

**Conclusion** Administering TPN via a single giving set over a period >24 h does not increase the incidence of central venous catheter associated infections.

**Competing interests** None declared.

## REFERENCE

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### PMO-069 LINE SEPSIS RATES ARE SIGNIFICANTLY IMPROVED IN PARENTERAL NUTRITION PATIENTS BY HAVING A NUTRITION NURSE

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**Introduction** Recent UK NCEPOD data highlights catheter line sepsis as a major complication of Parenteral Nutrition (PN). We hypothesise that a Specialist Nutrition Nurse may improve line sepsis rates by educating ward staff on line care. Our aim was to evaluate line complications in patients treated at Guy's & St Thomas' Hospitals before and after this intervention.

**Methods** Prospective dual-centre cohort study of patients started on PN over two 12-month periods (2005; 2010). Clinical data collected via pro forma, microbiology data via Electronic Patient Records.

**Results** 221 patients were recruited (141 in 2010, 80 in 2005). From the 2010 cohort, 90 were ward-based, 57 on ICU. Duration of PN ranged from 1 to 171 days (mean 17). Access was established by central line (65%) or peripherally-inserted central (PICC) lines (35%). Use of PICC lines had increased since 2005 (84% central vs 16% PICC). The incidence of line sepsis was significantly lower in 2010 than in 2005 (11% vs 31%, Fisher's test  $p=0.0002$ ). In 2010 9/15 cases of line sepsis were confirmed by blood/line tip culture. Line complications were more likely to occur in patients on wards than ICU (34% vs 2%, Fisher's test  $p<0.0001$ ). By contrast, rates of confirmed line sepsis were not significantly influenced by line type (Fisher's test  $p=0.5$ ).

**Conclusion** This dual-centre audit demonstrates a significant reduction in catheter-related sepsis between 2005 (31%) and 2010 (11%). This is likely due to the introduction of a Nutrition Nurse to facilitate monitoring and line care in PN patients. The discrepancy in line sepsis rates between wards and ICU indicates that there is still scope to improve line care on wards. Increased use of peripherally-inserted feeding lines has had no impact on line sepsis rates.

**Competing interests** None declared.

## REFERENCE

1. **Stewart JAD**, Mason DG, Smith N, *et al.* A mixed bag—an enquiry into the care of hospital patients receiving parenteral nutrition. NCEPOD, 2010.

## Enteral nutrition

### PMO-070 FREKA® PEXACT PLACEMENT IN PATIENTS WITH HEAD AND NECK CANCER—THE CITY HOSPITAL EXPERIENCE

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**Introduction** Patients with head and neck cancer are at risk of malnutrition as a direct result of the tumour or as a result of

treatment, that is, chemo-radiotherapy. Oral intake may not be enough to maintain nutrition, therefore many patients receive enteral feeding via a percutaneous endoscopic gastrostomy (PEG). A standard pull-through PEG may expose patients to the risk of tumour seeding within the tract in patients with oro-pharyngeal and oesophageal cancers. Current British Society of Gastroenterology guidelines recommend consideration for a direct gastric puncture technique and gastropexy for percutaneous feeding tube placement, with the technique being considered mandatory in those patients being treated with curative intent. The Freka® Pexact (Fresenius Kabi, Germany) set was used in our setting. We aimed to review our practice of this technique with particular attention to safety and complication rates with this method of PEG insertion.

**Methods** Patients having a Freka® Pexact placement for nutritional support at City Hospital, Birmingham, UK from 2009 to 2011 were identified using the ADAM® medical documentation system (Fujinon Europe GmbH, Willich, Germany) and the Nutrition team logs. Complications, peristomal infection and 30-day mortality were documented after review of case notes and liaison with Community Nutrition Nurses.

**Results** A total of 30 patients having Freka® Pexact placement were identified. The insertion was carried out as a day case procedure in 93.3% (n=28) of cases. Of these 76.7% were male (n=23). The mean age of patients was 58 years (range 35–81). All Freka® Pexact (n=30) were inserted for nutritional support in patients with head and neck cancer. Prophylactic antibiotics were received by 83.3% (n=25). Success of Freka® Pexact placement was 100% (n=30) with no immediate complications or procedure related mortality. Two patients (6.7%) were admitted for PEG related problems within 30 days. Peristomal infections occurred in 36.7% (n=11) of cases. The most common problem, other than infection, post-procedure was sutures becoming untied or falling out, this occurred in 16.6% (n=5) of patients, with consequence. There were no deaths at 30 days.

**Conclusion** Pexact insertion is safe and can be performed as a day case procedure. There are minimal complications. Our results compare favourably with those in the literature. This technique should be used in all patients having a PEG inserted for nutritional support in head and neck cancer.

**Competing interests** None declared.

### PMO-071 ELEVEN YEAR REGIONAL UK COHORT STUDY REVEALS DISTINCTLY DIFFERENT TEMPORAL TRENDS BETWEEN NEONATAL AND PAEDIATRIC HOME ENTERAL TUBE FEEDING

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**Introduction** Home enteral tube feeding (HETF) is increasingly being used to provide nutrition support (NS) for children to promote growth and development. It is unclear if there are differences in the extent of use and temporal usage trends between neonatal and paediatric clinical practice.

**Aims** To determine:

1. Absolute numbers of children and neonates discharged on HETF from the regional (SE Scotland) tertiary paediatric and neonatal units, the temporal trends in both paediatric and neonatal HETF over an extended period, and the comparison of these trends.
2. The numbers of neonates transferred on enteral tube feeding (ETF) from the regional neonatal to the regional paediatric unit over the last 2 years of the time period and their outcome in terms of need for HETF.