Conclusion In this study the likelihood of a post cholecystectomy bile leak arising from an aberrant duct of Luschka was 13%, in keeping with previous smaller series where the rate ranged from 0% to 21%. The standard managment with stent insertion +/− sphincterotomy appears to be effective even though the leak is not covered by the stent, presumably by providing preferential drainage.

Competing interests None declared.

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PWE-208 HIGH PREVALENCE OF HYPERPLASTIC POLYPOSIS SYNDROME IN THE NHS BOWEL CANCER SCREENING PROGRAMME

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Introduction Hyperplastic Polyposis Syndrome (HPS) is a rare syndrome (estimated 1:3000, 0.033% general population[1]) in which multiple hyperplastic polyps can predispose to an increased risk of colorectal cancer of up to 7% at 5 years,[2] and a risk for first degree relatives of HPS patients of fivefold compared to the general population.[3] Proximal serrated polyps are commonly associated with advanced neoplasia.[4] Currently the Bowel Cancer Screening Programme (BCSP) does not offer surveillance for serrated polyps. We aimed to assess how common HPS is in our BCSP population.

Methods We reviewed endoscopic and pathology records for all patients presenting for Bowel Cancer Screening in Oxfordshire between April 2010 (programme start) and January 2012. Three endoscopists performed the procedures. Patients were defined as HPS if they met either of the two main WHO criteria for HPS: either ≥20 hyperplastic polyps throughout the colon, or five hyperplastic polyps in the proximal colon with 2 ≥10 mm. Patients who were 1st degree relatives of HPS patients were not considered.

Results In total 755 patients attended for screening colonoscopy. Five patients met WHO criteria for HPS, of whom three had a synchronous advanced adenoma (see Abstract PWE-208 table 1). The prevalence of HPS in our BCSP population was 0.66% (95% CI 0.24% to 1.52%), a 20-fold increase compared to the estimated rate in the general population.

Conclusion HPS appears to be relatively common in BCSP patients and is often associated with advanced neoplasia. Detection of a large serrated polyp or multiple hyperplastic polyps should alert BCSP colonoscopists to the possibility of HPS where they may wish to augment detection with dye-spray or advanced imaging techniques. BCSP surveillance for large proximal serrated polyps may need to be reviewed to ensure such patients are not overlooked.

Competing interests None declared.

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PWE-209 ENDOSCOPY INCREASES THE RISK OF VENOUS THROMBOEMBOLISM—CASE CONTROL STUDY

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Introduction Venous thromboembolism (VTE) is a major cause of mortality contributing up to 25 000 deaths per year. There are no published studies that have linked the risk of VTE to endoscopic procedures. The current study was designed to assess whether endoscopic procedures increase the risk of venous thrombosis.

Methods A retrospective case-control study of cases of patients (pts) with VTE from the Trust's Haemophilia department database over a 3-year period from 1 January 2009 to 31 December 2011. Each case was age and sex matched to one control patient, who attended an outpatient appointment during the same period. The notes and endoscopy reports of cases and controls were reviewed to identify those patients, who had undergone endoscopy in the preceding 3 months of the VTE diagnosis. All adult patients were included in the study. Pts undergoing OGD, flexible sigmoidoscopy, colonoscopy and ERCP were included. Endoscopic US and bronchoscopy pts were excluded. Study sample size was calculated from a literature review of an approximate 2% occurrence of endoscopy in the population and our internal pilot study suggesting a 5% incidence of endoscopy in patients with VTE. With a 5% significance level and 80% power we calculated that 425 subjects per group were required to confirm a difference in endoscopy between pts with VTE and controls. The difference in occurrence of endoscopy between cases and controls was examined using the Mc Nemar test. The risk of VTE occurring following endoscopy was quantified using ORs.

Results 45/445 (10.1%) patients had endoscopy in the VTE group compared to controls (14/445, 3.2%; p<0.001) of which, 21 had OGD, 17 colonoscopy, one had ERCP and six Sigmoidoscopy. The number of pts in each endoscopy procedure category was insufficient to confirm whether the risk of VTE was dependent on the type of procedure performed. The OR for developing a VTE after an endoscopic procedure was 3.58 (95% CI 1.86 to 7.46).

Abstract PWE-208 Table 1 Characteristics of patients diagnosed with HPS

	Age at index colonoscopy	Gender	No adenomas	Largest adenoma and location	No hyperplastic polyps in whole colon	No hyperplastic polyps ≥10 mm in proximal colon*	No hyperplastic polyps in proximal colon*	No SSPs in whole colon
Patient 1	69	M	7	13 mm sigmoid	21	2	12	1
Patient 2	64	F	1	15 mm sigmoid	24	5	24	4
Patient 3	62	M	8	32 mm sigmoid	37	0	5	8
Patient 4	64	M	2	8 mm descending	43	3	13	5
Patient 5	68	F	0	—	6	4	6	6

*Proximal colon is defined as proximal to the recto-sigmoid.
SSP, sessile serrated polyp.