

## **Ileus after Colorectal Cancer Resections in an Enhanced Recovery Setup.**

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**Aims:** Many studies have shown the benefits of an Enhanced Recovery Programme for colorectal resection patients. Additionally, studies have assessed variables affecting post-operative bowel function after colorectal resection. Our aim is to assess the incidence of post-operative ileus in an ERAS setup and to identify contributing factors.

**Methods:** An ERAS database was collected prospectively from January 2009 to November 2014 and subsequently analysed. Patients not in ERAS pathway and non-cancer colonic resections were excluded. Ileus was defined as no bowel activity for 48+ hours after 4 days, with or without vomiting, not passing flatus or requiring NG tube insertion.

**Results:** 576 patients (Mean 70.3 years, Range 23-95 years) met inclusion criteria for the analysis. Incidence of ileus was 17%, with significant effect on length of Stay (19.6 days Vs 8.3 days in non-ileus group;  $p < 0.001$ , t-test). No significant difference between ileus and non-ileus group in age, sex, BMI, P-POSSUM, type of resection or staging of the tumour was noted. 25% of patients with stoma developed ileus Vs 13% of patients without stoma ( $p < 0.001$ , Chi Sq). 15% of patients post laparoscopic surgery developed ileus compared to 27% after open surgery ( $p = 0.026$ , Chi Sq). Mean operative time for ileus patients was 235 minutes Vs 214 minutes non-ileus patients ( $p = 0.023$ , t-test).

**Conclusions:** Creation of stoma, Open vs Laparoscopic and Length of operation appear to correlate with incidence of ileus. Optimising care to reduce the incidence of ileus will reduce patient morbidity and length of stay.