Introduction Spiral enteroscopy (SE) is an emerging technique for the evaluation and management of small bowel pathology. There is no published data concerning tolerability and safety of this technique under sedation in the UK. We report our single centre experience of the tolerability, safety and efficacy of SE in the investigation and management of small bowel pathology.

Methods A retrospective analysis of case notes of patients undergoing SE (March 2009–November 2010) was performed. Patient demographics, indications, findings, treatment performed, tolerability and complications were analysed.

Results We performed 47 procedures in 43 patients. 45 SEs were performed per oral and 2 per annum. M:F 30:17. Mean age was 68.8 (range 35–90). Indications for SE were anaemia (17), angiodysplasia (12), occult GI bleeding (7), polyps (5), upper GI bleeding/melaena (3), abnormal radiology (1), pain (1) and Peutz–Jegher syndrome (1). All procedures were performed under conscious sedation. Mean estimated depth of insertion in 39 patients was 212 cm (range 100–300 cm) per oral. Mean time for the procedure in 41 patients was 40 min (range 15–80). Abnormalities were identified in 30 (63.8%) cases; comprising angiodysplasia (22), small bowel diverticula (3), polyps (2), ulceration (2), lymphoma (1), Blue Rubber Bleb Naevus syndrome (1), presence of altered blood (1), lymphangiectases (2) and upper gastrointestinal pathology (GAVE, hiatus hernia, Barrett's oesophagus). Seven patients had more than one abnormality. Therapy was performed in 24 cases (51.2%) and comprised APC (21), tattooing (8), multiple polypectomies (1), and dual therapy with adrenaline and clipping/APC (2). Tolerance was recorded by endoscopist and nursing staff as 'good', 'fair' or 'poor'. Tolerance was recorded as 'good' in 34 (72.3%) cases, 'fair' in 8 (17%) cases and 'poor' in 5 (10.6%) cases. One patient suffered a complication - mild hypotension and hypoxia resolving with intravenous fluids and oxygen. There was one death within 30 days, in a patient with ischaemic heart disease and cardiac failure (not procedure related). Main limitations of this technique were failure of the spiral to engage the small intestine adequately (3), impaction of the spiral in a large hiatus hernia (1) and in one patient SE did not visualise a tattoo placed previously at double balloon enteroscopy.

Conclusion In our experience, spiral enteroscopy appears to be a safe and effective way of diagnosing and treating small bowel pathology. It is safe to perform under conscious sedation and well tolerated in most patients.

Competing interests None.

Keywords Safety, Spiral Enteroscopy, Tolerability.

Small Bowel

PTU-039 **SPIRAL ENTEROSCOPY: FINDINGS, TOLERABILITY AND SAFETY IN A SINGLE UK CENTRE**

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