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Introduction Acute pancreatitis is the most common complication following ERCP. In 2010, the European Society of Gastrointestinal Endoscopy delivered Guidelines on the Prophylaxis of post-ERCP pancreatitis (PEP).[1] These included Grade A recommendations advising the use of prophylactic pancreatic stents and NSAIDs in high-risk cases. The aim of this study was to capture the current practise of UK biliary endoscopists in the prevention of PEP.
Methods In Summer 2012 an anonymous online 15-item survey was e-mailed to 373 UK Consultant Gastroenterologists, GI Surgeons and Radiologists identified to perform ERCP.
Results The response rate was 59.5% (222/373). Of respondents 52.5% considered ever using prophylactic pancreatic stents (PPS) for the prevention of PEP. Those who used PPS always attempted to do so for the following procedural risk factors; pancreatic sphincterotomy (48.9%), suspected sphincter of Oddi dysfunction (46.5%), pancreatic duct instrumentation (35.9%), previous PEP (25.2%), precut sphincterotomy (8.5%) and pancreatic duct injection (7.8%). The decision to use prophylactic NSAIDs was significantly associated with attempts at PPS placement ($p < 0.001$).The stent characteristics, follow-up methods and timing varied significantly. Of those who did not use PPS 64.1% cited a lack of conviction in their benefit as the main reason for their decision. Self-reported pharmacological use rates for PEP prevention were: NSAIDS (34.6%), Antibiotics (20.6%), Rapid IV Fluids (13.2%) and Octreotide (1.6%). Only 6% of respondents routinely measured amylase post-ERCP.
Conclusion Despite strong evidence-based guidelines for prevention of PEP less than 53% of ERCP practitioners either consider using pancreatic stenting or NSAIDs. This suggests a need for the development of BSG guidelines to increase awareness in the UK. Even amongst stent users PPS are being underused for most high risk cases. Pharmacological measures were rarely used for PEP prophylaxis. Routine post-ERCP serum amylase measurement was rare even in day case procedures.
Disclosure of Interest None Declared.

REFERENCE

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PWE-065 COLONOSCOPY AND BIOPSY PRACTICE IN PATIENTS WITH DIARRHOEA

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Introduction Colonoscopy is often performed in patients undergoing investigation for unexplained diarrhoea. Obtaining colonoscopic biopsies for persistent diarrhoea is an auditable JAG standard. The aims of this audit were (1) To determine the diagnostic yield of colonoscopy in patients undergoing investigation for diarrhoea. (2) To determine the rate at which biopsies are undertaken in patients with a "normal" colonoscopy. (3) To assess for variations in biopsy sampling amongst endoscopists.
Methods An analysis was performed of all colonoscopies with the indication of diarrhoea, undertaken in 2010. Interrogation of the electronic endoscopy reporting tool, looked at endoscopist discipline, findings at endoscopy, if biopsies were taken, number of biopsies and biopsy sites, and corresponding histology results.
Results A total of 609 patients were identified in whom the indication for colonoscopy was diarrhoea. The mean age was 57 years (range 14–90 years) with 40.4% male and 59.6% female. Caecal intubation was achieved in 565 patients (92.8%) with terminal ileal intubation recorded in 231/609 patients (37.9%). Overall, biopsies were taken in 545/609 patients (89.5%). The median number of biopsies taken per procedure was 10.5 (range 1 – 22), with a median number of 5.5 from the left side of the colon and 4 from the right side. Colonoscopic appearances were abnormal in 295/609 (48.4%) patients with isolated proximal disease in 36/295 (12.2%). The most common endoscopist abnormality was diverticular disease in 149 patients (24.4% overall), followed by polyps in 115 (18.8%), suspected inflammation in 67 (11%), suspected tumour/cancer in 11 (1.8%), and melanosis coli in 1 patient (0.2%). Of the patients with suspected mucosal inflammation, histology revealed features of IBD in 25 (4.1%) of patients with isolated right-sided inflammation in 5 (0.8%) and terminal ileum alone in 2 (0.32%). Of the 609 colonoscopies, 261 (42.9%) were referred as a 2-week wait urgent suspected cancer referral, yet a diagnosis of cancer was made in only 4 cases (1.53%). Of the 7 cancers detected, 6 (85.7%) were located in the left colon.

Of the 314 «normal» colonoscopies, biopsies were taken in 268 (85.4%) patients and histology confirmed microscopic colitis in 15 (4.77%) and mucosal inflammation in 27 (8.6%). There was variation in the frequency and number of biopsy specimens obtained: GI physicians 91.59% (median number 10.5), GI surgeons 84.39% (median number 8.5), Nurse/GP Endoscopist 92.45% (median number 8) and non-GI physicians/surgeons 92.8% (median number 5).
Conclusion Although abnormal findings are not uncommon in patients undergoing colonoscopy for symptoms of diarrhoea, yield for cancer is low. There is variation in practise among endoscopists in obtaining biopsy samples in the setting of diarrhoea and normal colonoscopy
Disclosure of Interest None Declared.

PWE-066 IMPACT OF RIGHT COLON RETROFLEXION ON ADENOMA DETECTION RATE

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Introduction Colonoscopy is less effective in visualising the right colon compared with the rest of the colon and small adenomas are frequently missed during routine procedures. The aim of this study was to determine whether retroflexion in the right colon would improve adenoma detection rate.
Methods We carried out a prospective pilot study on a total of 37 adults who underwent elective diagnostic colonoscopy with a EC3490 TFi (Pentax retro-view) colonoscope between October 2012 and January 2013. A careful colonic examination to the caecum in the forward view was performed. The colonoscope was then retroflexed in the right colon to identify any additional adenomas. Success rate of retroflexion, adenoma detection rate in forward-viewing as well as in retroflexion were assessed along with comfort scoring and incidence of adverse events.
Results Study population of 37 patients, mean age 62 yrs, F: M ratio 1:0.8.Retroflexion in the right colon was successful in 34 patients (92%), with looping on insertion the cause of the failures. On forward viewing 28 polyps were identified, of which 11 adenomas were in the proximal colon. Retroflexion identified an additional 3 adenomas (all < 1cm), improving the overall adenoma detection rate by 9%. 81% of patients did not experience any discomfort (comfort score 0) during the procedure. Apart from one minor post-polypectomy haemorrhage no adverse events were recorded.
Conclusion This preliminary data suggests that right colon retroflexion may improve the adenoma detection rate of colonoscopy. Although the procedure is feasible, safe and easy to carry out, further high power studies are needed to establish whether retroflexion should be incorporated into standard colonoscopy technique.
Disclosure of Interest None Declared.