

MSM, 7 HIV- MSM, 1 male and 1 female transplant recipients). Abnormal cytology was found in 28.3% (49/173). Abnormal HRA requiring a biopsy was found in 43.3% (75/173) of patients, in HIV+ MSM this proportion was 61.5% (48/78), including 20 high-grade AIN (HGAIN 2 or 3) and one invasive cancer. This constitutes a prevalence of high-grade disease of 26.9% (21/78), 4% (1/25) and 12.5% (3/24) for HIV+, HIV- MSM and renal transplant women respectively. Colorectal referral for HGAIN diagnosed at first visit was required in 7.5% (13/173) of patients, 69.2% (9/13) were HIV+ MSM, 23.1% (3/13) and 7.7% (1/13) were HIV- MSM and a renal transplant woman respectively.

Conclusion Early experience of anal screening in high-risk groups suggests that it is both acceptable and feasible. Colorectal referral for assessment of HGAIN was more frequent in HIV+ MSM than other high-risk groups. These prevalence data are similar to a recently published meta-analysis.

Disclosure of Interest None Declared.

Pancreatic and neuroendocrine free papers

OC-072 USE OF A NOVEL SELF-EXPANDING METAL STENT TO ALLOW FOR ENDOSCOPIC DRAINAGE AND NECROSECTOMY OF PANCREATIC FLUID COLLECTIONS

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Introduction Post-inflammatory peri-pancreatic fluid collections are frequent sequelae of severe acute pancreatitis. Collections are at risk of suppurative infection complicated by pancreatic necrosis. Over the last decade there has been an increasing emphasis on minimally invasive drainage procedures, including EUS-guided cyst-gastrostomy, and these approaches seem to be associated with lower morbidity and mortality. Access to the necrosis cavity has however been severely limited by having to maintain the tract with small diameter plastic stents. Recently, a novel flanged fully covered self-expanding metal stent (FCSEMS; NAGI stent, Taewoong Medical, Korea) has been developed to allow for better drainage of infected necrosis and easier endoscopic access into the cavity.

Setting A non-randomised prospective multicentre phase II study to determine the safety and efficacy of FCSEMS endoscopic cyst-gastrostomy in the management of complex/infected pancreatic fluid collections.

Methods Patients were included if they had evidence of a pancreatic fluid collection which was deemed to be amenable for EUS-guided drainage after discussion at a HPB multidisciplinary meeting. Patients selected for EUS-guided drainage had cross sectional imaging (MR or CT) performed within 2 weeks of the procedure and then an EUS assessment was made of the necrotic component. The collection was punctured using a cystotome and the FCSEMS inserted over a guidewire with fluoroscopic control. Repeat procedures were performed as necessary.

Results A total of 11 patients (8 male, 3 female) were included in the study. Median age was 57.3 years. The aetiology of the collection was gallstones in 6 patients, idiopathic in 3, ischaemic in 1 and drug-induced in 1. Ten patients had evidence of at least 30% necrosis within the collection. Mean diameter of the collection was 15 cm and EUS-guided puncture was initially performed in all

patients. The tract was dilated with a balloon in 6 patients. Stent insertion was either with a 20 mm (7 patients) or 30 mm (4 patients) length FCSEMS. Ten patients underwent endoscopic necrosectomy, with a median of 3 procedures (range 1–10). Significant reduction in the size of collection was achieved in all patients. Adverse events included stent migration in 3 (2 spontaneously and 1 during necrosectomy). Two patients died of complications of severe acute pancreatitis.

Conclusion FCSEMS insertion is feasible and safe for drainage of pancreatic fluid collections. It allows repeated through the stent necrosectomy procedures and appears to be a major advance in the management of infected pancreatic necrosis.

Disclosure of Interest None Declared.

OC-073 USE OF BOTULINUM TOXIN TO PREDICT MANOMETRY RESULTS IN TYPE III SPHINCTER OF ODDI DYSFUNCTION; A RETROSPECTIVE SINGLE CENTRE REVIEW

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Introduction Management of type III sphincter of Oddi dysfunction (SOD) remains controversial. A recent large multi centre study of manometry and sphincterotomy in type III SOD (EPI-SOD)¹ found that sphincterotomy was no more effective than sham treatment. Botulinum toxin (botox) injection to the papilla has been shown to be safe and lead to improvement in symptoms, it may also predict response to sphincterotomy²

This study reviewed use of botox in patients with type III within a single tertiary centre to guide decision making.

Methods The endoscopy unit database was searched for cases between January 2008 to August 2013 who received botox for SOD. Records were reviewed to identify those who had type 3 SOD as per Rome 3 criteria. Response to botox was graded as no response, partial (reduction but not resolution of pain) or complete response. Complications, manometry and sphincterotomy results were recorded.

Results 63 patients had botox injection for SOD 46 were classified as type III and formed the study group. All received 100IU of botox. Following the procedure 3 of 46 patients required overnight observation for abdominal pain, there were no cases of pancreatitis. 14 patients had no response to botox, 7 partial response, 24 a complete response, 1 did not attend follow up.

Of those that had a complete response 14 patients proceeded to manometry; reasons not to proceed included failure to attend follow up (2) patient declined treatment (1) other co-morbidities (1). One underwent a second botox procedure with no relief in symptoms and was not offered further treatment, 5 patients (21%) were not offered manometry. Of those that proceeded to manometry, 10 (71%) had elevated pressures 8 biliary, 2 pancreatic. All proceeded to sphincterotomy with good response in 9 (64% of Botox responders). 3 of the 7 patients who partially responded proceeded to manometry; 1 of these had increased biliary pressures. 3 patients (18%) had an episode of pancreatitis following manometry.

Conclusion Response to botox appears to show moderate correlation with abnormal manometry findings and response to sphincterotomy. ERCP and manometry was associated with a significant risk of pancreatitis. Randomised sham controlled studies are required to ascertain whether a response to botox can accurately select patients who benefit from a sustained response to sphincterotomy.

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OC-074 NUTRITIONAL OPTIMISATION AND PANCREATIC ENZYME SUPPLEMENTATION IN CHRONIC PANCREATITIS: ARE WE GIVING OUR PATIENT'S ENOUGH ADVICE?

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Introduction There is a significant risk of malnutrition in patients with Chronic Pancreatitis (CP) with evidence to suggest that good dietary counselling for a balanced homemade diet is as good as commercial food supplements to improve nutrition. Pancreatic enzyme replacement therapy (PERT) is associated with improved absorption of nutrients as well as relief of GI symptoms. Proton pump inhibitors (PPI) improve the bioavailability and efficacy of PERT. Data regarding PERT compliance and education is lacking. We aim to determine the prevalence of exocrine insufficiency and compliance to PERT in patients with CP.

Methods Prospective study of consecutive patients with CP attending a tertiary clinic between October and December 2013. They were invited to participate in a face-to-face questionnaire study. Faecal elastase (FE) results were collated and the Malnutrition Universal Screening Tool (MUST) score was calculated.

Results A cohort of 86 patients identified were predominantly male (67%), White British (62%), median age 58 years (range 18–90), of socio-economic class (SEC) 8 (21% never worked/long-term unemployed) with educational level (EL) 1 (29% degree or equivalent). Aetiologies included alcohol (29%), idiopathic (25%), autoimmune (22%) and gallstones (11%). Median follow up was 27.5 months (range 0–151) from index appointment. 69 patients underwent routine measurement for FE, 61% (42/69) of whom were deficient (<200 µg/g) and 49% (34/69) severely deficient (<100 µg/g) suggesting exocrine insufficiency of the pancreas. 60% (25/42) of patients with confirmed exocrine insufficiency had active prescriptions for PERT, however only 40% (17/42) had PPI co-prescribed. Compliance and correct administration of PERT was observed in 56% (14/25) of patients. In those who were non-compliant or incorrectly administering PERT, nil patients (0/11) had undergone dietitian review within the previous 12 months and more than 50% (6/11) of these patients had MUST score ≥1 (conferring medium to high risk of malnutrition).

Conclusion Exocrine insufficiency is under-recognised in patients with CP and compliance with PERT is poor. Our data shows that the majority of patients who are not compliant with PERT are at medium to high risk of malnutrition. This highlights the need for structured dietetic involvement in the management of patients with CP in the clinic environment including biochemical testing of exocrine function, education about the natural history of CP, PERT administration and concomitant acid suppression.

Disclosure of Interest None Declared.

Poster presentations

Education and training

PTU-001 OVERUSE OF PROTON PUMP INHIBITORS AND STRATEGIES TO REDUCE INAPPROPRIATE PRESCRIBING

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Introduction Proton pump inhibitors (PPIs) are widely used but commonly over-prescribed.¹ A range of adverse effects are associated with their use, including susceptibility to *C. difficile* infection, fractures, pneumonia and electrolyte disturbances.²

Methods We investigated the extent and appropriateness of PPI prescribing at a university teaching hospital, and the impact on this of guideline implementation alongside formal teaching of junior doctors. A point-prevalence survey of PPI prescribing for in-patients across medical and surgical specialties was performed. Data collected included PPI prescription, whether this was initiated in hospital or the community, whether an evidenced-based indication was identifiable, and if the prescriber had documented an intended duration for its use. A local guideline was developed in line with current evidence, and national and international guidance. This was circulated to all prescribers by email and the hospital intranet, as well as face-to-face presentation to junior doctors alongside discussion around potential adverse effects. A further point-prevalence survey was undertaken after implementation.

Results A total of 274 patients were included in the first point-prevalence survey, and 264 in the second cycle. Initially, 52.7% of inpatients were prescribed a PPI; of these, 38.1% were commenced in hospital. An appropriate indication was documented in 34.7% and duration in 8.2%. Following introduction of a guideline and a programme of education, the proportion of inpatients receiving PPI therapy fell to 40.8% ($p = 0.008$), of which 28.4% were started in hospital ($p = 0.08$), 38.5% had an appropriate indication recorded, and 4.6% the duration.

Conclusion PPI prescribing rates among inpatients are high, and frequently not evidenced-based. There is also lack of consideration given to review of therapy and limiting provision to short courses. A combined approach of a focused guideline and educational strategies can reduce inappropriate over prescribing, but had restricted impact on the quality of documentation and specification of duration of therapy.

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Disclosure of Interest None Declared.

PTU-002 ERCP CANNULATION; EVALUATION OF A WIRE-LED TECHNIQUE FOR BILIARY ACCESS IN A TRAINING CENTRE

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