Introduction

Acute pancreatitis is the most common complication following ERCP. In 2010, the European Society of Gastrointestinal Endoscopy delivered Guidelines on the Prophylaxis of post-ERCP pancreatitis (PEP). These included Grade A recommendations advising the use of prophylactic pancreatic stents and NSAIDs in high-risk cases. The aim of this study was to capture the current practise of UK biliary endoscopists in the prevention of PEP.

Methods

In Summer 2012 an anonymous online 15-item survey was e-mailed to 373 UK Consultant Gastroenterologists, GI Surgeons and Radiologists identified to perform ERCP.

Results

The response rate was 59.5% (222/375). Of respondents 52.5% considered ever using prophylactic pancreatic stents (PPS) for the prevention of PEP. Those who used PPS always attempted to do so for the following procedural risk factors; pancreatic sphincterotomy (48.9%), suspected sphincter of Oddi dysfunction (46.5%), pancreatic duct instrumentation (35.9%), previous PEP (25.2%), suspected sphincter of Oddi dysfunction (46.5%), and melanosis coli in 1 patient (0.2%). Of the patients with suspected mucosal inflammation, histology revealed features of IBD in 25 (4.1%) of patients with isolated right-sided inflammation in 5 (0.8%) and terminal ileum alone in 2 (0.32%). Of the 609 colonoscopies, 261 (42.9%) were referred as a 2-week wait urgent suspected cancer referral, yet a diagnosis of cancer was made in only 4 cases (1.5%). Of the 7 cancers detected, 6 (85.7%) were located in the left colon.

Conclusion

Although abnormal findings are not uncommon in patients undergoing colonoscopy for symptoms of diarrhoea, yield for cancer is low. There is variation in practise amongst endoscopists in obtaining biopsy samples in the setting of diarrhoea and normal colonoscopy.

Disclosure of Interest

None Declared.

REFERENCE


PWE-065 COLONOSCOPY AND BIOPSY PRACTICE IN PATIENTS WITH DIARRHOEA

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Introduction

Colonoscopy is often performed in patients undergoing investigation for unexplained diarrhoea. Obtaining colonscopic biopsies for persistent diarrhoea is an auditable JAG standard. The aims of this audit were (1) To determine the diagnostic yield of colonoscopy in patients undergoing investigation for diarrhoea. (2) To determine the rate at which biopsies are undertaken in patients with a “normal” colonoscopy. (3) To assess for variations in biopsy sampling amongst endoscopists.

Methods

An analysis was performed of all colonoscopies with the indication of diarrhoea, undertaken in 2010. Interrogation of the electronic endoscopy reporting tool, looked at endoscopist discipline, findings at endoscopy, if biopsies were taken, number of biopsies and biopsy sites, and corresponding histology results.

Results

A total of 609 patients were identified in whom the indication for colonoscopy was diarrhoea. The mean age was 57 years (range 14–90 years) with 40.4% male and 59.6% female. Caecal intubation was achieved in 565 patients (92.8%) with terminal ileal intubation recorded in 231/609 patients (37.9%). Overall, biopsies were taken in 545/609 patients (89.5%). The median number of biopsies taken per procedure was 10.5 (range 1–22), with a median number of 5.5 from the left side of the colon and 4 from the right side. Colonoscopic appearances were abnormal in 295/609 (48.4%) patients with isolated proximal disease in 36/295 (12.2%). The most common endoscopist abnormality was diverticulitis disease in 149 patients (24.4%) overall, followed by polyps in 115 (18.8%), suspected inflammation in 67 (11%), suspected tumour/cancer in 11 (1.8%), and melanosis coli in 1 patient (0.2%). Of the patients with suspected mucosal inflammation, histology revealed features of IBD in 25 (4.1%) of patients with isolated right-sided inflammation in 5 (0.8%) and terminal ileum alone in 2 (0.3%). Of the 609 colonoscopies, 261 (42.9%) were referred as a 2-week wait urgent suspected cancer referral, yet a diagnosis of cancer was made in only 4 cases (1.5%). Of the 7 cancers detected, 6 (85.7%) were located in the left colon.

Conclusion

Colonoscopy is less effective in visualising the right colon compared with the rest of the colon and small adenomas are frequently missed during routine procedures. The aim of this study was to determine whether retroflexion in the right colon would improve adenoma detection rate.

Methods

We carried out a prospective pilot study on a total of 57 adults who underwent elective diagnostic colonoscopy with an EC3490 Tf® (Pentax retro-view) colonoscope between October 2012 and January 2013. A careful colonic examination to the caecum in the forward view was performed. The colonoscope was then retroflexed in the right colon to identify any additional adenomas. Success rate of retroflexion, adenoma detection rate in forward-viewing as well as in retroflexion were assessed along with comfort scoring and incidence of adverse events.

Results

Study population of 57 patients, mean age 62 yrs, F: M ratio 1.0:8. Retroflexion in the right colon was successful in 34 patients (92%), with looping on insertion the cause of the failures. On forward viewing 28 polyps were identified, of which 11 adenomas were in the proximal colon. Retroflexion identified an additional 3 adenomas (all <1 cm), improving the overall adenoma detection rate by 9%. 31% of patients did not experience any discomfort (comfort score ≥9) during the procedure. Apart from one minor post-polypectomy haemorrhage no adverse events were recorded.

Conclusion

This preliminary data suggests that right colon retroflexion may improve the adenoma detection rate of colonoscopy. Although the procedure is feasible, safe and easy to carry out, further high power studies are needed to establish whether retroflexion should be incorporated into standard colonoscopy technique.

Disclosure of Interest

None Declared.