**Introduction**

Single-incision laparoscopic surgery (SILS) for colorectal surgery has been growing since the first SILS colectomy in 2008. It has many benefits including lesser incisions and in patients who require more than one operation this technique has the perceived benefit of switching between laparoscopic and 'open' surgery without loss of advantage. This study assesses the feasibility and safety of SILS in colorectal IBD (Inflammatory Bowel Disease).

**Methods**

Data were collected retrospectively from January 2013 to April 2015 from patient records for analysis. All ileocolic resections and restorative proctocolectomies for IBD were selected. Primary surgery was compared with redo surgery.

**Results**

Forty six patients were included 27 had ileocolic resections for Crohn’s and 19 underwent restorative proctocolectomies for ulcerative colitis. 33 were primary and 13 were re-do operations. The median age was 39 (14-72), male:female ratio was 25:21. The median hospital stay was 6 (3-28) days which was similar in the primary and redo surgery groups. The overall conversion rate was 7% which did not defer between the primary and redo group. The 30 day surgical complication rate was 36% with majority being Clavien-Dindo grade I and II.

**Conclusion**

This preliminary study demonstrates the feasibility and safety of SILS for colorectal surgery in IBD. Further evaluation of this technique is required.

**References**

