

repetitive 10 Hz cortical transcranial magnetic stimulation (rTMS) and sham in the form of tilted coil.

Results Data (mean±SEM) were analysed by two way ANOVA (see Abstract PWE-062 tables 1 and 2) showed a significant increase in sensory (ST) and pain (PT) thresholds immediately, at 30 and 60 min in the rectum following both 1 Hz rLSMS (ST (p=0.015, 0.048 and 0.022, respectively), PT (p=0.014, 0.004 and 0.012, respectively)) and 10 Hz rTMS (ST (p=0.046, 0.041 and 0.017, respectively), PT (p=0.005, 0.02 and 0.007, respectively)). In addition, only 10 Hz rTMS increased anal sphincter pain thresholds immediately, at 30 and 60 min after the intervention (PT (p=0.032, 0.004 and 0.001, respectively)). Sham stimulation had no effect on any of the anorectal sensory parameters.

Conclusion The application of repetitive magnetic stimulation to lumbosacral area and motor cortex is able to modulate human visceral sensitivity in IBS patients and holds promise as a future therapeutic intervention.

Competing interests None declared.

PWE-063 EFFECTIVENESS OF GENERAL HYPNOTHERAPY AND GUT-DIRECTED HYPNOTHERAPY IN REFRACTORY IRRITABLE BOWEL SYNDROME

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Introduction Irritable bowel syndrome (IBS) is a very common condition, which constitutes up to 50% of Gastroenterology outpatient referrals. Many pharmacological and non-pharmacological treatments are available with variable results. Hypnotherapy is generally reserved for refractory IBS patients. Although there is ample evidence to show the effectiveness of Gut-directed Hypnotherapy (GDH), there are only few studies to support other forms of hypnotherapy especially general hypnotherapy. Aim of this study was to assess the effectiveness of different types of hypnotherapy on refractory IBS patients treated in our institution, a tertiary referral centre.

Methods In our institution, an experienced hypnotherapist assesses refractory IBS patients. Based on their symptoms, patients receive either general hypnotherapy (GH), GDH or both. All patients score their IBS symptoms on IBS Symptom Score sheet [0–10 Likert scale, minimum score 0, maximum 60] first at the baseline (Pre-hypnotherapy score) and then at the end of the hypnotherapy (Immediate Post-hypnotherapy score). Patients also complete Hospital Anxiety and Depression (HAD) score sheet before and after hypnotherapy. We analysed the data of all patients treated with hypnotherapy between February 2009 and December 2011. Follow-up questionnaires were sent to all patients in the post at variable periods after the completion of hypnotherapy to score their current symptoms (Long-term Post-hypnotherapy score). Parametric methods were used for statistical analysis.

Results During the study period, 34 patients (n=34, females 29, mean age 41.5) received hypnotherapy (GH=15, GDH=8, both =11). Average number of hypnotherapy sessions was 4.7 (range

3–6, 1 h/week). Seventeen (50%) patients returned their follow-up questionnaires. Mean duration between the last session of hypnotherapy and completion of the follow-up questionnaire was 16 months (range 5–32). Abstract PWE-063 table 1 shows the main results.

Conclusion Our study suggests that treatment of refractory IBS patients with general hypnotherapy, either alone or in combination with gut-directed hypnotherapy is effective both in short and long term. These results need to be confirmed in prospective randomised controlled studies directly comparing general hypnotherapy against gut-directed hypnotherapy.

Competing interests None declared.

Radiology

PWE-064 ROUTINE POST-OPERATIVE CONTRAST SWALLOWS FOLLOWING ANTI-REFLUX SURGERY AND HIATUS HERNIA REPAIR: SELECTIVE USE IS PREFERRED

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Introduction The routine use of post-operative contrast studies following gastric fundoplication surgery is contentious. This study aimed to determine whether routine contrast studies were more likely to identify significant post-operative complications when compared to their selective use.

Methods This was a retrospective study of 241 consecutive patients undergoing primary gastric fundoplication. The primary outcome measure was the identification of significant complications (intra-thoracic migration, perforation, volvulus or obstruction) by water-soluble contrast swallow that warranted further intervention or immediate reoperation.

Results Routine contrast studies (Group A) performed in 125 patients identified 6 abnormalities. Of the remaining 116 patients (Group B), 11 underwent selective contrast studies of which one was abnormal. Two patients from Group A underwent immediate reoperation as a result of the contrast study compared to none from group B (p=1.000). One patient from Group A presented 3 days following discharge with an incarcerated hiatus hernia requiring reoperation despite a normal post-operative contrast study. The incidence of radiologically detected abnormalities was greater in patients whose primary indication for surgery was large hiatus hernia compared to those whose surgery was primarily for gastro-oesophageal reflux; however this was not statistically significant (11% vs 2% respectively; p=0.051).

Conclusion The routine use of contrast studies following gastric fundoplication is unnecessary as it does not identify a greater number of significant acute post-operative complications when compared to the selective use of such investigations.

Competing interests None declared.

Abstract PWE-063 Table 1 Changes in HAD scores & IBS Symptom Scores [mean±SD] before and after hypnotherapy

	Pre-hypnotherapy score	Immediate post-hypnotherapy score	p Value*	Long-term post-hypnotherapy score	p Value*
All patients (n=34)	32.14±11.72	14.97±10.95	p	19.7±12.25 (n=17)	p=0.0009
HAD score (n=22)	23.27±9.39	16.42±10.15	p=0.025	—	—
General hypnotherapy (GH) (n=15)	26.13±18.37	11±9.28	p	17.37±8.37 (n=8)	p=0.026
Gut-directed (GDH) ± GH (n=19)	36.89±11.98	18.1±11.37	p	21.77±15.13 (n=9)	p=0.0081