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 1:2.5) 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 two groups (p=0.5) 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**

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<td>FC 50–100</td>
<td>FC 50–100</td>
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<td>8</td>
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<td>42.9</td>
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<td>Specificity</td>
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**PMO-016 BIG BROTHER IS WATCHING YOU! IS DATA FROM THE BSG COLONOSCOPY AUDIT PERIOD A TRUE REFLECTION OF NORMAL PRACTICE?**

doi:10.1136/gutjnl-2012-302514b.16

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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 Whips 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 measureable 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, caecal 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 a comment on poor bowel preparation during the audit period than any of the other time periods.

**Conclusion** Data from Whips 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**

doi:10.1136/gutjnl-2012-302514b.17

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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 (EFR) from Midwifery Services to Hepatology. We reviewed care provision and investigated the impact of EFR.

**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 EFR.

**Results** The burden of HBV in our patient group is high. Of 6796 women attending antenatal booking during the study, 101 tested eAg positive (1.5%). Liver services received referrals from Maternity for 84 women during the two time periods. Four women (4.3%) were HBsAg negative, HBeAb 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 Tensoflovir therapy due to viral loads >10^6 IU/ml.
Two HBeAg +ve patients attended booking too late to be eligible. Neonatal active and/or passive immunisation was recommended appropriately in all cases. Referral rates for eligible patients doubled following introduction of EPR. In the initial 6 months 32% of patients testing HBeAg positive at Maternity Services were referred to Hepatology (n=16) compared to 63% (n=53) following introduction of EPR. Mean gestation at referral improved from delivery date +2 weeks compared to 27 weeks gestation. Measurement of antenatal HBV DNA improved from 33% of patients referred to 81%. No HBeAg negative patient who had HBV DNA analysis had a viral load >10^6 IU/ml. No patient had HBV DNA rechecked during pregnancy.

**Conclusion** Maternal seroprevalence in our population is high with most patients being new HBV diagnoses. An individualised liaison pathway for antenatal woman has improved service by:

- Doubling referral rates to specialist services
- Increasing potential access to third trimester Tenofivir if required
- Increasing HBV DNA analysis rates without duplication of HBV DNA testing

To optimise preventative public health approaches to HBV wider use of this referral model should be considered in high prevalence settings. Education of the community and other health providers remains critical.

**Competing interests** None declared.

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**REFERENCES**


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**PMO-018 DEDICATED SPECIALIST DIETETIC INPUT IMPROVES OUTCOMES FOR UGI SURGICAL CANCER PATIENTS**

doi:10.1136/gutjnl-2012-302514ab.18

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**Introduction** Upper GI (UGI) cancer patients are at high risk of malnutrition increasing risk of complications post-operatively. Surgeons and Oncologists at Ninewells Hospital, Dundee funded an UGI Oncology Dietitian who oversaw nutritional care of patients through neoadjuvant chemotherapy, preparation for surgery and into follow-up. Previously at Ninewells, dietetic care of patients was ad-hoc resulting in reduced nutritional status during chemotherapy, admissions for feeding and delays to surgery. Once the post-holder started the MDT it was important to show value for money and clinical effectiveness so data were gathered on outcomes for patients who had undergone UGI cancer surgery in the year before the post-holder started (n=49) and for 1 year afterwards (n=22).

**Methods** A literature search was performed using MEDLINE in order to compare results against other centres but no similar studies were found. Subsequently the MDT decided on clinical standards based on current evidence and acceptable limits including:
- Patients will be referred to the Upper GI Oncology Dietitian prior to surgery.
- Patients will maintain their weight during chemotherapy and surgical admissions within 5%.
- All patients will have a jejunostomy tube placed at the time of surgery.

Data were gathered from medical and dietetic notes for each group on, whether patient was referred before surgery, weight (kg) at start and end of chemotherapy and on admission and discharge from surgery, whether jejunostomy placed at time of surgery, length of stay (LOS).

**Results**

<table>
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<tr>
<th></th>
<th>Pre postholder</th>
<th>With postholder</th>
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<tr>
<td>% Of pts maintaining weight within 5% during chemotherapy</td>
<td>20%</td>
<td>59%</td>
</tr>
<tr>
<td>% Of pts maintaining weight within 5% during surgical stay</td>
<td>72%</td>
<td>100%</td>
</tr>
<tr>
<td>% Of pts referred to dietitian pre-op</td>
<td>95%</td>
<td>77%</td>
</tr>
<tr>
<td>% Of pts with jejunostomy inserted at surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS</td>
<td>27 days</td>
<td>22 days</td>
</tr>
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</table>

**Conclusion** Results showed the positive and cost saving impact of a dedicated dietitian on standards measured especially during chemotherapy and on LOS. The number of feeding tubes inserted fell in the group with dietetic input reflecting the types of surgery performed. Improved communication and leadership between the dietitian and the MDT helped to prevent admissions for pre-operative feeding and reduce delays. Further large studies are required, particularly in the peri-operative period, to further promote dedicated dietetic input.

**Competing interests** None declared.
PMO-017 Perinatal hepatitis B in a high prevalence inner city population: direct electronic referral improves care
H C Matthews, M A McLeod, K Oakes, G McCurdy, M Zuckerman, I Carey, P Harrison and K Agarwal

Gut 2012 61: A79-A80
doi: 10.1136/gutjnl-2012-302514b.17

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