Abstract PWE-148 Figure 1

A status throughout follow up and there was no incidence of Hepatocellular Carcinoma.

Conclusion BCS patients due to short stenosis of the hepatic vein or the upper IVC can be successfully managed with percutaneous recanalisation alone with good outcomes over a long period of follow up. Our data supports the stepwise approach to the managements of BCS, with better results than recent series.

REFERENCE

1 PMID 23389867. Good long-term outcome of Budd-Chiari syndrome with a step-wise management. *Hepatology* 2013 May;57(5):1962–8. doi: 10.1002/hep.26306.

Disclosure of Interest None Declared.

PWE-149 **MINIMAL HEPATIC ENCEPHALOPATHY IS A SIGNIFICANT COMPLICATION IN CIRRHOTIC PATIENTS ADMITTED TO HOSPITAL**

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Introduction Minimal hepatic encephalopathy (MHE) is a subtle cognitive impairment in patients with cirrhosis or porto-systemic shunts in the absence of abnormalities in standard neurological examination. The diagnosis of MHE has always taken a back seat in the evaluation of patients with cirrhosis primarily due to the fact that it is time consuming and not well validated. However, the prognostic importance of MHE cannot be understated as it has been found to affect motor skills like driving and timely treatment does improve quality of life and progression to overt encephalopathy (OHE).

Objective To estimate the prevalence of minimal hepatic encephalopathy in a sequential population of cirrhotic patients admitted in the gastroenterology ward at Aberdeen Royal Infirmary.

Methods 26 patients with a diagnosis of cirrhosis admitted over a 3 week period were included in the study. All patients with overt encephalopathy and sepsis were excluded from the study. The psychometric hepatic encephalopathy score (PHES) was used to assess the patients at the bedside. This comprises of a standardised battery of five paper–pencil psychometric tests: number connexion test A, number connexion test B, the digit symbol test, the line tracing test (time and errors) and the serial

dotting test. Minimal hepatic encephalopathy can be diagnosed when the psychometric hepatic encephalopathy score is less than -5. This score can be easily obtained by inputting data in an online tool (http://www.redeh.org/phesapp/datosE.html).

Results The mean age of the selected cirrhotic patients was 59 ± 2.8 years and 74.1% were male. The commonest aetiology of cirrhosis was alcohol related liver disease (62.9%). 33.3% of patients were Child's A, 44.4% were Child's B and 22.3% were Child's C. The mean MELD score was 16.5 ± 9.2. The median PHES score was 1 (Range -10 to 2). Of the 26 patients evaluated, 7 patients were diagnosed to have MHE (25.9%). The prevalence varied with the Child's stage, 11.1% in Child's A, 25% in Child's B and 60% of Child's C patients. All patients diagnosed with MHE were commenced on Lactulose.

Conclusion Hospitalised patients with cirrhosis have a significant prevalence of MHE which is proportional to the stage of the liver disease. Prompt identification and treatment of this cohort will help in preventing them from progressing to overt encephalopathy.

Disclosure of Interest None Declared.

PWE-150 **TRANSIENT ELASTOGRAPHY (FIBROSCANS) SUCCESS RATES ARE OPERATOR DEPENDENT; EXPERIENCE FROM THE SOUTH WEST LIVER UNIT**

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Introduction Transient Elastography (FibroScan®) is a well validated, easy to use, non-invasive method of assessing the stage of liver fibrosis, whilst avoiding potential complications of liver biopsy. Despite ease of use, operator success rates vary, there is a known failure rate and its accuracy at assessing the stage of fibrosis depends on a 'valid' reading being gained. The South West Liver Unit has been performing transient elastography since 2010 and receives referrals from regional hospitals where scanning is unavailable. The aim of this study was to review the overall numbers performed, the success rates of operators, and the percentage of valid scans obtained.

Methods Data was collected and analysed retrospectively; and was obtained from the FibroScan® hard drive. Clinical information was obtained from clinical databases and clinical letters. Validation of scan was based on the three recognised validation criteria; (1) >10 valid readings, (2) success rate > 60% and (3) interquartile range to median ratio of < 0.3.

Results Between 2010 and 2012 inclusive, 1819 scans were undertaken. Multiple attempts (n = 247), including probe size change, were excluded. Of the remaining 1572 scans, (2010 = 537, 2011=544, 2012= 558), 74% were valid on above criteria (2010=72%, 2011=75%, 2012=74%). Overall doctors performed more scans than nurses, n = 856 versus n = 713, but nurses had a slightly higher mean success rate, 75.5% vs. 72.5%. Scans were performed by 14 different operators (registrars, consultants and nurses). Individual operator success rates varied widely from 43% to 87%; as did the number of scans performed, median = 70, range 15–373. Success rates were highest in those with formal training, with a weak correlation to number of scans performed (r^2 = 0.34, p=ns). The commonest scan indications included regional hospital referral (31%), non-alcohol related fatty liver disease (25%), viral hepatitis (13.5%) and alcohol related liver disease (11%).