Abstract PTU-042 Table 1

Rockall score	Registrar-led OGD (Mortality %)	Consultant-led OGD (Mortality %)	p value
1	0	0	n.s.
2	0	*	n/a
3	27.27	25	n.s.
4	35.71	12.5	n.s.
5	25	57.14	n.s.
6	40	100	n.s.
7	42.86	0	n.s.
8	66.67	*	n/a

*No consultant-led procedures with this Rockall score in the sample.

13, in patients presenting with haematemesis or melaena and requiring endoscopy. The Rockall score for each patient was calculated and plotted against mortality for the whole population, and then sub classified into consultant- or registrar-performed procedures.

Results 110 procedures performed on 101 patients (41 female, 60 male, median age 71, age range 23–93, and an overall mortality of 29.7%) were analysed

A direct relationship between an increasing Rockall score and mortality was demonstrated in both the overall population, and also in the registrar-performed procedures, inferring typical population characteristics. Mortality for registrar-performed procedures showed no appreciable difference to that of the overall patient population.

Conclusion Descriptors for achieving competence in therapeutic endoscopy have yet to be defined by the JAG. However, provided local mechanisms for delivering training in, and assessment of, competence at providing endoscopic haemostatic therapy are robust, our findings support the use of a registrar-led out-of-hours GI bleed service.

Disclosure of Interest None Declared.

PTU-043 CAPSULE ENDOSCOPY RETENTION; IS PREDICTION WITHOUT A PATENCY PRE-STUDY POSSIBLE?

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Introduction Small intestinal capsule endoscopy (CE) is used to investigate occult gastrointestinal bleeding, iron deficiency anaemia, to evaluate the small intestine for Crohn's disease (CD), polyposis syndromes or complications of NSAID use. The only significant complication is capsule retention, either long term or transient, potentially leading to luminal obstruction. The Patency Capsule can be used prior to CE to confirm the likelihood of safe passage however is only for use in conjunction with the system by Given Imaging (Diagmed UK, Personal communication). We use Mirocam CE equipment (Intromedic). Consequently reliance must be placed on radiological studies along with clinical evaluation when assessing the risk of retention. The aim of this study was to determine, in patients where capsule retention had occurred in the setting of a previously reported normal radiological study, whether retrospective review of the radiology could identify stricturing disease and therefore determine whether retention could have been predicted with prior radiological imaging alone.

Methods We reviewed records of all patients who had undergone CE in Gloucestershire since the inception of the local service in 2008. Identified all patients in whom capsule retention occurred. Defined capsule retention as occurring in patients where a stricturing lesion was seen, the capsule appeared not to pass the lesion and colonic mucosa was not positively identified. We retrospectively reviewed any relevant radiological studies performed prior to the CE to determine whether, with hindsight, abnormalities could be identified that would have significantly increased the risk of capsule retention.

Results 465 CE performed locally in Gloucestershire since 2008. CE retention occurred above a stricture in 6 (4 male, mean age 45, range 27–61). Indications for CE abdominal pain +/- anaemia. In 5 the strictures were thought to be secondary to CD (past history of CD in 2 only), in 1 due to NSAID use. No stricturing lesions had been identified previously on either barium follow through (2) or cross sectional (CT) imaging (4). 4 studies had been performed locally, 2 by other providers, reported by non-specialist radiologists. On retrospective review significant stricturing lesions were seen on all studies, findings contraindicating CE.

Conclusion CE is a safe and widely used tool. The risk of capsule retention increases in the setting of Crohn's disease. We have shown that in cases where capsule retention occurred in our institution, where prior radiology was reported as normal, stricturing lesions could be positively identified when reviewed retrospectively by a specialist radiologist. We conclude that thorough radiological assessment is adequate to predict capsule retention and patency studies prior to CE are therefore unnecessary.

Disclosure of Interest None Declared.

PTU-044 TERTIARY CENTRE EXPERIENCE OF 360 DEGREE SIDE-VIEWING VIDEO CAPSULE ENDOSCOPY

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Introduction Since its development in 1999, video capsule endoscopy (VCE) has become the investigation of choice for examining the small bowel. Recently, a novel panoramic 360 degree side-viewing VCE (Capsovision, Medical Innovations, USA) was launched. It differs from previous capsules in that no data recorder or sensors are required. The images are stored on the capsule itself, which when passed, must be retrieved and sent to the endoscopy reader for analysis.

We report our initial experience of this novel VCE.

Methods We retrospectively analysed the first 51 side-viewing VCE over a 6-month period at our institution. All patients had a clear liquid diet as preparation the day before.

Results 51 patients (26 males) underwent examination with the side-viewing VCE.

39 (76.4%) examinations were completed and 12 were incomplete. This included 4 which were lost due to being flushed away. Over the same time period, forward-viewing VCE complete results were available in 83.2% patients.

1 of the incomplete examinations was due to a NSAID-induced stricture, subsequently diagnosed with a forward-viewing VCE.

31 patients had good bowel preparation, 11 satisfactory preparation and 6 were reported as having poor bowel preparation.