Methods We examined the factors that might potentially influence patient satisfaction with their colonoscopic procedure using a pre test questionnaire [self reported apprehension, the reason for any concerns, expectation of pain (represented as a visual analogue scale of 0–10, 0=no pain and 10=maximum pain) and previous experience of colonoscopy]. Data collected during the test itself (patient self reported pain scores collected immediately post procedure and sedation doses used) were compared with a post test questionnaire of overall satisfaction and willingness to undergo the test again in the future if required.

Results 448 patients participated (287 females and 201 males). Age range 18–88 years and mean age was 58 years. The mean anticipation of pain on the visual analogue scale was 2.61. The most common causes of anxiety were "fear of cancer?" (n=70) followed by "pain" (n=55), "tear/perforation" (n=14) and "previous adverse endoscopic experiences" (n=9). The mean actual patient reported pain scores were 3.14. 65 patients (45 females and 19 males) was very worried before test and their average anticipated pain score (AtFS) was 4.19 (total average 2.61) and the actual pain score (AcFS) 3.48 (average 3.14). 225 patients were worried before test and their AtFS 2.95 and AcFS 3.37. The patients who were not worried, their AtFS were 1.74 and AcFS 2.3. Patients (n=52) whose expected pre test pain scores were between 7 and 10 on visual analogue scale expressed higher levels of satisfaction with their procedures than those with lower anticipated pain scores (0–6) [95.7% vs 73.8%]. Patients who had a pre test apprehension score >7 were more agreeable to undergo the test again than those with score <6.

Conclusion Patient satisfaction is strongly correlated with patient comfort. Patients’ appreciating that colonoscopy is a potentially painful procedure report a higher level of satisfaction and acceptance of the sedation offered. The importance appropriate preparation of the patient should not be underestimated.

Competing interests None declared.

REFERENCE

1. Global Rating Scale.

Abstract PMO-220 Table 1

<table>
<thead>
<tr>
<th>Groups</th>
<th>Total number, 488</th>
<th>Anticipated pain score (A 2.61)</th>
<th>Actual pain score (A 3.14)</th>
<th>Pt satisfaction a=c (a=very, c=none) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Very worried</td>
<td>63</td>
<td>4.19</td>
<td>3.48</td>
<td>a=87 b=8 c=5</td>
</tr>
<tr>
<td>(B) Worried</td>
<td>225</td>
<td>2.95</td>
<td>3.37</td>
<td>a=82 b=14 c=4</td>
</tr>
<tr>
<td>(C) Not worried</td>
<td>200</td>
<td>1.74</td>
<td>2.8</td>
<td>a=78 b=18 c=4</td>
</tr>
</tbody>
</table>

PMO-222 PRE-OPERATIVE ENDOSCOPY IN BARIATRIC SURGERY PATIENTS

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Introduction Some authors suggest the routine use of endoscopy in patients undergoing bariatric surgery in order to detect asymptomatic hiatal hernias, oesophagitis, and gastric ulcers. Our unit uses selective endoscopy. The current study analyses the indications and findings of upper GI endoscopy in pre-operative bariatric surgery patients.

Methods A retrospective analysis of all bariatric surgery patients referred for Upper GI endoscopy at Charing Cross Hospital from 1 January 2009 to 30 October 2011. During this time period, 1093 bariatric surgery cases were performed. These consisted of 542 laparoscopic gastric bypasses, 220 laparoscopic gastric band insertions, 223 laparoscopic sleeve gastrectomies and 108 revisional bariatric procedures. The Endoscopy units’ electronic database of oesophagogastroduodenoscopies (OGDs) performed in that time period was analysed to determine how many bariatric surgery