

and the neutrophil lymphocyte (N/L ratio) ratio may predict surgical outcome.

Methods A retrospective review of consecutive unselected patients aged 80 years or over undergoing emergency abdominal surgery over a 22-month period was performed. Univariate, multivariate and recursive analyses were performed and findings validated using an independent data-set.

Results 88 patients were identified, median age 84 years. 30-day mortality was 31%, 6-month mortality 43% and 12-month mortality 50%. Univariate analysis revealed age, N/L ratio, CRP, midline laparotomy, ASA and surgical risk score to predict outcome at set time points. Using a recursive approach N/L ratio > 22 ($p=0.0018$) best predicted 30-day outcome. On multivariate analysis, N/L ratio was an independent predictor of 30-day outcome ($p=0.004$, $df=1$, $\chi^2=8.144$) while CRP failed to predict outcome at any time point. In an independent dataset ($n=84$), N/L ratio was an independent prognostic factor at 30 days ($p=0.001$, $df=2$, $\chi^2=15.071$), 6 months ($p<0.001$, $df=1$, $\chi^2=12.536$) and 12 months ($p=0.001$, $df=1$, $\chi^2=10.27$).

Conclusion We suggest that N/L is an easily calculable pre-operative measure that may have utility in the prediction of outcome after emergency abdominal surgery in the elderly. Further work to validate this measure in a larger, prospective setting and determine why N/L ratio predicts outcome is necessary.

Competing interests None declared.

Small bowel I

PTU-141 BILE ACID MALABSORPTION: AN EVALUATION OF CURRENT PRACTICE

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Introduction Primary or idiopathic bile acid malabsorption (BAM) is increasingly recognised as a cause of chronic diarrhoea. Nevertheless, it remains underestimated by many gastroenterologists partly because of the limited use of the gold standard SeHCAT test. We aimed to determine the prevalence of primary bile acid malabsorption and the duration of diarrhoea in this category of patients. We also compared our current practice of BAM detection using SeHCAT with the British Society of Gastroenterology (BSG) guidelines for the investigation of chronic diarrhoea.

Methods This is a retrospective evaluative study of chronic diarrhoea patients who underwent a SeHCAT test between January and October 2011. The study was undertaken at the BHRU Hospitals in Greater London, UK. A total coverage sample was obtained and data were retrieved from the local patient electronic records.

Results The total number of patients who received SeHCAT was 47, of which 5 had to be excluded because of unavailability of the patients notes. Of the remaining 42 patients, 60% (25) had a positive SeHCAT test indicating significant bile acid malabsorption. To facilitate further analysis the study population was subcategorised into patients who had Crohn's disease (24%), cholecystectomy (33%), gastric bypass (2%), IBS (10%) and unexplained diarrhoea (31%). Idiopathic bile acid malabsorption was detected in 19% (8) of the general study population, 25% of IBS patients and in 54% of those with unexplained diarrhoea. The mean duration of diarrhoea was 5.1 years in the total population with similar figures (4.6 years) among the subcategory of patients with idiopathic bile acid malabsorption. On comparison with the BSG, we found that only 76% and 71% had their haematenics and coeliac screening checked respectively. The latter is specifically relevant to the subject as coeliac disease may interfere with bile acid metabolism. The study

also revealed that 90% (38) of our study population had colonoscopy. Twelve out of 14 patients aged <45 years with no other indication for colonoscopy, received full colonoscopy. Although this is considered safe, it carries cost implications as the BSG suggests flexi-sigmoidoscopy alone for this group of patients,

Conclusion The study revealed a high prevalence of idiopathic BAM in the study population and even higher among those who had IBS/unexplained diarrhoea. The results also showed a long average duration of diarrhoea before a solid diagnosis of primary BAM was established. We therefore, recommend early consideration of BAM in all patients with unexplained chronic diarrhoea. The SeHCAT test is a safe, non-invasive, and cheap investigation and should be more widely used by gastroenterologists. However, initial basic diarrhoea investigations must be offered to all patients to avoid under-diagnosing other common conditions.

Competing interests None declared.

PTU-142 SMALL BOWEL CAPSULE ENDOSCOPY: A REVIEW OF 232 STUDIES UNDERTAKEN AT A SINGLE CENTRE

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Introduction Capsule endoscopy (CE) is the modality of choice for investigating small bowel pathology. It is non-invasive, tolerated, safe and reliable. The BSG have issued guidance on the use of CE for patients with obscure gastrointestinal bleeding (OGB) and for patients with a high suspicion of small bowel Crohn's disease undetected by conventional means, in Kettering General Hospital (KGH) CE has been used extensively for this as MR enteroclysis is not available. KGH introduced a CE service in 2008. In 3+ years, 232 studies have been reported. KGH uses Diagmed/Given PillCam 2 CE. Patients take two sachets of Klean prep prior to their study. Patients do not undergo patency capsule testing. Patients take the capsule and using a laptop computer, a real time image is visualised, ensuring the capsule has passed into the small bowel. Patients are sent home and keep the recording belt and box on for 12–15 h. If capsule does not pass into small bowel patients are given a prokinetic and if that fails they undergo a gastroscopy to introduce the capsule into the distal duodenum (rarely required).

Methods Demographic data, indications, quality of bowel preparation and diagnosis is recorded in a database. This has been analysed using Microsoft Excel.

Results Overall: 232 studies, mean age = 54.93 years, median = 57.31 years. 114 males, mean age = 57.83 years, median = 60.80 years. 118 females, mean age = 52.07, median = 52.5 years. Yield of pathology = 100 studies (43.10%). 3 capsules retained (1.72%)—2 strictures, 1 trapped in diverticulum. **Obscure GI bleeding/anaemia as an indication:** 174 studies, yield = 72 studies (41.38%). Diagnoses: angioectasia 13, erosions/ulcers 11 (gastric 3), Crohn's disease 6, tumours 6, active bleeding 5, polyps 5, stenosis/stricture = 5. **Other indications:** 58 studies: ?Crohn's disease 46 (yield = 22/47.83%), known Crohn's 6, abnormal imaging = 3, other = 3.

Conclusion This series of CE studies reveals a yield of 43.10% with a low capsule retention rate of 1.73%. As these patients have had multiple investigations (endoscopies/cross sectional imaging) it suggests that in patients with suspected small bowel pathology, CE is very useful (with a high yield) and safe. For OGB the yield is 41.38% with common diagnoses being angioectasia, ulcers/erosions. Occasionally active bleeding, polyps and tumours are seen. This confirms the importance of CE in investigating OGB. For suspected Crohn's disease the yield is high (47.83%). This confirms that as long as patients don't have symptoms of sub-acute small bowel