many governmental health policies. It is widely recognised that facilitating self-management for patients by providing information to support understanding, share decision-making and motivating behavioural change, can lead to significant improved health outcomes. We describe the development of a web-based patient portal.

**Methods:** A mixed-method approach to the design and evaluation has been implemented with close patient and provider involvement. Using both the theoretical framework of self-efficacy, engaging key stakeholders and studying the processes of care delivery, we have developed an integrated IBD portal.

**Results:** 'My IBD Portal' provides online access via a secure login and contains an individual summary of patients' IBD, clinic letters and latest test results. Components known to further enhance self-management are included with electronic self-monitoring of symptoms, decision support tools and secure messaging. Personal care planning and an electronic food diary have been provided. Throughout the site personalised and trusted information links are integrated.

**References:**


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**Late perianal fistulas after IPAA**

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**Background:** Total proctocolectomy with ileoanal-pouch anastomosis (IPAA) is considered to be the treatment of choice in patients with familial adenomatous polyposis or in patients with ulcerative colitis (UC) unresponsive to conservative therapy or when they present with high grade dysplasia. One of the most common post-op late complications is the development of perianal fistulas.

**Methods:** We present our experience on the treatment of 18 patients with IPAA who developed latent perianal fistulas over the last 3 years. From the total number of patients under inspection 15 had UC and 3 had FAP. They were all investigated with pouchoscopy, MRI and endorectal-US. Simple fistulas were treated with seton placement and/or fistulotomy. The complicated ones were treated with advancement flap or temporary ileostomy.

**Results:** In 3 out of 15 patients with initial diagnosis of UC it was proved to be Crohn’s disease and they were treated successfully with biologic agents and preservation of the pouch. In 15 patients with UC or FAP they ended up with spontaneous closure of the fistulae over a period of 6–15 months post surgery with no need of other medication. No patient underwent remodeling of the pouch and all report satisfactory function of defecation.

**Conclusions:** Late development of perianal fistulas in patients with IPAA for UC needs further investigation for the exclusion of Crohn’s disease which could alter the mode of treatment. During the surgical treatment of the fistulas it is needed high attention for avoidance of trauma in the sphincteric mechanism which could lead to deteriorate results of the type of permanent ileostomy.

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**Laparoscopic approach for inflammatory bowel disease is a real alternative to open surgery: an experience in 422 consecutive patients**

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**Background:** Feasibility of laparoscopic approach for inflammatory bowel disease (IBD) surgical management, as an alternative to open approach, has been questioned. Methods: From June 1998 to June 2012, all patients undergoing colorectal resection for IBD were prospectively enrolled. This study aimed to report a 14-year experience of laparoscopic approach for IBD, including complicated and recurrent cases. Adjusted probability of conversion to laparotomy and postoperative morbidity were computed using a multivariate logistic regression model.

**Results:** 790 consecutive colorectal resections for IBD were performed on 633 patients, including 377 ileocolonic resections (48%), 149 abdominal colectomies (19%), 167 ileal pouch-anal anastomoses (21%), 60 segmental colectomies (8%), and