with increasing age. A large percentage of patients needed skilled care, and this also increased by age decile (p=0.0003).

**CONCLUSION:** Emergency ileostomy is associated with a high mortality and a high level of disability that increases significantly with advancing age.

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**Stapled End-to-side Ileocolostomy Provides an Alternative to Conventional Anastomoses and May Outperform Traditional Techniques in Crohn’s Disease of the Terminal Ileum**

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**INTRODUCTION:** There has been much discussion regarding techniques to reduce anastomotic recurrence in Crohn’s disease (CD) patients. We employ a stapled, end-to-side ileocolostomy (SES) which recapitulates normal anatomy and is technically straightforward to learn.

**METHODS:** CD patients who underwent ileocecectomy were identified from an institutional database. Patients were stratified by anastomotic orientation (stapled side-to-side[SSS], SES, hand-sewn end-to-end[HEE]). Clinicodemographics and operative outcomes were compared. Recurrence rate, type, and timing were compared after adjusting for clinicodemographic factors.

**RESULTS:** A total of 67 patients were included(SSS=22, SES=32, HEE=13). There were no differences in age, sex, race, insurance status, preoperative therapy, or prior surgery. Length of stay was shortest for SES patients compared to SSS and HEE (4 vs 5.5 vs 6 days, p=0.019). SES patients had no major complications compared to SSS and HEE patients (0 vs 27.3 vs 30.8%, p=0.004). Median follow-up time was shortest for SES patients compared to SSS and HEE patients (8.9 vs 68.6 vs 76.6mos, p<0.001). SES patients had the lowest recurrence rate (25.0 vs 68.2 vs 38.5%, p=0.007), with the majority (62.5%) being endoscopic, whereas the majority of SSS patients had clinical recurrences (53.5%). Median clinical recurrence-free survival was not reached in SES patients compared to SSS (51.7months) and HEE (92.1months; p=0.014) patients. On multivariable analysis, SSS (OR 8.27, p=0.001) and HEE (OR 2.49, p=0.001) anastomoses were associated with higher risk of any recurrence, as well as clinical recurrence (SSS: OR 5.90, p<0.001; HEE: OR 2.76, p=0.003) compared to SES anastomosis.

**CONCLUSION:** Stapled, end-to-side ileocolostomy for CD is associated with shorter length of stay, lower rate of major complications, and lower recurrence rates compared to side-to-side or end-to-end anastomoses. This is a safe, and technically feasible alternative to the Kono-S which appears to decrease recurrence rates.

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**The Impact of Caprini Risk-adjusted Venous Thromboembolism Prophylaxis in Colorectal Surgery Patient: Experience of a Single Health System**

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**INTRODUCTION:** Venous thromboembolism (VTE) is the most common cause of preventable mortality following colorectal surgery (CRS), occurring in 2% of patients. The predicted probability of post-discharge VTE is reported to be 0.04%-10.3%. As a result, prophylaxis, including discharge chemoprophylaxis, is recommended. While VTE risk assessment tools are available to facilitate risk-adjusted prophylaxis practices, adoption and utilization remain unclear. Our study objectives were to determine the utilization and impact of risk-adjusted VTE prophylaxis in CRS patients.

**METHODS:** CRS cases performed between 1/1/2016-2/1/2020 were included. Caprini score and VTE prophylaxis measures were determined for each case. The primary outcome measure was compliance to risk-adjusted VTE prophylaxis guidelines. Secondary outcomes included VTE and bleeding, stratified by risk-adjusted VTE prophylaxis. Categorical and continuous variables were compared by Chi-Square and Kruskal-Wallis test, respectively. Logistic regression analyses were performed to determine predictors of receiving risk-adjusted prophylaxis or having a VTE and bleeding episode.

**RESULTS:** 9,524 CRS cases were analyzed, and 83.8% stratified as high risk for VTE. Risk-adjusted VTE prophylaxis rates in low, moderate and high risk category patients were 85.2%, 67.3% and 1%, respectively. Risk-adjusted prophylaxis resulted in a 71.4% and 72.7% reduction in having a VTE within 30-days and 90-days, respectively, without increasing bleed risk. Increasing Caprini score inversely correlated with the likelihood of receiving risk-adjusted prophylaxis (OR 0.25, p<0.0001).

**CONCLUSION:** Caprini risk-adjusted VTE prophylaxis in CRS patients reduced VTE events without increasing bleeding incidence. Standardization of VTE prophylaxis is underutilized, and should be considered as standard in all elective colorectal surgeries.

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**Trends and Impact of Antimicrobial Resistance in Surgical Site Infection after Colectomy: A Nationwide Study**

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