Abstract PWE-027 Table 1

	Number of colonoscopies	Reached caecum/TI/anastomosis	Incomplete	CIR	95% CI
Female	3886	3532	354	90.89%	89.94–91.76
Male	4438	4219	219	95.07%	94.39–95.66
Total	8324	7751	573	93.12%	92.55–93.64

Conclusion The data reveals significant differences in CIR between female and male patients (90.89 vs. 95.07%, p < 0.0001, NNH 24). Analysis of the reasons recorded for failure shows a strong trend in males for poor bowel preparation and obstructing lesion. In females, a strong trend was shown for pain/intolerance, diverticular disease and withdrawal of consent. Statistical significance was shown for previous (abdominal) surgery and tight bend. Looping is a common reason for failing colonoscopy with no gender difference.

This is an important observation that females are significantly less likely to have complete colonoscopy. Perhaps endoscopy units should outline the potential for missed lesions as a consequence when consenting female patients – in particular those with known diverticular disease or previous abdominal surgery. Other reasons of failure could also be addressed e.g. higher doses of analgesia for females as required.

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Disclosure of Interest None Declared.

PWE-028 PATIENT COMFORT AND SEDATION AND ANALGESIC PRACTICES DURING COLONOSCOPY IN THE ENGLISH BOWEL CANCER SCREENING PROGRAMME

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Introduction Colonoscopy frequently causes discomfort and a range of medications are used to improve the patient experience. The relationship between medication use and patient comfort, however, is complex and subject to a number of potential biases. We sought to describe the relationship between patient comfort and medication use within the English Bowel Cancer Screening Programme (BCSP).

Methods Procedural information for colonoscopy examinations performed within the English BCSP is prospectively entered into a national database. Comfort is independently rated by a specialist screening practitioner (SSP) using the Modified Gloucester Comfort Scale (no, minimal, mild, moderate and severe). We studied significant patient discomfort (moderate or severe) and medication usage for colonoscopists performing over 100 examinations between January 2010 and December 2012. Comparisons were made using the $\chi 2$ test and correlations were analysed using Spearman rank correlation coefficient.

Results During the period of the study 113,316 examinations were performed by 290 endoscopists. Significant discomfort occurred during 8.9% of colonoscopy examinations but there was variation between individual colonoscopists (median 8.1%, IQR 5.0–12.6%, range 0.8–23.9%). Significant discomfort was more common in females (12.7 vs. 6.1%, odds ratio (OR) 2.24), patients with diverticulosis (11.8% vs. 8.7%, OR 1.34), incomplete examinations (37.3 vs. 7.9%, OR 6.8), inadequate bowel preparation (13.5 vs. 9.6%, OR 1.4) and screening rather than surveillance colonoscopies (9.1 vs. 7.4%, OR 1.24).

Midazolam was administered during 87.8% and opiate analgesia during 87.3% of procedures. There was wide variation between colonoscopists in the proportion of examinations in which midazolam (median use 95.1%, IQR 81.8–97.8%, range 4.1% >100%) and opiate analgesia (median use 97.3, IQR 85.0–99.2%, range 5.6–100%) were used. Reversal agents were rarely used (8 in 10,000). Entonox was administered during 7.5% of examinations but most who administered it did so in a minority of their procedures (median use 0.7%, IQR 0–8.2%, range 0–98.9%). 4.7% of patients underwent medication-free colonoscopy. General anaesthesia was rarely used (0.5%).

There were no significant correlations between the amount or proportion of medication used by colonoscopists and the comfort of their patients.

Conclusion Most colonoscopy examinations were performed without causing significant discomfort. Although most colonoscopists used intravenous medication those who used less medication were no more likely to cause significant discomfort. Appropriate use of medication to achieve comfortable procedures while minimising risk and inconvenience remains an important focus for future research.

Disclosure of Interest None Declared.

PWE-029 POSITION CHANGES AMONG ENGLISH BCSP COLONOSCOPISTS: A SURVEY OF PRACTICES

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Introduction Studies suggest that modifying a patient's position during colonoscope withdrawal may improve luminal distension and polyp detection. It is unclear whether this practice is widely adopted by endoscopists.

Methods Colonoscopists within the English Bowel Cancer Screening Programme (BCSP) were invited to participate in a web-based survey assessing the use of position change during colonoscope withdrawal. Free text responses were assessed using thematic analysis.

Results The survey was completed by 204/298 (68%) of English BCSP colonoscopists. 64.7% of respondents indicated that they almost always change a patient's position, 16.7% usually, 13.7% sometimes, 3.4% occasionally and 1.5% rarely do so.

77% of those who almost always or usually changed a patient's position did so as part of their routine, but 75.3% were less likely to change position in those with poor mobility and 75.3% would not change position if luminal distension was adequate. 93% of these respondents most often positioned