

weekends. Hospitals with no current method for prioritising OGDs for bleeding should consider using this system.

Competing interests None declared.

PMO-197 ENDOSCOPIC FINDINGS IN COLLAGENOUS COLITIS; NOT ALWAYS MICROSCOPIC

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Introduction CC is classically associated with normal or unremarkable colonoscopy. In the last few years, reports have been published revealing findings that are thought to be characteristic or even pathognomonic of CC, such as alteration of the vascular mucosal pattern, mucosal nodularity and a sequence of mucosal changes from defects/lacerations to cicatricial lesions. The aim of this study was to evaluate the frequency and type of endoscopic findings in patients diagnosed with CC in our centre.

Methods *Setting:* Tertiary hospital, outpatients. *Design:* Retrospective study. The database of Pathology Department was searched for patients who have been diagnosed with CC between May 2008 and August 2011. Endoscopy reports and endoscopic images were retrieved and reviewed.

Results 155 patients were diagnosed with CC in the study period. The indications for colonoscopy were altered bowel habit (acute or chronic diarrhoea) in 126/133; 33 patients reported associated weight loss. The reports from 123 patients (96F/27M; median age 68.7 yrs, range 37–91 yrs) were eventually retrieved and further reviewed. The colonoscopies had been carried out by consultant (medical/surgeons): 47%, nurse endoscopist: 20%, associate specialist: 13% and fellow or registrar: 10%. Of the above cohort, 67 (54.4%) patients had no endoscopic findings and 44 (35.7%) had irrelevant to CC findings such as diverticulosis, polyps or telangiectasias. Twelve ($n=12$; 9.75%) had findings previously described as consistent with CC. In particular: 7 (5.7%) had mucosal erythema or oedema (patchy, mild granularity or congestion), 4 (3.25%) had lacerations (cat-scratch mucosa or bigger mucosal breaks) and 1 of them had a few mucosal scars. The sigmoid and the descending colon were the main colonic parts affected (in 7/12 cases) and the rest were found in the caecum-ascending colon area (4/12) while there was only one patient in which the entire large bowel was affected.

Conclusion A significant minority of patients with CC (almost 10%) presented endoscopic findings indicative of CC. Furthermore, 4% had findings that are considered pathognomonic for CC. Although still the subject of isolated cases reports, the endoscopic appearances of CC are becoming more familiar among the endoscopic community.

Competing interests None declared.

REFERENCE

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PMO-198 POST-OPERATIVE ENDOSCOPY IN BARIATRIC SURGERY PATIENTS

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Introduction Bariatric surgical patients may require endoscopy in the post-operative phase. The current study analyses the indications

and findings of upper GI endoscopy (OGD) in post-operative bariatric surgery patients.

Methods A retrospective analysis of all bariatric surgery patients referred for oesophagogastrroduodenoscopies (OGDs) at Charing Cross Hospital from 1 January 2009 to 30 October 2011. The Endoscopy units' electronic database of OGDs performed was analysed to determine how many bariatric surgery patients had OGDs post-operatively. Further sub-analysis was done for each operation type.

Results During this time period 1093 bariatric surgeries were performed. These included 542 laparoscopic gastric bypasses, 220 laparoscopic gastric bands, 223 laparoscopic sleeve gastrectomies and 108 revisional bariatric procedures. 147 OGDs were performed on a total of 116 Bariatric surgical patients, with 23 patients having had more than one OGD. Of these 147, 103 were done post-operatively; 58 (56.3%) post-roux-en-y gastric bypass, 34 (33%) post-gastric band insertion, 6 (5.8%) post-gastric sleeve gastrectomy and 5 (4.9%) post- bariatric revisional surgery. Indications for OGDs were abdominal pain (44.7%), vomiting (15.5%), haematemesis/melaena (9.7%), failure of weight loss (7.8%), follow-up for previous scopes/imaging (6.8%), reflux symptoms (3.9%), dysphagia (3.9%), interventional purposes (3 naso-jejunal tube insertions and 1 stricture dilatation) (3.9%), suspected abnormal positioning/band erosion (2.9%) and microcytic anaemia (0.9%). Of the 34 gastric band OGDs done 13 were normal and 21 showed abnormalities including 7 gastric band erosions, 6 with mucosal inflammation, 2 with insufficient band compression, 2 with abnormal band position and 2 hiatal hernias. Of the 58 post-bypass endoscopies done 33 were normal, 15 showed anastomotic/pouch ulceration/inflammation/erosion, 4 showed signs of recent haemorrhage and 3 oesophageal irritation. Out of 6 post-sleeve OGDs 2 were normal, 1 was done for an interventional stricture dilatation, 1 showed a gastric stricture, 1 oesophageal candidiasis and 1 a hiatal hernia. Four OGDs out of 5 done post-revisional surgery were normal. Of all OGDs referred for post-operative abdominal pain, 50% yielded abnormal findings.

Conclusion Endoscopy units need to be familiar with and prepared for bariatric surgery patients as post-operatively a substantial number will need endoscopic postoperative assessments. In our study 9.4% of all postoperative bariatric surgery patients underwent endoscopy, the commonest referral reason was abdominal pain and the commonest finding was normal.

Competing interests None declared.

PMO-199 COMPARATIVE STUDY OF SAMPLE ADEQUACY OF 25G VS 22G NEEDLE IN ENDOSCOPIC ULTRASOUND (EUS) GUIDED FINE NEEDLE ASPIRATE (FNA) OF SOLID LESIONS

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Introduction Optimal needle size in achieving greatest diagnostic yield from EUS- guided FNA remains unclear.

Aim We prospectively compared sample adequacy and safety of FNA of solid lesions between 25G and 22G (Cook™) needle at two tertiary centres.

Methods Prospective data from two sites was collected between November 2008 and November 2011. A single operator alternated on a case-by-case basis between a 25G and 22G needle. A cytopathologist was present to assess adequacy of sample. The operator could switch needle size if required.

Results 152 patients undergoing 165 FNA were analysed (42M/30F, mean age 59). 76 patients had FNA with a 22 F needle and 76 with