

requiring home parenteral nutrition (HPN). Few outcome data are reported on these patients [1,2,3].

Methods Records were reviewed of all patients with SSc, who had been referred to a national IF centre and who required HPN between 1985 and 2012. Disease characteristics were evaluated and survival/outcome data compared to all patients requiring HPN in the IF centre.

Results 25 patients (5 male, median age: 55 (range 24–76)) with SSc received HPN. Median time from SSc diagnosis to HPN was 58 months (range 0–378). 24/25 patients had small intestinal involvement. 1 patient had severe colonic and pharyngeal dysmotility but could not tolerate enteral feeding. 17 patients had bacterial overgrowth. 7 reported pseudo-obstruction episodes and 5 had intestinal resections.

Prior to HPN, 7 patients had failed naso-enteric feeding. 10 had a gastrostomy or jejunostomy inserted; 7 of these patients received enteral feeding for < 1 yr. The remaining patients were commenced directly on HPN without enteral tube feeding because of the severity of dysmotility/associated co-morbidity. Only 2 patients were weaned off HPN (after 8 and 29 months) following successful medical optimisation. Survival on HPN is shown in table 1. No patients died from HPN-related complications. 17/18 died from underlying SSc disease. 1/18 died from malignancy. 7 patients survive, 6 remain on HPN (median duration: 50 months, range 27–173).

8 patients were trained to manage their central venous catheters and self-administer HPN. 17 patients relied on others to administer their HPN. Reported catheter complications in SSc patients (37,600 catheter days) included occlusion (26), sepsis (7), fracture (3) and site calcification (2). Catheter sepsis rate equated to 0.19 episodes per 1000 days (vs. 0.39 per 1000 days for all HPN patients at this centre). No patient with SSc developed IF-associated liver disease.

Abstract OC-061 Table 1 Survival on HPN

	1 year	5 years	10 years	20 years
SSc HPN patients	75%	30%	11%	6%
All HPN patients	89%	67%	58%	27%

Conclusion This is the largest reported series of patients with SSc requiring HPN. Our data show that HPN offers a safe means of nutritional support for patients with severe SSc-related GI involvement, but that SSc-related mortality remains high. Notably, the SSc group had a lower catheter-related sepsis rate than all patients requiring HPN. Additionally, the majority relied on others for catheter care.

Disclosure of Interest None Declared

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OC-062 LOW INCIDENCE OF ASPIRATION EVENTS DURING HOME NASOGASTRIC FEEDING: A SAFE STRATEGY FOR LONG TERM FEEDING?

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Introduction Nasogastric (NG) pump feeding is associated with risks of aspiration and subsequent pneumonia with previous studies in adult inpatients suggesting 2.4 aspiration episodes per 1000 tube-feeding days. However, there is little published data on outcomes of patients receiving home NG feeding. We analysed our long term home NG feeding cohort for evidence of aspiration related hospital admission.

Methods This was a retrospective service evaluation of the home enteral tube feeding cohort at Portsmouth Hospitals NHS Trust. Data was obtained from hospital electronic databases, patient clinical notes and PAS patient management software. Data was analysed in SPSS 20.

Results A total of 117 patients who had received home NG feeding over previous 5 years were evaluated. 30 patients (26%) were excluded due to incomplete datasets. 87 patients were recruited (Male [48%], Female [52%], age [mean 55.6; 95% confidence interval 51.8–59.2]) with a total of 12957 tube-feeding days (mean 150; 95% confidence interval 110–191 days). Indications include upper aerodigestive tract cancer, 32; malnutrition, 25; neurodegenerative disorders, 6; connective tissue disorders, 2; stroke, 1; lymphoma, 1; metabolic stabilisation of short bowel and or high output stoma, 16. Eight hospital admissions in separate patients were recorded; however, only 1 episode of pneumonia was recorded (0.08 aspiration episodes per 1000 tube-feeding days). There were no hospital admissions relating to misplaced/displaced NG tubes.

Conclusion Home NG pump feeding represents a safe long-term alternative to gastrostomy feeding when supported by a robust specialist enteral tube feeding support service (ETFSS), in those deemed unsuitable for gastrostomy placement. A 30-fold lower incidence of aspiration episodes compared with published inpatient literature (0.08 vs. 2.4 episodes/1000 tube feeding days) reflects expertise of clinical nutrition nurse specialists within the ETFSS, with appropriate patient selection and outreach management. A daytime walk in service prevents unplanned hospital admissions through tube displacement.

Disclosure of Interest None Declared

OC-063 PAIN AND ANXIETY EXPERIENCED BY PATIENTS FOLLOWING PEG PLACEMENT

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Introduction Abdominal pain following percutaneous endoscopic gastrostomy (PEG) placement is a recognised complication considered to be secondary to a chemical peritonitis. However, the prevalence and degree of severity of pain is poorly characterised. Abdominal pain following liver biopsy is strongly linked to preprocedural anxiety levels¹. We assessed abdominal pain and anxiety associated with PEG placement.

Methods A prospective questionnaire assessed patient anxiety and abdominal pain 1 hour (h) pre PEG placement, 1h post and 24h post using a 10-point Likert scale. The questionnaire was completed by the patient where possible or clinician if not. Abdominal pain was assessed by examination at 1h post procedure. 24h post procedure complications and analgesia requirements were recorded. Patient's Mini Mental Score (MMSE, 0–30) and Barthel index (0–20) were completed.

Results 70 consecutive patients (M:F 45:25) median age 61.5 (19–94) were assessed. The commonest indications were head and neck malignancies (44%) and stroke (11%). PEG placement was on first attempt in 68 cases, with no clinical complications.

Mean (StD), MMSE, Barthel, anxiety and pain scores.

24 self-reporting patients had a pain score of 1–3 at 1h post placement and 20 at 24h. 3 patients reported a pain score of 7–10 at 1h post placement and 7 at 24h. 21/49 self-reporting patients and 0/21 non self-reporting had PEG site and/or general abdominal tenderness on clinical examination at 1h.

Pain post PEG placement was noted in only 1 clinician-assessed patient. This was at 24h. 50.7% of patients took analgesia at 24 hours post procedure (all self-reporting). Regression showed no relationship between pre placement anxiety and post placement pain.