tified by reviewing their case records, electronic records, endoscopy and radiological results. All leaks including non-clinical radiological leaks were included in the study. Overall survival was calculated from date of surgery to death or otherwise censored. Statistical analysis was carried out using SPSS.

Results: 104 consecutive patients were identified of whom 10 patients (9.6%) had anastomotic leaks. 8 of these patients (80%) were rescued and were well enough to be discharged home. The median survival of patients with leaks was 11.6 months compared to 52.9 months for patients without leaks. The 3-year survival was 30% in patients with leaks compared to 59.9% ($p=0.23$, Fisher's exact) in patients without leaks. The Kaplan Meier survival analysis curves are shown here and the difference in survival was very close to being statistically significant with $p=0.089$ (Log Rank) and $p=0.056$ (Breslow).

Conclusion: Esophageal anastomotic leak rates are still exceedingly high at 10%. The rescue rate of 80% is significantly better compared to previous decades. Despite the high rescue rate, these patients have extremely poor long-term survival rates. The future should aim for innovative technology and strategies to eliminate esophageal anastomotic leaks for optimal short- and long-term outcomes.

698 ENDOLUMINAL VACUUM THERAPY (EVT) AS A TREATMENT FOR ESOPHAGEAL LEAKS; 10-YEARS' EXPERIENCE FROM A TERTIARY UK ESOPHAGOGASTRIC CENTRE

Zeeshan Afzal, Stavros Gourgiotis, Richard Hardwick, Peter Safranek, Vijay Sujendran, John Bennett, Robert O'Neill, Ayesha Noorani, Andrew Hindmarsh,

Cambridge Oesophagogastric Centre, Cambridge University Hospital NHS Foundation Trust, Cambridge, UK, Hills Road, United Kingdom

Esophageal leaks present a significant management challenge, especially in patients with delayed presentation and established sepsis. Endoluminal vacuum therapy (EVT) is an emerging treatment strategy which may reduce morbidity and mortality compared to traditional treatments in this patient group. We report the outcomes for patients with esophageal leaks from a range of different causes that were treated with EVT in a tertiary UK hospital over a 10-year period.

Methods: Between April 2011 and March 2021, 45 patients with a median age of 67 years (31–92) who had an esophageal leak were treated with EVT. All patients were treated with an ad-hoc endoluminal vacuum device (EVD) constructed using V.A.C GRANUFOAMTM (KCI) and a standard nasogastric (Ryles) tube. The median Apache II score for patients at the time of leak diagnosis was 20 (6–36). The cause of the leak was anastomotic in 16 patients (36%), iatrogenic in 14 patients (31%), spontaneous in 14 patients (31%), and traumatic in 1 patient (2%). Information related to treatment and outcome was recorded prospectively.

Results: Successful resolution of the leak was achieved in 39 (87%) patients. The median number of EVD changes required to heal the leak was 6 (1–17). There were no complications related to insertion of the EVD. The median length of hospital stay was 49 days (1–108). Six (13%) patients died during treatment. Six (13%) patients had complications during treatment requiring further intervention; 2 (4%) had a significant bleed requiring angiography and aortic stent placement, 1 (2%) had a stroke, 1 (2%) had a pulmonary embolism, 1 (2%) had a myocardial infarction, and 1 (2%) contracted COVID-19.

Conclusion: EVT is a safe and effective treatment that can be used successfully to treat esophageal leaks from a disparate range of leak causes in selected critically unwell patients. Further studies are required to develop a standardized procedure and management pathway which will enable broader adoption of EVT in this group of patients.

703 SARCOPENIA OBESITY AND MYOSTEATOSIS ARE RISK FACTORS FOR COMPLICATIONS FOLLOWING RESECTION OF OESOPHAGOGASTRIC CANCERS

Manjunath Siddaiah-subramanya,^{1,3} Sivesh Kamarajah,^{1,2} Jame Halle-Smith,¹ Abdulrahman Ghoneim,¹ Yashashwi Sinha,¹

1. Queen Elizabeth Hospital, University Hospitals Birmingham, Edgbaston, United Kingdom 2. Institute of Cancer and Genomic Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham, United Kingdom 3. University of Melbourne, Melbourne, Australia

Oesophagogastric cancer resection carries a morbidity, as high as 60%. Better patient selection, not only with regards to clinical stage but also with fitness reduces morbidity and improves outcome. Assessment of sarcopenia (SMI) and incremental shuttle walk test (ISWT) are two such tools to evaluate patients' fitness. We investigate the influence of these two tools in predicting post-operative outcomes following Oesophagogastric resection.

Methods: All patients who underwent Oesophagogastric cancer resection between 2017–2019 and consented to participate in ISWT were included and outcomes evaluated retrospectively. Patient demographics, comorbidity profile and distance walked in ISWT were collected from the hospital cancer database. SMI was calculated on the pre-operative staging CT at the level of L3. Outcomes assessed included overall complications, major complications (Clavien-Dindo III–V) and 30-day mortality.

Results: Sixty-seven patients (median age = 67) met the inclusion criteria with majority receiving neoadjuvant chemotherapy (79%). Overall complication rate was 69% including 34% major complications. There was no difference in overall and major complication between patients with ISWT distance of >350 and <350 m. Sarcopenia was diagnosed in 58% of the patients. Adjusted analyses showed female patients (OR: 9.31, CI95%: 1.49–94.15, $p=0.030$), myosteatosi s (OR: 7.52, CI95%: 1.64–48.62, $p=0.017$), and sarcopenic obesity (OR: 6.16, CI95%: 3.28–36.59, $p=0.021$) to be independent predictors of overall complications. Correlation plot shows no interaction between SMI and ISWT scores. Conclusion: The study shows that ISWT does not predict post-operative mortality and morbidity following Oesophagogastric cancer resection. Sarcopenia is associated with higher overall complication rates. SMI and ISWT score do not correlate in predicting post-operative outcomes. We recommend that assessment of sarcopenia to be used routinely as a pre-operative assessment tool for prediction of outcomes in patients undergoing Oesophagogastric cancer resection.

704 OBSERVATIONAL MEDICAL TREATMENT OR SURGERY FOR GIANT PARAESOPHAGEAL HIATAL HERNIA IN ELDERLY PATIENTS.

Italo Braghetto, Owen Korn, Enrique Lanzarini, Maher Musleh, Manuel Figueroa, Jorge Rojas,

University of Chile, Santiago, Chile

Giant paraesophageal hernias (GPHH) occur frequently in the elderly, account for about 5–10% of all hiatal hernias. Up to now persists the controversy between expectant medical treatment versus surgical treatment, regarding which is the most appropriate option depending on the presence or absence of symptoms. The aim of this study is to assess whether an indication for surgical repair of PHH is possible in older patients adequately evaluated before surgery symptoms.

Methods: Patients and method: Prospective study including patients hospitalized from January 2015 to December 2019 with GPHH more than 70 years old, comparing 2 group of patients which were separated in: Group A including a cohort of 23 patient in whom observational and conservative was indicated by gastroenterologist and Group B includes 66 patients in whom elective laparoscopic hiatal hernia repair was indicated at the moment of its diagnosis.