

PTU-132 **A SURVEY TO ASSESS TRAINING AND COMPETENCE IN THE INSERTION AND MANAGEMENT OF SENGSTAKEN-BLAKEMORE TUBES AMONG TRAINEE GASTROENTEROLOGISTS**

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Introduction A UK wide audit of acute upper gastrointestinal bleeding in 2007 showed overall mortality was 10% – varices were identified in 8% of these patients¹. The SIGN guidelines (2008) adopted by the BSG, recommend that balloon tamponade should be considered as a temporary salvage treatment for variceal haemorrhage which has not been controlled by endoscopic and drug therapy². Unlike previous Gastroenterology StR/SpR curricula, competence in placing and managing Sengstaken–Blakemore (SB) tubes is included in the 2010 curriculum and should be assessed by DOPS.

Methods This survey aimed to determine trainee confidence in the insertion and management of SB tubes and to suggest how training should be delivered. In addition we asked the opinions of consultant gastroenterologists. An online survey was emailed to all trainees and consultants in the Severn and South West Peninsula deaneries.

Results The survey was sent to 34 trainees with a 71% response rate. 47% were ST3 or 4 with the remaining 53% ST5, 6 or SpRs. 75% of trainees have been involved in managing patients with SB tubes averaging 3 patients in the last 5 years. 96% felt SB tubes are a useful management option and 50% have seen one deployed by a senior colleague. Only 38% felt confident to insert a SB tube independently and 25% are confident to give management instructions to nursing or junior medical staff. 100% of trainees felt there should be formal training.

The survey was sent to 65 consultants with a 40% response rate. 77% had used SB tubes in an average of 3 patients in the last 5 years. 96% felt trainees should be competent in inserting SB tubes and have formal training. 88% did not know if SB tubes are a component of the 2010 curriculum with only 12% saying yes.

With regards to training, 46% of trainees preferred a session integrated into a regional training day, followed by 29% who wanted a study day including a model/simulation session. 35% of consultants felt either of these methods would be suitable. 17% of trainees wanted an e-learning module followed by model/simulation session.

Conclusion This survey demonstrates that the insertion and management of SB tubes is a weak area in gastroenterology training. This must be addressed, particularly as it is included in the 2010 StR curriculum requiring demonstration of competence. Trainees and consultants agree there should be formal training in this skill ideally as a model/simulation session or at a regional training day.

Competing interests None.

Keywords sengstaken-blakemore tube, variceal bleeding.

REFERENCES

1. UK Comparative Audit of Upper Gastrointestinal Bleeding and the Use of blood. See http://www.bsg.org.uk/pdf_word_docs/blood_audit_report_07.pdf.
2. SIGN Guideline 105: Management of acute upper and lower gastrointestinal bleeding. See <http://www.sign.ac.uk/pdf/sign105.pdf>.