

Abstract PWE-029 Table 1 Patient position most often used by endoscopists who almost always or usually change position and those who sometimes, occasionally or rarely change position

Position change usage	Segment	Right lateral	Supine	Left lateral	In which ever position they arrive
Almost always or usually	Caecum to hepatic flexure	7.8%	25.3%	60.2%	7.8%
	Transverse colon	1.2%	93.4%	5.4%	0.6%
	Splenic flexure and descending colon	51.2%	34.4%	11.4%	3.6%
Sometimes, occasionally or rarely	Caecum to hepatic flexure	0%	31.6%	34.2%	34.2%
	Transverse colon	0%	34.2%	28.9%	36.8%
	Splenic flexure and descending colon	7.9%	31.6%	26.3%	34.2%

patients supine while examining the transverse colon and nearly half examined the right and descending colon in a sub-optimal position (Table 1).

Of those respondents who sometimes, occasionally or rarely changed a patient's position, 42% were unconvinced that routine position change was beneficial. A further 21.1% felt it took too long, 7.8% felt it was inconvenient for the patient and 7.8% felt it was inconvenient for the endoscopist. These respondents were most likely to examine segments without changing patient position.

Free text responses revealed that some endoscopists position patients differently during insertion and withdrawal and also use position change to optimise access during therapy.

Conclusion Most BCSP colonoscopists change patients' position during most colonoscopy withdrawals, but the patient position is often sub-optimal. Increased awareness of the existing literature and further research assessing positioning strategy is warranted.

REFERENCE

East JE et al. *Gastrointest Endosc.* 2011 Mar;73(3):456–63

Disclosure of Interest None Declared.

PWE-030 ENTONOX USE DURING COLONOSCOPY: A SURVEY OF ENGLISH BOWEL CANCER SCREENING PROGRAMME COLONOSCOPISTS

A Ball*, J Campbell, SA Riley. *Gastroenterology, Sheffield Teaching Hospitals, Sheffield, UK*

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Introduction Entonox may be used to improve patient experience during colonoscopy. Nitrous oxide is rapidly eliminated which minimises after effects and inconvenience to patients. Despite its advantages, Entonox is used in only a minority of procedures in the UK. We sought to understand the reasons for its low utilisation.

Methods Colonoscopists within the English Bowel Cancer Screening Programme (BCSP) were invited to participate in a web-based survey, assessing the availability, current practices and perceptions of Entonox during colonoscopy. Respondents were able to select pre-defined answers or offer written responses. Free text responses were assessed using thematic analysis. Categorical data was compared using the χ^2 test.

Results The survey was completed by 208/298 (70%) of the English BCSP colonoscopists. Entonox was available to 152/208 (73%) respondents but this varied between NHS deaneries. Nearly half (47%) of the respondents stated that Entonox was used in < 20% of examinations. Colonoscopists who administered Entonox frequently (>20% of examinations) rated its efficacy (49% vs. 76%, OR: 3.3, $p = 0.001$) and usefulness (69% vs. 95%, OR: 8.4, $p < 0.0001$) more favourably. But there were no differences in how they rated its safety (90% vs. 97%,

OR: 4.2, $p = 0.085$), frequency of side effects (92% vs. 96%, OR: 2.3, $p = 0.31$) or influence on discharge time (70.4 vs. 79.5%, OR: 1.63, $p = 0.26$). Most respondents for whom nitrous oxide was available stated that they would use it if they were to have a colonoscopy themselves (74%).

Most respondents reported their patients were advised to use Entonox 'as required' (92%) rather than continuously (8%) and from the start of colonoscopy rather than as rescue medication when other medications are inadequate. Some respondents never combined Entonox with other sedatives. Many respondents indicated that Entonox was used for the patients and the procedures which are expected to have least discomfort.

Most of the colonoscopists for whom Entonox wasn't available had considered introducing it (94%). Practical difficulties (37%) and satisfaction with current analgesics and sedation (28%) were the most common reasons it was not available. The introduction of the English flexible sigmoidoscopy screening programme was cited as the reason for its introduction by several respondents.

Conclusion Entonox is used in a minority of colonoscopy examination. It is generally perceived to be safe, effective and most colonoscopists would use it if they required a colonoscopy. Entonox is often chosen when patients wish to avoid the inconvenience caused by intravenous sedation and analgesics. Its use is likely to increase with the introduction of the English screening programme.

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PWE-031 IS FACE-TO-FACE PRE-ASSESSMENT PRIOR TO COLONOSCOPY USEFUL?

¹A Rothnie*, ¹H Padmanabhan, ¹A Higgins, ¹A Grewal, ¹K Arndtz, ²A Nevill, ¹R Mathew. ¹Mid Staffordshire NHS Trust, Stafford, UK; ²University of Wolverhampton, Wolverhampton, UK

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Introduction In 2009, the NPSA issued a report alerting health-care providers to the potential risk of harm from using oral bowel cleansing agents (OBCA). Recently published consensus guidelines recommend pre-assessing patients undergoing colonoscopy before the use of OBCA. First, to determine whether pre-assessment improved the quality of bowel preparation for patients undergoing colonoscopy at our unit. Secondly whether pre-assessment helps to prevent deterioration in renal function in CKD patients. Thirdly, to define risk stratifying criteria for poor bowel preparation and use these to deploy resources to patients who are most at risk of poor bowel preparation.

Methods Data was collected prospectively over of 12 months. Patients were stratified to one of three risk groups based on the presence of risk factors for poor bowel preparation taking 'at risk' medication and those with significant co-morbidities. Group 1 patients had no risk factors and group 3 consisted of patients