indicated uncertainty about the correct techniques to use and 2.5% lacked confidence in managing immediate complications. Lack of formal training in endoscopic submucosal dissection was mentioned as a constraint to practise by 40% of responders. Overall 58% indicated they would welcome a national training scheme for complex polypectomy.

Conclusion Less than half of this self-selected group of experienced colonoscopists felt they had been formally trained in advanced polypectomy. Lack of confidence appears to limit practise. Some of this stems from uncertainties that could be addressed through guidelines and formal courses in advanced polypectomy. There is support for a national training programme in this area.

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PWE-046 EARLY CLINICAL EXPERIENCE OF ENDOCLOT™ IN THE TREATMENT OF ACUTE GASTRO-INTESTINAL BLEEDING

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Introduction EndoClot™ is a new novel haemostatic powder for the treatment of gastrointestinal bleeding. We report our initial experiences of EndoClot™ as an adjunct haemostatic therapy. This is the first UK report of its endoscopic use in gastrointestinal bleeding.

Methods EndoClot™ was used as an adjunct therapy in the treatment of continued bleeding following a therapeutic intervention, either for acute upper gastrointestinal bleeds, or after elective endoscopic mucosal resections. Up to 1g of AMP® (absorbable modified polymers) was applied in each patient using the EndoClot™ air compressor and applicator.

Results EndoClot™ was used in a total of 6 patients, (5 men, 1 woman; aged between 49 and 83 years, mean age 68 years). In 2 patients, EndoClot™ was applied following endoscopic mucosal resection of a rectal polyp after bleeding was not resolved with cautery. In a further 2 patients, EndoClot™ was applied over a duodenal ulcer with endoscopic stigmata of recent haemorrhage when there was residual bleeding despite adrenaline injection and gold probe cautery. In another patient, EndoClot™ was applied following clipping of a spurting vessel at the gastro-oesophageal junction (likely Mallory-Weiss tear). In these 5 patients, application of EndoClot™ resolved any continued bleeding. There was also no rebleeding within 14 days of the procedure, no mortality or major adverse events.

A sixth patient had EndoClot™ applied to what was first thought to be a duodenal ulcer with a probable vessel, when there was residual bleeding despite adrenaline injection and gold probe cautery. This patient was re-scoped the following day after further bleeding and subsequent investigations confirmed a carcinoma of the pancreatic head with duodenal infiltration.

Conclusion EndoClot™ appears to be a safe and effective adjunct to existing therapies in the treatment of gastrointestinal bleeding. Large prospective studies are required to establish its exact role alongside established methods of haemostasis.

Disclosure of Interest None Declared.

PWE-047 A PROSPECTIVE, COMPARATIVE AUDIT OF TWO COMMONLY USED, LOW VOLUME BOWEL PREPARATIONS FOR ROUTINE COLONOSCOPY: MOVIPREP VERSUS A SENNA AND CITRAMAG COMBINATION

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Introduction Colonoscopy is the principal therapeutic tool for colorectal cancer prevention. Adenoma removal has been shown to decrease the incidence of colorectal cancer in screened populations. Good visualisation of the entire colonic mucosa is essential for high rates of adenoma detection. The optimal preparation regimen for bowel preparation has not yet been defined.

Methods The aim was to assess the effectiveness of different regimens for bowel preparation, comparing low volume polyethylene glycol (Moviprep, Norgine, UK) with senna and magnesium citrate (Citramag, Sanochemia Diagnostics UK). Split dosing was used for afternoon appointments. All patients received instructions on dietary restrictions before the procedure.

Those undergoing colonoscopy in the first month of the trial were given senna and magnesium citrate; those in the following month were administered Moviprep unless there were contraindications to the intended bowel preparation. The quality of the bowel preparation was independently assessed using the validated 10-point Boston Bowel Preparation Scale (BBPS) by nurses trained in its use.

Results Patients who had undergone segmental colectomy were excluded. In total, 580 eligible procedures were performed. 251 patients received Moviprep; 326 were given senna and Citramag. Bowel cleansing with Moviprep was statistically superior in each assessed segment of the colon as well as overall (mean score 6.56, $p = 0.027$). Patients given Moviprep were more likely to have a perfect preparation score of 9 ($p < 0.001$). The reasons for failure in patients who were not fully imaged were recorded. 3 procedures were aborted due to poor bowel preparation; all of these patients received Moviprep ($p = 0.08$). The patient-assessed taste of Moviprep was significantly worse than senna and Citramag ($P < 0.001$). There was no significant difference between both groups with regards to age, sex or percentage of patients who finished the preparation ($p = 0.14$).

Abstract PWE-047 Table

	Moviprep	Senna/Citramag	p value
Left colon	2.22	2.12	0.036
Transverse colon	2.18	2.08	0.036
Right colon	2.10	2.01	0.05
TOTAL	6.56	6.20	0.027

Key: 3 = perfect preparation, 2 = minor amount of residual staining, 1 = portion of mucosa of the segment seen, 0 = unprepared segment

Conclusion These data – the largest in the literature comparing these two preparations – show that both produce acceptably high levels of bowel cleansing for colonoscopy. Moviprep appears to cleanse slightly better throughout the colon but was judged by patients to be less palatable.

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PWE-048 AN EVALUATION OF SCREENING COLONOSCOPISTS' PERFORMANCE AFTER A STRUCTURED ACCREDITATION PROCESS

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Introduction Colorectal cancer screening with colonoscopy has been shown to reduce mortality by removal of adenomatous polyps with potential for malignant change. Colonoscopists with higher adenoma detection rates have lower rates of interval cancer. The