Results A total of 65 OCEs (50 patients; 27 M/23 F; mean age: 52.7 ± 13.7 years) were carried out in the aforementioned period. 32% pts had haemophilia (16/50 patients/all male; mean age: 51.6 ± 9.8 years; range 31–78 years; 28 OCEs); 5 pts had repeat OCEs (1 pt: 1 repeat, 2 pts: 2 repeat, 1 pt: 3 repeat & 1 patient: 4 repeat OCEs). All haemophiliacs were infected with HCV; 2 pts were co-infected with HIV. 3/16 (18.75%) of haemophiliacs had established cirrhosis, 5/16 (31.25%) probable cirrhosis. In haemophiliacs, indications for OCE were: variceal surveillance (OCEs **group A**: 17/28; 60.7%) and/or other upper GI symptoms (OCEs **group B**: 11/28; 39.3%). PillCam[®]ESO1 was used in 15/28 (53.6%) occasions and PillCam[®]ESO2 for the rest (13/28; 46.4%). The overall diagnostic yield (DY) of OCE in haemophiliacs was 78% (21/28). The DY was similar in OCEs group A: 64.7% (findings in 11/17) and OCEs group B: 54.5% (findings in 6/11), $P = 1.0$. Oesophageal transit times were mean: 166s; range: 3–1171s. All capsules reached the stomach, but only 8/28 (28.5%) capsules entered the duodenum.

Conclusion OCE is a useful and acceptable alternative to conventional endoscopy in selected groups of patients. In particular, OCE in haemophiliacs has a high DY and should be considered a first line investigation to guide further endoscopic intervention.

Disclosure of Interest None Declared.

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PTH-069 DOES DIVERTICULOSIS PROTECT AGAINST SIGMOID CANCER?

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Introduction With the advent of the English National Bowel Cancer Screening Programme (BCSP), a higher proportion of left-sided cancers than expected has been documented¹. A high incidence of diverticular disease in the left colon has also been seen². Anecdotally we observed that within the BCSP, relatively few sigmoid colon cancers were detected in people with sigmoid diverticulosis.

Methods An observational, retrospective analysis was performed of all BCSP FOB diagnostic colonoscopies between July 2007 and end June 2012. Patients reported to have sigmoid diverticulosis were identified and the incidence of colorectal cancer in the sigmoid colon was recorded. Chi square with Yates correlation statistical analysis was performed with a p value of < 0.05 considered significant.

Results

Abstract PTH-069 Table 1

	No Sigmoid CRC	Sigmoid CRC	Grand Total
No Sigmoid Diverticulosis	97241	3878	101119
Sigmoid Diverticulosis	38480	860	39340
Grand Total	135721	4738	140459

In the 5 year study period, 140,459 BCSP colonoscopies were performed for a positive faecal occult blood (FOB) indication. Sigmoid colon cancers were found in 3.4% of procedures ($n = 4738$). Sigmoid diverticulosis was documented in 27.4% of procedures ($n = 38480$). Patients with sigmoid diverticulosis were less likely to have

co-existing sigmoid colorectal cancer (3.99% of those patients without sigmoid diverticulosis had sigmoid colorectal cancer versus 2.23% of those patients with sigmoid colorectal cancer, $p < 0.0001$).

Conclusion This inverse association between sigmoid cancer and diverticulosis has not previously been reported but warrants further investigation. Potential explanations include increased likelihood of FOB positive result with diverticulosis (false positive; we consider this the most likely explanation), under-reporting of diverticulosis when a cancer is detected, missed lesions within the diverticular segment (unlikely, as for this to account for the difference this would mean almost half of sigmoid cancers being missed), or possibly a protective effect due to changes in bacterial flora in the diverticular segment. Further study in non-FOB populations is appropriate.

Disclosure of Interest None Declared.

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PTH-070 ENDOSCOPIC RESECTION OF GIANT, (> 4CM) SESSILE/FLAT COLONIC POLYPS: TECHNIQUES AND OUTCOMES

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Introduction Giant, sessile/flat colon polyps (> 4cm) are challenging to remove endoscopically and many lesions are still treated with laparoscopic or open segmental resection.

Methods From our prospective, tertiary referral, polypectomy database of large colorectal polyps, 107/297 consecutive patients with 109/316 colon polyps, were referred for endoscopic resection of > 4cm flat/sessile colon polyps with a mean size ($\pm$ SD), 52 ± 22mm. Reasons for tertiary referrals were large polyp size/extent with moderate to severe submucosal fibrosis (SF) (37%), difficult endoscopic access (36%) or failure to adequately lift (24%). Polyps were assessed and treated using 'inject and cut' piecemeal Endoscopic Mucosal Resection (P-EMR) or P-EMR with Endoscopic Mucosal Ablation (P-EMR/EMA). Supplementary techniques such as Endocuff-assisted polypectomy (EAP) and Laparoscopic-assisted endoscopic polypectomy (LAP) were employed to improve endoscopic access. Completion rates, recurrence, and adverse events were documented prospectively.

Results Nineteen P-EMR/EMA hybrids, 29 Spiral snare (Olympus) P-EMR's and 2 EAP's were performed to treat polyps with SF (42% previously failed polypectomy attempt at referring centre, 7.5% tattoo under polyp and 51.5% lesion-related fibrosis) and improve endoscopic access. Polypectomy was considered successful in 94.5% in a single session with mean procedure time ($\pm$ SD), 43 ± 12.2 min. One deep submucosal tear (0.9%) was successfully treated with endoclips. Eight patients (7.4%) required hospitalisation due to delayed post-polypectomy bleeding with one undergoing emergency laparotomy. There was no mortality. First follow up (3/6 months) was attended by 92/107 patients with no recurrence in 41/92 (3 malignant polyps favourable histology), easily treatable benign recurrence of < 10mm in 39/92 and > 10mm recurrence in 12/92 (one patient with large rectal recurrence had a TEMS procedure and two patients with histology showing malignancy had segmental resections). A second f/u (9/15 months post initial resection) was performed in 40/92 patients with no recurrence in 28/40, < 10 mm benign recurrence in 11/42 (continuing surveillance) and one benign recurrence > 10mm (continuing surveillance).

Conclusion Endoscopic resection of giant, > 4cm, sessile/flat colon polyps demands a multi-modality approach, but good medium term

outcomes can be achieved with most patients spared surgery. Minor recurrence occurs frequently but can be successfully managed with close surveillance.

Disclosure of Interest None Declared.

PTH-071 THE IMPACT OF INTRODUCING THE 24/7 EMERGENCY GASTROINTESTINAL BLEED SERVICE ON REDUCING HOSPITAL STAY AND MORTALITY IN A DISTRICT GENERAL HOSPITAL

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Introduction Upper Gastrointestinal (GI) bleed remains the commonest gastrointestinal emergency with a significantly high hospital mortality and prolonged hospital stay[1]. The aim of the study is to audit any difference of the above parameters after the introduction of GI bleed rota in our trust.

Methods The data was collected from patient records and endoscopy database. Rockall scores were used for risk stratification. Standard statistical methods were used for analysing data. Comparisons were made with the audit results from 2005.

Results The re audit was conducted as a follow up to the one which was done in 2005, after introducing local upper GI bleed guidelines and 24/7 GI bleed rota.

A total of 107 patients (including both in- and outpatients) were referred for upper Gastrointestinal endoscopy with suspected upper GI bleed from 1st Jan to 30th June 2012. A sample of 39 patients were randomly (every third patient) included in the audit with 19 females and 20 males. The mean age was 69.6yrs (±30yrs).

The time interval from presentation to therapeutic endoscopy was 35.35 hours as opposed to 2.82 days according to 2005 audit data. Amongst the endoscopy findings 12.82% (5/39) patients had Gastroesophageal varices versus no banding in 2005 audit data; there was no significant difference amongst other aetiologies in both audit samples. Thirty day mortality was 7.7%(3/39) as compared to 13.33%(4/30) in 2005. The length of hospital stay was found to be 10.7 days as compared to 12.32days (2005).

Conclusion

1. The mortality was reduced as the time delay to therapeutic endoscopy reduced.
2. The hospital stay has been shortened by a couple of days in this study sample. The estimated cost of 24/7 GI bleed rota is 15000 pounds per annum which can potentially save significant amount of funding by reducing hospital stay i.e. An investment worth spending on.
3. The incidence of variceal bleeding has increased significantly over the years.

Disclosure of Interest None Declared.

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Health service research and IT

PTH-072 A RETROSPECTIVE REVIEW OF VIDEO CAPSULE ENDOSCOPY (VCE)

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Introduction Background: Video capsule endoscopy (VCE) is one of the main investigations of the small bowel, especially in areas

that cannot be examined by conventional endoscopy. VCE is considered gold standard for investigating obscure gastrointestinal bleeding and iron deficiency anaemia (IDA).

Methods Patients who had VCE at our hospital over two separate periods of time were included. Case notes and VCE results were reviewed. In between the two time periods patency capsule became available at the hospital and new BSG guidelines for management of IDA were published. We compared the two time periods for indication with particular reference to adherence to the IDA guidelines, and capsule retention.

Results 233 patients were identified, 48% (n = 111) male and 52% (n = 122) female. Median age (range) was 51 years (7- 94) with majority 30- 80 years.

Indications IDA was the commonest indication for VCE (52.3%), followed by exclusion of inflammatory bowel disease (IBD) (21%). No difference was seen in referral patterns for IDA despite the IDA guidelines.

Findings The most common finding overall was angioectasia (39.4%), of which 71% had IDA as indication. IBD was diagnosed in 4.2%. In cases of IDA, angioectasia was the most common finding (56%). There were no significant differences in findings between the two years studied. Non-steroidal anti-inflammatory drugs (NSAIDs) were more commonly used by patients referred with IDA (p = 0.009) but did not have an effect on the VCE result.

Patency capsule was available only for the second period. It was performed in 22 (18.6% of referrals) cases. More than half of them were referred to investigate IBD; 11 VCEs were excluded on the basis of patency capsule result. The other 11 went on to have VCE. Capsule retention was documented in three cases overall (1.3%), one of them had prior patency capsule. Two of them passed the capsule without surgical intervention, and the third case was lost to follow up.

Conclusion VCE is most commonly used to investigate obscure gastrointestinal bleeding and IDA. It is increasingly utilised for other indications such as diagnosis and assessment of IBD and coeliac disease. BSG guidelines for management of IDA recommend VCE only in certain groups of patients. We could significantly reduce VCE workload and resource requirements by adhering more closely to these guidelines.

Patency capsule has opened the door to patients with potential strictures and probably increases opportunity to visualise the small bowel in Crohns disease particularly. However passage of the patency capsule does not 100% rule out VCE retention.

Disclosure of Interest None Declared.

PTH-073 SOCIAL MEDIA USE BY INFLAMMATORY BOWEL DISEASE AND VIRAL HEPATITIS PATIENTS AND POTENTIAL APPLICATION FOR HEALTHCARE

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Introduction Currently, inflammatory bowel disease (IBD) and viral hepatitis management involve regular visits to hospital clinics. This requires frequent time taken out of work and family life to attend. This study investigates patients' current social media use and attitude toward the potential role social media could have in reducing their hospital visits.

Methods Over a one month period (November 2012), IBD and hepatitis B and C patients attending the Gastroenterology and Hepatology Outpatient Departments of St. George's Hospital were identified. Convenience sampling was used; all IBD and hepatitis B and C patients encountered in these clinics were asked to participate. Patients were asked to complete a questionnaire, gathering information about their disease, current use of social media and their views about social media in the management of their disease