

shows the number and percentage of adenomas found in the left colon (up to and including the splenic flexure) and the right colon (proximal to the splenic flexure) in both the index and surveillance procedures.

Significantly more adenomas were identified within the right colon at the surveillance procedures than were in the index examinations ($p = 0.0001$).

Conclusion This study suggests that more proximal adenomas are found during surveillance colonoscopies than on initial screening colonoscopies. As approximately 60% of the surveillance examinations were at one year it is likely that these lesions were missed at the initial examination. Greater care needs to be taken at initial colonoscopy to visualise the proximal bowel and clear it of neoplasia, particularly in those individuals with multiple polyps.

Disclosure of Interest None Declared.

PWE-026 MULTIPLE POLYPS HAVE A HIGHER PREDICTIVE VALUE FOR POSITIVE FINDINGS ON SURVEILLANCE COLONOSCOPY THAN FEWER LARGE LESIONS

A Kamora*, K Kandiah, G Smith, J Martin. *Gastroenterology Department, Imperial College Healthcare NHS Trust, London, UK*

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Introduction Individuals with adenomatous polyps are at increased risk of developing further neoplasia and it is recommended that these individuals undergo colonoscopic surveillance at an interval dictated by the size of the adenoma and/or the number of adenomas removed. This study documents the findings at surveillance colonoscopies in individuals within the Bowel Cancer Screening Programme (BCSP).

Methods All patients undergoing surveillance colonoscopies within the BCSP at West London Bowel Cancer Screening Centre (WLBCS) between 1st January 2009 and 1st February 2013 were stratified into four groups according to the findings at the index colonoscopy as follows:

Group A – 3 or more adenomas with at least one = 10 mm

Group B – 5 or more small adenomas all <10 mm

Group C – 1 or 2 adenomas = 10 mm

Group D – 3 or 4 small adenomas all <10 mm

The percentage of adenomas found at surveillance colonoscopy in patients with few adenomas at index colonoscopy was compared to adenoma yield in patients with multiple adenomas at index colonoscopy using Fishers exact test.

Results 242 patients underwent colonoscopies within the study period and a total of 379 adenomas were found in 145 patients. 19 adenomas were greater than 10mm (5.0%) and 3 adenomas showed high grade dysplasia (0.8%). The percentage of patients with adenomas found within the groups A-D is shown in the table below.

Overall the percentage of patients with adenomas was 69.0% in those patients having their surveillance procedure at 1 year

and 47.0% in those individuals having their colonoscopy at 3 years. For both surveillance intervals, the group with the largest number of adenomas found at the index procedure had a higher adenoma yield during surveillance. Overall, adenomas were found in 67.8% of patients with multiple adenomas found at the index colonoscopy (groups A, B, D) and in 43.6% of patients with 1 or 2 larger lesions (group C) ($p = 0.0004$).

Conclusion Adenoma detection at surveillance colonoscopy within the BCSP is high, at both the 1 year and the 3 year interval, suggesting that this is a valuable intervention in reducing future risk of colorectal cancer. The yield of high-risk lesions of a large size or with high-grade dysplasia, however, is low. The yield of adenoma detection is higher in individuals undergoing surveillance for high numbers of diminutive lesions compared to those individuals with 1 or 2 large adenomas. This finding may reflect the presence of a generalised colonic field effect in those individuals with multiple lesions, compared to a more local abnormality in those with small numbers of lesions.

Disclosure of Interest None Declared.

PWE-027 THE REASONS FOR GENDER DIFFERENCES IN CAECAL INTUBATION RATES – ANALYSIS OF 8324 COLONOSCOPIES OVER 6 YEARS

¹AM Verma*, ¹RE Smith, ²N McGrath, ¹A Dixon, ¹AP Chilton. ¹*Gastroenterology, Kettering General Hospital NHS Foundation Trust, Kettering, UK;* ²*Endoscopy, Kettering General Hospital NHS Foundation Trust, Kettering, UK*

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Introduction In 2012 we presented a poster to the Digestive Disorders Foundation Meeting, we analysed 5162 colonoscopies and noted a significant difference in caecal intubation rates (CIR) of male and female patients (92.73% v 87.63%, $p < 0.0001$, NNH 19.57).¹

Gender differences in colonoscopy have been published previously in the 1990s.^{2,3} Several theories were mooted for this difference; such as female patients undergoing previous hysterectomy,² and having longer colons.³ We have revisited this topic to identify causes of the difference relevant to modern colonoscopic practice.

Methods Data was analysed from 8324 colonoscopies at Kettering General Hospital 2008–13. Incomplete colonoscopies' reports were scrutinised to record the causes of failure.

Results Reason for failed colonoscopy (females v males, p value)

Poor bowel preparation (16.38 vs. 24.66%, 0.09), tight bend (6.21 vs. 0.91%, <0.03)

Intolerance/pain (27.97 vs. 19.63%, 0.11), looping (18.36 vs. 18.72%)

Obstructing lesion (8.19 vs. 15.53%, 0.06), previous surgery (5.37 vs. 0.46%, <0.03)

Diverticular disease (9.32 vs. 5.02%, 0.18), withdrew consent (5.93 vs. 2.28%, 0.14)

Abstract PWE-026 Table 1

Surveillance protocol	Surveillance colonoscopies performed n	Number with adenomas n (%)
1 year surveillance	Group A	80 (66)
	Group B	18 (86)
3 year surveillance	Group C	34 (44)
	Group D	13 (59)
Total	242	145 (60)