adequacy of bowel preparation according to three categories (>80% visualisation; 50%–80% visualisation).

Results

	Mean age	Completion rate (%)	Yield (%)	Good SB views (%)	Mean GTT ± SEM (min)	Mean SBTT ± SEM (min)
Gp 1	63.6	79	42.1	100	35.9±11.19	254.8±24.83
Gp 2	57	83.3	41.6	81.2	87.5±47.79	239.3±45.7
Gp 3	60	90	35	79	74.8±27.06	211.5±24.14
p Value		NS	NS		NS	NS

Conclusion Our findings are in keeping with a recent meta-analysis which has shown no difference in CE completion rates, GTT and SBTT with purgative preparation.⁴ Our study shows a trend towards better caecal completion rates with bowel preparation involving PEG and Picoprep, but these results did not reach statistical significance. Overall diagnostic yield was similar in all three groups. Liquid diet, in combination with fasting, prior to CE is generally better tolerated by patients³ and our findings would support this as adequate preparation for CE.

Competing interests None declared.

REFERENCES

1. Park SC, Keum B, Seo YS, *et al.* Effect of bowel preparation with polyethylene glycol on quality of capsule endoscopy. *Dig Dis Sci* 2011;**56**:1769–75.
2. Dai N, Gubler C, Hengstler P, *et al.* Improved capsule endoscopy after bowel preparation. *Gastrointest Endosc* 2005;**61**:28–35.
3. Pons Beltrán V, González Suárez B, González Asanza C, *et al.* Evaluation of different bowel preparations for small bowel capsule endoscopy: a prospective, randomised, controlled study. *Dig Dis Sci* 2011;**56**:2900–5.
4. Rokkas T, Papaxoinis K, Triantafyllou K, *et al.* Does purgative preparation influence the diagnostic yield of small bowel video capsule endoscopy? : a meta-analysis. *Am J Gastroenterol* 2009;**104**:219–27.

PTU-239 EUS ASSESSMENT OF LESIONS OF THE AMPULLA OF VATER: OF PARTICULAR VALUE IN LOW GRADE DYSPLASIA

doi:10.1136/gutjnl-2012-302514c.239

K Roberts, N McCulloch,* D Mayer, J Isaac, P Muiesan, S Bramhall, D Mirza, R Sutcliffe, C Forde, R Marudanayagam, B Mahon. *Queen Elizabeth Hospital Birmingham, Birmingham, UK*

Introduction Lesions of the ampulla of Vater are difficult to stage using conventional cross sectional imaging and endoscopy. An accurate diagnosis is essential as this permits endoscopic resection in dysplastic lesions preserving pancreatoduodenectomy for malignant cases. Endoscopic ultrasound has greater sensitivity and specificity than conventional imaging in staging lesions. To date its role in staging dysplastic lesions is unclear.

Methods Patients with adenomas or adenocarcinomas of the ampulla were identified from departmental databases over a 5-year period. Methods of presentation, investigation, treatment and outcome were recorded. Patients with no EUS were compared to those with EUS.

Results Of 58 patients, 27 were investigated with an EUS. There was no difference in age, sex or method of presentation between groups. The preoperative diagnosis was correct in 94% of cases in the EUS group vs 61% in the no EUS group ($p=0.006$). The sensitivity, specificity, positive and negative predictive values in the EUS group to correctly identify malignant lesions was 93, 100, 100 and 93% respectively. For the non-EUS group these values were 77, 91, 93 and 72%. Every diagnosis of low grade dysplasia (LGD) was correct in the EUS group while these accounted for the majority of errors in the no EUS group. High grade dysplasia (HGD) was frequently understated.

Conclusion When added to existing investigations, EUS increases the accuracy of preoperative staging of ampullary lesions being particularly useful in cases of LGD. This permits safe endoscopic management of these cases. Cases of HGD must be reviewed carefully and considered for pancreatoduodenectomy.

Competing interests None declared.

PTU-240 IMPROVING OUTCOMES OF ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY WITH THE USE OF NEW TECHNIQUES IN A DISTRICT GENERAL HOSPITAL SETTING

doi:10.1136/gutjnl-2012-302514c.240

N Owen,* B Macfarlane, A King, A Leahy. *Department of Gastroenterology, West Hertfordshire Hospitals NHS Trust, Watford, UK*

Introduction Outcomes of endoscopic retrograde cholangio-pancreatography (ERCP) performed at West Hertfordshire Hospital NHS Trust (WHHT) in 2007 and 2011 were compared. The 2011 data followed introduction of the techniques of wire-guided cannulation and balloon sphincteroplasty. Outcomes measured included successful biliary cannulation on first ever ERCP, the use of precut, successful stenting of strictures, stone extraction and post ERCP pancreatitis rates. The number of referrals to a tertiary centre due to failed ERCP in both years was also calculated. The outcomes were compared with national data from the BSG ERCP audit of 2007.¹

Methods Local data were obtained from all ERCP performed at WHHT in the years 2007 and 2011. Success of cannulation, precut use, successful stenting and stone extraction was collected from electronic ERCP reports. Post ERCP pancreatitis rates were obtained by confirming hyperamylasaemia post ERCP of at least three times the upper limit of normal requiring admission to hospital or prolongation of planned admission of ≥ 2 nights, as per the BSG 2007 Audit definitions.¹ Similar national outcomes were taken from the BSG 2007 Audit.¹

Results Results are summarised below:

A Fisher's exact test was performed to compare data. A statistically significant difference was found between the 2007 and 2011 groups (p value <0.01) when comparing successful stone extraction. Tertiary centre referrals due to failed ERCP fell from 12 in 2007 to 4 in 2011.

Conclusion The introduction of wire-guided cannulation has maintained high success rates of biliary cannulation with a reduction in

ERCP data	Successful biliary cannulation on 1st ever ERCP	Pre-cut use	Success of pre-cut	Successful stenting of stricture	Successful stone extraction	Post ERCP pancreatitis
UK 2007	2684 of 3210 (84%)	465 of 5264 (8.8%)	303 of 465 (65%)	1341 of 1827 (73%)	1318 of 2114 (62%)	79 of 5264 (1.5%)
WHHT 2007	172 of 190 (91%)	12 of 218 (5.5%)	6 of 12 (50%)	46 of 54% (85%)	61 of 91 (67%)	8 of 218 (3.7%)
WHHT 2011	180 of 193 (93%)	15 of 257 (6%)	11 of 15 (73%)	67 of 77 (87%)	97 of 116 (84%)*	3 of 257 (1.3%)

*Balloon sphincteroplasty used in 24 of 116 (21%).