Pulau Pinang

## Aim/Objective

To demonstrate the surgical technique, anatomical considerations, and oncological principles involved in performing pelvic exenteration for a large, locally advanced anorectal tumor

## Method

This patient has locally advanced anorectal tumour but no distant metastases and has completed neoadjuvant CCRT. Abdominal approach will be a midline laparotomy, ureterolysis and transection and pelvic lymph node dissection. Sacrectomy done with transection of ischial spine with bone scalpel and osteotome and perineal urethrectomy. The anorectal tumour is also excised from anal approach with skin flap reconstruction after surgery.

## Results

Postoperatively patient was admitted to ICU for a week and subseqently high dependency ward. Patient recovered and slowly were able regain his functional status. Resection margins were clear.

## Conclusion

Pelvic exenteration is a highly complex and demanding surgical procedure that offers potential curative treatment for selected patients with locally advanced anorectal tumors. Multidisciplinary planning, meticulous surgical technique, and perioperative care are critical for optimizing outcomes. This procedure underscores the importance of balancing aggressive oncological resection with functional and quality-of-life considerations for the patient.

Abstract ID: 196
Category: Video, Clinical

# LAPAROSCOPIC ELAPE AND RIGHT PLND FOR LOW RECTAL TUMOUR WITH ECTOPIC LEFT KIDNEY

Dr Ng Gaik Huey[1], Prof. Kim Seon-Hahn[1], Dr Nora Binti Abdul Aziz[1], Dr Ruben Gregory A/L Xavier[1], Dr Mohamed Rezal Bin Abdul Aziz[1], Prof. April Camilla Roslani[1]
[1]University Malaya Medical Center

## Aim/Objective

This video aim to demonstrate challenges in performing laparoscopic assisted extralevator abdomineal perineal excision (ELAPE) with right lateral pelvic lymph node dissection (PLND) in a patient with low rectal tumour and ectopically located left pelvic kidney.

## Method

45 years old gentleman presented with per rectal bleeding and constipation. Upon digital rectal examination, there was circumferential tumour 3cm from anal verge. Histopathological examination of the tumour biopsy showed poorly differentiated signet ring cell carcinoma. CT scan revealed no distant metastasis, but also incidentally found to have ectopic left pelvic kidney. MRI showed low rectal tumour with no plane to left levator ani muscle and enlarged extramesorectal lymph node. DMSA scan was also done and showed slightly less function of left kidney : 21.7%. The case was discussed in multidisciplinary tumour board meeting. He underwent laparoscopic defunctioning loop sigmoid colostomy followed by neoadjuvant treatment of SCRT 25Gy/5#/1week and six cycles of XELOX.

## Results

Laparoscopic assisted ELAPE and PLND was performed successfully. Among the difficulties encountered were identifying the inferior mesenteric artery and dissection in a narrow pelvis due to the abnormally located left pelvis.

## Conclusion

Laparoscopic rectal surgery can be performed safely in patient with ectopic pelvic kidney by following the surgical oncological plane.

# ABSTRACT

## ORAL PRESENTATION

**Content**

Abstract ID: 099
Category: Oral, Clinical

# THE CREAFORMO-004 STUDY: A PHASE II STUDY OF HR070803 PLUS 5-FLUORURACIL/LEUCOVORIN AND BEVACIZUMAB AS SECOND-LINE TREATMENT IN PATIENTS WITH METASTATIC COLORECTAL CANCER

Jianling Zou[1,2], Qirong Geng[1,2], Yingying Liu[1,2], Jinjia Chang[1,2], Wenhua Li[1,2], Ping Lu[1,3], Mingzhu Huang[1,2], Zhiyu Chen[1,2]
[1]Department Of Oncology, Shanghai Medical College, Fudan University, Shanghai, 200032, P. R. China.
[2]Department Of Medical Oncology, Fudan University Shanghai Cancer Center, Shanghai, 200032, P. R. China.
[3]Department Of Colorectal Surgery, Fudan University Shanghai Cancer Center, Fudan University, Shanghai, 200032, P. R. China.

**Aim/Objective**
Irinotecan-based regimens are commonly used as second-line therapy for metastatic colorectal cancer (mCRC). Irinotecan liposomes can improve the distribution and metabolism through enhanced permeability and retention effect. This study explored the efficacy and safety of irinotecan liposome (HR070803) in combination with 5-fluoruracil/leucovorin (5FU/LV) and bevacizumab as a second-line treatment for patients with mCRC.

**Method**
Patients with histologically confirmed mCRC who had failed prior first-line chemotherapy (fluoropyrimidine plus oxaliplatin, with either bevacizumab or an anti-EGFR antibody for RAS wild-type tumors) were eligible for enrollment. Exclusion criteria included patients with pathologically confirmed pMMR/MSI-H, BRAFV600E mutation, or prior irinotecan-based therapy. Bevacizumab (5.0 mg/kg), HR070803 (60 mg/m²), and 5-FU/LV (2400/400 mg/m²) were administered on day1 of every two weeks until disease progression. The primary endpoint was the objective response rate (ORR) according to RECIST version 1.1. Secondary endpoints included disease control rate (DCR), duration of response (DoR), progression-free survival (PFS), overall survival (OS), quality of life, and tolerability. Statistics are based for a Simon's 2-stage design with 30 patients accrued in stage Ⅰ.If 4 patients achieve PR/CR, an addtitional 59 patients will be accrued in stage Ⅱ.

**Results**
From January 15, 2024, to October 28, 2024, 30 patients were enrolled. The median age was 60.5 years (range, 27–73), with 76.7% of patients being male and 73.3% having left-sided colon or rectal cancer. KRAS mutations were present in 46.7% of patients, and 6.7% had ERBB2 amplification. Hepatic metastases were observed in 83.3% of patients, and 60% had metastatic involvement of more than one organ. Of the 26 patients with evaluable treatment efficacy, the confirmed ORR was 34.6% (9/26 patients; 95% CI, 15.0–54.2), and the DCR was 76.9% (20/26 patients; 95% CI, 59.6–94.3). Median DoR, PFS, and OS were not yet reached. Treatment-related adverse events (TRAEs) of grade 3 or 4 occurred in 46.7% of patients (14/30); the most common TRAEs were hematologic and gastrointestinal. TRAEs leading to treatment discontinuation occurred in 1 patient (3.3%).

**Conclusion**
Irinotecan liposome (HR070803) in combination with 5-FU/LV and bevacizumab demonstrated promising efficacy and durability in this patient population. These results support further investigation of irinotecan liposome (HR070803) as a treatment option for patients with mCRC.

Abstract ID: 016
Category: Oral, Research

**TRIPLET CHEMORADIOTHERAPY WITH PACLITAXEL FOR SQUAMOUS-CELL ANAL CANCER: A PHASE III TRIAL**

Sergey S. Gordeyev[1], Yana V. Belenkaya[1], Zaman Z. Mamedli[1]
[1]N. N. Blokhin Russian Cancer Research Center

**Aim/Objective**

The aim of this study was to determine whether adding paclitaxel to standard chemoradiotherapy could improve progression-free survival (PFS) in squamous-cell anal cancer patients.

**Method**

This was a randomized phase III trial. Patients with stage I-IIIB SCAC were randomly (1:1) allocated to either CRT with capecitabine and MMC (CRT-CM arm) or CRT with capecitabine, MMC and paclitaxel (CRT-CMP arm). The CRT-CMP regimen comprised 52-58 Gy IMRT, paclitaxel 45 mg/m2 on days 3, 10, 17, 24, 31, capecitabine 625 mg/m2 bid on treatment days and mitomycin C 10 g/m2 on day 1. The primary endpoint was PFS. Secondary endpoints were toxicity, overall survival (OS), complete clinical response (cCR) at 12 and 26 weeks. This study is registered with Clinical trial identification: NCT02526953.

**Results**

During 2016-2020 87 patients were enrolled in the CRT-CMP arm and 86 patients in the CRT-CM arm. The trial was stopped prematurely because MMC was no longer available in the country. Median follow-up was 50.3 months. Three-year PFS was 84.8% in the CRT-CMP arm and 66.9% in the CRM-CM arm (p=0.008). Grade 3 or worse adverse events were observed in 45 (51.7%) patients in the CRT-CMP arm and in 20 (23.3%) patients in the CRT-CM arm (p<0.0001). 77 (89.5%) patients in the CRT-CMP arm and 63 (75.9%) patients in the CRM-CM arm had a cCR at 26 weeks (p=0.024).

**Conclusion**

Adding paclitaxel to CRT with capecitabine and MMC improves PFS and cCR rate in SCAC at the cost of higher toxicity.

Abstract ID: 130
Category: Oral, Clinical

# PURSE STRING ILEOSTOMY CLOSURE WITH NEGATIVE PRESSURE WOUND THERAPY: A PROSPECTIVE COHORT STUDY IN PATIENTS UNDERGOING STOMA CLOSURE COMPARED TO A RETROSPECTIVE COHORT STUDY

Carolyn Chew[1], Steven Smith[1], Georgia Carroll[1], Rosemay Carroll[1]
[1]Department Of Colorectal Surgery, John Hunter Hospital

## Aim/Objective

Ileostomy closure is an operation with underappreciated morbidity, including anastomotic leak, small bowel obstruction and surgical site infection. A previous randomized clinical trial conducted at our institution demonstrated a lower incidence of surgical site infection when ileostomy wounds were closed with a purse string suture than linear skin closure, without compromising cosmesis or time to wound healing. Negative pressure wound therapy (NPWT) has been increasingly utilised in a range of settings. Our objective was to assess the time to healing of ileostomy purse string wounds when a negative pressure wound therapy was applied, compared to purse string closure alone.

## Method

This was a prospective cohort study of patients undergoing stoma closure, with the comparison group for this study taken from our purse string closure randomised control trial. Patients undergoing elective reversal of ileostomy had a purse string skin closure with application of a NPWT dressing. The NPWT was removed at post operative day 7 and the wound reviewed for wound healing. If required, the dressing was reapplied, and patients were reviewed at day 14. The primary endpoint of the study was time to wound healing, defined as no wound discharge and an intact bridge or scar layer after the operation. Secondary outcomes included surgical site infection.

## Results

A total of 30 patients were recruited to the NPWT group from April 2022 to February 2024, with 1 lost to follow up. The comparison group of standard purse string closure had 30 patients, with 0 lost to follow up. Time to wound healing in the NPWT group was 12.72 days versus 20.6 days in the purse string group ($p=0.002$). There was no significant difference in surgical site infection between the two groups.

## Conclusion

Application of a NPWT to purse string closure after ileostomy results in a clinically relevant reduction in time to wound healing.

Abstract ID: 073
Category: Oral, Clinical

# UNPACKING EMPTY PELVIS SYNDROME: RISK FACTORS AND RECONSTRUCTION OUTCOMES AFTER PELVIC EXENTERATION

James Lockhart[1], Cherry Koh[1], Prof Michael Solomon[1], Dr Kilian Brown[1], Dr Daniel Steffens[1], Dr Sascha Karunaratne[1], Dr Peter Lee[1], Dr Kirk Austin[1]
[1]Surgical Outcomes And Research Centre, Royal Prince Alfred Hospital

## Aim/Objective

Studies on Empty Pelvis Syndrome (EPS) are typically limited by small sample sizes and variability in defined outcomes. Using the newly published definitions from the PelvEx collaborative this study aims to characterise the frequency of EPS in a large sample, to determine risk factors for its development and to compare established reconstructive techniques designed to limit it.

## Method

This was a retrospective audit of seven hundred and thirty-two patients undergoing pelvic exenteration at the Royal Prince Alfred hospital. EPS complications within 12 months of surgery were classified using PelvEx Collaboration definitions. Non-parametric tests of significance were used to determine associations between pre-operative and intra-operative factors with EPS complications. Associations between mesh repair, myocutaneous flap repair and cutaneous flap repair with EPS was also explored.

## Results

EPS complications were more likely in patients who underwent complete exenteration (n = 370, p = 0.001) and pubic bone resection (p = 0.030). The most common complications were pelvic collections (n = 82, 22.53%), bowel obstruction (n = 48, 13.9%) and sepsis (n = 31, 8.52%, of any aetiology).
Mesh repairs increased the risk of EPS related complications (Rank Biserial corr. = 0.111, p = 0.004) and was associated with a reduction in overall survival (Rank Biserial corr. = -0.208, p = 0.018). Flap reconstruction had no significant impact on EPS (p = 0.986).

## Conclusion

This is the largest cohort study on EPS and the first conducted with the PelvEx collaborative framework in mind. It has confirmed pelvic collections as the most common EPS complication and has highlighted the limitations of current popular reconstruction techniques in limiting them.

Abstract ID: 087
Category: Oral, Clinical

# VALUE OF PRE-OPERATIVE ENDOSCOPY AND MAGNETIC RESONANCE IMAGING IN PREDICTING PATHOLOGICAL COMPLETE RESPONSE IN PATIENTS WITH RECTAL CANCER FOLLOWING NEOADJUVANT THERAPY

Trevor M Yeung[1], Wing Wa Leung[1], Nf Justin Lam[1], Julie Ng[1], Prudence Th Tam[1], Kaori Futaba[1], Sophie S Hon[1], Simon Chu[1], Esther Hung[2], Carmen Cho[2], Simon S Ng[1]
[1]Division Of Colorectal Surgery, Department Of Surgery, The Chinese University Of Hong Kong, Prince Of Wales Hospital, Hong Kong Sar
[2]Department Of Imaging And Interventional Radiology, The Chinese University Of Hong Kong, Prince Of Wales Hospital, Hong Kong Sar

**Aim/Objective**
We assessed the value of using pre-operative endoscopy and magnetic resonance imaging (MRI) in predicting pathological complete response (pCR) in patients with rectal cancer following neoadjuvant therapy.

**Method**
This was a retrospective analysis of a prospectively collected rectal cancer database. All patients with stage II/III rectal cancer who underwent neoadjuvant therapy followed by surgery between 2016 and 2024 were included. Patients underwent pre-operative endoscopic assessment and MRI restaging 4-8 weeks after completion of their neoadjuvant therapy, followed by surgery at 8-12 weeks. Endoscopic response was classified according to the Memorial Sloan Kettering tumour regression schema. MRI reports were reviewed and tumour response was classified according to the tumour regression grade (TRG) score. Primary outcome was the pCR rate in each endoscopic/MRI category.

**Results**
203 patients with rectal cancer were treated with neoadjuvant therapy. Overall, the pCR rate was 19.7%. 17 patients had complete clinical response (cCR), with a pCR rate of 76.4%. 42 patients had a near complete response (nCR), with a pCR rate of 47.6%. 130 patients had incomplete clinical response (iCR), with a pCR rate of 0%. 14 patients had a stricture, with a pCR rate of 50%. Using cCR alone as a predictor of pCR yielded positive predictive value (PPV) 85.4%, negative predictive value (NPV) 65.5%, sensitivity 97.5%, and specificity 32.5%. Combining cCR with nCR yielded PPV 95.1%, NPV 55.9%, sensitivity 84%, and specificity 82.5%. Out of 203 patients, 201 had MRI available. The pCR rates for the different MRI TRG scores were: TRG1 (50%), TRG2 (38.5%), TRG3 (17.3%), TRG4 (9.6%), and TRG5 (25%).

**Conclusion**
Endoscopic assessment provides a stronger predictor of pCR compared to MRI alone. Patients who are endoscopically classified as cCR or nCR may be candidates for watch and wait programme in our institution.

# ABSTRACT

## POSTER PRESENTATION

**Content**

Abstract ID: 116
Category: Poster, Research

# DNA PLOIDY, STROMA FRACTION AND NUCLEOTYPING AS POTENTIAL PREDICTIVE BIOMARKERS FOR ADJUVANT CHEMOTHERAPY OF STAGE II COLORECTAL CANCER: A MULTICENTER COHORT STUDY

Sanjun Cai, Shaobo Mo, Junjie Peng, Xingfeng He, Fangqi Liu
Department Of Colorectal Surgery, Fudan University Shanghai Cancer Center, Fudan University, Shanghai, China;
Department Of Oncology, Shanghai Medical College, Fudan University, Shanghai, China.

**Aim/Objective**
The role of adjuvant chemotherapy in stage II colorectal cancer (CRC) continues to be debated. DNA ploidy, stroma fraction, and Nucleotyping, collectively termed as PSN, have been identified as potential prognostic indicators for stage II CRC patients. This multicenter retrospective cohort study, conducted on a Chinese patient population, sought to elucidate the prognostic significance of these biomarkers concerning the outcomes of adjuvant chemotherapy in stage II CRC.

**Method**
Formalin-fixed paraffin-embedded (FFPE) samples from 915 stage II CRC patients across nine Chinese medical centers were retrospectively analyzed. The prognostic significance and predictive impact of PSN status concerning adjuvant chemotherapy were determined using Kaplan-Meier curves and Cox regression analysis.

**Results**
Both DNA ploidy combined with stroma fraction (PS) and the combined PSN demonstrated associations with overall survival (OS) and disease-free survival (DFS). Both PS and PSN emerged as independent risk factors for OS (PS: HR 2.484, 95% CI 1.317-4.685, $p < 0.001$; PSN: HR 3.704, 95% CI 1.616-8.492, $p < 0.05$) and DFS (PS: HR 2.96, 95% CI 1.741-5.031, $p < 0.001$; PSN: HR 3.532, 95% CI 1.793-6.957, $p < 0.001$). Adjuvant therapy did not demonstrate benefits for patients in the PS-low risk ($p > 0.05$) and PSN-low risk ($p = 0.479$) groups.

**Conclusion**
Assessment of tumor DNA ploidy, stroma fraction, and Nucleotyping facilitates risk stratification and holds promise in guiding adjuvant chemotherapy decisions for stage II CRC patients' post-surgery.

Abstract ID: 127
Category: Poster, Clinical

# 1ST LINE TREATMENT STRATEGIES IN BRAF-V600E MUTATION MCRC PATIENTS: A CLINICAL EXPERIENCE AND REAL-WORLD DATA FROM A SINGLE CENTER

Chia-Chang Yeh[1], Shih-Wei Chiang[1]
Taichung Veterans General Hospital

## Aim/Objective

BRAFV600E mutations are present in 8%-12% of metastatic colorectal cancer (mCRC) cases and are linked to poor survival outcomes. European guidelines recommend first-line treatment with combination chemotherapy (either doublet or triplet) plus bevacizumab. Despite this, there remains a significant unmet need for more effective therapies for these patients.

## Method

This retrospective, single-center observational study in Taiwan evaluates real-world treatment practices for patients with BRAFV600E-mutant metastatic colorectal cancer (mCRC) treated between January 1, 2018, and January 31, 2024. The primary objective was to describe first-line treatment patterns, while the secondary objectives included an analysis of baseline demographics, treatment effectiveness, and safety outcomes.

## Results

A total of 31 patients (median age 56.3 years; 41.9% female) with BRAFV600E-mutant unresectable metastatic colorectal cancer (mCRC) from Taichung Veterans General Hospital were included in the study. A high proportion (61.3%) had left-sided tumors, and 25.8% presented with peritoneal and multiple metastatic disease at diagnosis. First-line treatment favored chemotherapy plus targeted therapy (46.7%) over chemotherapy alone (26.7%), with the emerging use of BRAF inhibitors combined with anti-EGFR therapy ą anti-MEK inhibitors (26.7%). The median duration of first-line treatment was 7.2 months, and 56.7% of patients went on to receive second-line treatment. Across all first-line regimens, progression-free survival (PFS) was 9.5 months [95% confidence interval (CI) 6.2-12.8], and overall survival (OS) was 18.2 months [95% CI 13.2-23.3].

## Conclusion

This study represents the real-world analysis to date of patients with BRAFV600E-mutant metastatic colorectal cancer (mCRC), offering valuable insights into routine first-line treatment practices. The findings underscore the aggressive nature of this disease subgroup, reinforcing results from previous real-world studies and clinical trials, and emphasizing the urgent need for more effective treatment options in this setting.

Abstract ID: 061
Category: Poster, Research

# INDIVIDUALIZED TUMOR-INFORMED CIRCULATING TUMOR DNA ANALYSIS FOR MOLECULAR RESIDUAL DISEASE DETECTION IN PREDICTING RECURRENCE AND ADJUVANT CHEMOTHERAPY EFFICACY IN COLORECTAL CANCER

Di Cao[1], Cong Li[1], Fulong Wang[1], Rongxin Zhang[1], Xiaojun Wu[1], Liren Li[1], Zhenhai Lu[1], Zhizhong Pan[1], Junzhong Lin[1], Guangzhao Lv[1], Qiaoxia Zhou[2], Xuning Fan[2], Guoqiang Wang[2], Shangli Cai[2], Gong Chen[1*]
*Corresponding Author
[1]State Key Laboratory Of Oncology In South China, Collaborative Innovation Center Of Cancer Medicine, Sun Yat-Sen University Cancer Center, Guangzhou, China.
[2]Burning Rock Biotech, Guangzhou, China

**Aim/Objective**
Circulating tumor DNA (ctDNA)-based molecular residual disease (MRD) has emerged as a significant marker in colorectal cancer (CRC). However, critical questions remain regarding the optimal timing for MRD assessment and the most effective detection methods.

**Method**
This study included patients with stage I-IV CRC who underwent R0 resection. Surgical tumor tissues were obtained from surgery, and blood samples were collected preoperatively, on postoperative days 7 and 30 (D7/D30), and during follow-up intervals of 3-6 months. MRD detection was conducted using a tumor-informed personalized panel (brPROPHET) based on whole-exome sequencing (WES), a tumor-informed fixed panel (TIFP), and a tumor-naïve fixed panel (TNFP).

**Results**
A cohort of 214 patients, with a median follow-up period of 18.2 months, was analyzed, of whom 24 (11.2%) experienced recurrence. Postoperative MRD positivity correlated with significantly reduced disease-free survival (DFS) at D7 (hazard ratio [HR]=4.7, 95% confidence interval [95% CI], 1.91-11.21, P<0.001) and D30 (HR=4.98, 95% CI, 2.09-11.89, P<0.001). Elevated mean tumor molecule (MTM) levels (>0.01/mL) at D7 (HR=6.63, 95% CI: 2.56-17.16, P<0.001) and D30 (HR=5.29, 95% CI: 1.98-14.12, P<0.001) were also associated with poorer DFS. Longitudinal MRD positivity and MTM levels >0.01/mL indicated higher recurrence risk (MRD positivity: HR=18.72, 95% CI: 6.39-54.81, P<0.001; MTM: HR=26.19, 95% CI: 8.83-77.69, P<0.001). Patients with MRD positivity at D7 derived benefit from adjuvant chemotherapy(ACT)(HR=0.26, 95% CI, 0.07-0.98, P=0.03), whereas those with negative MRD did not(HR=4.27, 95% CI, 0.96-18.91, P=0.04). Among 168 patients evaluated with the brPROPHET, TIFP and TNFP methods, the brPROPHET assay demonstrated superior predictive performance for DFS at D7 (HR, 4.27 vs 2.03 and 2.99). Notably, in seven recurrent cases where MRD positivity was detected exclusively by the brPROPHET assay, 93.8% (469/500) of positive sites were derived from personalized designs.

**Conclusion**
The brPROPHET method outperforms TIFP and TNFP in predicting post-surgery recurrence and assessing the benefit of ACT. Day 7 represents an effective alternative landmark to Day 30 for postoperative MRD assessment, and MTM levels serve as a valuable adjunct in MRD detection.

Abstract ID: 204
Category: Poster, Clinical

**REVIEW OF PSEUDOMYXOMA PERITONEII TREATED BY CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRA-PERITONEAL CHEMOTHERAPY (CRS-HIPEC) , A SINGLE CENTER EXPERIENCE.**

Amilah Fadhlina Abd Karim[1], Rahul A/L Audenesen[1], Jin-Jiun Mah[1], Rosli Ismail[1], Qi Zheng Lee[1], Mohammad Alif bin Yunus[1], Muhammad Ash-Shafhawi Bin Adznan[1], Mohamed Rezal Bin Abdul Aziz[2], Anita binti Alias[3], Mohd Alias bin Ibrahim[3], Mohd Nazree bin Mohd Zaki[3], Rizma Binti Mohd Zaid[4], Syafirin Bin Ab Sani[4], Zaharudin Bin Haron[5], Norfarizan Azmi[1].
[1]Colorectal Surgery Unit, Department of Surgery, Hospital Tuanku Ja'afar, Seremban.
[2]Colorectal Surgery Unit, Department of Surgery, University Malaya Medical Center.
[3]Department of Anaesthesiology & Intensive Care, Hospital Tuanku Ja'afar, Seremban.
[4]Department of Medical Oncology, National Cancer Institute, Putrajaya
[5]Department of Radiology, National Cancer Institute, Putrajaya

**Aim/Objective**
Pseudomyxoma peritonei is a condition characterised by diffuse mucin accumulation in the peritoneal cavity, commonly due to mucinous neoplasm of the appendix. This condition is best treated with CRS-HIPEC with good long-term survival. We review our early experience in performing CRS-HIPEC on patients with PMP at Hospital Tuanku Ja'afar Seremban.

**Method**
Pre-operative, intra-operative and post-operative of prospectively entered data registry of all PMP cases underwent CRS-HIPEC surgery from November 2022 till November 2024 were analysed. Post-operative morbidity according to the Common Terminology Criteria for Adverse Events (CTCAE) and post-operative performance status based on Eastern Cooperative Oncology Group (ECOG) performance status were reported.

**Results**
14 patients diagnosed with PMP following multidisciplinary team consensus underwent CRS-HIPEC surgery during the study period. The median age for this group was 50 years old (26-68) with majority patients having ECOG performance status 0 and 1 (n=9). The mean intra-operative PCI score is 28.6 (19-29) and majority of patients received CCR-0 and CCR-1 cytoreduction (n=9). The mean operating time is 579.2 minutes (240-840 minutes) and mean blood loss is 2628.6mls (1200-4000mls). The mean hospital stay is 16.9 days (7-36 days), there is no post-operative mortality reported and severe post-operative morbidity (CTCAE 3 and 4) is seen in 3 patients (21.4%). The commonest pathology is low grade appendiceal mucinous neoplasm (LAMN), followed by high grade appendiceal neoplasm (HAMN) and mucinous adenocarcinoma of the appendix. All patients returned to independent daily activity (ECOG 1) at mean period of 10 weeks (4-24 weeks).

**Conclusion**
Management of PMP requires multidisciplinary team involvement, and treatment with CRS-HIPEC by trained surgeons and specialised centre is associated with low severe post-operative complications and good functional status post-operatively.

Abstract ID: 014
Category: Poster, Basic Science

# MEASUREMENT OF CD8+ T CELL-MEDIATED ANTI-TUMOR IMMUNE RESPONSE INDUCED BY NEOADJUVANT CHEMO-RADIATION THERAPY USING T-CELL RECEPTOR ANALYSIS IN RECTAL CANCER PATIENT

Yong Joon Lee[1], Jae Hyung Jung[1], Soo-Young Ahn[1], Byung Soh Min[2]
[1]Department Of Surgery, Cha Bundang Medical Center, Cha University School Of Medicine, Seongnam, Korea
[2]Yonsei University College Of Medicine, Department Of Surgery, Division Of Colorectal Surgery, Severance Hospital, Seoul, Korea

**Aim/Objective**
Neoadjuvant chemo-radiation therapy (CRT) is a standard treatment option for patients with advanced rectal cancer. Recent evidences suggested that CRT not only exerts a cytotoxic activity against tumor cells, but also elicits anti-tumor immune response by inducing immunologic cell death (ICD). To evaluate the role of CRT on anti-tumor immune response, we examined the change of peripheral CD8+ T cell clonotypes during and after neoadjuvant CRT.

**Method**
We isolated peripheral blood mononuclear cells (PBMCs) from rectal cancer patients at five different time points: (1) the onset of CRT, (2) two weeks after the onset of CRT, (3) one month after the onset of CRT, (4) one month after CRT termination, (5) just before surgery. To measurement CD8+ T cell-mediated anti-tumor immune response, we sorted CD8+ T cell into various CD8+ T cell subpopulations and performed RNA-based bulk T-cell receptor (TCR) sequencing. We tracked the change of CD8+ T cell clonotypes during and after neoadjuvant CRT.

**Results**
Among various CD8+ T cell subpopulations including naïve (TN), central memory (TCM), effector memory (TEM), and terminally differentiated effector memory T cell (TEMRA) cells, the clonal repertoire of TEM cells, which has been considered to be related to anti-tumor immune response, changed most. The change of TEM clonotypes repertoire was remarkable after the termination of CRT. Especially, novel TEM clonotypes, which had not been detected in peripheral blood at the start of CRT, emerged after the termination of CRT, suggesting the possibility that CRT induced the neoantigen exposure by ICD of cancer cells and novel CD8+ T cell clones were primed by the exposed neoantigens.

**Conclusion**
We first identified the clonal change of peripheral CD8+ T cell elicited by neoadjuvant CRT in rectal cancer patients. Future studies that investigate the relevance of the novel CD8+ T cell clones to anti-tumor immune response and examine the potential of immunotherapy in rectal cancer patients receiving CRT are warranted.

Abstract ID: 157
Category: Poster, Clinical

# FAVORABLE LONG-TERM ONCOLOGIC OUTCOME OF D3 LYMPH NODE DISSECTION FOR CLINICAL STAGE 2/3 RIGHT-SIDED COLON CANCER

Woong Bae Ji[1], Soon Suk Yoon[1], Kwang Dae Hong[1], Jun Won Um[1]
[1]Korea University Ansan Hospital

**Aim/Objective**
To investigate oncologic outcomes including overall survival and disease-free survival depending on the extent of lymphadenectomy (D3 versus D2) by comparing D3 and D2 lymphadenectomy in patients with clinical stage 2/3 right colon cancer.

**Method**
Consecutive series of patients who underwent radical resection for right colon cancer at our three hospitals between January 2015 and June 2018 were retrospectively analyzed. Study cohorts were divided into two groups: D3 group and D2 group. Oncologic, pathologic, and perioperative outcomes of the two groups were compared.

**Results**
A total of 295 patients (167 in D2 group and 128 in D3) were included in this study. Patients' characteristics showed no significant difference between the two groups. The median number of harvested lymph nodes was significantly higher in the D3 group than in the D2 group. The rate of complications was not significantly different between the two groups except for chyle leakage, which was more frequent in the D3 group. Five-year disease-free survival was 90.2% (95% CI: 84.8%-95.9%) in the D3 group, which was significantly ($p = 0.038$) higher than that (81%, 95% CI: 74.6%-88%) in the D2 group. There was no significant difference in overall survival between the two groups.

**Conclusion**
Our results indicate that D3 lymphadenectomy is associated with more favorable 5-year disease-free survival than D2 lymphadenectomy for patients with stage 2/3 right-sided colon cancer. D3 lymphadenectomy might improve oncologic outcomes in consideration of the recurrence rate.

Abstract ID: 174
Category: Poster, Research

# GUT MICROBIOTA DIFFERENCES BETWEEN COLORECTAL CANCER PATIENTS AND HEALTHY INDIVIDUALS: A STUDY IN CENTRAL TAIWAN

Yu-Chen Chang[1],Tao-Wei Ke[1]
[1]China Medical University Hsinchu Hospital

## Aim/Objective

Colorectal cancer ranks as the third most common cancer in Taiwan. Emerging evidence suggests a significant association between gut microbiota and colorectal cancer development. This study aims to explore the microbial differences between colorectal cancer patients and healthy individuals in Taiwan and to establish a regional gut microbiota profile for colorectal cancer patients.

## Method

Fecal samples were collected from 132 healthy individuals and 133 colorectal cancer patients. Microbial compositions were analyzed using 16S rRNA sequencing, focusing on commonly observed bacteria. Alpha and beta diversity metrics were calculated to assess species richness and community structure differences. Additionally, statistical analyses were performed to compare gut microbial metabolites between the two groups.

## Results

Significant differences were observed in microbial diversity between groups. Healthy individuals exhibited greater alpha diversity, including Chao1 ($P \leq 0.01$), Shannon ($P \leq 0.05$), and Simpson ($P \leq 0.01$) indices, indicating richer microbial diversity compared to the colorectal cancer group. Key taxa enriched in healthy individuals included Collinsella aerofaciens, Eubacterium hallii, and Lachnospiraceae. Notably, Lachnospiraceae Blautia was highlighted as potentially cancer-protective, supported by existing literature.

Metabolomic analysis revealed distinct trends: the healthy group favored pathways related to L-glutamate and L-glutamine biosynthesis, while the cancer group exhibited increased pyruvate fermentation to acetone. Furthermore, analysis of microbial trends across cancer stages (I–IV) identified an increasing abundance of Bacteroides thetaiotaomicron and Lachnoclostridium (uncultured bacterium) as cancer progressed. Interestingly, Escherichia-Shigella (Escherichia coli) displayed a decreasing trend across stages.

## Conclusion

This study confirms a marked reduction in gut microbial diversity among colorectal cancer patients, suggesting that microbiota simplification and dysbiosis may contribute to cancer development. These findings provide new insights into potential preventative strategies. Future research should focus on larger sample sizes and more detailed metabolomic profiling to further elucidate the role of gut microbiota in colorectal cancer.

Abstract ID: 181
Category: Poster,Research

**POLYREEN: A LOCALLY DEVELOPED ARTIFICIAL INTELLIGENCE SYSTEM FOR ENDOSCOPIC AUTOMATIC COLORECTAL POLYP DETECTION IN SARAWAK**

Loy Yuan Ling[1], Kenneth Kt Voon[1], Khaled Elkarazle[2], Tay Zh[1], Patrick Then[2]
[1]Department Of Gen Surgery, Sarawak General Hospital.
[2]Faculty Of Engineering, Computing And Science, Swinburne University Of Technology.

**Aim/Objective**
The rate of missing colorectal polyps during colonoscopy ranges from 16% to 28%. Artificial Intelligence (AI) aids endoscopists to improve detection rates and has promising potential in training endoscopists. The objective is to report the early experience of a locally developed AI system and the results of initial training and validation of this system named POLYREEN.

**Method**
POLYREEN model was designed locally and underwent a training phase using 2 international datasets with 1612 sample images and a validation phase using 4 datasets amounting to 2076 images to calculate mean Accuracy (mA), mean Intersection over Union (mIoU) & mean Dice Coefficient (mDice). Clinical exercises using 3 complete real-life colonoscopy videos from Sarawak General Hospital followed.

**Results**
POLYREEN has the capability to process both static images and real-time video of endoscopy. Through a human-in-the-loop mechanism, AI can self-improve by learning from mistakes and incorporating feedback from clinicians into its algorithms, achieving mA, mIoU & mDice over 90%. During clinical exercises, it showed stability of the system running and the ability to detect polyps with a 5-minute lag time. Currently, the limitations are insufficient testing on real-life colonoscopies, and the system is not integrated into mainstream endoscopy processing systems.

**Conclusion**
POLYREEN system shows promising results and potential use in clinical practice. The main utility will be a self-evaluation tool and training tool for young endoscopists. A larger scale data collection for training and validation using real-life colonoscopy videos is currently planned to achieve similar accuracy, IoU and Dice as static images.

Abstract ID: 115
Category: Poster, Research

**PATIENT-DERIVED ORGANOIDS FROM BRAFV600E-MUTATED COLORECTAL CANCER CAN CAPTURE TUMOR HETEROGENEITY AND DIRECT PERSONALIZED THERAPY**

Fanggi Liu, Shaobo Mo, Junjie Peng, Sanjun Cai
Department Of Colorectal Surgery, Fudan University Shanghai Cancer Center, Fudan University, Shanghai, China;
Department Of Oncology, Shanghai Medical College, Fudan University, Shanghai, China.

**Aim/Objective**
Colorectal cancer (CRC) with BRAFV600E mutation represents a distinct subgroup characterized by poor prognosis and limited therapeutic options. The heterogeneity of this disease poses significant challenges in treatment personalization. Organoids, derived from patient tumors, have emerged as a promising tool for modeling tumor biology and facilitating personalized medicine.

**Method**
We developed an organoid platform using patient-derived organoids (PDOs) from BRAFV600E-mutated CRC to capture both intra- and interpatient heterogeneity. We evaluated the response of these organoids to standard chemotherapy (FOLFOXIRI) and targeted therapy (encorafenib plus cetuximab) to determine their potential in guiding treatment decisions.

**Results**
Our findings indicate that the organoid platform effectively recapitulates the heterogeneity observed in BRAFV600E-mutated CRC. PDOs demonstrated differential responses to FOLFOXIRI and the combination of encorafenib and cetuximab, suggesting their utility in predicting patient outcomes. Notably, the presence of RNF43 mutation in PDOs was associated with a higher likelihood of response to anti-BRAF targeted therapies. The mutation activated the cell proliferation pathway, which was significantly inhibited by the combination of encorafenib and cetuximab, highlighting the synergistic therapeutic effect of this treatment approach. Furthermore, the RNF43 mutation also activated the immuno-response pathway, indicating a potential role for immunotherapy in the treatment of these patients.

**Conclusion**
This study underscores the value of patient-derived organoids in capturing the complex landscape of BRAFV600E-mutated CRC and in guiding personalized treatment strategies. The identification of the RNF43 mutation as a predictive biomarker for response to targeted therapies and its association with the immuno-response pathway opens new avenues for the development of combination therapies, including immunotherapy. The organoid platform provides a robust model for preclinical testing of novel treatment combinations and holds great promise for improving outcomes in this challenging subset of CRC patients.

Abstract ID: 136
Category: Poster, Research

# MANAGEMENT OF MALIGNANT RECTAL POLYPS WITH CLOSE POST-POLYPECTOMY MARGINS FOLLOWED BY FORMAL TOTAL MESORECTAL EXCISION – A REVIEW OF LOCAL EXPERIENCE

Gene Lim[1], Munyaradzi Nyandoro[1,2], Samantha Jamin[3], Emmanuel Eguare[1], Alexander Armanios[1], Henry Yoo[2], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
This study aims to evaluate local predictive risk factors for recurrence to inform indications for formal TME.
The choice between completion total mesorectal excision (TME) and active close surveillance is a dilemma frequently encountered when managing post-polypectomy rectal cancer (RC); a group with a reported local recurrence rate between 1.2% and 15%. The decision to operate is multifactorial and influenced by risk factors such as tumour budding, lymphovascular invasion, and the inability to determine the depth of invasion.

**Method**
A retrospective cohort study was conducted involving patients with rectal cancer who underwent polypectomy followed by formal TME due to high-risk features, at two metropolitan hospitals between 2004 and 2022. Clinicopathological data were analysed using SPSS ver.29.

**Results**
Forty-two participants were included, of which 73.8% were male (n=31), and mean age was 63.7 (±12.4) years. Post TME, n=15 (35.7%) received adjuvant chemotherapy. Overall rates of recurrence, distant metastasis, and concurrent local and distant metastasis were 7.1% (n=3), 4.8% (n=2), and 2.4% (n=1), respectively. Cancer-related mortality was 4.8% (n=2).

Two-thirds (66.7%) of those found to have residual disease post TME received adjuvant chemotherapy but no radiotherapy. Thus, a significant proportion of the upstaged group missed out on the benefits of neoadjuvant radiotherapy. The univariate analysis showed no statistical significance in recurrence rates overall, local and distant ($p>.05$), and neither was the all-cause nor cancer-specific mortality rate ($p>.05$).

**Conclusion**
This study reaffirms that a formal TME remains the gold-standard treatment when in doubt post-polypectomy. It reduces the risk of missed residual disease with improved patient outcomes.

# ABSTRACT

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Abstract ID: 221
Category: Poster, Other

**ROLE OF ENTEROSTOMAL THERAPY (ET) NURSE IN STOMA AND PERISTOMAL SKIN CARE; AN EXPERIENCE FROM TERTIARY CENTRE**

Normala binti Abdul Rahim[1], Nurul Syazlin M, Sumathi U, Mariyamal T, Sahul Hamid MM
[1]Colorectal Unit , Surgical Department Penang Hospital

**Aim/Objective**

The role of an Enterostomal therapy nurse is to help in dealing with care of stoma and skin protection for patients preventing stoma related complications. A stoma is surgically created through an opening on the abdominal wall to treat diseases causing obstruction or preventing the remaining bowel from further contamination by fecal matter.

**Method**

Stoma care and management including peristomal skin management, preoperative plan, stoma sitting and application of stoma bag. Herewith we present, patients on stoma bag,which was referred by various departments including pediatric, oncology and gynecology to our colorectal unit Hospital Pulau Pinang for 1 year from January to December 2023 . The pouching options and quality of the patient education on stoma care were further evaluated. The outcomes measured including types of stoma related complications developed and readmission rates.

**Results**

A total of four ET nurses and six post-basic stoma nurses have participated in stoma and peristomal skin care. Approximately 268 cases were reviewed within the study duration consisting of 238 cases from surgical department and the remaining 30 cases were from other departments. About 70% (n=188) of discharged patients returned to stoma clinic with good stoma care (without complications). Only 19% (n=53) developed stoma related complications which required readmission.

**Conclusion**

The role of ET nurse in stoma and peristomal skin care has found to be effective in reducing stoma related complications and readmission rates, thus consequently improving the overall quality of lives.

Abstract ID: 219
Category: Poster, Other

# ANAL DROP METASTASES FROM COLORECTAL CANCER – A CASE REPORT AND REVIEW OF LITERATURE

Madeline Chee[1], Thaddeus Tan[1], Chang Meihuan[1]
[1]Department of Colorectal Surgery, Singapore General Hospital

## Aim/Objective

Anal drop metastases represent a unique and rare manner of presentation of metastatic colorectal cancer. We present a rare case of a patient who was admitted to our hospital with large bowel obstruction and subsequently discovered to have a metastatic anal nodule from a primary rectosigmoid adenocarcinoma.

A 52-year-old Chinese male presented with symptoms of intestinal obstruction of 2 days duration on a background of a 2 month history of constitutional symptoms. Per rectal examination discovered a 1.5cm firm anal nodule on the anal verge which was irregular and hard on palpation, with no associated rectal mass. A computed tomography (CT) scan of the thorax, abdomen and pelvis revealed a large rectosigmoid colon mass with extensive peritoneal, lung and hepatic metastasis. Histology of the rectosigmoid tumor confirmed moderately differentiated invasive adenocarcinoma, while specimens from the anal nodule similarly confirmed adenocarcinoma. Mutational analysis for specimens from both anal and omental nodules were performed which discovered a similar mutational profile in both specimens, consistent with metastatic disease from the rectosigmoid primary. The patient underwent loop colostomy creation and was started on palliative systemic therapy with FOLFOX.

## Method

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## Results

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## Conclusion

Drop metastases to the anal canal from a proximal colon or rectal primary malignancy are very rare, and have been hypothesised to occur due to the exfoliation of tumour cells from the proximal primary tumour that seed distally. We present an uncommon case of anal drop metastases in a patient presenting with malignant large bowel obstruction from metastatic rectosigmoid adenocarcinoma.

Abstract ID: 218
Category: Poster, Other

**APPROACHING SEVERE TRICOMPARTMENTAL PELVIC ORGAN PROLAPSE: A VIDEO VIGNETTE.**

Madeline Chee[1], Emile John Tan Kwong Wei[1]
[1]Department of Colorectal Surgery, Singapore General Hospital

**Aim/Objective**

Pelvic organ prolapse can cause significant functional and psychosocial symptoms and impair quality of life. Robotic ventral mesh rectopexy is a safe and effective technique to treat rectal prolapse with low rates of recurrence and good improvement of symptoms, and can help in improving symptoms of pelvic organ prolapse as well. Here, we present a video describing our technique for 2 patients with severe tricompartmental prolapse who underwent robotic ventral mesh rectopexy.

2 elderly female patients (aged 69 and 81 years old) presented with symptoms of constipation and prolapse sensation. Both patients underwent robotic ventral mesh rectopexy, during which we hitched the uterus up as well to address the tricompartmental prolapse. Both patients recovered well with no complications, and reported significant improvement of their symptoms during follow up.

**Method**

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**Results**

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**Conclusion**

Tricompartmental pelvic organ prolapse can be treated safely and effectively with robotic ventral mesh rectopexy with good outcomes.

Abstract ID: 217
Category: Oral, Other

# IMPACT OF E-LEARNING MODULE IN IMPROVING KNOWLEDGE AND ASSESSING PRACTICE TRENDS OF COLORECTAL CANCER SCREENING AMONG PRIMARY CARE DOCTORS IN KUCHING, SARAWAK

Khaw CYJ[1], Khong TL[1], Mohamed Rezal Abdul Aziz[1]
[1]Department of Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

**Aim/Objective**
Background: Colorectal cancer (CRC) is a leading cause of cancer-related deaths, with early detection relying on effective screening. However, significant knowledge gaps among primary care doctors hinder the implementation of evidence-based screening guidelines.
Objective: To assess the effectiveness of an innovative E-learning module in improving CRC screening knowledge and practices among primary care physicians.

**Method**
Longitudinal study included 32 patients with stage I-III upper sigmoid colon cancer who underwent laparoscopic left colectomy at Binh Dan hospital from 01/2021 to 06/2024. We performed en-bloc resection of the lymphatic adipose tissue along inferior mesenteric artery (IMA), skeletonized the root of IMA, exposed and divided off inferior mesenteric vein, left colic artery, one trunk or some branches of sigmoid vessels in accordance with sigmoid vessels variant, completely retain SRA. Anastomosis was made by end-to-end double stapling technique.

**Results**
The mean operative time was 185 minutes, mean-counted blood loss was 20.2 ml, the median hospitalization time was 7.1 days. There were no iatrogenic complication as well as conversion, the post-operative complication rate was 6.3% with 1 case of anastomotic leakage, 1 case of bowel obstruction. The mean number of lymph nodes harvested was 13.1 (SD = 3.4), 22 patients (68.8%) had at least 12 lymph nodes harvested, a total of 17 patients (53.1%) had lymph node metastasis with a mean number of lymph node metastases of 1.63 (SD = 2.2) and lymph node ratio of 11%. The local recurrence rate was 3.1%, the distant metastasis was 12.5% for median-follow up of 36.4 months. The 3 years cumulative overall survival and disease-free survival were 89.1% and 73.9%, respectively.

**Conclusion**
Laparoscopic left colectomy with SRA preservation for upper sigmoid colon cancer was feasible, safe on oncologic outcome and good results on survival.

Abstract ID: 216
Category: Poster, Other

**LAPAROSCOPIC LEFT COLECTOMYWITH SUPERIOR RECTAL ARTERY PRESERVATION FOR UPPER SIGMOID COLON CANCER: MEDIAN FOLLOW-UP OUTCOME**

Tran Xuan Hung[1]
[1]University of Medicine & Pharmacy at Ho Chi Minh City

**Aim/Objective**

Objectives: The aim of study was to investigate the feasibility, effectively as well as oncologic and survival outcomes of laparoscopic left colectomy with superior rectal artery (SRA) preservation for upper sigmoid colon cancer.

Background: In the rectosigmoid region, there was a discontinuity of the marginal artery called the Sudeck critical end-point. The connection point between the terminal sigmoid artery branch and SRA usually present in about 8.8% of cases, lead to risk of anastomotic leakage in case of insufficient blood supply at anastomosis.

**Method**

A cross-sectional study was conducted from August 2023 to February 2024, involving 110 primary care doctors from Ministry of Health clinics in Kuching, Sarawak. An innovative E-learning module, designed based on national CRC screening guidelines, was hosted on a self-built website. Participants were recruited through official clinic networks and engaged with the module via secure links. Pre-and post-intervention assessments evaluated knowledge improvements and practice trends. Data were analysed using paired t-tests and logistic regression.

**Results**

The cohort had a mean age of 33 years, with 96% lacking postgraduate qualifications. While 90% were aware of the fecal occult blood test (FOBT), fewer than 60% understood the recommended age and frequency for screening. Alarmingly, only 35% demonstrated accurate risk stratification. The E-learning module resulted in a transformative 26% improvement in overall knowledge ($p < 0.001$). Looking at the practice trends, 30–40% of doctors did not routinely practice CRC screening, citing time constraints, resource limitations, and insufficient knowledge. Logistic regression revealed that physicians who perceived screening as cost-effective (OR 2.5, 95% CI 1.90–10.45) or had adequate resources (OR 2.5, 95% CI 1.06–6.00) were more likely to implement screening.

**Conclusion**

The E-learning module effectively bridged knowledge gaps in CRC screening among primary care doctors. However, systemic and individual barriers continue to impede practice implementation. By addressing these challenges, and fostering a workforce equipped with the knowledge, resources, and confidence to implement CRC screening, this study paves the way for scalable interventions with far-reaching implications.

Abstract ID: 215
Category: Poster, Other

# PROGRESS UPDATE ON STEM CELL THERAPY FOR CROHN'S DISEASE-RELATED PERIANAL FISTULAS: A PHASE I STUDY TARGETING SURGICAL AND REGENERATIVE SYNERGY

Ganeson-Koo Maxwell[1], Mohamed Rezal Abdul Aziz[3], Vijayendran Govindasamy[1], Kong-Yong Then[1], Khong-Lek Then[1], Soon-Keng Cheong[1,2], Ida Hilmi[4], April Camilla Roslani[3]
[1]CryoCord Sdn Bhd,
[2]Universiti Tunku Abdul Rahman (UTAR),
[3]Department of Surgery, Faculty of Medicine, Universiti Malaya,
[4]Department of Medicine (Division of Gastroenterology and Hepatology), Faculty of Medicine, Universiti Malaya

## Aim/Objective

Perianal fistulas associated with Crohn's disease (CD-PF) present a significant challenge in coloproctology due to their chronicity, high recurrence rates, and the limitations of current medical and surgical treatments. This study evaluates the use of intralesional allogeneic human umbilical cord mesenchymal stem cells (UC-MSCs) combined with optimized surgical techniques to enhance fistula healing and durability of response. The primary aim is to assess the safety and tolerability of UC-MSCs therapy, while secondary objectives include evaluating its efficacy in promoting re-epithelialization, reducing recurrence, and improving patient quality of life. The study seeks to establish an effective regenerative therapy tailored to the needs of coloproctologists managing refractory CD-PF.

## Method

This single-arm, open-label Phase I trial (NCT05039411) is conducted at University Malaya with ethical approval (UM-MREC; NMMR-21-1390-60766) and CTX clearance from the Malaysian Drug Control Authority. Five patients aged ≥18 years with refractory CD-PF will be enrolled. To date, two patients have been recruited, with recruitment ongoing. Standardized surgical intervention includes curettage of the fistulous tract and closure of the internal opening, followed by five intralesional UC-MSC injections (60 million cells/dose) administered at 6–12-week intervals. Safety is monitored through treatment- emergent adverse events (TEAEs), while efficacy is assessed based on clinical healing (re-epithelialization of external fistula openings), imaging studies, and biochemical markers.

## Results

Two patients have received their initial UC-MSCs injections, with no reported TEAEs. Early signs of epithelialization at external fistula openings have been observed. Safety and efficacy assessments, including imaging and clinical follow-up, are ongoing for a 14-month period. We are anticipating that serial dosage may sustain therapeutic effects and improve long-term outcomes.

## Conclusion

Our preliminary findings indicate that intralesional UC-MSCs therapy is safe and well-tolerated as an adjunct to surgery for CD-PF. Recruitment is ongoing, and this approach holds promise as a regenerative solution for refractory perianal fistulas, addressing critical challenges in Crohn's disease management.

Abstract ID: 213
Category: Poster, Other

# PILOT RANDOMIZED CONTROLLED STUDY OF THE EFFICACY OF SPINAL MAGNETIC STIMULATION FOR REFRACTORY CONSTIPATION (MAGSTIM)

TSQ Lee[1],KX Yew[2], YL Lo[3], EKW Tan[1]
[1]Department of Colorectal surgery, Singapore General Hospital
[2]Group Finance Analytics, SingHealth, Singapore Health Services
[3]Department of Neurology (SGH Campus), National Neuroscience Institute

**Aim/Objective**
Patients with refractory chronic functional constipation often suffer from debilitating symptoms which are unresponsive to conventional treatment options. The use of spinal magnetic stimulation (SMS) and its extra-corporeal stimulation of peripheral nerves, offers a potential non-invasive therapeutic option. The study aims to assess the efficacy of SMS for symptom relief in patients with refractory constipation.

**Method**
A pilot randomized sham controlled study was performed. MagPro R30 Magnetic stimulator was used. Patients randomized to the treatment SMS-arm underwent daily 60min SMS sessions (aimed at T9 and L3 spinal processes) for 2 weeks. Patients in the sham-SMS-arm underwent a similar protocol except the magnetic coil was angled away. Symptom relief was measured at regular intervals up to 14 weeks post treatment with the use of constipation and quality of life questionnaires (PAC-SYM, EQ-5D and HADS).

**Results**
From December 2015-July 2023, 14 patients completed the study (6 SMS-arm, 8 Sham-SMS-arm). Mean age was 55(range 41-70), 12(86%) male. Baseline symptoms of constipation and quality of life measures were significantly different between the two groups. Median average bowel movements/week at baseline for the SMS-arm was 1.5, Sham-SMS-arm 4(p-0.018). Median EQ-5D healthstate scores for the SMS-arm was 50, Sham-SMS-arm 72.5(p=0.026). At 14 weeks from start of treatment, the SMS-arm patients did show an improvement in average bowel movements/week and healthstate scores, but this was not statistical significant,1.5to3.0(p=0.23) and 50to60(p=0.17) respectively. Across 14 weeks, there was no statistical difference in the symptoms reported in PAC-SYM (13questions at weeks1,2,4,6,8,10,12,14), EQ5D (5 questions at weeks0,2,14) and HADS (11questions at weeks0,2,14)questionnaires within both arms.

**Conclusion**
The pilot study suffered from poor accrual. There was no statistically significant benefit demonstrated in using SMS to improve symptom relief in patients with refractory functional constipation.

Abstract ID: 212
Category: Poster, Other

# ADVANCING VALUE-BASED HEALTHCARE IN COLORECTAL SURGERY: OUTCOMES FROM AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PROGRAMME IN A SINGAPORE TERTIARY HOSPITAL

TSQ Lee[1], EWC Eu[1], EKW Tan[1]
[1]Department of Colorectal surgery, Singapore General Hospital

## Aim/Objective

Value-based healthcare (VBHC) is a healthcare delivery model focused on achieving optimal patient outcomes relative to the cost of care. In colorectal surgery, Enhanced Recovery After Surgery (ERAS) serves as a a key component of VBHC, using multimodal, evidence-based approaches to incrementally improve postoperative outcomes. This study aims to evaluate the outcomes of our ERAS programme since 2019, and its role in advancing VHBC.

## Method

A retrospective study was performed using a NSQIP database of patients who underwent elective colorectal surgery from June 2017- June 2023 and have met the ERAS inclusion criteria at the Department of colorectal surgery, Singapore General Hospital.

## Results

2368 patients were included in the study, of which 1534 and 834 patients underwent elective colectomies and rectal surgery respectively. Mean age was 66.9(SD11.8)years, 1301(54.9%) were male with a median ASA grade of two - 1459(61.6%)patients. Pre-ERAS implementation Median/Average length of stay(LOS) was 7/10.46, 7/10.43, 6/9.61 days for 2017, 2018 and 2018 respectively. Post-ERAS implementation Median/Average LOS was significantly shorter at 5/7.16, 5/7.02, 5/6.24, 5/7.00 days ($p<0.001$) for 2019, 2020, 2021 and 2022-June 2023 respectively. Estimated average annual cost savings based on reduction of mean LOS post-ERAS from 2019 was SGD600,588.74 . There was no statistical difference in 30-day post operative outcomes between patients in the pre and post-ERAS implementation, including surgical complication rates, unplanned readmissions and return to operating theatre.

## Conclusion

The implementation of ERAS in our unit has led to a clinically and statistical significant reduction in post operative length of stay. This has resulted in considerable cost savings and improvement in delivering VBHC.

Abstract ID: 211
Category: Poster, Other

**CXCL11: A NOVEL BIOMARKER IN COLORECTAL CANCER AS METASTASIS PREDICTOR**

Prapanca Nugraha[1*], Yunia Sribudiani[2], Kiki Lukman[1], Reno Rudiman[1]
[1]Department of Surgery, Faculty of Medicine, Universitas Padjadjaran, Bandung, Indonesia
[2]Department of Biomedical Sciences, Faculty of Medicine, Universitas Padjadjaran, Bandung, Indonesia

**Aim/Objective**
CXCL11 (C-X-C motif chemokine ligand 11) encodes a chemokine, a small signaling protein involved in immune and inflammatory responses. This study aims to evaluate the association between CXCL11 gene expression variations and metastasis in colorectal cancer (CRC) patients, highlighting its potential as a biomarker for metastasis.

**Method**
This is observational laboratory-based study utilized tissue samples from colorectal cancer (CRC) patients stored in the Tissue Bank of the Research Unit, Division of Digestive Surgery, Faculty of Medicine, Universitas Padjadjaran. Conducted between January and August 2024, data collection involved pathological and anatomical assessments of tissue samples obtained through biopsies or tumor resections. Gene expression analysis was performed on fresh tumor tissues using PCR at the Biomolecular Laboratory, Faculty of Medicine, Universitas Padjadjaran.

**Results**
The findings revealed a significant variation in CXCL11 expression among CRC patients based on cancer stage ($P = 0.015$) and metastasis status ($P = 0.017$). However, no significant differences in CXCL11 expression were observed concerning age, gender, anatomical pathology, or tumor location.

**Conclusion**
This study identifies a relationship between CXCL11 gene expression differences and metastasis in CRC patients. Further studies with larger sample sizes are recommended to validate CXCL11's role as a biomarker for CRC metastasis. Additionally, future research should explore the potential application of CXCL11 in antitumor therapy.

Abstract ID: 209
Category: Poster, Other

**RECTAL DUPLICATION CYST : A CASE REPORT OF A RARE CLINICAL ENTITY WITH DIAGNOSTIC INSIGHTS AND SURGICAL APPROACH.**

Nur Liyana Binti Abu Kassim[1], MA. Azrin[1], MN. Harith[1], NQ. Fathi[1], HA. Tai[1]
[1]Department of Surgery, Hospital Sultan Abdul Aziz Shah UPM

**Aim/Objective**

Rectal duplication cysts (RDC) are known to be the rarest of all intestinal duplications. It is a congenital anomaly of the gastrointestinal tract that arises from abnormal embryologic development of the hindgut usually presenting in infancy and early childhood, seldomly in adulthood.

**Method**

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**Results**

We present a case of a 51-years-old lady with a huge rectal duplication cyst which was found incidentally on a CT abdomen and MRI Pelvis. She initially presented with right gluteal swelling gradually increasing in size since twenty years ago and worsening abdominal distention for almost one year associated with pressing lower abdominal pain with constipation. The CT scan revealed a large homogenous cystic mass measuring 11x17x36.2cm with the epicentre of the mass at the extraperitoneal pelvic region on the right side. The mass extended inferiorly until the right gluteal region involving the ischiorectal and ischioanal space. A follow up MRI pelvis showed a large extraperitoneal, multiloculated cystic lesion with thin septation seen at the right ischiorectal space extending inferiorly to the ischioanal fossa and right gluteal region and anterosuperiorly till the mid abdomen measuring 11.9x15.2x35.6cm with iso to hyperintense to muscle on T1W. MDT was done involving multidisciplinary teams such as general surgery, urology , radiology and plastic to better guide in surgical management of this case. Intraperitoneal and extraperitoneal component were communicating with each other. It was decided for an abdominal and perineal approach excision of the cyst with APR preceeded with bilateral RPG stenting prior to the laparotomy. Approximately 2L of cyst content successfully aspirated which appeared as thick curdy material. The patient made an eventful recovery postoperatively.

**Conclusion**

In conclusion, RDC are often asymptomatic and discovered incidentally whereas symptomatic cases may present diagnostic challenges due to non-specific clinical manifestations . Radiological imaging are crucial for accurate diagnosis and differentiation from other anorectal conditions. Early detection is crucial to avoid complications such as infection, haemorrhage or bowel obstruction. Surgical excision still remains the mainstay of treatment for RDC.

Abstract ID: 208
Category: Poster, Other

# SURGICAL RESECTION AS THE MANAGEMENT OPTION FOR HIGH-GRADE DYSPLASTIC COLORECTAL POLYPS: A CASE SERIES

Muhammad Anwar bin Azrin[1], MS. Azahar[1], NQ. Fathi[1], HA. Tai[1]
[1]Department of Surgery, Hospital Sultan Abdul Aziz Shah, UPM

## Aim/Objective

Colorectal cancer (CRC) is a leading cause of cancer-related mortality in Malaysia, often developing from adenomatous polyps through dysplastic transformation. High-grade dysplasia (HGD) in colonic polyps carries a significant risk of progression to invasive adenocarcinoma, yet accurate diagnosis and management can be challenging. This case series highlights the role of surgical resection in managing HGD colonic polyps when endoscopic resection is not feasible or malignancy is suspected.

## Method

We present three cases of patients with HGD in colonic polyps who underwent surgical resection.

- Case 1: A 68-year-old male with a mechanical heart valve on anticoagulation therapy presented with per rectal bleeding. Colonoscopy revealed a friable, ulcerated tumor at the splenic flexure, and biopsy confirmed HGD. Laparoscopic extended right hemicolectomy was performed. Final histopathology revealed moderately differentiated adenocarcinoma (T2N0).
- Case 2: A 68-year-old male with ischemic dilated cardiomyopathy presented with per rectal bleeding. Colonoscopy showed a fungating tumor at the splenic flexure. Biopsy confirmed HGD, and the patient underwent an open extended right hemicolectomy. Final histopathology showed tubulovillous adenoma with HGD, without invasive carcinoma.
- Case 3: An 80-year-old female with ischemic heart disease presented with abdominal pain and per rectal bleeding. Colonoscopy revealed a large sigmoid polyp. Biopsy initially suggested low-grade dysplasia, and she underwent open anterior resection. Final histopathology showed villous adenoma with moderate dysplasia.

## Results

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## Conclusion

Surgical resection remains a crucial management option for high-grade dysplastic colonic polyps, particularly when endoscopic resection is inadequate or malignancy is suspected. Histopathological evaluation of resected specimens is essential to guide further management and reduce the risk of cancer progression. This case series underscores the importance of a multidisciplinary approach in managing high-risk colorectal lesions.

Abstract ID: 207
Category: APFCP Video, Other

# TRANSANAL MINIMALLY INVASIVE SURGERY TAMIS FOR BENIGN MID RECTAL LESION IN DISTRICT HOSPITAL

Kong Wai-Keong[1], Nadia Binti Ramli[2], Rusyaidi b Azali[2]
[1]Colorectal Surgeon visiting Sultanah Nora Ismail Hospital, Batu Pahat, Johor.
[2]Surgical department Sultanah Fatimah Specialist Hospital, Muar, Johor

## Aim/Objective

Introduction: Transanal Minimally Invasive Surgery (TAMIS) is evolving as an alternative approach for mid and distal low rectal lesion for the past decade. The procedure is painless and favorable for lesion none suitable for endoscopic removal nor transanal local excision. However, the procedure has limitation due to the narrow working space, rigid vision and rigid instrumention.
Aim: We illustrates a case of our experience with TAMIS in our facility.

## Method

15 years old male with recurrent episodes of symptomatic anaemia associated with positive stool occult blood. Colonoscopy found superficial polypoidal lesion occupying one third circumferential at mid rectum. Biopsy shown benign lesion lobular capillary hemangioma or bacillary angiomatosis. All Infective screenings were negative. His anemic symptoms persist. Plan for elective TAMIS.

## Results

Complete removal of mid rectum lesion. The patient has early recovery, painless, short hospital stay and symptoms controlled.

## Conclusion

Transanal Minimal Invasive Surgery is safe and feasible to be perform in district hospital for benign cases.

Abstract ID: 206
Category: Poster, Research

# NEOADJUVANT CONCURRENT CHEMORADIOTHERAPY VS SHORT COURSE RADIOTHERAPY, A RETROSPECTIVE COHORT STUDY IN A SINGLE INSTITUTION

Jonathan Aravinraj A/L Gerald Adaikalaraj[1], Nora Abdul Aziz[1], Lum Xiao-Ci[1]
[1]Department of General Surgery (Colorectal), University Malaya Medical Centre

## Aim/Objective

Colorectal cancer is the 3rd most common cancer diagnosed while leading in cancer-related deaths globally, second to lung cancer. With the advent of multiple treatment modalities, neoadjuvant treatment prior to surgery has played an integral role with options such as long course chemoradiotherapy (LCCRT) and short course radiotherapy (SCRT). With LCCRT, treatment involves radiotherapy with concurrent chemotherapy with a greater fractional intensity followed by surgery 4-8 weeks later. SCRT meanwhile, involves reduced duration and fractional intensity followed by immediate or delayed surgery. SCRT has its advantages over LCCRT in terms of financial cost, time and patient comfort whereas, LCCRTis linked to greater sphincter preservation and improved surgical outcome. While both SCRT and LCCRT have been frequently used as a neoadjuvant treatment of CRC, there has been no clear indication as to which is option is superior. This retrospective study is aimed at comparing SCRT with LCCRT amongst patients with locally advanced rectal cancer.

## Method

Patients diagnosed with rectal cancer will be included in the study based on either undergoing SCRT followed by immediate or delayed surgery and LCCRT followed by surgery at a later date. LCCRT will include those undergoing CAPOX (XELOX) / FOLFIRI. Data collection of patients is retrospectively collected from 2020-2022 and followed up till 2 years postoperatively. Parameters of analysis include disease free survival (DFS), overall survival (OS) and complete pathological response (cPR) via Kaplan-Meier method.

## Results

We predict SCRT and LCCRT to produce somewhat comparable DFS and overall survival rates. However, they LCCRT may display different cPR rates and nodal downstaging. Reduced toxicity may be observed in the SCRT group while LCRT may result in better long-term prognosis and tumour regression.

## Conclusion

This retrospective analysis is aimed at evidence-based recommendations in determining neoadjuvant therapies for improved oncological efficacy while aiming to reduce treatment toxicity.

Abstract ID: 203
Category: Poster, Clinical

# A SINGLE-CENTER EXPERIENCE OF CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR APPENDICEAL CARCINOMA WITH PERITONEAL METASTASIS

Jin-Jiun Mah[1], Rosli Ismail[1], Qi Zheng Lee[1], Mohammad Alif bin Yunus[1], Rahul A/L Audenesen[1], Amilah Fadhlina Abd Karim[1], Muhammad Ash-Shafhawi Bin Adznan[1], Mohamed Rezal Bin Abdul Aziz[2], Zaharudin Bin Haron[3], Anita binti Alias[4], Mohd Alias bin Ibrahim[4], Mohd Nazree bin Mohd Zaki[4], Rizma Binti Mohd Zaid[5], Syafirin Bin Ab Sani[5], Norfarizan Azmi[1]
[1]Department of Surgery, Hospital Tuanku Ja'afar Seremban
[2]Department of Surgery, Universiti Malaya Medical Centre
[3]Department of Radiology, National Cancer Institute
[4]Department of Anesthesiology, Hospital Tuanku Ja'afar Seremban
[5]Department of Oncology, National Cancer Institute

**Aim/Objective**
Appendiceal carcinoma with peritoneal metastasis is a rare and aggressive malignancy with limited treatment options. Cytoreductive surgery (CRS) combined with hyperthermic intraperitoneal chemotherapy (HIPEC) has emerged as a promising therapeutic approach. This study aims to evaluate surgical outcomes, postoperative morbidity, and cytoreduction completeness in patients treated at our centre.

**Method**
A retrospective analysis was conducted on patients diagnosed with appendiceal carcinoma with peritoneal metastasis who underwent CRS and HIPEC between October 2022 and November 2024 at our institution. Data on patient demographics, preoperative treatment, surgical details, and postoperative complications were collected. Adverse events were graded using the Common Terminology Criteria for Adverse Events (CTCAE).

**Results**
6 patients (5 males and 1 female) underwent CRS and HIPEC using mitomycin. 2 patients received preoperative chemotherapy. Complete cytoreduction (CC score 0-1) was achieved in 4 patients. The mean peritoneal carcinomatosis index (PCI) score was 29.7. The average intensive care unit (ICU) stay was 3.2 days, with a total hospital stay averaging 14.5 days. Postoperative complications of CTCAE grade 3 or higher occurred in 3 patients.

**Conclusion**
CRS and HIPEC offer potential survival benefits for patients with appendiceal carcinoma with peritoneal metastasis, though the procedure is associated with significant morbidity. Optimal patient selection, complete cytoreduction, and robust perioperative management are crucial for improving outcomes. Multidisciplinary team collaboration remains essential for enhancing treatment success.

Abstract ID: 202
Category: Poster, Clinical

**UNCOVERING THE POSSIBILITIES OF PER RECTAL BLEEDING: A RARE CASE OF RECTAL ENDOMETRIOSIS**

Mohamad D.H., Ali Azizan A.N.

**Aim/Objective**

Per rectal (PR) bleeding is a common presenting complaint in many healthcare facilities. A less common differential diagnosis is rectal endometriosis – it is a rare subtype of endometriosis; thus can be difficult to diagnose. This case report goes through the signs and symptoms, investigation and management of a case of rectal endometriosis.

**Method**

A case report of a woman who was referred to and subsequently managed at our centre.

**Results**

A 38-year-old lady had one episode of massive painful PR bleed. She had constipation that occurred during her menses, and abdominal cramps that occurred 1 day prior to day 4 of menses. No dysmenorrhea previously. Colonoscopy showed a submucosal lesion suggestive of a hematoma within the rectum which was not biopsied due to the risk of bleeding. CT scan showed a rectal intraluminal mass with evidence of active bleeding. CT Angiography (CTA) done 6 weeks after the first occurrence showed a mixed density rectal wall hematoma, no active bleed or abnormal perirectal vascularity. Gynaecology team started her on Gonadotropin releasing hormone (GnRH) analogue for 6 months, and then she is scheduled for an MRI pelvis and colonoscopy.

**Conclusion**

Endometriosis occurs in 1 in 10 women of reproductive age. The gastrointestinal (GI) tract is involved in 3-37% of cases, with the sigmoid and rectum being the most common (72%). It shares many clinical symptoms with other gastrointestinal and gynaecological diseases which also need to be ruled out. Patients with GI endometriosis often present with pain, vomiting, constipation, PR bleeding, tenesmus. It is a rare condition with non-specific presentation which makes it difficult to diagnose. It should be considered as a differential diagnosis of PR bleed in women of reproductive age group. The role of radiological imaging coupled with endoscopy are helpful in diagnosing and managing rectal endometriosis. Management includes medical and surgical intervention.

Abstract ID: 201
Category: Oral, Clinical

# EARLY EXPERIENCE IN CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY: ASSOCIATIONS BETWEEN PREOPERATIVE AND INTRAOPERATIVE FACTORS AND ADVERSE EVENTS

Jin-Jiun Mah[1], Rosli Ismail[1], Qi Zheng Lee[1], Mohammad Alif bin Yunus[1], Rahul A/L Audenesen[1], Amilah Fadhlina Abd Karim[1], Muhammad Ash-Shafhawi Bin Adznan[1], Mohamed Rezal Bin Abdul Aziz[2], Zaharudin Bin Haron[3], Anita binti Alias[4], Mohd Alias bin Ibrahim[4], Mohd Nazree bin Mohd Zaki[4], Rizma Binti Mohd Zaid[5], Syafirin Bin Ab Sani[5], Norfarizan Azmi[1]
[1]Department of Surgery, Hospital Tuanku Ja'afar Seremban
[2]Department of Surgery, Universiti Malaya Medical Centre
[3]Department of Radiology, National Cancer Institute
[4]Department of Anesthesiology, Hospital Tuanku Ja'afar Seremban
[5]Department of Oncology, National Cancer Institute

**Aim/Objective**
Cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (CRS/HIPEC) is a multidisciplinary, complex surgical procedure associated with significant morbidity. Identifying preoperative and intraoperative factors linked to adverse events can guide patient selection and enhance perioperative care strategies.

**Method**
A retrospective analysis of an institutional electronic registry was conducted, including all patients undergoing CRS/HIPEC from October 2022 to November 2024. Preoperative variables were evaluated, such as nutritional status, serum albumin levels, and smoking history, along with intraoperative factors, including the peritoneal carcinomatosis index (PCI) and operative details. Postoperative complications were classified using the Common Terminology Criteria for Adverse Events (CTCAE). Statistical analyses were performed using SPSS v26, applying appropriate tests for continuous and categorical variables. A significance threshold of $p<0.05$ was set.

**Results**
31 patients underwent CRS/HIPEC during the study period. The most common complications observed were surgical site infections (n=4, 12.9%), associated with lower mean preoperative serum albumin (32.3 vs 39.2, p=0.002), and gastroparesis (n=5, 16.1%), linked to higher mean PCI scores (30.6 vs 19.3, p=0.049). Severe morbidity (CTCAE grade ≥3) was reported in 11 patients (35.5%). There was no 30-day mortality.

**Conclusion**
Preoperative hypoalbuminemia and higher PCI scores were significantly associated with increased postoperative complications, including surgical site infections and gastroparesis, respectively. These findings highlight the importance of nutritional optimisation and careful patient selection based on tumour burden assessment to mitigate adverse outcomes in CRS/HIPEC. Multidisciplinary preoperative planning and tailored perioperative management remain essential for improving surgical outcomes.

Abstract ID: 200
Category: Poster, Clinical

**CASE SERIES: LASER CLOSURE OF PILONIDAL SINUS AT HOSPITAL KUALA LUMPUR**

Yeoh Movinraaj[1], Tan Jih Huei[1], Sentilnathan Subramaniam[1], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1]
[1]Hospital Kuala Lumpur

**Aim/Objective**

Pilonidal sinus (PNS) is common in young men, affecting roughly 26 per 100,000 of the population. Pilonidal sinus is an acquired benign disease caused by the entrapment of loose hair within hair follicles located in the natal cleft. Pilonidal sinus can present as a chronic discharging sinus tract or as an acute abscess. Laser closure of pilonidal sinus is a relatively new technique with variable outcomes. This study explores the initial results of this procedure in Hospital Kuala Lumpur (HKL).

**Method**

We reviewed outcomes of laser surgery for pilonidal sinus at HKL between February 2024 and September 2024. Procedures were performed by colorectal surgeons using the Biolitec® laser fistula probe with radial-emitting energy, supplemented with curettage and methylene blue injection. We assessed the demographics, comorbidity, symptom resolution (closure rate), number of previous procedures, complications, and need for repeat interventions.

**Results**

A total of 3 male patients, aged 16–27 years old, underwent the procedure in which all cases were primary pilonidal sinus without prior interventions. The healing rate at 6 weeks was 100%. All surgeries were day-case procedures and patients reported pain scores of an average of 1 on day 1 post-op. At 3 months clinic follow-up, there were no recurrences or complications noted.

**Conclusion**

Laser closure of pilonidal sinus in this small cohort achieved a 100% symptom resolution rate with minimal post-operative pain. There were no immediate complications, and all patients had successful outcomes without recurrence at 3 months. This technique is safe, effective, and minimally painful, making it a promising option for treating pilonidal sinus.

Abstract ID: 199
Category: Poster, Other

**CLINICAL IMPACT OF ARTIFICIAL INTELLIGENCE–ASSISTED SYSTEM IN THE PRACTICE OF COLONOSCOPY**

JIEYOUNG LEE[1], EUN-JUNG LEE[1], SUMIN NAM[1]
[1]DAEHANG HOSPITAL, Department of Surgery

**Aim/Objective**
This study aims to assess the effectiveness of computer-aided detection (CADe) colonoscopy on adenoma detection rates (ADR) during colonoscopy procedures by comparing ADRs before and after its implementation.

**Method**
A single-center retrospective study, between 15 June 2023 and 15 December 2023. We recruited patients aged>20 years who were scheduled for colonoscopy. Patients with polyposis, inflammatory bowel disease, incomplete total colonoscopy, prior colorectal surgery, or contraindications for biopsy were excluded. We compare the adenoma detection rate (ADR) as the primary outcome. Secondary outcomes were adenoma per colonoscopy (APC), polyp detection rate (PDR), sessile serrated lesion detection rate (SSLDR), advanced adenoma detection rate(AADR) and withdrawal time.

**Results**
9,922 eligible patients were analyzed. Fourteen endoscopists participated in the study. There were no significant differences in baseline patient demographics. ADR of the CADe group were significantly higher than those in the control group (ADR, 39.7% vs. 37.3%, respectively, p=0.018). The APCs and PDR were also significantly higher in the CADe group (APC, .0.8 vs 0 .7, respectively p=0.009; PDR 58.7% vs 55.8%, respectively; p=0.003). However, there were no significant differences for advanced neoplasia detection rate (AADR 3.9% vs3.5%, respectively p=0.242) and sessile serrated lesion detection rate(SSLDR 7.9% vs 7.3%, respectively p = 0.210) between the groups. There was no significant differences in the median withdrawal time between the two groups (CADe vs control: 7.67±2.47 minutes vs 7.57±2.70 minutes, respectively; p=0.192)

**Conclusion**
The use of the CADe system for colonoscopy significantly improve ADR in our study. Further research is required to understand its utility and impact on long-term clinical outcomes.

Abstract ID: 198
Category: Poster, Clinical

**A SINGLE DAY BATTLE WITH MECKEL'S DIVERTICULUMS**

M Razeen Roslan, Norfarizan Azmi, Rosli Ismail, Chan CH
[1]Surgical Department, Universiti Kebangsaan Malaysia. UKM
[2]Surgical Department, Hospital Tuanku Jaafar, Seremban. HTJS

**Aim/Objective**

Meckel's diverticulum is a remnant of the vitellointestinal duct that forms around the seventh week of gestation. It provides nutrition to the developing embryo. Although Meckel's diverticulum is typically a benign congenital anomaly, complications can be serious and potentially fatal. Common complications include hemorrhage, perforation, obstruction, intussusception, and diverticulitis. The lifetime risk of developing these complications is estimated to be between 4% and 6%. We report the cases of two patients who presented on the same day, with complications of Meckel's diverticulum.

**Method**

Case 1:
A previously healthy 18-year-old male was admitted to the surgical ward with per rectal bleeding and was found to be in Class 2 hemorrhagic shock. Esophagogastroduodenoscopy was normal, and colonoscopy revealed hematochezia, though it was inconclusive. A laparotomy was performed, which revealed Meckel's diverticulum. Enteroscopy identified fresh blood clots within the lumen of the Meckel's diverticulum, but no bleeding was found proximal to it.

Case 2:
An 18-year-old male presented with abdominal pain. CT imaging suggested a perforated viscus. Intraoperative findings confirmed a perforated Meckel's diverticulum.

Both patients underwent segmental resection of the affected bowel with primary anastomosis.

**Results**

Meckel's diverticulum is often diagnosed either when the patient is symptomatic or incidentally during evaluation of other pathologies. Complications such as perforation, intestinal obstruction, and intussusception typically prompt surgical intervention and diagnosis is relatively straightforward in these cases. However, diagnosing a bleeding diverticulum can be more challenging, particularly when the patient is stable. In these cases, endoscopic procedures such as capsule endoscopy or push enteroscopy may be used to visualize and locate the source of bleeding. Additional diagnostic methods include mesenteric angiography or a Meckel's scan using Technetium-99m pertechnetate radioisotope. Once the diagnosis is confirmed, the standard treatment is segmental resection of the affected bowel.

Although Meckel's diverticulum is often asymptomatic in adults, the management of complicated Meckel's diverticulum can be particularly challenging, especially when multiple cases present simultaneously on the same day, as seen in this report.

**Conclusion**

Meckel's diverticulum, although rare and typically asymptomatic in adults, can lead to serious complications requiring surgical intervention. Early diagnosis and appropriate management, including segmental resection, are essential for optimal outcomes.

Abstract ID: 197
Category: Oral, Research

**TRANSLATION AND VALIDATION OF THE ICHOM PROM QUESTIONNAIRE FOR COLORECTAL CANCER TO BAHASA MALAYSIA**

Dr Rajiv Kamalagaran[1], Dr Nora Aziz[1], Prof.Dr April Camilla Roslani[1]
[1]University of Malaya

**Aim/Objective**
To translate and validate the ICHOM PROM measurement set to Bahasa Malaysia

**Method**
The questionnaire used is the English version of the ICHOM PROM. The translation was done according to WHO protocol. Forwards and backwards translation was done, where the acceptable translated version was checked for validity and reliability. The validity was checked on 3 domains, construct validity, face validity and content validity. Reliability testing was done using Chronbach's alpha, Pearsons correlation and Wilcoxon signed rank

**Results**
The translated Bahasa Malaysia version of ICHOM PROM showed a content validity index of 0.977, with factor loading ranging from 0.504 to 1.00, and Keiser Obmyn 0.701, Chronbach's alpha 0.941 and Pearson's correlation of 0.765 to 0.994. There were no statistical difference between stoma, non stoma, male and female sexual behaviours between the test and retest questionnaires.

**Conclusion**
The study showed a good CVI, construct validity, face validity, acceptable internal consistency and high degree of correlation. As such the translated Bahasa Malaysia version of the ICHOM PROM questionnaire is valid and reliable.

Abstract ID: 195
Category: Poster, Clinical

**CAULI-FLOWER BUTT: RESULT OF MASSIVE GENITO-PERINEO-ANAL CONDYLOMA ACUMINATA TREATED WITH EXCISION; A CASE SERIES**

Nurfatin Adilah Binti Kamarudin[1], Mohd Fahmi Bin Ismail[1], Muhammad Ash-shafhawi Bin Adznan[1], Syafiqa Al-Azua Binti AlJeffry[1]
[1]Surgical Department Hospital Sultanah Nora Ismail

**Aim/Objective**

Massive condyloma acuminita (MCA) of genito-perineo-anal is described as benign exophytic cauliflower like mass with locally aggressive features including destructive growth, high rate of recurrence and risk of malignancy. MCA is commonly transmitted via unprotected sexual activity by Human Papilloma Virus (HPV) and associated with other sexually transmitted disease like Human Immunodeficiency Virus (HIV) infection. While small lesions are treatable with topical or cryo therapy, it is not the case in large growths. We report a series of MCA cases of genito-perineo-anal area among HIV positive patients treated with surgical excision.

**Method**

Patients referred to our Colorectal Unit for genito-perineo-anal mass from June 2023 till June 2024 was looked into. We analyze the intraoperative data, post-operative pain and follow up done at 6 months looking into the wound and incontinence score.

**Results**

3 male patients (33-51 years old) with underlying HIV positive on Highly Active Antiretroviral therapy (HAART) within the above period. CD 4 counts for all patients ranges from 262 – 586 cells/mm3. Elective extensive local excision under regional anaesthesia in prone jack-knife position was performed for all patient. The duration of surgery ranges from 65 to 119 minutes with estimated blood loss less than 150mls. Mixed of nonsteroidal anti-inflammatory drugs or synthetic opiod with Metronidazole and sitz bath were ordered post-operatively with pain score recorded at 24 hours from 3 to 4 on Pain Assessment Scale. Post-operative incontinence was assessed at 6 months by using Wexner Incontinence Score ranging from 1 to 2.

**Conclusion**

Local excision is an effective treatment for MCA of genito-perineo-anal region. This technique allows complete clearance with satisfactory wound healing short duration of surgery, minimal blood loss, and preserved sphincter function.

Abstract ID: 194
Category: Poster, Research

**THE CHARACTERISTICS OF COLONIC DIVERTICULOSIS IN A MULTIRACIAL ASIAN POPULATION**

Dr Lee Wee Khuan, Prof Dr April Camilla Roslani, Dr Siow Sze Li, Dr Lim Hiong Chin
[1]Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
[2]Sarawak General Hospital, General Surgery Department, Kuching, Sarawak

**Aim/Objective**
This study aims to investigate the incidence, trends, and characteristics of colonic diverticulosis in a larger, multiracial Malaysian population.

**Method**
This retrospective cross-sectional study included all patients diagnosed with colonic diverticulosis via colonoscopy or CT scan from January 2015 to December 2019 at University Malaya Medical Centre (UMMC) and Sarawak General Hospital (SGH). Categorical variables were presented as frequencies and percentages, and continuous variables as means ± standard deviation or medians with interquartile ranges. Statistical significance was assessed using a one-tailed t-test, with a p-value $< 0.05$ considered significant.

**Results**
Of 3,338 identified cases, 14 duplicates and 23 non-citizens were excluded, leaving 3,301 cases for analysis (1,816 from UMMC and 1,485 from SGH). The overall incidence of colonic diverticulosis increased from 42.84 per 100,000 in 2015 to 82.45 per 100,000 in 2019. The mean age was 66.5 ± 10.7 years, with a median age of 68 years. Diverticulosis was more common in males (56.2%). Incidence significantly differed between ethnic groups ($p < 0.001$), highest among Chinese (52.5%), followed by Malays (24.1%), indigenous (13.4%), and Indians (10.0%). Right-sided diverticulosis was the most common anatomical distribution (37.9%), followed by left-sided (31.5%) and bilateral (30.7%) ($p = 0.276$). Right-sided disease was more frequent in younger patients (≤69 years), particularly in Chinese (42.7%) and Malays (35.8%). Conversely, left-sided disease was more prevalent in Indians (39.0%) and indigenous groups (38.9%). Most cases were asymptomatic (64%), while others presented with altered bowel habits (15%), bleeding (13%), and diverticulitis (8%) ($p<0.001$). Diverticular bleeding was more common in bilateral (49.65%) and right-sided (27.74%) disease, whereas diverticulitis was more associated with left-sided disease (43.13%).

**Conclusion**
This large retrospective study provides valuable epidemiological data on colonic diverticulosis in a multiracial Asian population. The findings of a rising incidence, a predilection for right-sided disease, and significant ethnic differences underscore the need for a deeper understanding of the genetic and environmental factors influencing the disease. Future research should aim to identify genetic variants and gene-environment interactions that contribute to these observed ethnic differences, as well as to define modifiable dietary and lifestyle risk factors. Such insights could pave the way for the personalized prevention and management strategies for colonic diverticulosis.

Abstract ID: 192
Category: Poster, Clinical

# STAPLED HEMORRHOIDOPEXY VERSUS MILLIGAN-MORGAN HEMORRHOIDECTOMY: DAYS OF HOSPITALIZATION AND TOTAL EXPENCES IN MONGOLIA

G.Gantulga[1], M.Batbayar[1,2], D.Ankhbayar[1], A.Tului[1], B.Lkhagvabayar[1,3]
[1]Ulaanbaatar SongDo Hospital
[2]Mongolian National University of Medical Sciences
[3]Mongolian society of colorectal surgeons

**Aim/Objective**
Milligan-Morgan hemorrhoidectomy and Stapled Hemorrhoidopexy are a more effective technique than other procedures to manage hemorrhoids. There is a lot of research on this surgery technique and pain management, but there were few studies regarding the days of hospitalization and total expences in Mongolia. We had studies regarding cost effective for Milligan-Morgan hemorrhoidectomy.

**Method**
The study was conducted in a retrospective comparative clinical trial design and include 352 cases of hemorrhoidectomy by the Milligan-Morgan and Stapled Hemorrhoidopexy method in Ub Songdo Hospital. Statistical analysis of the research was performed using IBM –SPSS 26.0 ($p<0.05$)

**Results**
The mean age of pateints was 43.8±13.5 years of which 52.8% male, 47.2% female. Stapled hemorrhoidopexy /SH group/ enrolled 287 patients and Miligan-Morghan (MM group) hemorrhoidectomy enrolled 65 patients. The avarage days of Hospitalization in MM group was 3.3±1.4 days, in SH group was 2.8±1.2 ($p<0.05$), but higher total cost than Miligan-Morghan hemorrhoidectomy (SH more than 37% MM).

**Conclusion**
Patients in Milligan-Morgan hemorrhoidectomy group have longer hospital stays than those in Stapled Hemorrhoidopexy group, but the overall cost of treatment is higher.

Abstract ID: 191
Category: Poster, Research

# LIVING CONDITIONS OF PATIENTS WITH JUVENILE-ONSET IBD AND NURSING SUPPORT IN THE TRANSITIONAL PERIOD

Atsuko MAEKAWA, RN ET/WOCN PhD.[1], Akemi KUMITA, RN MSN.[2], Izumi SHIMIZU, RN MSN.[2], Nao ADACHI,RN MSN.[2], Kazue YOSHIDA, RN WOCN PhD.[1]
[1]Yokkaichi Nursing and Medical Care University
[2]Aichi Prefectural University, Graduate School of Nursing & Health

## Aim/Objective

Background: It is estimated that there are more than 6 million people with IBD worldwide. The number of patients with inflammatory bowel disease (IBD) is estimated to be around 290,000 in Japan as of May 2022. This is the largest number of patients among designated intractable diseases, and it is increasing year by year.

Aim: Aim of the study was to clarify the living conditions and transitional issues of patients with juvenile IBD in Japan, and to obtain suggestions for nursing support strategies.

## Method

Online and Postal survey was conducted to Patients with Juvenile-onset IBD who currently under the age of 65. The questionnaire consisted of items related to the patient's background and treatment, as well as items related to current symptoms and living conditions. The research ethics procedure has been reviewed by the Aichi Prefectural University.

## Results

We received 248 responses in the four months from August 2024, and analyzed 240 as valid responses (96.8%).The subjects were 130 males (54.2%), 109 females (45.4%), and 1 unknown, with a mean age of 35.0 (SD: 15.4, width 10-63), and diseases were 92 (38.3%) for ulcerative colitis, 143 (59.6%) for CD, and 5 (2.1%) for IBD-U. The mean age of onset was 18.7 (SD: 6.3, width 2–29), and the average duration of illness was 17.3 (SD: 13.3, 1 to 47). Of the 219 (90.5%) patients with IBD who were treated with drugs, 16 (6.6%) had a permanent stoma, 16 (4.1%) had a temporary stoma, and 41 (16.9%) had a stenosis dilation, and 108 (16.9%) had diarrhea and 24 (9.9%) had urgency in the stool in the past two weeks.

## Conclusion

Patients with juvenile-onset IBD have a long course of life and continue to live school and social life while continuing treatment and self-management. When faced with life challenges, flare-up often repeated, so it is important to support collaboration between doctors and IBD nurses who anticipate the transitional period.

Abstract ID: 190
Category: Poster, Clinical

# ENDOMETRIOSIS DISGUISED AS COLORECTAL CANCER: A CASE REPORT OF SIGMOID COLON ENDOMETRIOSIS

Muhammad Azif Hirzi Bin Mohamed Zamani[1], Nurhamizah Binti Zulkifli[1], Senthil Vasan A/L Kanthasamy[1], Azuddin Bin Mohd Khairy[1]
[1]Hospital Tengku Ampuan Rahimah, Klang, Malaysia

## Aim/Objective

Endometriosis, though typically associated with gynecological symptoms, can occasionally involve the gastrointestinal tract, leading to diagnostic confusion with colorectal malignancy. This case report highlights a rare presentation of endometriosis manifesting as a colorectal obstruction with findings suspicious of malignancy, posing a diagnostic and therapeutic challenge.

## Method

A 40-year-old lady presented with symptoms of intestinal obstruction, with no other significant history. Clinically the abdomen was distended and tender. Contrast Enhanced Computed Tomography (CECT) of the abdomen and pelvis revealed a mass in the distal sigmoid colon with circumferential wall thickening and significant luminal narrowing, suspicious of the sigmoid tumor. Proximal to the mass, the large bowel appeared dilated, suggesting impending intestinal obstruction secondary to the mass. The carcinoembryonic antigen (CEA) was normal.

## Results

The patient underwent diversion transverse colostomy and then colonoscopy which showed an angulated segment of the sigmoid colon with abnormal mucosa. Subsequently, the patient underwent a Laparoscopic-Assisted Anterior Resection and repair of the posterior vaginal wall. Intraoperatively, noted constricting mass at the distal sigmoid colon, along with dense adhesions between the upper rectum and the posterior vaginal wall had led to an iatrogenic perforation of the posterior vaginal wall. The aggressive nature of these intraoperative findings raised concerns about a potential malignancy. However, histopathological analysis revealed endometriosis of the rectosigmoid colon and the lymph node.

## Conclusion

This case underscores the diagnostic complexity of endometriosis with atypical gastrointestinal involvement. Endometriosis of the colon can clinically and radiologically mimic colorectal malignancies due to features like bowel obstruction, thickening, and angulation on imaging. Moreover, the inflammatory and fibrotic changes associated with endometriosis can lead to structural changes that mimic malignant behavior. Endometriosis should be considered in women presenting with obstructive colorectal symptoms with no other red-flag symptoms. Accurate diagnosis and differentiation from malignancy can prevent unnecessary radical surgery and allow for appropriate management.

Abstract ID: 189
Category: Poster, Clinical

# WHEN THINNER BLOOD TURNS DEADLY: A RARE CASE OF BOWEL ISCHEMIA FROM OVERWARFARINIZATION

Farrahin S[1], Tharane Ck[1], Chejamal[2], Ahmad Rusydi J[2], Azmi Hassan[2]
[1]Department Of Surgery, International Islamic University Of Malaysia (IIUM), Malaysia
[2]Department Of Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

## Aim/Objective

Intra-abdominal hematomas and complications related to anticoagulant use are rare, occurring in approximately 1 in 2,500 patients receiving anticoagulant therapy annually. Bowel ischemia is a rare but severe complication of overwarfarinization, which can lead to significant morbidity and mortality. The supratherapeutic International Normalized Ratio (INR) levels predispose patients to bleeding and thrombotic events.

## Method

Case report : We presented the case of a 56-year-old man who underwent valve replacement surgery and was on warfarin therapy complaining of a one week history of progressive abdominal pain. Physical examination revealed generalized abdominal tenderness and guarding. Laboratory tests showed a significantly elevated INR of more than 10. Contrast-enhanced CT of the abdomen demonstrated a thickened segment of small bowel with target signs and presence of free fluid in Morrison's pouch, and the pelvis. The patient underwent an urgent exploratory laparotomy, which revealed approximately 55 cm of ischemic small bowel and mesentery. Bowel ischemia is typically caused by thromboembolic complications. However, in our case, the superior mesenteric artery and marginal arteries demonstrated good pulsation. The pathology observed intraoperatively was a mesenteric hematoma, which likely led to segmental bowel ischemia and hemorrhagic necrosis due to hypoperfusion in that segment. The affected segment was resected, and primary end-to-end anastomosis was performed. Postoperatively, the patient was monitored in ward, with normalization of INR and resolution of symptoms.

## Results

Bowel ischemia in the setting of overwarfarinization is thought to result from impaired blood flow due to mucosal hemorrhage, hypoperfusion, or microvascular thrombosis. The condition poses a diagnostic challenge as symptoms may mimic other causes of acute abdomen. Although overwarfarinization-related bowel ischemia is rare, clinicians should maintain a high index of suspicion in anticoagulated patients presenting with abdominal pain. Prompt recognition and surgical intervention are critical for favorable outcomes. The exact incidence is unknown but has been reported anecdotally in case studies.

## Conclusion

This case highlights the importance of careful monitoring of warfarin therapy and maintaining therapeutic INR levels to prevent complications. Clinicians should consider bowel ischemia in patients on warfarin with abdominal pain and evaluate switching to direct oral anticoagulants, which have a lower risk of bleeding. More identification of such cases, combined with close monitoring, is crucial for understanding the pathogenesis and developing appropriate management strategies. This can help prevent unnecessary surgical procedures, minimize morbidity, and ensure better outcomes.

Abstract ID: 187
Category: Oral, Clinical

# A RARE CASE OF RECTOSIGMOID ADENOCARCINOMA WITH LOW GRADE APPENDICECAL MUCINOUS NEOPLASM

Nurul Nabila Bt Megat Mohamed Azmi[1],Rezal Abdul Aziz[1]
[1]University Malaya Medical Centre

## Aim/Objective

Low-grade appendiceal mucinous neoplasm (LAMN) is a rare tumor that is often diagnosed after appendicectomy or as an incidental finding during surgery for other pathologies. LAMN can lead to pseudomyxoma peritonei, a condition associated with poor outcomes and reduced survival rates. In contrast, early-stage rectosigmoid adenocarcinoma is typically associated with a high survival rate.

## Method

Case report

## Results

A 48-year-old woman was diagnosed with rectosigmoid adenocarcinoma and a low-grade appendiceal mucinous neoplasm. She was initially diagnosed with rectosigmoid adenocarcinoma and planned for laparoscopic anterior resection. Intraoperatively, we found a small mucinous tumor of the appendix, along with mucinous ascites and multiple peritoneal deposits. The procedure was converted from laparoscopic to open surgery, and a limited right hemicolectomy, greater omentectomy, and anterior resection were performed. Histopathological examination confirmed the appendiceal tumor as low-grade appendiceal mucinous neoplasm and the rectosigmoid tumor as moderately differentiated adenocarcinoma (pT1N0). A postoperative PET-CT scan revealed peritoneal disease. Four months later, the patient underwent laparotomy with adhesiolysis, selective peritonectomy (right and left lumbar, glissonectomy), completion of omentectomy, and hyperthermic intraperitoneal chemotherapy (HIPEC). All intraoperative specimens were reported as free of malignancy. The patient is currently well, with normal tumor markers, and is scheduled for surveillance colonoscopy, tumor markers, and a PET scan

## Conclusion

This is the first reported case of a patient with double pathology of low-grade appendiceal mucinous neoplasm (LAMN) and colorectal malignancy. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) is the appropriate treatment for patients with advanced-stage LAMN. The patient can be followed up using the guidelines for colorectal malignancy, along with serial PET scans to monitor both her rectosigmoid adenocarcinoma and LAMN.

Abstract ID: 186
Category: Poster,Clinical

**CASE STUDY: TRANSVERSE COLON ADENOCARCINOMA WITH POSSIBLE MUCINOUS FEATURES**

Mohd Hafiz[1], Sumaraj[1]
[1]Surgical Department, Hospital Mersing

**Aim/Objective**

The aim of this case study is to discuss the clinical features of transverse colon adenocarcinoma with possible mucinous features.

**Method**

Case of a 66 years old Malay female with underlying hypertension and dyslipidaemia with ECOG 1 status presented with abdominal mass associated with altered bowel habit, loss of weight and loss of appetite.

**Results**

Abdominal examination, palpable mass 10cm x 10cm at left hypochondriac extended to left lumbar. Proceeded with ultrasound noted left paraumbilical lesion likely arising from bowel. CT abdomen pelvis on 18/9/24, showed circumferential transverse colon wall thickening with aneurysmal dilatation with mass abuts on the left anterior abdominal wall muscle with multiple mesenteric lymph nodes. Patient then had colonoscopy on 9/10/24, scope till mass at transverse colon with histopathology biopsy sent came back as adenocarcinoma with extracellular mucin. CT thorax on 19/11/24, no evidence of lung mets.

**Conclusion**

Patient had undergone open extended right hemicolectomy with en-bloc anterior abdominal wall and small bowel resection with primary anastomosis on 24/11/24 with diagnosis of locally advanced transverse colon tumour infiltrating anterior abdominal wall and small bowel. Histopathology results still pending.

Abstract ID: 185
Category: Poster, Clinical

**RECTAL SQUAMOS CELL CARCINOMA AND PAPILLARY MESOTHELIAL TUMOR**

Nurul Nabila Bt Megat Mohamed Azmi[1], Rezal Abdul Azizi[1]
[1]University Malaya Medical Centre

**Aim/Objective**

Well-differentiated papillary mesothelial tumor (WDPMT) and synchronous rectal squamous cell carcinoma (SCC) are rare pathologies. WDPMT is usually an incidental finding during surgery performed for other conditions. In contrast, rectal SCC typically occurs in a younger age group and at an earlier stage. It is associated with proctitis, parasitic infections, a history of radiotherapy, and human papillomavirus (HPV) infection.

**Method**

Case report

**Results**

This report describes a case of a patient presenting with two rare pathologies: rectal squamous cell carcinoma (SCC) and a well-differentiated papillary mesothelial tumor. A 48-year-old gentleman was diagnosed with locally advanced rectal SCC and distant nodal metastasis. He underwent laparoscopic defunctioning stoma surgery due to impending obstruction from the rectal mass. During the procedure, multiple peritoneal nodules were identified over the right iliac fossa, suprapubic area, left iliac fossa, distal jejunum, and distal ileum, with a peritoneal cancer index (PCI) score of 5. A biopsy of the peritoneal nodule was reported as a well-differentiated papillary mesothelial tumor. A multidisciplinary team (MDT) meeting was conducted, and it was concluded that the patient is a candidate for palliative chemotherapy (paclitaxel and carboplatin) for the rectal SCC, with regular monitoring of the peritoneal papillary mesothelial tumor due to its well-differentiated nature.

**Conclusion**

Well-differentiated papillary mesothelial tumor is associated with a good prognosis; therefore, there is no role for cytoreductive surgery or systemic therapy. It is important to differentiate it from malignant mesothelioma through immunohistochemical testing. In contrast, rectal squamous cell carcinoma (SCC) is associated with a poorer prognosis compared to rectal adenocarcinoma. However, with the advent of new treatment paradigms, including chemoradiation therapy, there has been a significant improvement in overall survival.

Abstract ID: 184
Category: Poster, Research

**ROSMARINIC ACID DOWNREGULATE THE P-SMAD2/3 AND MAPK PATHWAYS TO IMPROVED MICROENVIRONMENT OF TGFB1/TGFBR1-INDUCED INFLAMMATION IN COLORECTAL CANCER**

Yungchang Wang

**Aim/Objective**

This study aims to elucidate the regulatory effects of RA on TGFB1/TGFBR1-induced metastasis and inflammation in CRC cells. It focuses on the modulation of the P-SMAD2/3 and MAPK pathways and the expression of inflammation-related genes and proteins.

**Method**

Aim 1: Evaluate the effect of RA on TGFB1 and TGFBR1 expression using qRT-PCR and Western blot analysis in CRC cell lines treated with varying RA concentrations.
Aim 2: Investigate the effect of RA on P-SMAD2/3 and MAPKs (ERK, JNK, p38) pathways through Western blot to assess phosphorylation and nuclear translocation of SMAD2/3.
Aim 3: Assess the effect of RA on inflammation-related markers, including TNF, and IL-6, using qRT-PCR, Western blot, and gelatin zymography.

**Results**

Analysis of public datasets (GSE50760, GEPIA2) revealed elevated TGFB1 and TGFBR1 expression in CRC tissues compared to normal tissues, with high expression levels correlating with poor overall and disease-free survival. Rosmarinic Acid downregulates the P-SMAD2/3 and MAPK Pathways and gene expression involved in inflammation (e.g., IL-6, TNF), and improves the microenvironment in tissue. These findings highlight the TGFB1/TGFBR1 axis as a key regulator of CRC progression and a potential therapeutic target.

**Conclusion**

Rosmarinic Acid downregulates TGFB1/TGFBR1-induced inflammation in CRC cells by modulating the P-SMAD2/3 and MAPK pathways. The findings may provide new insights into RA's molecular mechanisms and establish its potential as a complementary therapeutic agent for CRC treatment.

Abstract ID: 183
Category: Poster,Clinical

**PERFORATED APPENDICEAL DIVERTICULITIS: A RARE CAUSE OF ACUTE ABDOMEN**

Tan Xi Jin[1], Umasangar R[1]
[1]Taiping Hospital, Malaysia

**Aim/Objective**

Appendiceal diverticulosis has been reported to be uncommon, and can be classified into congenital or acquired. Appendiceal diverticulitis results from the inflammation of appendiceal diverticulum, with reported incidence ranging from 0.04% to 2.1%. We present a case of perforated appendiceal diverticulitis in a young female.

**Method**

A 35 years old lady at 27 weeks 3 days period of gestation presented with 2 days history of right sided lower abdominal pain. There was tenderness over the right lower quadrant on examination. An ultrasound abdomen was inconclusive. A provisional diagnosis of acute appendicitis was made, and patient was posted for open appendicectomy. Intraoperatively, there was pus over the right paracolic gutter and appendix was noted to be perforated over the body. Histopathological examination of the specimen was suggestive of appendiceal diverticulitis

**Results**

Appendiceal diverticulitis is rare, with its pathogenesis not fully understood. It is more common among males, patients older than 30 years of age, and associated with cystic fibrosis. Appendiceal diverticulitis are at higher risk of perforation, as in the case of our patient who had perforated appendiceal diverticulitis, and is also associated with an increased risk of concomitant appendiceal neoplasms. Diagnosis may be challenging, and is most often diagnosed on histopathology.

**Conclusion**

Appendiceal diverticulitis may mimic acute appendicitis in presentation. Diagnosis may be aided by imaging modalities. When diagnosed incidentally, appendicectomy is recommended due to the risk of perforation and associated morbidity and mortality.

Abstract ID: 182
Category: Oral,Clinical

# THE USE OF MINIMALLY INVASIVE RADIOFREQUENCY ABLATION (RAFAELO) IN MANAGING INTERNAL HAEMORRHOIDS UNDER LOCAL ANAESTHESIA AS A DAYCARE PROCEDURE: A CASE SERIES WITH LITERATURE REVIEW

Solomon Raj A/L Vasudayan[1], Dualim DM[1], Mohamed KN[1], Azmi NM[1], Azman ZA[1], Rahman NA[1]
[1]Department Of Surgery, Hospital Canselor Tuanku Muhriz (HCTM), UKM

## Aim/Objective

Internal haemorrhoids is one of the commonest anorectal diseases worldwide. Radiofrequency ablation (RFA) is a minimally invasive treatment that can be done under local anaesthesia (LA) which results in improved quality of life, faster recovery, and does not require hospital admission.

## Method

This is an observational case series involving patients who underwent RFA(RAFAELO) under LA and sedation in daycare. Haemorrhoid severity score(HSS) questionnaire given to patient before and 2 weeks after RFA. Paired T-test was used to statistically measure the symptoms and disease severity. All patients were discharged well on the same day with single analgesia and antibiotics.Five similar studies were identified in literature reviews. To our knowledge is the first reported case series in Southeast Asia Region.

## Results

Seven patients, predominantly male(57%) with a median age of 36 years(IQR21) underwent this procedure. Median pain score during procedure was 1. On average 3 columns ablated with a mean energy of 2999kJ. From the HSS, mean symptoms severity pre-RFA was 5.29±1.25 and post-RFA 1±1.29 ($t=15, df=6, p<0.0001$, CI=95%). Patient rated disease severity(0=no trouble,5= really bad) with a mean of 4.43±0.53 pre-RFA and 1.14±0.38 post-RFA ($t=17.8157, df=6, p<0001$, CI=95%). One recurrence was seen in this series.

From the literature reviews, total of 343 patients underwent RFA under LA in various centres, 73.5% were males with a mean age of 45.5. Grade 3 were 46.94%, followed by grade 2 (42.86%), grade 4 (5.71%) and grade 1(2.86%). Two studies used HSS scale. The mean symptom severity (n=74) was 6.86±1.509 pre-RFA and improved significantly to 1.05±0.05 post-RFA ($t=6.898, df2, p=0.02$, CI=95%). 12.8% complications reported, commonly minor bleed and pain not requiring admission, and 9.69% recurrence."

## Conclusion

RFA is minimally invasive, less painful, safe procedure with minimal complication that can be done for grade 2 and 3 internal haemorrhoid with LA and sedation under daycare which has yielded good outcome for patients.

Abstract ID: 179
Category: Poster,Clinical

# CLINICAL OUTCOMES OF DUAL HANDLING VERSUS SINGLE HANDLING OF ARTISENTIAL® IN LAPAROSCOPIC VENTRAL RECTOPEXY

Chul Seung Lee[1], Choi Youngsun[1]
[1]Department Of Colorectal Surgery, Hansol Hospital, Seoul, Korea

## Aim/Objective

Laparoscopic ventral mesh rectopexy (LVR) is gaining wider acceptance as the preferred procedure to correct internal as well as external rectal prolapse associated with obstructed defecation syndrome and/or fecal incontinence. Patients with rectal prolapse may have anatomical structural changes or perineal descent, making laparoscopic distal rectal dissection and suturing technically difficult, even for experienced surgeons. To overcome these technical challenges, the use of ArtiSential® for LVR has been increasing recently. However, the effectiveness of using dual-handling ArtiSential®(DHA) for LVR has not been widely reported yet. The objective of this study was to compare perioperative outcomes between LVR using DHA and single-handling ArtiSential®(SHA) for rectal prolapse.

## Method

"This study is a single-center retrospective study and collected data from patients who underwent LVR with DHA for rectal prolapse from April 2024 to November 2024. The patients' age, gender, BMI, ASA, previous surgical history, number of trocars, operation time, recurrence, complications, and length of hospital stay were retrospectively analyzed.
All patients had symptomatic rectal prolapse and underwent physical examination, abdomen-pelvic computed tomography, defecography, and sigmoidoscopy. LVR was performed in the lithotripsy position. The surgery was performed using the ArtiSential®, but the surgical procedure was identical to conventional LVR. During the surgical procedure, the DHA group used the ArtiSential® grasper and the ArtiSential® spatula in dual hands. The SHA group(group2) used only the ArtiSential® grasper."

## Results

Between April 2023 and November 2024, a total of 41 patients were enrolled in this study. Twenty patients underwent DHA and 21 patients underwent SHA. Of these participants, 75% were female, and the mean age was 62.7 years. The mean body mass index (BMI) was recorded as 22.2. According to the ASA classification, the participants were classified as follows: 25% in class 1, 60% in class 2, and 15% in class 3. Hypertension was present in 60% of the participants, while diabetes and hyperlipidemia were observed in 15% and 25%, respectively. The median operative time was significantly reduced in the DHA group (91.2±19.8 vs. 140.2±39.6, $p<0.001$). There was no significant difference in the length of hospital stay after surgery between the two groups (2.8±1.3 vs. 3.1±1.2; $p=0.534$). No severe complications were observed in either group. No severe complications were observed in either group, and no patient was readmitted within 3 months after surgery.

## Conclusion

Dual handling ArtiSential® (DHA) for LVR had a shorter operative time than SHA. It achieved favorable postoperative outcomes and is a safe method. Future large-scale evaluations and long-term results are needed to confirm the effectiveness of DHA for LVR.

Abstract ID: 178
Category: Oral, Research

**TRANSANAL MESORECTAL EXCISION: EARLY OUTCOMES IN AUSTRALIA AND NEW ZEALAND**

Steve Lau, Joseph Kong, Stephen Bell, Alexander Heriot, Andrew Stevenson, Jayson Moloney, Julian Hayes, Arend Merrie, Timothy Eglinton, Glenn Guest, David Clark, Satish Warrier
Department Of Surgery, University Hospital Geelong, Geelong, Victoria, Australia
Division Of Cancer Surgery, Peter Maccallum Cancer Centre, Melbourne, Victoria, Australia
Department Of Surgery, Alfred Hospital, Melbourne, Victoria, Australia
Department Of Surgery, Royal Brisbane Hospital, Herston, Queensland, Australia
Department Of Surgery, Auckland City Hospital, Auckland, New Zealand
Department Of Surgery, University Of Otago, Christchurch, New Zealand

**Aim/Objective**
Assess short-term surgical outcomes and intermediate-term oncological outcomes of transanal total mesorectal excision (taTME) across Australia and New Zealand

**Method**
Multicentre prospective study of all consecutive patients who had taTME for rectal cancer from July 2014 to February 2020 at six tertiary referral centres in Australasia were recorded and analysed.

**Results**
A total of 308 patients of median age of 64 years underwent taTME. Some 75.6 per cent of patients were men, and the median BMI was 26.8 kg/m2. The median distance of tumour from anal verge was 7 cm. Neoadjuvant chemoradiotherapy was administered to 57.8 per cent of patients. The anastomotic leak rate was 8.1 per cent and there was no mortality within 30 days of surgery. Pathological examination found a complete mesorectum in 295 patients (95.8 per cent), a near-complete mesorectum in seven patients (2.3 per cent), and an incomplete mesorectum in six patients (1.9 per cent). The circumferential resection margin and distal resection margin was involved in nine patients (2.9 per cent), and two patients (0.6 per cent) respectively. Over a median follow-up of 22 months, the local recurrence rate was 1.9 per cent and median time to local recurrence was 30.5 months.

**Conclusion**
This study showed that, with appropriate training and supervision, skilled minimally invasive rectal cancer surgeons can perform taTME with similar pathological and oncological results to open and laparoscopic surgery.

Abstract ID: 177
Category: Oral, Other

# DEVICE DEVELOPMENT AND REGULATORY COMPLIANCE FOR BIOFEEDBACK THERAPY

Yuji Nishizawa[1]
[1]National Cancer Center Hospital East

## Aim/Objective

In recent years, cybersecurity measures have become a critical aspect of regulatory approval in medical device development. This applies to devices that may connect to network environments, including those used in surgical and diagnostic applications. The biofeedback(BF) devices we are developing are also subject to cybersecurity.
BF therapy for fecal incontinence is a type of pelvic floor rehabilitation that uses engineering-based devices to effectively guide pelvic floor muscle training. In order to promote BF therapy, we are developing highly functional and easy-to-use equipment.

## Method

During development, it became necessary to remove noise from the electromyography components, which required additional regulatory compliance measures. Furthermore, as the device falls under the category of medical devices with potential network connectivity, cybersecurity measures had to be implemented. Cybersecurity compliance must be addressed throughout the entire development and operations process.

## Results

Following regulatory approval, the device is now available for clinical use. Cybersecurity measures were required for managing patient data. The probe inserted into the anus is disposable, which has the advantage of being hygienic.
We will explain the current status of BF therapy in Japan and the contribution of this device to the widespread treatment of fecal incontinence.

## Conclusion

We reported on regulatory approval for medical device development and the development of BF therapy equipment.

Abstract ID: 176
Category: Poster, Clinical

**CHRONIC COLITIS MASQUERADING AS GASTROINTESTINAL TUBERCULOSIS**

Khalis Wan[1], Thee Li Jie[1]
[1]Hospital Sultanah Bahiyah, Alor Setar

**Aim/Objective**

Crohn's disease colitis and intestinal tuberculosis are two inflammatory conditions of the gastrointestinal tract that can present with overlapping symptoms, complicating diagnosis and management. In regions where tuberculosis is endemic, distinguishing between these two conditions is particularly challenging.

**Method**

We present a case of a 42 years old lady with a complex clinical history characterized by intermittent abdominal pain, severe vomiting, and significant weight loss, culminating in a diagnosis of Crohn's disease complicated by intestinal tuberculosis. The patient reported abdominal pain since December 2022, accompanied by episodes of vomiting exceeding ten times daily, reduced appetite, and lethargy, leading to a weight decrease from 64 kg to 54 kg by May 2023. Initial imaging via CECT abdomen and pelvis on June 22, 2023, revealed circumferential bowel wall thickening at the distal ileum, suggestive of ileitis, alongside infective lung changes. A colonoscopy performed on August 6, 2023, identified edematous lesions, and biopsies confirmed caseating granulomatous colitis, highly suggestive of Mycobacterium tuberculosis infection. Despite a six-month anti-TB treatment, the patient exhibited poor response, with persistent urinary tract infection symptoms. Subsequent colonoscopies revealed a distal stricture with ulcerated areas and a fistulous opening, leading to a diagnosis of Crohn's disease with superimposed tuberculosis. She underwent a limited right hemicolectomy and sigmoid colectomy, was performed on April 1, 2024. Histopathological examination post-surgery indicated chronic active colitis, diverticulitis, and colitis cystica profunda, with no evidence of mycobacterial infection.

**Results**

**Conclusion**

This case underscores the diagnostic challenges in differentiating between Chronic Colitis, Crohn's disease and intestinal tuberculosis, particularly in endemic regions, and highlights the need for comprehensive clinical, radiological, and histopathological correlation to guide effective management strategies.

Abstract ID: 175
Category: Poster, Clinical

**THE CANCER IN DISGUISE: MALIGNANT TUMOUR IN THE RECTUM SIMULATING SOLITARY RECTAL ULCER IN ENDOSCOPIC BIOPSIES**

Ng Yu Xuan[1,2]
[1]University Kebangsaan Malaysia, UKM
[2]General Surgery Department, Htar, Klang

**Aim/Objective**

Solitary Rectal Ulcer Syndrome (SRUS) is a rare disorder typically presenting with rectal bleeding and mucosal ulceration. It is often mistaken for malignancy, particularly when presenting as a mass. The occurrence of malignancy underlying SRUS is under-reported, and clinicians should be cautious when managing such cases, as malignancy may be missed despite histopathological evidence of SRUS. This report describes a case of an elderly patient diagnosed with SRUS that was ultimately found to be rectal adenocarcinoma after persistent symptoms and multiple biopsies.

**Method**

A 67-year-old man with chronic constipation and a history of digital evacuation presented with rectal bleeding and severe anemia (Hb 3.5 g/dL). Colonoscopy revealed a rectal tumor, and biopsies showed SRUS. Despite five repeat biopsies over three months confirming SRUS, the patient's symptoms, including persistent anemia, did not improve with conservative treatments (stool softeners, corticosteroids, mesalazine enemas). Due to ongoing bleeding and unresponsiveness to treatment, an oncological anterior resection was performed. Post-operative histopathology revealed adenocarcinoma of the rectum, with no distant metastasis on CT staging. The patient is now undergoing adjuvant chemotherapy with a positive response.

**Results**

SRUS typically occurs due to rectal prolapse or trauma, but it can clinically mimic malignancy. In elderly patients, the risk of malignancy should remain a key consideration, especially when clinical symptoms persist. This case highlights the challenge of distinguishing SRUS from cancer. Studies have shown that malignancy can be misinterpreted as SRUS in some cases, underscoring the need for repeated biopsies and a high index of suspicion in elderly patients with rectal masses.

**Conclusion**

This case emphasizes the importance of maintaining vigilance in diagnosing rectal malignancies. When SRUS is unresponsive to conservative treatment, clinicians should consider repeat biopsies and explore surgical options to rule out malignancy.

Abstract ID: 173
Category: Poster, Clinical

**UNTANGLING THE TWIST": SUCCESSFUL CAECOPEXY AS CAECAL VOLVULUS MANAGEMENT**

Visalakshi Ramanathan[1], Nurfariza Binti Che Husin[1], Kumaran Kanniappan[1], Lai Chung Ket[1]
Mohamad Nazri Bin Munawar Khan[2]
[1]Department Of General Surgery, Hospital Duchess Of Kent, Sandakan, Sabah
[2]Department Of Radiology, Hospital Duchess Of Kent, Sandakan, Sabah

**Aim/Objective**

Presenting a rare surgical emergency case of caecal volvulus that was successfully diagnosed and managed via caecopexy.

**Method**

We are presenting a rare surgical emergency case and our experience in managing a caecal volvulus (CV). A 60-year-old gentleman presented with abdominal pain and loose stools, hence he was diagnosed with acute gastroenteritis. On the 4th day of illness, he complained of abdominal pain, distension, and disrupted bowel functions. Upon examination, the abdomen was soft but distended with slow bowel movements. An abdominal x-ray showed fecal-loaded without intestinal dilatation. A distended and inverted caecum with two transitional points confirming CV was seen on further CT imaging. The patient underwent emergency exploratory laparotomy, where viable caecum was observed with a 360-degree twist. Detorsion was performed, followed by decompression of distal colon and caecopexy to the posterolateral of abdominal wall.

**Results**

Post operatively, the patient had a slow but good recovery, with return of bowel functions on the 4th day. Subsequently, he was discharged well. A follow-up assessment showed no recurrence symptoms.

**Conclusion**

Due to its unique presentation and rare occurrence, caecal volvulus poses a significant diagnostic and therapeutic challenge. Prompt diagnosis and timely surgical intervention are important to ensure better outcomes to prevent serious complications. The successful management of caecal volvulus using caecopexy is demonstrated in this case study, proving effectiveness of caecopexy in stabilizing the caecum. Other surgical options include caecectomy and right colectomy, depending on surgeon preference.

Abstract ID: 171
Category: Poster, Clinical

# MANAGING PERITONEAL MALIGNANCY WITHOUT AN IN-HOUSE PERITONEAL SURFACE SURGEON: OUR EXPERIENCE IN HOSPITAL RAJA PEREMPUAN ZAINAB II

Ns Rizan[1], N Baharuddin[1]
[1]Colorectal Unit, Department Of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

## Aim/Objective

The importance to have a high index of suspicion to correctly diagnose PMP and identify its primary.

## Method

A patient with underlying ovarian cancer presented with constipation. CT abdomen pelvis showed rectosigmoid stricture due to external compression and cystic mass with fibrosis, peritoneal nodules and thickening with fibrosis at sigmoid. Colonoscopy revealed rectosigmoid stricture due to external compression.

## Results

Our case shows that CRS HIPEC can be performed outside dedicated CRS HIPEC centre. Case selection and training of involved personnel are important.

## Conclusion

This case series aims to highlight the importance to have a high index of suspicion to correctly diagnose PMP and identify its primary. CRS-HIPEC remains to be the optimal management of PMP and other peritoneal surface malignancies. In select cases and with a dedicated managing team, CRS-HIPEC can be performed safely outside of specialized centres.

Abstract ID: 170
Category: Oral, Research

**COMPARATIVE STUDY OF EXISTING ANAL FISTULA CLASSIFICATIONS AND SURGICAL TREATMENT FAILURE: WHICH CLASSIFICATION IS THE BEST?**

Issareeya Anugulprasert MD[1], Varut Lohsiriwat MD PhD[1]
[1]Colorectal Surgery Unit, Division Of General Surgery, Faculty Of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand

**Aim/Objective**
Various classifications are used to define characteristics of anal fistula tract related to the anal sphincter. This study aims to compare the correlation of treatment failure among well-known Park's classification, MRI-based St. James University Hospital (SJUH) classification, LIFT-based classification and newly-proposed Garg's classification.

**Method**
A prospectively collected database of consecutive patients with cryptoglandular anal fistula operated on by a single colorectal surgeon at the largest university hospital in Thailand from 2011 to 2023 was analyzed. Preoperative imaging and intraoperative findings were used to classify fistulas according to Park's, SJUH, LIFT-based, and Garg's classifications. Treatment failure included unhealed fistula and recurrent fistula after surgery.

**Results**
This study included 408 patients with average age of 44 years and 79% were male. Based on Park's classification, fistula types were intersphincteric (10%), transsphincteric (86%), suprasphincteric (4%) and extrasphincteric (0.25%). The SJUH's classification identified Grade I (11%), Grade II (9%), Grade III (55%), Grade IV (21%), and Grade V (4%). The LIFT-based classification had intersphincteric (13%), low transsphincteric (13%), anterior high transsphincteric (37%), posterior high transsphincteric (29%) and any fistula with high intersphincteric extension (5%). Notably, there were 12 patients (2.94%) with lateral high transsphincteric fistulas which could not be classified into any categories according to this classification. Garg's classification yielded Grade I (45%), Grade II (11%), Grade III (22%), Grade IV (18%), and Grade V (4%). With a median follow-up of 23 months (IQR 12–45), treatment failure occurred in 58 patients (14%). LIFT-based and Parks classifications had a greater correlation between treatment failure and fistula grading than that of SJUH and Garg's classification (R-Squared = 0.94, 0.79, 0.67 and 0.42, respectively).

**Conclusion**
This study underscores the variability in fistula-in-ano classification systems and their correlation with treatment outcomes. LIFT-based and Parks classifications were more accurate in predicting treatment failure.

Abstract ID: 169
Category: Poster, Research

# OUTCOMES FOLLOWING CLINICAL AND PATHOLOGICAL COMPLETE RESPONSE AFTER NEOADJUVANT CHEMORADIOTHERAPY FOR RECTAL CANCER: IMPLICATIONS FOR ORGAN PRESERVATION

Alexander Armanios[1,2], Samanatha Jamin[3], Emmanuel Eguare[1], Henry Yoo[2], Gene Lim[1], Ellen Maclean[1], Mary Teoh[1], Munyaradzi Nyandoro[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
Locally advanced rectal cancer is conventionally treated with neoadjuvant chemoradiotherapy (nCRT) and total mesorectal excision; a procedure associated with significant bowel dysfunction. Patients who have a clinical complete response (cCR) following nCRT may be eligible for organ preservation, though this approach remains controversial. This study sought to investigate the relationship between cCR and pathological complete response (pCR) and quantify their effects on oncological outcomes.

**Method**
A retrospective cohort study was conducted on all rectal cancer patients treated with nCRT and TME at a tertiary teaching hospital in Western Australia from 2004 to 2022. Patients with stage IV disease at diagnosis were excluded.

**Results**
327 patients were included, 67.9% (n=222) of which were male. Median age and BMI were 63 (IQR=15) and 27.5 (IQR=6.9), respectively. Overall 5-year recurrence-free survival (RFS) was 69.3% (n=174), with a recurrence rate of 27.1% (n=68). pCR was observed in 16.2% (n=53) of cases. Of the 257 patients with clinical response data, 11.6% (n=38) had cCR while 68.9% (n=177) had partial cCR.
Baseline characteristics, including initial staging, were comparable between groups. pCR was more strongly associated with 5-year RFS on univariate analysis (92.5%, $p<0.001$), than cCR (83.3%, $p=0.017$) or partial cCR (61.5%, $p=0.053$).
cCR was positively correlated with pCR (coefficient 0.38, $p<0.001$), though a notable 44.7% (n=17) of patients with cCR did not have pCR. 58.9% (n=10) of these patients with occult residual disease went on to require adjuvant chemotherapy. Interestingly, 12.4% (n=22) of those with only partial cCR were ultimately found to have pCR.

**Conclusion**
These results demonstrate that both cCR and pCR are strong predictors of RFS. However, they also highlight the limitations of utilising cCR alone to identify candidates for organ preservation.

Abstract ID: 168
Category: Poster, Research

**DEFUNCTIONING LOOP ILEOSTOMY FORMATION AFTER TOTAL MESORECTAL EXCISION FOR RECTAL CANCER: AN 18-YEAR EXPERIENCE**

Alexander Armanios[1], Munyaradzi Nyandoro[1,2], Ellen Maclean[1], Samanatha Jamin[3], Gene Lim[1], Emmanuel Eguare[1], Henry Yoo[2], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
The use of defunctioning loop ileostomy (DLI) during total mesorectal excision (TME) for rectal cancer with primary anastomosis remains controversial. DLI rates in Australia vary geographically. This study aimed to assess the local use of DLI in rectal cancer surgery.

**Method**
This retrospective cohort study examined rectal cancer patients undergoing TME following neoadjuvant chemoradiotherapy (nCRT) with primary anastomosis at two metropolitan hospitals from 2004 to 2022. The primary outcome was the rate of DLI formation during the index operation. Data was analysed in SPSS ver.29.

**Results**
Of 327 participants who underwent TME after nCRT (67.9% male; mean age 62.6±11.7 years), DLI was formed in 206 (63.0%). The annual DLI rates were consistent. No significant differences were found in the demographics, co-morbidities, or tumour sites between participants with and without DLI. However, DLI formation was more likely in ultra-low anterior resection (ULAR) compared to low anterior resection (72.2% vs 97%, $p<0.001$). DLI was linked to a more extended inpatient stay (8 vs 6 days, $p=0.027$) and increased time between nCRT and surgery (51.5 vs 35 days, $p=0.019$). Notably, there were no significant differences in mean recurrence-free or overall survival. The post-DLI reversal anastomotic leak and incisional hernia rates were 6.5% and 7.6%, respectively.

**Conclusion**
In this study, a DLI was formed in two-thirds of the participants and at a steady rate. DLI was significantly associated with a ULAR, which is a higher-risk anastomosis. DLI is associated with increased morbidity; therefore, a tailored and individualised application is advocated.

Abstract ID: 167
Category: Poster, Research

**WHAT ARE THE SHORT AND LONG-TERM IMPLICATIONS OF CLINICAL UNDERSTAGING IN STRAIGHT-TO-SURGERY RECTAL CANCER PATIENTS?**

Alexander Armanios[1], Munyaradzi Nyandoro[1,2], Ellen Maclean[1], Samanatha Jamin[3], Gene Lim[1], Emmanuel Eguare[1], Henry Yoo[2], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
In early rectal cancer, upfront surgery with total mesorectal excision (TME) is the standard care. Clinical staging with MRI has a 61% - 87% sensitivity to detect T3/4 and nodal disease, for which neoadjuvant chemoradiotherapy (nCRT) is indicated. Understaged patients may, therefore, miss out on standard of care treatment. This study investigates the short and long-term implications of understaging on recurrence and survival rates.

**Method**
A retrospective cohort study was conducted on rectal cancer patients undergoing TME without nCRT at a tertiary centre from 2004 to 2022. Clinically understaged participants with pathological stage III disease were compared to appropriately staged clinical stage III patients who received nCRT. Clinicopathological data was collected and analysed using SPSS ver.29.

**Results**
304 participants (60.5% male; mean age 67.8 ± 12 years) were included. Among them, 102 (34%) were preoperatively understaged (AJCC combined staging), with a lower proportion of males (46.1%, $p<0.001$). About a fifth of the understaged patients did not complete adjuvant therapy. In comparison to appropriately staged (TME only) participants, the overall recurrence was higher in understaged patients (20.6% vs. 10.4%, $p=0.006$), as was cancer-specific mortality (15.7% vs. 7.9%, $p=0.004$). Compared to appropriately staged pathological stage III participants, understaged patients had higher recurrence (53.6% vs. 32.6%, $p=0.001$) and cancer-related mortality (35.7% vs. 22.1%, $p=0.003$).

**Conclusion**
One-third of patients undergoing upfront TME resection for rectal cancer had undetected T3/4 or nodal disease, leading to higher overall recurrence and cancer-specific mortality, a cautionary tale on the shortfalls of clinical staging.

Abstract ID: 166
Category: Poster, Research

**PROGNOSTIC SIGNIFICANCE OF RADIOLOGICALLY DETECTED PELVIC LATERAL LYMPH NODE IN RECTAL CANCER TREATED WITH NCRT AND TME**

Munyaradzi Nyandoro[1,2],Samanatha Jamin[3], Alexander Armanios[1], Henry Yoo[2], Gene Lim[1], Emmanuel Eguare[1], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
Pelvic lateral lymph node (PLLN) metastasis in rectal cancer presents a treatment challenge, and its prognostic significance is still unclear. With the advent of neoadjuvant therapies, the practice of lateral lymph node dissection (LLND) has varied globally. This study evaluates the long-term outcomes of patients treated with neoadjuvant chemoradiotherapy (nCRT) and total mesorectal excision (TME) without LLND, comparing those with (LLN+) and without (LLN-) radiologically detected LLN metastasis.

**Method**
A retrospective tertiary centre cohort study included rectal cancer participants treated with nCRT and TME from 2004 to 2022. Stage IV disease was excluded. LLN metastasis was defined as enlarged LLN on pre-treatment staging MRI (LLN+). Differences in oncological characteristics, survival, and recurrence outcomes were compared between LLN+ and LLN- groups. All data was analysed using SPSS ver.29.

**Results**
Of 327 participants, 4.6% (n=15) were LLN+. LLN+ patients were also associated with higher rates of extramural venous invasion (40% vs 16%, p=0.016) and usually more than one high-risk feature was reported on the MRI (p<0.001). There was a positive correlation between LLN+ and MRI-stage III disease (p<0.001), while LLN- was correlated with favourable MRI staging (stage I, p=0.048; stage II, p=0.047). No significant differences were noted in the local, distant recurrence or overall survival between LLN+ and LLN- patients.

**Conclusion**
In this study, pre-op staging MRI accurately excluded LLN metastasis in MRI-stage I-II rectal cancer. For MRI-stage III disease and beyond, careful assessment of LLN status is warranted. Despite higher-risk features in LLN+ patients, LLN involvement did not significantly impact long-term outcomes of local or distant recurrence rates or overall survival, suggesting adequate management of LLN+ with appropriate neoadjuvant therapy followed by good oncologic TME surgery without the necessity of lateral lymph node dissection.

Abstract ID: 165
Category: Poster, Research

# COLORECTAL ANASTOMOTIC LEAK AND RISK FACTORS IN A POST NEOADJUVANT AND TOTAL MESORECTUM EXCISION FOR RECTAL CANCER COHORT

Munyaradzi Nyandoro[1,2], Samanatha Jamin[3], Henry Yoo[2], Emmanuel Eguare[1], Alexander Armanios[1], Gene Lim[1], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
An anastomotic leak is a dreaded complication that is associated with significant morbidity. It is also associated with increased mortality and poorer oncological outcomes. The incidence of anastomotic leak after a neoadjuvant therapy followed by total mesorectum excision for rectal cancer varies internationally. This study evaluated the regional incidence of anastomotic leak and the associated recurrence and survival outcomes.

**Method**
A retrospective cohort study was conducted on locally advanced rectal cancer participants who underwent a total mesorectal excision + primary anastomosis between 2004 and 2023. A standardised criteria was used to diagnose an anastomotic leak, and the incidence was analysed along with clinicopathological data to identify associated risk factors using SPSS ver. 29.

**Results**
Three hundred and twenty-seven participants were included [67.9% male, mean age of 62.6 (SD11.7), median BMI=27.5 (IQR=6.9)]. The anastomotic leak rate was 9.8%, n=32. Smoking history was significantly associated with a higher leak rate than never-smokers (13.3% vs 5.4%, p=0.017); a dose-dependent relationship was observed with increasing pack-years and anastomotic leak rate (p=0.002). Contrary to previous studies, the interval between neoadjuvant chemoradiotherapy and surgery did not significantly influence leak rates (p=0.228). An anastomotic leak did not negatively impact the recurrence-free survival (p=0.814) and overall survival (p=0.482).

**Conclusion**
This study's anastomotic leak rate was consistent with published literature. The leaks did not negatively affect the overall or cancer-free survival. However, smoking history was associated with higher leak rates. In the setting of neoadjuvant therapy, an opportunistic window before surgery exists to modify the risk by implementing lifestyle changes.

Abstract ID: 164
Category: Poster, Clinical

# YOUNG COLORECTAL CANCER IN A TERTIARY UNIVERSITY HOSPITAL, A CASE CONTROL STUDY

Mohammad Zaki Mohamad Shukri[1], Thania Mohd Radzuan[1], Mohd Firdaus Che Ani[1], Siti Mayuha Rusli[1], Mohd Fadhil Ahmad Nazlan[1]
[1]Department Of Surgery, Hospital Alsultan Abdullah, Uitm Puncak Alam, Selangor

**Aim/Objective**
Colorectal cancer (CRC) is traditionally considered a disease of the elderly. However, a concerning rise in CRC incidence has been observed among younger populations in Malaysia.

**Method**
This case-control study presents a series of seven cases of CRC diagnosed in patients under the age of 50 years at our center between 2022 and 2024.

**Results**
The median age at diagnosis was 42 years, with a male predominance (85%). The most common presenting symptoms were bowel obstruction (5 patients), anemia and rectal bleeding (2 patients), and a combination of both (1 patient). Surgical intervention was required in all cases, with three patients undergoing emergency surgery and four undergoing elective surgery. Postoperatively, complications included anastomotic leak (3 patients) and ileus (2 patients). Initial CT imaging revealed distant metastases in six of the seven patients.

**Conclusion**
This study highlights the challenges of diagnosing and managing CRC in young adults and emphasizes the importance of early detection and timely intervention to improve patient outcomes.

Abstract ID: 163
Category: APFCP Video, Research

# RECTAL CANCER: A REVIEW OF PREDICTORS OF 5-YEAR RECURRENCE FREE SURVIVAL OUTCOMES

Munyaradzi Nyandoro[1,2],Alexander Armanios[1], Ellen Maclean[1], Samanatha Jamin[3], Gene Lim[1], Emmanuel Eguare[1], Henry Yoo[2], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
Total mesorectal excision (TME) with neoadjuvant chemoradiotherapy (nCRT) remains the standard of care for locally advanced rectal cancer (LARC). This study aimed to look at 5-year recurrence-free survival (RFS) post-nCRT + TME and explore the relationship and association of clinical/pathological staging and tumour regression grade (TRG).

**Method**
A retrospective cohort study was conducted on all rectal cancer participants treated with NCRT and TME at a tertiary teaching hospital in Australia from 2005 to 2022. Participants with stage IV disease were excluded.

**Results**
327 participants were included, with a median age of 63 (IQR=15) and a median BMI of 27.5 (IQR=6.9). The median time from nCRT completion to surgery was 55 days (IQR=35). The most common nCRT regimen was a long course (70.3%), and the overall nCRT completion rate was 99.1%.

The 5-year RFS was 69.3%. Pathological staging ($p < 0.001$) and TRG ($p < 0.001$) were significant predictors of 5-year RFS, while clinical staging was a poor predictor ($p=0.197$). However, interestingly, clinical stage 2 disease had a lower RFS of 59.6% compared to stage 3 (72.1%).

Cox regression analysis adjusting for significant univariate factors and other potential confounders found that TRG ($p<0.001$), pathological staging ($p=0.001$), and clear circumferential resection margins (CRM) ($p=0.003$) were independent predictors of 5-year RFS. Local and distant recurrence rates and cancer-specific mortality correlated well with pathological stage and TRG.

**Conclusion**
The overall 5-year RFS was 69.3%. This study showed that tumour regression grade, pathological staging, and clear CRM were good independent predictors of RFS. While not a good predictor, radiological clinical staging highlights a cautionary tale for the approach to clinical stage 2 cancers, an interesting observation that needs to be addressed in future studies.

Abstract ID: 162
Category: Oral, Clinical

# NINETEEN CASES REVIEW OF LASER CLOSURE OF FISTULA IN ANO IN HOSPITAL KUALA LUMPUR

Chew Chee Hooi[1], Tan Jih Huei[1], Sentilnathan Subramaniam[1], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1]
[1]Colorectal Surgery Unit, Department Of General Surgery, Hospital Kuala Lumpur

**Aim/Objective**
Laser closure for fistula in ano is a relatively new technique in fistula surgery, and its healing outcomes vary across the literature. Available local studies are limited to university settings. Therefore, we aim to explore the outcomes of this surgery in a Ministry of Health public hospital.

**Method**
We retrospectively reviewed the outcomes of laser surgery for fistula in ano at Hospital Kuala Lumpur (HKL). The surgeries were performed by colorectal surgeons between August 2022 and September 2024. We excluded patients with anal fistulas due to Crohn's disease and those with follow-up of less than 3 months. Data collected included demographics, comorbidities, the number of proctological procedures, symptom resolution (i.e., closure rate), incontinence outcomes, and the need for repeat interventions. The laser procedures were performed using the Biolitec laser fistula probe with radial emitting energy.

**Results**
A total of 19 cases of fistula in ano were reviewed. The types of anal fistulas were classified based on MRI findings as follows: James grade 1 (2 cases, 10.5%), grade 2 (6 cases, 31.6%), grade 3 (4 cases, 21.1%), grade 4 (6 cases, 31.6%), and grade 5 (1 case, 5.3%). According to the Arun classification, the distribution was: 3 low transsphincteric, 5 low intersphincteric, 6 posterior transsphincteric, 2 anterior transsphincteric, and 3 high intersphincteric.
Fifteen patients had previously undergone perianal abscess drainage with or without seton placement. Symptom resolution was achieved in 15 patients, resulting in a 78.9% success rate with at least 6 months of follow-up. Four patients experienced persistent symptoms, and only one required re-intervention (re-intervention rate ~5.2%). These 4 patients included 3 with high transsphincteric (grade 4) fistulas and 1 with a low intersphincteric (grade 2) fistula. There were no immediate complications or cases of incontinence.

**Conclusion**
This series reveals that laser closure of anal fistulas achieves a good rate of symptom resolution (78.9%) with a low re-intervention rate (5.2%). There were no immediate complications or incontinence. We conclude that laser closure of fistula in ano is a safe procedure with efficacy comparable to other anal fistula treatments.

Abstract ID: 161
Category: Poster, Clinical

# ENDOSCOPIC AXIOS STENT FOR SEVERE ANASTOMOTIC STRICTURE FOLLOWING SIGMOID COLECTOMY FOR COLOVESICAL FISTULA

Chew Chee Hooi[1], Tan Jih Huei[1], Sentilnathan Subramaniam[1], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1]
[1]Colorectal Unit, Department Of General Surgery, Hospital Kuala Lumpur

## Aim/Objective

To present an alternative approach for managing colocolic anastomotic stricture and its outcomes.

## Method

A 62-year-old man presented with altered bowel habits, lower abdominal pain, and fecaluria for one week prior to presentation. He had a history of hypertension, hypercholesterolemia, and sick sinus syndrome requiring a pacemaker. Clinically, his abdomen was soft. A CT scan of the abdomen and pelvis revealed ruptured sigmoid diverticulitis with adjacent pelvic and lower abdominal abscesses. A laparotomy was performed, which revealed a thickened sigmoid colon adhered to the bladder dome with intraperitoneal pus. A peritoneal washout and transverse colostomy were performed. Cystoscopy revealed a bladder dome fistula opening. Intraoperative cultures grew E. coli, and the patient gradually recovered from sepsis. Colonoscopy showed multiple sigmoid diverticulae. He underwent an interval sigmoid colectomy with partial cystectomy and histology confirmed diverticular fistulation.

## Results

A follow-up colonoscopy three months later, prior to colostomy closure, revealed a pinpoint anastomotic stricture A slim scope successfully passed a 0.035-inch guidewire, and was railroaded with a straight endoscopic tandem catheter. Contrast was injected to confirm position of the wire within the colonic lumen and to delineate the length of the stricture. A 20 x 10 mm Axios self-expandable metallic stent was deployed across the stricture under fluoroscopy and endoscopic guidance. Post stenting, endoscopic assessment of stent position and proximal colon was performed. A repeat sigmoidoscopy at one month showed the stent in situ, with the stricture resolved. The stent was removed endoscopically and stoma reversed two weeks later. Subsequent colonoscopy at one year later showed no recurrence.

## Conclusion

In cases of total or near-total occlusion of short-segment anastomotic strictures, Axios stent placement is a safe and feasible option besides the conventional balloon or savary gilliard dilation as it reduces the number of interventions required to achieve resolution, which in turn justifies the additional cost involved. Axios is superior to conventional colonic stents as it provides increased radial force to treat these fibrotic strictures.

Abstract ID: 160
Category: Poster, Clinical

# EXENTERATIVE SURGERY FOR RECURRENT COLORECTAL CANCER WITH ILIAC VESSEL RESECTION: A SERIES OF FOUR CASES

Chew Chee Hooi[1], Tan Jih Huei[1], Sentilnathan Subramaniam[1], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1], Zahari Othman[1], Putera Mas Pian[1], Hanif Hussein[1]
[1]Department Of General Surgery, Hospital Kuala Lumpur

## Aim/Objective

Colorectal cancer involving blood vessels is traditionally considered irresectable. However, advances in systemic oncology treatments have led to improved survival in patients with locally advanced disease involving vessels, without distant metastasis. This has challenged the limits of resectability. We report four cases of locally advanced recurrent colorectal cancer involving iliac vessels, including their histological findings and early outcomes.

## Method

We included four patients who underwent tumor exenteration with iliac vessel resection at Hospital Kuala Lumpur between June 2022 and October 2024. A multidisciplinary team, including oncologists, radiologists, vascular surgeons, and colorectal surgeons, discussed each case preoperatively. The data collected includes demographics, clinical course, and short-term outcomes.

## Results

The series included 2 recurrent colon cancers, 1 recurrent appendiceal cancer, and 1 recurrent rectal cancer. The iliac vessels involved were two right external iliac arteries, one left external iliac artery, one left common iliac artery, right external iliac veins, left internal iliac vein, and obturator vein. All patients underwent intraoperative femoral-to-femoral crossover bypass using PTFE grafts before vessel resection. For the veins, ligation, hemostatic patch, and compression were applied. Extended resections involved gynecological and urological procedures, including hysterectomy and nephrectomy. Histology showed R0 resection for all cases.

Among the patients, only the rectal cancer case had prior radiation therapy. Two colon cancer patients had prior chemotherapy, while the appendiceal cancer patient had not received chemotherapy. Postoperative complications included intra-abdominal collections, bleeding requiring transfusion and embolization, and a small bowel fistula. The average hospital stay was one month, with one patient staying five months due to intestinal failure. There were no in-hospital mortalities; however, one patient died three months post-surgery due to liver metastasis and portal vein thrombosis.

## Conclusion

Locally advanced recurrent colorectal cancer with iliac vessel involvement may be resectable with appropriate multidisciplinary management, achieving good oncologic outcomes and preventing limb loss.

Abstract ID: 159
Category: Oral, Clinical

**DOES OMENTOPLASTY CONTAIN ANASTOMOTIC LEAK IN ANTERIOR RESECTION?**

Sheih Nee Loke[1,2], Owen Ngu[2] , Kenneth Voon[2] , Aini Fahriza[2,3] , Wan Mokhter[1]
[1]Universiti Sains Malaysia, Kubang Kerian, Malaysia
[2]Hospital Umum Sarawak, Kuching, Malaysia
[3]Universiti Malaysia Sarawak, Kuching, Malaysia

**Aim/Objective**
Omentoplasty (OP) involves wrapping gastrointestinal anastomoses in a well-vascularized omentum. It acts as an adherent sleeve that plugs or locally contains early anastomotic leakage during the dangerous period before revascularization occurs. The main objective is to compare the rate and severity of leak between two groups- those with omentoplasty and those without omentoplasty.

**Method**
Retrospective review of medical records of all patients who underwent anterior resection for colorectal cancer in Sarawak General Hospital from 1st June 2021- 1st June 2024 (3-year period). All patients are further divided into two cohorts, those who underwent omentoplasty and those who did not. The primary endpoint is the presence of an anastomotic leak and its grading according to ISGRC.

**Results**
94 patients underwent elective anterior resection for colorectal malignancy within the study period, further divided into omentoplasty group (n=36) and non omentoplasty group (n=58). Mean age 65 years in both groups. There was no difference in leak rate in both groups (11% OP and 10.3% in non-OP). OP group showed lesser in severity of leak (11% grade B, 0% grade C) while non-OP group showed more group C leak (8.6% grade C, 1.7% grade B), the difference is significant with a p-value of 0.004.

**Conclusion**
Omentoplasty seem to contain the severity of anastomotic leakage after anterior resection, this is a level 3 evidence.

Abstract ID: 158
Category: Poster, Other

**TAILGUT CYST: A RARE RETRORECTAL ENTITY WITH CLINICAL CHALLENGES**

Dr R Pravin A/L Ramudaram[1], Dr Khairun Nisa Mohamed[1], Dr Diana Melissa Dualim[1], Prof Ismail Sagap[1]
[1]Colorectal Unit , Department Of Surgery, Canselor Tuanku Muhriz Hospital, University Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

**Aim/Objective**

Tailgut cysts (TGCs) are rare congenital lesions, with an estimated incidence of 1 in 40,000 hospital admissions. They arise from remnants of the embryonic hindgut and may present in various non-specific scenarios, often leading to significant diagnostic uncertainty.

**Method**

A combination of imaging techniques such as an ultrasound, CT, and MRI aid in identifying and localizing these lesions, but definitive diagnosis requires histopathological evaluation.

**Results**

We present the case of a 31-year-old female who was initially investigated for complaints of left lower limb paraesthesia and finally revealed to have an infected retrorectal tailgut cyst upon final histopathological examination, post excision.

**Conclusion**

In this report, we aim to highlight the variations in clinical presentation and discuss investigations and surgical management with a review of the current literature.

Abstract ID: 156
Category: Poster, Clinical

**GALLSTONE COLEUS: WHERE DID YOU COME FROM, WHERE DID YOU GO?**

Lalita Andersen[1], Vrushank Bakshi[1], Stephen Guy[1]
[1]Gold Coast University Hospital

**Aim/Objective**

To describe a rare case of gallstone coleus, highlight its clinical presentation, diagnostic process, and the challenges in its management, particularly in the context of failed conservative and endoscopic approaches.

**Method**

93-year-old male presented with abdominal pain and symptoms of large bowel obstruction. A CT scan revealed a 4.5 cm gallstone impacted in the sigmoid colon with mild surrounding diverticulitis and pneumobilia, suggesting a cholecystoenteric fistula. Conservative management with bowel rest and antibiotics, followed by an attempted endoscopic retrieval, was unsuccessful. Surgical intervention via laparotomy and colotomy was performed to extract the gallstone.

**Results**

The surgical procedure was successful, with no postoperative complications. The gallstone was removed, and bowel continuity was preserved. The suspected cholecystoenteric fistula was managed conservatively, as the primary obstruction was resolved and the patient remained clinically stable.

**Conclusion**

Gallstone coleus is an exceptionally rare cause of large bowel obstruction requiring a high index of suspicion for diagnosis. While conservative and endoscopic management can be attempted, surgical intervention is often necessary for large stones or failed non-operative approaches. This case underscores the importance of a tailored, multidisciplinary approach to optimize patient outcomes in this rare condition.

Abstract ID: 155
Category: Oral, Clinical

**THE POTENTIAL EFFECTIVENESS OF KNOTLESS CONTINUOUS FASCIA CLOSURE (BARBED SUTURE) WITH A MINI-LAPAROTOMY WOUND IN COLORECTAL SURGERY: A SINGLE-CENTER, RETROSPECTIVE OBSERVATIONAL STUDY.**

Hong-Min Ahn[1], Kyong Min Kang[1], Mi Jeong Choi[1], Min Hyeong Jo[1], Heung-Kwon Oh[1], Duck-Woo Kim[1], Sung-Bum Kang[1]
[1]Department Of Surgery, Seoul National University Bundang Hospital, Seongnam, Republic Of Korea

**Aim/Objective**
Barbed sutures of abdominal wall closure provide an even distribution of tension without any knot left along the suture line, which may decrease tissue irritation and the risk of infection. However, the benefits of barbed fascia closure after colorectal surgeries remain controversial. This study demonstrates the effectiveness of barbed fascia closure compared to polydioxanone loop sutures with mini-laparotomy in colorectal surgeries.

**Method**
Patients who underwent colorectal surgery from January 2021 to October 2024 were reviewed. Colorectal, small bowel, and stoma surgeries with mini-laparotomy that length of less than 10cm were included. In all cases, fascia closures were performed by a single surgeon. Wound complications (seroma and surgical site infection [SSI]) within 30 days and the need for revision surgery were compared in two groups: barbed (Stratafix Symmetric 1-0, Johnson & Johnson) group and polydioxanone loop closure (loop-PDS 1-0, Johnson & Johnson) group.

**Results**
Among 278 patients who underwent bowel resection surgeries, 187 patients were performed by loop-PDS closure, while 91 were knotless closure. The incidence of seroma within 30 days after their surgeries was lower in the barbed group than in the loop-PDS group (5 [5.5%] vs. 37 [19.8%]; p=0.001). Even though there were no statistical differences between the two groups, a lower incidence of SSI was shown in the barbed group (2 [2.2%] vs. 14 [7.5%]; p=0.076), and fewer patients underwent revision surgery (1 [1.1%] vs. 11 [5.9%]; p=0.111). In the subgroup with stoma repair surgeries (n=62), there were no statistical differences in seroma (p=1.000), SSI (p=0.453), and the requirement of wound revision (p=1.000) between the two groups.

**Conclusion**
Barbed fascia closure may be an effective technique for lowering the incidence of SSI after colorectal surgery. However, since SSI is a multifactorial complication, a well-designed randomized trial may be necessary to evaluate the efficacy of barbed fascia closure after colorectal surgery.

Abstract ID: 154
Category: APFCP Video, Clinical

**COMPLICATIONS FROM COLORECTAL CANCER RESECTION: SALVAGING WITH MINIMALLY INVASIVE SURGERY**

Jih Huei Tan[1], Sentilnathan Subramaniam[1], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1], Seon Hahn Kim[2]
[1]Colorectal Unit, Department Of General Surgery, Hospital Kuala Lumpur
[2]Colorectal Unit, Department Of General Surgery, Faculty Of Medicine University Malaya

**Aim/Objective**

Traditionally, complications arising from colorectal cancer resection have been managed through open surgery. However, with the increasing adoption of minimally invasive techniques, many of these complications can now be addressed without resorting to open procedures. Despite the potential benefits, laparoscopic surgery in an emergency setting can present significant challenges and may lead to poorer outcomes if not performed properly.

**Method**

We present two cases of complications following laparoscopic anterior resections. The first case involved ischemia of the colon, which was managed with a laparoscopic Hartmann's procedure. The second case involved a delayed small bowel perforation and partial small bowel obstruction caused by adhesions in the empty pelvis, which was successfully treated with laparoscopic small bowel repair, lavage, and omental flap reconstruction.

**Results**

The techniques and strategies used to manage these challenging abdominal conditions laparoscopically are discussed in the accompanying video presentation. Key approaches include the use of the endocutter, gentle tissue handling with suction-assisted gauze, and the construction of an omental flap. Both patients had uneventful recoveries following the salvage procedures.

**Conclusion**

While minimally invasive surgery can be challenging when salvaging complications after colorectal cancer resection, appropriate patient selection and the availability of skilled expertise are crucial for minimizing the risk of adverse outcomes.

Abstract ID: 153
Category: Oral, Clinical

# TOTAL NEOADJUVANT THERAPY IN LOCALLY ADVANCED RECTAL CARCINOMA: A STUDY ON CLINICAL RESPONSE AND LOCAL RELAPSE AT 2 YEARS

Chin Wing Yuen[1], Tay Tun Khong[2], Tan Jih Huei[1], Khairul Hazim[1], Sentilnathan Subramaniam[1], Prathepamalar Yehgambaram[2], Mohana Raj Thanapal[1], Mohd Razali Ibrahim[1]
[1]Colorectal Unit, Department Of General Surgery, Hospital Kuala Lumpur
[2]Department Of Oncology, Hospital Kuala Lumpur

**Aim/Objective**
Total neoadjuvant therapy (TNT) for locally advanced rectal carcinoma has gained significant attention since 2020, but regional data on its efficacy, toxicity, and impact on surgical outcomes remain limited. This study aims to evaluate the clinical response to TNT, focusing on histopathological responses, and to explore local relapse rates, disease progression, and survival at 2 years.

**Method**
This retrospective study included patients with locally advanced rectal cancer who underwent TNT at Hospital Kuala Lumpur between March 2020 and December 2022. Data were retrieved from hospital records, including demographics, comorbidities, preoperative results, surgical outcomes, histopathological findings, and 2-year follow-up.

**Results**
A total of 32 patients underwent TNT for locally advanced rectal cancer. The average age was 58 years (23 males, 9 females). Five patients had non-passable tumors, and 13 required diversion stomas. Twenty-four patients completed the full course of TNT; 8 did not, due to reasons including COVID-19, thrombocytopenia, treatment default, tumor perforation, and infection. The most common toxicity was diarrhea (n=7), with 3 requiring hospitalization.
Twenty patients underwent definitive surgery, with histological responses as follows: 1 complete response, 15 partial responses, and 5 no response. The R0 resection rate was 85% (17/20), and the R1 rate was 15% (3/20). Among the 3 R1 resections, none had local recurrence, but 1 progressed to widespread metastasis. At 2 years, 10 patients were lost to follow-up, 10 died from disease progression, and 12 were still alive. Among the patients who underwent surgery, survival was better compared to those who did not, of whom only 3 remained alive.

**Conclusion**
TNT is an effective treatment for locally advanced rectal cancer, with an 85% R0 resection rate. Survival was higher among surgical patients, and the most common toxicity (diarrhea) was manageable. The TNT completion rate of 75% suggests it is both feasible and beneficial for this patient population.

Abstract ID: 151
Category: Poster, Clinical

**UNCOMMON MALIGNANCY IN THE COLON: SARCOMA MASQUERADING AS CARCINOMA**

Dr Malen Velayutham[1], Dr Khidhir Kamil[1], Dr Sentilnathan Subramaniam[1], Dr Soma Balaganapati[1]
[1]Department Of Surgery, Hospital Canselor Tuanku Muhriz, Jalan Yaacob Latif, 56000, Cheras, Kuala Lumpur.

**Aim/Objective**

Due to their rarity, diagnosis and treatment of colonic sarcoma can be challenging. This case report aims to highlight the clinical course of a patient with this rare tumor and the diagnostic and therapeutic strategies used.

**Method**

Colorectal sarcomas are exceptionally rare malignancies, accounting for less than 0.1% of all colorectal cancers. These tumors arise from mesenchymal cells within the colon or rectum and are characterised by their aggressive behaviour, often presenting at a younger age and associated with significantly poorer prognoses. It can present with a variety of symptoms, often mimicking more common colorectal pathologies.

**Results**

We report a case of a 36-year-old Malay male presented with right-sided abdominal pain, distension and constitutional symptoms for three months. Computed tomography (CT) revealed a large polypoidal mass in the ascending colon and proximal transverse colon, along with regional and para-aortic lymphadenopathy. In view of his acute presentation and clinical signs of large bowel obstruction, an extended right hemicolectomy with functional side to side anastomosis was performed. Intraoperative findings revealed a large mass at the hepatic flexure and multiple liver nodules. Post-operative CT thorax suggested possible cystic liver metastases. Histopathology confirmed a poorly differentiated sarcoma with nodal involvement (pT1pN1, Grade 2).

**Conclusion**

Despite significant advancements in the molecular and clinical understanding of colorectal sarcomas, challenges persist in their diagnosis and treatment. The rarity of these tumors often results in delayed diagnosis, and their aggressive nature, particularly with a propensity for liver metastases, underscores the need for a multidisciplinary approach. Effective management typically involves surgical resection combined with adjuvant therapies, while close monitoring for metastatic spread, especially to the liver, is crucial for improving patient outcomes.

Abstract ID: 150
Category: Oral, Clinical

**MINIMALLY INVASIVE SURGERY OR FLAP, IN MANAGEMENT OF PILONIDAL SINUS DISEASE -WHERE AND WHY?**

Dr. Sanjay Kumar Singla[1]
[1]Singla Hospital, Bhiwani

**Aim/Objective**

To categorise cases suitable for minimally invasive surgery (including endoscopy and LASER) and cases which require off the mid line closure with a flap in management of pilonidal sinus disease (PSD).

**Method**

Retrospective analysis of Prospective data of 95 consecutive cases of PSD operated at singla hospital Bhiwani between 16 May 2019 to 14th August 2024. Patients presenting with midline wound larger than 1 cm or with mid line pits so extensive and close by that their excision will lead to mid line wound larger than 1 cm, were treated by BASCOM 2 flap. All other patients with Tezel type 3 to 5 were treated by minimally invasive methods including LASERS and video-endoscopic management.(EPSiT and LEPSiT).
For recurrent cases also the same selection criteria was used. Post operative wound healing and any complications were observed.

**Results**

9 Patients required a flap and 2 patients were managed by hybrid technique of endoscopy and small flap. Rest of the 84 cases could be managed with endoscopic methods. Cases with minimal disease and abscess have been excluded from this calculation. Usual healing time was two to three weeks in endoscopic method. Flap cases also attained skin burst strength in two weeks. In One case of flap, a wrestler with well developed muscles in gluteal area required further dressings for a month for complete wound healing. Time of the work was only two days for patient treated with minimally invasive methods a.c.t two weeks for flap surgery cases.
Pain and comfort level was far better in minimally invasive surgery cases.

**Conclusion**

Minimally invasive Surgery for PSD has immense benefits as compared to flap surgery except concerns for long term recurrence. This study categorises cases which need flaps in this era of MIS.

Abstract ID: 148
Category: Poster, Research

# VISUALIZATION OF INTESTINAL PERISTALSIS RELATED TO DEFECATION

Kazue Yoshida[1], Yoshihiko Enomoto[1], Yasuhiro Ito[1], Naomi Yoshikawa[1], Atsuko Maekawa[1], Ikumi Honda[2], Yuji Toiyama[3]
[1]Yokkaichi Nursing And Medical Care University
[2]Nagoya University
[3]Mie University

## Aim/Objective

The purpose of this study is to visualize intestinal with a focus on defecation peristalsis using an enteroelectrometer.

## Method

The subjects were 8 people in their 20s. Electrodes were placed near the descending colon to measure intestinal potential. The obtained data was analyzed by Fast fourier transform(FFT) and the power value for each frequency was calculated. After that, autonomic nerve components were extracted(LF, HF, Mayer wave). Data were analyzed focusing on defecation. Event sheets and attribute data were used as supporting data for the analysis. The intestinal potential data was expressed as a graph of power values for 8 minutes. A baseline was set based on the lower limit of the graphed waveform.

## Results

As a result of focusing on the LF of the autonomic nervous system, we found that the value was more than twice the baseline during defecation. Seven out of eight people scored type 4 on the Bristol scale for stool shape.

## Conclusion

In this analysis method, action potentials in the descending colon were confirmed shortly before defecation. From this result, it was considered that potential changes due to defecation peristalsis could be visualized from the waveform of the intestinal electorometer , at least if the properties of the stool were at least Bristol scale 4 or lower.

Abstract ID: 147
Category: APFCP Video, Clinical

**MANAGEMENT OF INCIDENTAL LEFT PARADUODENAL HERNIA DURING LOW ANTERIOR RESECTION - REPAIR OR LEAVE ALONE?**

Soh Wei Qin[1], Seah Wei Ming Aaron[1], Tan Kwong Wei Emile[1], Lionel Raphael Chen Hui[1], Jasmine Chang Hui Er[1]
[1]Singapore General Hospital, Department Of Colorectal Surgery

**Aim/Objective**

Paraduodenal hernias are a rare clinical condition that may present with a range of symptoms from abdominal discomfort to bowel strangulation and ischemia. These occur as a result of congenital defects in the mesentry near the duodenum resulting in herniation of the abdominal contents through this defect. Our video aims to provide an overview of the diagnosis and surgical treatment of paraduodenal hernias intraoperatively.

**Method**

We present a video case report of a 65-year-old male who underwent robotic low anterior resection for a newly diagnosed rectosigmoid tumour. An asymptomatic large left paraduodenal hernia was identified incidentally intraoperatively. The hernia contents were reduced but the hernia defect was left alone as he was asymptomatic. He was readmitted with recurrent small bowel obstruction secondary to the paraduodenal hernia.

**Results**

Our patient underwent laparoscopic adhesiolysis, reduction of paraduodenal hernia and closure of mesenteric defect. He recovered well postoperatively and was discharged on post operative day 19.

**Conclusion**

Paraduodenal hernias are rare and may present with variable anatomy. If encountered incidentally, the colonic mesenteric window should be closed. Minimally invasive approach can be considered with good outcomes and recovery.

Abstract ID: 146
Category: Oral, Research

# DOES DECLINING ADJUVANT CHEMOTHERAPY AFFECT OVERALL RECURRENCE AND SURVIVAL?: COMPARISON BETWEEN STRAIGHT TO SURGERY AND NEOADJUVANT RESECTION GROUPS

Emmanuel Eguare[1], Munyaradzi Nyandoro[1,2], Alexander Armanios[1], Gene Lim[1], Henry Yoo[2], Samanatha Jamin[3], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
Aims/Objectives: Neoadjuvant chemoradiotherapy (nCRT) followed by total mesorectum excision (TME) is the gold standard for managing locally advanced rectal adenocarcinoma. However, the literature on the benefit of adjuvant chemotherapy (AC) is extrapolated from studies in colon cancer. This study aims to evaluate the effect of declining AC on overall and recurrence-free survival (RFS) in participants with rectal cancer treated with curative intent.

**Method**
Methods: A retrospective cohort study was conducted on participants with locally advanced rectal cancer who underwent total mesorectal excision (TME) at metropolitan tertiary centres between 2004 and 2022. Stage IV disease cases were excluded. The clinicopathological and survival outcomes were analysed using SPSS v.29.

**Results**
Results: Overall, 631 participants underwent TME for rectal cancer, of which 327 (51.8%) were treated with nCRT prior to surgery, and 304 were treated with surgery (STS) with AC recommended based on postoperative histology.

**Conclusion**
This study demonstrated that while the overall acceptance of AC was high, the proportion of participants who declined AC was higher in the nCRT group. However, declining AC in the STS group was associated with a higher recurrence and cancer-specific mortality rate.

Abstract ID: 145
Category: Poster, Clinical

# LAPAROSCOPIC MANAGEMENT OF BOWEL PERFORATION SECONDARY TO LEVONORGESTREL-RELEASING INTRAUTERINE DEVICE MIGRATION: A CASE REPORT AND REVIEW OF LITERATURE

Eun Hee Yu M.D.[1]
[1]Department Of Obstetrics And Gynecology, Pusan National University School Of Medicine, Pusan National University Hospital Biomedical Research Institute, Busan, Korea

## Aim/Objective

Since its introduction in the late 1990s, the levonorgestrel-releasing intrauterine device (LNG-IUD) has emerged as a widely utilized contraceptive method among millions of women globally. Furthermore, it is increasingly prescribed for its therapeutic benefits in addressing conditions such as menorrhagia, dysmenorrhea, and endometriosis. While uterine perforation secondary to an IUD is a rare occurrence, bowel perforation resulting from IUD migration is an even rarer and more serious complication . Notable, most documented cases of bowel perforation related to IUD involve copper IUD. Here, we report an unusual case of bowel perforation due to migration of a LNG-IUD.

## Method

This retrospective observational study included patients who underwent surgery at Pusan National University Hospital due to rectal perforation caused by an intrauterine device (IUD) in 2022.

## Results

The patient underwent laparoscopic anterior resection with salpingo-oophorectomy due to tight adhesions formed by the LNG-IUD, which had firmly adhered between the left salpinx and rectum. The patient's postoperative course was uneventful, and she was discharged on the 7th postoperative day. After surgery, she was followed up without any complications, except for mild constipation. Overall, the flow and grammar of the sentences are fine.

## Conclusion

In conclusion, while rare, LNG-IUD poses a risk of bowel perforation through migration. Therefore, when suspicion arises regarding IUD displacement, a simple abdominal-pelvic x-ray may be necessary in clinical settings to confirm the presence of the IUD within the body. If the IUD is located within the body but cannot be visualized within the uterine cavity via ultrasound, further investigation with a CT abdomen may be warranted. Depending on the location, procedures such as colonoscopy could also be considered. In cases where symptoms are present, removal may be considered to alleviate symptoms. With recent advancements in laparoscopic and minimally invasive surgery, reluctance and risks toward surgical intervention have diminished compared to the past. Therefore, besides conservative management, surgical treatment may be considered as a valuable option.

Abstract ID: 143
Category: Oral, Research

# PRE-OPERATIVE ENDOSCOPY DOES NOT INCREASE THE FREQUENCY OF SUBTOTAL OR TOTAL COLECTOMY IN PATIENTS PRESENTING EMERGENTLY WITH LARGE BOWEL OBSTRUCTIONS

Dr Sarah Whitehouse[1], Dr Lalita Andersen[1], Dr Heng Chin Chiam[1], Dr Maseelan Naidoo[1], Dr Boris Ruggiero[1], Dr Ju Yong Cheong[1]
[1]Cairns Hospital And Hinterland Health Service

**Aim/Objective**
It has been theorized that endoscopy in patients presenting emergently with large bowel obstructions (LBO) increases the risk of severe caecal dilatation, necrosis, perforation and requirement for subtotal or total colectomy. However, there is a gap in the evidence supporting this theory.

**Method**
We conducted a retrospective cohort study of patients presenting at a single institution with LBO presenting through the emergency department. Patients were found using ICD coding appropriate to LBO over a 5-year period between 2018 and 2024.

**Results**
Eighty-seven patients were identified as presenting with LBO through the emergency department. Of these patients, 12 (13.8%) patients underwent palliative stenting, 31 (35.6%) patients underwent preoperative endoscopy, and 44 (50.6%) patients proceeded straight to operative management. 2 (6.5%) patients underwent total or subtotal colectomy post endoscopic management compared to 8 (18.2%) of patients proceeding straight to operative management (p=0.18). Endoscopy was associated with higher laparoscopic completion rates (29.0% vs 16.6%, p=0.14) with the same surgical complication rate (35.5% vs 31.8% p=0.81) and return to theatre rate (12.9% vs 15.9%, p=>0.99)

**Conclusion**
There is a clinical, but not statistically significant, decrease in frequency of subtotal or total colectomy in patients presenting emergently with large bowel obstructions post endoscopy. More research into this area is warranted to confirm the appropriateness for widespread implementation of this practice.

Abstract ID: 142
Category: Oral, Clinical

# COMPARISON OF DRAIN POSITION CHANGES AND COMPLICATIONS BETWEEN CONVENTIONAL DRAIN INSERTION AND EXTRAPERITONEAL TUNNELING DRAIN INSERTION FOLLOWING ANTERIOR OR LOW ANTERIOR RESECTION

Sung Il Kang, M.D., Ph.D.[1], Sohyun Kim, M.D., Ph.D.[1]
[1]Department Of Surgery, Yeungnam University Medical Center, Daegu, Korea

## Aim/Objective

Closed drain insertion after surgery is commonly used to detect anastomotic leakage (AL) and remove the infection source from the operative field. However, the benefits of drain insertion have been questioned. Drains can sometimes migrate from their original placement due to patient position changes or gut peristalsis, reducing their effectiveness. Indeed, the rate of drain displacement has been reported to be as high as 37%. At our center, the extraperitoneal tunneling (EPT) method has been employed since 2021 to secure drain placement after (low) anterior resection.This study aimed to evaluate the effectiveness of the EPT method for drain fixation compared to conventional drain insertion after (low) anterior resection.

## Method

We retrospectively reviewed the medical records of consecutive patients who underwent anterior resection or low anterior resection in our hospital between January 2020 and May 2024. Patients who underwent permanent stoma formation, had no drain insertion, or experienced unintended drain removal were excluded. Drain displacement was defined as the migration of the drain tip outside the pelvic inlet or when the nearest surface of the drain was more than 3 cm from the anastomotic stapler line on radiologic studies.

## Results

A total of 334 patients were enrolled in this study, with 192 patients (57.5%) undergoing drain insertion via the conventional method and 142 patients (42.5%) via the EPT method. There were no complications related to the drain itself in either group. Drain displacement occurred in 24.3% (81/334) of patients based on X-ray follow-up. The rate of drain displacement was significantly lower in the EPT group compared to the conventional method group (4/142 [2.8%] vs. 77/192 [40.1%], $p < 0.001$). AL occurred in 25 patients (7.4%, 25/334). Among the 18 patients who experienced AL without drain displacement, all but one (5.5%, 1/18) were successfully treated with drain maintenance and antibiotics alone. Conversely, among the 7 patients who experienced AL with drain displacement, 4 (57.1%, 4/7) required either surgery (n=3) or interventional drain reinsertion (n=1).

## Conclusion

This retrospective study confirms that drain insertion via the EPT method is effective in securing the drain tube, thereby maximizing its utility. Maintaining the drain in its original position for an extended period is expected to reduce the rate of surgeries or interventional procedures required for managing AL.

Abstract ID: 141
Category: Poster, Clinical

# RECTAL CANCER PATIENT TREATMENT & OUTCOMES: PERSPECTIVES FROM A REGIONAL CENTRE IN FAR NORTH QUEENSLAND

Minella Lalloz[1], Devisha Raina[1], Maseelan Naidoo[1], Heng-Chin Chiam[1], Ju-Yong Cheong[1]
[1]Cairns Hospital

**Aim/Objective**
To assess outcomes in rectal cancer patients treated in regional Far North Queensland (FNQ) and compare these to the 2023 Bowel Cancer Outcomes Registry in Australia and New Zealand (BCOR).

**Method**
This study includes 108 patients prospectively identified between January 2018 to September 2024 who underwent rectal cancer surgery at the Cairns Hospital. Retrospective chart reviews were conducted. Data collection included demographics, such as indigenous status, distance from our surgical centre, method of rectal cancer detection, significant comorbidities, American Society of Anaesthesiologists (ASA) level, body mass index (BMI), magnetic resonance imaging (MRI) staging and treatment provided (i.e. surgical with or without neoadjuvant +/- adjuvant therapy). Outcomes included medical and surgical complications, length of stay (LOS) in hospital, distal resection margin and circumferential resection margin (CRM).

**Results**
Of the 108 treated rectal cancer patients, there were 33 surgical complications (30.6%) and 5 medical complications (4.6%), which is higher than BCOR rates at 26% and 11%, respectively. Mean LOS in hospital of 11.3 days was greater at Cairns Hospital compared to BCOR mean LOS of 8.8 days. All the patients who underwent anterior resection (AR) had clear distal margins. Histopathology for 5 patients (4.8%) reported involved CRM, which is comparable to the 5-6% positive CRM for BCOR 2023.

**Conclusion**
Our study demonstrates rectal patients treated in regional FNQ have equivalent outcomes to the national average.

Abstract ID: 140
Category: Oral, Clinical

**APPROACH IN MANAGING INTRA-ABDOMINAL SIGMOID COLON DESMOID TUMOUR CAUSING OBSTRUCTIVE UROPATHY. A CASE REPORT AND LITERATURE REVIEW**

Vasudayan SR[1], Chandrakanthan SB[1], Salmi MI[1], Azman ZA[1], Rahman NA[1], Shukor NA[1], Rizan MH[1]
[1]Department Of Surgery, Hospital Canselor Tuanku Muhriz (HCTM)

**Aim/Objective**

Introduction: Abdominal intraperitoneal desmoid-type fibromatosis (DTF) is a locally aggressive myofibroblastic tumour which can be sporadic or link to familial adenomatosis polyposis (FAP). We are reporting a case of sigmoid mesocolon DTF which infiltrate to ureter causing obstructive uropathy and the literature review of the management.

**Method**

Case report: 27 years old male presented with left lower back pain with history of painful intermittent haematuria. Renal profile and abdominal Xray were unremarkable. He underwent magnetic resonance imaging (MRI) lumbosacral and incidentally noted left moderate hydronephrosis. Subsequently underwent computed tomography abdomen where there was an enhancing spiculated mass at the left pelvis region causing left hydronephrosis. Colonoscope and retrograde pyelography show no intraluminal lesion. After a multidisciplinary team discussion, a combined surgery was performed with enbloc sigmoid colectomy and ureterectomy. Post operatively was uneventful. Histopathology examination reported a desmoid tumour arising from the sigmoid mesocolon with clear margin. Patient was seen in outpatient clinic after two month asymptomatic and well. Planned for surveillance and regular imaging

**Results**

Literature review revealed 6 case report and series with a total of 53 patients diagnosed with DTF complicated with ureteric obstruction. 90% of them had history of FAP, predominantly female, and affecting unilateral ureter commonly. 11(20%) of them were treated with medical therapy alone with Sulindac as first line. One recurrence was reported in 60 months follow up and one patient did not respond to treatment. 22(41%) patients underwent surgical intervention and noted 5(23%) had tumour recurrence and 13% had progression of disease. The remaining 20(37%) underwent combination therapy, either percutaneous nephrostomy or ureteric stenting with Sulindac, no recurrence was reported, however there were 3(15%) patients who had disease progression.

**Conclusion**

Treatment of Intraperitoneal desmoid tumour with surgical resection harbour significant risk of recurrence. Non operative management should be preferred despite patient develop urinary obstruction

Abstract ID: 139
Category: Poster, Research

# COMPARISON OF INCISIONAL HERNIA RATE IN MIDLINE VS OFF-MIDLINE EXTRACTION SITES POST RECTAL CANCER SURGERY

Henry Yoo[1], Munyaradzi Nyandoro[1,2], Gene Lim[1], Samanatha Jamin[3], Emmanuel Eguare[1], Alexander Armanios[1], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
The predominant belief is that colorectal surgeries with midline extraction sites lead to higher rates of incisional hernia (IH) compared to off-midline sites. This is supported by most current studies, with a few exceptions. This study compares rates of IH in midline vs. off-midline extraction sites and evaluates mitigating risk factors.

**Method**
A retrospective cohort study was conducted on all rectal cancer patients who underwent a total mesorectal resection (TME) between 2004 and 2023 at a tertiary teaching centre. The primary outcome was the incidence of IH, comparing between extraction sites (midline vs off-midline). All clinicopathological and outcome data was analysed using SPSS ver.29.

**Results**
Six hundred and thirty-one participants met the inclusion criteria, comprised of 406 (64.3%) males, mean age 65.1 (SD±12.1), median BMI 27.4 (IQR=6.6). Baseline characteristics were similar between the two extraction site groups.The overall incidence of IH was n=210, 33.3% (95% CI [29.6 – 37.1]). Most were from midline extraction sites n=174, 27.6% (95% CI [24.1 – 31.2]), followed by off-midline n=65, 9.5% (95% CI [7.3 – 12.1]). Twenty-three (11%) of participants with IH had both an extraction site hernia and an additional IH.
Univariate analysis showed that midline extraction sites were significantly associated with IH 25.8% vs 11.5%, $p < 0.001$. Obesity and being a smoker were associated with a higher incidence of IH but did not reach statistical significance.

**Conclusion**
This study showed higher incidence rates of incisional hernia in midline extraction sites, further supporting the case for off-midline extractions over midline when feasible.

Abstract ID: 138
Category: Poster, Research

**WHAT IS THE INCIDENCE OF INCISIONAL HERNIAS POST-LOOP ILEOSTOMY REVERSAL?**

Henry Yoo[1], Munyaradzi Nyandoro[1,2], Gene Lim[1], Samanatha Jamin[3], Emmanuel Eguare[1], Alexander Armanios[1], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
Diverting loop ileostomies (DLI) are formed to protect high-risk colorectal anastomoses. However, their reversal can be complicated by stoma site incisional hernias (SSIH), with a frequency between 6.1% - 23%. This study investigates the incidence of SSIH, risk factors and patient outcomes.

**Method**
A retrospective cohort study was conducted on all rectal cancer patients who underwent a loop ileostomy reversal after an initial total mesorectal excision with primary anastomosis between 2004 and 2023 at a tertiary teaching centre. The primary outcome was the incidence of SSIH (clinical or radiological). All clinicopathological and outcome data was analysed using SPSS ver.29.

**Results**
Four hundred twenty patients met the inclusion criteria, comprised of 271 (64.5%) males, with a mean age of 64.4 (SD11.8) and a median BMI of 27.0 (IQR=6.2). The overall incidence of SSIH was n=51, 12.1% with a 95%CI [9.2-15.7]), of which n=44 (86%) underwent an incisional hernia repair. Participants with SSIH were more likely to have higher BMI (p=0.008) and a lower Charlson co-morbidity index (p=0.025). Additionally, the incidence of SSIH was higher in primary laparoscopic cases than primary open cases (6.3% vs 18.7%, p <0.001).

**Conclusion**
In this study, the incidence rate of stoma site incisional hernia was 12.1%, consistent with published literature. This was significantly associated with high BMI, a modifiable risk factor. Interestingly, in this cohort, laparoscopic surgery was associated with a higher rate of SSIH, an observation that warrants further investigation.

Abstract ID: 137
Category: Oral, Research

# OUTCOMES OF STAGE IV RECTAL CANCER WITH OLIGOMETASTATIC LIVER DISEASE UNDERGOING RESECTION OF PRIMARY AND ACTIVE MANAGEMENT OF METASTATIC DISEASE?

Gene Lim[1], Munyaradzi Nyandoro[1,2], Emmanuel Eguare[1], Alexander Armanios[1], Henry Yoo[2], Samantha Jamin[3], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**
This study reports on the outcomes of the management of synchronous liver metastases.
A tenth of patients diagnosed with rectal cancer (RC) have metastatic liver disease at the time of diagnosis. Different approaches have been proposed for the management of synchronous liver metastases with either simultaneous or staged resections.

**Method**
A retrospective cohort study of patients with metastatic RC and isolated liver metastases at diagnosis who underwent total mesorectal excision (TME) and treatment of liver metastases with curative intent, at a tertiary centre between 2004 and 2022. The clinicopathological and survival data collected was analysed in SPSS ver.29.

**Results**
Fifty-nine patients met the inclusion criteria, comprised of 40 males (67.8%) with a mean age of 62.5 (SD±12.6). Seventeen (28.8%) synchronous resections were performed, with the remaining sixteen undergoing staged resections equally distributed between a liver-first and second approach (n=8, 13.6%). The remaining 44.1% had chemotherapy alone.
Synchronous resection was associated with a significantly longer mean overall survival (p=0.020) and a higher recurrence-free survival of 65.5% vs. 23.5% (p=0.037). The liver-first approach was associated with a higher local pelvic recurrence (p=0.008) and a higher distant recurrence rate (p=0.047).
Surgical resection was associated with a significantly longer mean overall survival time when compared to ablation (p=0.023). Compared to non-anatomical resections, anatomical resections had a lower cancer specific mortality (13.5% vs 18.9%, p=0.018).

**Conclusion**
In this study, synchronous resections and resection of liver metastases were both seen to be associated with better patient outcomes. However, the higher local pelvic and distant recurrence observed in a liver-first approach is a finding that warrants further investigation.

Abstract ID: 135
Category: Poster, Clinical

# SHORT-TERM OUTCOMES OF TEMPORARY ILEOSTOMY CLOSURE FOLLOWING ROBOT-ASSISTED SURGERY FOR RECTAL CANCER AND INTRODUCTION OF OUR WOUND MANAGEMENT APPROACH

Shuhei Ota[1], Hiroto Koike[1]
[1]Yao Tokushukai General Hospital

## Aim/Objective

The most common complication of stoma closure is surgical site infection (SSI). The purse-string closure (PSC) is widely used for skin closure after stoma reversal to reduce SSI. However, PSC requires a longer healing time than primary closure(PC). The application of PSC combined with negative-pressure wound therapy (NPWT) may reduce the healing time. Recently, robot-assisted rectal cancer surgeries have increased, leading to an increase in temporary ileostomy closure following these procedures. In this study, we present the short-term outcomes of temporary ileostomy closure following robot-assisted rectal cancer surgery and introduce our wound management method.

## Method

The study included eight cases of temporary ileostomy closure performed following robot-assisted rectal cancer surgeries at our institution between December 2022 and October 2024.

## Results

There were 2 cases of PC, 2 cases of PSC alone, and 4 cases of combined PSC with NPWT. The median time to stoma closure was 114.5 days, increasing to 238.5 days in patients who underwent adjuvant chemotherapy. Functional end-to-end anastomosis (FEEA) was performed in four cases, while the remaining four cases involved hand-sewn anastomosis. The median operative time was 96 minutes, with FEEA showing a median of 89.5 minutes. The median length of postoperative hospital stay was 8 days for PC, 9 days for PSC alone, and 10.5 days for PSC with NPWT. No cases of SSI were observed. The median healing time was 10 days for PC, 89.5 days for PSC alone, and 30 days for PSC with NPWT.

## Conclusion

PSC with NPWT may require a slightly longer postoperative hospital stay. However, it has the potential to shorten the healing time without increasing the risk of SSI.

Abstract ID: 134
Category: Oral, Clinical

**SURVIVAL OUTCOMES AFTER ADJUVANT CHEMOTHERAPY IN ELDERLY PATIENTS WITH HIGH-RISK STAGE II AND STAGE III COLON CANCER.**

Hong-Min Ahn[1], Kyong Min Kang[1], Mi Jeong Choi[1], Min Hyeong Jo[1], Heung-Kwon Oh[1], Duck-Woo Kim[1], Sung-Bum Kang[1]
[1]Department Of Surgery, Seoul National University Bundang Hospital, Seongnam, Republic Of Korea

**Aim/Objective**

Since the aging population is growing, the incidence of colorectal cancer in elders is increasing. After surgery, some elderly patients face difficulty maintaining adjuvant treatments, and its benefit in patients over 80 years old remains controversial. This study demonstrates the survival outcomes after adjuvant chemotherapy in high-risk stage II and stage III colon cancer patients over 80 years old.

**Method**

Patients aged over 80 who underwent upfront surgery for colon cancer from 2003 to 2020 were reviewed. Stage II with high-risk features (obstruction, poor differentiation, lymphatic invasion, vascular invasion, perineural invasion, or resection margin positive) and III patients were sorted. The recurrence, 5-year recurrence-free survival (5yr RFS), and overall survival (5yr OS) were compared to whether they received adjuvant chemotherapy or not.

**Results**

Among 663 colorectal cancer patients whose diagnosed age was over 80, pathologic stage II (high-risk feature) and III colon cancer were reported in 265 patients. Over a median follow-up period of 34 months (13.5-52), recurrence at 5 years did not differ between the observation and adjuvant chemotherapy group (22 [16.1%] vs. 23 [18.0%], p=0.679). The 5-year RFS and OS were worse with the observation group (43.9% vs. 60.0%; p=0.001, and 46.0% vs. 58.4%; p=0.001, respectively), and similar outcomes were shown after adjustment (5yr RFS; hazard ratio [HR] 1.729; p=0.002, and 5yr OS; HR, 1.755; p=0.002, respectively). In the subgroup analyses, the 5yr RFS and OS rates in high-risk stage II colon cancer were not significantly different between the observation and adjuvant chemotherapy group (58.1% vs. 62.2%; p=0.480, and 57.4% vs. 58.7%; p=0.565, respectively).

**Conclusion**

The omission of adjuvant chemotherapy for high-risk stage II colon cancer patients over 80 years old may be considerable since it could be less likely to improve survival outcomes. Therefore, adjuvant therapy may be tailored in elderly patients over 80 to avoid systemic toxicity.

Abstract ID: 133
Category: Oral, Clinical

# DIVERTING STOMA IN OBSTRUCTING RECTAL CARCINOMA: NECESSARY OR A SOURCE OF COMPLICATIONS? A 10-YEAR COHORT STUDY IN SINGLE TERTIARY HOSPITAL

Farah Najla Supandi[1], Muhammad Irfan Mohamad Salmi[1], Navin Raj Balachandran[1], Ismail Sagap[1]
[1]Universiti Kebangsaan Malaysia

**Aim/Objective**
Performing a diverting stoma prior to neoadjuvant treatment in obstructing diagnosed by endoscopically and radiologically is a long debate and dilemma. This retrospective cohort study audits the risk of developing intestinal obstruction in patient with obstructing rectal cancer without clinical symptom who underwent neoadjuvant treatment in the absence of diverting stoma.

**Method**
Data census regarding patients with rectal cancer who received neoadjuvant treatment at our institution from 2013 until 2023 were retrospectively analysed. Patients with obstructing features endoscopically or radiologically was included and were divided into two groups: those with stoma creation or without stoma creation prior to neoadjuvant treatment.

**Results**
A total of 161 patients with locally advanced stage 3 rectal cancer who received neoadjuvant treatment. 95 had endoscopically and/or radiologically obstructing tumour, while the remaining 66 patients did not. Out of these 95 patients, 34 (35.8%) patients underwent elective diverting stoma while the remaining 61 (64.2%) have no stoma. Among the group without stoma, 2 patients (3.3%) developed obstructions during neoadjuvant treatment where patient stoma creation and continued with treatment. From the group of patient with stoma, 8 (24%) developed stoma related complications; prolapse (4), ischemia (1), stoma retraction (2), high stoma output (1). While 20 patients (71%) from the same group had a delayed more than 8 weeks in initiation of neoadjuvant treatment.

**Conclusion**
Risk of having intestinal obstruction in obstructing rectal tumour is low. Stoma creation comes with significant complications and delay in treatment initiation. Patient selection for stoma creation in obstructing rectal cancer should be individualize rather than generalized.

Abstract ID: 132
Category: Poster, Clinical

# FUNCTIONAL OUTCOME OF LAPAROSCOPIC VENTRAL MESH RECTOPEXY IN PATIENTS WITH RECTAL AND COMPLEX PELVIC ORGAN PROLAPSE. RETROSPECTIVE REVIEW FROM A TEACHING UNIVERSITY HOSPITAL

Dr Farah Najla Supandi[1], Dr Nur Afdzillah Abdul Rahman[1], Dr Diana Melissa Dualim[1], Dr Khairun Nisa Mohamed[1]
[1]Colorectal Unit, Department Of Surgery, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Malaysia

**Aim/Objective**
Pelvic organs prolapse is a prevalent condition that disproportionately affects women, with rectal prolapse being one of the more intricate and challenging presentations such as external rectal prolapse, high grade internal rectal prolapse and rectocele. Laparoscopic ventral mesh rectopexy (LVMR) has emerged as a promising surgical option for the management of complex pelvic organ prolapse, offering potential benefits that includes decrease in rate of faecal incontinence of, decrease in rate of constipation, and low rate of recurrence. This study aimed to evaluate efficacy and functional outcome of LVMR for rectal and complex pelvic organ prolapse.

**Method**
We have six patients included in this study. Standardized pre-and post-operative assessments were used including defecography, anorectal manometry and validated questionnaires. The study examined surgical complications as well as functional outcomes related to constipation using Wexner Score for Obstructed Defecation Syndrome, Wexner Constipation Score (WCS) and Patient Assessment Constipation Quality of Life (PAC-QOL).

**Results**
Six patients with age ranging 23-79 years old (median age of 53), with 4 of them female underwent laparoscopic ventral mesh repair using biological mesh for rectal or complex pelvic organ prolapse based on clinical findings, defecating proctogram of MRI defecography. The short-term results demonstrate LVMR is safe and effective treatment with none reported complications such as mesh-related infection, migration or erosion, as well as recurrence at 2 months post-surgery. Functional outcomes as measured by improvement in constipation and quality of life showed significant improvement post operatively. Median WCS score reduced from 35 to 11, Wexner score for ODS score reduced from 7 to 3 and PAC-COL reduced from 84 to 21. Median operative time in this study was 264 minutes and hospital stays 3 days.

**Conclusion**
Laparoscopic ventral mesh rectopexy has shown promise as an effective surgical approach for addressing rectal and complex pelvic organ prolapse, based on short-term outcomes observed.

Abstract ID: 131
Category: Poster, Clinical

# LOCOREGIONAL RECURRENCE AFTER TOTAL NEOADJUVANT THERAPY IN LOCALLY ADVANCED RECTAL CANCER - A SINGLE-INSTITUTION EXPERIENCE

KH Looi[1], Mohd Firdaus Zulkifli[1], G Paramasvaran[1], AKN Khor[2], MJ Chan[2], L Rajaratenam[2], EHB Ng[1]
[1] Colorectal Surgery Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia
[2] Radiotherapy And Oncology Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia

## Aim/Objective

Various total neoadjuvant therapy (TNT) is currently being used in the aggressive management of locally advanced rectal cancer (LARC) with good short term oncological outcome and sphincter preservation data. Our center has been primarily using RAPIDO protocol since 2021 as it is logistically easier for our patients who need to travel to Hospital Kuala Lumpur for radiotherapy. A recent 5-year outcome data of RAPIDO protocol seemed to show increased risk of locoregional recurrence compared to standard neoadjuvant strategy. This is an audit to assess the locoregional recurrence rate in our LARC patients with neoadjuvant RAPIDO protocol and curative surgery in our centre.

## Method

This is a retrospective audit on all LARC patients who underwent TNT (RAPIDO protocol) and surgery in HRPB between January 2022 and June 2024 (30 months). Surveillance endoscopic and radiological assessments were performed according to NCCN guidelines. Locoregional recurrence is defined as pelvic and locoregional nodal recurrence.

## Results

Total 32 patients underwent TNT and definitive surgery from January 2022 to June 2024. 65.7% were male and 34.3% were female with mean age of 57 years (range 39-74 years). 3 patients had incomplete post-operative surveillance. During a median follow up of 13 months for 29 patients, 10% of them experienced locoregional recurrence while 24% had distant metastasis. The mean time to locoregional recurrence from surgery was 6.7 months. Non-R0 resection, lymphovascular and perineural invasion, poor response to TNT are associated with early recurrence. Among the 29 patients, 17 (58.6%) had indeterminate metastatic lesions on pre-TNT imaging and 6 (23%) had local and/or systemic recurrence after TNT and resection.

## Conclusion

Our audit seems to show a higher distant metastasis rate compared to locoregional recurrence in our TNT patients. We postulate that this is due to inability to identify metastasis accurately from initial imaging (pre-existing metastatic disease) and /or poor tumor biology that did not respond well to TNT and hence recurred / progressed quickly after initial control by neoadjuvant chemotherapy. A relook at various TNT strategies and their short and long term outcome data with more careful patient selection for the correct TNT strategies would likely be the way forward to reduce locoregional recurrence.

Abstract ID: 129
Category: Poster, Clinical

# RETROSPECTIVE AUDIT OF SPHINCTER PRESERVATION AND DISTAL MARGIN POST RECTAL CANCER AND PREOPERATIVE INDUCTION THERAPY FOLLOWED BY DEDICATED OPERATION (RAPIDO) PROTOCOL IN LOCALLY ADVANCED MID AND LOW RECTAL CANCER IN A SINGLE CENTER

LL Tan[1], Mohd Firdaus Zulkifli[1], G Paramasvaran[1], AKN Khor[2], MJ Chan[2], L Rajaratenam[2], EHB Ng[1]
[1]Colorectal Surgery Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia
[2]Radiotherapy And Oncology Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia

**Aim/Objective**
The RAPIDO trial has shown promising results in managing locally advanced rectal cancer (LARC). This retrospective audit aimed to assess surgical margins and anal sphincter preservation in patients with LARC following the RAPIDO regimen in our centre.

**Method**
A cohort of patients diagnosed with locally advanced rectal cancer which was less than 10cm above anal verge and treated with total neoadjuvant therapy (TNT) followed by surgery in our institution between May 2022 and Oct 2024 was retrospectively reviewed. Inclusion criteria encompassed patients with clinical stages II and III rectal cancer who underwent total mesorectal excision (TME) following RAPIDO protocol. Data regarding procedures done, anal sphincter preservations and resection margins were collected and analysed.

**Results**
A total of 45 patients (n=45) were included in the study. Of these, 73% (n=33) underwent successful anal sphincter preservation surgery, whereas the remainders underwent abdominoperineal resection (APR). There were 14 of them with threatened anal sphincter prior to neoadjuvant therapy and four of them successfully had their anal sphincters preserved. There's  The mean anastomotic distance from anal verge was 4cm. There were 7% (n=3) patients with complete pathological response (pCR). There was only 1 patient with circumferential resection margin (CRM) positivity. The distal resection margin (DRM) <1cm was 6% (n=2). The median number of lymph nodes harvested was 10 (range 2-18). Complete mesorectal fascia excision was achieved in 95.5% (n=43).

**Conclusion**
The RAPIDO protocol demonstrated significant advantages in achieving anal sphincter preservation and improving both circumferential and distal resection margins in patients with locally advanced rectal cancer. However, functional outcome of these patients is not access in this study. Further follow up is needed to assess locoregional recurrence rate and long-term functional outcomes.

Abstract ID: 128
Category: Oral, Clinical

**"EISENHAMMER AND PARKS REVISITED, THIS TIME WITH TECHNOLOGY", A NOVEL SPHINCTER SPARING TECHNIQUE FOR TREATING COMPLEX FISTULA IN ANO.**

Dr. Sanjay Kumar Singla[1]
[1]Singla Hospital, Bhiwani

**Aim/Objective**

Based of the sound principle of Eisenhammer and AG Parks, we treated 107 cases of fistula in ano but this time using modern technology, to study the feasibility and success rate.

**Method**

Retrospective analysis of indoor records of 107 patients of fistula in ano treated at Singla hospital Bhiwani, Haryana, India in last 18 months. MRI was done for anatomy of fistula (complex and recurrent fistulae), video-endoscopy was done for supra levator and other complex tracts. Central disease comprising of intersphicteric abscess, overlying internal sphincter distal to dentate line were excised, sparing upper third of the internal sphincter. Distal tracts were LASER ablated or cored out manually or with fiXcision device. Opening in external sphincter was closed with PDS from within. Where ever possible this closure was further covered with flap of anal mucosa, anoderm and fibres of internal sphincter. Cases with associated frank abscess were excluded. Methylene blue was injected intra dermal in areas treated below dentate line to increase the analgesic effect.

**Results**

Procedure was feasible in all complex cases. 4/107 cases didn't heal and required other procedures for complete healing. Healing time for external tracts reduced to two to three weeks as compared to four to six weeks in original study by Parks. Pain score was 4 -6 after three days which decreased over the next week. No patient required any injectable or opiate for relief of pain. Till date there is no reoccurrence but long term results are awaited. None reported any incontinence to stools.

**Conclusion**

Using modern technology for diagnosis and treatment of fistula in ano based on Eisenhammer and Parks principle(E-Park Tech.), increases accuracy in eradicating the disease thereby preventing reoccurrence and faecal incontinence, decreases wound healing time and pain. Long term results and randomized control trials are required to establish the point.

Abstract ID: 126
Category: Oral, Clinical

# ROBOTIC SURGERY IS THE FUTURE FOR SURGICAL TREATMENT OF LOW RECTAL CANCERS, A 5-YEAR RETROSPECTIVE REVIEW WITH COST ANALYSIS?

Aaron Seah[1], Isaac Seow[1], Yvonne Ng[1], Lionel Chen[1], Koo Chee Hoe[1], Khor Shao Nan[1], Ngo Nye Thane[2], Emile Tan[1]
[1]Department Of Colorectal Surgery, Singapore General Hospital
[2]Department Of Pathology, Singapore General Hospital

**Aim/Objective**
Minimally invasive surgical(MIS) approach in colorectal cancer has demonstrated improved surgical outcomes but with considerations of increased cost. We aim to review the surgical outcomes and analyse the cost of all mid-low rectal cancer patients who underwent MIS in our institution.

**Method**
We retrospectively reviewed all patients with mid-low rectal cancers who electively underwent MIS from 2018-2023. Demographics, surgical and pathological outcomes and cost breakdown were collected and stratified based on the surgical approach and level of tumour. Statistical analysis was performed.

**Results**
A total of 412 patients with mid-low rectal cancers were included in the study, with 217(52.7%) having undergone laparoscopic approach(LA) and 195(47.3%) undergoing the robotic approach(RA). Mean operative time was 347.4(270-445)minutes and mean post-operative length of stay was 6.32(4-8)days. Mean operative timing in the LA was 322.2minutes and 377.3minutes in the RA(p-value = 0.00001). Mean length of stay was 6.63 days in the LA as compared to 5.98 days in the RA(p-value = 0.036). On further sub-group analysis, for low-rectal cancers, mean operative time was 341minutes in the LA and 394minutes in the RA(p-value=0.0078), and mean length of stay was 6.92 in the LA and 5.80 in the RA(p-value=0.034). There was no significant statistical difference in surgical and pathological outcomes. Mean difference in cost in the low-rectal cancer cohort was $1438SGD, as compared to $6505SGD in the mid-rectal cancer cohort.

**Conclusion**
Despite the increased operative time in the RA for rectal cancers, there was a decreased length of hospital stay, which was further accentuated in our cohort with low rectal cancer. Cost difference was also lower in the low-rectal cancer group, and with the increasing accessibility and decreasing cost of platform, will be the future for rectal cancer surgery.

Abstract ID: 125
Category: Poster, Clinical

**RECTAL GASTROINTESTINAL STROMAL TUMORS: A RARE CASE SERIES**

Vania Myralda Marbun, MD[1], Kezia Nathania, MD[1]
[1]Department Of Digestive Surgery, Dr. Cipto Mangunkusumo General Hospital, Faculty Of Medicine, Universitas Indonesia, Jakarta, Indonesia

**Aim/Objective**
Rectal Gastrointestinal Stromal Tumors (rGISTs) are rare malignancy, comprising 5% of all GIST and 0.1% of all rectal tumors. The publication of rGIST in Southeast Asia population is limited; therefore, this is the first detailed descriptive study of rGIST cases in Indonesia. The primary objectives are to define the characteristics, comprehensive management, and outcomes.

**Method**
This retrospective case series examines patients diagnosed with rGIST at Cipto Mangunkusumo Hospital, Indonesia. All patients underwent medical history, physical examination, and CT scan. Diagnosis of rGIST was confirmed via colonoscopy with biopsy sent to pathology anatomy, then Imatinib therapy was given after confirmation with immunochemistry.

**Results**
Seven patients (5 female, 2 male) were included; mean age 57.2 years (range: 40–81). The mean duration of Imatinib therapy was 31.7 months, with three patients (42.8%) required an increase in dosing and one patients experienced an allergic reaction to Glivec. Most of patients admitted with size of tumor >10 cm;even after imatinib, still one patient had tumor >10 cm. Two patients presented with liver metastases. A temporary stoma was placed in five patients (71.4%), one of five patient died before definitive surgery. Six patients underwent open APR and the mean LOS was 12.3 days.

**Conclusion**
Rectal GISTs pose a significant surgical challenge due to their substantial size. While neoadjuvant therapy may reduce tumor size, it does not necessarily improve sphincter preservation outcomes.

Abstract ID: 123
Category: Oral, Clinical

**ADVANCING DEVELOPMENT AND VISION FOR ADVANCED NEOPLASMS IN COLORECTAL SURGERY VIA MULTIDISCIPLINARY TEAM MEETINGS (ADVANCE-MDT). EVOLUTION AND EXPERIENCE OF THE ADVANCE-MDT AT HOSPITAL PULAU PINANG, MALAYSIA.**

Khaw Chern Wern James[1], Ranchini Murgan[1], Khaw Cheng Jing[1], Ng Chin Eng[1]
[1]Colorectal Surgery Unit, Department Of General Surgery, Hospital Pulau Pinang, Malaysia

**Aim/Objective**
It is well established that advanced gastrointestinal cancers are best managed in a multi-disciplinary setting. However, the local experience and expertise can be variable. To overcome learning curve related issues, a multi-disciplinary team was established in a novice centre in Penang in 2022. This advanced gastrointestinal cancer service is proctored by an international multi-disciplinary team. The aim of this study was to review the evolution and experience of this service.

**Method**
A retrospective review of patients discussed at the ADVANCE-MDT was undertaken. Patient characteristics are tabulated. Cancer and surgical outcomes are reported where appropriate as proportions.

**Results**
Over a 2 year period, a total of 198 patients have been referred to the ADVANCE-MDT. 111(56.06%) and 87(43.94%) were referred for consideration of Cytoreductive Surgery and Hyperthemic Intra-peritoneal Chemotherapy (CRS-HIPEC) and pelvic exenteration (PE) respectively. To date, 28 patients have undergone CRS-HIPEC, the median PCI was 14.5(IQR 33) and the median length of stay was 17 (IQR 9) days. Five (17.8%) of the patients experienced Clavien-Dindo Grade III complications. Complete cytoreduction was achieved in 19(67.9%). 2 year overall survival rate is 78.57%. On the other hand, 24 patients have undergone PE, the median length of stay was 39 (IQR 19) days. 12 (50%) of the patients had Clavien-Dindo Grade III complications. 95.8% achieved R0 resections. 2 year overall survival rate is 75%.

**Conclusion**
Virtual, multi-disciplinary ADVANCE-MDT for patients with advanced gastrointestinal malignancies has facilitated initiation and development of an advanced cancer service to be implemented safely with good surgical and oncological outcomes.

Abstract ID: 122
Category: Poster, Other

# TRAINEES' PERSPECTIVES ON COLORECTAL SURGICAL TRAINING CHALLENGES IN MALAYSIA – A QUALITATIVE STUDY

Kenneth Chun Kok Sheng[1], April Camilla Roslani[2]
[1]Department Of Surgery, University Malaya
[2]Department Of Surgery, Colorectal Unit, University Malaya

## Aim/Objective

Structured colorectal surgical training in Malaysia was established nearly two decades ago, and has evolved significantly. Changes in laws, regulations and training site requirements, trainer attrition, in addition to travel restrictions posed by the global pandemic, have impacted delivery of training. The perspectives of colorectal trainees on the non-technical challenges they have faced as a result of these changes has not been explored. This study aims to analyze their experiences, and identify common barriers that they face, in order to inform future directions of training programmes.

## Method

Names of CR surgeons and trainees were searched using national specialist registrar(NSR) database and universities database respectively. A qualitative approach was used. Semi structured interviews were held with existing and past CR trainees throughout Malaysia. Transcribed interviews were thematically analysed using Archive for Technology, Life-World and Everyday Language (ATLAS.ti )(9.0.24) until thematic saturation was achieved.

## Results

65 colorectal surgeons and current trainees were approached. 55 interviews were conducted. Thematic saturation was achieved after 30 interviews. Most trainees have sufficient operating experiences prior to entering the CR training programme. Time constraints , conflict between service and training , rotating at different centres 6-monthly were the top challenges faced by the trainees. Peer support and mentorship were identified as paramount key factors to overcome the hurdles throughout this training.

## Conclusion

CR training in Malaysia has been a well established pathway, and by looking into these aspects, a deeper understanding regarding the common background the trainees share and the challenges they face collectively, and the changes they would like to see ,taking place .

Abstract ID: 121
Category: APFCP Video, Clinical

# LAPAROSCOPIC DELOYERS PROCEDURE FOR MULTIPLE SYNCHRONOUS LEFT COLON CANCERS AND RECTAL CANCER

Tan Jih Huei[1], Kim Seon Hahn[1]
[1]Colorectal Unit, Department Of General Surgery, Faculty Of Medicine, University Malaya

## Aim/Objective

Extended resection of the left colon in cases of synchronous left colon cancer with mid-rectal cancer may result in insufficient bowel length for a tension-free colorectal anastomosis. The Deloyers procedure offers a viable strategy to achieve a tension-free anastomosis in such cases.

## Method

We present a rare case of a patient who presented with altered bowel habits and weight loss. Colonoscopy, staging MRI and CT scans revealed a locally advanced mid-rectal cancer, along with synchronous sigmoid and splenic flexure cancers, and a right colon polyp. The patient underwent a short course of radiotherapy followed by radical surgery, which included extended left colon resection with low anterior resection, the Deloyers procedure, local excision of the right colon polyp, ileocolic sampling, and diversion ileostomy.

## Results

Given the complexity and relative rarity of this procedure, we highlight this unique case of a 70-year-old male with multiple synchronous lesions. Intraoperative findings included a redundant colon and involvement of the arch of Riolan lymph nodes. Key technical aspects discussed in the video include two free-hand techniques, the "IMV-first" approach, the use of gauze for bowel protection and retraction, as well as the application of suction monopolar devices and endocutter instruments. The patient was discharged home after a one-week hospital stay, primarily due to the slow return of intestinal function. Postoperative histology confirmed R0 resection, with all lesions identified as adenocarcinoma. The patient subsequently underwent adjuvant chemotherapy and is scheduled for ileostomy closure.

## Conclusion

A comprehensive understanding of mesenteric vascular anatomy, along with mastery of laparoscopic techniques and principles of mesenteric plane dissection, are critical for successfully performing complex procedures such as the Deloyers procedure. These key principles are emphasized in the accompanying video presentation, which demonstrates how the procedure can be performed safely and efficiently.

Abstract ID: 118
Category: Poster, Clinical

# OUTCOMES OF COLORECTAL CANCER SURGERIES IN A 6-MONTH TRAINING IN UNIVERSITY HOSPITAL IN MALAYSIA: A RETROSPECTIVE REVIEW

Kenneth Chun Kok Sheng[1], Tan Jih Huei[2]
[1]Department Of Surgery, University Malaya
[2]Department Of Surgery, Colorectal Unit, University Malaya

**Aim/Objective**
Colorectal (CR) training in Malaysia typically involves a 3-year fellowship program, with trainees rotating every 6 months through various colorectal centers. This study aims to review the colorectal training undertaken at University Malaya (UM). Specifically, we assess the operative cancer surgeries performed over a 6-month period and evaluate key outcomes, including R0 resections, lymph node (LN) yield, and the rate of anastomotic leaks.

**Method**
A retrospective audit was conducted at the University Malaya Colorectal Unit, covering the period from January 2024 to June 2024. The study included all elective and emergency colorectal surgeries performed by a CR trainee, either independently or under the supervision of a CR consultant.

**Results**
A total of 42 colorectal cancer surgeries were performed during the 6-month period, consisting of 9 emergency cases and 34 elective cases. Of these, 11 cases were performed independently by the colorectal fellow, while the remaining cases were supervised by a consultant. Minimally invasive surgeries (n = 24) were performed more frequently than open surgeries (n = 19). R0 resection was achieved in all cases except one involving locally advanced rectal cancer. Adequate lymph node (LN) yield was obtained in all cases, except for those that received neoadjuvant therapy. Three anastomotic leaks (7%) occurred, all of which required reoperation. No 30-day mortality was observed within this series.

**Conclusion**
This review demonstrates a comparable rate of minimally invasive surgery in colorectal training, with satisfactory outcomes in terms of LN yield and R0 resections. A limitation of this retrospective review is that it only analyzes data from a single CR trainee. We propose the establishment of a national database for all colorectal trainees in Malaysia to facilitate a more comprehensive audit of colorectal training outcomes.

Abstract ID: 117
Category: Oral, Clinical

# STAGE OR SYNCHRONOUS? A CASE SERIES PERSPECTIVE IN COLORECTAL LIVER METASTASES RESECTION OUTCOME

M Iqbal Rivai[1]
[1]Digestive Surgery, Faculty Of Medicine Andalas University/Dr. M Djamil Hospital, Padang, Indonesia

**Aim/Objective**
This study aims to compare the intraoperative and postoperative outcomes of stage resection and synchronous resection in CRLM patients, evaluating the safety and feasibility of synchronous resection.

**Method**
A case series of four CRLM patients was reviewed, with two undergoing synchronous resection and two undergoing stage resection. Intraoperative factors assessed included operative time, blood loss, blood transfusion requirements, and conversion to open surgery. Postoperative outcomes evaluated were anastomotic leakage, intraabdominal abscess, ICU stay, and overall recovery.

**Results**
In the synchronous group, one patient underwent complete laparoscopic resection of colorectal cancer (CRC) and liver metastases, resulting in minimal blood loss (100 cc) but prolonged operative time (360 minutes). The second patient, initially laparoscopic, required conversion to open surgery, with greater blood loss (300 cc) but shorter operative time (240 minutes). In the stage resection group, operative times were 120 and 150 minutes for each stage, with blood loss of 30 cc and 60 cc, respectively. Blood transfusion requirements ranged from 1–2 units of PRC in all cases. No anastomotic leakage or intraabdominal abscess occurred. ICU stays were less than five days, and recovery rates were comparable across groups.

**Conclusion**
Synchronous resection is a safe and effective option for CRLM in selected patients, with laparoscopic approaches minimizing blood loss but increasing operative time. While stage resection remains standard, synchronous resection reduces overall treatment time without compromising outcomes. Personalized treatment strategies are essential in CRLM management.

Abstract ID: 114
Category: Poster, Other

# MANAGEMENT OF STOMA RELATED COMPLICATIONS BY ENTEROSTOMAL THERAPIST; A CASE SERIES EXPERIENCE FROM PENANG HOSPITAL

Sumathi U[1], Mariyamal T[1], Nurul Syazlin M[1], Normala AR[1], Sahul Hamid MM[1]
[1]Colorectal Unit, Penang General Hospital

## Aim/Objective

Among common sources of perioperative morbidity in colorectal surgery is stoma related complications. This may occur intraoperatively, immediate postoperative or months to years after stoma creation. Most complication treated non-operatively especially immediate postoperative that doesn't require urgent surgical intervention. Non-operative management of stoma complications are treated with combination of education, appliance adjustment and behavioural changes. Enterostomal therapist nurse with surgeon provides the optimal management of this complications. Herein we present 3 case of perioperative stoma complication managed by enterostomal therapist nurse in a colorectal centre in Penang Hospital.

## Method

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## Results

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## Conclusion

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Abstract ID: 113
Category: Poster, Clinical

# THE DOUBLE TROUBLES: A SYNCHRONOUS DISTAL TRANSVERSE COLON CANCER WITH INTUSSUSCEPTION, AND PROXIMAL TRANSVERSE COLON CANCER INFILTRATION TO STOMACH CAUSING DOUBLE CLOSED LOOP COLONIC OBSTRUCTIONS

Poh Nuan Leng[1], Kong Wai Keong[1]
[1]Department Of Surgery, Hospital Sultanah Nora Ismail, Johor, Malaysia

## Aim/Objective

To review retrospectively the clinical presentations, investigations and management of concomitant colonic obstructions due to intussusception caused by synchronous transverse colon cancers in the elderly.

## Method

Here we report a case of an 83 years old lady presented with upper respiratory tract infections, abdominal pain and abdominal distension for one week, without obstructive symptoms. Abdominal Xray showed bowels dilatation and contrast enhanced computed tomography abdomen pelvis revealed transverse colon tumor with direct infiltration to stomach and distal ileum complicated with large and small bowel obstructions highly suspicious of malignancy.

## Results

Emergency exploratory laparotomy, extended right hemicolectomy, sleeve gastrectomy, double barrel stoma was performed for this locally advanced obstructed proximal transverse colon tumor infiltration into greater curvature of stomach and terminal ileum causing closed loop obstruction and impending caecal perforation. Whilst there was presence of another tumor forming intussusception seen 12cm distal to primary tumor. Pathologic evaluation showed moderately differentiated adenocarcinoma with clear margin, invading muscularis propria, without lymph nodes involvement. Intensive post-operative care was provided however patient failed to survive after one-month hospitalization, due to hospital acquired pneumonia.

## Conclusion

Intussusception arising from colorectal cancer was a rare phenomenon occurring in adults, especially elderly more than 80 years old. If this occurs, malignancy has to be suspected and often causing bowel obstructions. In this case, there was presence of synchronous cancer over the transverse colon, at proximal and distal causing double pathologies, which was less than 1% incidence reported in the literature. Surgical approach is more favorable than conservative management as far as malignancy is concerned.

Abstract ID: 112
Category: Poster, Other

**DUAL PRIMARY OF INTESTINAL ADENOCARCINOMA: CASE SERIES**

Normala AR[1], Nurul Syazlin M[1], Sumathi U[1], Mariyamal T[1], Sahul Hamid MM[1]
[1]Colorectal Unit, Penang General Hospital

**Aim/Objective**

Intestinal adenocarcinoma can occur commonly at the colon but it can also develop in the small bowel. However, it is rare for a patient to have small bowel adenocarcinoma. Commonly dual primary malignancies will be breast and gynaecology malignancies. Here we present 2 cases of patient with primary adenocarcinoma of colorectal and small bowel. We review the literature regarding this unusual pathological presentation.

**Method**

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**Results**

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**Conclusion**

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Abstract ID: 111
Category: Poster, Clinical

# ANASTOMOTIC LEAKAGE AFTER CURATIVE SURGERY IN COLORECTAL CANCER PATIENTS: ITS IMPACT ON LONG-TERM SURVIVAL AND RECURRENCE RATES

Jeong-Heum Baek, MD, PhD[1], Youngbae Jeon, MD[1]
[1]Division Of Colon And Rectal Surgery, Department Of Surgery, Gil Medical Center, Gachon University College Of Medicine

## Aim/Objective

This study aims to evaluate the long-term oncologic impact of AL in patients with non-metastatic CRC who underwent curative surgery.

## Method

A retrospective analysis was conducted on patients treated for CRC through surgical intervention at a singular tertiary institution from January 2004 to December 2018. Inclusion criteria encompassed patients aged over 18 who were diagnosed with colorectal adenocarcinoma and underwent curative resection. Exclusion criteria were the absence of anastomosis, non-adenocarcinoma histology, metastatic or recurrent disease, hereditary CRC, diagnosis of another cancer within five years preceding surgery, incomplete resection (R1, R2), and emergency surgical procedures. Data were segregated based on the occurrence of AL into two cohorts: those with AL (AL group) and those without (No AL group). The analysis covered baseline demographics, perioperative and histopathological outcomes, alongside long-term oncological results.

## Results

Out of 2122 assessed patients, 63 (3.0%) experienced AL. The AL group had a higher proportion of rectal cancer cases compared to the No AL group (63.5% vs. 35.5%, $p<0.001$). The AL group also reported significantly prolonged surgical durations and hospital stays. No histopathological outcome disparities were observed between groups. The median follow-up was 59.3 months (1.0 to 188.3 months). There was no significant difference in 5-year overall survival (OS) (76.0% in AL group vs. 84.1% in No AL group, $p=0.154$) or 5-year recurrence-free survival (RFS) (70.4% in AL group vs. 79.5% in No AL group, $p=0.147$). Multivariate Cox regression analysis revealed that AL did not significantly affect long-term oncological outcomes. Subgroup analyses for colon and rectal cancers also indicated no significant differences in long-term oncological outcomes between the groups.

## Conclusion

In this cohort, the occurrence of AL following curative resection for non-metastatic CRC did not significantly impact long-term oncological outcomes. Future prospective multicenter studies are warranted to elucidate these findings further.

Abstract ID: 110
Category: Poster, Clinical

# NURSING EXPERIENCE OF A PATIENT WITH MUCOCUTANEOUS SEPARATION AND IRRITANT CONTACT DERMATITIS AFTER ENTEROSTOMY SURGERY

Hsing-Wen Li[1], Ying-Jie Xie[1], Chien-Chih Chen[2]
[1]Department Of Nursing Koo Foundation Sun Yat-Sen Cancer Center
[2]Department Of Surgery Koo Foundation Sun Yat-Sen Cancer Center

## Aim/Objective

A 48-year-old woman with ovarian Krukenberg tumor combined peritoneal metastasis after chemotherapy and surgery, anticoagulants were used due to deep vein thrombosis. The ostomy had affected by using anticoagulants. It caused enterostomy mucocutaneous separation and irritant contact dermatitis. Irritating dermatitis caused the pouching system to leak repeatedly, resulting in a vicious circle of irritating dermatitis, which leaded to serious skin damage, pain, and infection. This case report aimed to explore how Hydrofiber and convex drainable ostomy kits could reduce leakage and promote skin wound healing.

## Method

First of all, we used a skin barrier film after cleansing the skin of ostomy. Then we filled enterostomy mucocutaneous separation area with Hydrofiber before using barrier rings to create a flatter surface and help prevent ostomy drainage. Adhesive two-piece convex stoma bag afterwards. In order to enhance the stability a stoma belt had worn. SACS Classification (studio alterazioni cutanee stomali) was a tool to assess peristome skin condition.

## Results

Initially, the two-piece convex drainable ostomy kits need to be replaced once every 3-4 days, but the enterostomy mucocutaneous separation getting worsens. After we adding Aquacel Ag, the mucocutaneous separation and skin condition improved. We only needed to replace convex drainable ostomy kits once every 7days. The SACS also improved from L1TV to L1TⅢ.

## Conclusion

After Enterostomy surgery, Hydrofiber added convex ostomy bag could improve enterostomy mucocutaneous separation and reduce the leakage that precipitated pain and poor life quality.

Abstract ID: 109
Category: Poster, Clinical

# A CASE REPORT: USING WOUND DRESSINGS AND CONVEX COLOSTOMY KITS TO IMPROVE MUCOCUTANEOUS SEPARATION

Hsing-Wen Li[1], Ying-Jie Xie[1], Chien-Chih Chen[2]
[1]Department Of Nursing Koo Foundation Sun Yat-Sen Cancer Center
[2]Department Of Surgery Koo Foundation Sun Yat-Sen Cancer Center

**Aim/Objective**
Enter ostomy can cause mucocutaneous separation due to skin tension, steroids, radiation or nutritional problems. The patient received radiotherapy, tumor resection and colostomy after diagnosed with cancer colon cancer, also had mucocutaneous separation. Once skin damage occurs, medical staff and the patient's life must be very challenged. The purpose Of this case report was to investigate the clinical effects of wound assessment combined with wound dressings and mucocutaneous separation in patients treated with colostomy.

**Method**
First of all, we used a skin barrier film after cleansing the skin of ostomy. Then we filled enterostomy mucocutaneous separation area with liquid wound dressing and Hydrofiber before using barrier rings to create a flatter surface and help prevent ostomy drainage. Adhesive Convex click barrier system afterwards. In order to enhance the stability a stoma belt had worn.

**Results**
Initially, the one-piece convex drainable ostomy kits need to be replaced once every 1-2days, but the enterostomy mucocutaneous separation getting worsens. After we adding liquid wound dressing and Hydrofiber and two- piece convex drainable ostomy kits, in 4 weeks the mucocutaneous separation and skin condition improved. We only needed to replace convex drainable ostomy kits once every 5days.

**Conclusion**
After enter ostomy mucocutaneous separation, the author through clinical experiences and the knowledge of ostomy care technique, effectively using wound dressings and convex colostomy kits to improve ostomy kits function, also improving the patient's interpersonal relationships and sleeping quality.

Abstract ID: 0108
Category: Oral, Clinical

**MANAGEMENT OF SUPRALEVATOR HORSESHOE FISTULA TRACK WITH VIDEO ASSISTED ANAL FISTULA TREATMENT (VAAFT).**

Boris Ruggiero MD, FRACS, CSSANZ prov[1], Prof. Juyong Cheong FRACS, CSSANZ[1]
[1]Cairns Hospital.

**Aim/Objective**

Supralevator fistulas present a particular investigative and management challenge for colorectal surgeons. We describe use of VAAFT for concurrent investigation and management of a horseshoe supralevator fistulas in a non IBD patient

**Method**

A 58 male patient presented three years ago with perforated diverticulitis presented as a perianal abscess for which a hartmans procedure was performed. Subsequently the patient developed a horseshoe supralevator fistula. Despite EUA. MRI, colonoscopies no obvious source of the sepsis and internal opening identified

VAAFT was performed which visually tracked the entire horseshoe fistula track bilaterally. Also low rectal internal opening driving the sepsis was identified.

The internal opening was sutures closed with a mucosal flap and entire horse shoe fistula's epithelized tract treated with VAAFT monopolar diathermy.

**Results**

As a result of visualizing the fistulous tract directly, we were not only able to define the anatomy, but also provide targeted therapy. VAAFT is the only minimally invasive option available for this complex case.

**Conclusion**

This case highlights the benefits of using VAAFT as an adjunct to define and treat high complex perianal fistulous disease.

Abstract ID: 107
Category: Poster, Clinical

# CORRELATION BETWEEN ANAL MANOMETRY FINDING AND QUALITY OF LIFE IN PATIENTS WITH DEFECATION DISORDER- AN INSIGHT FROM NEWLY ESTABLISHED COLORECTAL UNIT.

Fatin Mardhiyyah Hussin[1], Arif Jamal Azmi[1], Hasmali Mohamad[1,2], Ahmad Fardi Bin Sulaiman[1,2]
[1]Department Of Surgery, Hospital Sultan Zainal Abidin (HoSZA), Kuala Terengganu, Terengganu, Malaysia
[2]Faculty Of Medicine, Universiti Sultan Zainal Abidin (UniSZA), Kuala Terengganu, Terengganu, Malaysia

**Aim/Objective**
This study aims to evaluate the prevalence of defecation disorder and correlation between anal manometry and quality of life (QOL). We also wanted to identify relevant cutoff the Wexner score to indicate quality of life in patients with defecation disorder.

**Method**
Between January to October 2024, 46 patients were diagnosed with defecation disorder in Hospital Sultan Zainal Abidin (HoSZA) - 42 had constipation and 2 had faecal incontinence. The severity of symptoms was measured using the Wexner score and Cleveland Clinic Incontinence score. All participants underwent anal manometry to evaluate anal function and recto-anal coordination. QOL was measured in terms of physical, emotional and social effects using Patient Assessment Constipation (PAC-QOL) and Fecal Incontinence Quality of Life (FIQL). Statistical Analysis is used to calculate correlation between manometric parameters and QOL.

**Results**
Among the 46 patients, 14 had a mild Wexner score, 26 had a moderate score, and 6 had a severe score. Reduced rectal sensation, and abnormal recto-anal coordination were associated with higher Wexner score and poorer quality of life. However, some of the patients with low Wexner score still experience higher impact on their QOL despite anal manometry results are not being relevant.

**Conclusion**
Anal manometry provides valuable insights in accessing defecation disorder contributing to symptom severity and quality of life impairment. This information can help more targeted treatment to improve patient outcomes. But, in minor cases anal manometry alone may not fully explained QOL outcomes.

Abstract ID: 106
Category: Oral, Clinical

**COLORECTAL POLYPS IN SYMPTOMATIC PATIENTS UNDER 50 YEARS: RETROSPECTIVE ANALYSIS FROM SULTAN AHAMED SHAH MEDICAL CENTRE**

Fatimah Zainal[1], Devanraj Selvam[1], Irfan Salmi[1], Faisal Elagili[1], Azmi Md Nor[1]
[1]Colorectal Unit, Department Of General Surgery, Kulliyah Of Medicine, International Islamic University Malaysia, Kuantan

**Aim/Objective**
The rising incidence of colorectal cancer among young adults is a growing public health concern. While the adenoma-carcinoma sequence is well established as a central pathway in colorectal cancer development, our understanding of this progression in younger patients, particularly those under 50 years presenting with symptoms, remains limited. This study aims to investigate the prevalence, clinicopathological features and potential clinical significance of colorectal polyps in symptomatic patients younger than 50 years.

**Method**
This is a retrospective cohort study which was conducted on symptomatic patients under 50 years, who underwent colonoscopy at the Sultan Ahamed Shah Medical Center@IIUM between January 2017 to December 2023. Data on polyp prevalence, size, location, histological classification and associated symptoms were collected. Patients with inflammatory bowel disease and genetic disorders were excluded.

**Results**
A total of 389 patients were analysed, of which 51 patients (13%) were identified as having colorectal polyps. The patient with polyps had a mean age of 40±7 years, with 63% male. A family history of colorectal cancer was reported in only 4% of patients. The most common presenting symptoms were rectal bleeding (47.1%), changes in bowel habits (33.3%) and abdominal pain (15.7%). Among all patients, the overall adenoma detection rate was 4%. The majority of polyps were located in the left colon (88%), with 98% being small (<1 cm). Most polyps were hyperplasic (72.5%), while 27.5% were adenomatous.

**Conclusion**
This study emphasises the growing importance of evaluating symptomatic patients under 50 for colorectal polyps, even in the absence of a family history or traditional risk factors. Early detection and removal of polyps, particularly adenomatous ones, can significantly reduce the risk of progression to colorectal cancer. The findings support the need for increased awareness among healthcare providers and further research to explore risk factors and refine screening strategies for younger populations.

Abstract ID: 105
Category: Poster, Clinical

**OVERCOMING CHALLENGES: POSTERIOR PELVIC EXENTERATION FOR LOCALLY ADVANCED LOW RECTAL ADENOCARCINOMA IN A RESOURCE-LIMITED DISTRICT COLORECTAL CENTRE IN MALAYSIA**

Syafiqa Al Azua Aljeffry, Kong Wai Keong, Mohd Fahmi Ismail, Khairuzi Salekan, Syariz Ezuan Sulaiman
Hospital Sultanah Nora Ismail Batu Pahat
Hospital Canselor Tunjuk Mukhriz

**Aim/Objective**

Locally advanced low rectal cancer presents significant treatment challenges, especially in resource-limited settings. When the tumour invades adjacent pelvic structures, radical procedures such as pelvic exenteration may be required for curative resection. This report highlights the successful management of a first-encounter case of a locally advanced low rectal adenocarcinoma with vaginal infiltration in a district hospital. It emphasizes the feasibility of managing complex surgeries in such settings through effective multidisciplinary collaboration.

**Method**

A 76-year-old woman presented with a 3 months history of lower abdominal pain, per rectal bleeding, altered bowel habit with significant constitutional symptoms. Clinical and endoscopic evaluation demonstrated a low rectal tumour, confirmed histologically as moderately differentiated adenocarcinoma. Computed tomography (CT) and Magnetic Resonance Imaging (MRI) staging confirmed a T4b tumour revealing invasion to mesorectal fat, internal sphincter and posterior vaginal wall with regional lymphadenopathy. Transvaginal Ultrasound (TVS) confirmed a solid-cystic mass with fistula formation. After neoadjuvant chemoradiotherapy, the patient underwent open abdominoperineal resection, total abdominal hysterectomy, bilateral salpingo-oophorectomy and vaginectomy (posterior pelvic exenteration) in collaboration with the gynaecology team.

**Results**

Pelvic exenteration remains crucial in managing locally advanced low rectal cancer with adjacent organ invasion, offering potential long-term survival despite significant morbidity. This case highlights the feasibility of such a complex procedure in a resource-limited district hospital through effective multidisciplinary coordination and surgical expertise. Neoadjuvant chemoradiotherapy was fundamental in downstaging the tumour, facilitating a curative resection, as supported by prior studies demonstrating its role in improving disease control and resectability

**Conclusion**

This case illustrates that posterior pelvic exenteration can be successfully performed in resource-constrained settings with a multidisciplinary approach. It reinforces the importance of teamwork, resource optimization and adherence to oncological principles in managing advanced low rectal cancer. Enhanced access to advanced surgical care in such settings is vital.

Abstract ID: 104
Category: Oral, Clinical

**INFRARED COAGULATION:- AN EFFECTIVE NONOPERATIVE PROCEDURE FOR HAEMMORIDS**

Dr Mohit Kumar Jain[1]
[1]SMS Medical College And Hospital, Jaipur

**Aim/Objective**

Infrared coagulation (IRC) is a minimally invasive, nonoperative treatment for hemorrhoids, offering a safe and effective alternative to surgical interventions. Hemorrhoids, caused by swollen and inflamed vascular structures in the anal canal, are a common condition that can lead to discomfort, bleeding, and impaired quality of life. Traditional treatments, including surgery, often result in significant recovery time and complications. IRC employs infrared light to coagulate blood vessels, reducing hemorrhoidal tissue while minimizing patient discomfort.

**Method**

This study evaluates the efficacy and safety of IRC in the management of symptomatic hemorrhoids. Methods involved a retrospective analysis of patients undergoing IRC for grade I-III hemorrhoids in a tertiary care setting. Treatment success, defined by symptom resolution, was assessed alongside patient-reported outcomes and complication rates.

**Results**

Results demonstrated that 85% of patients experienced significant symptom relief following a single session of IRC, with minimal pain and an average return to daily activities within 24 hours. Complications were rare and included mild bleeding and transient discomfort. Patient satisfaction was high, with 90% recommending the procedure.

**Conclusion**

In conclusion, IRC is an effective, patient-friendly treatment for hemorrhoids, particularly in early stages. Its nonoperative nature, minimal downtime, and excellent safety profile make it a valuable option for both patients and healthcare providers.

Abstract ID: 103
Category: Poster, Clinical

**SEROMUSCULAR SIGMOID FLAP FOR PELVIC INLET CLOSURE AFTER PELVIC EXENTERATION: A NOVEL RECONSTRUCTIVE OPTION.**

Manivaasan Pannirselvam[1], Michael Pak Kai-Wong[1,2], Mohd Azem Fathi Mohammad Azmi[1,2], Zaidi Zakaria[1,2], Bazli Md Yusoff[3]
[1]Department Of Surgery, School Of Medical Sciences, Universiti Sains Malaysia,Kubang Kerian, Malaysia.
[2]Department Of Surgery, Hospital Pakar Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia.
[3]Department Of Radiology, School Of Medical Sciences, Universiti Sains Malaysia, Health Campus Kubang Kerian.

**Aim/Objective**
Pelvic exenteration is a radical surgical procedure often performed for advanced malignancies, resulting in significant anatomical alterations and functional impairments. Postoperative complications can arise from the lack of adequate pelvic support and closure

**Method**
This case report explores the use of a seromuscular sigmoid flap as an innovative reconstructive technique for pelvic inlet closure following pelvic exenteration.We report a case of gentleman whom has underlying locally advanced gastrointestinal stromal tumour with poor plane with adjacent structures underwent bladder sparing pelvic exenteration with seromuscular sigmoid flap. The surgical procedure was performed by colorectal surgeons, focusing on achieving a robust closure of the pelvic inlet using a seromuscular flap harvested from the sigmoid colon.

**Results**
Postoperatively, the patient showed excellent flap viability and successful pelvic inlet closure. Complications were minimal, and the patient reported improved pelvic stability and quality of life during follow-up evaluations.

**Conclusion**
The seromuscular sigmoid flap represents a viable and effective option for pelvic inlet reconstruction post-exenteration, promoting healing and improving patient quality of life.

Abstract ID: 102
Category: Poster, Clinical

**METASTATIC SIGMOID COLON ADENOCARCINOMA TO URINARY BLADDER - A CASE REPORT**

Tuan Naimi Shazmie TMN, Fatin Muhamad Tamyez, Syibrah KZ, Fadliyazid Ar
[1]Department Of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Malaysia
[2]Department Of Pathology, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Malaysia

**Aim/Objective**

Colorectal cancer (CRC) is the second most common malignancy among the Malaysian population. CRC commonly metastasizes to the liver, peritoneum, lung and bone, while distant metastasis to the urinary bladder metastasis is exceptionally rare, accounting for approximately 2.9% of metastatic CRC cases and being far less frequent than direct bladder invasion.

We report a case of a lady initially diagnosed with pathological stage 1 (T2N0M0) sigmoid colon adenocarcinoma who underwent an elective laparoscopic anterior resection. She presented with painless hematuria about a year later. Computed tomography (CT) scan showed urinary bladder mass without evidence of local tumor recurrence or other systemic metastasis. Transurethral resection of bladder tumor (TURBT) was performed and histopathological confirmed secondary metastatic adenocarcinoma with colorectal in origin. She subsequently completed adjuvant chemotherapy.

This case underscores the importance of routine post-treatment CT surveillance in CRC patients to detect rare metastatic occurrences such as urinary bladder involvement, which may significantly influence management and prognosis.

**Method**

Case report

**Results**

Transurethral resection of bladder tumor (TURBT) was performed and histopathological confirmed secondary metastatic adenocarcinoma with colorectal in origin.

**Conclusion**

Rare of metastatic CRC to bladder

Abstract ID: 101
Category: Poster, Clinical

# A RARE CASE OF DIRECT KIDNEY INFILTRATION BY DESCENDING COLON CANCER: A CLINICAL CHALLENGE

Devanraj Selvam[1], Irfan Salmi[1], Faisal Elagili[1], Azmi Md Nor[1]
[1]Colorectal Unit, Department Of General Surgery, Kulliyah Of Medicine, International Islamic University Malaysia, Kuantan

## Aim/Objective

Renal involvement in primary colon cancer is an exceedingly uncommon phenomenon. We report a rare case of a patient with descending colon cancer and direct invasion of the left kidney at our centre.

## Method

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## Results

A 48-year-old woman presented in July 2023 with a 4-month history of abdominal pain, anaemia, constitutional symptoms, and an elevated CEA level of 613 ng/mL. Upon examination, a 5x5cm mass was found in the left iliac fossa. CT imaging revealed a mass in the descending colon infiltrating the left kidney and poorly defined margins against the posterior abdominal wall. A colonoscopy and biopsy did show poorly differentiated adenocarcinoma. She underwent neoadjuvant FOLFOX chemotherapy, followed by an en-bloc subtotal colectomy, left nephrectomy, abdominal wall resection, and ileocolic anastomosis. On the second postoperative day, she developed a grade C anastomotic leak, necessitating an emergency laparotomy where small bowel ischemia and contamination were identified. An end ileostomy was created after the necrotic small bowel was resected. Four days later, the stoma became gangrenous, leading to a repeat surgery that revealed additional small bowel ischemia and mesenteric venous thrombosis. She was diagnosed with heparin-induced thrombocytopenia (HIT) and started on apixaban for treatment. Despite experiencing complications, including NSTEMI and recurrent acute kidney injury (AKI), she completed 8 cycles of adjuvant chemotherapy and is now scheduled for stoma reversal.

## Conclusion

This case demonstrates an unusual presentation of descending colon adenocarcinoma with direct kidney invasion, highlighting both the rarity of such tumour behaviour and the complexity of managing severe postoperative complications. The successful completion of adjuvant therapy despite multiple setbacks, including HIT-induced mesenteric thrombosis and bowel ischemia, emphasises the critical importance of prompt recognition and aggressive multidisciplinary intervention. This report adds to the limited literature on direct renal invasion by colonic adenocarcinoma and provides valuable insights into managing similar challenging cases.

Abstract ID: 100
Category: Poster, Clinical

# CLINICAL AND PATHOLOGICAL RESPONSE TO TOTAL NEOADJUVANT THERAPY (TNT) AMONG PATIENTS WITH LOCALLY ADVANCED RECTAL CANCER (LARC) – AN AUDIT OF OUTCOMES IN A SINGLE TERTIARY CENTRE

A Rajanran[1], Mohd Firdaus Zulkifli[1], G Paramasvaran[1], AKN Khor[2], MJ Chan[2], L Rajaratenam[2], EHB Ng[1]
[1]Colorectal Surgery Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia
[2]Radiotherapy And Oncology Unit, Department Of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Malaysia

## Aim/Objective

Total neoadjuvant therapy (TNT) has been shown to nearly double complete pathologic response (pCR) rates among patients with locally advanced rectal cancer (LARC), which in turn correlates with improved disease free and overall survival. Non-operative management for patients who demonstrate complete clinical response (cCR) to TNT is also being researched to increase sphincter and organ preservation rates. This audit provides a retrospective analysis of clinical and pathological outcomes among patients with LARC who have successfully completed TNT and underwent radical surgery since its implementation in our centre in 2021.

## Method

Patients who underwent surgery post completion of TNT between January 2022 and June 2024 (30 months) in Hospital Raja Permaisuri Bainun, Ipoh were included in this analysis. Radiological impression and magnetic resonance Tumour Regression Grading (mrTRG) were used to classify clinical tumour regression into good response (mrTRG 1-2), intermediate (mrTRG3) and poor response (mrTRG4-5). Tumour regression grade given during histopathological analysis of the operative specimen was used to indicate pathologic response.

## Results

Out of the 24 patients in this analysis, 9 had T4 tumours pre-TNT, 14 had T3 and 1 had T2 with a total of 13 patients having mesorectal fascia involvement. Post TNT clinical tumour regression was good in 2 (8.3%) of patients, intermediate in 13 (54.2%) and poor in 9 (37.5%). 15 patients demonstrated clinical nodal downstaging. On histopathological analysis, only 1 (4.2%) patient demonstrated complete response (TRG0), 7 (29.2%) of patients showed near complete response (TRG1), 9 (37.5%) showed partial response (TRG2) and 7 (29.2%) had poor or no response (TRG3)

## Conclusion

Our audit demonstrated low complete clinical and pathological response rate post TNT when compared to internationally reported outcomes. Further research is needed with a larger sample size to evaluate differences in population characteristics and tumour biology that may influence response rates.

Abstract ID: 098
Category: Poster, Clinical

# TIPS FOR HEMORRHOIDECTOMY WITH ALTA INJECTION IN DAY SURGERY

Kohei Yoshida[1], Ken Tarumi[2]
[1]Shinjuku Oshiri No Clinic
[2]Sapporo Ekimae Tarumi Oshiri No Clinic

## Aim/Objective

Hemorrhoids are a prevalent condition that causes significant discomfort for many patients. While some patients experience symptom relief with conservative treatment, many others require surgical intervention. Due to the potential complications, including pain and postoperative bleeding, most facilities necessitate hospitalization following surgery. In contrast, our hospital performs day surgeries for various anorectal disorders. This study aims to present the outcomes of hemorrhoidectomy performed at our clinic and outline the key considerations in our surgical approach.

## Method

This study retrospectively reviewed patients who underwent hemorrhoidectomy at our clinic from October 2021 to September 2024. All surgeries were conducted under sacral epidural anesthesia, with the patient positioned in the prone position. The hemorrhoidectomy procedure involved ligation and excision with the ALTA injection. The excision depth was carefully limited to the Hermann's line, where the base of the hemorrhoid was ligated. ALTA was administered to the residual hemorrhoidal tissue on the oral side. Post-resection, the wound was semi-closed on the oral side, just above the anal verge. To minimize postoperative pain and reduce the risk of stenosis, rather than removing the entire hemorrhoid, we aim to excise 70-80% of it. It is also important to avoid suturing the anal sphincter during semi-closure to prevent pain.

## Results

Between October 2021 and September 2024, a total of 584 patients underwent hemorrhoidectomy at our clinic. Of these, 258 were male, and 326 were female, with an average age of 39.8 years (range: 19–81). On average, 1.4 hemorrhoids were excised per patient (range: 1–6). The median surgical duration per hemorrhoid was 5 minutes (range: 3–12 minutes). There was one case of postoperative hemorrhage (0.17%), two cases of recurrence (0.34%)—with recurrences occurring at 1 year 3 months and 6 months postoperatively—and no cases of anal stenosis. Postoperative pain was effectively managed with oral analgesics alone.

## Conclusion

It is important not to cut too deeply on the oral side of the hemorrhoid, particularly beyond the Hermann's line, as this may increase the risk of postoperative hemorrhage. Furthermore, because hemorrhoids are benign, preserving a portion of the anal cushion rather than aiming for complete excision—similar to oncologic resection—can enhance postoperative pain management. In conclusion, hemorrhoidectomy can be performed safely and effectively as an outpatient procedure, offering a viable option for patients requiring surgical intervention.

Abstract ID: 097
Category: APFCP Video, Clinical

**ENDOSCOPIC DILATATION FOR POST OPERATIVE COLORECTAL ANASTOMOTIC STRICTURE**

Nur Amira Binti Izhar, Shukri Suliman, Irfan Salmi, Faisel Elagili, Azmi Md Nor*
Department Of General Surgery, Sultan Ahmad Shah Medical Centre, Kuantan, Pahang
Kulliyah Of Medicine, International Islamic University Malaysia

**Aim/Objective**

Anastomotic strictures after colorectal surgery are common, ranging from 3-30%.

**Method**

We present A case of colorectal anastomotic stricture after anterior resection that successfully manage with multi Diameter Balloon Dilatation.

**Results**

A 67 years old gentleman with no prior medical illness, underwent Open Anterior Resection with covering ileostomy for unresectable rectal polyp. Eight months later, he intended to close his ileostomy. Preoperative Gastrograffin imaging revealed a 0.4cm stricture at the anastomotic site. He underwent 3 successful multi-diameter balloon dilatations to dilate the stricture. Stoma was successfully closed one month following stricture dilatation.

**Conclusion**

Multiple attempt Endoscopic Balloon Dilatation can be successfully and safely performed in managing colorectal anastomotic stricture.

Abstract ID: 096
Category: Poster, Clinical

# EMERGENCY SURGERY FOR ISCHEMIA OF HUGE STOMA CAUSED BY STOMA PROLAPSE AND PARASTOMAL HERNIA - A CASE REPORT

Hiroto Koike[1], Shuhei Ota[1]
[1]Yao Tokushukai General Hospital

## Aim/Objective

Stoma prolapse and parastomal hernia are common late complications following stoma construction, but the need for emergency surgery is rare.

## Method

N/A

## Results

A 54-year-old male patient with chronic intestinal pseudo-obstruction due to cerebral palsy had a history of end stoma construction at the ascending colon.
The patient was urgently transported to the hospital due to stoma prolapse.
The stoma was enlarged significantly due to prolapse, and ischemia of the stoma was suspected. Abdominal CT revealed a parastomal hernia in which the small intestine had herniated from the abdominal cavity and become incarcerated. No necrosis in the herniated intestine was suspected
An emergency surgery was performed, during which the affected ileocecal region, including the stoma with ischemia, were resected, and a new ileostomy was constructed. The herniated small intestine was not resected.

## Conclusion

Stoma prolapse and parastomal hernia causing ischemia to the stoma are rare but require emergency intervention.

Abstract ID: 095
Category: Oral, Research

**DOES METFORMIN INDUCE GREATER TUMOUR REGRESSION DURING LONG COURSE CHEMO RADIOTHERAPY FOR RECTAL CANCER? SINGLE INSTITUTION STUDY**

Dr. Lalita Andersen, Dr. Heng-Chin Chiam, Dr. Maseelan Naidoo, Dr. Boris Ruggiero, A/Prof Ju Yong Cheong
Cairns And Hinterland Hospital And Health Service
James Cook University

**Aim/Objective**
Metformin has been suggested in recent studies to cause greater tumor regression after long course chemoradiotherapy (LCCRT) for locally advanced rectal cancer. Metformin is a biguanide derivative, which inhibits the mTOR pathway of cell proliferation. This study aimed to test this hypothesis.

**Method**
Retrospective analysis of a prospectively collected database at a single tertiary institution (James Cook University Cairns Hospital) was performed. All patients with rectal cancer who received LCCRT were analysed for their tumor regression. Tumor regression was analysed radiologically by comparing MRI scan before and after LCCRT (mrTRG) as well as pathologically (pTRG) after resection. Tumor regression was compared between patients treated with metformin for diabetes and patients not on metformin.

**Results**
Between 2014-2024, 416 patients were treated for rectal cancer. 100 patients received LCCRT followed by curative total mesorectal excision (TME), of which 13 patients were on metformin. The median mrTRG/pTRG for the 100 patients was (3/2), and (46/26 % patients had mrTRG 1-2/pTRG 0. The mrTRG was lower in the patients receiving metformin as compared to patients not receiving metformin, however this did not reach statistical significance (median mrTRG 2 vs 3, p=0.15). The pTRG was also lower in the metformin group however, did not reach statistical significance (median pTRG 1 vs 2, p=0.41). Complete pathological response rate was 46% in metformin group, and 24% in patients not on metformin (p=0.09).

**Conclusion**
In this study, treatment with metformin was not associated with improved tumour regression of rectal cancer treated with LCCRT.

Abstract ID: 094
Category: Poster, Research

**ARE THERE ONCOLOGICAL OUTCOME DIFFERENCES BETWEEN OPEN VS LAPAROSCOPIC TME IN RECTAL CANCER MANAGEMENT**

Emmanuel Eguare[1], Munyaradzi Nyandoro[1,2], Gene Lim[1], Henry Yoo[2], Samanatha Jamin[3], Alexander Armanios[1], Ellen Maclean[1], Mary Teoh[1], Marina Wallace[1,2], Jennifer Ryan[1,2]
[1]Colorectal Surgery Unit, Fiona Stanley Hospital, Western Australia
[2]Colorectal Surgery Unit, Fremantle Hospital, Western Australia
[3]University Of Western Australia School Of Medicine, Western Australia

**Aim/Objective**

Aims: Total mesorectal excision (TME) is the holy grail of rectal cancer surgical management. Open and laparoscopic techniques follow the same oncologic principles, but the literature provides conflicting evidence on which is the best. This study evaluates local practice parameters, preferences, and associated outcomes by comparing open and laparoscopic TME

**Method**

Methods: This study conducted a retrospective cohort study of all adult patients undergoing formal TME resection for rectal cancer at a tertiary teaching centre between 2004 and 2022. Oncological and clinicopathological outcomes were analysed using SPSS v.29.

**Results**

Results: Of the 327 patients meeting inclusion criteria, 222 (67.9) were male, with a mean age of 62.6 (SD11.7) and a median BMI of 27.2 (IQR=6.9). Open TME was the most preferred approach 269 (82.3%), with 100% non-involved proximal and distal margins for both laparoscopic and open procedures.

There was no significant difference in the involved circumferential margin (CRM) between open vs lap TME (7.4% vs 5.2%, p=0.778). Local recurrence was not significant for the open vs lap approach (5.6% vs 3.4%, p=0.747).
Open vs. lap TME cancer-specific mortality was 14.5% vs. 5.2%, p=0.054 respectively. Open TME was associated with larger tumours (p=0.007). There was no difference in lymph node yield (p=0.511) and Recurrence Free-Survival (0.435). Over the study period, there was a notable shift from open to laparoscopic TME, peaking in both 2011 and 2019 (p=0.002) before reverting to open.

**Conclusion**

Conclusion: This study demonstrates no significant difference in oncological, patient-related and survival outcomes between open and laparoscopic TME in well-trained hands.

Abstract ID: 091
Category: Poster, Research

# FUTILITY IN CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN PERITONEAL MALIGNANCY OF COLORECTAL PRIMARY

Sharon Tan Xin Yun[1], Tan Shu Xian[1], Dr Sascha Karunaratne[2,3], A/Prof Cherry Koh[2,3]
[1]Faculty Of Medicine, University Of Malaya, Kuala Lumpur, Malaysia
[2]Surgical Outcomes Research Centre (Source), Royal Prince Alfred Hospital, Camperdown, Sydney, Nsw, Australia
[3]Rpa Institute Of Academic Surgery (Ias), Royal Prince Alfred Hospital, Sydney, New South Wales, Australia.

**Aim/Objective**
This study aims to identify the factor leading to futile surgery in Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (CRS-HIPEC) of colorectal primary.

**Method**
Prospectively maintained databases of single institutions for CRS-HIPEC were reviewed. Comparison of possible factors leading to futile surgery that were identified after literature study was made between patients that undergo futile surgery and non-futile surgery. Survival curve was plotted to compare survival rate between the two cohort of patients.

**Results**
This study included 197 patients, of those 66 (33.5%) patients were deemed futile when futile surgery was defined as recurrence or death within 12-months post-operations. We identified that only Peritoneal Cancer Index (PCI) score appears to be the single predictive factors for predicting futile surgery in CRS-HIPEC ($p=<0.001$). We also identified that the 2-years survival chance was 92% in patients who had non-futile surgery compared to 45% whose surgery was futile.

**Conclusion**
It is important to identify futile surgery as the 2-year survival rate is low and hence does not bring significant benefit to the patient. PCI score which represents the extend of the peritoneal metastasis is hence a good prognostic factors to predict futile surgery in CRS-HIPEC. Further studies may explore the prognostic value of PCI sub-scores to improve patient outcomes.

Abstract ID: 090
Category: Poster, Research

**PATIENT REPORTED OUTCOME MEASURES (PROMS): WHAT MAKE PATIENTS PARTICIPATE ?**

Tan Shu Xian[1], Sharon Tan Xin Yun[1], Dr Sascha Karunaratne[2], A/Prof Cherry Koh[3]
[1]Faculty Of Medicine, University Of Malaya, Kuala Lumpur, Malaysia
[2]Surgical Outcomes Research Centre (Source), Royal Prince Alfred Hospital, Camperdown, Sydney, Nsw, Australia
[3]Rpa Institute Of Academic Surgery (Ias), Royal Prince Alfred Hospital, Sydney, New South Wales, Australia.

**Aim/Objective**
The primary aim of the study is to identify the clinical and social factors leading to patients participating in Patient Reported Outcome Measures (PROMs) after Cytoreductive and Hyperthermic intraperitoneal chemotherapy surgery (CRS-HIPEC) for peritoneal malignancy. The second aim of the study is to identify if the participants can represent non-participants by identify if they have similar Quality of Life (QoL).

**Method**
Prospectively maintained databases of single quaternary institutions for CRS-HIPEC were reviewed. Comparisons of possible factors leading to non-participations between participants and non-participants were made and analysed at 5 time points, pre-operation, predischarge, post-operation 3-months, 6-months and 12months. QoL between the participation of all previous PROMs and non-participants of 24-months PROMs were analysed to identify if participants are representative to their counterpart.

**Results**
The participation rate for PROMs were 68.8%, 65.2%, 57.7%, 51.0% and 42.6% at pre-operation, pre-discharge, 6-months, 12-months and 24-months post-operation respectively. We found that only participations of previous PROMs is statistically significant as a prognostic factor for participation in subsequent PROMs ($p = <0.001$). We found that the those that participated can represent those who does not participated as there were no statistically significant differences in the QoL between the two groups.

**Conclusion**
The participation of PROMs is not predictable as there is no pre-operation factors that can used to predict the participations of PROMs of the patients. We can expect that those who participated before will be more willing to continue to participart in subsequent PROMs. In this study we also concluded that non-participants can be represented by participants which is important to eliminate the potential bias in subsequent studies.

Abstract ID: 089
Category: Poster, Clinical

# METASTATIC BREAST CARCINOMA TO THE GASTROINTESTINAL TRACT WITH SUBSEQUENT GASTRIC OUTLET OBSTRUCTION AND OBSTRUCTING RECTAL MASS: A CASE REPORT

Siti Juliana Binti Jahidin[1], Kong Wai Keong[1], Mohd Azren Hashim[1]
[1]Surgical Department Hospital Sultanah Nora Ismail

## Aim/Objective

Breast cancer commonly metastasises to the lungs, bone, brain and liver. Metastasis to the gastrointestinal (GI) tract is rare and is predominantly associated with invasive lobular carcinoma.

## Method

A 50-year-old woman was diagnosed with left breast invasive carcinoma in 2021. She underwent neoadjuvant treatment, left mastectomy , and axillary clearance. Despite endocrine therapy, she experienced local recurrence with bone metastasis within a year, prompting the addition of targeted therapy. Three years post-diagnosis, she presented with a three-month history of vomiting, constipation and rectal bleeding. Endoscopy revealed extraluminal compression at the pylorus and D1 junction, along with an obstructing rectal tumor. Biopsy of the duodenal and rectal lesios confirmed metastatic breast cancer. A computed tomography (CT) scan showed duodenal and rectal masses, which were new findings compared to imaging frow two months prior. Surgical intervention included gastrojejunostomy, ileocolic bypass, and sigmoid colostomy, with intraoperative findings consistent with the endoscopic and imaging results.

## Results

GI metastasis from breast cancer is rare, with incidence of <1%. The stomach is the most common site, followed by the small bowel and colon. Symptoms, such as nausea, vomiting and abdominal discomfort may mimic primary GI tumors or side effects of cancer treatment. Endoscopy findings can resemble primary GI cancer or inflammatory conditions, but biopsy and immunohistochemistry can differentiate metastatic features from primary tumors.

## Conclusion

Diagnosing GI metastasis is challenging due to its nonspecific presentation, which mimics other GI disorders. A high index of suspicion is crucial in patients with GI symptoms and a history of breast carcinoma, especially invasive lobular carcinoma

Abstract ID: 088
Category: Oral, Clinical

**ASSESSMENT OF THE QUALITY OF PATIENT ORIENTATED INTERNET INFORMATION ON WATCH AND WAIT FOR RECTAL CANCER**

Justin Nf Lam[1], Geoffrey T Ho[1], Trevor M Yeung[1], Simon S Ng[1]
[1]Division Of Colorectal Surgery, Department Of Surgery, The Chinese University Of Hong Kong, Prince Of Wales Hospital, Hong Kong Sar

**Aim/Objective**
Total mesorectal excision (TME) for rectal cancer is associated with significant morbidity. The 'Watch and Wait' approach, following a complete clinical response (cCR) to total neoadjuvant therapy (TNT), is increasingly being considered as an alternative to surgery. The Internet offers extensive resources for patients but the quality of these resources relating to ‘Watch and Wait’ is unknown. This study evaluates the quality of online resources on 'Watch and Wait' as an option for patients with rectal cancer.

**Method**
Using Google, two search phrases: “patient information watch and wait rectal cancer” and “patient information non-operative management rectal cancer” were employed. The first 50 results of each search were assessed. Relevant sites meeting inclusion criteria were assessed using the DISCERN instrument, which evaluates the quality of published health information on treatment choices.

**Results**
Out of 100 sites reviewed, 3 were duplicates. 10 sites provided dedicated patient-oriented information. Among non-dedicated sites, there were 63 scientific articles, 10 blogs, 6 resources for surgeons, 6 medical news articles, and 3 videos. After further screening of the 100 websites, 14 were deemed relevant to 'Watch and Wait' and accessible by patients. Of these 14 websites, 5 (35.7%) were updated within the last two years; 8 (57.1%) were associated with hospitals and clinics, and 6 (42.9%) with government or non-profit organizations. Most sites detailed the benefits of non-operative management, but 10 (71.4%) omitted uncertainties or risks. Only 4 (28.6%) were deemed 'high quality' by DISCERN criteria.

**Conclusion**
Online patient resources on 'Watch and Wait' for rectal cancer are limited and often poor quality. Certain high-quality websites can be identified and recommended to patients wishing to seek further information on this topic.

Abstract ID: 086
Category: Poster, Clinical

**EARLY EVALUATION OF ANORECTAL PRESSURE PATTERNS IN CHRONIC CONSTIPATION PATIENTS: INSIGHTS FROM ANAL MANOMETRY IN A NEWLY ESTABLISHED COLORECTAL UNIT**

Wan Aini Faizah Wan Mokhtar, Fatin Mardhiyyah Hussin, Nur Hayati Abd Samad, Ahmad Fardi Bin Sulaiman
Department Of Surgery, Hospital Sultan Zainal Abidin (Hosza), Kuala Terengganu, Terengganu, Malaysia
Faculty Of Medicine, Universiti Sultan Zainal Abidin (Unisza), Kuala Terengganu, Terengganu, Malaysia

**Aim/Objective**
This study evaluated anorectal pressure patterns in patients with chronic constipation using anorectal manometry in the newly established colorectal unit of Hospital Sultan Zainal Abidin (HoSZA). The assessment was conducted over 11 months, from January to November 2024. The goal was to identify common anorectal dysfunctions and enhance diagnostic accuracy for further treatment strategies

**Method**
A retrospective review of patients with chronic constipation who underwent anorectal manometry assessment. Focusing on specific manometric findings, such as resting pressure, squeeze pressure, recto-anal inhibitory reflex (RAIR), anal tone and contractility, recto-anal coordination, rectal sensation and balloon expulsion test, along with patient demographics, colonoscopy and imaging findings.

**Results**
49 patients underwent anorectal manometry over 11 months, and 33 presented with chronic constipation and the majority of them were female. 9 patients had abnormal resting anal pressure, another 2 had abnormal squeeze pressure, and 14 failed the balloon expulsion test. Furthermore, 10 patients exhibited abnormalities in anal tone and contractility, while 32 showed impaired recto-anal coordination. Five patients had disturbances in rectal sensation, and 7 had dysfunction of the recto-anal inhibitory reflex (RAIR). This result is significant to patients with Chronic Diabetic Mellitus and those who use aids to ease the defecation process. Based on these findings, the majority of patients (21/33) required biofeedback therapy and some of them opted for surgical intervention.

**Conclusion**
With a limited sample size, we exhibited abnormal anal manometry results within this cohort. The response to treatment is still being evaluated. We intend to continue this assessment for several more years, with follow-up for those undergoing treatment extending to at least three years and the potential for refining diagnostic and therapeutic protocols based on these insights.

Abstract ID: 084
Category: Oral, Clinical

# A RARE CASE OF INTERNAL HERNIATION INFEROMEDIAL TO RIGHT EXTERNAL ILIAC ARTERY WITH HISTORY OF PELVIC SURGERY

Azhar S.N.H[1], Kamalruzaman K.S[1], Mohd Roslan N.K[1], Anuar N[1]
[1]Department Of General Surgery Hospital Sungai Buloh

## Aim/Objective

Aim: Internal abdominal hernia is when a viscera protrudes through an opening in the peritoneum and mesentery. It is a rare condition with a low incidence rate. However, only a few cases of internal herniation to the iliac vessels have been reported globally with a common history – pelvic surgery. This case report emphasizes on the importance of maintaining a high index suspicion towards rare pathology following a pelvic surgery.

## Method

Method: A case report of a patient presented to our centre.

## Results

Result: 82 years old, lady, presented with symptoms of intestinal obstruction. She had a history of hysterectomy and bilateral tubal ligation done 45 years ago. CECT abdomen shows small bowel obstruction with transition zone in the right iliac fossa. Exploratory laparotomy was proceeded with findings of internal herniation of ileum through defect at the inferomedial to right external iliac artery. Primary repair of defect was done with appendicectomy. Post operative investigations showed negative for malignancy and only hyperplastic polyp of the appendix.

Discussion: Internal herniation below the iliac vessels is a rare case and commonly caused by the absence of peritoneum over the vessels that is commonly due to previous pelvic surgery done, mainly lymph node dissection. Intestinal obstruction is one of the common symptoms elicited by patients with such condition. In general, the diagnosis can be made by a contrasted CT scan showing features of closed loop bowel obstruction without a clear cause. Laparotomy is recommended in all cases; however, hernia repair is controversial as it poses a significant risk of vascular injury according to few reports.

## Conclusion

Conclusion: Internal herniation below the iliac vasculature is a diagnosis that needs to be considered in patient presenting with bowel obstruction post pelvic surgery. Being aware of the condition can help in timely diagnosis and prompt treatment can be given.

Abstract ID: 083
Category: Oral, Clinical

**COOLED RADIOFREQUENCY ABLATION: A BREAKTHROUGH IN HEMORRHOID TREATMENT – INITIAL CASE SERIES FROM TEBET DISTRICT GENERAL HOSPITAL JAKARTA INDONESIA**

Bramastha Rosadi[1], Terry Renata Lawanto[1], Jupri[1]
[1]Tebet District General Hospital

**Aim/Objective**

To evaluate the outcomes of cooled Radiofrequency Ablation (RFA) as a minimally invasive treatment for Grades III and IV hemorrhoids in a case series of six patients at Tebet District General Hospital.

**Method**

This case series included six patients (4 females, 2 males; aged 26–56 years) diagnosed with Grades III and IV hemorrhoids. All patients underwent cooled RFA under sedation. The Hemorrhoidal Severity Score (HESS) was used to assess symptom severity preoperatively and at 5 days, 14 days, and 1 month post-procedure. Pain was evaluated using the Visual Analog Scale for Pain (VASS) at day 5 post-procedure. Surgery duration and intraoperative complications were recorded.

**Results**

The mean surgery duration was 6.5 minutes, with no intraoperative complications. Preoperative HESS scores ranged from 10 to 15 (mean: 12.5). Significant improvement in symptom severity was observed post-procedure, with mean HESS scores of 4.8 at day 5, 2.7 at day 14, and 1 at 1 month. Complete resolution of symptoms was achieved in all patients at 1 month. The mean VASS score at day 5 was 2/10, indicating minimal postoperative pain. No significant postoperative complications were reported, and recovery was rapid.

**Conclusion**

Cooled RFA demonstrates promising results as a minimally invasive treatment for advanced hemorrhoidal disease, with reduced postoperative pain, faster recovery, and fewer complications compared to traditional hemorrhoidectomy. This case series supports the growing body of evidence favoring cooled RFA as an effective treatment option for advanced hemorrhoids. However, further studies with larger patient cohorts and longer follow-up periods are needed to establish its long-term safety and efficacy.

Abstract ID: 082
Category: Poster, Clinical

**FUNCTIONAL AND ANATOMICAL OUTCOMES FOLLOWING PRIMARY REPAIR OF OBSTETRIC ANAL SPHINCTER INJURY (OASI): A SINGLE-INSTITUTION EXPERIENCE**

Khairunnisa Che Ghazali[1], Huzairi Yaacob[1], Ahmad Shanwani Mohamed Sidek[1]
[1]Department Of Surgery, Hospital Raja Perempuan Zainab Ii, Kota Bharu, Kelantan, Malaysia

**Aim/Objective**

This study aims to objectively assess the anatomical and functional outcomes following primary repair of obstetric anal sphincter injuries (OASI).

**Method**

A retrospective analysis was conducted on women who sustained OASI between 1st January 2020 and 31st December 2022. Demographic and obstetric data were collected for all 120 patients diagnosed with OASI during this period. Endoanal ultrasound assessments were performed at 6 weeks, 3 months, and 6 months post-repair.

**Results**

Of the 120 women with OASI, 116 were included in the study, with all having at least one post-repair endoanal ultrasound assessment. The cohort was predominantly Malay (115/116, 99%), with a median age of 28 years. Half of the women (61/116, 52%) were primigravida. The distribution of tear severity was as follows: 7 (6%) grade 3, 15 (13%) grade 3A, 44 (38%) grade 3B, 29 (25%) grade 3C, 20 (17.2%) grade 4, and 1 (0.8%) buttonhole injury. Of these, 114 women underwent primary repair (either end-to-end or overlapping technique), while 2 patients with grade 4 tears had delayed repairs (1 at 14 days, 1 at 30 days). The median follow-up was 6 months.

Endoanal ultrasound findings showed that 45 women (39%) had intact external anal sphincter (EAS) and internal anal sphincter (IAS) with minimal fibrosis or scarring. A total of 55 (47%) had EAS defects, 17 (15%) had IAS defects, and 23 (20%) exhibited IAS thinning. Among the 4th-degree and grade 3C tear patients, 4 (20%) and 2 (7%) respectively experienced symptoms of flatus or faecal incontinence. Notably, 27 women showed healing of EAS defects, while 13 IAS defects and 12 cases of IAS thinning persisted by the end of follow-up, but these women remained asymptomatic.

**Conclusion**

After primary repair of OASI, the majority of patients experience mild symptoms. This emphasizes the importance of early diagnosis and timely repair in achieving favourable anatomical and functional outcomes.

Abstract ID: 081
Category: Poster, Clinical

# AUDIT OF ROUTINE SPLENIC FLEXURE MOBILIZATION IN LAPAROSCOPIC LEFT SIDED COLECTOMY: EXPERIENCE FROM NEWLY ESTABLISHED COLORECTAL UNIT ON THE EAST COAST.

Arif Jamal Azmi[1] ,Wan Aini Faizah[1] ,Hasmali Mohamad[1,2] ,Ahmad Fardi Sulaiman[1,2]
[1]Hospital Sultan Zainal Abidin (Hosza), Terengganu, Malaysia
[2]Fakulti Perubatan, Universiti Sultan Zainal Abidin (Unisza), Terengganu, Malaysia

**Aim/Objective**
Splenic flexure mobilization (SFM) was performed in left-sided colectomy to achieve tension-free and well-perfused anastomosis to reduce the incidence of anastomotic leak. This audit aims to evaluate the outcome of routine SFM with medial-anterior approach in laparoscopic left-sided colectomy surgery in the newly established colorectal unit in East Coast Malaysia.

**Method**
A retrospective audit of patients admitted at Hospital Sultan Zainal Abidin that has been subjected for laparoscopic left-sided colectomy within period of 9 months in 2024 (March-November) was performed. The data comparing the outcome of cases with or without SFM was extracted from the Hospital Information System (HIS) and analyzed.

**Results**
18 cases underwent laparoscopic left-sided colectomy. About 15 (83.3%) of them underwent splenic flexure mobilization during laparoscopic surgery while the remaining 3(16.6%) did not. There is no reported incidence of anastomotic leak, stricture, or other postoperative complications in our study in both arms. SFM was associated with longer operation time (258.4 minutes, ± SD 59.07 minutes vs 206 minutes ± SD 30.79 minutes, p =0.0698) and reduced period of stay in the postoperative period (4.4 days, ± SD 0.99 days vs 6.3 days, ± SD 4.16 days, p = 0.5061) when compared with those without SFM. In our Centre, 2 (13.3%) patients from the SFM cohort experience conversion to open surgery due to densely adhered tumors and 3(20%) patients succumb to death due to the advanced stage of cancer which is not seen in the non-SFM cohort.

**Conclusion**
In our series, routine SFM in laparoscopic left-sided colectomy did not show any statistically significant additional benefit aside from shorter postoperative days of hospitalization. There is no anastomotic leak or other postoperative complication reported in both cohorts, but future study with larger sample size needed for more significant result.

Abstract ID: 080
Category: Poster, Clinical

# SAFETY AND EFFICACY OF CLAMPED LASER DISTAL HEMORRHOIDECTOMY COMBINED WITH ALUMINUM POTASSIUM SULFATE AND TANNIC ACID INJECTION FOR PROLAPSED INTERNAL HEMORRHOIDS

Naotake Ito[1], Chikatoshi Katada[1], Naofumi Ito[1]
[1]Hachioji Clinic

## Aim/Objective

The aim of this retrospective study was to investigate the safety and efficacy of clamped laser distal hemorrhoidectomy (CLDH) combined with aluminum potassium sulfate and tannic acid (ALTA) injection for prolapsed internal hemorrhoids.

## Method

We recruited patients with prolapsed internal hemorrhoids who underwent outpatient surgery using CLDH combined with ALTA injection, which combined CO2 laser removal and ALTA injection. The study subjects were as follows: 1) adverse events, 2) postoperative pain using a visual analog scale (VAS), and 3) local control.

## Results

A total of 1,462 patients who received this procedure were analyzed. The treatment completion rate was 100%, and all patients underwent day surgery. Adverse events were massive late bleeding (0.07%) and persistent urinary retention (0.07%). The 137 patients studied in detail had a mean procedure time of 18.9 ± 7.4 minutes, a mean number of resections of 2.5 ± 1.3, a mean total ALTA injection of 9.2 ± 4.0 mL, and a mean bleeding volume of 8.4 ± 11.0 mL. Postoperative pain of were evaluated in 105 patients. VAS at rest progressively decreased from 2.9 ± 2.1 on day 1 to 0.2 ± 0.5 on day 21. VAS during defecation progressively decreased from 4.1 ± 2.4 on day 1 to 0.5 ± 0.8 on day 21. During a median follow-up period of 20 months (range: 1–40), the 2-year cumulative recurrence-free rate was 99.3%.

## Conclusion

CLDH combined with ALTA injection is a feasible treatment option for patients with prolapsed internal hemorrhoids as an outpatient surgery.

Abstract ID: 079
Category: APFCP Video, Clinical

**INITIAL EXPERIENCE WITH TRANSANAL TRANSECTION AND SINGLE STAPLED ANASTOMOSIS FOR LAPARASCOPIC LOW ANTERIOR RESECTION**

Khairul Hazim Hamdan[1], Firdaus Hayati[1], Salahudin Baharom[1]
[1]Hospital Selayang, Malaysia

**Aim/Objective**

To share our initial experience and results in incorporating the transanal transection and singled stapled anastomosis (TTSS) technique for laparascopic low anterior resection (AR).

**Method**

The initial results of patients undergoing low AR with TTSS is shared in video format to describe the procedure, outcomes, challenges faced as well plans for future improvement in our center.

**Results**

The TTSS technique is safe and feasible for patients with mid/low rectal tumors undergoing laparascopic AR

**Conclusion**

Further refinement of the surgical technique can be achieved with more cases being performed and the TTSS technique for laparascopic low AR  overcomes the challenges faced in conventional AR.

Abstract ID: 078
Category: Poster, Clinical

**BREAST METASTASIS OF COLON CANCER**

Nurul Nabila Bt Megat Mohamed Azmi[1], Khoo Kah Seng[1]
[1]University Malaya Medical Centre

**Aim/Objective**

INTRODUCTION
Extramammary breast cancer is extremely rare. It is important to differentiate breast metastasis from primary breast cancer as the management and prognosis is different. Triple assessment and immunochemistry examination will help to confirm the site of metastasis.

**Method**

Case report

**Results**

CASE PRESENTATION
We report a case of a 69-year-old lady with rectosigmoid cancer that presented with breast metastasis after 5 years of her initial diagnosis. Prior to breast metastasis, patient had already been diagnosed with lung and nodal metastasis and received palliative chemotherapy. CT scan reassessment post chemotherapy revealed incidental finding of enhancing lesion over the right lower quadrant of the breast. A trucut biopsy of the mass showed metastatic adenocarcinoma, consistent with large intestine in origin. The cells were positive for CDX 2 and negative for GATA 3, ER and PR. During the same presentation, patient was also diagnosed with brain metastasis. Given the advanced stage of the disease, patient was treated with palliative intent.

**Conclusion**

CONCLUSION
The treatment plan of patient with colorectal breast metastasis needs to be individualized based on the patient's stage of disease, performance status, comorbidity, and overall clinical condition.

Abstract ID: 077
Category: Poster, Clinical

**UNUSUAL PRESENTATION OF SMALL BOWEL PATHOLOGY: ILEAL ANEURYSMAL DILATATION SECONDARY TO LYMPHOMA – CASE REPORT**

Kenneth Chun Kok Sheng, Mohamed Rezal Bin Abdul Aziz
Department Of Surgery, University Malaya
Department Of Surgery, Colorectal Unit, University Malaya

**Aim/Objective**

This case report describes an unusual presentation of ileal aneurysmal dilatation in a 76-year-old man, which was later diagnosed as marginal zone lymphoma (MZL), a rare form of non-Hodgkin lymphoma accounting for 7% of cases. MZL often originates in the lymphoid tissue associated with mucosal sites, and Campylobacter jejuni infection has been implicated in certain geographic areas. This case underlines the need of a surgically obtained histopathological specimen to reveal the final diagnosis.

**Method**

The patient had a 10-year history of recurrent abdominal pain, altered bowel habits, and melena, leading to symptomatic anemia. Initial endoscopic investigations, including oesophagogastroduodenoscopy and colonoscopy, were normal. Push enteroscopy revealed circumferential ileal ulcers, but histology showed acute ileitis, with no malignancy or tuberculosis. A computed tomography (CT) scan later revealed ileal aneurysmal dilatation and mesenteric lymphadenopathy. Faced with diagnostic uncertainty, an elective laparotomy was performed. Intraoperatively, a 6x6cm aneurysmal segment of ileum was found. Segmental resection and stoma creation were performed, and histopathology revealed non-Hodgkin B cell lymphoma, consistent with MZL.

**Results**

MZL typically presents insidiously with vague symptoms, and small bowel ulcers pose diagnostic challenges. In this case, only surgical resection provided a definitive diagnosis. The aneurysmal appearance may be due to mass formation, mesenteric involvement, vascular structure invasion, or a pseudoaneurysm. Such presentations are rare.

**Conclusion**

Diagnosing MZL can be difficult due to its rarity. We want to highlight the challenges we encounter in achieving a diagnosis, as well as the technical steps taken during surgery for unusual bowel conditions. A small bowel aneurysmal dilatation is rare on CT scan , so a thorough radiological and histopathological evaluation is crucial to differentiate between these possibilities – ranging from lymphoma to a primary bowel malignancy.

Abstract ID: 076
Category: Poster, Clinical

**UNEXPECTED FINDING OF COLONOSCOPY**

Nurul Fatihah Rabihah Z, Rosnani Z, Nur Ain Fatnin Ma, Mohd Fadliyazid Ar*
Department Of Family Medicine, School Of Medical Science, Universiti Sains Malaysia
Department Of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu

**Aim/Objective**

The intrauterine contraceptive device (IUCD) is a widely used contraceptive method, commonly provided in primary healthcare settings. Despite its effectiveness, an unusual complication is migration to adjacent organs, occurring in 0.2-0.7% of cases. Colon is one of common site of migration and majority are symptomatic which require removal of migrated IUCD. We present a case of 50-year-old woman with an IUCD inserted 20 years prior, incidentally discovered embedded at wall of sigmoid colon during screening colonoscopy. As the patient is asymptomatic, the IUCD was decided to be left in situ.

**Method**

Case report-poster

**Results**

IUCD was unexpected finding of colonoscopy (screening)

**Conclusion**

Unexpected migration place of IUCD

Abstract ID: 075
Category: Poster, Clinical

**CASE REPORT OF A RARE ADULT INTUSSUSCEPTION SECONDARY TO FAECALOMA**

Atiqah Najwa Binti Abd Wahab[1], Noor Aqidah Binti Ismail[1], Wan Aini Faizah Binti Wan Mokhtar[1]
[1]Department Of Surgery, Hospital Kuala Lumpur

**Aim/Objective**

This report describes an unusual case of colocolic intussusception in an adult caused by a faecaloma, which led to intestinal obstruction necessitating surgical management. Timely diagnosis and appropriate surgical intervention are vital for improving patient outcomes.

**Method**

Case report

**Results**

Adult intussusception is a rare condition that can be challenging to diagnose due to its varied presentations, which may include both acute and chronic symptoms. This diversity complicates the preoperative identification of the condition. It typically presents with symptoms suggestive of bowel obstruction in adults. Computed tomography scans are valuable for both diagnosis and prognosis. Due to the significant likelihood of malignancy in which present in nearly half of the cases, surgical resection without prior reduction is generally recommended.

**Conclusion**

In conclusion, surgical treatment is essential for managing adult intussusception.

Abstract ID: 074
Category: Poster, Clinical

# THE IMPACTS OF PREOPERATIVE CHEMORADIOTHERAPY IN LOCALLY ADVANCED RECTAL CANCER; SINGLE-CENTER RETROSPECTIVE ANALYSIS

Chien-Ying Wu, Md[1], Ko-Chao Lee, Md[1]
[1]Division Of Colorectal Surgery, Department Of Surgery, Kaohsiung Chang Gung Memorial Hospital And Chang Gung University, College Of Medicine, Kaohsiung, Taiwan

## Aim/Objective

Preoperative chemoradiotherapy has become the standard treatment for locally advanced rectal cancer. It can reduce tumor size and recurrence, increase the tumor resection rate, enhance the rates of sphincter-preservation procedures, and may improve the probability of curative tumor resection with fewer side effects. This study aimed to evaluate the three-year disease-free and overall survival of patients with rectal cancer who underwent preoperative chemoradiation.

## Method

Between January 2007 and December 2020, 50 patients with locally advanced rectal cancer who underwent preoperative radiotherapy and chemotherapy before surgery were included in the study. The clinicopathological and surgical data were retrospectively analyzed.

## Results

In our study, most patients were men (78%). The mean age of the patients was 58.46 years. All patients who underwent radical surgery had R0 resection, with all negative circumferential margins. Fifteen patients (30%) achieved a complete pathological response with no local recurrence. Overall, 98% of the patients had neoadjuvant rectal scores of <16. Three-year disease-free survival and overall survival showed no significant difference between cN0 and cN+ group.

## Conclusion

In treating locally advanced rectal cancer, neoadjuvant chemoradiotherapy has led to significant advances in local control for patients with positive lymph nodes, with less acute toxicity and an increased probability of curative tumor resection.

Abstract ID: 072
Category: Oral, Clinical

# OUR EARLY EXPERIENCE AND TECHNICAL CONSIDERATIONS UTILISING A NOVEL OVINE FORESTOMACH MATRIX (OFM) IMPLANT APPROACH FOR THE SURGICAL MANAGEMENT OF PERIANAL FISTULA (PF)

Ng Wei Xiang[1], Lee Yao Zong[1], Surendra Mantoo[1], Daniel Lee[1], Oh Shen Leong[1]
[1]Khoo Teck Puat Hospital, National Healthcare Group

**Aim/Objective**
Background
There is currently no optimal surgical technique for the management of perianal fistula. The optimal procedure has low risk, yet high efficacy, a balance which we believe can be achieved with the use of OFM as a biological perianal fistula implant.

Aim/Objective:
We aim to demonstrate the use of OFM as a biologic perianal fistula implant

**Method**
Single center prospective case series involving 7 patients who had undergone OFM implant for high trans-sphincteric perianal fistula between December 2023 and May 2024. Primary outcome was fistula healing at 12 weeks, and secondary outcomes included wound infection, discharge, pain and re-operation.

**Results**
7 patients underwent perianal fistula implant using OFM. 6 out of 7 patients had complete healing. 1 patient was still unhealed at the 20 week follow-up. Median timing for complete healing was 8 weeks. All patients did not complain of pain on clinic follow-up. Majority of patients complained of some degree of discharge during early clinic follow-up. There was one readmission for wound infection. No re-operations were required thus far during the follow-up period.

**Conclusion**
Initial results seems encouraging in our small cohort of patients. This sphincter-sparing technique is both straightforward with a short learning curve and easily reproducible. At this juncture, long-term outcomes are still pending and further follow-up will be required to monitor for any future recurrence.

Abstract ID: 071
Category: Oral, Research

**CLINICAL PREDICTORS OF URGENT HOSPITAL-BASED THERAPEUTIC PROCEDURES IN ACUTE LOWER GASTROINTESTINAL BLEEDING: A MULTI-CENTRE COHORT STUDY**

Bobby Lee Yung King, Jeffrey Lee Soon Yit, Andrew Wong Wei Jye, Khoo Kah Seng, Mohamed Rezal Bin Abdul Aziz, Chieng Tiong How
University Malaya Medical Centre (Ummc)
Sibu Hospital
Sarawak General Hospital

**Aim/Objective**
Lower gastrointestinal bleeding affects 20–27 per 100,000 annually, predominantly in older adults. While most cases resolve spontaneously, 40% of acute lower gastrointestinal bleeding (ALGIB) patients require urgent hospital-based therapeutic procedures (HTP), such as blood transfusion, endoscopic haemostasis, angiographic embolization, or surgery. This study aims to evaluate the differences between ALGIB patients requiring urgent hospital-based therapeutic procedures (HTP group) and those not requiring such procedures (non-HTP group).

**Method**
ALGIB patients admitted to Sibu Hospital and Sarawak General Hospital were retrospectively analysed. Patients were classified into HTP and non-HTP groups. Clinical, laboratory, and demographic data were analysed using statistical software.

**Results**
The study included 248 ALGIB patients, with 133 (53.6%) requiring urgent HTP. Patients in the HTP group had significantly higher heart rates (96.8 vs. 84.5 beats/min; mean difference: 12.3, 95% CI: -16.33 to -8.23), lower systolic blood pressure (118.7 vs. 136.1 mmHg; mean difference: 17.3, 95% CI: 11.88 to 22.77), and lower haemoglobin levels (7.56 vs. 12.01 g/dL; mean difference: 4.45, 95% CI: 3.936 to 4.969). Significant predictors for HTP included antiplatelet use (OR: 4.20), anticoagulant use (OR: 2.84), >2 comorbidities (OR: 11.94), syncope (OR: 13.58), tender abdomen (OR: 3.89), and fresh blood on digital rectal examination (DRE) (OR: 11.37). Adverse events, including rebleeding, ICU admission, and mortality, were significantly higher in the HTP group (19.5%) compared to the non-HTP group (5.2%) (OR: 4.41, $p < 0.05$).

**Conclusion**
The identified predictors offer valuable insights for clinical decision-making and risk stratification in patients with ALGIB. By recognizing these factors, healthcare providers can better assess bleeding severity, prioritize interventions, and optimize patient outcomes.

Abstract ID: 070
Category: Oral, Clinical

**COMPARISON OF THE STRATE, BIRMINGHAM, AND SHA2PE SCORES IN PREDICTING URGENT HOSPITAL-BASED THERAPEUTIC PROCEDURES FOR ACUTE LOWER GASTROINTESTINAL BLEEDING**

Bobby Lee Yung King, Jeffrey Lee Soon Yit, Khoo Kah Seng, Mohamed Rezal Bin Abdul Aziz, Siow Sze Li, Chieng Tiong How
University Malaya Medical Centre (Ummc)
Sibu Hospital
Sarawak General Hospital

**Aim/Objective**
While 80% of acute lower gastrointestinal bleeding (LGIB) cases resolve spontaneously, the remainder require urgent intervention to prevent complications. Risk stratification is essential to identify patients needing urgent hospital-based therapeutic procedures (HTP) such as blood transfusions, angioembolization, endoscopic haemostasis, or surgery. While risk stratification tools (RST) like the Strate, Birmingham, and SHA2PE scores predict adverse outcomes, none specifically predict HTP needs. This study aims to assess the predictive performance of the Strate, Birmingham, and SHA2PE scores in identifying patients requiring urgent HTP.

**Method**
This cross-sectional, retrospective study analysed LGIB patients admitted to Sibu Hospital and Sarawak General Hospitals in East Malaysia. The Strate, Birmingham, and SHA2PE scores for each patient were calculated based on case record data. The primary outcome was the need for HTP during hospitalization. The Predictive efficacy for each RST was assessed using the area under the receiver operating characteristic (AUROC) curve and pre-/post-test probabilities. The cut-point analysis identified the optimal threshold for predicting HTPs.

**Results**
The study included 248 patients with LGIB, with a mean age of 61.8 years (SD: 16.42) and a male predominance of 58.9%. Of these, 133 (53.6%) required HTP. The SHA2PE score demonstrated the highest AUROC (0.96; 95% CI: 0.930–0.979), followed by the Strate (0.93; 95% CI: 0.899–0.957) and Birmingham (0.92; 95% CI: 0.886–0.953) scores. Statistically significant differences were observed in AUROC between SHA2PE and both the Strate (p=0.024) and Birmingham (p=0.028) scores. At a cut-point of 2.5, the SHA2PE score demonstrated a sensitivity of 97.7% and a specificity of 80.9% in predicting the need for HTP in LGIB patients.

**Conclusion**
The SHA2PE score demonstrated superior performance in identifying LGIB patients needing HTP, supporting its use in clinical triage and management. These findings suggest it may improve decision-making and resource allocation. Further studies in diverse populations are recommended.

Abstract ID: 069
Category: Poster, Clinical

**PERIANAL ULCER SECONDARY TO BEHCET'S DISEASE**

Nor Ameerah Azmi[1], Nur Ain Fatnin Ma[1], Syibrah Khuzaimah Zahid[1], Mohd Fadliyazid Ar[1]
Department Of General Surgery, Hospital Sultanah Nur Zahirah, 20400 Kuala Terengganu

**Aim/Objective**

Behcet's disease is a chronic inflammatory disorder which may represent in various manifestations. Despite multisystemic involvement, its occurrence over the perianal region is rare, missing out from differentials. Diagnosis is ascertained by endoscopic study and tissue biopsy, often only based on clinical criteria. Correct diagnosis is the utmost important and carries good outcome if treated accordingly. We present a case of recurrent chronic perianal ulcers in an immunocompetent young gentleman which is a manifestation of Behcet's disease. He responded to anti-inflammatory treatment.

**Method**

Case report

**Results**

Rare presentation of Behçet's disease

**Conclusion**

Behçet's disease can present with perianal ulcer

Abstract ID: 068
Category: Poster, Clinical

# RISK FACTORS FOR SURGICAL INTERVENTION IN DIVERTICULITIS: A RETROSPECTIVE, SINGLE-CENTER, COMPARATIVE STUDY

Jung Hyun Kwon[1], Hyungjin Kim[1], Jin Hyung Park[1], Daehee Pyo[1], Jong Kyong Park[1]
[1]The Catholic University Of Korea

**Aim/Objective**
Diverticulitis management has shifted towards conservative approaches, yet some cases still require surgery. This study aims to identify risk factors for surgical intervention in diverticulitis patients, facilitating early recognition and appropriate treatment planning.

**Method**
This retrospective study analyzed medical records of all consecutive patients diagnosed and treated for diverticulitis at a single institution from April 2019 to May 2024. Data collection included baseline clinical characteristics, computed tomographic findings at diagnosis, and detailed treatment information. The primary endpoint was treatment type, categorized as either surgical or non-surgical management. Statistical analysis was performed to identify factors associated with the need for surgical intervention.

**Results**
The study included 620 patients with a median age of 47 years. The cohort comprised 318 males (51.3%) and 302 females (48.7%). Patients were divided into two groups: 35 (5.6%) in the surgical group and 585 (94.4%) in the non-surgical group. The median age was significantly higher in the surgical group (70 vs 46, $p < 0.001$). The surgical group had a significantly higher proportion of patients with one or more previous diverticulitis events (35.5% vs 4.1%, $p < 0.001$). After completing treatment for diverticulitis, 13 patients (41.9%) in the surgical group and 209 patients (35.7%) in the non-surgical group underwent follow-up colonoscopy ($p = 0.610$). Among the 222 patients who underwent colonoscopy, a total of three (3/222, 1.4%) were diagnosed with colonic adenocarcinoma including two patients and one patient in the surgical and non-surgical group, respectively (2/13, 15.4% vs. 1/209, 0.5%, $P < 0.001$). Multivariable regression analysis identified several factors significantly associated with surgical intervention: albumin <3.0 mg/dL, one or more previous events of diverticulitis, left-sided diverticulitis, and perforation on initial computed tomographic imaging.

**Conclusion**
Several risk factors for surgical intervention in diverticulitis were identified. Early recognition of these factors can help optimize treatment strategies. Although the overall incidence is low among all diverticulitis patients, for those with severe diverticulitis requiring surgical treatment, a follow-up colonoscopy should be performed to evaluate the incidence of malignant disease.

Abstract ID: 067
Category: Poster, Clinical

**IGAP FLAPS FOR PERINEAL REPAIR: A REVIEW.**

Zhen Hao Ang[1,4], Zi Qin Ng[2], Marie Shella De Robles[1,3]
[1]Department Of Colorectal Surgery, The Wollongong Hospital, Wollongong, Nsw, Australia.
[2]Department Of Colorectal Surgery, The Alfred, Melbourne, Vic, Australia.
[3]University Of Wollongong, Australia.
[4]Discipline Of Surgery, The University Of New South Wales, Australlia.

**Aim/Objective**
Flap closure is often required to facilitate a tension free perineal closure in patients requiring abdominoperineal resection or exenteration. Inferior gluteal artery perforator (IGAP) flaps have grown in popularity due to the move towards minimally invasive surgery due to its ease of harvesting and avoiding the need for a large abdominal incision. This review aims to provide a contemporary summary of the evidence relating to perineal closure post-APR with IGAP flaps, specifically relating to its 30-day morbidity.

**Method**
A literature search was conducted using the Pubmed, Embase, Scopus and Web of Science databases. The search terms used included ‘exenteration’, ‘abdominoperineal excision’, ‘abdominoperineal resection’ and ‘inferior gluteal artery perforator’. Abstracts from inception to October 2024 were reviewed. Only studies reported outcomes of IGAP flaps were included. Primary outcome measure was minor and major complications associated with IGAP flaps in perineal reconstruction. Complications not requiring intervention (either radiological or surgical) was classified as minor whilst those needing intervention is major.

**Results**
Eight studies with a total of 249 patients were identified and included. All studies were cohort studies, with three being prospective. Total complication rate was 36.9%. Minor and major complication rates were 22.1% and 14.9% respectively. These results were comparable to reported outcomes seen in vertical rectus abdominis myocutaneous flaps (VRAM).

**Conclusion**
IGAP flap is a good alternative to VRAM flaps for perineal closure with comparable flap related complications. Surgeons performing minimally invasive pelvic surgery should consider IGAP flap as a safe alternative to VRAM, which was the traditional work horse flap in perineal reconstruction.

Abstract ID: 066
Category: Oral, Research

**A RANDOMIZED CONTROLLED TRIAL ON EFFECT OF PREOPERATIVE IMMUNONUTRITION VERSUS STANDARD ORAL NUTRITION IN PATIENT UNDERGOING COLORECTAL SURGERY.**

Manivaasan Pannirselvam[1*], Dr Muhammad Faeid Bin Othman[1], Prof. Dr Zaidi Bin Zakaria[1], Prof. Dr. Andee Dzulkarnaen Bin Zakaria[1], Dr Siti Rahmah Binti Hashim Isa Merican[1], Dr Michael Wong Pak Kai[1], Dr Mohd Hady Shukri Bin Abdul Satar[1], Puan Nor Syarahani Binti Jusoh[1]
[1]Department Of Surgery, School Of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kota Bharu, Kelantan, Malaysia

**Aim/Objective**
Current guidelines recommend that immunonutrition should be prescribed for malnourished patients before major gastrointestinal surgery. However, the benefit of preoperative immunonutrition remains debatable. This study aimed to compare the effect of preoperative immunonutrition versus standard oral nutrition supplement on the outcomes of colon cancer surgery.

**Method**
This is a prospective single centre randomised double blinded comparative study conducted at HUSM between September 2023 to September 2024.The experimental group will receive a specialized oral supplement enriched with immune-modulating nutrients, including arginine, omega-3 fatty acids, and nucleotides. The control group will receive a conventional oral nutrition supplement. Primary endpoints were the time of first flatus and first bowel evacuation. Secondary endpoints were incidence of nosocomial infection, surgical site and length of hospital stay.

**Results**
A total of 50 patients with no dropouts were randomized. Mean age was 61.20(SD = 12.96) with majority being male (63.38%). Mean duration of surgery was 4.76 hours (SD =1.88), mean length of hospital stay was 8.14 days (SD = 4.57 ) . The baseline characteristic of patients in both arms were generally comparable. These recruited patients underwent colorectal surgery with majority of them underwent laparoscopic surgery (58 %). There were no significant differences in time to first flatus (P = 0.893), time to normal diet (P = 0.138), surgical site infection (11.5% vs.12.5%, P>0.95), or nosocomial infection/sepsis (11.5% vs. 4.2%, P= 0.611) , or hospital stay duration (P=0.407). However, the Experimental group had a significantly shorter time to first bowel evacuation compared to the Control group (3.04 days vs. 3.72 days; P=0.030).

**Conclusion**
Preoperative immunonutrition associated with shorter time of bowel function return. We recommend usage of immunonutrition in those undergoing colorectal surgery.

Abstract ID: 065
Category: Oral, Clinical

# PATTERNS OF LOCAL RECURRENCE AND RISK FACTORS IN LOCALLY ADVANCED RECTAL CANCER AFTER NEOADJUVANT CHEMORADIOTHERAPY FOLLOWED BY SURGERY: A STUDY FROM TWO TERTIARY HOSPITALS IN THAILAND

Kraipop Wongwaiyut[1], Ekkarin Supatrakul[2], Pawit Sutharat[2], Suwan Sanmee[2], Boonchai Ngamsirimas[1], Punnawat Chandrachamnong[1], Kullawat Bhatanaprabhabhan[1], Nataphon Santrakul[1], Rangsima Thiengthiantham[1]
[1]Colorectal Surgery Unit, Department Of Surgery, Vajira Hospital, Navamindradhiraj University,
[2]Colorectal Surgery Unit, Department Of Surgery, Chiang Mai University

**Aim/Objective**
Neoadjuvant concurrent chemoradiotherapy (CCRT) followed by surgery is the standard treatment for locally advanced rectal cancer, reducing local recurrence from 25% to 10%. This study explores the patterns and risk factors of local recurrence in patients undergoing this treatment.

**Method**
This retrospective cohort study reviewed records of patients aged 20-80 years with locally advanced rectal cancer who received neoadjuvant CCRT followed by total mesorectal excision (TME) between 2013 and 2019, with at least three years of follow-up, at two medical centers. Local recurrence patterns were classified according to the Dutch TME trial.

**Results**
A total of 133 patients were included, with a median follow-up of 43 months. Local recurrence occurred in 15 patients (11.2%), with a median time to recurrence of 23.5 months. High pretreatment T stage (p=0.001) and open surgery (p=0.019) were significantly associated with increased recurrence risk. The most common pattern was anastomotic recurrence (46.6%), followed by presacral and lateral recurrences (26.6% each). Cox regression analysis showed that open surgery was significantly linked to higher recurrence risk (HR=17.22, p=0.014). Poor differentiation and positive circumferential margins were significant in univariable analysis but not in multivariable analysis.

**Conclusion**
Anastomotic recurrence was the most common type of local recurrence. Open surgery was identified as a significant risk factor for local recurrence. Laparoscopic TME may improve oncologic outcomes by ensuring more precise circumferential resection margins. These findings emphasize the importance of individualized surgical planning and the need for thorough postoperative surveillance to detect local recurrence.

Abstract ID: 064
Category: Poster, Research

**UNDERSTANDING GEN Z AND THE MILLENNIALS – OUR NEW SURGICAL WORKFORCE**

Sui-Weng Wong[1], April Camilla Roslani[1]
[1]Department Of Surgery, University Malaya Medical Centre

**Aim/Objective**
To identify generational traits associated with millennials trainee surgeons
To explore millennials' perspectives towards mentorship and surgical training

**Method**
A qualitative study was conducted using an interpretive descriptive approach. A purposive sample of junior faculty, registrars, and medical officers in Malaysian surgical unit was interviewed, with the sample size determined by data saturation. Data was collected through semi-structured interviews and focus group discussions, transcribed verbatim, and analyzed using thematic analysis facilitated by ATLAS.ti. Deductive and inductive coding methods were employed to generate themes.

**Results**
Several key themes were identified. Work-life balance emerged as a priority for the millennials, with participants valuing time off yet understanding the need to sacrifice for professional goals, reflecting a tension between ideals and practical demands. Mentorship was deemed essential with shared values and open communication fostering greater success. Inclusive and proactive engagement was proposed as a solution to bridge generational differences between mentor and protégé. While technology, in particular AI is upending the training landscape, participants acknowledged that it could not fully replace experiential learning. Finally, participants emphasized the importance of teamwork and shared goals in surgical settings, advocating a shift away from rigid hierarchies toward collaborative environment built upon mutual respect to ensure efficient learning and collective success.

**Conclusion**
This study highlighted a generational shift in surgical training, emphasizing the need for inclusive mentorship, balanced work-life integration, enhanced experiential learning opportunities, and a collaborative, value-driven approach to teamwork as evolving priorities for future surgeons.

Abstract ID: 063
Category: Poster, Clinical

**REGORAFENIB MONOTHERAPY FOR PATIENTS WITH METASTATIC COLORECTAL CANCER WHO PROGRESSED AFTER STANDARD CHEMO-TARGET THERAPY**

Chun-Li Wang, Ko-Chao Lee

**Aim/Objective**

Regorafenib, an oral multikinase inhibitor, shows promise in extending survival for patients with metastatic colorectal cancer (mCRC) who no longer respond to standard therapies. This study evaluates both Regorafenib's effectiveness and safety in treating mCRC. Additionally, it aims to identify factors that can predict a favorable response to the drug.

**Method**

This retrospective, single-center study with 43 patients study explored the use of Regorafenib in patients with advanced metastatic colorectal cancer (mCRC) who no longer responded to standard treatments. The starting dose was 120mg daily for 8 weeks, continuing if scans showed no worsening or tumor shrinkage. Overall survival measured the time from starting Regorafenib to death, while progression-free survival looked at the time to disease progression based on Computed Tomography scan (CT) scans.

**Results**

In total, 43 patients treated with regorafenib between 2016 and 2022 were included in this study. 9 patients (21%) responded well to the treatment, with tumor shrinkage or stabilization. These responders received an average of 4 treatment cycles (compared to 0.8 cycles for non-responders). The median overall survival was 9.2 months, with a significant difference between responders (28.2 months) and non-responders (7.9 months). The median progression-free survival (time to disease worsening) was also significantly higher in responders (8.6 months) compared to non-responders (2.1 months).

**Conclusion**

Patients with hand-foot skin reaction, lung metastasis cavitation, and possibly even grade II alopecia seemed to have potential positive response to Regorafenib. Additionally, exploring earlier Regorafenib initiation in the mCRC treatment sequence warrants further research to confirm potential benefits in overall survival and progression-free survival rates.

Abstract ID: 062
Category: Oral, Clinical

**FACTORS RELATED TO MORTALITY IN COLOVESICAL FISTULA (CVF) PATIENTS IN RAJIVITHI HOSPITAL FOR 20 YEARS EXPERIENCED.**

Siripong Sirikurnpiboon, Md.[1], Paiboon Jivapaisarnpong, Md.[1], Pohnpatchara Debsane, Md.[1]
[1]Colorectal Surgery Division, Department Of Surgery, Rajavithi Hospital, Bangkok

**Aim/Objective**
The study aimed to analyze the factors related to mortality in patients with colovesical fistula (CVF), focusing on the impact of underlying causes, severity of symptoms, and surgical approaches.

**Method**
A retrospective review was conducted on CVF cases between 1 January 2002 - 31 December 2022. Clinical and demographic data were analyzed using statistical tests, including the Student's t-test, Mann-Whitney U test, Chi-squared test, and Fisher's exact test ($p < 0.05$ was considered significant). Disease severity was assessed with the Sequential Organ Failure Assessment (SOFA) score. Surgical treatments included one-stage operations, multistage operations, and palliative ostomies.

**Results**
Diverticulitis was the most common etiology (42.5%), followed by colorectal cancer (31.5%) and radiation (12.7%). Mortality was linked to colorectal cancer and radiation cases, with septic shock and SOFA scores above 7 being significant risk factors. No mortality occurred in the one-stage operation group, especially among patients with diverticulitis. In contrast, the palliative ostomy group showed the highest mortality rates (40%). Multistage operations and ostomies were more common in severe cases with high SOFA scores or complex etiologies.

**Conclusion**
One-stage operations are safe and effective for CVF caused by diverticulitis, particularly in male patients. Mortality risk is elevated in cases involving colorectal cancer and radiation, especially with SOFA scores >7. For severely ill patients with SOFA scores >7, The surgical options in these cases should prioritize patient safety, which may include performing ostomy alone or resection combined with ostomy, especially colorectal cancer and radition related CVF cases. In cases of CVF resulting from colorectal cancer or radiation, early management such as colostomy or resection with ostomy should be performed before the patient develops septic shock or a SOFA score >7, to reduce mortality.

Abstract ID: 060
Category: Oral, Other

**RESULTS OF BOTOX TREATMENT IN ANAL FISSURES (OUR EXPERIENCE)**

Aynur Safiyeva[1]
[1]Surgeon

**Aim/Objective**

Anal fissures appear clinically as a tear in the anal canal distal to the dentate line, causing agonizing discomfort during defecation. Acute anal fissures usually heal fully within 5–6 weeks. Conservative treatment, on the other hand, loses value and becomes ineffectual as the anal fissure progresses to the chronic stage. Botulinum toxin injections are now commonly used to treat anal fissures in recent years.

**Method**

This retrospective investigation was conducted at a single facility at the Central Customs Hospital in Azerbaijan. The hospital's bioethics committee gave their approval to our investigation. A total of 24 patients with recurrent anal fissures and the clinical symptoms of excruciating pain both during and after urination, bleeding, constipation ,anismus, defecation syndrome and anal sphincter hypertonia were enrolled in the trial. These patients had also undergone unsuccessful conservative therapies. Two patients who had undergone LIS one year before, but did not achieve healing and sphincter hypertonia were also included in this study group. Gender differences of the patients: 15 females and 9 males. All patients in the study underwent colonoscopies. Patients with chronic inflammatory bowel disease, perianal cancer, tuberculosis, atypical fissures, fistulas associated with abscess, also grade III/IV hemorrhoids, pregnancy, and breast-feeding females were excluded from the study

**Results**

24 patients(100%), average age limit 46.9±2.5. Out of the 24 patients initially eligible for the study, two were 15 (62.5%) females and 9 (37.5%) males, the mean age in males was 45.4±4.3, and the mean age in females was 47.8±3.1(confidenceinterval 95%), P=0.655. Patients were classified according to age group in this way.7 patients under 40 years old (29.2%), 13 patients between 40–59 years old (54.2%), 4 patients over 60 year s old (16.7%). According to the age group, we can say that analfissure is more common in the 40–59 age group. According to the localization of the anal fissure, patients were classified into 3 groups. 8 patients on the anterior wall (33.3%),12 patients on the posterior wall (50.0%), 4 patients on both walls (16.7%).

However, according to the localization of the fissur, it was found that the analfissuris located mainly on the backwall anal canal in men, and it is located on the anterior wall and both walls in women. In the first week after Botox injection, 5 patients (20.8%) felt normal, 3 out of 8 patients (12.5%) had discomfort, and other complaints did not improve, and after two weeks, 22 patients (91.7%) were clinically completely normal., one patient (4.2%) had pain symptoms, and one patien (4.2%) had spasm symptoms. During the first week after receiving Botox injections, 19 individuals showed no clinical changes, and 5 showed relative improvement. Clinical results were compared according to the localization of the anal fissures. It was found that the anterior wall fissures showed complete clinical improvement after two weeks (P=0.010). In posterior wall fissures, 10 out of 12 patients showed complete clinical improvement after two weeks, only two patients had no clinical change (P=0.005), and in both wall fissures, complete clinical improvement was observed in all patients (P=0.066)

**Conclusion**

In conclusion, we can say that analfissures can be found in all age groups. According to our results, anal fissures are located on the anterior wall, posterior wall, and both walls, but in the results, anal fissures are located on the anterior wall and both walls were found only in female patients ($\chi 2=14.400$, $P=0.001$). According to our statistical results, we can say that anal fissures located on the anterior wall and both walls are more common in female patients. After receiving a botox injection, patients who had complained of anal fissures saw a considerable reduction in their symptoms. Improvement was seen in 91.7% of cases. Ultimately, we can claim that Botulinum injection is a viable surgical alternative for treating anal fissures and is regarded as a successful procedure. The right patient selection and the right procedure approach are both necessary for the treatment to be effective

Abstract ID: 057
Category: Poster, Research

# HOW DOES ERAS PROTOCOLS INFLUENCE POSTOPERATIVE HOSPITAL STAY IN COLORECTAL CANCER SURGERY: A MULTICENTER RETROSPECTIVE COHORT STUDY

Yongki Jeong[1], Inkyu Lee[1]
[1]Division Of Colorectal Surgery, Department Of Surgery, Seoul St. Mary'S Hospital, College Of Medicine, The Catholic University Of Korea,Seoul, South Korea

## Aim/Objective

The Enhanced Recovery After Surgery (ERAS) protocol has been implemented to improve recovery and reduce hospital stay after colorectal cancer surgery. Previous studies have demonstrated that ERAS protocols reduce postoperative day (POD), but they have not analyzed the specific factors contributing to these outcomes. The aim of this study is to analyze multicenter data to determine which factors influenced by ERAS protocols contribute to the reduction of POD.

## Method

We conducted a retrospective cohort study with three groups: ERAS Group 1 (ERAS applied) included 635 patients from a tertiary hospital; Tertiary Non ERAS (TNER) Group (non-ERAS applied) consisted of 4001 patients from the same and two additional tertiary hospitals without ERAS ; Secondary Non-ERAS(SNER) Group (non-ERAS applied) comprised 837 patients from two secondary hospitals without ERAS. We evaluated the impact of patient factors (age, sex, BMI, ASA score, comorbidities), disease factors (TNM stage, tumor location, perforation, obstruction), surgeon-related factors (operative time, blood loss, approach), hospital-related factors (ERAS protocol, hospital classification), and postoperative complications on POD.

## Results

The median POD was significantly shorter in the ERAS group (Group 1, mean: 5 days) compared to the non-ERAS groups (tertiary hospitals, mean: 6 days; secondary hospitals, mean: 9 days). Multivariate analysis revealed that in the ERAS group, patients and disease factors did not have a statistically significant impact on POD. Conversely, in tertiary hospitals not implementing the ERAS protocol, patient factors (sex, pulmonary disease) and disease factors (perforation, obstruction) significantly impacted POD ($p < 0.05$). In secondary hospitals not implementing ERAS protocol, patient factors (ASA score, liver disease) and disease factors (perforation, TNM stage) were significant determinants of POD ($p < 0.05$).

## Conclusion

The ERAS protocol reduced POD following colorectal cancer surgery. Whereas ERAS did not significantly impact surgeon-related factors or postoperative complications, it reduced the length of stay through its effect on patient and disease factors.

Abstract ID: 055
Category: Poster, Clinical

**APPENDICEAL SCHWANNOMA: A RARE CASE REPORT IN SOUTH KOREA**

Seungyeob Lee, Md[1]
[1]Department Of Surgery, The Catholic University Of Korea, Uijeongbu St.Mary'S Hospital

**Aim/Objective**

Schwannoma, a benign tumor originating from Schwann cells of peripheral nerve sheaths, predominantly occurs in the head and neck regions. Gastrointestinal schwannomas are rare, primarily affecting the stomach and small intestine. Appendiceal schwannoma is exceptionally rare, with few documented cases. We present this case to contribute to the limited literature on this uncommon entity.

**Method**

A 56-year-old gentleman presented to our outpatient clinic with an incidental appendiceal mass discovered on a CT scan. The patient had a history of left-sided hemiparesis as a residual sequela of tuberculous meningitis from two years prior and was receiving pharmacological treatment for hypertension.
The patient reported recurring abdominal distention but denied other gastrointestinal symptoms such as abdominal pain or nausea. Computed tomography revealed a 2.3 cm enhancing lesion in the appendix with multiple lymphadenopathies along the ileocolic vessels. A 2.8 cm enhancing lesion was also identified in the left adrenal gland. Subsequent hormonal studies confirmed this to be a non-functioning adrenal tumor.
Based on these clinical and radiological findings, and with a presumptive diagnosis of neuroendocrine tumor, the patient underwent a laparoscopic right hemicolectomy.

**Results**

A gross pathological examination revealed a 3 x 2.1 cm tumor located in the appendiceal body. The tumor was characterized as a luminal-replacing type with a soft, yellow appearance.
Immunohistochemical staining demonstrated positive reactivity for S-100 protein and Vimentin, while CD34, CD117, Desmin, and DOG-1 were negative. The Ki-67 proliferation index was 3%.
The final pathological diagnosis confirmed an appendiceal schwannoma without evidence of malignant features. All retrieved lymph nodes were histologically unremarkable.

**Conclusion**

We report a successful laparoscopic resection of appendiceal schwannoma. Given its rarity, further case documentation is essential to better understand its clinical characteristics and treatment strategies.

Abstract ID: 054
Category: Oral, Clinical

# PREDICTIVE VALUE OF 6MWT VERSUS DASI FOR MYOCARDIAL INJURY IN NONCARDIAC SURGERY: A PROSPECTIVE COHORT STUDY

Dr. Theiyallen A/L Ambikapathi[1], Dr. Nora Abdul Aziz[1], Prof Dr. April Camila Roslani[1]
[1]University Malaya Medical Center

**Aim/Objective**
Preoperative functional status evaluation estimates the risk of major surgical adverse events and guides surgery, prehabilitation, and rehabilitation planning. Cardiopulmonary exercise testing (CPET) is the gold standard for such evaluations, but resource constraints necessitate simpler alternatives. This study compared the Six-Minute Walk Test (6MWT) against the Duke Activity Status Index (DASI) for predicting myocardial injury in non-cardiac surgery (MINS).

**Method**
A prospective cohort study was conducted with patients undergoing elective major abdominal surgery at UMMC from November 2022 to October 2023. Participants completed both DASI and 6MWT before surgery. The primary outcome was MINS incidence, indicated by elevated serial HsTrop or NT-ProBNP. Categorical data were analyzed using Chi-square and Fisher exact test, while continuous variables were assessed for normal distribution using the Shapiro-Wilk test, followed by Student's t-test. Significance was set at $P < 0.05$, and analysis was per protocol.

**Results**
The study included 113 patients with a median age of 59.72 years (SD 14.01). The cohort was predominantly Chinese (61.9%) with nearly equal male (49.6%) and female (50.4%) distribution. Surgery was primarily for malignant disease (64.6%). DASI (29.5) and 6MWT (317.03) scores were below western cutoff values, but local ROC-derived cutoffs showed better sensitivity and specificity. 6MWT was a better predictor of surgical fitness. Statistically significant predictors of 6-month mortality were 6MWT ($p > 0.007$), NT-ProBNP ($p > 0.032$), and serial HsTrop ($p > 0.048$). NT-ProBNP also predicted postoperative pulmonary complications ($p > 0.013$).

**Conclusion**
The 6MWT outperformed DASI in predicting MINS, making it a better measure of surgical fitness in resource-limited settings.

Abstract ID: 053
Category: Poster, Clinical

# THE PRODUCTION AND VALIDATION METHOD OF A MULTILINGUAL EDUCATIONAL VIDEO ON COLONIC BOWEL PREPARATION

Lee Ep[1], Hanis Al[1], Aini Ibrahim[1], Kenneth Kt Voon[1]
[1]Department Of General Surgery, Hospital Umum Sarawak, Kuching, Sarawak, Malaysia

## Aim/Objective

To produce a comprehensive multilingual educational video on outpatient colonic bowel preparation, focusing on the local population of Sarawak.

## Method

The Delphi method was employed in the video validation process whereby script writing was reviewed. There were 2 rounds of questionnaire given to 5 expert panel in which feedback was incorporated into subsequent rounds to achieve consensus. Proof reading of script in Sarawak Malay and Bahasa Iban was done with the assistance from the Malaysian Institute of Translation and Books. Video production was done using Canva software and languages available are in English, Sarawak Malay, Chinese and Iban. Subsequently, video assessment was done in the surgical clinic to 20 patients, and they were given the Patient Education Material and Assessment Tool (PEMAT) questionnaire.

## Results

Pre-production included script writing in which there were 2 rounds of questionnaire that covers several aspects such as objectives, content, relevance, environment, verbal language and topic inclusions. Each aspect was evaluated with 4 point Likert's scoring system and mean scoring was used. Feedback examples was to use more simplistic language. Consensus was achieved in second round of questionnaire. Video production was done based on the feedback given and translated to Sarawak Malay, Bahasa Iban and Mandarin. Lastly, 20 patients were selected for the video assessment (4 English, 4 Sarawak Malay, 4 Mandarin, and 4 Bahasa Iban). Included were patients who did not have any prior colonoscopy done. PEMAT questionnaire was given to patients for rating and is divided into 2 main components: Understandability and actionability. In which, the total mean percentage for understandability was 85% and actionability was 90%.

## Conclusion

Our video production on colonic bowel preparation is a validated tool for enhancing patient education in outpatient bowel preparation for colonoscopy. This tool shall undergo randomised controlled trial to evaluate the outcome of bowel preparation.

Abstract ID: 052
Category: Poster, Clinical

**SKIP THE STOMA: EARLY EXPERIENCE OF TURNBULL-CUTAIT DELAYED COLO-ANAL ANASTOMOSIS FOR LOW RECTAL CANCER IN A DISTRICT COLORECTAL CENTRE IN MALAYSIA**

Syariz Ezuan Sulaiman[1], Syafiqa Al-Azua Binti Aljeffry[2], Nurfatin Adilah Kamarudin[2], Mohd Fahmi Ismail[2], Kong Wai Keong[2], Khairuzi Salekan[2], Muhammad Ash-Shafhawi Bin Adznan[3]
[1]Hospital Canselor Tuanku Muhriz, University Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia.
[2]Hospital Sultanah Nora Ismail, Jalan Korma, 83000 Batu Pahat, Johor, Malaysia.
[3]KPJ Damansara Specialist Hospital, Jalan Ss 20/10, Damansara Utama, 47400 Petaling Jaya, Selangor, Malaysia.

**Aim/Objective**
Cancer of the rectum remains the highest reported colorectal cancer cases worldwide. Surgery for rectal cancers often requires formation of stoma. A previously described technique now gaining back popularity is the Turnbull-Cutait Delayed Colo-Anal Anastomosis (DCAA) which avoids the formation of diverting stoma after radical rectal cancer surgery. As a new Colorectal Unit, we have adopted this technique for the benefit of our patients and found mixed but encouraging results.

**Method**
We report a case series of low rectal cancer treated with Laparoscopic Ultra Low Anterior Resection (ULAR) with Turnbull-Cutait DCAA in our centre from June 2023 till June 2024. Selected patients were subjected to this surgical technique, 8 to 10 weeks after completing neoadjuvant concurrent chemoradiotherapy (CCRT). Preoperative data and outcome are analyzed.

**Results**
We successfully performed 3 cases with this technique with mixed results. We have achieved adequate oncological resection in all cases with acceptable time (240-330 min) and blood loss (200 - 900 mls). All patients resumed orally at post operative day 1 and had their second surgery Colo-Anal Anastomosis done within 3 to 5 days. There was one anastomotic leak which resulted in end colostomy formation which may suggest due to his pre morbid condition and nutritional status. All patients with colo-anal anastomosis have acceptable postoperative incontinence scores.

**Conclusion**
Turnbull-Cutait DCAA combined with laparoscopic surgery has similar outcome with multiple benefits to patients noticeably the avoidance of stoma postoperatively as well as economical advantage. It also allows less usage of surgical staplers. Careful patient selection is important to avoid possible complications, however, it should be included in one of the surgical options in a colorectal unit armamentarium for low rectal cancer treatment.

Abstract ID: 051
Category: Poster, Clinical

# INITIAL EXPERIENCE OF SP WITH 1 ADDITIONAL PORT FOR ANTERIOR RESECTION USING THE DA VINCI SINGLE-PORT ROBOTIC SURGERY SYSTEM

Naksong Sung[1], Seungjae Roh[1]
[1]Division Of Colorectal Surgery, Department Of General Surgery, Konyang University Hospital

## Aim/Objective

The da Vinci Single-port (SP) system is designed to enable single-incision robotic surgery in confined spaces. Recently, single plus one-port robotic surgery has been introduced to overcome the limitations of single-port surgery in left sided colon cancer.

## Method

12 patients with left sided colorectal cancer were treated with SP robot system between October 2023 and September 2024. The patients' clinical characteristics, perioperative and pathological outcomes were retrospectively analyzed.

## Results

The median tumor size was 3.6 cm (range, 0.2–6 cm). A single docking was performed, and the median docking time was 5.4 min (range, 2 min–8 min). The total operation time was 281 ± 116.8 min (range, 155–507 min), and the median console time was 170 ± 61.7 min (range, 93–338 min). the median number of harvested lymph node was 20.78 ± 8.71. the median length of specimen was 20.11± 5.30. The average time to sips of water was 1.67 ± 0.5 days, and the average length of hospital stay was 6 ± 2.64 days. Postoperative ileus was observed at one patient, then there was no other postoperative complication including anastomotic leak.

## Conclusion

Anterior resection for sigmoid or rectal cancer using SP with additional one port seems to be feasible but further improvement of instruments such as vessel sealer, surgical stapler are still needed.

Abstract ID: 050
Category: Poster, Clinical

# IMPACT OF PULMONARY RESECTION ON SURVIVAL IN COLORECTAL CANCER PATIENTS WITH SYNCHRONOUS LIVER AND LUNG METASTASES FOLLOWING HEPATIC AND PRIMARY TUMOR SURGERY

Yeonuk Ju[1], Jun Woo Bong[1], Chin Ock Cheong[1], Sang Hee Kang[1], Sun Il Lee[1], Byung Wook Min[1]
[1]Division Of Colon And Rectal Surgery, Korea University Guro Hospital, Seoul, Korea

## Aim/Objective

Colorectal cancer (CRC) frequently metastasizes to the liver and lungs, with synchronous liver and lung metastases (SLLM) occurring in approximately 20% of metastatic cases. Managing SLLM poses unique challenges, with two main surgical strategies: simultaneous resection of the primary tumor, liver, and lung metastases, or a staged approach. Current data on survival outcomes for SLLM patients is inconsistent, partly due to varying definitions and approaches. Some studies suggest that complete resection of both liver and lung metastases can yield survival outcomes similar to isolated liver metastasis resection, highlighting the potential survival benefit of aggressive intervention. This study evaluates the impact of pulmonary resection on overall survival in CRC patients who have undergone liver and primary tumor resections.

## Method

This retrospective cohort study included colorectal cancer patients with synchronous liver and lung metastases (SLLM), defined as metastases diagnosed within 6 months of primary tumor detection. All patients underwent hepatic resection and primary tumor resection. Patients were divided based on lung resection status: those who received lung resection (n = 23) and those who did not (n = 38). Characteristics such as age, CEA, CA19-9, and metastasis size/count were compared. Overall survival (OS) and disease-free survival (DFS) were analyzed using Kaplan-Meier survival curves and the log-rank test. Cox proportional hazards modeling identified factors impacting OS and DFS.

## Results

This study analyzed the impact of lung resection on overall survival (OS) and disease-free survival (DFS) in colorectal cancer patients with synchronous liver and lung metastases (SLLM) who had undergone primary tumor and liver resections. Overall Survival (OS): Patients in the Lung Resection Group had significantly longer OS (51.61 ± 16.03 months) than those in the Non-Lung Resection Group (34.79 ± 19.23 months, $p = 0.0059$). Disease-Free Survival (DFS): DFS here refers to the duration after the initial abdominal surgery during which patients remained free from intra-abdominal recurrence. Although the Lung Resection Group showed a trend toward longer DFS, the difference was not statistically significant ($p = 0.12$). Predictive Factors: In Cox proportional hazards analysis, lung resection, age, CA19-9 levels, and liver metastasis burden were significant predictors of OS. Lung resection was associated with a reduced risk of mortality (HR = 0.4269, $p = 0.0456$). These findings suggest that lung resection may improve OS in patients with SLLM, while its impact on abdominal recurrence-free survival remains uncertain.

## Conclusion

This study indicates that lung resection in colorectal cancer patients with synchronous liver and lung metastases (SLLM) may significantly improve overall survival (OS), though its impact on disease-free survival (DFS) is less certain. Factors such as age, CA19-9 levels, and liver metastasis burden were also identified as important predictors of OS. While lung resection shows potential OS benefits, careful patient selection is essential. Patients with lower CA19-9 levels, fewer liver metastases, and younger age may

benefit most from this approach. Further studies are needed to define criteria for patient selection and to clarify the effects on recurrence and quality of life.In summary, lung resection may be a valuable addition to multimodal treatment for select SLLM patients, potentially enhancing OS.

Abstract ID: 049
Category: Oral, Research

**PREDICTIVE FACTORS OF RECURRENCE IN NON-OPERATIVE MANAGEMENT OF RIGHT-SIDE COLONIC DIVERTICULITIS, MULTICENTER RETROSPECTIVE COHORT STUDY.**

Khajohnsak Bhocksombud[1], Punnawat Chandrachamnong,Ekkarin Supatrakul[2]
[1]Vajira Hospital
[2]Maharaj Nakorn Chiang Mai Hospital

**Aim/Objective**
Non-operative management (NOM) is the primary treatment strategy for uncomplicated right-sided colonic diverticulitis (RCD). However, some patients experience recurrence after successful NOM. This study aimed to investigate the recurrence rate and predictive factors for RCD after successful NOM.

**Method**
A retrospective review was conducted on medical records of patients diagnosed with uncomplicated RCD at Vajira Hospital and Maharaj Nakorn Chiang Mai Hospital between January 2017 and December 2022. Predictive factors for recurrence were analyzed using multivariable Cox regression, and recurrence-free survival was evaluated using Kaplan-Meier analysis.

**Results**
A total of 90 patients were diagnosed with uncomplicated RCD, of whom 87 (96.7%) achieved successful NOM. The mean follow-up duration was 56.42 months (SD 18.89). Twelve patients (13.8%) experienced recurrence, with a median recurrence time of 11.5 months (IQR 5.7–31.7). There were no significant differences in baseline characteristics between patients with and without recurrence. Smoking was significantly associated with recurrence (HR 4.56; 95% CI 1.33–15.6, p 0.02), with smokers showing lower recurrence-free probabilities at 12, 24, and 60 months compared to non-smokers (72.7% vs. 92.2% at 60 months). Hepatic flexure diverticulitis was also a significant predictor of recurrence (HR 4.59; 95% CI 1.17–11.94, p 0.03).

**Conclusion**
In this two-center study from Thailand, smoking and hepatic flexure involvement were significant predictive factors for recurrence in RCD after successful NOM. These findings highlight the need for close monitoring and tailored management strategies in high-risk patients, and future studies should incorporate larger, multi-center data to validate these results.

Abstract ID: 048
Category: Oral, Research

**TACKLING CATABOLIC STATE IN HIGH OUTPUT STOMA CASES: OUR EXPERIENCE WITH ENRICHED STOMA CONTENT REFEEDING**

Dr Rajendra Bagree[1]
[1]Sms Hospital, Jaipur

**Aim/Objective**

Patients who have a high output stoma are prone to fluid and electrolyte imbalance and the expensive parenteral nutrition (PN) is necessary for management. In these cases, re-feeding can be beneficial with enriched stoma effluent.

**Method**

In our study we included 25 cases which had high output stoma with maximum bowel length of 140 cm from duodeno-jejunal junction or output greater than 1.5l in 24 hours.

**Results**

Among these 25 cases, 16 were males and 9 females. The most common indications for making stoma were intestinal perforation (11) and gangrene (6). These cases were discharged on enriched re-feeding. No major complications were associated with re-feeding. None of the patients required parenteral nutrition after discharge from hospital. After getting body mass index (BMI) and serum albumin under normal parameters, we were able to close the stomas in all the patients.

**Conclusion**

Patients with high output stoma can be managed nutritionally with distal enriched re-feeding. It is a cost-effective and effective alternate for parenteral nutrition (PN), which is associated with complications.

Abstract ID: 047
Category: Oral, Research

**DERANGEMENT IN RENAL FUNCTION AFTER STOMA CREATION IN A TERTIARY CARE CENTRE**

Dr. Ayush Gupta[1]
[1]Sms Hospital, Jaipur

**Aim/Objective**

We assessed the derangements of renal functions and glomerular filtration rate (GFR) due to dehydration and poor nutrition in stoma patients before the creation of stoma, on discharge and on readmission (closure/complication).

**Method**

We conducted a retrospective cohort study in 50 patients of both sexes of age group 16-80yr undergoing stoma formation either as an emergency or elective procedure. Changes in levels of urea, creatinine and GFR were checked preoperatively, on discharge and on follow up within 3 months. Diet of the patient, possibility of sepsis and other treatment including nephrotoxic drug treatment history was assessed.

**Results**

Fifty patients including 27 males and 23 females of age group 16-75yr were included in this study. The most common stoma was loop ileostomy in 32 cases followed by double barrel ileostomy in 11 cases. Ileal perforation and ileal stricture are the 2 most common causes of stoma formation and 78% of stoma were made as an emergency procedure. We found that 56% of the cases presented with deranged renal functions and GFR on readmission.

**Conclusion**

Deranged GFR was due to dehydration by high output and poor intake leading to renal injury and deranged renal functions. Proper counselling of the patient regarding nutritious diet, refeeding and adequate hydration is important to prevent renal failure in stoma patient.

Abstract ID: 045
Category: Poster, Clinical

# SINGLE INCISION LAPAROSCOPIC SURGERY FOR COMPLICATED RIGHT-SIDED COLONIC DIVERTICULUM: IS IT A FEASIBLE ALTERNATIVE TO CONVENTIONAL LAPAROSCOPIC SURGERY?

Taek-Gu Lee[1], Hui-Jeong Hwang[2*]
[1]Department Of Surgery, Chungbuk National University College Of Medicine, Chungbuk National University Hospital
[2]Department Of Cardiology, Kyung Hee University School Of Medicine

**Aim/Objective**
This study compared the feasibility and safety of single incision laparoscopic surgery (SILS) with conventional laparoscopic surgery (CLS) for complicated right-sided colonic diverticulitis.

**Method**
We retrospectively analyzed 47 patients who underwent laparoscopic right hemicolectomy (SILS=23, CLS=24) between 2011 and 2020. We compared patient demographics, operative outcomes, and postoperative recovery parameters between the groups.

**Results**
The SILS group showed shorter operative time (79.13 vs 111.25 minutes, p=0.002) and hospital stay (7.13 vs 9.42 days, p=0.019). Postoperative pain scores and overall complication rates (13.0% vs 12.5%, p=0.969) were comparable between groups. However, the SILS group had lower BMI and fewer emergency operations.

**Conclusion**
SILS appears to be a feasible and safe alternative to CLS in selected patients with complicated right-sided colonic diverticulitis, offering potential advantages in operative time and recovery.

Abstract ID: 044
Category: Poster, Clinical

# ROLE OF PREOPERATIVE ELECTROCARDIOGRAPHIC AND ECHOCARDIOGRAPHY FOR PREDICTION OF CLINICAL OUTCOMES IN ELDERLY PATIENTS WITH A COLON CANCER SURGERY

Hui-Jeong Hwang[1], Taek-Gu Lee[2*]
[1]Kyung Hee University College Of Medicine, Kyung Hee University Hospital At Gangdong, Seoul, Korea,
[2]Department Of Surgery, Chungbuk National University Hospital, Chungbuk National University College Of Medicine, Cheongju, Korea

**Aim/Objective**
The elderly are a well-known traditional cardiovascular (CV) risk. The aim of this study was to investigate whether preoperative CV evaluations, including electrocardiography (ECG) and echocardiography (Echo), can predict clinical outcomes in elderly patients scheduled for high-risk colon cancer surgery.

**Method**
Elderly patients, aged 65 years or older, diagnosed of colon cancer and who underwent surgery following preoperative ECG and Echo evaluations at a single center were examined. Clinical characteristics, as well as ECG and Echo findings at the time of index admission for surgery, were reviewed. ECG abnormalities were defined as ST-T changes, QT prolongation, pathological Q waves, and arrhythmias, including atrial fibrillation/flutter, atrial/ventricular premature beats, and atrial tachycardia. Significant Echo findings included wall motion abnormalities suggestive of myocardial ischemia, severe valvular heart disease, left ventricular systolic dysfunction with an ejection fraction of <45%, and moderate pulmonary hypertension with an estimated systolic pulmonary arterial pressure of ≥ 50 mmHg. Left ventricular diastolic dysfunction was defined as abnormal relaxation with elevated left ventricular filling pressure of ≥ 15 or more advanced stages. The primary end point was a composite of hospitalization for heart failure, coronary revascularization, sepsis, and cancer-related symptoms or signs, and all-cause mortality.

**Results**
A total of 348 consecutive patients (mean age = 75 ± 6 years; male: female = 190: 158) were enrolled. The average follow-up duration was 1.1 ± 0.9 years. Significant ECG findings (hazard ratio [HR] = 1.898, 95% confidence interval [95%CI] = 1.042-3.458, P = 0.036) and left ventricular diastolic dysfunction (HR = 2.181, 95%CI = 1.188-4.003, P = 0.012) were identified as independent determinants for the primary end point, alongside higher cancer stages.

**Conclusion**
Preoperative CV evaluations using ECG and Echo are useful for predicting clinical outcomes in elderly patients undergoing surgery for colon cancer.

Abstract ID: 043
Category: Oral, Research

**RETROPERITONEAL END COLOSTOMY CREATION IN LA[AROSCOPIC ABDOMINOPERINEAL RESECTION FOR HEERNIA PREVENTION: A RETROSPECTIVE STUDY**

Yana V. Belenkaya[1], Sergey S. Gordeyev[1], Zaman Z. Mamedli[1]
[1]N.N. Blokhin Russian Cancer Research Centre, Sechenov University

**Aim/Objective**

About 50% of patients have parastomal hernia formation after abdominoperineal resection (APR). A lack of evidence-based data on this complication prevention makes further study of this topic important.
The aim of our research was to compare the hernia rate and the post-operative morbidity rate in patients who underwent retroperitoneal and direct colostomy after laparoscopic APR.

**Method**

Patients with rectal cancer and anal cancer who underwent laparoscopic APR from 2019 to 2022 in N. N. Blokhin National Medical Research Center of Oncology were included in this retrospective study. Direct or retroperitoneal end colostomy were left to surgeon's discretion. Primary endpoints were the hernia rate in 1 year or more (was estimated using abdominal CT) and the post-operative morbidity (Clavien–Dindo grade).

**Results**

50 patients were included in our research: 30 patients underwent retroperitoneal colostomy and 20 patients underwent direct colostomy. There were no significant differences in parameters that could affect the results. Parastomal hernias in 1 year or more were in 4 (13.3%) and 8 (40%) patients in the retroperitoneal colostomy group and in the direct colostomy group, respectively (p=0.031). There were no post-operative morbidity grade 4-5 and other complications that could be connected with retroperitoneal colostomy creation. Post-operative morbidity grade 3 was in 3 (10%) patients in the retroperitoneal colostomy group and in 1 (5%) in the direct colostomy group (p=0,64).

**Conclusion**

Retroperitoneal colostomy creation during laparoscopic APR may reduce the parastomal hernia rate. It is important to conduct prospective comparative studies.

Abstract ID: 042
Category: Oral, Research

# PROPHYLACTIC SUBLAY MESH PLACEMENT DURING STOMA CLOSURE TO PREVENT INCISIONAL HERNIAS: A PHASE III RANDOMIZED CLINICAL PILOT STUDY

Yana V. Belenkaya[1], Sergey S. Gordeyev[1], Zaman Z. Mamedli[1]
[1]N.N. Blokhin Russian Cancer Research Centre, Sechenov University

## Aim/Objective

There are many methods to prevent hernia after stoma closure, but there's a lack of evidence of prophylactic sublay synthetic mesh placement safety. Our aim was to compare the safety of sublay mesh placement and standard stoma closure.

## Method

In interim analysis of our randomized controlled trial (ClinicalTrials.gov, NCT05939687) patients with rectal cancer who underwent stoma closure after low anterior resection at N.N. Blokhin Russian Cancer Research Center from 2023 were randomly assigned using a computer-based algorithm in a 1:1 ratio to sublay mesh placement or closure with sutures alone (control). Inclusion criteria were age 18 or older, stage I-III disease, a written informed consent. Exclusion criteria were synchronous and metachronous cancers, HIV, ECOG>2, ongoing chemotherapy. Our endpoints were the surgical site infection rate and the postoperative morbidity rate (Clavien-Dindo) at 30 days, operative time, mesh placement time. Statistical analysis was carried out using IBM SPSS Statistics 26.

## Results

There were in our analysis 171 patients: 84 in the mesh-group and 87 in the control group. There were no statistically significant differences in sex, age, diabetes mellitus status, BMI, ASA.
Median operative time was 64 min (control) and 79 min (mesh-group), median mesh placement time was 15.5 min. The surgical site infection rate was 20.2% (17 patients) in the mesh-group and 18.4% (16 patients) in the control group (p=0.99). The morbidity rate by Clavien-Dindo scale was 77.4% (65 patients) in the mesh-group and 71.3% (62 patients) in the control group, p=0.38. The morbidity rate grade 3b and more was 2.3% (2 patients) in both groups, p>0.99.

## Conclusion

A low postoperative morbidity rate makes it possible to consider preventive sublay mesh placement during stoma closure.

Abstract ID: 041
Category: Oral, Clinical

**LEARNING CURVE IN SINGLE-PORT ROBOTIC RECTAL CANCER SURGERY: A SINGLE SURGEON'S EXPERIENCE WITH 117 CONSECUTIVE CASES**

Seung Ho Song[1], Hye Jin Kim[1], Gyu-Seog Choi[1], Jun Seok Park[1], Soo Yeon Park[1], Sung-Min Lee[1], Min Hye Jeong[1], Su Jin Kang[1]
[1]Colorectal Cancer Center, Kyungpook National University Chilgok Hospital, School Of Medicine, Kyungpook National University, Daegu, Korea.

**Aim/Objective**
Utilizing a smaller incision and workspace, the latest da Vinci® single-port (SP) robotic system is a viable option for performing rectal cancer surgery. The objective of this study is to delineate the learning curve associated with SP robotic rectal cancer surgery.

**Method**
Data were collected from patients who underwent single-port robotic rectal cancer surgery performed by a single surgeon between July 2020 and July 2023. Out of 175 patients who underwent rectal cancer surgery using a single-port robot, we focused on 118 consecutive patients who received sphincter-preserving total mesorectal excision (TME) without multivisceral resection. The learning curve was assessed using the Cumulative Sum (CUSUM) methodology, evaluating variations in total operative and console times across the sequence of cases.

**Results**
The analysis of single-port robotic TME revealed distinct operative and console times, which were categorized into three phases: Phase I (Learning Period, cases 1-12), Phase II (Proficiency Period, cases 13-32), and Phase III (Mastery Period, cases 33-117). As the surgeon progressed through these phases, there was a significant reduction in total operative time, console time, and estimated blood loss.

**Conclusion**
The CUSUM analysis identifies three distinct phases in the learning curve for single-port robotic TME. For surgeons with prior experience in robotic surgery, proficiency in single-port robotic rectal cancer surgery is estimated to be attained after 12 cases.

Abstract ID: 040
Category: Poster, Clinical

**RETROSPECTIVE STUDY ON THE IMPACT OF TIMING OF STOMA CLOSURE ON ONCOLOGICAL OUTCOMES IN PATIENTS WITH LOCALLY ADVANCED RECTAL CANCER**

Seung Ho Song[1], Gyu-Seog Choi[1], Jun Seok Park[1], Soo Yeon Park[1], Hye Jin Kim[1], Sung-Min Lee[1], Su Jin Kang[1]
[1]Colorectal Cancer Center, Kyungpook National University Chilgok Hospital, School Of Medicine, Kyungpook National University, Daegu, Korea.

**Aim/Objective**

Locally advanced rectal cancer is managed with a multimodal approach. The approach involves preoperative chemoradiotherapy followed by surgical intervention and postoperative chemotherapy, and it may involve ileostomy to protect anastomosis. However, ileostomy has many complications, so the stoma closure is needed. There are two timings to close the stoma: During the postoperative chemotherapy, After the postoperative chemotherapy. We aimed to determine the optimal timing for the stoma closure.

**Method**

A retrospective analysis on rectal cancer patients between January 2011 – December 2021 in Chilgok Kyungpook National University Medical Center was performed. Primary outcomes were 5-year relapse-free survival, and secondary end points were 5-year overall survival and postoperative complications within 30 days after ileostomy closure.

**Results**

There were no differences with baseline characteristics with two groups. Our primary outcome is 5-year Relapse-Free Survival (5Y RFS). Second outcomes are 5-year Overall Survival (5Y OS) and postoperative complications. Primary outcome was similar between the two groups (75.2% in after CTx group and 77.2% in during CTx group). No significant differences of 5-year Overall Survival were observed between the two groups (82.2% in after CTx and 91.0% in during CTx group). Hospitalization days and postoperative complications did not differ significantly between the two groups: during chemotherapy, after chemotherapy.

**Conclusion**

As the results that there are no differences between the two groups, we can think that both ileostomy closures after the chemotherapy and during the chemotherapy can be used. For more validation, more randomized clinical trials are needed.

Abstract ID: 039
Category: Oral, Clinical

**OUR EXPERIENCE OF NON SCALPEL VASECTOMY IN OUR INSTITUTE**

Dr. Rajendra Bagree[1] ,
[1]Sms Hospital, Jaipur

**Aim/Objective**

Non-scalpel vasectomy (NSV) is a minimally invasive, effective, and safe male sterilization technique widely recommended for family planning. Unlike traditional vasectomy, NSV avoids incisions, leading to reduced pain, quicker recovery, and fewer complications. This case series aims to share our institutional experience with NSV, focusing on its efficacy, safety, and patient satisfaction.

**Method**

This retrospective analysis included 400 men who underwent NSV over a 12-month period at our institute. Patients were selected based on eligibility criteria for permanent sterilization. The procedure was performed using the standard NSV technique: puncturing the scrotal skin with specialized forceps to access and occlude the vas deferens. Outcome measures included operative time, post-operative pain (VAS score), complications, recovery period, and patient satisfaction. Follow-up was conducted at 1 week, 1 month, and 3 months, with semen analysis at 12 weeks to confirm azoospermia.

**Results**

The mean operative time was 12 ± 3 minutes. Post-operative pain scores averaged 1.8 ± 0.9 on day 1. Minor complications, such as hematoma or mild swelling, occurred in 8% of patients and resolved with conservative management. No major complications were reported. All patients achieved azoospermia by 12 weeks, with no cases of procedure failure. The majority (92%) reported high satisfaction with the procedure.

**Conclusion**

Our experience confirms NSV as a safe, effective, and acceptable method of sterilization, with minimal complications and high patient satisfaction. It should be promoted as a primary option for male contraception.

Abstract ID: 038
Category: Oral, Clinical

**OUR EXPERIENCE ON ROBOTIC SUTURE RECTOPEXY IN OUR INSTITUTE**

Dr. Ayush Gupta[1]
[1]Sms Hospital, Jaipur

**Aim/Objective**

Rectal prolapse is a debilitating condition characterized by the protrusion of the rectum through the anal canal, often leading to incontinence, constipation, and reduced quality of life. Robotic suture rectopexy has emerged as an advanced surgical option, combining the benefits of minimally invasive techniques with enhanced precision and visualization. This case series explores our institutional experience with robotic suture rectopexy, focusing on clinical outcomes, safety, and efficacy.

**Method**

This retrospective case series analyzed 9 patients with full-thickness rectal prolapse who underwent robotic suture rectopexy at our institute over two years. All procedures were performed using the Da Vinci robotic system, employing sutures to fix the rectum to the presacral fascia without mesh. Outcome measures included operative time, blood loss, post-operative pain (VAS score), length of hospital stay, resolution of symptoms, complications, and recurrence during a 12-month follow-up period.

**Results**

The mean operative time was 140 ± 20 minutes, with minimal blood loss (50 ± 15 mL). Post-operative pain scores averaged 2.1 ± 0.8 on day 1. The mean hospital stay was 3.5 ± 1.2 days. Symptomatic relief was achieved in all patients, with no major complications reported. One patient (6.7%) experienced recurrence within 12 months. Patient satisfaction was high, with 93% reporting improved quality of life.

**Conclusion**

Robotic suture rectopexy demonstrated excellent clinical outcomes, offering precise dissection and suturing while avoiding mesh-related complications. The reduced pain and faster recovery further highlight its advantages

Abstract ID: 037
Category: Oral, Clinical

**A CASE SERIES ON ROBOTIC ANTERIOR RESECTION IN OUR INSTITUTE**

Dr. Ayush Gupta[1]
[1]Sms Hospital, Jaipur

**Aim/Objective**

Anterior resection is a standard surgical procedure for rectal cancer, offering the potential for curative treatment while preserving bowel continuity. With advancements in minimally invasive techniques, robotic-assisted surgery has gained popularity due to enhanced precision, better visualization, and ergonomic advantages. This case series evaluates the outcomes of robotic anterior resection performed at our institute, highlighting its efficacy and safety in rectal cancer management.

**Method**

This retrospective case series included 8 patients with mid- to low-rectal cancer who underwent robotic anterior resection over 18 months. Patient selection was based on clinical staging, imaging, and multidisciplinary team discussions. The Da Vinci robotic system was used for all procedures, providing three-dimensional visualization and precise instrument control. Parameters analyzed included operative time, blood loss, conversion rates, post-operative pain (VAS score), length of hospital stay, post-operative complications, and oncological outcomes, including resection margins and lymph node yield.

**Results**

The mean operative time was 190 ± 25 minutes, with an average blood loss of 85 ± 20 mL. No conversions to open surgery were required. Post-operative pain scores were low, with an average of 2.8 ± 1.1 on day 1. The average hospital stay was 6.2 ± 1.4 days. All patients had negative circumferential resection margins, with an average lymph node yield of 18 ± 3. Minor complications occurred in three patients (15%), with no major complications or mortality.

**Conclusion**

Robotic anterior resection demonstrated excellent oncological and clinical outcomes with low morbidity and high precision. It represents a safe and effective approach for rectal cancer surgery, particularly in challenging cases.

Abstract ID: 036
Category: Oral, Clinical

**OUR EXPERIENCE OF USE OF LASER IN PILONIDAL SINUS: A CASE SERIES**

Dr. Rajendra Bagree[1] ,
[1]Sms Hospital, Jaipur

**Aim/Objective**

Pilonidal sinus is a chronic condition often affecting the sacrococcygeal region, causing pain, recurrent infections, and abscess formation. Traditional surgical approaches, such as excision with open wound healing or primary closure, are associated with prolonged recovery and high recurrence rates. Laser surgery has emerged as a minimally invasive option, offering potential advantages in wound healing, pain reduction, and recurrence prevention. This case series evaluates the efficacy of laser treatment for pilonidal sinus in a clinical setting.

**Method**

This retrospective case series analyzed 25 patients diagnosed with pilonidal sinus treated using a 1470 nm diode laser over 18 months. Pre-operative assessment included clinical examination and ultrasonography to define the extent of the sinus tract. The procedure involved thorough sinus debridement followed by laser ablation of the tract using radial fiber delivery. Outcomes assessed were operative time, post-operative pain (VAS score), healing time, return to normal activities, and recurrence during a 12-month follow-up.

**Results**

The mean operative time was 30 ± 7 minutes. Post-operative pain scores averaged 3.1 ± 1.0 on day 1, decreasing significantly by day 3. Complete wound healing occurred in an average of 4.8 ± 1.5 weeks. The average return to work was 7.2 ± 2.1 days. Recurrence was observed in two patients (8%). Overall patient satisfaction was high, with 88% reporting significant improvement in symptoms and quality of life.

**Conclusion**

Laser treatment for pilonidal sinus is a minimally invasive, effective, and safe option with reduced pain, faster recovery, and low recurrence rates. It holds promise as a preferred alternative to conventional surgery.

Abstract ID: 035
Category: Oral, Clinical

**OUR EXPERIENCE OF EFFICACY OF LASER IN HAEMORRHOID SURGERY: A CASE SERIES**

Dr. Rajendra Bagree[1]
[1]Sms Medical College And Hospital, Jaipur

**Aim/Objective**

Hemorrhoids are a common anorectal condition causing discomfort, bleeding, and swelling, significantly affecting the quality of life. Traditional surgical treatments, while effective, often involve prolonged recovery times and post-operative complications. Laser surgery has emerged as a minimally invasive alternative, offering advantages such as reduced pain, bleeding, and faster recovery. This case series evaluates our experience with laser hemorrhoid surgery and its efficacy in treating patients with various grades of hemorrhoids.

**Method**

This retrospective case series included 30 patients with grade II to III hemorrhoids treated with laser hemorrhoidoplasty over 2yrs at our institution. Pre-operative assessment included clinical examination and proctoscopy. The laser procedure utilized a 1470 nm diode laser to shrink hemorrhoidal tissue and coagulate associated vascular structures. Outcomes evaluated were operative time, post-operative pain (VAS score), bleeding, recovery time, and recurrence over a six-month follow-up period.

**Results**

The mean operative time was 25 ± 5 minutes. Post-operative pain scores averaged 2.5 ± 1.2 on day 1, with significant reduction by day 7. Minimal intraoperative bleeding and no major complications were observed. The average return to normal activities was 5.3 ± 1.4 days. Recurrence was noted in one patient (3.3%) at six months. Patient satisfaction was high, with 93% reporting significant symptom relief.

**Conclusion**

Laser hemorrhoid surgery demonstrated efficacy in symptom resolution with minimal complications and a shorter recovery period compared to conventional techniques. The minimally invasive nature and favorable outcomes highlight its potential as a preferred treatment option.

Abstract ID: 034
Category: Oral, Clinical

# SIGNIFICANCE OF PRETREATMENT MRI FOR PREDICTING LYMPH NODE METASTASIS IN YPT0-2 RECTAL CANCER FOLLOWING CHEMORADIOTHERAPY

Hyeung-Min Park[1], Jaram Lee[1], Soo Young Lee[1], Chang Hyun Kim[1], Hyeong Rok Kim[1]
[1]Chonnam National University Hwasun Hospital And Medical School, Hwasun, Korea

**Aim/Objective**
Organ-preserving strategies such as local excision have gained increasing prominence in treating locally advanced rectal cancer showing favorable responses to chemoradiotherapy. Accurate prediction of lymph node (LN) metastasis is crucial for the successful implementation of local excision. This study aimed to identify clinicopathological factors predicting pathological LN metastasis in patients with rectal cancer who underwent radical surgery following chemoradiotherapy.

**Method**
A retrospective review of locally advanced rectal cancer patients undergoing radical surgery after chemoradiotherapy at Chonnam National University Hwasun Hospital (2013–2019) was conducted. Patients with pathological stage ypT0-2 were included, and those with distant metastasis at the time of diagnosis were excluded. Clinicopathological factors, including pretreatment and post-treatment MRI staging, were analyzed to identify factors predicting pathological LN metastasis. Prognostic factors predicting disease-free survival were also analyzed.

**Results**
Among the 180 patients, LN metastasis was confirmed in 22 (12.2%). Clinicopathological factors related to LN metastasis included pretreatment mrN stage (mrN0, 7.1%; mrN1, 20.4%; mrN2, 21.1%; $p = 0.028$) and ypT stage (ypT0, 3.1%; ypT1, 15.4%; ypT2, 17.8%; $p = 0.021$). Post-treatment mrN stage also showed a marginal relationship with pathological LN metastasis but lacked statistical significance (ymrN0, 11.2%; ymrN1, 30.0%; $p = 0.077$). In multivariable analysis, pretreatment mrN stage ($p = 0.046$) and ypT stage ($p = 0.049$) were independent predictive factors for pathological LN metastasis. Multivariable survival analysis identified ypN stage ($p < 0.001$) as the only significant prognostic factor for disease-free survival.

**Conclusion**
In rectal cancer patients with ypT0-2 undergoing chemoradiotherapy, pretreatment mrN stage, along with ypT stage, independently emerged as significant predictors for pathological LN metastasis. These results could contribute significantly to identifying suitable candidates for local excision.

Abstract ID: 033
Category: Poster, Clinical

**BEST CLINICAL PRACTICE RECOMMENDATIONS FOR FISTULA – TRACT LASER CLOSURE: THE FILAC – RECOMMENDATIONS**

Peter C. Ambe[1], Sanjay Chaudhri[1], Amine Antonin Alam[1], Branko Bogdanic[1], Hui Ma[1], Bernd Bolik[1], Ionel Horia Roman[1], Jiong Wu[1], Juan Diego Pina Hernandez[1], Norbert Vasas[1], Pavel Istok[1], Ruben Schouten[1], Shrinivas Kalaskar[1], Tomislav Bruketa[1], Eleftherios Koulouteris[1], Gonzalo P. Martin-Martin[1], Vladimir Dobricanin[1], Yibo Yao[1], Ingjun Dong[1], Dongxing Cao[1], Paolo Giamundo[1]
[1]Witten/Herdecke University, Germany

**Aim/Objective**
Fistula tract laser closure (FiLaC) represents a minimally invasive technique for managing fistula in ano with increasing popularity among proctologist. Despite its increasing adoption, significant variations exist in the application of FiLaC in daily practice. The aim of these recommendations was to define some basic principles and recommendations for performing a standard FiLaC procedure.

**Method**
The recommendation development group (RDG) consisting of surgeons with experience in the FiLaC were invited to formulate recommendations for the procedure. The recommendations were generated following systematic literature research and discussion amongst experts (expert opinion) where no substantial literature was available. The developed recommendations were voted upon by a panelist via the Delphi process. Consensus was a priori defined as agreement of 75 %.

**Results**
The RDG developed 26 recommendations that were voted upon by 22 panelists. Consensus was reached for all 26 recommendations after the first Delphi round.

**Conclusion**
The RDG offers a comprehensive suite of guidelines to enhance the safety and efficacy of standard FiLaC procedures. Out of 26 detailed recommendations, collectively addressing the full spectrum of FiLaC procedures—from laser settings and preoperative preparations to perioperative strategies and postoperative care. This coherent framework is anticipated not only to standardize but also to refine the FiLaC technique across the board, thereby elevating the management of fistula in ano.

Abstract ID: 032
Category: Oral, Clinical

**BEST CLINICAL PRACTICE RECOMMENDATIONS FOR THE MANAGEMENT OF SYMPTOMATIC HEMORRHOIDS VIA LASER HEMORRHOIDOPLASTY: THE LHP – RECOMMENDATIONS**

Peter C. Ambe[1], Gonzalo P. Martin-Martin[1], Norbert Vasas[1], Hui Ma[1], Igor Piponski[1], Ionel Horia Roman[1], Juan Diego Pina Hernandez[1], Hongcheng Lin[1], Guido Weyand[1], Luqman Mazlan[1], Luis J. García Flórez[1], Katja Wolff[1], Michael Dessily[1], Chen Wang[1], Vladimir Dobricanin[1], Wei Yang[1], Tomislav Bruketa[1], Xiandong Zeng[1], Salih Avdicausevic[1], Zhengguo Zhang[1], Sebastian Wais[1], Shrinivas Kalaskar[1], Zhe Cui[1], Isabel Bermudez Pestonit[1], Yongqing Cao[1], Suárez Sánchez Aida[1], Donglin Ren[1], Elvis Vargas Castillo[1], De Zheng[1], Branko Bogdanic, Qingjun Dong, Andreas Wölk, Yibo Yao, Samia Issaad, Tariq Nasser, Xiutian Guo, Mohamed Magdy Nagar[1], Matthias Merkle[1], Manuel Ruiz-Lopez[1], Yang Zhang[1], Claus Blumberg[1], Amine Antonin Alam[1], Alberto Carrillo Acosta[1], Ruben Schouten[1], Pavel Istok[1], Cédric Demtröder[1], Zhenyi Wang[1], Jiong Wu[1]
[1]Witten/Herdecke University,Germany

**Aim/Objective**

Laser Hemorrhoidoplasty (LHP) has emerged as a novel, minimally invasive technique for managing symptomatic hemorrhoids, gaining popularity among clinicians. Despite its increasing adoption, significant variations exist in the application of LHP across different practices. The aim of these recommendations was to spell out some basic principles and recommendations for performing a standard LHP procedure.

**Method**

The recommendation development group (RDG) consisting of surgeons with experience in the LHP were invited to formulate recommendations for the procedure. The recommendations were generated following systematic literature research and discussion amongst experts (expert opinion) where no substantial literature was available. The developed recommendations were voted upon by a panelist via the Delphi process. Consensus was a priori defined as agreement of 75 % and above, with strong consensus defined as 85% and above.

**Results**

The RDG developed 21 recommendations that were voted upon by 48 panelists. Consensus was reached for all 21 recommendations after the first Delphi round, including 16 recommendations with strong consensus:

**Conclusion**

These recommendations offer a comprehensive suite of guidelines to enhance the safety and efficacy of standard LHP procedures. Out of 21 detailed recommendations, 16 have reached strong consensus, collectively addressing the full spectrum of LHP procedures—from laser settings and preoperative preparations to perioperative strategies and postoperative care. This coherent framework is anticipated not only to standardize but also to refine the LHP technique across the board, thereby elevating the management of symptomatic hemorrhoidal disease.

Abstract ID: 031
Category: Oral, Clinical

# ARTICULATED INSTRUMENT ASSISTED LAPAROSCOPIC VENTRAL MESH RECTOPEXY- MAKING PAINFUL EXPERIENCE A LITTLE LESS PAINFUL

Ju Yong Cheong[1]
[1]Cairns Hospital

## Aim/Objective

Rectal prolapse is a debilitating disorder with higher prevalence in women. It is associated with other pelvic organ prolapse, and up to 75% of patients experience faecal incontinence. Laparoscopic ventral mesh rectopexy is an effective rectal sparing, autonomic nerve sparing procedure which hitches the rectum and perineal body up to anterior sacral longitudinal ligament using mesh/graft. Technically, it is a challenging procedure due to sharp anterior angulation through which the suture must pass through the mesh and rectum. Tying of surgical knots deep in the pelvis using rigid laparoscopic instruments presents additional challenge. Robotic assisted platforms such as DaVinci XiTM mitigates this technical challenges. However, robotic platform is not always readily available and a recent alternative is the laparoscopic articulated instrument such as the ArtisentialTM system. The ArtisentialTM instruments are articulated laparoscopic instruments which allows for 7 degrees of freedom of movements akin to that of a robotic platform. The articulated fenestrated grasper and the needle holder allows easier suturing and knot tying. The aim of this presentation is to describe our experience with ArtisentialTM, and tips & tricks on its use to make laparoscopic ventral rectopexy technically easier.

## Method

We describe experience of ArtisentialTM assisted laparoscopic ventral mesh rectopexy over 2023-2024 at a single tertiary institution.

## Results

The right pararectal peritoneal dissection is performed and then anteriorly down the recto-vaginal septum. When suturing the mesh/graft onto the distal rectum, there are three possible port positions. The most conventional and familiar approach is through the right iliac fossa, with surgeon standing on the right side of the patient. However in the right iliac fossa approach, the right lateral instrument/needle holder often clashes with the right pelvic inlet. This occurs especially when suturing of the left anterior corner of the mesh onto distal rectum. Moreover, ergonomically it is uncomfortable as the surgeon's right wrist needs to rotate in a clockwise direction whilst extended whilst also pinching/grasping the needle.

The second approach is through the suprapubic port. This approach avoids the problem of instrument clashing with right side of pelvic inlet. However, the close proximity port and target (distal rectum), and the acute anterior angulation of the distal rectum also makes suturing ergonomically challenging.
The third approach is through left paraumbilical port placement with the surgeon standing on the left side of the patient. This has advantage of allowing ample distance between port and target (distal rectum). The clockwise rotation of the wrist can be performed with wrist in a neutral position, making suture placement more ergonomically comfortable. The ArtisentialTM needle holder has most recently been upgraded from 8mm to 5mm in thickness, with additional rachet function which allows for holding of the needle. This alleviates the stress on surgeon's wrist whilst rotating and pinching the needle.

Due to the long length of the ArtisentialTM instrument, the operative table should be lowered as low as possible with surgeon standing on standing stool to reduce pressure on surgeon's shoulder.

**Conclusion**

In our experience of ArtisentialTM assisted laparoscopic ventral mesh rectopexy, approaching through the left paraumbilical ports is the most ergonomic approach.

Abstract ID: 030
Category: Oral, Clinical

# COMPARATIVE ANALYSIS OF ORGAN PRESERVATION ATTEMPT AND RADICAL SURGERY IN CLINICAL T2N0 MID TO LOW RECTAL CANCER

Hyeung-Min Park[1], Jaram Lee[1], Soo Young Lee[1], Chang Hyun Kim[1], Hyeong Rok Kim[1]
[1]Department Of Surgery, Chonnam National University Hwasun Hospital And Medical School, Hwasun, Republic Of Korea

**Aim/Objective**
Debate persists regarding the feasibility of adopting an organ-preserving strategy as the treatment modality for clinical T2N0 rectal cancer. This study aimed to compare the outcomes of attempting organ-preserving strategies versus radical surgery in patients with clinical T2N0 mid to low rectal cancer.

**Method**
Patients diagnosed with clinical T2N0 rectal cancer, with lesions located within 8 cm from the anal verge as determined by pre-treatment magnetic resonance imaging between January 2010 and December 2020 were included.

**Results**
Of 119 patients, 91 and 28 were categorized into the organ-preserving attempt group and the radical surgery group, respectively. The median follow-up duration was 48.8 months (range, 0–134 months). The organ-preserving attempt group exhibited a reduced incidence of stoma formation (44.0% vs. 75.0%; p = 0.004) and a lower occurrence of grade 3 or higher surgical complications (5.8% vs. 21.4%; p = 0.025). Univariate analyses revealed no significant association between treatment strategy and 3-year local recurrence-free survival (organ-preserving attempt 87.9% vs. radical surgery 96.2%; p = 0.129), or 3-year disease-free survival (79.6% vs. 84.9%; p = 0.429). Multivariate analysis did not identify any independent prognostic factors associated with oncologic outcomes.

**Conclusion**
Compared with radical surgery, attempted organ preservation resulted in lower incidences of stoma formation and severe surgical complications, whereas oncological outcomes were comparable. Attempting organ preservation may be a safe alternative to radical surgery for clinical T2N0 mid to low rectal cancer.

Abstract ID: 029
Category: Poster, Clinical

**COMPARATIVE ANALYSIS OF LAPAROSCOPIC AND ROBOTIC SURGERY FOR RECTAL CANCER IN OBESE PATIENTS**

Takumi Kozu[1], Takashi Sakamoto[1], Tatsuki Noguchi[1], Shimpei Matsui[1], Toshiki Mukai[1], Tomohiro Yamaguchi[1], Takashi Akiyoshi[1]
[1]Department Of Colorectal Surgery, Gastroenterological Center, Cancer Institute Hospital, Japanese Foundation For Cancer Research, Tokyo, Japan.

**Aim/Objective**
Obese patients undergoing laparoscopic colorectal cancer surgery face challenges such as higher conversion rates to open surgery, increased complications, and prolonged hospital stays. Despite these hurdles, laparoscopic surgery is recognized as effective because it provides clear visualization in the deep pelvis. This study aims to compare clinical outcomes between laparoscopic and robotic rectal cancer surgeries in obese patients.

**Method**
A retrospective analysis was conducted on 131 obese patients (BMI ≥ 25 kg/m²) with mid to lower rectal cancer who underwent laparoscopic or robotic surgery at our department between May 2018 and December 2022. Patients were divided into a laparoscopic group (62 cases) and a robotic group (69 cases) for comparative evaluation.

**Results**
No significant differences in patient backgrounds were observed between groups, and no cases required conversion to open surgery. Robotic surgery had a significantly longer operative time (322 minutes vs. 286 minutes; $p < 0.001$), while blood loss was comparable (25 g vs. 25 g; $p = 0.701$). Clavien-Dindo grade III or higher postoperative complications occurred significantly less frequently in the robotic group (2.9% vs. 12.9%; $p = 0.046$). Postoperative hospital stays were similar (12 days vs. 13 days; $p = 0.141$). Both groups achieved an R0 resection rate of 100%. Long-term outcomes showed no significant differences in 3-year local recurrence-free survival (94.7% vs. 100%; $p = 0.089$), recurrence-free survival (87.8% vs. 94.5%; $p = 0.167$), and overall survival (100% vs. 100%; $p = 1.000$) during a median follow-up of 35 months.

**Conclusion**
Both laparoscopic and robotic surgeries were safely performed for rectal cancer in obese patients. Robotic surgery demonstrated advantages in reducing severe postoperative complications, highlighting its potential as a preferred approach. Further research is warranted to optimize surgical strategies for obese patients.

Abstract ID: 028
Category: Poster, Clinical

# THREE ANASTOMOTIC LEAKS FOLLOWING RIGHT HEMICOLECTOMY FOR RIGHT SIDED COLONIC TUMOUR

Dr Naing Lin Zaw[1]
[1]Yangon General Hospital

## Aim/Objective

Early diagnosis and timely resuscitation of anastomotic leak is paramount Optimum mangement of anastomotic leak is mainly depending on patient' conditions and surgeon' experiences.

## Method

All anastomoses were made extracorporeally with DST GIA 100 side to side and the ileocecal site, which contained the tumour and the holes, was resected with the same stapler."

## Results

Although ileocolic anastomotic leak rate (3.4-8.7%) is less common than colocolic or colorectal ones, we experienced leaks occurred three (16.6%) (two females and one male) out of 18 cases of right sided colonic cancer surgery by single surgeon within one year.

## Conclusion

We shared bad experiences of leakage, methods of anastomoses and treatment of leakage. Morbidity after anastomotic leakage was so severe that can lead to mortality. Early detection and timely resuscitation are paramount.

Abstract ID: 027
Category: Oral, Clinical

# HEPATECTOMY IMPROVES SURVIVAL IN COLORECTAL CANCER PATIENTS WITH OVER 9 LIVER-LIMITED METASTASES

Ping Lu[1,2], Yaqi Li[1,2], Jianling Zou[2,3], Junjie Peng[1,2]
[1]Department Of Colorectal Surgery, Fudan University Shanghai Cancer Center, Fudan University, Shanghai, China.
[2]Department Of Medical Oncology, Fudan University Shanghai Cancer Center, Shanghai, China.
[3]Department Of Oncology, Shanghai Medical College, Fudan University, Shanghai, 200032, P. R. China.

**Aim/Objective**
To explore the clinical advantages of hepatic resection and optimal treatment strategies for colorectal cancer patients with over nine liver-limited metastases (LLMs).

**Method**
Clinical data from 375 patients with extensive, liver-limited, and unresectable colorectal cancer metastases (≥10 liver lesions) were retrospectively collected, and hepatic surgery combined with radiofrequency ablation (RFA) or not (surgery ± RFA + systemic group), RFA (RFA + systemic group), and systemic treatment alone (systemic only group) were compared. Overall survival (OS) and progression-free survival (PFS) were summarized via the Kaplan–Meier and Cox proportional hazards methods. In this study, a nomogram model was developed and validated.

**Results**
Favorable survival trends were observed in the surgery ± RFA + systemic group. Significant differences in patients with KRAS/NRAS/BRAF gene-wild-type LLMs (OS 39.3 vs. 23.9 vs. 20.0 months, $P < 0.001$; PFS 13.8 vs. 9.9 vs. 4.3 months, $P < 0.001$) and KRAS/NRAS/BRAF gene-mutated LLMs (OS 22.7 vs. 15.6 vs. 13.7 months, $P = 0.001$; PFS 13.0 vs. 7.6 vs. 5.6 months, $P < 0.001$) were observed. A nomogram with a C-index of 0.709 indicated that primary tumor location, KRAS/NRAS/BRAF gene mutation status, duration of conversion therapy, early tumor shrinkage (ETS), efficacy results according to RECIST, and treatment regimens could serve as independent prognostic factors for OS.

**Conclusion**
Hepatic resection ± RFA + systemic treatment was associated with favorable OS and PFS in patients with > 9 LLMs.

Abstract ID: 025
Category: Poster, Clinical

# TAILORING INGUINAL HERNIA TREATMENT TO INDIVIDUAL CLINICAL SITUATIONS: A COMPREHENSIVE ANALYSIS OF POSTOPERATIVE COMPLICATIONS AND HOSPITALIZATION DURATION

Byoung Chul Lee[1], Jeong Hee Han[2]
[1]Pusan National University Hospital

## Aim/Objective

The purpose of this study is to provide a comprehensive understanding of personalized treatment for inguinal hernia patients at our hospital, considering their individual clinical situations. Specifically, it aims to cover various aspects related to complications, recurrence rates, and hospitalization duration, in order to contribute to optimizing the treatment outcomes for inguinal hernia patients.

## Method

Our center performs inguinal hernia surgeries based on an algorithm that takes individual clinical situations into account, in collaboration with the anesthesiology department. This study included 229 patients (213 males; ages 24-92 years, median age 69 years) who underwent surgery for inguinal hernia at Busan National University Hospital from January 2018 to April 2024. All surgeries were performed by a single surgeon.

## Results

The average age and comorbidities were higher in the open group. (AGE/ASA OPEN vs TAPP vs TEP 74/3.50 vs 70/2.0 vs 68/2.0) There were no statistically significant differences in complications occurring during surgery, but the conversion rate was slightly higher in the TEP group. (TEP vs TAPP 2 vs 1) There were also no statistical differences in postoperative complications, and the length of hospital stay was longest in the TAPP group. (Hospital day OPEN vs TAPP vs TEP 3.77 vs 3.98 vs 3.27)

## Conclusion

If general anesthesia is feasible, laparoscopic surgery may be considered as the first option, with TEP preferred if there is no history of prior surgeries. TAPP may be used if access to the preperitoneal space is challenging due to previous surgeries or radiation therapy. For patients where general anesthesia is not possible, the open method can be considered. The choice of anesthesia should be tailored to the patient's preferences and individual clinical situation.

Abstract ID: 024
Category: Poster, Clinical

# CHYME REINFUSION THERAPY FOR THE HIGH-OUTPUT STOMA AND FISTULA IN ADULTS: A NEW-ZEALAND EXPERIENCE

William Lin[1], Emma Ludlow[1,2], Gil Hardy[3]
[1]The Insides Company
[2]The University Of Auckland
[3]Ipanema Research Trust

## Aim/Objective

The nutritional management of intestinal failure (IF) arising from high-output double enterostomies (DES) or enterocutaneous fistulas (ECF) is challenging and carry significant risks of morbidity and mortality. The reduction of proximal intestinal length available for absorption necessitates the use of parenteral nutrition (PN) to meet metabolic and nutritional requirements; however, this is not utilising the entire GI tract. Chyme reinfusion therapy (CRT) has emerged as a recommended strategy for managing DES and ECF. Positive international experiences with an innovative system has demonstrated promising outcomes in over 500 patients.

## Method

A New Zealand clinical registry analysed the initial cohorts of patients using CRT with The Insides® System, focusing on their outcomes, PN dependency, nutritional and liver health, usability, length of hospitalisation, and postoperative recovery.

## Results

Analysis of 17 patients (10x DES, 7x ECF), 13/17 dependent on PN prior to commencing CRT. Following initiation of CRT, 10 of the 13 patients completely weaned from PN in a median of 12.5 days (2-110 days), while the remaining three reduced their prescription. Seventy-five percent of CRT patients returned to the reference range for serum albumin, creatinine, and liver function tests. The median duration of CRT was 111 days, with 12 out of 17 patients successfully undergoing stoma closure and being discharged home after a median of 36 days (range 1-85). Patient feedback was positive including quality of life improvements from early discharge and not being tethered to IV supplementation.

## Conclusion

Reintroducing chyme and facilitating early weaning from PN promotes the transition back to enteral autonomy, enhancing the gut's natural functions and supporting distal bowel rehabilitation. The novel CRT system have led to improved clinical outcomes and improved nutritional status, presenting time and cost-effective alternatives to traditional manual protocols and the high-risk use of PN for managing DES and ECF intestinal failure patients.

Abstract ID: 023
Category: Oral, Clinical

# A MODEL FOR PREDICTING ANORECTAL COMPLICATIONS AFTER MINIMALLY INVASIVE RECTAL SURGERY BASED ON MRI PELVIMETRY AND CLINICAL PARAMETERS

Zaman Z. Mamedli[1], Sergey S. Gordeyev[1], Yana V. Belenkaya[1]
[1]N.N. Blokhin Russian Cancer Research Center

## Aim/Objective

There are many colorectal anastomosis types, but there's a lack of information about the best anastomotic method for laparoscopic anterior resection for rectal cancer. Our objective was to evaluate the outcomes of laparoscopic anterior resection with hand-sewn, 2-stapled and 3-stapled anastomosis.

## Method

We included in our retrospective study patients with rectal cancer who underwent laparoscopic anterior resection with hand-sewn, 2- or 3-stapled anastomosis at N.N. Blokhin Russian Cancer Research Center from 2019 to 2021. Inclusion criteria were age 18 or older, a written informed consent. Exclusion criteria were synchronous and metachronous cancers, HIV, ECOG>2. The primary endpoint was anastomotic leakage rate.

## Results

There were 103 patients in our study: 31 - in the handsewn anastomosis group, 45 - in the 2-stapled anastomosis group, 27 - in the 3-stapled anastomosis group. There were no statistically significant differences in sex, age, BMI, ASA, disease stage, tumor location, neoadjuvant therapy. There were statistically significant differences in anastomotic leakage rate between handsewn group and 2-stapled group, between 2-stapled and 3-stapled groups. The anastomotic leakage rate was 6.5% (2 patients) in the hand-sewn anastomosis group and 22.2% (10 patients) - in the 2-stapled anastomosis group (p=0.064). The anastomotic leakage rate was 3.7% (1 patient) in the 3-stapled anastomosis group compared to 22.2% (10 patients) in the 2-stapled anastomosis group (p=0.034). There were no statistically significant differences between hand-sewn and 3-stapled anastomosis in the anastomotic leakage rate (p=0.637).

## Conclusion

Our analysis demonstrated that 3-stapled colorectal anastomosis may be associated with lower anastomotic leakage rate compared to 2-stapled anastomosis.

Abstract ID: 022
Category: Oral, Research

# FACTORS CONTRIBUTING TO DELAYED DISCHARGE RELATED TO STOMA EDUCATION IN PATIENTS UNDERGOING COLORECTAL SURGERY: A RETROSPECTIVE ANALYSIS

Dr Sophia Bee Ting Tan[1], Dr Clemence Ying Kiu Fung[1], Dr Heng-Chin Chiam[1], Dr Boris Ruggiero[1], Dr Maseelan Naidoo[1], Dr Ju Yong Cheong[1]
[1]Cairns Hospital, Queensland, Australia

**Aim/Objective**
Stoma formation after colorectal surgery frequently delays discharge, raising infection risks, increasing healthcare costs, and limiting hospital capacity. Enhanced Recovery After Surgery (ERAS) protocols encourage early stoma education to address these issues. While preoperative education is beneficial, factors causing discharge delays related to stoma education are not well understood. This retrospective study examines these factors to enhance patient recovery and discharge efficiency.

**Method**
A retrospective review was conducted on patients who underwent colorectal resection with stoma formation at a tertiary institution between 2019 and 2023. The study's primary objective was to identify factors contributing to stoma-related discharge delays, while the secondary objective assessed the financial impact of these delays.

**Results**
Of 187 patients who underwent colorectal resection with stoma formation, 31 experienced discharge delays linked to stoma education, with an average delay of 2.8 days (95% CI 1.4–4.2 days). The primary reason for delay was the unavailability of ostomy education on weekends, affecting 21 patients (64.5%). Other contributing factors included patient-related challenges (e.g., slow learning or low engagement), suboptimal stoma positioning (e.g., leakage due to placement near an abdominal crease or difficulty accessing the stoma due to obesity), and delays in stoma appliance availability. These delays incurred additional healthcare costs estimated at $406,224 over five years.

**Conclusion**
The unavailability of stoma education on weekends is the primary contributor to delayed discharge, underscoring the need for improved access to educational resources to facilitate timely discharge. As yet, none of public hospitals nor private hospitals in Australia have stoma nurse educator working on weekends, indicating further funding is needed for this essential service.

Abstract ID: 021
Category: Poster, Clinical

# OUTCOMES OF SYNTHETIC VERSUS HYBRID MESH IN LAPAROSCOPIC VENTRAL RECTOPEXY FOR COMPLETE RECTAL PROLAPSE

Han Deok Kwak[1]
[1]Chonnam National University Hospital, Chonnam National University, College Of Medicine"

**Aim/Objective**
There are various surgical methods for rectal prolapse surgery depending on the severity and approach. This study compared the outcomes of two types of mesh for patients with complete rectal prolapse in laparoscopic ventral rectopexy. Hybrid mesh avoids the erosion of synthetic mesh and has an advantage of low expense than biological mesh.

**Method**
The study involved patients who used synthetic mesh and hybrid mesh from 2022 to 2024. Patients were confirmed to complete rectal prolapse through preoperative evaluation and intraoperative rectal examination. The comparison of each group was performed pre-, intra-, and post-operative parameters and scores of functional questionnaire using Wexner constipation score(WCS) and Wexner incontinence score(WIS).

**Results**
A total of 39 patients were included in this study. There were 19 patients in the synthetic mesh group, and 18 patients in the hybrid mesh group. There were no differences in preoperative patient characteristics between the two groups. There were no differences in operative time (p=0.701), hospitalization period (p=0.891), and postoperative complications (p=0.772). Recurrence occurred in one patient in each group. (p=0.969) WCS and WIS showed symptoms were improved after surgery in both groups.

**Conclusion**
Hybrid mesh has a high strength of synthetic mesh, while preventing erosion and adhesion, making it safe to use in laparoscopic ventral rectopexy.

Abstract ID: 020
Category: Oral, Research

# NEOADJUVANT CHEMOTHERAPY WITHOUT RADIOTHERAPY IN INTERMEDIATE-RISK RECTAL CANCER PATIENTS: A PROPENSITY-SCORE MATCHED ANALYSIS

Zaman Zaurovich Mamedli[1], Sergey S. Gordeyev[1], Yana V. Belenkaya[1]
[1]N.N. Blokhin Russian Cancer Research Centre

## Aim/Objective

The aim of this study was to compare long-term outcomes of neoadjuvant chemotherapy (NACT) and short-course preoperative radiotherapy (SCPRT) in intermediate-risk rectal cancer patients.

## Method

109 patients with circumferential resection margin (CRM) negative cT2-T3cN1-2M0 middle (5-10 cm from anal verge) rectal cancer and cT2-4aN1-2M0/cT4aN0M0 upper (10-13 cm from anal verge) rectal cancer who received 4 cycles of XELOX chemotherapy and surgery were matched by sex, age, ASA score and clinical tumor location to 109 patients who received SCPRT and delayed surgery using propensity-score matching.

The study endpoints included 5-year disease-free survival (DFS), 5-year overall survival (OS), pathologic complete response (pCR), toxicity, surgical morbidity, local recurrence rate, distant failure rate, chemotherapy completion rate.

## Results

109 patients were included in each group after propensity score matching. 104 (95.4%) patients in the NACT group completed 4 cycles of chemotherapy. In 6 (5.5%) patients primary tumor increased in size >20% after NACT and they were referred for chemoradiotherapy (CRT). 1 (0.9%) patient died of myocardial infarction during NACT. Seven (6.4%) patients in the NACT group and 4 (3.7%) patients in the control group experienced grade 3-5 toxicities (p=0.538). pCR after NACT without CRT was observed in 11 (10.1%) cases. The median follow-up was 60,2 months. 14 (12.8%) patients in the NACT group and 20 (18.3%) patients in the control group developed distant metastases (p=0.607), 1 (0.9%) patient in the NACT group and 2 (1.8%) patients in the control group developed local recurrences (p=0.5). 5-year OS was 82.5% and 88% (p=0.119) and the 5-year DFS was 75% and 78.7% (p=0.317), accordingly.

## Conclusion

NACT leads to comparable outcomes as SCPRT in selected rectal cancer patients. NACT is safe and may be a treatment option for intermediate risk middle and upper rectal cancer patients.

Abstract ID: 019
Category: Oral, Research

# ADJUSTMENT TO A TEMPORARY OR PERMANENT OSTOMY: A QUALITATIVE ANALYSIS OF SURVEY RESPONSES

Ian Whiteley[1,2], Sue Randall[2], Fiona Stanaway[2]
[1]Concord Repatriation General Hospital
[2]The University Of Sydney

**Aim/Objective**
To describe variations in adaptation or adjustment to a new temporary or permanent ostomy.

**Method**
This is a multicentre, longitudinal observational study in which adjustment to an ostomy was measured using open-ended, short answer questions added to the Ostomy Adjustment Inventory (OAI-23).
Sample: Seven hundred participants were recruited through 11 care facilities, 397 had a temporary ostomy and 303 had a permanent ostomy. This paper explores the 626 responses to open-ended questions.

Data Analysis: Data was uploaded into NVivo (14) software and responses were analysed as data corpus using thematic analysis.

**Results**
The formation of a new temporary or permanent ostomy required a period of adaptation and adjustment. Thirteen sub-themes were identified and further refined into three major themes, adjusting to the unfamiliar and unpredictable body; navigating uncharted territory; and psychological adjustment.

Whilst some minor differences were noted between the temporary and permanent ostomy groups, these were far overshadowed by the similarities in adjustment.

**Conclusion**
Adaptation to a temporary or permanent ostomy is an ongoing process with many similarities influencing adjustment outcomes. Improved comprehension of ostomy adjustment, and the similarities and differences in adaptation and adjustment between those with a temporary or permanent ostomy, will assist health care professionals with planning health care services to meet the unique needs of this population.

Abstract ID: 018
Category: Poster, Clinical

**ENDOSCOPIC PILONIDAL SINUS TREATMENT (EPSIT) SHOULD BE THE GOLD STANDARD FIRST-LINE TREATMENT OPTION FOR CHRONIC PILONIDAL SINUS DISEASE.**

He, E.[1] Chung, Y.C.[1] Centauri, S.[1] Antoniou, E.[1] Gorton, C.[1] Tay, Y.K.[1] Narasimhan, V.[1] Saranasuriya, C.[1] Suhardja, T.[1] Lim, J.[1] Chouhan, H.[1] Teoh, W.[1] Nguyen, T.C.[1]
[1]Monash Health

**Aim/Objective**

Endoscopic Pilonidal Sinus Treatment (EPSiT) is a minimally invasive surgical technique described in 2013 for the management of pilonidal sinus disease (PSD). Currently no one technique has been agreed upon. This study aims to support EPSiT as the gold-standard surgical technique for chronic PSD.

**Method**

A literature review and systematic review via PubMed, Ovid MEDLINE, Ovid Embase, Cochrane Library and Scopus was conducted with MeSH terms (EPSiT) OR (Endoscopic Pilonidal Sinus Treatment) AND Pilonidal Sinus. PRISMA guidelines, COVIDENCE and PROSPERO are utilised for the systematic review.

**Results**

EPSiT has a high patient satisfaction rate of 95.7% - 97% and better aesthetic outcomes. EPSiT has a complete wound healing rate of 94.2% - 95% and a mean wound healing time of 29 days. EPSiT demonstrated a shorter duration to return to work with a median of 3 days, and a return to normal activities within 24 - 48 hours. EPSiT had a median hospital stay duration of 6.5 hours. EPSiT had a morbidity rate of 1.1% (95% CI 0.3 – 2.4%). EPSiT has a significant reduction in overall rate of complications (RR = 0.33) and rate of wound dehiscence. EPSiT had significantly reduced post-operative pain score with a mean weighted difference of -2.44.

However, EPSiT is reported to have longer operative times, higher recurrence rates, higher reoperation rates (31.3% vs 5.6% p=0.031) and higher costs associated.

**Conclusion**

There is evidence to support EPSiT as the gold-standard treatment option for chronic PSD, further studies will aim to better support these results.

Abstract ID: 017
Category: Oral, Research

# RESULTS OF ABDOMINOPERINEAL EXCISION FOR LOCALLY ADVANCED ANORECTAL MELANOMA: A RETROSPECTIVE MULTI-INSTITUTIONAL REGISTRY ANALYSIS

Sergey S. Gordeyev[1], Yana V. Belenkaya[1], Zaman Z. Mamedli[1]
[1]N. N. Blokhin Russian Cancer Research Center

## Aim/Objective

There is no standard treatment for anorectal melanoma (AM). Though the benefits of abdominoperineal excision (APE) compared to wide local excision (WLE) have not been established, it is still widely used for locally advanced AM as the only potentially curative option. The aim of this study was to investigate long-term outcomes of AM depending on type of surgery.

## Method

This study was based on a retrospective analysis of the Russian Colorectal Cancer Society anorectal melanoma registry during 2000-2022. Patients with stage IIB (tumor invasion > 4 mm, no positive regional lymph nodes) and stage III (positive regional lymph nodes present) were included (based on staging system by Stefanou A. et al.). Main outcome measure was 5-year OS. Secondary endpoints included 5-yeear DFS, local and distant failure rates.

## Results

46 patients were included in the analysis: 13 (28.3%) underwent a WLE and 33 (71.7%) underwent an APR. 12/22 (54.5%) patients with a stage IIB disease and only 1/24 (4.2%) patients with a stage III disease had a WLE. After a median follow-up of 69.6 months, the 5-year OS was 9.1% in the WLE arm and 42% in the APE arm (p=0.490), 5-year DFS was 8.1% in the WLE arm and 31.2% in the APE arm (p=0.384). 8 (61.5%) patients in the WLE arm and 13 (39.4%) patients in the APE arm developed local recurrences (p=0.205), 9 (69.2%) and 20 (60.6%) developed distant metastases (p=0.739) accordingly. There was a trend towards better survival in patients with a stage III disease (5-year OS 44.7% vs 13.6%, p=0.107; 5-year DFS 37% vs 6.4%, p=0.067).

## Conclusion

APE seems to be the only potentially curative option for patients with positive regional lymph nodes and leads to long-term survival in a significant number of patients.

Abstract ID: 015
Category: Poster, Clinical

**COMPLEX ANORECTAL ABSCESS: A CASE REPORT OF SHOOTING FROM THE HIP**

Peter Tilleard[1], Ju Yong Cheong[1]
[1]Cairns And Hinterland Hospital And Health Service

**Aim/Objective**

This case report aims to report the novel use of a collaborative Colorectal and Orthopaedic team approach to a complex anorectal abscess. Only one similar case is reported in the literature. In addition, this case demonstrates the importance of early recognition of complicated anorectal abscesses, the utility of imaging in complex cases and the use of a diverting colostomy.

**Method**

We describe the case of a complex circumferential horseshoe ischioanal abscess with extension below the levator ani through the greater sciatic notch and into the left gluteal region, with the collection involving the intergluteal space and gluteus maximus. The complex nature of the abscess warranted a novel joint approach by Colorectal surgery and Orthopaedic surgery teams.

**Results**

The novel combined Colorectal and Orthopaedic approach resulted in source control of the infection and a good outcome for the patient.

**Conclusion**

While perianal abscesses are often managed successfully by junior staff, it is important that deep abscesses are recognised and managed with senior input given the complexity of pelvic anatomy. This case demonstrates the importance of a multidisciplinary approach to difficult cases and describes a novel collaborative Colorectal and Orthopaedic team approach to a complex anorectal abscess.

Abstract ID: 013
Category: Poster, Research

# EMERGENCY LAPAROSCOPIC HARTMANN'S PROCEDURE NO LONGER A SUB-SPECIALIST OPERATION – A RETROSPECTIVE COHORT STUDY AT A NON-SUB-SPECIALISED CENTRE

Peter Tilleard[1], Daniel Cattanach[1], Bree Stephensen[1], Jana Bednarz[1]
[1]Sunshine Coast Hospital And Health Service

**Aim/Objective**
An open Hartmann's procedure generally remains the standard of care for several emergent colorectal conditions. There is a perception that the laparoscopic approach is limited to large sub-specialist centres. This study aimed to investigate the emergent use of the laparoscopic Hartmann's procedure within a non-sub-specialised General surgery unit.

**Method**
We conducted a retrospective cohort analysis on patients undergoing an emergency Hartmann's procedure between 2019 and 2023 within a General surgery unit at a regionally located tertiary level Australian hospital. Patients were classified as having undergone either OH or LH procedures. Our primary outcome of interest was length of hospital stay (LOS). Secondary outcomes included time to return to gut function, morbidity and reversal. Differences between the OH and LH groups were assessed descriptively and using confounder-adjusted regression.

**Results**
We identified 115 patients (83 underwent OH, 32 underwent LH) during our study period. The adjusted estimated mean LOS for patients undergoing an OH procedure was 15.8 days (95% CI 13.7, 17.9) compared to 9.6 days (95% CI 7.4, 11.9) for patients undergoing a LH procedure. Mean time taken for return of gut function was estimated to be 34% longer following an OH procedure compared to a LH procedure (adjusted IRR 1.34 days, 95% CI 1.00, 1.81). Morbidity was similar between groups. The LH group had higher rates of laparoscopic reversal (92% vs 33%).

**Conclusion**
The expected benefits of laparoscopic surgery may extend to the emergency colorectal setting and LH procedures can be performed safely in a non-sub-specialised centre.

Abstract ID: 012
Category: Oral, Research

# ONCOLOGIC TREATMENT FAILURE IN RECTAL CANCER PATIENTS WITH CLINICALLY SUSPECTED LATERAL PELVIC LYMPH NODE METASTASIS FOLLOWING NEOADJUVANT CHEMORADIOTHERAPY (CRT) AND TOTAL MESORECTAL EXCISION (TME)

Thanachai Amornpetsathaporn[1], Kasidin Vitoopinyoparb[1]
[1]Colorectal Surgery, Rajavithi Hospital

**Aim/Objective**
The presence of lateral pelvic lymph node (LPLN) metastasis in rectal cancer has been associated with poor prognosis, particularly in patients with middle to low rectal tumors. The study aimed to determine the recurrence rate in patients with clinically suspected LPLN metastasis following neoadjuvant chemoradiotherapy (CRT) and total mesorectal excision (TME)

**Method**
We retrospectively analyzed rectal cancer patients who received neoadjuvant CRT and TME between 2014 and 2023. Patients' characteristics, LPLN status, MRI or CT findings, operative and pathological findings, and oncologic outcomes were assessed.

**Results**
Among 131 patients, 86 had non-suspicious LPLNs at diagnosis, of which 22 (25.6%) developed recurrences (local: 4, distant: 14, both: 4). Two patients developed new suspicious LPLNs post-CRT, both of whom developed recurrence involving both local and distant sites (HR = 8.95, CI 2.02–39.63; P = 0.004). Fifteen patients with responded LPLNs; among them, 3 (20%) developed recurrence (distant: 2, both: 1). And, Of the 28 patients with persistently suspicious LPLNs post-CRT, 9 (32.1%) experienced recurrence (local: 2, distant: 4, both: 3). Both latter groups had similar overall recurrence compared to the non-suspicious LPLNs group (HR = 1.11, CI 0.33–3.74; P = 0.865, and 1.23, CI 0.56–2.67; P = 0.607, respectively). Additionally, only 1 of 16 local recurrent patients developed lateral local recurrence.

**Conclusion**
Neoadjuvant chemoradiotherapy (CRT) is effective in controlling local disease in rectal cancer; however, patients with newly suspicious lateral pelvic lymph nodes (LPLNs) following CRT are at significantly higher risk of recurrence. Tailored treatment strategies are essential for optimizing oncological outcomes in this subset of rectal cancer patients

Abstract ID: 011
Category: Poster, Clinical

# SURGERY FOR COLORECTAL CANCER IN PEOPLE AGED 80 YEARS OR OLDER – COMPLICATIONS, RISKS, AND OUTCOMES

Jeong Hee Han[1], Byoung Chul Lee[1]
[1]Pusan National University Hospital, Busan 49241, Republic Of Korea

**Aim/Objective**
In the midst of a global trend toward aging populations, the number of older adult patients with colorectal cancer (CRC) is steadily increasing. However, healthcare professionals continue to approach treatment in older adult patients with consideration for the potential coexistence of complications relative to their age. There is a tendency to define and limit treatment options for managing "older adult patients" at relatively younger ages. Given the progression of aging societies and aging of patients with CRC, the impact of age on post-surgical outcomes should be analyzed to guide treatment decisions and ensure the highest quality of care for this demographic. This study aimed to compare outcomes in patients aged approximately ≥80 years who have undergone surgery after being diagnosed with CRC at the National Pusan University Hospital.

**Method**
This retrospective observational study included 502 patients who underwent surgery after being diagnosed with CRC at Pusan National University Hospital from January 2018 to December 2022. All surgeries were performed by a single surgeon.

**Results**
Older adult patients underwent open surgery more frequently. No significant differences in surgical outcomes or hospital stay were found between the two groups. Moreover, no notable differences were observed in overall complications, including major surgery-related complications such as anastomotic leakage, bleeding, and infection between the two groups. However, pneumonia was significantly more common in the older patient group ($p = 0.016$). Among patients requiring emergency surgery, the older adult group demonstrated a significantly higher proportion of emergency surgeries and complications associated with regular surgeries compared with the younger group.

**Conclusion**
In older adult patients, the risk of postoperative complications should not be determined solely based on age; a comprehensive assessment is necessary. However, in the case of emergency surgery, older adult patients may be relatively vulnerable compared with younger patients.

Abstract ID: 010
Category: Poster, Clinical

**SURGERY FOR COLORECTAL CANCER IN OCTOGENARIANS - COMPLICATIONS, RISKS, AND OUTCOMES**

Jeong Hee Han[1], Byoung Chul Lee[1]
[1]Pusan National University Hospital

**Aim/Objective**

This study aimed to compare outcomes in patients aged approximately ≥80 years who have undergone surgery after being diagnosed with colorectal cancer(CRC) at the National Pusan University Hospital.

**Method**

A retrospective observational study included 502 patients who underwent surgery after being diagnosed with CRC at Pusan National University Hospital from January 2018 to December 2022. All surgeries were performed by a single surgeon.

**Results**

The preoperative patient variables and the logistic regression results are shown in Table 1 and Supplementary Table S1, respectively. No significant differences were found between the groups regarding the American Society of Anesthesiologists(ASA) score, hemoglobin, albumin, comorbidities, or previous abdominal surgery. Concerning sex, there were more males in the non-elderly group and more females in the elderly group.

**Conclusion**

In older adult patients, the risk of postoperative complications should not be determined solely based on age, and a comprehensive assessment is necessary. However, in the case of emergency surgery, elderly patients may be relatively vulnerable compared to younger patients.

Abstract ID: 009
Category: Poster, Clinical

# THE HIDDEN RISK OF RENAL IMPAIRMENT AFTER ILEOSTOMY IN RECTAL CANCER SURGERY: A SYSTEMATIC REVIEW

Caitlin Zhang[1], Marie Shella De Robles[2]
[1]Department Of Surgery, The Wollongong Hospital, Wollongong 2500, Australia
[2]Department Of General Surgery, Shoalhaven District Memorial Hospital, Nowra 2541, Australia

**Aim/Objective**
Renal impairment is a known complication following ileostomy formation. This systematic review aims to comprehensively analyze the occurrence of renal impairment after ileostomy, particularly in rectal cancer surgery.

**Method**
A systematic literature review was performed, identifying ten studies through an electronic review of the main online journal courses of Medline, Embase, PubMed, Cochrane, clinicaltrials.gov, and WHO ICTRP.

**Results**
Overall, these studies consistently showed that ileostomy formation can have negative effects on renal function. Risk factors such as diabetes, hypertension, adjuvant chemotherapy, older age, and certain medications further contributed to renal impairment. It was noted that ileostomy closure can lead to partial recovery of renal function in some cases, but not all, and does not remove the overall lifelong risk of chronic renal impairment.

**Conclusion**
These findings highlight the increased susceptibility of ileostomy patients to Acute Kidney Injury (AKI) and the severity of renal impairment. AKI carries further implications for clinical practice, emphasizing the need for enhanced renal function monitoring, long-term follow-up, and patient education. Early detection of AKI and proactive measures to prevent chronic kidney disease progression are vital.

Abstract ID: 008
Category: Poster, Clinical

**STOMA STORIES: WHEN CAREGIVER BURDEN MATCHES THE BAG!**

Caitlin Zhang[1], Marie Shella De Robles[2]
[1]Department Of Surgery, The Wollongong Hospital, Wollongong 2500, Australia
[2]Department Of General Surgery, Shoalhaven District Memorial Hospital, Nowra 2541, Australia

**Aim/Objective**
Living with a stoma significantly impacts individuals and their caregivers. This study investigates the quality of life of stoma patients and the burden on their caregivers, highlighting the crucial support system that often goes unnoticed in research and clinical practice.

**Method**
Utilizing a directory of stoma therapists in the Illawarra Shoalhaven District, we identified potential participants. The study employed the Stoma Quality of Life (SQOL) and Caregiver Burden Scale (CBS) questionnaires to assess the impacts on patients and their carers. Ethical protocols were meticulously followed to ensure the confidentiality and integrity of participant data.

**Results**
From 349 potential participants, 93 valid responses were obtained, with 75% having colostomies and 25% ileostomies. Forty-two percent reported having caregivers. The average SQOL score was 43.7, with no significant differences observed based on stoma type or caregiver presence. Caregiver burden results showed a majority experiencing minimal burden, with a moderate positive correlation between SQOL and CBS scores, indicating that higher patient QOL correlates with increased caregiver burden.

**Conclusion**
This study underscores the complex interdependencies between individuals with stomas and their caregivers. The findings advocate for holistic approaches and tailored interventions that address the needs of both patients and caregivers. Despite limitations like sample size and reliance on self-reported data, these insights are crucial for improving stoma care practices. Future research should expand to larger and more diverse populations to deepen understanding and enhance support strategies in stoma care.

Abstract ID: 006
Category: Poster, Clinical

# STOMA CARE EXPERIENCE FOR WEIGHT GAIN AND RETRACTION OF COLOSTOMY ACCOMPANIED BY IRRITANT CONTACT DERMATITIS

Tzu-Yi Tsai[1], Tzu-Ting Weng[1], Chi-Shuan Huang[1], Jen-Hsien Huang[1], Hua-Ching Lin[1]
[1]Division Of Colorectal Surgery, Department Of Surgery, Cheng Hsin General Hospital, Taiwan

## Aim/Objective

A 57-year-old female patient with stage IV colon cancer underwent a loop transverse colostomy. Following a 5 kg weight gain in one month, her stoma retracted and became flush with the skin, causing frequent leakage and an irritant contact dermatitis wound at the 9 o'clock position. The SACS Instrument scored L3, TIII-IV. Interventions involved wound dressings to prevent infection and control exudate, and using a one-piece convex colostomy bag to improve stability, reduce leakage, and enhance the patient's quality of life.

## Method

1.Clean the peristomal skin with water.
2.Protect the peristomal skin with a pain-free protective seal.
3.Use silver ion and silicone foam dressings at the wound site to absorb exudate and extend the wear time of the colostomy bag.
4.Apply a one-piece convex colostomy bag and wear a stoma belt to enhance the stability of the pouching system.

## Results

The patient initially used a two-piece standard flanges, but due to weight gain and changes in abdominal shape, the stoma retracted and became flush with the skin, leading to frequent leakage and the need to change the bag 1-2 times daily. This caused irritant contact dermatitis around the stoma. The introduction of wound dressings controlled exudate and extended the wear time of the colostomy bag. Using a one-piece convex colostomy bag corrected the structural issues of the stoma, and with the stoma belt, the bag remained secure for up to 5 days without leakage before the next change.

## Conclusion

Stoma retraction combined with irritant contact dermatitis affects the stability and difficulty of securing the colostomy bag. Frequent leakage directly impacts the patient's mood, sleep, and social activities. By utilizing professional skills, ET nurses can choose suitable stoma products to extend bag wear time, reduce costs, and improve the patient's quality of life.

Abstract ID: 005
Category: Oral, Research

**DO 12 LYMPH NODES NEED, IN POST NEOADJUVANT TREATMENT RECTAL CANCER SURGERY: PATHOLOGICAL LYMPH NODE NEGATIVE?**

Anan Vithsupalert[1], Punnawat Chandrachamnong[1], Ekkarin Supatrakul[2], Rangsima Thiengthiantham[1], Boonchai Ngamsirimas[1], Pawit Sutharat[2], Suwan Sanmee[2], Nataphon Santrakul[1], Kullawat Bhatanaprabhabhan[1]
[1]Colorectal Surgery Unit, Department Of Surgery, Vajira Hospital, Navamindradhiraj University,
[2]Colorectal Surgery Unit, Department Of Surgery, Chiang Mai University.

**Aim/Objective**
To evaluate whether inadequate lymph node dissection (fewer than 12 lymph nodes) affects survival outcomes in post-neoadjuvant therapy pathological lymph node-negative (ypN0) rectal cancer patients.

**Method**
This study is a retrospective review that investigates survival outcomes in clinical stage 2-3 rectal cancer from two medical centers, who underwent neoadjuvant radiotherapy and/or chemotherapy followed by total mesorectal excision (TME) or adequate mesorectal excision (AME) between 2013-2019, with ypN0. 159 patients were categorized based on lymph node yield into LN12+ (≥12 nodes) 40 patients and LN12- (<12 nodes) 119 patients.

**Results**
Survival outcomes were analyzed, including 5-year overall survival (OS) and disease-free survival (DFS). Surprisingly, the LN12+ group had significantly lower 5-year OS (81.70% vs 96.20%, p = 0.019) and DFS (67.59% vs 81.32%, p = 0.042) compared to the LN12- group. However, between groups, local recurrence-free survival (LRFS) and distant metastasis-free survival (DMFS) did not differ significantly.

**Conclusion**
Inadequate lymph node dissection (LN<12) in ypN0 rectal cancer after neoadjuvant treatment does not negatively impact OS or DFS, and may even suggest better survival outcomes. YpN0 rectal cancer with less than 12 lymph node counts in the specimen may be acceptable. The study also raises important considerations regarding the relevance of the 12-node threshold for accurate prognosis.

Abstract ID: 004
Category: Oral, Clinical

# A MODEL FOR PREDICTING ANORECTAL COMPLICATIONS AFTER MINIMALLY INVASIVE RECTAL SURGERY BASED ON MRI PELVIMETRY AND CLINICAL PARAMETERS

Chih-Yu Kuo [1,2] , Ching-Huei Kung[3] , James Chi-Yong Ngu[4] , Chen-Yin Lee[5*] , Li-Jen Kuo[6,7*]
[1]Department Of Surgery, Taoyuan General Hospital, Ministry Of Health And Welfare, Taoyuan, Taiwan
[2]Department Of Surgery, Taipei Medical University Hospital, Taipei, Taiwan
[3]Department Of Diagnostic Radiology, Taipei Medical University Hospital, Taipei, Taiwan
[4]Department Of Surgery, Changi General Hospital, Singapore
[5]Center Of Teacher Education, Fu Jen Catholic University, New Taipei City, Taiwan
[6]Division Of Colorectal Surgery, Department Of Surgery, Taipei Medical University Hospital, Taipei, Taiwan
[7]Department Of Surgery, School Of Medicine, College Of Medicine, Taipei Medical University, Taipei, Taiwan

**Aim/Objective**
Rectal cancer surgery is a technically challenging procedure owing to the complex anatomy of the pelvis. Hence, the risk of postoperative complications is elevated. This study aimed to assess the predictive ability of clinical and anatomic factors for anorectal complications post sphincter-saving surgery.

**Method**
XWe retrospectively collected data from 527 patients with primary rectal cancer who underwent robotic or laparoscopic total mesorectal excision at Taipei Medical University Hospital in 2012–2023. Preoperative clinical factors and magnetic resonance imaging–based anatomical parameters were subjected to multivariate analyses to develop a model for predicting the risk of postoperative anorectal complications.

**Results**
Over a mean period of 66.2 (6–149) months, the rate of anorectal complications post sphincter-preserving surgery was 15.8%. Multivariate logistic regression identified six independent risk factors for anorectal complications: tumor–anal verge distance ($p = 0.003$), interspinous diameter ($p = 0.030$), clinical N stage ($p = 0.047$), angle α ($p = 0.015$), carcinoembryonic antigen ($p = 0.046$), and American Society of Anesthesiologists physical status ($p = 0.015$). These factors were incorporated into the new model, yielding an area under the receiver operating characteristic curve value of 0.70 (95% confidence interval: 0.60–0.78). On the basis of the cutoff point derived from the receiver operating characteristic curve, the patients were divided into low-risk (mean: 8.8%; 95% confidence interval: 9%–15%) and high-risk (mean: 25.1%; 95% confidence interval: 18%–32%) groups. The top three predictors of anorectal complications were tumor–anal verge distance, interspinous diameter, and clinical N stage.

**Conclusion**
The primary risk factors for anorectal complications post sphincter-preserving surgery are tumor–anal verge distance, interspinous diameter, and lymph-node metastasis. Our regression model can facilitate informed decision-making and preoperative planning.

Abstract ID: 003
Category: Oral, Research

# PERSPECTIVES OF KOREAN COLORECTAL SURGEONS ON THE CLIMATE CRISIS AND SUSTAINABILITY OF OPERATING ROOMS

Mi Jeong Choi, MD[1], Heung-Kwon Oh, MD, PhD[1], Min Hyeong Jo, MD[1], Kyong Min Kang, MD[1], Hong-Min Ahn, MD[1], Duck-Woo Kim, MD[1], Phd, Sung-Bum Kang, MD, PhD[1]
[1]Department Of Surgery, Seoul National University Bundang Hospital, Seongnam, Republic Of Korea

**Aim/Objective**
This study aimed to understand the perceptions of surgeons regarding the effects of climate crisis on clinical practice and to assess their willingness to transition toward sustainable operating room (OR) practices.

**Method**
We analyzed survey responses from 2443 members of the Korean Society of Coloproctology using a questionnaire comprising approximately 23 questions categorized into knowledge, perceptions, concerns, and willingness to change regarding the climate crisis and sustainable ORs.

**Results**
Out of 2,443 members, 103 (4.2%) completed the survey. Most respondents recognized the severity of climate change (94.2%) and its potential impact on human health (93.2%). However, 81.6% were unaware that 5–8% of global greenhouse gas emissions originate from the healthcare sector. Approximately 87.6% of respondents agreed that a transition to sustainable ORs is necessary. However, approximately 15.7% expressed concerns that such changes might compromise patient safety, while 35% believed that it would reduce the efficiency of the ORs. The most significant barrier to improving OR sustainability was the lack of guidelines and information (44.8%). Respondents from community hospitals were more receptive to using reusable gowns and surgical instruments than those from tertiary care institutions.

**Conclusion**
Most respondents were aware of the climate crisis, but were unaware of the contribution of the OR through waste and carbon dioxide emissions. Surgeons at community hospitals were especially willing to implement changes. However, the main barriers were lack of guidelines and leading institutions. These findings emphasize the need for educational initiatives and the establishment of institutions to promote and guide sustainable OR practices.

Abstract ID: 002
Category: Poster, Clinical

# STOMA CARE EXPERIENCE FOR RETRACTION OF COLOSTOMY ACCOMPANIED BY IRRITANT CONTACT DERMATITIS

Tzu-Yi Tsai[1] ,Tzu-Ting Weng[1], Chi-Shuan Huang[1], Jen-Hsien Huang[1], Hua-Ching Lin[1]
[1]Division of Colorectal Surgery, Department of Surgery, Cheng Hsin General Hospital, Taiwan

## Aim/Objective

An 87-year-old male patient underwent a loop transverse colostomy due to bowel obstruction. One week after discharge, the stoma retracted beneath the abdominal skin, with a SACS (Studio Alterazioni cutanee stomali) Instrument score of L2, TV. The stoma was located near the lower edge of the rib cage, and the surrounding skin had many folds, leading to frequent leakage of the colostomy bag. A two-piece deep convex flanges was used to address the structural issues, improve the stability of the colostomy bag, and reduce the severity of irritant contact dermatitis.

## Method

1. Clean the skin around the stoma with water.
2.Use the crusting procedure to protect the skin around the stoma.
3.Apply a two-piece deep convex flanges and reinforce adhesion with elastic adhesive tape around the flange to improve fit.
4.Secure a stoma belt to enhance the stability of the colostomy bag。

## Results

One week after discharge, the patient's stoma retracted beneath the abdominal skin. Initially, a one-piece flat colostomy bag was used postoperatively, but due to frequent leakage, it required changing 1-2 times daily. After introducing the two-piece deep convex flanges to correct the structural issue and using a stoma belt, the stability of the colostomy bag improved, lasting up to 5 days without leakage before the next flange change. The SACS Instrument score improved from L2, TV to L1, TV.

## Conclusion

Stoma retraction and the stoma's location near the lower edge of the rib cage can compromise the stability of the colostomy bag and increase the difficulty of securing it, leading to a higher risk of irritant contact dermatitis around the stoma. Frequent leakage can negatively impact the patient's mood, sleep quality, and social activities. An ET (Enterostomal Therapy) nurse,Äôs expertise in selecting an appropriate stoma flange can reduce patient costs and enhance quality of life.

Abstract ID: 001
Category: Oral, Clinical

**Prospective multicenter study to clarify the risk factors of peristomal skin disorders and appropriate evaluation time in patients with malignant rectal tumors**

Takuya Shiraishi[1], Yuji Nishizawa[2], Mifumi Nakajima[3], Ryoko Kado[3], Hiroomi Ogawa[1], Satoh Naomi[4], Yohei Owada[5], Tsuyoshi Enomoto[5], Shinji Yazawa[6], Yukihiro Hamahata[7], Yumi Isogami[8], Kazuo Kitagawa[9], Maki Sakamoto[10] , Hiroya Enomoto[11], Akiko Egawa[12], Daichi Kitaguchi[2], Hiro Hasegawa[2] , Koji Ikeda[2], Yuichiro Tsukada[2], Masaaki Ito[2]

[1]Department of General Surgical Science, Gunma University Graduate School of Medicine
[2]Department of Colorectal Surgery, National Cancer Center Hospital East
[3]Department of Nursing, National Cancer Center Hospital East
[4]Department of Nursing, Gunma University Hospital
[5]Department of Gastrointestinal and Hepatobiliary Pancreatic Surgery, University of Tsukuba
[6]Department of Nursing, University of Tsukuba Hospital
[7]Department of Colorectal Surgery, Tsujinaka Hospital Kashiwanoha
[8]Department of Nursing, Tsujinaka Hospital Kashiwanoha
[9]Department of Surgery, The Jikei University Kashiwa Hospital
[10]Department of Nursing, The Jikei University Kashiwa Hospital
[11]Department of Surgery, Jikei University Daisan Hospital
[12]Department of Nursing, Jikei University Hospital

**Aim/Objective**
Peristomal skin disorders occur frequently in outpatient settings and require appropriate intervention. It remains, however, to be demonstrated when the need to follow up these patients decreases and whether assessing severity of peristomal skin disorders is useful. This study aimed to understand the effectiveness of regular care in reducing the incidence of severe peristomal skin disorders, as well as to identify their risk factors.

**Method**
This prospective, multicenter, observational cohort study was conducted in six regional high-volume Japanese hospitals. The primary endpoint of the study was the effectiveness of regular follow-up in reducing the incidence of severe peristomal skin disorders via a scoring system at a defined regular outpatient visit. Propensity score matching was performed to compare a control group and patients with severe peristomal skin disorders.

**Results**
In total, 217 patients between December 2019 and December 2021 were enrolled, and 191 patients were analyzed. Multivariate analysis showed that loop stoma (odds ratio [OR], 5.017; 95% confidence interval [CI], 1.350,Äì18.639; p=0.016) and stoma height of <10 mm (OR, 7.831; 95% CI, 1.760,Äì34.838; p=0.007) were independent risk factors for all peristomal skin disorders. After propensity score matching, the incidence of the disorders was not significantly different between the specified evaluation timing and historical control groups (75.7% vs. 77.2%, p=0.775), and the incidence of the severe disorders based on the ABCD and DET scores (5.9% vs. 19.1%, p<0.001 and 1.5% vs. 29.4%, p<0.001, respectively) was significantly lower in the specified evaluation timing group than in the historical control group.

**Conclusion**

Regular peristomal skin disease follow-up and scoring, as well as appropriate stoma care at the stoma outpatient visit did not change the frequency of peristomal skin disease, but severe peristomal skin disorders were prevented. Additionally, risk factors for peristomal skin disorders were found to be height <10 mm and loop stoma.

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