

PTU-026 SAFETY AND EFFICACY OF TRANSNASAL PERCUTANEOUS ENDOSCOPIC GASTROSTOMY PLACEMENT-EXPERIENCE IN A DISTRICT GENERAL HOSPITAL

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Introduction Percutaneous endoscopic gastrostomy (PEG) is an alternative and important way to maintain nutrition. Trans-nasal PEG insertion (t-PEG) using small-calibre endoscope has been reported to be safe and effective than the conventional trans-oral PEG (o-PEG) in malnourished patients with head and neck cancer.¹ The current study aims to evaluate the safety and efficacy of trans-nasal PEG in patients with benign condition.

Methods In this prospective study twelve consecutive patients who were referred for PEG insertion for benign conditions were allocated for conventional and t-PEG into 1:1 ratio over the study period of five months. All the cases were discussed in PEG multidisciplinary team meeting and procedures were performed by a single experienced endoscopist. Data were collected for sedation and comfort score and complications. A visual analogue scale was used for objective assessment of comfort. 14 French CORFLO gastrostomy tubes were used in all the cases.

Results Seven of them were male and the mean age was 64.2 year (range: 21–81 year). The median follow up period was 27 weeks.

More patients needed sedation and analgesia in conventional PEG group and mean sedation dose and comfort score were lower in t-PEG group. Nutritional goals were achieved in all the cases. There was no immediate complication in both group but, one patient in each group had their PEG tube dislodged after four weeks of insertion.

Conclusion The findings from this study reaffirm that t-PEG placement using a small calibre endoscope through nasal route is safe, well tolerated and effective to maintain nutrition in patients with benign conditions. A multicenter randomised controlled trial is necessary to validate our findings and to evaluate the cost effectiveness.

Abstract PTU-026 Table 1

Parameters	t- PEG (n)	o-PEG (n)
Total number of patients	6	6
With LA spray only	2	0
With sedation	2	2
With sedation and analgesia	2	4
Comfort score of 1	5	2
Comfort score >1	1	4
Mean sedation dose (Midazolam in mg)	1.8	2.8

Abstract PTU-027 Table 1

	Oesophageal capsule	Gastroscopy	Agreement level
Oesophageal varices			
Present	13	18	72.20%
Absent	11	13	84.60%
Overall			77.4%, Kappa 0.545 p < 0.005
Portal hypertensive gastropathy	6	13	46%
Gastric varices	2	3	67%

REFERENCE

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Disclosure of Interest None Declared.

PTU-027 REAL-TIME EVALUATION OF OESOPHAGEAL CAPSULE ENDOSCOPY IN VARICEAL SCREENING AND SURVEILLANCE – A PILOT PROSPECTIVE STUDY

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Introduction The role of oesophageal capsule endoscopy in assessing oesophageal varices has been previously studied¹ where downloaded images are evaluated subsequent to study completion. This is the first study evaluating real-time viewing of oesophagogastric findings during capsule transit through the upper gastrointestinal tract for this indication.

The primary aim was to assess the accuracy of real time oesophageal capsule study in identifying oesophageal varices in patients undergoing variceal screening or surveillance. Secondary aims were to establish the ability of oesophageal capsule endoscopy to detect gastric varices or portal hypertensive gastropathy, and to ascertain post procedure patient perception of comfort compared to standard gastroscopy.

Methods Inclusion criteria was patients with cirrhosis referred within our centre for variceal screening or surveillance. Exclusion criteria were known dysphagia, suspected or known gastrointestinal tract stricture, suspected active gastrointestinal bleeding and active hepatic encephalopathy.

Capsule assessment was performed by instructing the patient to ingest the oesophageal capsule with sips of water/simethicone mixture in left lateral patient position. Oesophagogastric mucosa was evaluated in real time during capsule transit through a computer attached to the video recorder unit using three sensor element leads.

Standard gastroscopy was performed by another endoscopist, blinded to capsule findings, within the same day. Intravenous sedation was permitted during gastroscopy, if needed.

Patient preference and comfort levels (by digital analogue scale where 0 = no pain, 5 = very painful) were recorded post-recovery.

Results Thirty-one patients with cirrhosis (17 males, 14 females, median age 60 years) were included. There was moderate agreement level in assessing the presence of oesophageal varices (Kappa value 0.545, p < 0.005) (See table below).

Majority of patients (n = 26, 84%) preferred oesophageal capsule endoscopy compared to gastroscopy. Capsule endoscopy