

symptoms. A similar cohort was identified with age & sex matched controls with FC values <50 µg/g. All the patients who did not go on to have a complete colonoscopy were removed from further analysis. Patients' records were analysed electronically using the NHS Great Glasgow & Clyde Clinical Portal.

**Results** 216 patients were identified with a FC of 50–100 µg/g. After exclusion criteria, 158 patients remained. Of these 82 underwent complete colonoscopy (mean age 36.7, M:F 1:2.2) which was abnormal in only six cases (three cases of a single adenoma <10 mm, one diverticulosis, one helminth infection & one non-specific acute inflammation). 280 patients were identified with a FC <50 µg/g. After exclusion criteria, 176 patients remained. Of these 65 underwent complete colonoscopy (mean age 36.6, M:F 1:2.3) which was abnormal in only eight cases (six cases of non-specific acute inflammation, one adenoma <10 mm & one diverticulosis). The colonoscopy outcome data, as expected, demonstrated that the pathology rate was very low in both groups. There was no difference in the rate of pathology detection between to two groups ( $p=0.3$ ) and an FC <100 µg/g has an NPV of 88% to exclude any pathology or 100% for significant pathology (IBD, advanced adenoma or colonic carcinoma).

**Conclusion** In our population, the diagnostic yield of colonoscopy in patients below the age of fifty with new lower GI symptoms and a mildly elevated FC is very low. If our data can be replicated in a prospective manner, we suggest that invasive colonoscopy can be safely avoided in this cohort and interval FC analysis may be more appropriate.

#### Abstract PMO-015 Table 1

Any pathology			IBD, advanced adenoma or carcinoma		
	Diagnosis +ve	Diagnosis −ve		Diagnosis +ve	Diagnosis −ve
FC 50–100	6	76	FC 50–100	0	82
FC <50	8	57	FC <50	0	65
Sensitivity	42.9		Sensitivity	0	
Specificity	42.9		Specificity	44.2	
PPV	7.3	$\chi^2$ test	PPV	0	
NPV	87.7	p=0.3	NPV	100	

**Competing interests** None declared.

#### PMO-016 BIG BROTHER IS WATCHING YOU! IS DATA FROM THE BSG COLONOSCOPY AUDIT PERIOD A TRUE REFLECTION OF NORMAL PRACTICE?

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**Introduction** The “Hawthorne Effect” is the phenomenon in which subjects modify practice as a consequence of the knowledge that they are being observed. This is a potential confounder during periods of national endoscopy audit and may result in spuriously improved outcome reporting during audit periods. We aimed to investigate whether the Hawthorne Effect influences colonoscopy practice. We also aimed to ascertain if the national colonoscopy audit could result in a change in practice, and whether any such change was maintained.

**Methods** The Unisoft endoscopy database at Whipps Cross University Hospital was interrogated to determine patient demographics, sedation rates, quality of bowel preparation, diagnoses and therapeutic interventions during 5 2-week time periods; The national colonoscopy audit period (t), t–1 year, t–2 weeks,

t+2 weeks and t+3 months. Results were compared to determine whether there was a statistically significant difference in measurable indices of clinical practice that may be due to the Hawthorne Effect. Time periods following the audit period were included to establish whether there was any evidence of a “washout period” of improved outcomes following the national audit—that is, if the process of observed audit results in a lasting improvement in clinical practice. The null hypothesis was suggested that all periods would be similar, and tested to a 95% confidence level.

**Results** Colonoscopies performed during the national colonoscopy audit period (t) were compared with 2-week periods t–1 year, t–2 weeks, t+2 weeks and t+3 months. Similar numbers of procedures were carried out during the five time periods. Basic patient demographics were similar, as were the numbers of male and female patients. No statistically significant differences were found in the sedative dose, ceacal or TI intubation rates between the audit period and any other time period. Moreover, polyp detection and retrieval was likewise also not statistically significantly different when the four time periods were compared with the fortnight of the national colonoscopy audit. Small differences were noted in the colonoscopists assessment of bowel preparation—there was more likely be a comment on poor bowel preparation during the audit period than any of the other time periods.

**Conclusion** Data from Whipps Cross University Hospital demonstrate that observation of colonoscopists during the recent BSG national colonoscopy audit does not alter significantly the clinical practice or interpretation of findings when compared to time periods before or after the audit period. This validates the national colonoscopy audit findings; the data are indeed a true reflection of “normal” colonoscopy practice—colonoscopists are apparently not affected by the “Hawthorne Effect”.

**Competing interests** None declared.

#### PMO-017 PERINATAL HEPATITIS B IN A HIGH PREVALENCE INNER CITY POPULATION: DIRECT ELECTRONIC REFERRAL IMPROVES CARE

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**Introduction** There is little work evaluating perinatal Hepatitis B (HBV) care despite extensive recent guidelines from several sources. Seamless interaction between maternity and specialist clinical services is key to improvement of screening, education and patient care in HBV. We introduced a new electronic patient referral system (EPR) from Midwifery Services to Hepatology. We reviewed care provision and investigated the impact of EPR.

**Methods** Data were collected from the Kings College Hospital (KCH) Maternity Services Record and Liver Services Database for 6 months before and 6 months after introduction of EPR.

**Results** The burden of HBV in our patient group is high. Of 6796 women attending antenatal booking during the study, 101 tested positive for HBV exposure (1.5%). Liver services received referrals from Maternity for 84 women during the two time periods. Four women (4.8%) were HBsAg negative, HBcAb positive. The majority of patients were Black African (61%) followed by Chinese (23%) then Eastern European (8%). 66% had no previous Hepatology contact and represent new diagnoses. 11.4% tested eAg positive (n=9) of whom only two had HBV DNA checked antenatally and were started on Tenofovir therapy due to viral loads >10<sup>6</sup> IU/ml.