

ADP was similar between the two groups. In patients with high cardiovascular risk profiles early re-introduction of aspirin or other anti-platelet agents should be considered.

Competing interests None declared.

PWE-162 SEASONAL AND DIURNAL VARIATION IN THE PRESENTATION AND SEVERITY OF ACUTE UPPER GASTROINTESTINAL BLEEDING

doi:10.1136/gutjnl-2012-302514d.162

¹B R Disney, *²R Watson, ²A Blann, ²G Lip, ³C Tselepis, ¹M Anderson. ¹Department of Gastroenterology, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, UK; ²Department of Cardiology, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, UK; ³Department of Cancer Sciences, University of Birmingham, Birmingham, UK

Introduction Acute upper gastrointestinal bleeding is a medical emergency associated with a significant health burden and risk of mortality. Previous studies have looked for diurnal and seasonal variations in presentation. No studies have addressed these issues in the UK population.

Methods All patients admitted with acute upper gastrointestinal bleeding to Sandwell and West Birmingham Hospitals NHS Trust from 1 January 2009 to 31 December 2009 were included in the study. Diurnal and seasonal differences in presentation were analysed using the χ^2 test; differences in Rockall and Blatchford scores were analysed using the Kruskal–Wallis test followed by the Mann–Whitney U test, with Bonferroni correction, to assess differences between individual groups.

Results Overall, 470 patients with acute upper gastrointestinal bleeding were admitted during the study period. Of these 67.2% were male and 32.8% female. The mean age of patients was 64.0 ± 18.8 years. Significant differences were seen in both diurnal and seasonal variation. Patients were more likely to present between the hours of 12:01–18:00 ($p < 0.001$). Admission rates were lower during the winter months ($p = 0.028$). The Rockall score showed significant diurnal variation ($p = 0.048$). No diurnal variation was seen in the Blatchford score ($p = 0.39$).

Conclusion Acute upper gastrointestinal bleeding shows a significant diurnal and seasonal variation in presentation. Diurnal variation is observed in Rockall scores, although this is of doubtful clinical relevance. The variation in presentation of acute upper gastrointestinal bleeding may have implications for the provision of endoscopy services.

Competing interests None declared.

PWE-163 FACTORS PREDICTING EXTENDED LENGTH OF STAY FOLLOWING LAPAROSCOPIC NISSEN FUNDOPLICATION: A MOVE TOWARDS DAY CASE SURGERY

doi:10.1136/gutjnl-2012-302514d.163

B Alkhaffaf, * P Turner, R Date, M Mughal, J Ward, K Pursnani. Department of Oesophago-Gastric Surgery, Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK

Introduction There has been a move towards performing laparoscopic gastric fundoplication as a “day-case” procedure. This study aimed to determine which factors influence length of stay (LOS) to better enable patient selection for “day-case” fundoplication.

Methods This was a retrospective study of 229 consecutive laparoscopic Nissen funduplications performed between 1999 and 2011. The primary outcome measure was length of hospital stay (LOS). Factors examined were patient age, main indication for surgery

(large hiatus hernia or gastro-oesophageal reflux disease (GORD) and primary or redo surgery), history of previous surgery and presence and size of hiatus hernia.

Results Patients undergoing surgery for large hiatus herniae had an average 2-day greater LOS compared to those undergoing surgery for GORD ($p < 0.001$). Surgery for large hiatus herniae was also associated with a higher rate of conversion to open surgery (41% vs 7%; $p < 0.001$). LOS was not affected by small or moderate sized hiatus herniae. A history of previous open upper abdominal surgery increased LOS by an average of 2 days ($p = 0.010$) and was associated with a higher rate of conversion to open surgery when compared to cases with no past surgical history (40% vs 12.7%; $p = 0.036$). Redo fundoplication surgery led to an increased LOS by an average of 1.5 days ($p = 0.044$) when compared to primary surgery. There was a positive correlation between age and LOS ($p = 0.007$).

Conclusion Factors which should exclude patients from undergoing “day-case” fundoplication include; large hiatus hernia as the main indication for intervention, redo surgery, a history of previous open upper abdominal surgery and advancing age.

Competing interests None declared.

PWE-164 ASSESSMENT OF HELICOBACTER PYLORI IN IRON DEFICIENCY ANAEMIA: DO WE DO THIS?

doi:10.1136/gutjnl-2012-302514d.164

C Daker, * M Haji-Coll, N van Someren, K Besherdas. Department of Gastroenterology, Chase Farm Hospital, London, UK

Introduction Globally iron deficiency anaemia (IDA) is responsible for over two billion cases. In the western world, an estimated 2–5% of adult men and post menopausal woman suffer with IDA. GI losses account for many cases and patients will undergo endoscopy to exclude pathology here. Recent evidence suggests that infection with *H pylori* (HP) should be considered despite the absence of peptic ulcer disease or other bleeding lesions in the GI tract. Hypothesised mechanisms for HP causing IDA are: chronic gastritis causing active bleeding, so iron is lost, achlorhydria decreasing iron absorption, the possibility that HP itself directly acquires iron so competing with the host, and also the possibility of an anaemia of chronic disease.

Methods The study aim was to determine whether patients with IDA referred for an gastroscopy (OGD) had a rapid urease test (CLO test) performed to confirm infection with HP. This was a single centre, retrospective analysis of consecutive patients endoscoped for IDA over 1 year upto January 2011. The endoscopy report was scrutinised for the performance of the CLO test and if performed the result was noted.

Results 194 Of 473 (41%) patients undergoing OGD for IDA had their CLO test obtained. Of these 27 of 194 (5.7%) were positive with 167 of 194 negative CLO tests.

Conclusion In this study, 59% of patients endoscoped for IDA did not have a HP test. We may be missing a simple treatable cause for IDA in the upper GI tract within this group of patients. Of those who were not tested (270) 71 exhibited other significant pathology (angiodysplasia, gastric/colonic cancer, peptic ulcers). The association of IDA with HP is not universally recognised and we believe may be the reason as seen in this study not tested for in the absence of peptic ulcer disease or another cause for bleeding when endoscoping patients for IDA. We recommend routine testing (and eradication if detected) of HP in patients IDA undergoing OGD. In addition, testing and eradicating for HP may also reduce the risk of development of gastritis, peptic ulcer, MALToma and gastric cancer in those found to have the bacteria.