

metastases. Ninety (40.0%) patients presented for surgery as an emergency and 135 (60.0%) presented electively. One hundred and fifty nine (70.7%) patients underwent the creation of a defunctioning proximal stoma and 63 (28.0%) had a bypass procedure. The overall post-operative mortality rate was 20.9%. Post-operative mortality was higher among emergency compared to elective presentation (36.7% versus 10.4%; $p < 0.001$). Overall 1-year relative survival was 27.1%. One-year relative survival was higher among elective compared to emergency presentation (37.1% versus 11.9%; $p < 0.001$).

Conclusions Short and longer-term outcomes after non-resectional palliative surgery for advanced colorectal cancer are worse after emergency compared to elective presentation. Therefore, members of the palliative care team must be alert to symptoms of impending complications of advanced colorectal cancer to enable timely referral for surgical intervention on an elective rather than emergency basis.

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EVALUATION OF SHORT AND LONGER-TERM SURVIVAL FOLLOWING NON-RESECTIONAL PALLIATIVE SURGERY FOR ADVANCED COLORECTAL CANCER

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Introduction Palliative surgery for advanced colorectal cancer is associated with high morbidity and mortality. Non-resectional palliative surgery can be useful in the management of malignant bowel obstruction or perforation where a conservative approach can be associated with high symptom burden and imminent death. The aim of this study was to evaluate short and longer-term outcomes after non-resectional palliative surgery for advanced colorectal cancer.

Methods Patients undergoing non-resectional surgery for colorectal cancer in 16 hospitals from 2001–2004 were identified from a prospectively maintained regional audit database. Post-operative mortality (<30-days) and relative survival were used to examine short and longer-term outcomes.

Results A total of 225 patients were included, of which 141 (62.7%) were male. The median age at surgery was 69.3 years (s.d. 11.2; range 30.8–95.9 years). A total of 107 (47.6%) patients had rectal cancer and 160 (71.1%) had evidence of distant