Methods

Reserved for those who have failed to improve. The aim of this short term. PTNS can be used as an initial therapy, with SNS stimulation for FI. PTNS is cheaper, safer and as effective as SNS in the population (PTNS) is a more recent and increasingly popular treatment for faecal incontinence (FI). Posterior tibial nerve stimulation (PTNS) was first reported for FI in 2005. Since then only one small study has further reported its use for FI. We aimed to assess PNS for FI in those who have failed to improve with SNS.

Methods

Recruited patients underwent test PNS. Those who experienced a ≥50% reduction in frequency of FI episodes underwent permanent PNS. The primary outcome measure was the change in frequency of FI episodes. Further outcome measures were further bowel diary data, St Marks FI Score, Rockwood FI QOL Score, SF-36 QOL Score and anorectal physiological changes.

Results

Ten patients underwent test PNS. Five experienced a ≥50% improvement in frequency of FI episodes, and underwent permanent stimulation. One withdrew from the study at six months. At median follow up of 24 (3–36) months, the median frequency of FI improved from 5 (18.25) to 2.5 (3) per week, p = 0.043. Three maintained a ≥50% improvement in soiling. There was a significant improvement in the St Marks FI score, 19 (6) to 16 (4.5); p = 0.042. There were no significant changes in the ability to defer defecation or in quality of life measures.

Conclusion

PNS may be an effective treatment for FI for those who have failed to improve with SNS.

Disclosure of Interest

None Declared.

PWE-017

IS BOWEL SCREENING EFFECTIVE AT IDENTIFYING BOWEL CANCER EARLY?

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Introduction

Bowel screening aims to identify bowel cancer early to achieve a lower mortality. We looked at whether patients diagnosed with cancer on a bowel screening list have disease at an earlier Dukes stage and thus better prognosis than those with symptoms.

Methods

176 patients with an endoscopic diagnosis of bowel cancer were identified retrospectively, 63 patients from the Bowel Screening Wales (BSW) list and 113 from all other lists. All patients underwent colonoscopy in Glangwili Hospital between Jan 2009 and Dec 2011. All cases had a histological diagnosis of bowel cancer and subsequent staging using the Dukes classification.

Results

Results showed similar M:F ratios of 73.27% (BSW cohort) and 63.37% (symptomatic cohort). The median ages were 66 yrs (BSW) and 67 yrs (symptomatic). The age range for both groups was 60–72 yrs.

The table below compares the no. of patients (%) with each Dukes stage of disease and its statistical significance.

<table>
<thead>
<tr>
<th>Dukes Staging</th>
<th>No. of BSW pts (%)</th>
<th>No. of symptomatic pts (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>26 (41%)</td>
<td>33 (24%)</td>
<td>0.019</td>
</tr>
<tr>
<td>B</td>
<td>17 (27%)</td>
<td>51 (37%)</td>
<td>0.19</td>
</tr>
<tr>
<td>C</td>
<td>16 (26%)</td>
<td>25 (18%)</td>
<td>0.26</td>
</tr>
<tr>
<td>D</td>
<td>4 (6%)</td>
<td>28 (21%)</td>
<td>0.01</td>
</tr>
<tr>
<td>Total pts</td>
<td>63</td>
<td>137</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

This small study suggests that the response to PTNS may predict the response to SNS. Much larger studies are needed to explore this further.

Disclosure of Interest

None Declared.

PWE-016

CAN THE RESPONSE TO POSTERIOR TIBIAL NERVE STIMULATION FOR FAECAL INCONTINENCE PREDICT THE RESPONSE TO SACRAL NERVE STIMULATION?

doi:10.1136/gutjnl-2013-304907.305

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Introduction

Sacral nerve stimulation (SNS) is an established treatment for faecal incontinence (FI). Posterior tibial nerve stimulation (PTNS) is a more recent and increasingly popular treatment for FI. PTNS is cheaper, safer and more effective than SNS in the short term. PTNS can be used as an initial therapy with SNS reserved for those who fail to improve. The aim of this study was to see if the response to PTNS can be used to predict the response to SNS.

Methods

Prospectively collected data for all patients who had undergone transcutaneous PTNS followed by SNS were analysed. A good clinical response to PTNS and to SNS was defined as a ≥50% reduction in frequency of FI episodes per week.

Results

Ten patients underwent PTNS followed by SNS for FI. Three patients had a poor response to PTNS. Two of these had a subsequently had a poor response to SNS. Seven patients had a good response to PTNS. Five of these had a good response to SNS.

Conclusion

This small study suggests that the response to PTNS may predict the response to SNS. Much larger studies are needed to explore this further.

Disclosure of Interest

None Declared.

PWE-015

PUDENDAL NERVE STIMULATION FOR FAECAL INCONTINENCE

doi:10.1136/gutjnl-2013-304907.304

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Introduction

Sacral nerve stimulation (SNS) is an established treatment for faecal incontinence (FI). However, only 50–60% of patients will have a good response to SNS. Further treatment is difficult for those who do not respond to SNS. Pudendal nerve stimulation (PNS) was first reported for FI in 2005. Since then only one small study has further reported its use for FI. We aimed to assess PNS for FI in those who have failed to improve with SNS.

Methods

Recruited patients underwent test PNS. Those who experienced a ≥50% reduction in frequency of FI episodes underwent permanent PNS. The primary outcome measure was the change in frequency of FI episodes. Further outcome measures were further bowel diary data, St Marks FI Score, Rockwood FI QOL Score, SF-36 QOL Score and anorectal physiological changes.

Results

Ten patients underwent test PNS. Five experienced a ≥50% improvement in frequency of FI episodes, and underwent permanent stimulation. One withdrew from the study at six months. At median follow up of 24 (3–36) months, the median frequency of FI improved from 5 (18.25) to 2.5 (3) per week, p = 0.043. Three maintained a ≥50% improvement in soiling. There was a significant improvement in the St Marks FI score, 19 (6) to 16 (4.5); p = 0.042. There were no significant changes in the ability to defer defecation or in quality of life measures.

Conclusion

PNS may be an effective treatment for FI for those who have failed to improve with SNS.

Disclosure of Interest

None Declared.