

outcomes can be achieved with most patients spared surgery. Minor recurrence occurs frequently but can be successfully managed with close surveillance.

**Disclosure of Interest** None Declared.

**PTH-071 THE IMPACT OF INTRODUCING THE 24/7 EMERGENCY GASTROINTESTINAL BLEED SERVICE ON REDUCING HOSPITAL STAY AND MORTALITY IN A DISTRICT GENERAL HOSPITAL**

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**Introduction** Upper Gastrointestinal (GI) bleed remains the commonest gastrointestinal emergency with a significantly high hospital mortality and prolonged hospital stay[1]. The aim of the study is to audit any difference of the above parameters after the introduction of GI bleed rota in our trust.

**Methods** The data was collected from patient records and endoscopy database. Rockall scores were used for risk stratification. Standard statistical methods were used for analysing data. Comparisons were made with the audit results from 2005.

**Results** The re audit was conducted as a follow up to the one which was done in 2005, after introducing local upper GI bleed guidelines and 24/7 GI bleed rota.

A total of 107 patients (including both in- and outpatients) were referred for upper Gastrointestinal endoscopy with suspected upper GI bleed from 1<sup>st</sup> Jan to 30<sup>th</sup> June 2012. A sample of 39 patients were randomly (every third patient) included in the audit with 19 females and 20 males. The mean age was 69.6yrs ( $\pm$ 30yrs).

The time interval from presentation to therapeutic endoscopy was 35.35 hours as opposed to 2.82 days according to 2005 audit data. Amongst the endoscopy findings 12.82% (5/39) patients had Gastrooesophageal varices versus no banding in 2005 audit data; there was no significant difference amongst other aetiologies in both audit samples. Thirty day mortality was 7.7%(3/39) as compared to 13.33%(4/30) in 2005. The length of hospital stay was found to be 10.7 days as compared to 12.32days (2005).

**Conclusion**

1. The mortality was reduced as the time delay to therapeutic endoscopy reduced.
2. The hospital stay has been shortened by a couple of days in this study sample. The estimated cost of 24/7 GI bleed rota is 15000 pounds per annum which can potentially save significant amount of funding by reducing hospital stay i.e. An investment worth spending on.
3. The incidence of variceal bleeding has increased significantly over the years.

**Disclosure of Interest** None Declared.

**REFERENCE**

1. Rockall TA, Logan RFA, Devlin HB, *et al*. Incidence of and mortality from acute upper gastrointestinal haemorrhage in the United Kingdom. *BMJ*1995; 311:222–6.

## Health service research and IT

**PTH-072 A RETROSPECTIVE REVIEW OF VIDEO CAPSULE ENDOSCOPY (VCE)**

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**Introduction Background:** Video capsule endoscopy (VCE) is one of the main investigations of the small bowel, especially in areas

that cannot be examined by conventional endoscopy. VCE is considered gold standard for investigating obscure gastrointestinal bleeding and iron deficiency anaemia (IDA).

**Methods** Patients who had VCE at our hospital over two separate periods of time were included. Case notes and VCE results were reviewed. In between the two time periods patency capsule became available at the hospital and new BSG guidelines for management of IDA were published. We compared the two time periods for indication with particular reference to adherence to the IDA guidelines, and capsule retention.

**Results** 233 patients were identified, 48% (n = 111) male and 52% (n = 122) female. Median age (range) was 51 years (7- 94) with majority 30- 80 years.

**Indications** IDA was the commonest indication for VCE (52.3%), followed by exclusion of inflammatory bowel disease (IBD) (21%). No difference was seen in referral patterns for IDA despite the IDA guidelines.

**Findings** The most common finding overall was angioectasia (39.4%), of which 71% had IDA as indication. IBD was diagnosed in 4.2%. In cases of IDA, angioectasia was the most common finding (56%). There were no significant differences in findings between the two years studied. Non-steroidal anti-inflammatory drugs (NSAIDs) were more commonly used by patients referred with IDA (p = 0.009) but did not have an effect on the VCE result.

Patency capsule was available only for the second period. It was performed in 22 (18.6% of referrals) cases. More than half of them were referred to investigate IBD; 11 VCEs were excluded on the basis of patency capsule result. The other 11 went on to have VCE. Capsule retention was documented in three cases overall (1.3%), one of them had prior patency capsule. Two of them passed the capsule without surgical intervention, and the third case was lost to follow up.

**Conclusion** VCE is most commonly used to investigate obscure gastrointestinal bleeding and IDA. It is increasingly utilised for other indications such as diagnosis and assessment of IBD and coeliac disease. BSG guidelines for management of IDA recommend VCE only in certain groups of patients. We could significantly reduce VCE workload and resource requirements by adhering more closely to these guidelines.

Patency capsule has opened the door to patients with potential strictures and probably increases opportunity to visualise the small bowel in Crohns disease particularly. However passage of the patency capsule does not 100% rule out VCE retention.

**Disclosure of Interest** None Declared.

**PTH-073 SOCIAL MEDIA USE BY INFLAMMATORY BOWEL DISEASE AND VIRAL HEPATITIS PATIENTS AND POTENTIAL APPLICATION FOR HEALTHCARE**

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**Introduction** Currently, inflammatory bowel disease (IBD) and viral hepatitis management involve regular visits to hospital clinics. This requires frequent time taken out of work and family life to attend. This study investigates patients' current social media use and attitude toward the potential role social media could have in reducing their hospital visits.

**Methods** Over a one month period (November 2012), IBD and hepatitis B and C patients attending the Gastroenterology and Hepatology Outpatient Departments of St. George's Hospital were identified. Convenience sampling was used; all IBD and hepatitis B and C patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information about their disease, current use of social media and their views about social media in the management of their disease