

Bowel Cancer Screening Programme offers colonoscopy to subjects aged 60–74 after a positive faecal occult blood test (FOBT). All colonoscopists have to be screening-accredited with a lifetime log of over 1000 colonoscopies with certain minimum key performance indicators and then undergo a formal structured assessment process during which they are observed performing 2 colonoscopies by trained assessors.

**Methods** The aim was to assess how performance varied in this highly selected group of colonoscopists in the 12 months after they commenced screening. 139,363 procedures were performed between June 2006 and March 2012 by 245 colonoscopists. Data were collected on caecal intubation rate (CIR), the adenoma detection rate (ADR), the mean number of adenomas detected per patient (MAP) and the number of procedures performed by each colonoscopist.

**Results** Colonoscopists were divided into quartiles by performance for CIR and ADR. The mean CIR in the top quartile was 98.6% compared to 91.4% in the lowest quartile. The mean number of procedures in the first year of screening was 141 and 123 respectively (t-test  $p = 0.055$ ); there was a correlation between the number of procedures performed and CIR (Pearson's  $r = 0.196$ ,  $p = 0.002$ ). There was a significant difference in the number of procedures performed in the previous year before commencing screening (266 compared to 201,  $p = 0.02$ ). There was no significant difference in the ADR ( $p = 0.48$ ), pain caused, years of experience or number of lifetime procedures. There was no correlation between CIR and ADR ( $r = 0.001$ ,  $p = 0.982$ ). The mean ADR in the top quartile was 56.8% compared to 39.8% in the lowest quartile. There was no significant difference between these groups in the CIR, pain or any other measure from the lifetime procedure log. There was a significant difference in the MAP (1.64 compared to 0.77,  $p < 0.01$ ). Overall there was a strong correlation between ADR and MAP ( $r = 0.59$ ,  $p < 0.001$ ).

**Conclusion** These data show that even in a stratified group of high-performing colonoscopists there is considerable variation in performance in CIR, ADR and MAP. There was no correlation between CIR and ADR but a significant association between CIR and the endoscopic activity the previous year. Colonoscopists performing more procedures in their first year screening patients did not have higher adenoma detection rates. Further studies are needed to ascertain the factors responsible for these differences to try to further improve performance and patient outcomes.

**Disclosure of Interest** None Declared.

**PWE-049 FIVE YEAR RETROSPECTIVE MORBIDITY AND MORTALITY FIGURES FOR COLONOSCOPY IN A DISTRICT GENERAL HOSPITAL**

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**Introduction** Between 1 July 2007 and 31 August 2012, 15284 colonoscopies were performed by Gastroenterologists, Colorectal Surgeons, Gastroenterology and Surgical trainees and Nurse Endoscopists. Over the 5 year period our unit has an average caecal intubation rate of 93.53% and polyp detection rate of 36.54% demonstrating colonoscopy performance that meets current national guidelines for performance indicators in endoscopy. The current JAG guidelines for complications of colonoscopy are perforation rate  $< 1:1000$ , post polypectomy bleeding requiring transfusion  $< 1:100$  and post polypectomy perforation  $< 1:500$ .

**Aim** To determine the complication rate and 30 day mortality of colonoscopy performed in a district general hospital (DGH).

**Methods** Using the hospital IT system and a coding search, patients were identified if they had died within 30 days, were readmitted or went to theatre within 8 days of a colonoscopy. Case

notes were then reviewed to assess if any event was directly related to the procedure or intervention undertaken.

**Results** In the 62 month period one death occurred from sepsis due to perforated diverticular disease (DD) (1/15284). In this time frame 4023 patients were diagnosed with DD giving a risk for perforation and death in DD of 1:4000.

**Perforation:** occurred in 13 patients (1:1175), the causes listed in table 1.

**Abstract PWE-049 Table 1 Causes of perforation**

Cause	Number	Rate for finding/intervention
DD	4	4/4023 DD - 1:1000
Polypectomy	6	6/5966 pts - 1:1000
APC	2	2/115 APC - 1:63
Retroflexion post APR	1	

One patient with Crohn's disease of the terminal ileum (TI) developed severe pain post procedure requiring a laparotomy where the cause was found to be tearing of an adhesion to the TI, no perforation was seen 1/15284.

**Bleeding** Polyps were found in 5966 patients. Post polypectomy bleeding requiring admission occurred in 27 patients (1:220 patients). 18 were observed for 24–48 hours without any intervention. 9 required transfusion (1:663). Of these patients, one required a right hemicolectomy for haemostasis and one required angiogram and embolisation, the remaining managed conservatively. Post biopsy bleeding occurred in 4 patients out of 8702 who were biopsied (1:2175)

**Post polypectomy syndrome** occurred in 3 patients of 5966 patients with polyps (1:2000)

**Pain** post colonoscopy requiring admission occurred in 12 patients (1:1273). Pain was attributed to air insufflation with radiology excluding perforation.

**Bowel preparation** with Fleet resulted in one patient developing end stage renal failure due to phosphate nephropathy (1:4715), This preparation is no longer in use.

**Conclusion** Few papers are published on the complication rates of colonoscopy at DGHs. This data gives valuable long term insight into the rate of serious complications and demonstrates safe colonoscopy at this DGH within current JAG Guidelines.

**Disclosure of Interest** None Declared.

**PWE-050 AN EVALUATION OF PATIENTS REFERRED TO GASTROENTEROLOGY ANAEMIA CLINIC**

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**Introduction** Iron-deficiency anaemia in adults is a common cause of referral to gastroenterologists (4–13% of referrals). NICE guidelines, UK provides clear recommendations regarding upper and lower gastrointestinal investigations for such patients including coeliac and urine screening. The aim of this audit is to conduct a snapshot review of anaemic patients seen in gastroenterology anaemia clinic conducted by specialist nurses with consultant gastroenterologists input in a DGH to assess adherence to the NICE guidelines and to highlight changes in clinical practise that may be required, with implications for service development.

**Methods** Retrospective study involving 90 new patients referred predominantly from primary health care (92%) between July to September 2012. Of the 90 patients referred, 84 patients in the age range of 30–90 attended the clinic of which 53% were females.

**Results** The mean HB was 10.8 & 80% of the patients had ferritin level of less than 45. Of them 14 patients (16%), all referred from