**ERCP in Patients with Mildly Raised Alkaline Phosphatase and Normal Biliary Imaging**

Introduction Serum alkaline phosphatase levels in adults range between 20 and 120 U/L. When bone disease is excluded, an elevation suggests biliary obstruction, injury to the bile duct epithelium, or cholestasis.

The mechanism for an elevated alkaline phosphatase has been related to enhanced synthesis and to release from cell membranes by the detergent action of retained bile salts. When there is partial biliary obstruction, the alkaline phosphatase will be elevated but the patient may not itch and the serum bilirubin will be normal. In high-grade total biliary obstruction, jaundice and itching will also be present. However, the significance of an isolated mild elevation of alkaline phosphatase (less than 1.5 to 2 times the upper limits of normal) has undergone only limited investigation.

Only a few studies have investigated the significance of a mild, isolated elevation of alkaline phosphatase. Because 1% to 9% of people without symptoms have elevated liver enzymes, extensive evaluation of all abnormal test results would expose many patients to undue risks and expenses. On the other hand, failure to evaluate minor liver enzyme elevations could mean missing the early diagnosis of potentially treatable disorders. Keeping this in mind we decided to look at the ERCP findings in patients with raised alkaline phosphatase levels in patients with cholelithiasis but with normal CBD status on imaging.

Methods A retrospective descriptive study was conducted at Surgical Unit 4 of Civil Hospital Karachi, over a period of 5 yrs, from August 2006 to July 2012. Sixty five patients with altered LFT’s in terms of raised alkaline phosphatase and bilirubin and normal biliary tract on imaging were included in the study. Informed consent was taken from all patients and permission from hospital ethical committee was sought. All patients underwent standard ERCPs. And the findings and clinical data were entered on the special ercp database. Results were analysed using spss version 19.

Results A total of 65 patients were included in the study. Mean age of study population was: 42.75±13.84 (20–75 yrs). Mean bilirubin was ≤0.10 + 0.03 (0.0–0.4-59). Mean alkaline phosphatase: 168.96 ± 73.259 (110–714)

   - Erccp findings:
     - Normal 50 pts (76.9%)
     - Stones 10 pts (15.4%)
     - Stricture 1 pt (1.5%)
     - Failed erccps: 4 pts (6.2%) subsequently lost to followup

Successful duct clearance was achieved in 9 pts (13.8%) stents were placed in 2 pts (3.1%)

Conclusion A minimally raised alkaline phosphatase may be associated with biliary obstruction as 15.4% patients in this study had cholelithiasis.

Disclosure of Interest None Declared.

**Do Diabetic Patients Have Any Worse Outcomes Than Non-Diabetic Patients at Colonoscopy Within the Bowel Cancer Screening Programme? A Case Controlled Study**

Introduction Diabetic patients (DM) often have numerous comorbidities and can suffer from autonomic dysfunction and poor GI motility. It is unknown whether their outcomes are any worse within the Bowel Cancer Screening Programme (BCSP) than Non-Diabetic patients (NDM).

Methods An audit was performed in 2011 on 100 consecutive Diabetic (DM) and Non-Diabetic (NDM) patients that had received Moviprep as an oral cleansing agent (50 each group); in order to evaluate the quality colonoscopy outcomes within the Merseyside & North Cheshire BCSP.

Results The mean age was 67.96 in DM and 67.44 in NDM groups. There were more males in the DM group (78% v 54%). Median ASA in both groups was 2. The bowel preparation was poor in 14% of DM which led repeat colonoscopy in 7 patients. In the NDM poor bowel preparation was in 8% with 4 repeat colonoscopies. The caecal intubation rate (CIR) was 92% in each group but in the DM group the reason for failure was poor prep, whilst in the NDM it was acute angulation and sigmoid looping, i.e. not poor bowel preparation.

Disclosure of Interest None Declared.
preparation. The adenoma detection rate (ADR) was 62% with an 
mean of 2.1 polyps per colonoscopy in DM compared to ADR of 
52% and mean 1.4 per colonoscopy in NDM. There was 1 cancer 
detected in each group. Neither group had any complications and 
no readmissions or 30 day mortality.

**Conclusion** Our findings were 3 fold. 1) Outcomes of Diabetic 
(DM) & Non Diabetic (NDM) patients were similar for CIR, Cancers 
detected & Adverse Events. 2) Bowel preparation is below QA 
& GRS standards in DM patients which consequently led to signifi-
cant number of repeat procedures and to failure to complete the 
colonoscopy in all of group of patients. 3) ADR and numbers found 
per colonoscopy seem to be greater in DM even with the poorer bowel prep. This may reflect the male preponderance but needs fur-
ther investigation. We are looking at changing the bowel prepara-
tion from Moviprep to Kleen prep in the diabetic population within 
our programme.

**Disclosure of Interest** None Declared.

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**Abstract PTH-057**

**A TWIN-CENTRE RANDOMIZED TRIAL OF INCREASING CLEAR FLUID INTAKE TO STANDARD MOVIPREP REGIMEN IN ADULT OUT-PATIENT COLONOSCOPY IMPROVES LEFT SIDED BOWEL CLEANSING & POLYP DETECTION RATES**

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1, 2 S Pelitari, J K Dowman, K Glover, S Keen, A D Farmer. Gastroenterology, Shrews-
bury & Telford NHS Trust, Telford, UK

**Introduction** Inadequate bowel preparation for colonoscopy is 
associated with increased complication rates and a reduction in 
diagnostic yield. Low volume 2L polyethylene glycol and ascorbic 
acid (Moviprep, Norgine Pharmaceuticals) has been demonstrated to 
be non-inferior to other bowel cleansing agents but has greater 
patient tolerability (1). It is not known whether the addition of clear fluids to the standard regimen improves bowel cleansing with Moviprep.

**Methods** All adult patients attending for routine out-patient colonoscopy at two secondary care sites were randomised to receive either standard 2L Moviprep (regimen 1) or standard 2L Moviprep with an extra 1.5L of clear fluid (regimen 2). Segmental, and overall, bowel cleansing was assessed by the colonoscopist, blinded to the randomisation, using the validated Harefield Scale (HS). The HS is an inverted Ottawa scale scored from 4 (colon empty and clean) to 1 (large amounts of irremovable residual faeces) in six colonic seg-
ments.

**Results** 496 patients (252 females, mean age 59 years (range 
22–90)) were included in an intention to treat analysis. The unad-
justed completion rate was 95%. 246 patients were randomised to 
regimen 1 and 250 patients to regimen 2. Groups were similar in 
terms of demographics, indications for colonoscopy, presence of 
comorbidities and completion rates. Table 1 details the segmental, 
and overall, scoring between groups. Polyp detection rates were sig-
ificantly higher in the group who took extra fluid (odds ratio 0.57, 
95% confidence interval 0.34–0.89, p = 0.01).

<table>
<thead>
<tr>
<th>Abstract PTH-057 Table 1</th>
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<tbody>
<tr>
<td><strong>Regimen 1 (mean HS score ± SEM)</strong></td>
</tr>
<tr>
<td>Rectum</td>
</tr>
<tr>
<td>Sigmoid</td>
</tr>
<tr>
<td>Descending colon</td>
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<tr>
<td>Transverse colon</td>
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<tr>
<td>Ascending colon</td>
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<tr>
<td>Caecum</td>
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<td>Total score</td>
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**Conclusion** Increasing the volume of clear fluid intake with Mov-
iprep improves cleansing in the distal colon and improves polyp 
detection rate. These data have important implications for clinical 
practice as up to 2/3rds of colorectal cancers arise in the left colon 
(2). Further research is now warranted to reproduce these findings 
in a larger cohort of patients.

**Disclosure of Interest** None Declared.

**REFERENCES**