

established. **Method(s):** Retrospective review of all post sleeve gastrectomy leak collection CT guided percutaneous drainage from February 2011- September 2018 done in our institution. our institution is well known center of excellent for post sleeve gastrectomy leak management. **Result(s):** 53 patients underwent CT guided percutaneous drainage for post sleeve gastrectomy leak collection (23 females and 30 males; average 33.8 range 18-65). All procedures were done using CT guidance and Seldinger technique. Drains size range from 10-14 Fr. Technical and clinical success was 100 %. 1 patient had bleeding complication that was treated by embolization. 10 patients need drain change or adjustment. No patient underwent surgery for collection management. indwelling drain time average of 70 days. All patient underwent endoluminal stent placement. **Conclusion(s):** CT guided percutaneous drainage of post sleeve gastrectomy leak is safe and effective treatment.

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Ultrasound Guided Trans-Gluteal Approach for Percutaneous Collection Drainage: Why, Who and How?

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Background: Percutaneous abscess drainage is the standard of care in the absence of indications for immediate surgery. Variety of disorders can produce fluid collections in the lower abdomen and pelvis. These pelvic collections can be drained in several approaches with the trans-gluteal approach being useful and effective. Advantage of the ultrasonographic approach include less time in the CT-imaging area, less procedural time, less radiation exposure, and ability to avoid blood vessel puncture by real-time color Doppler during catheter placement. Disadvantages include poor sonographic penetration in the deep pelvic tissues of even an average-sized adult. **Method(s):** We elected to overcome the necessity of CT-guidance for drainage of pelvic collections by using trans-gluteal sonographic guidance. Curved-3-5 MHz transducer is used to scan the pelvis with the patient in prone position from para-sacral regions. The coccyx was palpated as a landmark, and the puncture site should be caudal and close to this landmark to avoid damage to the neuro-vascular bundle. Oblique-sagittal or axial imaging through the area of the greater sciatic foramen is used to guide the needle into the collection. Drainage can be performed by using the Seldinger or trocar technique under local and conscious sedation. The catheter removed once the output diminished to <20 ml/day for 48-72 hours. **Result(s):** We elected to overcome the necessity of CT-guidance for drainage of pelvic collections by using trans-gluteal sonographic guidance. Curved-3-5 MHz transducer is used to scan the pelvis with the patient in prone position from para-sacral regions. The coccyx was palpated as a landmark, and the puncture site should be caudal and close to this landmark to avoid damage to the neuro-vascular bundle. Oblique-sagittal or axial imaging through the area of the greater sciatic foramen is used to guide the needle into the collection. Drainage can be performed by using the Seldinger or trocar technique under local and conscious sedation. The catheter removed once the output diminished to <20 ml/day for 48-72 hours. **Conclusion(s):** Ultrasonographic-guided trans-gluteal abscess drainage is an alternative route for pelvic collections. This

procedure is safe and effective for moderate/large fluid collections in non-obese patients and eliminates the need for using valuable CT time to perform these procedures.

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Transrectal Ultrasound Guided Drainage of Deep Pelvic Abscess in Females

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Background: Percutaneous drainage is a standard treatment for patients with pelvic abscess. However deep abscess might be challenging for percutaneous root especially small volume collections which are relatively commoner in females in child bearing period being prone to a number of etiologies, commonest of which are postsurgical complications, pelvic inflammatory disease and complicated inflammatory bowel disease. Transrectal guidance allows drainage of the inaccessible deeply seated pelvic collections due to close proximity to the collection. We favor aspiration over drainage catheter insertion to avoid fistulation and patient inconvenience. To assess the technical and clinical success or the transrectal ultrasound guided drainage of deep pelvic abscess in females. **Method(s):** From January 2015 to October 2018; 34 female patients were presented to Ain Shams University Interventional Radiology Unit for deep pelvic abscess drainage. A 14 G 25 cm needle was introduced through adapter over a the endocavitary probe. Complete aspiration was always tried with irrigation with normotonic saline till aspirate clearance. Local injection of broad spectrum antibiotic was injected before removal of the needle. **Result(s):** Technical success defined as ability to completely aspirate the abscess was achieved in 30 patient (88%). In 3 patients abscess could not be aspirated completely due to relatively large volume, and 1 patient due to markedly thick abscess content necessitating surgical drainage. Clinical success defined as no recurrence within the first 3 months was 86%. 4 cases had recurrence with procedure redo. 1 had second recurrence and referred for posterior colpotomy. No major complications were seen, minor self-limiting anal pain was noted in most of the cases and managed conservatively, minor self limiting rectal bleeding occurred in 3 cases. **Conclusion(s):** Transrectal US guided aspiration of deep pelvic abscess in females shows relatively high rates success with low rates of complications and should be tried before surgical drainage.

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Percutaneous Image-Guided Gastrostomy Insertion with and without Gastropexy: A Single Tertiary Care Center Experience in Saudi Arabia

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