

duodenoscopes equipped with standard ERCP accessories. The laparoscopic procedure involved formation of a closed pneumoperitoneum to a pressure of 12 mmHg with a Veress needle. A 15 mm trocar was placed in the epigastrium and two 5mm trocars were placed in the right and left flanks for surgical access. A 15 mm gastrostomy port was secured with purse-string sutures. The duodenoscope was inserted via the port into the gastric remnant and advanced conventionally into the duodenum. Standard therapeutic ERCP technique was then performed. Closure of the gastrostomy was achieved with a double layer of 2-0 vicryl sutures. Peri-procedural prophylactic intravenous antibiotics were administered routinely in all patients.

Conclusion Five LA-ERCPs (on 5 patients) were performed. All patients were Female with median age 44 years (range 36–71). Indications included symptomatic bile duct stones (3/5), benign papillary fibrosis (1/5) and retained biliary stent (1/5). Duodenal access, biliary cannulation and completion of therapeutic aim were achieved in all patients. 4/5 (80%) patients required endoscopic sphincterotomy. The 5th patient had a prior sphincterotomy. The mean duration of procedures was approximately 94 min (range 70–135). Median post-op length of stay was 2 days (range 1–9). One patient developed mild post-procedural acute pancreatitis. Otherwise no procedure related complications were seen.

REFERENCE

Our early experience of LA-ERCP is that it is safe and effective. The technique may require particular consideration, as bariatric surgery is increasingly performed, in a patient group at significant risk of bile duct stones.

Disclosure of Interest None Declared.

PTH-006 CURRENT PERFORMANCE OF ERCP IN THE CLEARANCE OF BILE DUCT STONES IN UK CENTRES - WORKING TOWARDS ROBUST KEY PERFORMANCE INDICATORS

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10.1136/gutjnl-2014-307263.452

Introduction Choledocholithiasis is the commonest indication for endoscopic retrograde cholangiopancreatography (ERCP). ERCP carries substantial risk of complication when compared to other endoscopic modalities. The identification of key performance indicators (KPIs) in colonoscopy practice and implementation of related standards has driven quality assurance in the UK and elsewhere. The failure to establish similar contemporary, meaningful and measurable KPIs in ERCP has hampered the development of national standards. We aimed to quantify current performance in a potential new endoscopic KPI: the complete clearance of CBD stones at first ERCP.

Methods Seven centres participated – four secondary and three tertiary HPB units. All patients undergoing first ERCP for confirmed or suspected choledocholithiasis over a twelve month period were included and data were analysed on an intention to treat basis. The primary endpoint was complete clearance of bile duct stones. Failure to clear stones was defined as i) persisting stones reported ii) placement of biliary endoprosthesis, even if considered precautionary. Secondary endpoints were CBD cannulation, successful biliary decompression and complications. Outcomes were analysed by unit and by consultant clinician performing the procedure.

Results 1178 patients were included in the study. 20 consultant endoscopists carried out or supervised the procedures. Overall, deep biliary cannulation was achieved in 1074/1178 (91%, range for seven units 82–96%). Complete bile duct clearance at first ERCP was achieved in 861/1178 (73%, 65–81%).

Conclusion We investigated the outcome of 1178 ERCP procedures, representing real-life practice in the UK. Duct clearance was possible at first ERCP in almost three quarters of patients. There were significant differences in performance between units and individual operators. The reasons for this are not fully elucidated. The primary endpoint of this study has strengths as a potential KPI. It is clearly defined, measurable on an intention to treat basis and is strongly focused on patient outcome. In addition, it quantifies performance in the commonest indication for ERCP, stone extraction, which is undertaken in all ERCP units.

Disclosure of Interest None Declared.

PTH-007 ERCP CANNULATION SUCCESS BENCHMARKING: IMPLICATIONS FOR CERTIFICATION AND VALIDATION

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10.1136/gutjnl-2014-307263.453

Abstract PTH-006 Table 1

Unit	1° GSD cases (n)	Cannulated (n)	Cannulated (%)	Complete (n)	Complete (%)
T	154	135	88	100	65
U	323	308	95	263	81
V	129	115	89	98	76
W	211	202	96	149	71
X	134	110	82	89	66
Y	133	118	89	95	71
Z	94	86	92	67	71
Total	1178	1074	91	861	73