been used to improve quality and define minimum standards for colonoscopy across the UK. JAG also provides a clear competency based framework to assess trainee performance; however, there is reluctance in some units to allow independent senior registrars, who have passed JAG assessment, to practise independently. At our teaching centre we encourage appropriately trained registrars to perform their own lists. Supervision is available if needed and departmental protocols define limits of therapy to be undertaken independently (eg, large polyectomies). Attendance at training lists to continue development is also actively encouraged. Our aim was to evaluate whether this provided a quality of service comparable to national standards.

Methods We used data collected retrospectively from endoscopy reporting software (Ascribe-Scorpio) on the caecal intubation rate, polyp detection rate, sedation usage and complication rate, to evaluate the performance of senior gastroenterology trainees between 2007 and 2011, against the JAG auditable outcomes for colonoscopy.

Results Over a 4-year period, 17 senior gastroenterology registrars performed a total of 2917 colonoscopies. 2221 (76.1%) procedures were unsupervised and 696 (23.9%) were supervised. An uncorrected caecal intubation rate of 94.9% was achieved during unsupervised procedures, 96.6% with supervision (p<0.05, X²). Polyp (all type) detection rate was 50%. Average sedation dose for patients aged >70 years, was pethidine 30 mg and midazolam 1.96 mg; aged <70 years, pethidine 35.5 mg and midazolam 2.54 mg. Flumazenil was used on four occasions and naloxone on one occasion. There were two major complications. One perforation, following argon therapy to an angiodyplasia, treated conservatively and one major post polypectomy bleed, treated endoscopically but admitted for observation. None of the registrars were outliers on the comfort score data.

Conclusion Our findings show that given appropriate training and support, independently practising senior UK gastroenterology registrars contribute significantly to service delivery, providing high quality colonoscopy, meeting JAG auditable outcome standards.

Competing interests None declared.

REFERENCE


BSG inflammatory bowel disease section symposium

OC-139 TIME TRENDS IN RATES OF FIRST SURGICAL RESECTION AND THIOPURINE USE IN CROHN’S DISEASE: RETROSPECTIVE COHORT STUDY
doi:10.1136/gutjnl-2012-302514a.139

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Introduction The efficacy of thiopurines in treating Crohn’s disease is well established but their role in altering the long term natural history of Crohn’s disease remains controversial. Using a national population based cohort we aimed to determine temporal trends in surgery and use of thiopurines.

Methods We undertook a retrospective study of electronic medical records from primary care. We identified newly diagnosed patients with Crohn’s disease between 1989 and 2005 in the General Practise Research database (GPRD) which contains prescription and clinical data for over 15 million people in the UK and has been validated for research. Incident cases were eligible if registered for more than 12 months before their diagnosis. Patients were allocated to three cohorts according to year of diagnosis: group A (1989–1995), group B (1994–1999) and group C (2000–2005). We calculated rates of first surgical resection and thiopurine prescribing (azathiopurine and 6-mercaptopurine) within 5 years of diagnosis to examine temporal trends.

Results 5654 patients met our inclusion criteria. The mean age was 37 years and 57% were female. During the study period from 1989 to 2010 rates of intestinal surgery decreased while prescription of thiopurines increased. Rates of first surgery were 17, 11, and 6/1000/ year (χ² p<0.05) and thiopurine prescriptions were 27, 38 and 45/1000/ year (χ² p<0.05) in groups A, B and C respectively. Furthermore rates of thiopurine prescription within the first year of diagnosis were 11, 15, and 26/1000/ year (χ² p<0.05) in groups A, B and C respectively.

Conclusion Rates of first surgical resection have markedly decreased with concomitant earlier and increased use of thiopurines over the same time frame. Further work is proposed to explain these trends.

Competing interests None declared.
A total of 61,574 Scottish residents were admitted to Scotland over the past 10 years. There has been a gradual reduction in mortality for patients admitted at weekends compared with weekdays (<0.001). Over the study period there was a greater length of stay (p<0.016) for patients admitted on weekends compared with weekdays (<0.05), with the greatest difference found in the most recent year (<0.001). For patients admitted on weekends compared with weekdays (<0.001). For patients admitted on weekends compared with weekdays (<0.001). For patients admitted on weekends compared with weekdays (<0.001). For patients admitted on weekends compared with weekdays (<0.001). For patients admitted on weekends compared with weekdays (<0.001).

Conclusion There has been a gradual reduction in mortality for patients admitted with UGIH in Scotland over the past 10 years. Despite a younger age, patients admitted at weekends had consistently higher mortality and greater length of stay compared with weekday admissions.

Competing interests None declared.

REFERENCES

OC-142 HEMOSPRAY FOR NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING: RESULTS OF THE SEAL DATASET (SURVEY TO EVALUATE THE APPLICATION OF HEMOSPRAY IN THE LUMINAL TRACT)

doi:10.1136/gutjnl-2012-302514a.142

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Introduction Hemospray is an endoscopic haemostatic agent licensed for use in non-variceal upper gastrointestinal bleeding (UGIB). It has been shown to be effective in achieving haemostasis in bleeding peptic ulcers in a pilot study from Hong Kong.1

Methods From June until September 2011 several European hospitals participated in the SEAL dataset. Data on the use of Hemospray, lesions treated and other endoscopic modalities employed were prospectively collected. Rockall score and treatment outcomes were obtained retrospectively. The type of lesion treated and the use of Hemospray as monotherapy or combination therapy was at discretion of the endoscopist.

Results Eighty two patients (57%M:25F) were treated across 10 hospitals. Median age was 70 years. Aetiology of UGIB was gastrointestinal ulceration in 52% (n = 43), post EMR 9% (n = 7), tumour 6% (n = 5), oesophageal ulceration 4% (n = 5), diverticular lesion 4% (n = 5), GAVE 2% (n = 2), post-polypectomy 2% (n = 2) and other causes totalling 21% (n = 17). The gastroduodenal ulcers were classified as Forrest 1a (n = 19), Forrest 1b (n = 21) and unclassified (n = 5). Hemospray was used as monotherapy in the majority of patients (57% n = 47). In 8 (10%) it was used as first modality followed by additional endoscopic treatment and in 27 (33%) it was used as an adjuvant (rescue) therapy. Primary haemostasis was achieved in 71 patients (87%). Results of therapy for each of the three subgroups are shown in the Abstract OC-142 table 1. There were five deaths none of which were due to bleeding. Cause of death was liver disease in two patients, myocardial infarction, aspiration pneumonia and perforation in the remaining three patients respectively. There were eight technical complications: four blockages of the application catheter, one blockage of the endoscope working channel, on two occasions the endoscope became adherent to the oesophageal mucosa after use in retroflexion and on one occasion the CO2 propellant cartridge failed to operate.

Abstract OC-142 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Hemospray monotherapy</th>
<th>Hemospray + additional endoscopic treatment</th>
<th>Standard endoscopic therapy + hemospray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>47</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Rockall score (median)</td>
<td>6</td>
<td>7</td>
<td>6.5</td>
</tr>
<tr>
<td>Primary haemostasis</td>
<td>46/47 (98%)</td>
<td>6/8 (75%)</td>
<td>19/27 (70%)</td>
</tr>
<tr>
<td>Rebleed (7 days)</td>
<td>7/46 (15%)</td>
<td>1/6 (17%)</td>
<td>7/19 (37%)</td>
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<tr>
<td>Mortality (7 days)</td>
<td>3/47 (6%)</td>
<td>0</td>
<td>2/27 (7%)</td>
</tr>
<tr>
<td>Number of peptic ulcers</td>
<td>19</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Proportion forest 1a</td>
<td>7/19 (37%)</td>
<td>3/6 (50%)</td>
<td>9/18 (50%)</td>
</tr>
<tr>
<td>Proportion forest 1b</td>
<td>10/19 (53%)</td>
<td>3/6 (50%)</td>
<td>8/18 (44%)</td>
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<td>0</td>
<td>1/18</td>
</tr>
</tbody>
</table>

Conclusion Hemospray provides an effective endoscopic modality for achieving primary haemostasis of non variceal UGIB as...