Abstract PWE-060 Table 1

%	2010	2012	
CBF	15.2	23.0	OR = 1.67, CI: 1.61–1.72
CS	21.3	23.3	OR = 1.12, CI: 1.09–1.16
HBF	14.1	10.1	OR = 0.68, CI: 0.66–0.71
HS	41.0	31.1	OR = 0.65, CI: 0.63–0.67
EMR	8.5	12.5	OR = 1.55, CI: 1.48–1.62

practice. We aimed to examine the techniques employed for removal of <10 mm polyps in relation to polyp characteristics, completeness of excision, safety and changes over time.

Methods Data relating to removal of polyps <10 mm between Jan 2010 and Dec 2012 were retrieved from the national Bowel Cancer Screening Programme (BCSP) database. Categorical data was compared using x^2.

Results 147174 polyps were removed during 62679 colonoscopies. A range of techniques was used (cold biopsy forceps (CBF) 19.7%, cold snare (CS) 22.1%, hot biopsy forceps (HBF) 12.2%, hot snare (HS) 35.1%, EMR 10.9%).

EMR was used more frequently in the right colon compared to the left (14.3 vs. 8.3%, OR = 1.84, 95% CI: 1.78–1.90).

Most pedunculated polyps were removed using HS; this was lower in the right vs. left colon (69.6 vs. 88.3%, OR = 0.30, CI: 0.28–0.33). CS was most common for non-pedunculated polyps in the right colon (29.8 vs. 19.0% in left, OR = 1.81 CI: 1.76–1.85); whereas most common in the left colon was HS (34.8 vs. 22.5% in right, OR = 1.84 CI: 1.79–1.88).

Surgeons were more likely than physicians to use diathermy irrespective of site or morphology (65.6 vs. 56.5%, OR = 1.46 CI: 1.43–1.5).

In 60% of polyps removed completeness of excision was not histologically assessable. 21.2% were completely excised, 5.8% incomplete and 13% not stated. For non-pedunculated polyps, histologically-confirmed complete excision was more common after EMR (23.4 vs. 6.2%, OR = 1.16, CI: 1.08–1.25) compared to other techniques (CBF 17.7%, CS 15.1%, HBF 19.1%, HS 21.5%); for pedunculated polyps it was more common after EMR (42.3%) and HS (42.0%).

Complications were rare for colonoscopies (45227) where only polyps <10 mm were removed. 12 (0.03%) bleeding episodes required transfusion; rates for single and multiple polypectomy cases were 0.01 and 0.04% respectively (OR = 5.01, CI: 1.10–22.8). The HS technique was most commonly used. There were 16 (0.04%) perforations; 0.02% for single vs. 0.05% for multiple polypectomies (OR = 2.20, CI: 0.77–6.34, p = 0.13). No technique dominated for single compared with HS for multiple polypectomies.

Between 2010 and 2012, use of CBF, CS and EMR increased, whereas HBF and HS decreased (p < 0.01)

Conclusion The removal of polyps <10 mm within the BCSP is safe, but histological evidence of completeness of excision is poor with all techniques. Wide variations in practice reflect the lack of evidence guiding these decisions, although use of cold resection techniques has increased over time

Disclosure of Interest None Declared.

PWE-061 SPLIT-DOSE MOVIPREP (LOW VOLUME PEG) AND AFTERNOON COLONOSCOPY: A STEP IN THE RIGHT DIRECTION

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Symptomatic cases	Picolax	Split dose Moviprep	Single dose Moviprep	Morning list	Afternoon list
Total cases	50	50	50	78	72
Caecal intubation	46 (92%)	48 (96%)	44 (88%)	72 (92.3%)	66 (91.6%)
Number of polyps detected	17	14	47	37	41
Good bowel prep	24 (48%)	28 (56%)	19 (38%)	24 (30.8%)	47 (65.3%)
Satisfactory bowel prep	19 (38%)	19 (38%)	21 (42%)	40 (51.3%)	19 (26.4%)
Poor bowel prep	7 (14%)	3 (6%)	10 (20%)	14 (17.9%)	6 (8.3%)
Screening cases					
Total cases	50	50	50	All screening cases were done in the morning list	
Caecal intubation	47 (94%)	48 (96%)	47 (94%)		
Number of polyps detected	81	64	73		
Good bowel prep	11 (22%)	37 (74%)	25 (50%)		
Satisfactory bowel prep	34 (68%)	12 (24%)	22 (44%)		
Poor bowel prep	5 (10%)	1 (2%)	3 (6%)		

Abstract PWE-061 Figure 1

Introduction Good bowel preparation is essential for optimal mucosal visualisation during colonoscopy. The aim of this retrospective study was to evaluate the efficacy of three types of bowel preparation – Picolax (sodium picosulphate), single dose Moviprep and split-dose Moviprep.

Methods Two groups of patients; bowel cancer screening and symptomatic patients – who underwent colonoscopy at our institution over a 12-month period were identified. Within the two groups, 50 patients receiving each type of bowel preparation were selected providing a total of 300. Data collected included subjective endoscopist rating of bowel preparation quality (good, satisfactory, poor), depth of insertion, timing of endoscopy and polyp detection.

Results In symptomatic patients, 94% prescribed split-dose Moviprep had good or satisfactory bowel preparation with an unadjusted caecal intubation rate of 96%. 80% prescribed single dose Moviprep and 84% prescribed Picolax received the same rating with a caecal intubation rate of 88 and 92% respectively. More afternoon colonoscopies received a 'good' bowel preparation rating (65.3 vs 30.8%, p value <0.001) and more polyps (52.6 vs 47.4%) were detected regardless of preparation type. Moviprep was associated with the highest polyp detection rate (61 vs 34%, p value 0.03). In screening patients, 98% prescribed split-dose Moviprep had good or satisfactory bowel preparation. 94% prescribed single dose Moviprep and 90% prescribed picolax achieved the same rating. There was no significant difference in caecal intubation or polyp detection within the screening group.

Conclusion Split-dose Moviprep and colonoscopy performed in the afternoon are two independent factors facilitating better bowel cleansing and higher polyp detection.

Disclosure of Interest None Declared.

PWE-062 TERMINAL ILEAL INTUBATION OVER A FIVE YEAR PERIOD; WAS IT USEFUL?

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Introduction The value of routine ileoscopy during colonoscopy is unclear, but intubation of the terminal ileum (TI) is considered to be the main method of confirming completeness of colonoscopy. TI intubation rates are variable and intubation is often omitted due to time constraints and the perception of little added diagnostic value. Our aim was to assess the diagnostic yield of TI intubation during colonoscopies at our institution.

Methods A retrospective study was undertaken at our institution. Colonoscopy data over a 5 year period (1st October 2007 to 30th September 2012), were retrieved from the Endoscopy Reporting System database (Unisoft, Enfield, UK). Patients with