treated 70:69 completed eradication but one did not (adverse reaction to the antibiotics). Five were not treated on advice of the test-requesting clinician. The remaining seven patients were managed by ward staff (treatment advised by SpN) or by patient's General Practitioner (GP) on advice given in the endoscopy report. *Post-eradication follow-up UBT*: All 69 patients treated by SpN had UBT arranged but 10 defaulted the appointment. No follow-up UBT request was recorded in our hospital for the seven treated by ward staff or GPs.

Conclusion

1. The measures put in place have resulted in near-complete action but gaps in after-care identified: All SpN managed patients had follow-up UBT arranged (15% failed to attend) while those treated by others had no follow-up UBT.
2. Hence our management system is being tightened particularly for patients treated by ward teams & GPs by:
 - Ensuring endoscopy reports give specific advice on *Hp* treatment and follow-up UBT.
 - SpN to be emailed an additional monthly collated list of seropositives from the Microbiology lab, enabling cross-check to identify/pursue those missed for treatment/follow-up UBT.

Competing interests None declared.

REFERENCE

1. *Gut* 2011;**60**(Suppl 1):A106. Abst PTU094.

Intestinal failure

PMO-027 VARIABILITY IN THE CONTENT OF ORAL REHYDRATION SOLUTION USED IN INTESTINAL FAILURE MAY RENDER IT INEFFECTIVE

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Introduction The focus of treatment in patients with intestinal failure (IF) is to reduce intestinal losses, therefore preventing dehydration and electrolyte disturbances. This is achieved by restricting oral fluid intake and using an oral rehydration solution (ORS) with a sodium content of 90 mmol/l. Compliance can be poor and it is usual to allow patients to add a small amount of flavouring to the ORS. Research has indicated that this reduces the sodium content rendering the solution no longer suitable.¹ We aimed to investigate the variability in composition and the effect of adding flavouring.

Methods A sample of ORS made up by the ward staff was analysed for sodium, glucose and osmolality daily over 5 days. The ORS from day 5 was then used and a further five samples were analysed after patients had added their preferred type and amount of flavouring. The mean and SD were calculated.

Results There was a large variability in the sodium (mean 162 ± 44 mmol/l, range 100–224) and glucose (105 ± 27 mmol/l, range 85–150) content and the osmolality (413 ± 109 mOsmol/l) of the ORS made on the ward over the 5-day period. The addition of the flavourings decreased the sodium content (mean of 33 ± 14 mmol/l, range 10–49) and increased the glucose content (mean 93 ± 59 mmol/l, range 7–164) of the ORS. The osmolality also increased (mean 229 ± 113 mOsmol, range 23–376).

Conclusion There was considerable variability in the content when ORS are made up on the hospital ward. Adding flavourings may render the ORS less effective by reducing the sodium and increasing the glucose and osmolality. The results indicate a need for a pre-flavoured packaged ORS with a sodium content of 90 mmol/l.

Abstract PMO-027 Table 1

	Sodium (mmol/l)	Glucose (mmol/l)	Osmolarity (mOsmol)
Day 5	168	111	419
Flavouring added to day 5 ORS	Change in sodium (mmol/l)	Change in glucose (mmol/l)	Change in osmolality (mOsmol)
Lime cordial	−36	+123	+262
Lime cordial	−49	+164	+376
Orange squash	−10	+7	+23
Lemon barley	−37	+95	+187
High juice (pineapple)	−33	+77	+295
Mean $\pm$ SD	−33 $\pm$ 14	+93 $\pm$ 59	+299 $\pm$ 59

Competing interests None declared.

REFERENCE

1. Williams J, et al. Effect of flavouring on isotonic solutions for short bowel syndrome. *Gut* 2003;**52**(Suppl 1):A10.

PMO-028 THE POTENTIAL OF SOUP AND SAVOURY DRINKS FOR ORAL HYDRATION IN SHORT BOWEL SYNDROME WITH JEJUNOSTOMY

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Introduction Patients with short bowel syndrome (SBS) and a jejunostomy are required to drink unpalatable electrolyte solutions. This is because the jejunal mucosa is permeable to sodium (Na) and whenever fluids containing <90 mmol/l Na are present in the lumen, water and Na are lost by diffusion leading to massive stoma losses. Patients are advised to consume 1000 mls of a glucose/saline electrolyte solution with >90 mmol/l Na while restricting other fluids to around 500 mls/day.¹ Electrolyte solutions are unpalatable and compliance is often poor. Although glucose is a significant component of these solutions due to coupled absorption of glucose, Na and water, a high Na content is of primary importance as there is considerable passive diffusion of Na and water across concentration gradients between the jejunal lumen and plasma.² Soups and meat extracts are high in Na but appear to be a relatively unused resource in SBS. This may be because health professionals are unaware of their Na content. A survey of such products was carried out to see if their Na content was high enough to replace some or all of the usual electrolyte drinks.

Methods Manufacturers UK websites were accessed to obtain the Na and fibre content of four brands of tinned soups (Heinz, Baxter's, Campbell's and Sainsbury's), four brands of instant cup soup (Bachelor's, Tesco, Campbell's and Ainsley Harriott) and one brand of meat extract (Bovril).

Results Results were obtained for 57 samples of tinned soup, 48 samples of cup soup and two meat extracts. Na content of soups reconstituted as per manufactures recommendations. Na concentrations of beef and chicken extracts were 96 and 156 mmol/l respectively when made up as 12 g in 250 mls water. Mean fibre content for tinned soup and cup soup was 0.65 g and 0.6 g per 100 ml respectively (range 0–3.3 g/100 ml).

Conclusion The majority of products investigated contain >90 mmol/l Na and are suitable for consumption by patients with jejunostomies. Patients can be advised to check food labels for products containing >0.21 g Na/100 ml (91 mmol/l). Fibre content of soup is relatively low however patients can be advised to seek lowest fibre varieties if this is an issue. In conclusion, soups or meat extracts could be considered as a partial replacement for electrolyte drinks where compliance is poor, provided there is careful initial monitoring of fluid balance and biochemistry.