12th Annual

BSGAR meeting 2010

3rd - 5th February 2010

Bristol Marriott Royal Hotel

This meeting has been awarded 9 CME points

British Society of Gastrointestinal & Abdominal Radiology

BSGAR

Imaging, Intervention and Research in the care of patients with abdominal disease

Creative Conferences has had the pleasure of organising the BSGAR Annual Meetings since the inception of SIGGAR in 1999. We hope we'll see you next year in Manchester.

CREATIVE CONFERENCES

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Welcome to Bristol

Dear Colleague

I am delighted to welcome you to Bristol to the 12th Annual Meeting of the British Society of Gastrointestinal and Abdominal Radiology.

I am sure you will agree with me that we have a varied and exciting programme. Indeed, many of the topics have been based upon suggestions from delegates at previous BSGAR meetings. These range from "the imaging of groin pain" to "the diagnosis and treatment of hepatocellular carcinoma", and from "the post-operative abdomen" to "MR fistulography".

I am particularly grateful to all our speakers, without whom the meeting would not exist.

I am sure you will join me in providing a very warm welcome to Dr Anwar Padhani who will deliver this year's Richard Farrow Memorial Lecture.

In light of positive feedback from last year we have repeated the welcome reception on Wednesday evening and the Committee would very much hope to see you there.

So once again – welcome to Bristol for what promises to be an informative and sociable 12th BSGAR Annual Meeting.

Dr Clive L Kay
Chairman
BSGAR

Contents

Wednesday 3rd February

17.30 - 20.00 **Registration in the hotel foyer**

18.30 - 20.00 **Welcome Reception - Club Lounge**

Early evening opening event

Thursday 4th February

08.30 - 08.55 Registration and coffee

08.55 - 09.00 **Welcome and introduction** - Dr Clive Kay, Chairman, BSGAR

09.00 - 10.20 **Session: IMAGING OF GROIN PAIN AND HERNIAS**

Chairman: Dr Andrea Phillips, Royal United Hospital, Bath

09.00 - 09.20 Update on Surgical Anatomy and Procedures - Mr Mark Coleman, Derriford Hospital, Plymouth

09.20 - 09.40 Radiology of Hernias - Dr David Gay, Derriford Hospital, Plymouth

09.40 - 10.00 What else not to miss - Dr Philip Robinson, Chapel Allerton Hospital, Leeds

10.00 - 10.20 Discussion

10.20 - 11.00 Coffee and Exhibition

11.00 - 12.40 **Session: HEPATOCELLULAR CARCINOMA (HCC) - DIAGNOSIS AND TREATMENT**

Chairman: Dr Stephen Lee, Manchester Royal Infirmary

11.00 - 11.20 Epidemiology and Surveillance - Dr Stephen Ryder, Queens Medical Centre, Nottingham

11.20 - 11.40 Imaging of HCC - Dr Ashley Guthrie, St James' University Hospital, Leeds

11.40 - 12.00 Surgical Treatment of HCC - Professor Derek Manas, Freeman Hospital, Newcastle Upon Tyne

12.00 - 12.20 Non-Surgical Treatment of HCC - Dr Mark Callaway, Bristol Royal Infirmary

12.20 - 12.40 Discussion

12.40 - 14.00 Lunch and Exhibition

14.00 - 15.10 **Debate: THIS HOUSE BELIEVES THAT MDT MEETINGS ARE A SIGNIFICANT WASTE OF TIME AND MONEY**

For: Professor Derrick Martin
University Hospital of South Manchester
Dr Giles Maskell
Royal Cornwall Hospital

Against: Dr Tony Blakeborough
Royal Hallamshire Hospital
Dr Hans-Ulrich Laasch
Christie Hospital, Manchester

Chairman: Dr Clive Kay, Bradford Teaching Hospitals

15.10 - 15.30 **RESULTS OF THE SIGGAR 1 STUDY (AT LAST!)**

- Professor Steve Halligan, University College London

Chairman: Dr David Burling, St Mark's Hospital, Harrow

15.30 - 16.15 Tea break and Exhibition

Thursday CONTINUED

16.15 - 17.00 **THE RICHARD FARROW MEMORIAL LECTURE**

Chairman Dr Roger Frost, Salisbury General Hospital

Functional Imaging Techniques in the Abdomen

- Dr Anwar Padhani, Mount Vernon Hospital, Middlesex

17.00 Meeting ends

17.00 - 18.00 **Annual General Meeting (BSGAR members only)**

19.30 Drinks reception in the Club Lounge

20.00 Dinner in the Terrace Restaurant

Friday 5th February

08.30 - 09.00 Coffee

09.00 - 10.00 **Session: INTERESTING CASES PRESENTATION**

Chairman: Dr Damian Tolan, Leeds General Infirmary

10.00 - 11.00 **Chairman: Dr Ashley Roberts, University Hospital of Wales**

Session: PITFALLS IN:-

10.00 - 10.15 … staging rectal cancer - Dr Gina Brown, The Royal Marsden Hospital, Sutton

10.15 - 10.30 … interpreting PET-CT at the GI MDT - Dr Prakash Manoharan, Christie Hospital, Manchester

10.30 - 10.45 … reporting MRCP/ERCP - Dr Maria Sheridan, St James' University Hospital, Leeds

10.45 - 11.00 … MR fistulography - Dr David Burling, St Mark's Hospital, Harrow

11.00 - 11.30 Coffee and Exhibition

11.30 - 13.10 **Session: THE POST-OPERATIVE ABDOMEN**

Chairmen: Mr Jared Torkington, University Hospital, Llandough

Dr Simon Jackson, Derriford Hospital

11.30 - 11.50 What the Surgeon needs to know - Mr Jared Torkington, University Hospital, Llandough

11.50 - 12.10 Is the Anastomosis Leaking? - Dr Tony Higginson, Queen Alexandra Hospital, Portsmouth

12.10 - 12.30 Ileus or Obstruction? - Dr Sathi Sukumar, University Hospital of South Manchester

12.30 - 12.50 How to Manage the Difficult Collection - Dr Eric Loveday, Southmead Hospital, Bristol

12.50 - 13.10 Panel Discussion

13.10 - 13.15 Meeting Closes - Dr Simon Jackson

Buffet lunch in the Terrace Restaurant or takeaway lunch

A

Dr Z. Amin	UCH, London
Dr Janice Ash-Miles	Bristol Royal Infirmary
Dr Anthony Aylwin	Princess Alexandra, Harlow

B

Dr Palaniappan Balan	University Hsp of Wales
Professor Clive Bartram	Princess Grace, London
Dr Maggie Betts	The John Radcliffe Hsp, Oxford
Dr Tony Blakeborough	Hallamshire Hsp, Sheffield
Dr Richard Blaquiere	Southampton General Hsp
Dr Robert Bleehen	University Hsp, Landough
Dr Dominic Blunt	Charing Cross Hsp
Dr Tony Booth	Stoke Mandeville Hsp
Dr David Breen	Southampton Univ Hsp
Dr John Brittenden	Mid Yorks NHS Trust
Dr Ingrid Britton	Univ Hsp of North Staffordshire
Dr Gina Brown	The Royal Marsden Hsp, Sutton
Dr David Bruce	Leicester General Hsp
Dr David Buckley	Torbay Hsp
Dr David Burling	St Mark's Hsp, Harrow

C

Dr Mark Callaway	Bristol Royal Infirmary
Dr Shona Campbell	University Hsp of Leicester
Dr Nick Carroll	Addenbrookes Hsp
Dr Eddie Chi Leung Tam	Furness General Hsp
Dr Peter Chowdhury	Singleton Hsp, Swansea
Mr Mark Coleman	Derriford Hsp, Plymouth
Dr Connor Corr	Wrexham Maelor Hsp
Dr Chris Cousens	Royal Cornwall Hsp, Truro
Alison Croft	Oracle Diagnostic
Dr Nicholas Cross	Nevill Hall Hsp, Abergavenny

D

Dr Nick Dodds	Royal Cornwall Hsp
Dr Andrew Downie	Victoria Infirmary, Glasgow

E

Dr Julian Elford	Royal Hampshire County Hsp
Dr Ruth England	Leeds Teaching Hsp
Dr Sarah Evans	Kingston Hsp

F

Dr Neil Fairlie	Northampton General Hsp
Dr Roger Frost	Salisbury District Hsp

G

Dr David Gay	Derriford Hsp, Plymouth
Dr Kanwar Gill	Pinderfields General Hsp
Dr Vicky Goh	The Paul Strickland Scanner Centre
Dr Alan Grundy	St George's Hsp, London
Dr Arun Gupta	St Mark's Hsp
Dr Sanjay Gupta	North Tyneside General Hsp
Dr Ashley Guthrie	St James' Univ Hsp, Leeds

H

Professor Steve Halligan	UCLH
Dr John Hancock	Royal Cornwall Hsp
Dr Ian Harris	Royal Preston Hsp
Dr Stephen Hayward	Royal United Hsp, Bath
Dr Eryl Hicks	Royal Glamorgan Hsp
Dr Anthony Higginson	Queen Alexandra Hsp, Portsmouth
Dr R. Holmes	North Tyneside General Hsp

J

Dr Simon Jackson	Derriford Hsp, Plymouth
Dr Craig Jobling	Nottingham City Hsp
Dr George Joseph	Velindre Cancer Centre, Cardiff

K

Dr Clive Kay	Bradford Teaching Hsp
Dr Mahesh Kumar	Pennine Acute Hsp

L

Dr H. Laasch	Christie Hsp, Manchester
Dr Stephen H. Lee	Manchester Royal Infirmary
Dr A. J. Liddicoat	Royal Cornwall Hospital
Dr Eric J. Loveday	North Bristol NHS Trust
Dr Andrew Lowe	Bradford Royal Infirmary

M

Dr Peter MacLean	Western General Hsp, Edinburgh
Dr Jenny MacPherson	North Devon DGH
Professor Derek Manas	Freeman Hsp, Newcastle Upon Tyne
Dr Prakesh Manoharan	Christie Hsp, Manchester

M

Dr Derrian Markham	Morriston Hsp, Swansea
Dr Vikas Markos	Gloucester Royal
Dr Richard Mannion	York Hsp
Professor Derrick Martin	Wythenshawe Hsp
Dr Giles Maskell	Royal Cornwall Hsp
Dr Katie Meakin	Royal Liverpool Hsp
Dr Rajiv Menezes	Southport & Ormskirk NHS Trust
Dr David Montgomery	Victoria Hsp, Blackpool
Dr Alison Moore	Worthing Hsp

N

Dr Vinotha Nadarajah	Manchester Royal Infirmary

O

Dr Sarah O'Shea	Manchester Royal Infirmary
Dr Simon Olliff	Queen Elizabeth Hsp, Birmingham
Dr C. Oliver	University Hsp, Coventry
Dr R. E. Owen	University Hsp of Wales

P

Dr Anwar Padhani	Mount Vernon Hsp, Middlesex
Dr Penelope Peppercorn	North Hampshire Hsp
Dr Andrea Phillips	Royal United Hsp, Bath
Dr Deepak Prasad	Leeds Teaching Hsp
Dr Mark Puckett	Torbay Foundation Hsp Trust
Dr Abdul Puneker	Bradford Royal Infirmary

R

Dr Stewart Redman	Royal United Hospital, Bath
Dr Ian Renwick	Scarborough General
Dr David Richardson	Royal Victoria Hsp, Newcastle
Dr Ashley Roberts	University Hsp of Wales
Dr B. Rock	Treliske Hsp, Truro
Dr S. Robbins	Royal Shrewsbury Hsp
Dr Phil Robinson	Chapel Allerton Hsp, Leeds
Dr Mark Robinson	Royal Gwent Hsp
Dr Pete Rodgers	Leicester Royal Infirmary
Dr Stephen Ryder	Queens Medical Centre, Nottingham

S

Dr David Scullion	Harrogate DGH
Dr Helen Seymour	Western Sussex Hsp
Dr Maria Sheridan	Leeds Teaching Hsp
Dr Phil Shorvon	Central Middlesex Hsp
Dr Andrew Slater	John Radcliffe Hsp, Oxford
Dr Nicola Slack	Frenchay Hsp, Bristol
Dr Rob Stockwell	Chorley & South Ribble DGH
Dr M. J. Strugnell	Royal Cornwall Hsp
Dr S. Sukumar	Wythenshawe Hsp

T

Dr Alasdair Taylor	Royal Lancaster Infirmary
Dr Stuart Taylor	University Hsp, London
Dr Michael Thompson	Downe Hsp, N. Ireland
Dr Andrew Thrower	Bradford Royal Infirmary
Dr Damian Tolan	Leeds General Infirmary
Mr Jared Torkington	University Hsp, Llandough

V

Dr Kevin Vallance	George Eliot Hsp, Nuneaton
Dr G. Vijayasimhulu	Lincoln County Hsp

W

Dr I. Wells	The Royal Cornwall Hsp
Dr David White	Doncaster Royal Infirmary
Dr Mike Williams	Derriford Hsp, Plymouth
Dr R.K. Winter	Royal Glamorgan Hsp
Dr Peter Wylie	Royal Free Hsp

Y

Dr Audrey Yong	University Hsp of Wales
Dr W. T. Young	Princess of Wales Hsp, Bridgend

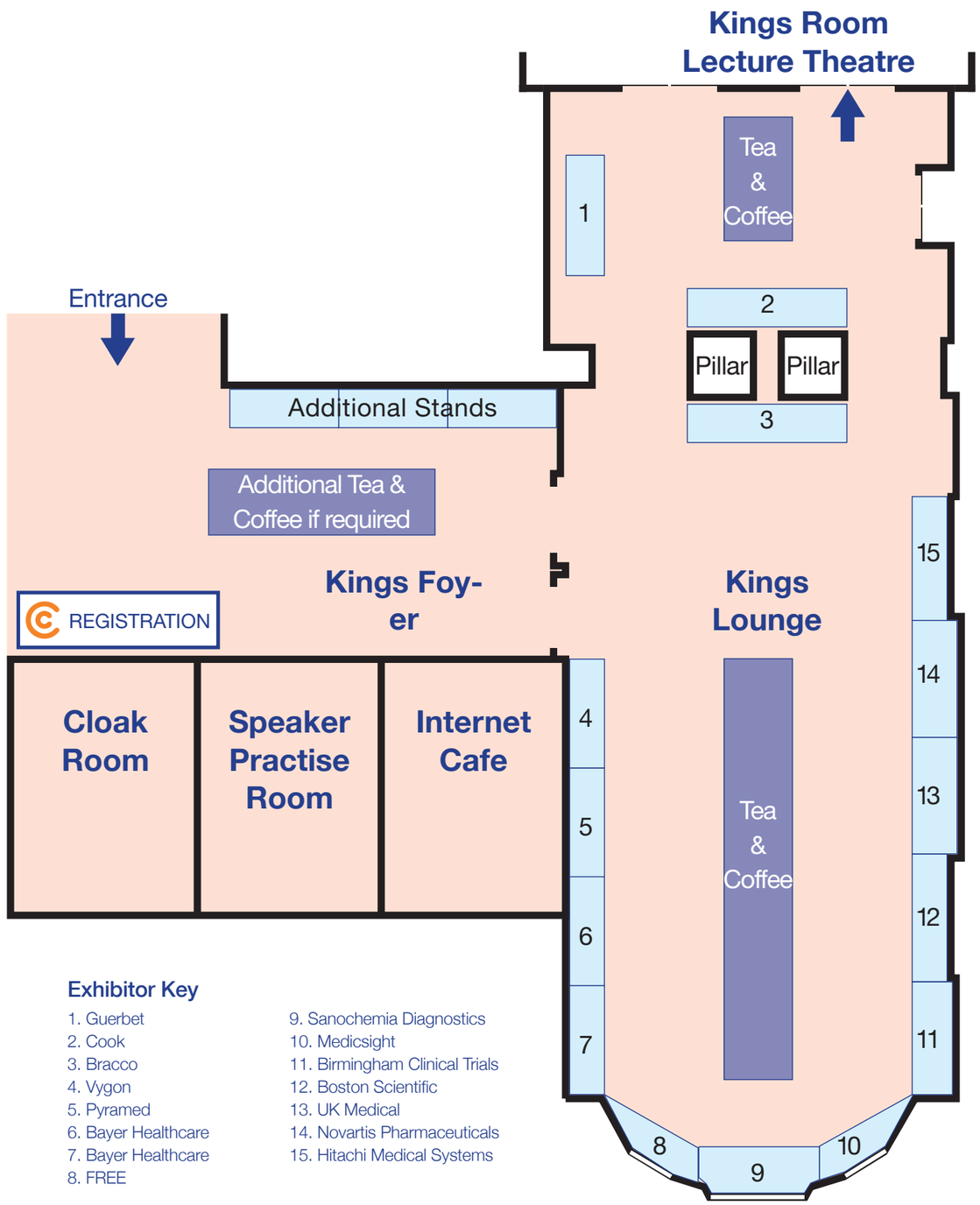
Z

Dr Azim Zafar	Kent & Canterbury Hsp

Bayer have kindly agreed to sponsor the course dinner.

Exhibitor Attendees

Tracey Dicker	Bayer	Jonathan Clode	Hitachi Medical Systems
Nick Laughland	Bayer	Andrew Maxwell	Mana-Tech
Geraldine Harrow	Bayer	Chris Bolter	Mana-Tech
Jaz Heer	Bayer	Steve Howson	Medicsight
Laura Magill	Birmingham Clinical Trials	Denis Underwood	Sanochemia Diagnostics
Dan Baines	Bracco	Jenny Young	Sanochemia Diagnostics
Martine Kinsman	Cook Medical	Rob Bardsley	UK Medical
Einwen Bevan	Cook Medical	Matt Russell	UK Medical
Stephen Newman	Guerbet Laboratories	Victoria Pearce	UK Medical
Hussain Salwati	Guerbet Laboratories	Graham Milward	Vygon
Stephen Brookes	Hitachi Medical Systems	Jennifer Compton	Vygon
Kurt Lauriers	Hitachi Medical Systems		



Exhibitor Key

1. Guerbet
2. Cook
3. Bracco
4. Vygon
5. Pyramed
6. Bayer Healthcare
7. Bayer Healthcare
8. FREE
9. Sanochemia Diagnostics
10. Medicsight
11. Birmingham Clinical Trials
12. Boston Scientific
13. UK Medical
14. Novartis Pharmaceuticals
15. Hitachi Medical Systems

Wednesday 3rd February

18.30 - 20.00 **Welcome Reception - Club Lounge**

Early evening opening event

Thursday 4th February

19.30 **Drinks Reception in the Club Lounge**

20.00 **Dinner in the Terrace Restaurant - kindly sponsored by Bayer Healthcare**

Caricatures by

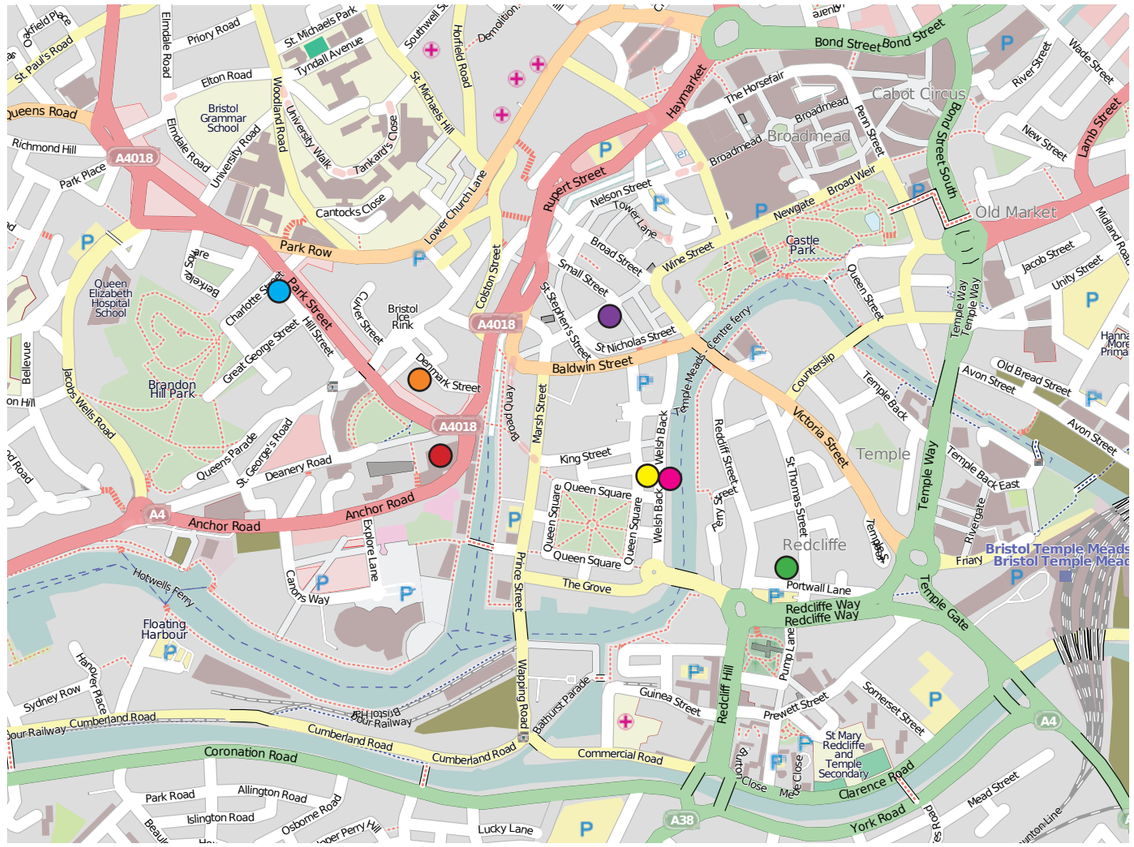
Picasso Griffiths

An experienced, versatile and talented animator, Picasso Griffiths has worked numerous times on children's TV, as well as with some of the top names in the entertainment industry.

Music by

The Magic Touch

Their skills perfected in television studio bands, this magical cocktail trio bring their unique sparkle to timeless classics and the best tunes from the 1960's onwards.



- Marriott Bristol Royal Hotel
  Tel 0117 9255 100

On site restaurants and lounges:

The Terrace Restaurant: Modern European dining with informal atmosphere, plus healthy hotel breakfast.

Palm Court Restaurant: International, rosette awarded restaurant with elegant dining.

Club lounge / Drawing Room: Light bar foods and snacks.

Champagne Bar: International bar, offering light bar foods and snacks.

As a modern and stylish city centre, Bristol offers a fantastic choice of dining and entertainment. The list provided gives you just a few notable venues for you to consider.

- **Wongs:** Wonderful Chinese Food
  12 Denmark Street
  Tel 0117 927 7882
- **GoldBrick House:** Modern cuisine, stylish bar, open late. 69 Park Street.
  Tel 0117 945 1950
- **Aqua Restaurant & Bar:** Great Mediterranean food on the waterfront. Welsh Back.
  Tel 0117 915 6060
- **Loch Fyne:** Seafood restaurant
  Queen Charlotte Street
  Tel 0117 930 7160
- **Byzantium:** Modern European and Mediterranean restaurant. Portwall Lane.
  Tel 0117 922 1883
- **San Carlo:** Classic Italian dining
  44 Corn Street
  Tel 0117 922 1883

IMAGING OF GROIN PAIN AND HERNIAS:
What Else Not To Miss - Thursday 09.40 - 10.00

Dr Philip Robinson
Chapel Allerton Hospital, Leeds

This lecture will review the imaging findings for soft tissue and bony inguinofemoral pathology that can occur in the setting of acute and chronic 'groin' pain. Broad categories are listed below but the lecture will also discuss the context for the pathologies that occur acutely or can produce more insidious symptoms.

The relevant roles of MR imaging and ultrasound for diagnosis and problem solving will be illustrated.

- Bone – stress injuries and fracture patterns
- Tendon – tears, tendinopathy and bursitis
- Muscle – tears
- Hip Joint – capsulolabral injury
- Symphyis pubis – Pubalgia
- Soft tissue masses – benign and aggressive
- Post operative/treatment changes

References

1. Ultrasound of Groin Injury. P Robinson. Practical Musculoskeletal Ultrasound. Ed. EG McNally. Elsevier 2004 pages 309-328. ISBN0-443-07350-3.
2. Verrall GM, Slavotinek JP, Fon GT, Barnes PG. Outcome of conservative management of athletic chronic groin injury diagnosed as pubic bone stress injury. Am J Sports Med 2007;35:467-474.
3. Imaging Review of Groin Pain in Elite Athletes: An Anatomic Approach to Imaging Findings. Koulouris, G. AJR 2008; 191:962–972.

HEPATOCELLULAR CARCINOMA (HCC) - DIAGNOSIS AND TREATMENT
Imaging of Hepatocellular Carcinoma - Thursday 11.20 - 11.40

Dr J. Ashley Guthrie
St James' University Hospital, Leeds UK

Morphological features:

- Lesions less than 2 cm in diameter tend to be homogenous
- Larger lesions often demonstrate a mosaic type morphology
- A capsule with delayed enhancement may be seen with tumours of better prognosis
- Poorer prognosis tumours frequently invade portal or hepatic veins and metastasise locally to give smaller satellite nodules

Enhancement characteristics

- The majority of HCC are arterialised - and demonstrated as hyperattenuating lesions on late arterial phase imaging
- A minority of HCC are hypovascular
- Washout on portal venous and equilibrium phase is a key diagnostic feature with smaller nodules and helps to differentiate HCC from other hypervascular lesions

Additional MR characteristics

- HCC tend to be higher signal than background liver on T2 and lower signal on T1 although only 50% of HCC are seen on conventional unenhanced MR
- Features of fatty metamorphosis and the products of haemorrhage may be seen using chemical shift and GRE imaging
- Most HCC do not take up MR liver specific contrast agents
- There is a tendency for HCC to exhibit diffusion restriction

Investigation & Pathway

- Individual nodules can be assessed with CEUS but if one atypical nodule is identified the whole liver needs assessing
- Most HCCs are advanced at diagnosis and management decisions made on the basis of CT of the chest, abdomen and pelvis with a minimum of dual phase acquisition through the liver. This is usually the most helpful investigation in determining the management options. Some prefer an additional unenhanced or 3 minute delayed acquisition.
- MR has advantages with earlier stages of disease but in general referral to the local Hepato-biliary MDT should be performed after CT.

References

HCC management guidelines. S Ryder March 09 update - can be downloaded directly as PDF and has most of the key diagnostic references

PITFALLS IN
...Staging Rectal Cancer - Friday 10.00 - 10.15

Dr Gina Brown
Royal Marsden Hospital

- When is the CRM not the CRM?
- What to do about lymph nodes close to the mesorectal fascia?
- Low rectal polyps: risks of over-treatment versus positive margins.
- Post-treatment assessment: summary of pitfalls to avoid.
- Common technical imperfections and avoidance strategies.

Further reading:
MERCURY study publications:

MERCURY. Diagnostic accuracy of preoperative magnetic resonance imaging in predicting curative resection of rectal cancer: prospective observational study. BMJ (Clinical research ed.2006 Oct 14;333(7572):779.

MERCURY. Extramural depth of tumor invasion at thin-section MR in patients with rectal cancer: results of the MERCURY study. Radiology. 2007 Apr;243(1):132-9.

Prognostic factors
Brown G, Richards CJ, Newcombe RG, Dallimore NS, Radcliffe AG, Carey DP, Bourne MW, Williams GT. Rectal carcinoma: thin-section MR imaging for staging in 28 patients. Radiology. 1999 Apr;211(1):215-22.

Brown G, Radcliffe AG, Newcombe RG, Dallimore NS, Bourne MW, Williams GT. Preoperative assessment of prognostic factors in rectal cancer using high-resolution magnetic resonance imaging. The British journal of surgery. 2003 Mar;90(3):355-64.

Brown G, Richards CJ, Bourne MW, Newcombe RG, Radcliffe AG, Dallimore NS, Williams GT. Morphologic predictors of lymph node status in rectal cancer with use of high-spatial resolution MR imaging with histopathologic comparison. Radiology. 2003 May;227(2):371-7.8

Koh DM, Brown G, Temple L, Raja A, Toomey P, Bett N, Norman AR, Husband JE. Rectal cancer: mesorectal lymph nodes at MR imaging with USPIO versus histopathologic findings-- initial observations. Radiology. 2004 Apr;231(1):91-9

Koh DM, Chau I, Tait D, Wotherspoon A, Cunningham D, Brown G. Evaluating mesorectal lymph nodes in rectal cancer before and after neoadjuvant chemoradiation using thin-section T2-weighted magnetic resonance imaging. International journal of radiation oncology, biology, physics. 2008 Jun 1;71(2):456-61.

Salerno GV, Daniels IR, Moran BJ, Heald RJ, Thomas K, Brown G. Magnetic resonance imaging prediction of an involved surgical resection margin in low rectal cancer. Diseases of the colon and rectum. 2009 Apr;52(4):632-9.

Smith NJ, Barbachano Y, Norman AR, Swift RI, Abulafi AM, Brown G. Prognostic significance of magnetic resonance imaging-detected extramural vascular invasion in rectal cancer. The British journal of surgery. 2008 Feb;95(2):229-36.

PITFALLS IN
...Interpreting PET-CT at the GI MDT - Friday 10.15 - 10.30

Dr Prakash Manoharan MRCP FRCR
The Christie, Manchester UK

- FDG PET CT is increasingly utilised in the management of GI carcinomas
- Hence GI MDTs will encounter patients imaged with PET CT more frequently
- Majority of these MDTs do not have a PET CT expert as part of the team
- The talk will briefly introduce the metabolism of FDG, normal distribution and pitfalls with the technology
- In depth case based illustration will then be used to demonstrate the common pitfalls in interpreting GI FDG PET CT (common false positives and negatives)
- The aim of the talk is to highlight these difficulties and hopefully this will allow a better understanding of the technology/ assist in the clinical decision making process in the MDT

PITFALLS IN
...Reporting MRCP / ERCP - Friday 10.30 - 10.45

Dr Maria Sheridan
St James' University Hospital, Leeds UK

1. Inadequate clinical information (or effort to obtain sufficient information!) e.g.
   a. Previous biliary intervention resulting in air in ducts misinterpreted as filling defects
   b. Previous surgery causing artefact from clips and drains
2. Inadequate or incomplete technique e.g.
   a. Patient unable to hold breath
   b. Over reliance on single shot fast spin echo or 3D technique
3. Failure to consider structures outside ducts e.g.
   a. Misinterpretation of vascular impression as duct stricture
   b. Failure to recognize portal vein thrombosis in a septic patient

References:
1. Pitfalls in MR Cholangiopancreatographic interpretation Irie et al Radiographics 2001 21: 23-37
2. MRCP pitfalls

Van Hoe et al Abdominal Imaging 2004 29: 360-387

THE POST-OPERATIVE ABDOMEN
Ileus Or Obstruction? - Friday 12.10 - 12.30

Dr Sathi Sukumar
University Hospital of South Manchester

Post operative ileus versus intestinal obstruction.
Objectives:

1. To discuss the clinical importance of expeditious diagnosis of complete and partial mechanical small bowel obstruction as opposed to paralytic ileus.
2. To discuss pathophysiology and causes of small bowel obstruction in the immediate post operative period.
3. To analyse the role of imaging in differentiating obstruction from ileus.
4. To show imaging findings that enable the differentiation of bowel obstruction from post operative ileus.
5. To illustrate and discuss the importance of recognising closed loop obstruction and complications in the post operative abdomen secondary to adhesions and herniation.

THE POST-OPERATIVE ABDOMEN
How To Manage The Difficult Collection - Friday 12.30 - 12.50

Dr Eric Loveday
Southmead Hospital, Bristol

Over a period of 25 years, radiologically guided percutaneous catheter drainage of postoperative leaks and collections has become routine practice. This required a paradigm shift from firmly held surgical tenets, and a re-evaluation of the processes of recovery.

Adherence to basic principles underpins successful management of difficult collections. A clear understanding of the type of surgery involved and the relevant anatomy, along with proper clinical evaluation and good clinical communication are essential prerequisites for effective treatment. A logical sequential treatment plan (e.g. “drain the collection, stop production, close the hole”) may require several radiological and/or surgical interventions.

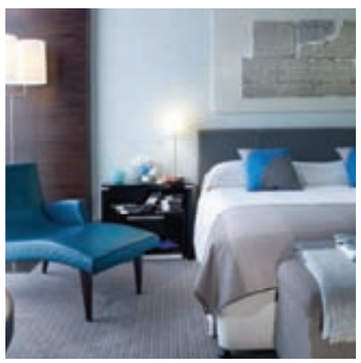
Whilst little can be found in the way of prospective randomised trials and/or meta-analyses of percutaneous drainage, the literature abounds with large case series of drainage via various routes, and this combined with dramatic results in individual patients following minimal interventions have been sufficient to change clinical practice. Nevertheless catheter drainage alone has a significant failure rate, with up to 25% of patients in many series requiring further interventions. The aim of the radiologist should be to minimise treatment failure by appropriate case selection, selective follow-up and regular clinical discussion. Professional opinion amongst interventional radiologists is increasingly moving towards a more clinical role with job plans featuring outpatient clinics, and an expectation of a presence on the wards. The opportunities for closer patient supervision afforded by this approach should lead to improved outcomes.

Radiologists should be mindful of a multitude of alternative therapeutic options being developed by other specialties using minimally invasive techniques and, where possible, a multidisciplinary, cooperative approach should support effective decision making. Conversely, new surgical treatments bring new complications. Large series describing management of leaks in bariatric surgery are appearing in the literature, for example. An evidence-based move away from routine surgical drainage following even major surgery may lead to an increased requirement for postoperative radiological drainage.

It is difficult to imagine a route of percutaneous drainage that has not been written up, and it seems at times that the only limiting factor is the imagination of the radiologist. Published series for each of these usually assert that they are “safe”, but choice of approach should also take into account patient comfort, and basic principles of avoiding unnecessary risk and transgressing as few natural boundaries as possible. Natural orifice routes (per vagina or per rectum) are favoured for pelvic collections but in practice the route chosen will often reflect the skill set and experience of the individual performing the procedure.

Join us at Manchester's Lowry Hotel

Wednesday 2nd February - Friday 4th February 2011



CME certificates will only be supplied once your evaluation form has been handed in to Creative Conferences on Friday.

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British Society of Gastrointestinal & Abdominal Radiology

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Imaging, Intervention and Research in the care of patients with abdominal disease

Brunel's Clifton Suspension Bridge