Over 66% of patients had a radiologically inserted gastrostomy (RIG) tube and remained a percutaneous endoscopic gastrostomy (PEG) tube. Patients had PEG placement if they had normal respiratory function (overnight oximetry, vital capacity and no NIV). Placement was unsuccessful in 3 patients (RIG 2; PEG 1); 2 had jejunostomy and one (RIG) declined further intervention. Five patients had complications; two (RIG) had pneumoperitoneum (managed conservatively); two had chest infections (RIG 1, PEG 1) and one had a site infection.

No effect of gender was observed but there was an independent effect of increasing age and higher BMI.

**Conclusion** Approximately one quarter of inpatients in our multi-centre audit were obese according to BMI criteria with 9% significantly obese (BM1≥35kg/m²). Rates of obesity are similar to rates of malnutrition in hospitals. Higher BMI were observed in orthopaedic and intensive care specialties than in medical and surgical. Doctors, nurses and managers should be aware of this variation for training and resource allocation purposes.

**Disclosure of Interest** None Declared.

**REFERENCE**


## Radiology

**PWE-197** IS MRCP A USEFUL INVESTIGATION WHERE THE BILIARY TREE IS NORMAL ON PREVIOUS IMAGING?

**Disclosure of Interest** None Declared.

**REFERENCE**

1. B Vadhvana, J Graby, A Yusuf, A Sergot, C Ramsey, K Monahan. *Gastroenterology, West Middlesex University Hospital, Isleworth, London, UK*

## Introduction

Magnetic Resonance Cholangiopancreatography (MRCP) is increasingly used in the diagnosis of biliary disease, especially in stone disease. It has a high sensitivity and specificity[1] [2]; however its role in the absence of dilated biliary tree on previous imaging is not clear. The aim of this study was to determine the diagnostic yield of MRCP in patients with an undilated biliary tree.

**Methods** We performed a retrospective observational study of MRCP studies (n = 119) performed between October 2011 and September 2012 at West Middlesex University Hospital using electronic medical records. All MRCPs were reported by a consultant radiologist. MRCP findings were correlated with the presence of dilated (but otherwise normal) or undilated biliary tree on initial imaging (US/CT), jaundice (bilirubin > 21 μmol/L) and abdominal pain. Demographics including age and gender were noted. Fisher’s exact test was used to analyse binary variables and student’s T test for continuous variables using the STATA12 statistical software.

**Results** In patients with a normal biliary tree on previous imaging the yield of MRCP was low with only 2/44 demonstrating stone or other pathology (p = 0.0002). Patient referred for MRCP without biliary tree dilatation had a median age 12 years younger (p = 0.033) and the indication was more likely to be pain (p = 0.017) but not jaundice (p = 1) and referrals were not gender related (p = 0.23).

**Conclusion** Our study demonstrates a low diagnostic yield of MRCP in the absence of dilated biliary system on previous US/CT. Furthermore, the presence of jaundice or abdominal pain does not help to select patients who may benefit from further biliary imaging with MRCP. Routine MRCP in patients with an undilated biliary tree on US/CT does not appear to be indicated.

**Disclosure of Interest** None Declared.

**REFERENCE**


PWE-196 Prevalence of Obesity, by Specialty, amongst Inpatients in the South of England

T Ambrose, S Cullen, G Baker, M Smith, M Elia, R Leach and A De Silva

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