COMPARATIVE EFFECTIVENESS OF NOVEL TECHNIQUES FOR BARRETT’S OESOPHAGUS (BO) SCREENING IN THE COMMUNITY: A PROSPECTIVE RANDOMISED TRIAL

SS Sami*, KT Dunagan, ML Johnson, CD Schleik, AR Zinsmeister, LM Wong Kee Song, KK Wang, DK Katzka, K Ragunath, PG Iyer. Digestive Diseases Centre and NINR Biomedical Research Unit, University of Nottingham, UK; Nottingham, UK; Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN, USA; Biomedical Statistics and Informatics, Mayo Clinic, Rochester, MN, USA

Abstract OC-019 Table 1

<table>
<thead>
<tr>
<th>Station</th>
<th>Cardia (%)</th>
<th>Fundus (%)</th>
<th>Body (%)</th>
<th>Incisura (%)</th>
<th>Antrum (%)</th>
<th>Pylorus (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundal dependent + antral dependent</td>
<td>87</td>
<td>99</td>
<td>99</td>
<td>100</td>
<td>100</td>
<td>45</td>
</tr>
<tr>
<td>Fundal dependent + opposite antral dependent</td>
<td>92</td>
<td>99</td>
<td>99</td>
<td>100</td>
<td>100</td>
<td>86</td>
</tr>
</tbody>
</table>

Metallisation of the pyloric canal angles were calculated to create a station. The pyloric canal angles were calculated to create a vector. We mapped the position of this vector on the patient’s skin (pyloric canal vector surface point) to determine the optimal placement of the magnet that would allow traversing of the capsule endoscope through the pylorus.

Results There were 65 female and 35 male patients. Mean age of patients was 53 years (s.d+/-18 years). Best mucosal visualisation of the stomach landmarks was achieved from 3 stations; fundal dependent, antral dependent and opposite the antral dependent points. Maximal visualisation of the whole of the stomach, required combining 2 stations as shown in Table 1.

The box in the figure shows the placement of the magnet in the upper back towards the right loin would allow pyloric traversing of the capsule endoscope in 83% of cases. Increasing age (p = 0.03) and inability to view the pylorus (p = 0.04) were predictors of being outside the box.

Conclusion CT modelling has provided important data regarding the optimal stations in the stomach to position a magnetic capsule endoscope to allow maximal luminal mucosal visualisation and traversing the pylorus. Although there is some extreme variation in the upper GI anatomy, the majority of cases will allow the use of a single standard method in performing MACE which may be very useful for screening purposes.

Disclosure of Interest None Declared.

OC-019 GASTRIC ULCER FOLLOW-UP: THE IMPACT OF NICE GUIDELINES


Introduction While the National Institute for Health and Care Excellence (NICE) recommends a follow-up gastroscopy
Intestinal Failure (IF) is a rare complication of Crohn’s disease (CD) which carries significant morbidity, for which there is a relative paucity of data. We describe a large series of patients with CD and IF and evaluate factors associated with IF development.

Methods This was a retrospective study from a prospectively maintained database of patients referred to a national IF centre. Patients with CD were identified if on home parenteral nutrition (PN) for at least 12 months in the period between 1980–2011, and case notes were reviewed. Severe IF was defined as onset of IF within 15 years of CD diagnosis. Comparison of frequencies was performed using the Chi-squared test. Multivariate logistic regression models were used to identify independent associated factors after univariate analysis.

Results 78 patients were identified. The median time from CD diagnosis to commencing PN was 120 (12–532) months. Median time from CD diagnosis to first surgery was 36 (0–312) months. Patients underwent a median of 3 (1–7) small bowel (SB) resections prior to commencing PN, and the median remnant SB length was 130 (40–375) cm. Patients underwent a total of 312 operations but data were unavailable for 3 of these. The primary indication for the first surgery was strictureing (61.5%), followed by penetrating (23.1%) and inflammatory (15.4%) disease. Operative complications were higher in patients undergoing emergency (37/85; 43.5%) vs. elective (53/224; 23.7%) procedures (p = 0.001) and in surgeries performed outside (87/255; 34.1%) vs. within (3/54; 5.6%) the IFU (p < 0.0001).

234 subsequent operations were undertaken after the first, but indication data were missing in 7 operations; operative complications were the primary indication for surgical intervention in 76/227 (33.5%) cases after the first surgery. In multivariate analysis, severe IF was associated with surgical complications (p = 0.003), higher number of SB resections (p = 0.005) and earlier age of CD diagnosis (p = 0.005).

25/78 (32.1%) patients achieved nutritional autonomy during a median follow-up of 36 (12–376) months after commencing PN. There were 68 documented catheter infections (0.42 infections/1000 catheter days) in this patient cohort.

9 patients died during follow-up as a result of liver disease (n = 3), complex CD/overwhelming sepsis (n = 2) or other causes (n = 4).

Conclusion Recurrent surgeries with operative complications are significant factors leading to severe IF. These are important considerations in guiding therapeutic decisions in CD, given the morbidity associated with chronic IF.

Disclosure of Interest None Declared.

OC-023 FACTORS INFLUENCING MORTALITY FOLLOWING GASTROSTOMY INSERTION

RE Andrews*, M Kurien, J5 Leeds, J Grant, ME McAlindon, DS Sanders. Gastroenterology, Royal Hallamshire Hospital, Sheffield, UK

Introduction High mortality rates have previously been reported following gastrostomy insertion, particularly among certain patient groups (e.g., dementia). With the increasing use of prophylactic gastrostomy for head and neck cancer (HNC), our group aimed to examine survival in this cohort compared to other referral indications and assess risk factors.

Methods Gastrostomy insertions were examined from two hospitals in Sheffield between 2004–2013. Data was prospectively collected from all referred patients including demographic data, biochemical parameters, referral indications and gastrostomy type. Statistical analysis was performed with Chi-squared or Fishers exact tests.

Results 1733 patients were included (1004 male, mean age=65). 30 day and 1 year mortality was 9.66% and 44.98% respectively. Indications for gastrostomy included; HNC (n = 591), neurological disease (n = 429), dysphagic stroke (n =

Small bowel and nutrition free papers

Small bowel and nutrition free papers

OC-022 DEVELOPMENT AND OUTCOME OF INTESTINAL FAILURE IN CROHN’S DISEASE: 3 DECADIES OF EXPERIENCE FROM A NATIONAL REFERENCE CENTRE

E Nixon*, P Allan, S Sidhu, A Abraham, A Teubner, G Carlson, S Lal. Intestinal Failure Unit, Salford Royal NHS Foundation Trust, Salford, UK

Introduction Intestinal Failure (IF) is a rare complication of Crohn’s disease (CD) which carries significant morbidity, for which there is a relative paucity of data. We describe a large series of patients with CD and IF and evaluate factors associated with IF development.

Methods This was a retrospective study from a prospectively maintained database of patients referred to a national IF centre.