

difference observed between groups was mostly explained by reductions in pathology errors and follow-up errors and not by improvements in endoscopist performance.

Conclusion Missed diagnosis rates at our institution are within the ranges reported in other studies of Western populations. Performance was not significantly improved by concentrating the practice of UGI endoscopy into specialist hands.

Competing interests None declared.

PMO-192 A RETROSPECTIVE COMPARISON OF THE PERFORMANCE OF OLYMPUS Q SERIES COLONOSCOPES AND PENTAX HI LINE AT SCREENING COLONOSCOPY

doi:10.1136/gutjnl-2012-302514b.192

A Chernoleskiy,* D Swain, J Lee, G Corbett, E A B Cameron. *Gastroenterology, Addenbrooke's Hospital, Cambridge, UK*

Introduction There is a small rate of interval cancer after colonoscopy partly due to incomplete lesion detection during the procedure. Some studies have shown superior lesion detection with improved endoscopic image quality and enhancement^{1 2} with one suggesting a 50% increase in polyp detection with Pentax HiLine (PH) over Olympus Lucera series (OL) colonoscopes. We have compared the performance of these two systems.

Methods All complete bowel cancer screening colonoscopies performed by a single endoscopist between 18 March 2010 and 27 September 2011 in faecal occult blood test positive patients (n=483) were analysed for insertion/withdrawal time, patient comfort/sedation doses and lesion detection (total polyps, adenomas, advanced, right sided). Comparisons were made between OL (white light) and PH (white light high definition on insertion, i-scan 1 on withdrawal). Differences between groups were analysed using either the Mann-Whitney U test or χ^2 test.

Results Completion rates were similar (OL 413/425; 97.2% and PH 55/58; 94.9%, p=0.24). The two groups were matched for age and sex. Adenoma detection rates were comparable (49% vs 56%, p=0.38). There was no significant difference in terms of mean insertion time, withdrawal time in normal colonoscopies, total numbers of polyps, adenomas, proximal adenomas or advanced adenomas (>1 cm, villous, with high grade dysplasia or containing cancer). The sample size gave an 88% power to detect the higher polyp detection rate detected previously.² There was a small statistically significant increase in nurse reported patient discomfort with PH (0.5 vs 1, p<0.0001—none=0, minimal=1, mild=2, moderate=3, severe=4) with higher requirements for Midazolam and similar Fentanyl doses.

Conclusion In this uncontrolled single endoscopist series in a homogenous group of patients, there did not appear to be a significant benefit of one system over the other in terms of procedure duration or lesion recognition. PH colonoscopes did appear to lead to a slight increase in patient discomfort and sedation requirements. A randomised controlled trial is required to establish the relative performances of these systems.

Abstract PMO-192 Table 1

	Mean (SD)		p Value
	Pentax	Olympus lucera	
Fentanyl dose (μ g)	61.4 (18.5)	57.5 (18.0)	0.13
Midazolam dose (mg)	2.4 (0.7)	2.1 (0.6)	0.035
Comfort score	1.0 (0.6)	0.5 (0.6)	<0.0001
Insertion time (min)	11.6 (7.5)	11.1 (6.6)	0.93
Withdrawal time* (min)	14.7 (8.0)	15.6 (8.2)	0.20
Total polyps	1.6 (1.7)	1.4 (2.0)	0.19
Total/proximal adenomas	1.1 (1.3)/0.4 (0.7)	1.0 (1.5)/0.4 (0.9)	0.28/0.74
Advanced adenomas	0.3 (0.5)	0.4 (0.7)	0.64

*In normal colonoscopies.

Competing interests None declared.

REFERENCES

- Hoffman A, et al. *Endoscopy* 2010;42:827–33.
- Banks, et al. *World J Gastroenterol* 2011;17:4308–13.

PMO-193 OUTCOME OF NON-COMPLIANCE WITH A PROGRAMME OF VARICEAL SCLEROTHERAPY IN A DGH

doi:10.1136/gutjnl-2012-302514b.193

¹A Jahanshad,* ²P Hanson. ¹*Gastroenterology, Airedale General Hospital, Steeton, UK;* ²*Gastroenterology, Great Western Hospital, Swindon, UK*

Introduction Bleeding from oesophageal varices is a serious medical emergency which can be prevented by endoscopic variceal ligation either as primary or secondary prophylaxis. We aimed to establish the degree of compliance with scheduled endoscopic therapy, the reasons for non-compliance and the clinical consequences.

Methods We examined the medical notes and endoscopy reports of 50 cirrhotic patients with oesophageal varices who underwent endoscopic band ligation at the Great Western Hospital over the last 3 years. We categorised the patients into two groups: those whose were followed up in accordance with BSG guidelines on the scheduling of oesophageal sclerotherapy and those whose follow-up fell short of these standards. We assessed the incidence of variceal haemorrhage in the two groups and investigated the reasons of inappropriate follow-up.

Results 50 patients underwent 229 endoscopy procedures for varices during the 3-year period. Of these, 45 endoscopies were performed outside the recommended time schedule: 25 were booked incorrectly; 12 were booked correctly but experienced a delay; 8 were both booked incorrectly and further delayed. 20 patients died (none from haemorrhage). Of the 18 out of 50 patients who were followed up appropriately none experienced re-bleeding. Among the group who were non-compliant with the recommended scheduled for whatever reason (45 delayed procedures in 32 patients) three patients underwent five admissions for GI bleeding during follow-up. Secondary prophylaxis after a first variceal haemorrhage was performed in 18 patients of who 9 were non-compliant with guidelines; 6 of these were due to non-attendance and 3 due to delays in booking due to pressure on appointments.

Conclusion There is a clear difference in outcomes between those whose variceal bleed is followed up in a timely way with repeat endoscopy as per BSG guidelines and those who, for whatever reason, are non-compliant with the guidelines. Emphasis must be placed on correct booking procedures and efforts made to contact patients about imminent appointments to minimise morbidity and mortality from variceal rebleeding.

Competing interests None declared.

PMO-194 POLYPOID LESIONS IN THE UGI TRACT IN PATIENTS WITH PORTAL HYPERTENSION; EUS BEFORE YOU BIOPSY!

doi:10.1136/gutjnl-2012-302514b.194

A Shams,* N McAvoy, S Alexandridis, J Plevris, P Hayes. *Department of Hepatology, The University of Edinburgh and NHS Lothian, Edinburgh, UK*

Introduction The universal use of upper gastrointestinal (UGI) endoscopy in patients with portal hypertension in combination with increasing number of patients with liver disease has resulted in the detection of indeterminate upper GI lesions, other than obvious varices. Many of these lesions are found incidentally and biopsying them presents a dilemma for the endoscopists, as this may lead to serious complications. The aim of this retrospective study was to