OC-047  CORRELATION OF CAECAL INTUBATION RATE TO VOLUME – COLONOSCOPYSHOULD UNDERTAKE AT LEAST 120 PROCEDURES PER YEAR

doi:10.1136/gutjnl-2013-304907.046

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Introduction Quality assurance of colonoscopy is a central theme in endoscopic provision. In the UK the Joint Advisory Group on Gastrointestinal endoscopy (JAG), has issued guidance for caecal intubation rates (CIR) of 90% or higher on an intention-to-colonoscopy basis. They also advise that practitioners should undertake at least 100 colonoscopies per annum. We looked at the correlation between volume per annum and CIR to test JAG’s standard.

Methods We analysed 129 operator records who undertook between 20–399 colonoscopies per annum. This amounted to 12 594 colonoscopies undertaken over a two year period (2008–9) across 6 hospitals in 3 regions. Each operator’s volume per annum was plotted against CIR. This was done as individual operators and also when individuals were grouped with others performing a similar volume of colonoscopy per annum (groups of 50). An additional analysis of operators undertaking 20–199 colonoscopies per annum looked at groups of 20 and groups of 10.

Results Figure A shows a scatter plot of individuals’ volume (per annum) against CIR, the trend-line crosses the 90% CIR standard at 125 procedures per annum. The 3 other scatter plots of individuals grouped with others undertaking a similar volume per annum (groups of 50, 20 and 10) plotted against CIR, the trendline crosses the 90% CIR standard at 110–120 procedures per annum.

Abstract OC-047 Figure

Conclusion The analysis of 12 594 colonoscopies, performed by 129 operators, carrying out between 20–399 colonoscopies per annum, suggest that to meet a minimum CIR standard of 90% at least 120 colonoscopies should be performed per annum. This is equivalent to performing 3 colonoscopies per week. We recommend advisory bodies on quality standards adopt this minimum activity threshold into their guidance.

Disclosure of Interest None Declared

REFERENCE

OC-049  ARE ENDOSCOPIC EXAMINATIONS PERFORMED BY TRaineE ENdOSCOPISTS LEss Tolerable THAN THOSE CONDUCTED BY SENIOR COLLEAGUES?

doi:10.1136/gutjnl-2013-304907.048

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Introduction Endoscopic training for gastroenterology trainees is an integral part of specialty training, with defined competencies required prior to independent practise. Whilst training of future endoscopists is essential to meet the future demands of endoscopy, previous studies have suggested that tolerability and patient satisfaction is decreased when trainees undertake endoscopic examinations. This study evaluates the influence trainees may have on endoscopic tolerability with 3 outcome measures assessed: procedural pain, discomfort and distress.