

EXPERIENCE WITH RECORDING CHILDREN IN THE UK NATIONAL ILEAL POUCH REGISTRY

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Introduction: Established in 2010, the UK national ileal pouch registry is maintained by the Association of Coloproctology of Great Britain and Ireland to record and report national restorative proctocolectomy (RPC) practice:

<http://hostn3.e-dendrite.com/csp/ilealpouch/frontpages/index.html>.

There are no reports of paediatric surgeons utilising the registry. The aims of this study are to report initial experience with the use of the registry.

Methods: An existing database was modified to match the patient records with the fields and data types required for entry to the registry. Comparison was then made with outcomes reported in the first report of the ileal pouch registry, published in 2012. The following outcomes were selected for comparison: number of procedures per hospital, number of procedures per surgeon, indications for RPC, surgical approach, morbidity.

Results: 108 patients were recorded on the existing database, which recorded 103 data fields. This required expansion to 219 fields to match the registry. All records were then uploaded by the registry. The web interface to the registry proved to have many bugs when attempting to update records (picture); however these were addressed by the provider when logged. The website provided four downloadable summaries of the consultant's practice in Excel format; however there is no "real time" comparison with others practice between the published reports. Only 4 hospitals and 6 surgeons were performing more pouch surgery than the author based on 2012 data. Indications for pouch surgery were: registry FAP 11%, ulcerative colitis 81%, indeterminate colitis 6%, functional 0.1%, Crohns 0.3%, neoplasia 0.6%, other 3%. Paediatric practice: FAP 16% ulcerative colitis 68% functional 9%, Crohns 2%, other 6%. Surgical approach: registry laparoscopic 25%, paediatric practice: laparoscopic 63%. Any complication: registry 27%, paediatric practice 63%.

Conclusions: Use of the registry allows comparison with adult practice. There are differences in the indications, use of laparoscopy and reported complication rates.

