

**Methods** All patients with a diagnosis of bowel cancer, at the Cheshire Bowel Cancer Screening Programme, were asked to complete a second symptom assessment questionnaire. A direct comparison between the reported symptoms pre and post colonoscopy could then be made. The post colonoscopy questioning also included duration of symptoms.

**Results** In total 83 patients replied to the second questionnaire. The symptoms reported pre and post colonoscopy were similar. PR bleeding was the most commonly reported symptom in the pre and post assessment questionnaire. 42 (49%) patients reported this in the pre questioning, whilst 31 reported in after their diagnostic procedure. The next most common symptom was change in bowel habit. The number of patients reporting this was the same in both the pre and post assessment (n = 25). Further symptoms were assessed in the post procedure questionnaire, 19% and 14% of patients report straining and abdominal bloating respectively. There was also an increase in the reporting of family history of malignancy in the post assessment process, namely of Breast and Ovarian carcinoma. 30% of patients with diagnosed bowel cancer reported a family history of bowel cancer during the pre and post assessment questionnaire. Only 11% patients reported both a family history of bowel cancer and PR bleeding during pre-assessment. When comparing multiple symptoms the results in the two assessments were fairly similar. 16 patients in the pre-assessment reported both bleeding and change in bowel habit, with 14 in the post assessment group.

#### Abstract PTU-028 Table 1

Symptoms	Pre assessment	Post assessment
PR bleeding and change in bowel habit	16	14
PR bleeding and weight loss	5	5
PR bleeding, weight loss and change in bowel habit	1	3

Table showing numbers of patients reporting combinations of symptoms, pre and post assessments.

**Conclusion** PR bleeding is the most reported symptom in those found to have bowel cancer. However, more than 50% patients with diagnosed bowel cancer did not report PR bleeding. When combining all symptoms together we found that 23% patients were totally asymptomatic. Comparison of questionnaires collected prior and post colonoscopy on bowel cancer screening programme has shown accurate and consistent reporting of symptoms.

**Disclosure of Interest** None Declared

#### PTU-029 UNIVERSITY HOSPITALS OF LEICESTER COLONOSCOPY AUDIT 2011–2012

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#### Introduction

**Aims** and Objectives:

To:

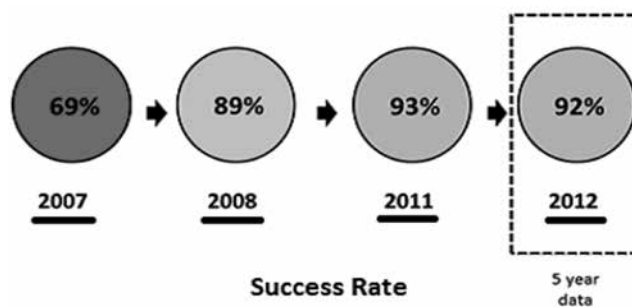
1. Assess the success rate of all colonoscopies carried out in University Hospitals of Leicester (UHL) NHS Trust between September 2011 and 2012. This will then be compared with the results of audits in 2006–2007, 2007–2008, and 2010–2011.
2. Assess the complication rate and reasons for failure of colonoscopies carried out during the audit period.
3. Enable improvement in practise by highlighting poor practise and encouraging reflection.

#### Audit Standards

1. Caecal Intubation: > 90%.
2. Perforation rate: < 1:1000 colonoscopies.

**Methods** A retrospective search was made of the colonoscopy database of all colonoscopies performed on patients above the age of eighteen in UHL between September 2011 and September 2012. In addition a comparison was made between the colonoscopy database and patients presenting to UHL hospitals with a diagnosis of perforation. This was to identify late presentation of perforations potentially due to colonoscopies. The procedural notes were analysed looking for: Successful visualisation of the Caecum, Ileum/neo TI or anastomosis; reasons for failure, if applicable and complications. The results were then pooled and compared against the audit standard.

**Results** 4001 colonoscopies were performed over the audit period. 3680 (92%) were successful. There were 80 complications (2%) in total. Most common complications were difficult intubation and patient distress with 52 (1.3%) and 16 (0.4%) instances respectively. 1 (0.02%) perforation occurred. Success rate over 5 years: 69% in 2006–2007, 89% in 2007–2008, 93% in 2010–2011 and 92% in 2011–2012.



#### Abstract PTU-029 Figure

**Conclusion** Over the audit period UHL achieved its colonoscopy targets with a success rate of 92% and a perforation rate of 1 in 4001. Over the past five years the colonoscopy success rate has steadily improved from 69% in 2006–2007 to 92% in 2011–2012. Over the past two years UHL has achieved its target with success rates of 93% and 92% respectively. The results of each audit are reviewed by the endoscopy lead who meets people who have completion rates below the national average and also those who are doing less than a hundred and fifty colonoscopies a year. The aim of the meeting is to inform them of their performance and offer opportunities for improvement e.g. training. This shows the value of these audits in highlighting poor practise and prompting reflection and improvement.

**Disclosure of Interest** None Declared

#### REFERENCES

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2. Gastroenterology Volume 143, Issue 3, Pages 844–857, September 2012

#### PTU-030 CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHEA (CDAD) IN HOSPITALIZED PATIENTS – DOES FLEXIBLE SIGMOIDOSCOPY (FS) ALTER MANAGEMENT?

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**Introduction** Clostridium difficile (CD) colitis is a major complication of antibiotic therapy. The most widely used test for diagnosing C. difficile colitis is a test that detects toxins produced by CD in a stool sample. Flexible sigmoidoscopy (FS) or colonoscopy can show the characteristic pseudomembrane plaque appearance in