Disclosure of Interest None Declared.

PWE-045 HAS COLONOSCOPY BECOME A TEST TO FIND INCIDENTALOMAS?

J George*, K Manoj. *Gastroenterology, Wrexham Maelor Hospital, Wrexham, UK*

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Introduction Demand for colonoscopy has risen over the years and many hospital trusts in the UK are struggling to cope with the demand. This causes many deserving patients waiting longer for the procedure resulting in increasing patient anxiety along with potential clinical risks of delayed diagnosis. We were interested in looking at the correlation between indications and findings at colonoscopy and to explore the possibility of refining the referral criteria to improve diagnostic yield and to reduce demand. We had a specific interest in rectal bleeding as a symptom.

Methods Colonoscopy data for 2013 was sought giving us a total of 2021 procedures which was retrospectively analysed by using the reporting software. This number was then filtered by indications for colonoscopy which included rectal bleeding with or without associated factors which left 378. We analysed all the pathology in particular that which was proximal to the splenic flexure and whether the findings showed a causal link to the indication.

Results There were 52 (13.8%) procedures among these which found pathology proximal to splenic flexure and therefore beyond the extent of examination of flexible sigmoidoscopy that can directly be linked to the symptoms. Of these 52, 12 (3.2%) were attributed to the indication for the referral. 86.2% of

colonic pathology could be found potentially using flexible sigmoidoscopy. Looking at the indications in detail in relation to significant pathology proximal to the splenic flexure only; diarrhoea (8/69) 11.6%, iron deficiency anaemia (1/30) 3.3% and bleeding only (2/89) 2.2% had significance.

Conclusion Colonic pathology proximal to splenic flexure with a causal link to the indication is rare when investigating rectal bleeding unless associated with diarrhoea. Flexible sigmoidoscopy may be more appropriate in other instances.

Disclosure of Interest None Declared.

PWE-046 EYE TRACKING ASSESSMENT SUGGESTS FASTER TIME TO DETECTION AND GREATER ATTENTION SPAN FOR DYSPLASTIC LESIONS WITH AUTOFLUORESCENCE COMPARED TO WHITE LIGHT ENDOSCOPY

J Ariyaratnam*, N Mohammed, V Subramanian. *Department of Gastroenterology, Leeds Teaching Hospitals, Leeds, UK*

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Introduction Surveillance endoscopy is crucial to the management of Barrett's oesophagus to diagnose and treat dysplasia. Recent studies have confirmed that increased time of inspection of the Barrett's mucosa increases detection rates. However increasing inspection time has both clinical and economic implications. Advanced imaging techniques like autofluorescence imaging (AFI) improves detection of dysplastic lesions, but little is known about the time taken to detect abnormalities with these modalities.

Methods We presented a series of endoscopic images of dysplastic lesions within the oesophagus to novice endoscopists on a computer screen. Each of the 10 lesions was presented in white light endoscopy (WLE) and AFI modes. The subjects reviewed these images in a random order with 10 seconds for each image. They were tasked with identifying the lesion as fast as possible and fixating on it for the duration of presentation. An eye tracking system (Grinbath eye tracker, College Station Texas) was used to record eye movements of the subjects and we calculated the amount of time it took to fixate on the lesion and the percentage attention time on each lesion.

Results A total of 26 novice endoscopists were recruited to the study, resulting in a total of 260 presentations of WLE images and 260 presentations of AFI images. The average time to fixation on the lesion was significantly less ($p < 0.05$) in AFI (5.47 seconds) compared to WLE (6.17). In addition, the percentage attention span on the lesion following detection was significantly greater for AFI (58.12%) than WLE (49.96) ($p < 0.0005$).

Pie chart representing all colonoscopies performed in 2013 with rectal bleeding as part of the indication

Abstract PWE-045 Figure 1

Abstract PWE-045 Table 1 Table to show the indications with rectal bleeding in relation to right side and left sided colonic pathology

Indication (Bleeding +)	Right sided colonic pathology	Left sided colonic pathology	Right sided cause for the indication	Total number of colonoscopies	Percentage of right sided causes for the indication
Abnormal sigmoidoscopy or CT Scan	5	23	0	28	0.0%
Positive family history, previous polyps or national screening	10	31	0	41	0.0%
Previous carcinoma	1	3	0	4	0.0%
Constipation	1	14	0	15	0.0%
Constipation and diarrhoea	0	23	0	23	0.0%
Bleeding only	11	77	2	89	2.2%
Diarrhoea	10	59	8	69	11.6%
Iron deficiency anaemia	5	25	1	30	3.3%