Age	Gender	Number of polyps	Size (mm)	Polypectomy in bleeding polyps	Complications	Intervention	Outcome
58	F	2	10	EMR in stalked polyps	Early PPB	Endoclips	No admitted, no transfusion
54	F	1	10	Hot snare in sessile polyp	Early PPB	Endoclips	No admitted, no transfusion
69	M	4	7-20	Hot snare in stalked polyp	Early PPB	Endoclips	No admitted, no transfusion
64	M	2	7-10	Hot snare in stalked polyp	Early PPB	Endoclips	No admitted, no transfusion
69	M	4	5-15	Hot snare in stalked polyp	Early PPB	Endoclips	No admitted, no transfusion
68	F	1	20	Hot snare in stalked polyp	Early PPB	Endoclips	No admitted, no transfusion
53	M	1	18	Hot snare in stalked polyp	Early PPB	Endoclips	No admitted, no trasfusion
66	M	4	5-20	EMR in sessile polyp	Late PPB (5 hours)	Autolimited, no intervention	1 day admission , no transfusion
63	M	7	7-15	EMR in sessile polyp	Late PPB (48 hours)	Endoclips	4 day admission , no transfusion
63	F	2	5-30	Hot snare in stalked polyp	Late PPB (18 days)	Autolimited, no intervention	3 day admission , no transfusion
66	M	5	5-15	Hot snare in stalked polyp	Late PPB (24 hours)	Endoclips	4 day admission, transfusion
63	F	5	4-15	Hot snare	PPS	Conservative	5 days admission
69	M	3	4-20	Hot snare	Diverticulum perforation	Surgery	8 days admission

PPB: post-polypectomy bleeding **PPS:** post-polypectomy syndrome **EMR:** endoscopic mucosal resection

Figure 1 PTH-010

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COLONOSCOPIC ADVERSE EVENTS DURING BOWEL CANCER SCREENING PROGRAMME IN NORTH-EAST ITALY: A PRELIMINARY REPORT

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Introduction Bowel cancer is the third most common cancer in Italy with approximately 350 cases every 100.000 inhabitants. The University Hospital of Udine began the Bowel Cancer screening programme in 2008. Subjects aged 50–69 are being invited to complete one single immunochemical faecal immunochemical test (FIT) test every 2 years. At the beginning of this program screening was decided to give priority to subjects aged 60–69 (about 70% of all FIT invitations). Those positive are referred for colonoscopy. The authors review all complications related to their colon cancer programme in their region.

Methods The authors review data on 962 patients (596 male, 366 female, medium age 62.39) referred to screening colonoscopy in their centre from June 2008 to October 2010. Data, included complications, was collected prospectively and stored in their screening database.

Results All colonscopies were performed in the morning. Completion rate (caecal or terminal ileum intubation) was 96%. Only low bowel preparation quality (quantify by Boston score) and stenosing neoplasia impacted the completion rate. Among the 962 screening colonoscopy cancer was detected in 79 (8.2%) and polyps in 425 subjects (44.2%). In the latest group in almost all cases the authors performed polipectomy in the same session. All complications occurred only during operative colonoscopy in patients with an average age of 63.46 (8/5 M/F): early bleeding in 7 patients (0.72%) and late bleeding in 4 patients (0.42%) controlled endoscopically in 9 (most of the cases with endoclips) and conservatively in 2. The authors had only 1 postpolypectomy syndrome treated conservatively (0.1%) and 1 perforation who required surgery (0.1%). Transfusion required in only 1 postpolypectomy bleeding. No death at 30 days follow-up (see figure 1).

Conclusion Overall bleeding risk (including small bleeds without transfusion) was 1:137 patients requiring polypectomy and admission risk was 0.62% with an average of 4 days of hospitalisation. Only 1 patient undergoing polypectomy required transfusion (~1:1000). Postpolypectomy syndrome was recorded in 1 patient (0.1%) and it was conservatively treated. Perforation risk was 1:1000 colonoscopies and in our case not related to operative colonoscopy (diverticulum perforation). This patient required surgery with subsequent positive outcome. No procedure related mortality was recorded. Despite a higher therapeutic load in the Bowel Screening programme cohort, the risk of significant complications was within acceptable ranges.

Competing interests None.

Keywords adverse events, colorectal cancer, screening.

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