Conclusion This pilot study has shown the DCS could be a useful tool for the prediction of difficult colonoscopy. This could be of benefit when scheduling lists for training and choosing the level of experience of colonoscopists before procedures are performed. A large study is planned.

Competing interests None declared.

PTU-229
THE EFFECT OF FRAME RATE AND VIEW MODE ON LESION DETECTABILITY BY NOVICE AND EXPERT CAPSULE ENDOSCOPYISTS DURING READING

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Introduction The RAPID 7 Access reading software (Given Imaging Ltd) allows the capsule endoscopist to adjust the frame rate of presented images (adjustable frame rate, AFR) and their view mode (VM1 - single view; VM2 - dual view; VM4 - quad view) during capsule endoscopy (CE) reading. The aim of this study was to establish the relationship between AFR, VM, lesion miss rate and reading time between non-expert (NEXs) and expert (EXs) capsule endoscopists.

Methods One short video clip containing 60 positive images of angioectasias was selected from our CE database. The clip was read by 3 EXs and 3 NEXs using nine different combinations of VM and AFR (1, 2 and 4 VMs × 10, 15 and 25 fps) presented in randomised order. Readers were asked to count each positive image of an angioectasia using a manual counter, without interrupting the video clip.

Results The reading times at 10, 15 and 25 fps were 54, 34 and 20 s, respectively for any VM. Considering 10 fps as the gold standard, an AFR of 15 and 25 fps resulted in a reduction in reading time of 37% respectively for any VM. MPI using VM2 and VM4 was significantly higher than an AFR of 15 and 25 fps (p = 0.04, 0.01). For VM1, VM2 and VM4, the MPI was 24, 36 and 38 respectively. The MPI using VM2 and VM4 was significantly higher than for VM1 (p = 0.01, 0.005). VM4 × 10 fps had highest MPI (51) while VM1 × 25 fps had the lowest MPI (14). MPIs of NEX and EX (all VM’s combined) were 34 and 32 and were not significantly different.

Conclusion While a higher AFR results in a reduction in reading time, lesion detectability is reduced and miss rates increase. Higher MPIs are associated with lower AFRs and an increase in VM. In this study the optimal combination for lesion detectability was VM4 × 10 fps. NEXs and EXs performed similarly for the detection of angioectasias.

Competing interests None declared.

PTU-231
BOWEL PREPARATION FOR INPATIENT COLONOSCOPY: AN AUDIT OF QUALITY AND OUTCOMES

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Introduction It is well recognised that inpatient colonoscopy is more problematic than outpatient colonoscopy, with poorer quality of bowel preparation? and reduced rates of successful completion of the procedure among inpatients.2 We aimed to measure the quality of bowel preparation and the success rate of inpatient colonoscopy in a large district general hospital.

Methods All patients undergoing inpatient colonoscopy at Worcestershire Royal Hospital between 1 September 2010 and 1 September 2011 were identified retrospectively using paper-based documentation available in the Endoscopy department. The computerised colonoscopy reports (Unisoft, Enfield, UK) were then obtained for these patients. Standard bowel preparation for these patients was two sachets of Ficolax, one the evening before and one the following morning, with colonoscopy performed on an afternoon list. Successful colonoscopy was defined as intubation of the caecum with "excellent" or "good" bowel preparation.

Results We identified 50 patients undergoing inpatient colonoscopy, with a median age of 74 (IQR 62–90), representing 5% of all colonoscopies done during this period. Approximately one-third (38%) were performed due to suspicious symptoms (most commonly PR bleeding), one-third (34%) were performed due to a CT abnormality,