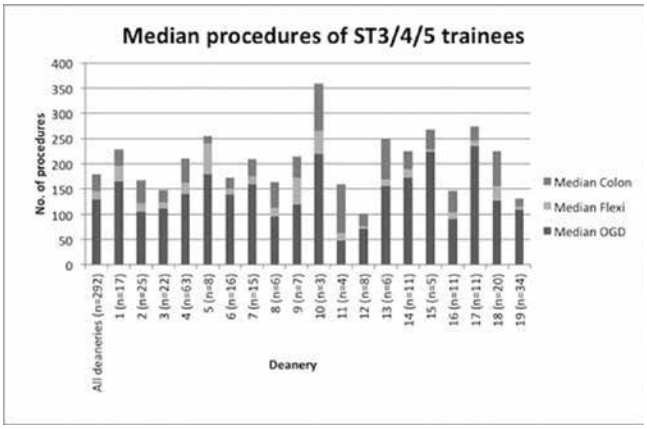
variation was seen between trainees both within individual deaneries and between deaneries. The median exposure to endoscopic units (OGD/flexi = 1 unit; colon = 2 units) increased from ST3-ST6 (112–218–275–304) before tailing off at ST7 (227). LAT trainees performed fewer endoscopic units (median 97 units). This pattern was also seen for median number of procedures. Numbers of colonoscopies were generally low across all deaneries. 8 deaneries outperformed the ARCP targets for overall procedures performed at ST3 level and this was accounted for largely by OGDs. Few deaneries met the published targets at ST4-ST7 level. Trainees performed an average of 31 training lists each year (range 0–134; median 29) and 12 service lists (range 0–210) the latter of which were largely, but not entirely, restricted to senior trainees in this dataset.



Abstract PTU-015 Figure

Conclusion Trainees are performing fewer procedures than recommended in the ARCP guidelines. The variation in endoscopy numbers both between and within trainee grade and deanery suggest factors which can be explored to optimise future opportunities. This analysis should be undertaken regularly to inform The Training Committee of future trends in endoscopic training.

Disclosure of Interest None Declared

Endoscopy

PTU-016 ENTONOX VS SEDATION IN COLONOSCOPY: A PROSPECTIVE COHORT STUDY

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Introduction Intravenous sedation for colonoscopy is associated with cardiorespiratory risk and delayed recovery. There is also the perception that patients tolerate the procedure better with sedation. Moreover some studies suggest that colonoscopy performance is compromised if patients do not tolerate the procedure well. This study aimed to compare inhaled nitrous oxide (entonox) with intravenous sedation during colonoscopy in terms of completions rates, patient comfort and changes in physiological status.

Methods 288 patients undergoing elective colonoscopy were included performed by a single endoscopist. Carbon dioxide was used for insufflation. Patients were offered a choice to have intravenous sedation or entonox. Vital signs were recorded before, during and after the procedure. Following the colonoscopy, patients completed a satisfaction survey questionnaire charting symptoms of pain and bloating (modified 10 mm Visual analogue score tool) and the endoscopist scored patient comfort.

Results Out of the 288 participants, 143 (48 women and 95 men) chose entonox and 145 (66 women and 79 men) opted for sedation. Of those who received entonox intially, 25 were converted to sedation during their procedure (results not reported). For those who had sedation, the mean dose of Midazolam was 2.4 mg (SD 0.6) and Pethidine was 28.5 mg (SD 9.0). The most common indications for colonoscopy in both groups were altered bowel habit, chronic diarrhoea and inflammatory bowel disease surveillance.

Conclusion

1. Entonox is as effective as intravenous sedation in relieving pain and bloating during colonoscopy without compromising performance.
2. Entonox had less effect on systolic blood pressure suggesting it may be more appropriate in the elderly or those with cardio-pulmonary compromise.

Disclosure of Interest None Declared

PTU-017 SYSTEMATIC REVIEW OF ENDOSCOPIC FULL THICKNESS RESECTION (EFTR) TECHNIQUES FOR COLONIC LESIONS

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Introduction Introduction of the English Bowel Cancer Screening Program has resulted in increase in the number of patients diagnosed with endoscopically irresectable colonic polyps. A significant proportion of these patients undergo hemicolectomy associated with a significant risk of death, anastomotic leakage and general

Abstract PTU-016 Table

Parameter	Entonox n = 143	Sedation n = 145	P-value
Time to caecum (mins)	8.9 (SD 3.6)	8.9 (SD 4.4)	NS
Completion to caecum (%)	135 (94%)	137 (94%)	NS
Endoscopist score for patient comfort (Score out of 10, higher scores imply improved comfort)	7.3 (SD 2.20)	6.9 (SD 2.33)	NS
Reduction in blood pressure post-procedure (Systolic BP)	10.2 (SD 18.08)	14.8 (SD 17.22)	0.05
Pain (score out of 10, higher scores imply worse pain)	4.8 (SD 2.63)	4.5 (SD2.80)	NS
Bloating (score out of 10, higher scores imply worse bloating)	4.3 (SD 2.68)	4.0 (SD3.08)	NS
Recommend chosen parameter for future (Score out of 10, higher scores imply recommendation for future)	6.4 (SD 3.57)	6.1 (SD 3.64)	NS