

**CAPSULE ENDOSCOPY IN THE SOUTHERN TRUST—INITIAL EXPERIENCES**

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**Introduction** Capsule endoscopy (CE) has been utilised for >10 years, commencing in the Southern Trust in 2010. We assessed our initial experiences with CE.

**Method** Retrospective chart reviews of Southern Trust patients referred for CE.

**Results** The first 31 cases were available. Twenty-one (68%) were undertaken assessing for suspected Crohn's disease/stage existing Crohn's disease, nine (29%) for obscure GI bleeding (OGIB) and one (3%) for assessing polyp formation in a patient with FAP. For OGIB patients, 6 (67%) had an OGD and Colonoscopy performed, 2 had no OGD, and one had no colonoscopy performed. Eleven patients (35%) had an abnormal CE. Of these, 6 (55%) showed findings consistent with Crohn's disease. In 4 cases a new diagnosis was made, the other 2 cases helped guide treatment intensification with thiopurine/biologic therapy. Of the five remaining abnormal CE's, 2 showed small bowel erythema of unclear significance. One showed duodenal erosions, one duodenal polyps, and one showed small bowel erosions which when biopsied was consistent with Cryptogenic-Multifocal-Ulcerating-Stenosing-Enteritis (CMUSE). Two referrals for enteroscopy were made following an abnormal CE. Twenty patients (65%) had a normal CE. Nine (45%) were discharged from clinic, five (25%) had one final OPD review, two (10%) were referred back to their referring Consultant, and four (20%) had on-going review.

**Conclusion** Overall, CE is a useful modality for diagnosis of small bowel disorders. It is useful in cases of diagnostic uncertainty regarding IBD, and guides treatment options. It leads to fewer follow up clinics, with 45% of patients with a normal CE being discharged, and 25% seen for one final clinic appointment.