Methods
Experiences of EndoClot alongside established methods of haemostasis. Large prospective studies are required to establish its exact role to existing therapies in the treatment of gastrointestinal bleeding.

Conclusion
This patient was re-scoped the following day after further bleeding 14 days of the procedure, no mortality or major adverse events. Resolved any continued bleeding. There was also no rebleeding within 30 days of resection of a rectal polyp after bleeding was not resolved with cautery. In a further 2 patients, EndoClot™ was applied following endoscopic mucosal resection of a rectal polyp after bleeding was not resolved with cautery. In another patient, EndoClot™ was used following clipping of a spurting vessel at the gastro-oesophageal junction (likely Mallory-Weiss tear). In these 5 patients, application of EndoClot™ resolved any continued bleeding. There was also no rebleeding within 14 days of the procedure, no mortality or major adverse events.

A sixth patient had EndoClot™ applied to what was first thought to be a duodenal ulcer with a probable vessel, when there was residual bleeding despite adrenaline injection and gold probe cautery. This patient was re-scoped the following day after further bleeding and subsequent investigations confirmed a carcinoma of the pancreatic head with duodenal infiltration.

Conclusion
EndoClot™ appears to be a safe and effective adjunct to existing therapies in the treatment of gastrointestinal bleeding. Large prospective studies are required to establish its exact role alongside established methods of haemostasis.

Disclosure of Interest
None Declared.

PWE-048
EARLY CLINICAL EXPERIENCE OF ENDOCLOT™ IN THE TREATMENT OF ACUTE GASTRO-INTESTINAL BLEEDING
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Introduction
EndoClot™ is a new novel haemostatic powder for the treatment of gastrointestinal bleeding. We report our initial experiences of EndoClot™ as an adjunct haemostatic therapy. This is the first UK report of its endoscopic use in gastrointestinal bleeding.

Methods
EndoClot™ was used as an adjunct therapy in the treatment of continued bleeding following a therapeutic intervention, either for acute upper gastrointestinal bleeds, or after elective endoscopic mucosal resections. Up to 1g of AMP® (absorbable modified polymers) was applied in each patient using the EndoClot™ air compressor and applicator.

Results
EndoClot™ was used in a total of 6 patients, (5 men, 1 woman; aged between 49 and 83 years, mean age 68 years). In 2 patients, EndoClot™ was applied following endoscopic mucosal resection of a rectal polyp after bleeding was not resolved with cautery. In a further 2 patients, EndoClot™ was applied over a duodenal ulcer with endoscopic stigmata of recent haemorrhage when there was residual bleeding despite adrenaline injection and gold probe cautery. In another patient, EndoClot™ was applied following clipping of a spurting vessel at the gastro-oesophageal junction (likely Mallory-Weiss tear). In these 5 patients, application of EndoClot™ resolved any continued bleeding. There was also no rebleeding within 14 days of the procedure, no mortality or major adverse events.

A sixth patient had EndoClot™ applied to what was first thought to be a duodenal ulcer with a probable vessel, when there was residual bleeding despite adrenaline injection and gold probe cautery. This patient was re-scoped the following day after further bleeding and subsequent investigations confirmed a carcinoma of the pancreatic head with duodenal infiltration.

Conclusion
EndoClot™ appears to be a safe and effective adjunct to existing therapies in the treatment of gastrointestinal bleeding. Large prospective studies are required to establish its exact role alongside established methods of haemostasis.

Disclosure of Interest
None Declared.

PWE-047
A PROSPECTIVE, COMPARATIVE AUDIT OF TWO COMMONLY USED, LOW VOLUME BOWEL PREPARATIONS FOR ROUTINE COLONOSCOPY: MOVIPREP VERSUS A SENNA AND CITRAMAG COMBINATION
doi:10.1136/gutjnl-2013-304907.336

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Introduction
Colonoscopy is the principal therapeutic tool for colorectal cancer prevention. Adenoma removal has been shown to decrease the incidence of colorectal cancer in screened populations. Good visualisation of the entire colonic mucosa is essential for high rates of adenoma detection. The optimal preparation regimen for bowel preparation has not yet been defined.

Methods
The aim was to assess the effectiveness of different regimens for bowel preparation, comparing low volume polyethylene glycol (Moviprep, Norgine, UK) with senna and magnesium citrate (Citramag, Sanochemia Diagnostics UK). Split dosing was used for afternoon appointments. All patients received instructions on dietary restrictions before the procedure.

Those undergoing colonoscopy in the first month of the trial were given senna and magnesium citrate; those in the following month were administered Moviprep unless there were contraindications to the intended bowel preparation. The quality of the bowel preparation was independently assessed using the validated 10-point Boston Bowel Preparation Scale (BBFS) by nurses trained in its use.

Results
Patients who had undergone segmental colectomy were excluded. In total, 580 eligible procedures were performed. 251 patients received Moviprep; 326 were given senna and Citramag. Bowel cleansing with Moviprep was statistically superior in each assessed segment of the colon as well as overall (mean score 6.56, p = 0.027). Patients given Moviprep were more likely to have a perfect preparation score of 9 (p < 0.001). The reasons for failure in patients who were not fully imaged were recorded. 3 procedures were aborted due to poor bowel preparation; all of these patients received Moviprep (p = 0.08). The patient-assessed taste of Moviprep was significantly worse than senna and Citramag (P < 0.001).

There was no significant difference between both groups with regards to age, sex or percentage of patients who finished the preparation (p = 0.14).

Abstract PWE-047 Table

<table>
<thead>
<tr>
<th></th>
<th>Moviprep</th>
<th>Senna/Citramag</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left colon</td>
<td>2.22</td>
<td>2.12</td>
<td>0.036</td>
</tr>
<tr>
<td>Transverse colon</td>
<td>2.18</td>
<td>2.08</td>
<td>0.036</td>
</tr>
<tr>
<td>Right colon</td>
<td>2.10</td>
<td>2.01</td>
<td>0.05</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6.56</td>
<td>6.20</td>
<td>0.027</td>
</tr>
</tbody>
</table>

Key: 3 = perfect preparation, 2 = minor amount of residual staining, 1 = portion of mucosa of the segment seen, 0 = unprepared segment

Conclusion
These data – the largest in the literature comparing these two preparations – show that both produce acceptably high levels of bowel cleansing for colonoscopy. Moviprep appears to cleanse slightly better throughout the colon but was judged by patients to be less palatable.

Disclosure of Interest
K. Patel Grant/Research Support from: Norgine provided the Moviprep gratis. No input into study design, data collection, analysis, or writing of the abstract., R. Fofaria: None Declared, S. Thomas-Gibson: None Declared, B. Sanders: None Declared

PWE-048
AN EVALUATION OF SCREENING COLONOSCOPISTS’ PERFORMANCE AFTER A STRUCTURED ACCREDITATION PROCESS
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Introduction
Colorectal cancer screening with colonoscopy has been shown to reduce mortality by removal of adenomatous polyps with potential for malignant change. Colonoscopists with higher adenoma detection rates have lower rates of interval cancer. The