Further research is essential to optimise patient care. Sustained improvement in symptoms and is acceptable to patients. In parallel to structured gastroenterological evaluation was sustained up to 12 months. 97% of patients found the appointment convenient, 97% felt their problems were understood, 86% were satisfied with the outcome and 89% with the service. Dissatisfaction related to communication (n = 5), travel (n = 2) and ongoing symptoms (n = 3).

Conclusion The clinically and statistically significant improvement in GI symptoms found in parallel to structured gastroenterological evaluation for chronic GI symptoms following pelvic radiotherapy was sustained over 12 months follow up. These data suggest that structured investigation on the basis of the BSG guidelines can lead to a sustained improvement in symptoms and is acceptable to patients. Further research is essential to optimise patient care.

Disclosure of Interest None Declared.

PTU-188 REPEAT VIDEO CAPSULE ENDOSCOPY: IS IT WORTH IT?

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Introduction Few studies have reported on the yield of repeat capsule endoscopy (CE) in the same patient; data regarding this diagnostic strategy are limited. The aims of this work were to assess the indications for repeat capsule and to determine the diagnostic yield of repeat capsule in our trust.

Methods A retrospective review of all patients who underwent CE at South Tyneside District Hospital between August 2004 and October 2012 was conducted. Patients who underwent a repeat CE were identified and divided into one of four subgroups. Findings were classified as positive or negative; positive findings were taken as presence on report of ulcers, tumours, strictures, polyps, blood or angioectasias.

Results A total of 1083 studies were performed, 83 were repeat studies. 7 patients were noted to have greater than 2 repeats.

Indications

- Group 1 Gastric retention or technical failure (N = 16)
- Group 2 Surveillance (N = 7)
- Group 3 Poor views (as commented on by reporting physician on report) or incomplete (not seen to enter the colon) on initial study (N = 31)
- Group 4 Ongoing symptoms/assessment of disease extent/unclear findings on initial VCE (N = 36) (7 cases are reported in both group 3 and 4)

Yield Overall yield, excluding gastric retention was 38% for the first study and 46% for 2nd study, of those with an initial negative study (42 patients), 21% of these had a positive repeat. (those with poor views had been given bowel preparation, those with an incomplete capsule study had a capsule recording time of 8–9 hours on both studies).

Positive findings

Abstract PTU-188 Table

<table>
<thead>
<tr>
<th>Group</th>
<th>Positive findings 1st study</th>
<th>Positive findings 2nd study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
<td>5/16 (31%)</td>
</tr>
<tr>
<td>2</td>
<td>4/7 (57%)</td>
<td>4/7 (57%)</td>
</tr>
<tr>
<td>3</td>
<td>3/3 (10%)</td>
<td>10/31 (32%)</td>
</tr>
<tr>
<td>4</td>
<td>16/36 (44%)</td>
<td>17/36 (47%)</td>
</tr>
</tbody>
</table>

Subgroup analysis group 4:
- Ongoing symptoms with consistent with ?Crohn’s or known Crohn’s the yield remains the same on 1st and 2nd capsule 4/9 (44%).