NF pump feeding represents a safe long-term alternative to gastrostomy feeding when supported by a robust specialist enteral tube feeding support service (ETFSS), in those deemed unsuitable for gastrostomy placement. A 30-fold lower incidence of aspiration episodes compared with published inpatient literature (0.08 vs. 2.4 episodes/1000 tube feeding days) reflects expertise of clinical nutrition nurse specialists within the ETFSS, with appropriate patient selection and outreach management. A daytime walk in service prevents unplanned hospital admissions through tube displacement.

Disclosure of Interest None Declared

REFERENCES
1. Ng et al. Arthritis Rheum. 1989;32:212–6,

Abstract OC-061 Table 1 Survival on HPN

<table>
<thead>
<tr>
<th></th>
<th>1 year</th>
<th>5 years</th>
<th>10 years</th>
<th>20 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC HPN patients</td>
<td>75%</td>
<td>30%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>All HPN patients</td>
<td>89%</td>
<td>67%</td>
<td>58%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Conclusion This is the largest reported series of patients with SSC requiring HPN. Our data show that HPN offers a safe means of nutritional support for patients with severe SSC-related GI involvement, but that SSC-related mortality remains high. Notably, the SSC group had a lower catheter-related sepsis rate than all patients requiring HPN. Additionally, the majority relied on others for catheter care.

Disclosure of Interest None Declared

OC-062 | LOW INCIDENCE OF ASPIRATION EVENTS DURING HOME NASOGASTRIC FEEDING: A SAFE STRATEGY FOR LONG TERM FEEDING?

doi:10.1136/gutjnl-2013-304907.061

O Mohamed, C Stapely, H Gunston, L Gregory, L Smith, S Rogers, J Clark, J Pratt, T M Trebble, D S Pearl. Department of Clinical Nutrition and Intestinal Failure, Portsmouth Hospitals NHS Trust, Portsmouth, UK

Introduction Nasogastric (NG) pump feeding is associated with risks of aspiration and subsequent pneumonia with previous studies in adult inpatients suggesting 2.4 aspiration episodes per 1000 tube-feeding days. However, there is little published data on outcomes of patients receiving home NG feeding. We analysed our long term home NG feeding cohort for evidence of aspiration related hospital admission.

Methods This was a retrospective service evaluation of the home enteral tube feeding cohort at Portsmouth Hospitals NHS Trust. Data was obtained from hospital electronic databases, patient clinical notes and PAS patient management software. Data was analysed in SPSS 20.

Results A total of 117 patients who had received home NG feeding over previous 5 years were evaluated. 30 patients (26%) were excluded due to incomplete datasets. 87 patients were recruited (Male [48%], Female [52%], age [mean 55.6; 95% confidence interval 51.8–59.2]) with a total of 12957 tube-feeding days (mean 150; 95% confidence interval 110–191 days). Indications include upper aerodigestive tract cancer, 32; malnutrition, 25; neurodegenerative disorders, 6; connective tissue disorders, 2; stroke, 1; lymphoma, 1; metabolic stabilisation of short bowel and or high output stoma, 16. Eight hospital admissions in separate patients were recorded; however, only 1 episode of pneumonia was recorded (0.08 aspiration episodes per 1000 tube-feeding days). There were no hospital admissions relating to misplaced/displaced NG tubes.

Conclusion Home NG pump feeding represents a safe long-term alternative to gastrostomy feeding when supported by a robust specialist enteral tube feeding support service (ETFSS), in those deemed unsuitable for gastrostomy placement. A 30-fold lower incidence of aspiration episodes compared with published inpatient literature (0.08 vs. 2.4 episodes/1000 tube feeding days) reflects expertise of clinical nutrition nurse specialists within the ETFSS, with appropriate patient selection and outreach management. A daytime walk in service prevents unplanned hospital admissions through tube displacement.

Disclosure of Interest None Declared

OC-063 | PAIN AND ANXIETY EXPERIENCED BY PATIENTS FOLLOWING PEG PLACEMENT

doi:10.1136/gutjnl-2013-304907.062

P Oppong, N Pitts, V Chudleigh, S Lewis. Gastroenterology; Dietetics, Derriford Hospital, Plymouth, UK

Introduction Abdominal pain following percutaneous endoscopic gastrostomy (PEG) placement is a recognised complication considered to be secondary to a chemical peritonitis. However, the prevalence and degree of severity of pain is poorly characterised. Abdominal pain following liver biopsy is strongly linked to preprocedural anxiety levels. We assessed abdominal pain and anxiety associated with PEG placement.

Methods A prospective questionnaire assessed patient anxiety and abdominal pain 1 hour (h) pre PEG placement, 1h post and 24h post using a 10-point Likert scale. The questionnaire was completed by the patient where possible or clinician if not. Abdominal pain was assessed by examination at 1h post procedure. 24h post procedure complications and analgesia requirements were recorded. Patient’s Mini Mental Score (MMSE, 0–30) and Barthel index (0–20) were completed.

Results 70 consecutive patients (M:F 45:25) median age 61.5 (19–94) were assessed. The commonest indications were head and neck malignancies (44%) and stroke (11%). PEG placement was on first attempt in 68 cases, with no clinical complications.

Mean (StD), MMSE, Barthel, anxiety and pain scores.

42 self-reporting patients had a pain score of 1–3 at 1h post placement and 20 at 24h. 3 patients reported a pain score of 7–10 at 1h post placement and 7 at 24h. 21/49 self-reporting patients and 0/21 non self-reporting had PEG site and/or general abdominal tenderness on clinical examination at 1h.

Pain post PEG placement was noted in only 1 clinician-assessed patient. This was at 24h. 50.7% of patients took analgesia at 24 hours post procedure (all self-reporting). Regression showed no relationship between pre placement anxiety and post placement pain.
Conclusion Pain at 1h post PEG placement was common in self-reporting patients and usually mild. By 24h, 41% reported moderate to severe pain often taking analgesia. Preprocedural anxiety did not predict post procedural pain. Clinician examination of all patients at 1h did correlate with self-reported discomfort or predict self reported pain at 24h. Clinician assessment at 1h and 24h where patients could not self assess failed to identify pain. After PEG placement patients should be offered advice on pain and given access to analgesia. It is likely that pain is not identified in debilitated patients and clinicians need to be more alert to its possible presence.

Disclosure of Interest None Declared

REFERENCE

Radiology free papers

Abstract OC-063 Table 1

<table>
<thead>
<tr>
<th>Assessment</th>
<th>MMSE</th>
<th>Barthel</th>
<th>Anxiety</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>1h post</td>
<td>24h post</td>
<td>Pre</td>
</tr>
<tr>
<td>Patient n = 49</td>
<td>28.1 (6.4)</td>
<td>25.2 (5.0)</td>
<td>3.5 (3.3)</td>
<td>1.7 (2.3)</td>
</tr>
<tr>
<td>Clinician n = 21</td>
<td>6.2 (9.6)</td>
<td>3.2 (4.3)</td>
<td>0.3 (0.7)</td>
<td>0.1 (0.2)</td>
</tr>
<tr>
<td>Combined n = 70</td>
<td>21.6 (12.6)</td>
<td>13.4 (8.3)</td>
<td>2.5 (3.0)</td>
<td>1.2 (2.0)</td>
</tr>
</tbody>
</table>

Abstract OC-065 Table 1

<table>
<thead>
<tr>
<th>Dates</th>
<th>No of patients</th>
<th>MRI</th>
<th>US</th>
<th>CT</th>
<th>AXR</th>
<th>Ba studies</th>
<th>Average dose (mSv)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995–2001</td>
<td>59</td>
<td>0</td>
<td>24</td>
<td>4</td>
<td>24</td>
<td>35</td>
<td>1.83</td>
</tr>
<tr>
<td>2006–2011</td>
<td>61</td>
<td>25</td>
<td>65</td>
<td>19</td>
<td>45</td>
<td>5</td>
<td>2.67</td>
</tr>
</tbody>
</table>