

PTU-129 **THE CHANGING FACE OF LIVER BIOSPY IN CLINICAL PRACTICE**

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Introduction As liver biopsy remains on the GI Curriculum we audited practice in University Hospital Birmingham before and after the introduction of Fibroscan, and practice in other Trusts in the region.

Methods An online survey was sent to all gastroenterology consultants and trainees in the West Midlands. Liver biopsies were audited at UHB before and after introduction of Fibroscan, excluding targeted, transjugular and time-zero biopsies.

Results 174 biopsies were performed Feb 2008–July 2008 (M102/F74), age range 18–77. 88 blind, 86 USS guided. 123 biopsies were performed Feb 2009–July 2009 (M76/F47) age range 20–82. 54 blind, 69 USS guided. Blind biopsies fell from 50.6% to 43.9%. Hep C biopsies fell from 14.3% to 4.9%. Failed blind biopsies rose from 6 to 12.

55 people responded to the survey (12 consultants/43 trainees). Only 17/55 had made any request for blind liver biopsies in the last 12 months. 77.4% had performed last than 10 biopsies in the last year while 30% had performed less than 10 life-long. 59.4% still felt that blind percutaneous biopsy was still an important technique.

Conclusion Fibroscan reduced the number of Liver biopsies performed. Blind percutaneous liver biopsy experience is decreasing, and should no longer be a requirement in regional training programs.

Competing interests None.

Keywords biopsy, fibroscan, liver.

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