

mean wait: 12.5 days (range 1–81 days)). There was 75% compliance with BSG guidelines regarding definitive intervention for gallstone pancreatitis within 2 weeks.

**Conclusion** Delay for definitive intervention was partially attributable to imaging, especially as outpatient. Patients should be investigated as an inpatient to ensure guideline compliance with the 2 week rule for gallstone pancreatitis. ERCPs, either for stone removal, or as definitive management, must be performed as inpatient to avoid breach of guidelines.

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### BSG GUIDELINE COMPLIANCE FOR THE MANAGEMENT OF ACUTE PANCREATITIS—ARE IMAGING DELAYS THE REAL ISSUE?

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10.1136/gutjnl-2013-305143.22

**Introduction** The British Society of Gastroenterology (BSG) set standards for the management of acute pancreatitis; in particular, time until definitive treatment for gallstone pancreatitis.

**Aims/Background** We evaluated our management of acute pancreatitis against BSG guidelines, focusing on delays to definitive management.

**Method** Data were obtained retrospectively for 110 consecutive patients admitted with acute pancreatitis during a nine month period, and their management evaluated against the guidelines.

**Results** One hundred and ten patients (63 male, 47 female) were admitted with acute pancreatitis during a nine month period, with mean age 54.7 years. Aetiology included: gallstones (51 patients), alcohol (39), others (20). Ten patients (9.1%) had severe pancreatitis, 6 of whom died. Overall mean length of stay: 5.8 days (range 2–78 days), gallstone pancreatitis 9.3 days, alcoholic pancreatitis 3.5 days, others 3.8 days. Mean wait for ultrasound: 1.7 days (range 0–5 days, with 59.4% compliance with guidelines), MRCP, as inpatient 3.3 days (range 1–9 days), as outpatient 25 days (range 12–64 days). Intervention for gallstone pancreatitis included ERCP (13 patients; mean inpatient wait 6.4 days, outpatient 42 days); cholecystectomy (24 patients;