recorded. Statistical analysis was performed by student-*t* test (continuous variable), chi-square (dichotomous and ordinal variable), non parametric test were indicated.
Results: No serious complications occurred in either group. VAS pain at day 1, 7, 14, 30 were 8 *vs* 4, 5 *vs* 2, 4 *vs* 0 and 2 *vs* 0 in group 1 and 2 respectively. One patient in group 1 developed an anal fissure, treated by topical nitrate, one in group 2 experienced persistence of single pile prolapse treated by rubber band ligation. Daily activity was fully restarted after 13 and 7 days on average.
Conclusion: Haemorrhoid dearterialization and anopexy showed similar postoperative morbidity as excisional haemorrhoidectomy with minimal postoperative pain, earlier return to normal activities and increased patients' satisfaction.

P151
Stapled hemorrhoidectomy – is poor technique associated with post-operative symptoms

M. Dordea, S. Dronamraju, B. Gopakumar & M. Jha
James Cook University Hospital, Middlesborough, UK

Aim: Stapled haemorrhoidectomy is an established treatment modality. Increased post-operative symptomatology and recurrence have been noted when compared to surgical excision. We set out to find whether surgical technique has a role to play.
Method: Data collected to a prospective consecutive cohort dataset for s single operator.
Results: Thirty nine procedures were performed over 14 months. Patients suffered from 3rd/4th degree circumferential haemorrhoids. Patients were seen an average/median of 4.3/4 times in the outpatient clinic prior to being offered the procedure and 16/39 (41%) had undergone banding at least once. Persisting postoperative symptoms included urgency, frequency, tenesmus, pain/anal spasm, bleeding and occurred in 28% (11/39) of patients. Eighteen per cent (7/39) of patients suffered a recurrence at an average follow up of 24 months. Intraoperatively 20% (8/39) of patients were noted to have an incomplete staple line. There was a statistically significant association between 'incomplete staple line' and recurrence as well as post-operative symptoms. Eighteen per cent (7/39) underwent a Milligan Morgan haemorrhoidectomy, one patient required anal physiology studies and SNS for faecal incontinence. No further recurrences were noted.
Conclusion: Treatment of haemorrhoids can cause significant outpatient activity. Stapled haemorrhoidectomy is technically more demanding and poor surgical technique is associated with lasting post-operative symptoms as well as recurrence.

P152
LIFT: (ligation of intersphincteric tract): long term results

E. Espin, R. Lozoya, F. Vallribera, L. M. Jimenez, M. Marti, L. Salgado, J. L. Sanchez & M. Armengol
Hospital Valle de Hebron. Universitat Autonoma de Barcelona, Barcelona, Spain

Aim: Ligation of the intersphincteric tract (LIFT) is a new procedure in treating anal fistula.
Method: We have reviewed our results in patients treated with this technique and with a follow up longer than 12 months.
Results: We have identified 29 patients for analysis (16 females) and 34 fistula tracts. Mean follow-up: 18 months (range12–26 months) Mean age: 49 years (range 26–83). Fistula location:14 anterior and 15 posterior. Twenty four patients (82%) had a seton in place. Fistulae were classified according to operative findings: low trans-sphincteric (10), medium transsphincteric (15), high trans-sphincteric (4). We did not find any supra or extra-sphincteric fistulae in this series. Nineteen of 29 finally healed, a 65% success (with no difference between anterior or posterior). Mean time of complete healing was 51 days (range 19–68). Of the 10 patients that were not cured, 8 had persistent drainage, one developed a sinus and one had a recurrence as a inter-sphincteric fistula that was treated with fistulotomy. There was no difference in success in patients with or without seton. Only two patients had postoperative temporary gas incontinence (3 and 2 weeks).
Conclusion: LIFT is a safe technique with good long term results.

P153
Management of complications after stapled haemorrhoidopexy

P. Sileri, F. Cadeddu, L. Franceschilli, S. D'Ugo, E. De Luca, G. Miito & A. L. Gaspari
University of Rome Tor Vergata, Rome, Italy

Aim: Stapled haemorrhoidopexy (SH) is an attractive alternative to conventional haemorrhoidectomy (CH), because of low postoperative pain and earlier return to daily activities. However postoperative complications can be as high as 36%. In this prospective audit we report our experience with the presentation and management of some of these uncommon complications.
Method: We analyzed data from a prospective database of patients undergoing SH or referred to our unit. Assessment of early and late SH-related complications, and reinterventions after complicated/failed SH was performed.
Results: Between 1/03 and 04/11, 225 patients underwent SH, while 47 were referred after SH. Overall early and late complication rates were 8% and 15.5%, respectively. Among the referred SH-group, one patient underwent Hartmann's procedure for rectal perforation. The remaining 46 patients experienced: recurrence, perianal/rectovaginal fistula, urgency, frequency, persistent anal pain, colicky abdominal pain, fissure and stenosis. Sixteen patients underwent CH with regular postoperative recovery. Eight patients underwent exploration under anaesthesia because of persisting pain. Two patient underwent anoplasty. Two patients benefit of biofeedback to resolve chronic pain.
Conclusion: SH presents unusual and challenging complications that require uncommon management. Longer-term studies are needed to further clarify its role and indicate the correct management of these.

P154
Internal anal sphincter augmentation with liquid porcine dermal collagen reduces passive faecal incontinence

L. Franceschilli, E. De Luca, S. Lazzaro, S. D'Ugo, G. P. Angelucci, A. L. Gaspari & P. Sileri
University of Rome Tor Vergata, Rome, Italy

Aim: Several intra-anal injectable agents have been used to treat passive faecal incontinence with variable and often disappointing results. The aim of this study was to evaluate the role of liquid dermal collagen injection to treat passive faecal incontinence.
Method: Between 7/2009 and 2/2011, eight patients received injection of porcine dermal collagen (Permacol) into the internal sphincter. All patients were evaluated preoperatively with anorectal physiology testing, endoanal ultrasound, and faecal incontinence severity index (FISI) questionnaire. These assessments were performed 3, 6 and 12 months after surgery.
Results: Mean age was 61 years, two patients were males and six were females. Mean preoperative FISI score was 38 (range 18–56). At 1 month after surgery FISI score was significantly reduced to 16 (8–39) and to 18 (8–33) at 3 months follow-up. However, at the end of the follow-up this value increased, despite not significantly to 21. In two patients a second injection was performed.
Conclusion: Porcine dermal liquid collage reduces significantly passive faecal incontinence, However this effect is tempered over time and additional injections may be required.

P155
Ligation of the intersphincteric fistula tract (LIFT) to treat anal fistula: early results from a prospective observational study

L. Franceschilli, G. P. Angelucci, S. Lazzaro, E. Picone, M. Capperucci, A. L. Gaspari & P. Sileri
University of Rome Tor Vergata, Rome, Italy

Aim: LIFT is a novel sphincter-saving technique with promising results to treat anal fistula. Literature data are still scant. We present our experience with this technique.
Method: Between 10/2010 and 2/2011, 11 patients with 'complex' fistulas (tract crossing more than 30% of the external sphincter, anterior fistula in a woman, recurrent fistula, or preexisting incontinence) underwent LIFT. All patients underwent digital examination, proctoscopy and endoanal ultrasound and/or MRI. In cases of active infection a seton was inserted before LIFT. All patients were discharged on pain killers, oral antibiotes and stool softener for 1 week and examined 1 week after surgery and monthly thereafter. Endopoints were healing time, recurrences, faecal incontinence as well as surgical complications.
Results: Eight patients were males and three females. Minimum follow-up was 3 months. Four patients reported recurrent fistulas, one rectovaginal and one with a history of a horseshoe abscess. One patient reported preoperative incontinence. Three patients required delayed LIFT and previous seton insertion. At the end the follow-up, eight patients (72%) healed with no recurrence. Three patients had symptoms persistence and required further surgical treatment. We did not observe postoperative continence worsening.
Conclusion: LIFT is effective and safe to treat complex anal fistula.

P156
Rectocoele management based on khubchandani procedure; our experience

J.-C. Gomez-Rosado, L.-C. Capitan-Morales, B. Martin-Perez, J.-M. Guerrero-Garcia, J. Valdes-Hernandez, J. Galan-Alvarez, A. Sanchez-Sanchez & M.-L. Reyes-Diaz
Hospital Universitario Virgen Macarena, Sevilla, Spain

Aim: Different approaches have been used in surgical management of rectocoele. Khubchandani procedure restores the tension of the rectovaginal septum with anal muscle plication, without prosthetic material, as well as the excision of redundant mucosa flap. This technique does not solve other pelvic floor disorders but it can be combined with other proctologic procedures.
Method: A prospective study of 21 multiparous women without any pelvic floor disorder or any anorectal anomaly, who under-went surgery between 2008 and 2010, having failed conservative management was undertaken. All patients reported obstructive defaecation and 42 (85%), reported sexual dysfunction. A preoperative barium defaecating proctogram was performed in all cases.
Results: The average follow-up was 9 months. Obstructed defaecation disappeared in 17 out of 21 patients. In five cases, reduction of the rectocoele has been incomplete, one with total improvement of symptoms and the other one with partial relief. No other complications such as infections, fistulae or incontinence were found. Two patients were re-operated.
Conclusion: When conservative treatment fails, surgical treatment is demonstrated to improve the symptomatology in more than 90%, with total healing in 81% of patients. Khubchandani technique is an adequate alternative for the rectocele treatment without important complications.

P157
Doppler-guided transanal haemorrhoid dearterialisation: short and medium term follow-up of 30 cases

J.-C. Gomez-Rosado, M. S. Ramirez, L.-C. Capitan-Morales, J. Valdes-Hernandez, M.-L. Reyes-Diaz, J.-M. Guerrero-Garcia & J. Galan-Alvarez
Hospital Universitario Virgen Macarena, Sevilla, Spain

Aim: Less painful treatments than Haemorrhoidectomy have been developed, such as Doppler-guided transanal haemorrhoid dearterialisation (THD). It consists of ligation of the distal branches of the upper rectal artery.
Method: THD was performed in 30 consecutive patients with second or third-degree haemorrhoids, (19 male-11 female). Procedure was carried out under loco-regional anaesthesia. Variables were assessed prospectively. Patients were followed up at 1–3 and 6 months, and interviewed by telephone 1 year after surgery.
Results: Age average: 49.4 years (30–70). Surgery time average: 23.3 min (15–30). Postoperative pain score average (analogue scale) was 5.5 during the first day (90% had analgesia requirements), 6.6% required after second day (score: 3). Only 1 patient persistent pain after 3 month. Bleeding: three cases (one re-operated). One patient developed haemorrhoidal thrombosis after 10 days. No other complications. No readmissions. Postoperative stay: 1.4 days (0–2). Return to full normal activities: 7–8 days. A total of 85.6% had tenesmus, self-limited after 3 months.
After 1 year, two patients were re-operated, three patients developed mild prolapse, and one patient has occasional bleeding. Total successful rate is 80% after 1 year.
Conclusion: THD seems to be effective after 1 year, with low rate of complications.

P158
Lift technique: preliminary results

C. Iachino[1], Y. Guerrero[2], L. Catot[2] & M. Saccone[1]
[1]*School of Medicine, University of Genoa, Genoa, Italy,* [2]*Hospital Municipal de Badalona, Barcelona, Spain*

Aim: The ligation of the intersphinteric fistula tract (LIFT) for anal fistulas was first described in the Thai medical literature in 2007, the procedure is 'simple, quick, inexpensive,' and preserves continence. Our aim with this study is to present our preliminary results with this technique, and to confirm that is a quick and easy technique.
Method: From January 2009 to December 2010, 31 patients diagnosed with perianal fistula underwent a LIFT procedure. All patients included in the study were clinically continent.