Abstract PTH-002 Table 1 Table 1: Complications

Complication	Aged under 75	Aged 80 and over
Discomfort	5 (7%)	8 (11%)
Hypertension		1 (1%)
Respiratory depression		1 (1%)
Vasovagal syncope/ hypotension		1 (1%)
Poor prep		2 (3%)
Looping/anatomy		4 (5%)

Conclusion The completion rate in the elderly (79%) was below the standard as set by JAG (> 90%). This was due to more discomfort experienced by the elderly group and more complications. There were six new colorectal cancer diagnoses in the elderly. These cancers could have been diagnosed by radiographic techniques such as CT colonography or CT with faecal tagging. The 2011 NICE guidance on the management of colorectal cancer2 states that CT colonography can be used as a safe and effective alternative to colonoscopy. This audit demonstrates that patient selection for colonoscopy is very important. CT colonography should be considered for the first line investigation in the elderly to reduce unnecessary complications and low overall colonoscopic completion rates.

Disclosure of Interest None Declared.

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PTH-003 AN AUDIT ON TWO WEEK WAIT REFERRALS FOR SUSPECTED LOWER GI CANCER FOR IRON DEFICIENCY ANAEMIA – TOO OFTEN AN INAPPROPRIATE REFERRAL

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Introduction NICE guidelines state that unexplained iron deficiency anaemia (IDA) in men and non-menstruating women requires an urgent two week wait (2ww) referral for suspected cancer. These patients require assessment with upper endoscopy and colonoscopy according to BSG guidelines. IDA is defined as a microcytic anaemia with the presence of any of the following serum markers: low ferritin, low transferrin saturation, low iron or raised TIBC. The aim of this audit was to assess how many lower GI 2ww referral patients for IDA actually had IDA.

Methods We analysed all consecutive 2ww referrals for suspected lower GI cancer for IDA in our Hospital from May until October 2012. Patients' demographics, medical history, medications and blood test results (FBC, haematinics, eGFR, CRP, Hb electrophoresis) were collected using the General Practitioner (GP) referral letter and the hospital computer system. IDA was identified as microcytic anaemia with low ferritin; if ferritin was normal but unreliable (concomitant high CRP), we identified IDA as low transferrin saturation with high TIBC.

Abstract PTH-003 Table 1

	Age	Sex	Hb	MCV	Ferritin	CRP	eGFR	Investigation	Result
1	82	F	9.6	89.1	15	< 5		colonoscopy	Diverticular disease
2	88	F	9	92	473	< 5	14	CT	normal
3	73	M	10.6	81.3	36	< 5	> 90	none	
4	86	F	9.5	75.2	22	7	39	CT	Diverticular disease
5	67	F	9.3	84.2	62	< 5	46	colonoscopy	normal
6	82	F	9.5	81.7	65	< 5	75	colonoscopy	Diminutive polyps

Results A total of 36 patients (mean age 71±11; M:F = 19:17) were referred as 2ww with asymptomatic IDA. IDA was confirmed in 20 patients (55%). 6 patients (17%) did not have iron deficiency (see table): 3 of them had colonoscopy and 2 had CT abdomen (unfit for colonoscopy), none had significant pathology; one was not investigated. 10 patients (28%) had insufficient blood tests to define the cause of the anaemia: ferritin not available (2), normal ferritin with high CRP and no other iron markers available (6), normal ferritin with no inflammatory markers available (2).

Conclusion One in six (6/36) patients referred urgently for IDA and suspected lower GI cancer did not have IDA, and the majority were over 80 with multiple co-morbidities. Approximately 1 patient in 4 (10/36) did not have appropriate blood tests performed to assess their anaemia. We recommend GPs perform a full set of haematinics prior to referring patients with IDA and the results should be included in the 2ww referral form. If haematinics are not available at the time of assessment, these should be checked before booking endoscopic investigations. We are amending our referral form accordingly, implementing teaching sessions for GPs and re-auditing in 1 year time. We anticipate a reduction in inappropriate 2ww referrals and subsequent endoscopic requests.

Disclosure of Interest None Declared.

PTH-004 PREVENTION OF RELAPSE FOLLOWING CLOSTRIDIUM DIFFICILE INFECTION USING PROBIOTICS: A RETROSPECTIVE CASE-CONTROL STUDY

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Introduction Clostridium difficile infection is an important hospital acquired infection causing significant healthcare burden. Once patients have had C diff diarrhoea, recurrence rates are high with 44.8% of patients having a relapse of their disease. Lactobacillus Casei is a probiotic that has been shown to reduce rates of antibiotic-associated diarrhoea in elderly patients. There have been no studies analysing the use of probiotics in patients who have had established C.diff infection.

Methods The study was a single site, retrospective, case-control study of patients who have had C.diff infection and treated with either antibiotics and probiotics or antibiotics alone. Potential study participants were identified from the microbiology database. Criteria for inclusion in the study were adult patients (aged > 18 at time of infection), presence of diarrhoea (defined as ≥ 3 non-formed stool in 24 hours), positive stool C. diff toxin A or B and positive C. Diff antigen.

Results 66 patients were included for analysis in this study, 31 who had probiotics and 35 who had no-probiotics. The median age of the patients was 78 and 33.3% were male. The number of patients who had a further hospital admission for diarrhoea in the probiotic cohort was 6 (19.4%), compared to 13 in the non-probiotic cohort (35.1%) (p = 0.09). Rates of recurrent C.diff infection were significantly lower, 31.4% vs 6.5% (p = 0.024).

Conclusion Patients who have had a c.diff infection often have early re-admissions to hospitals as a result of further episodes of diarrhoea or c.diff recurrence. These admissions are associated with significant morbidity and mortality and cost to the health service. This study suggests that the widely available probiotic strain lactobacillus casei appears able to reduce rates of c.diff recurrence rates though further prospective studies are required.

Disclosure of Interest None Declared.