**REFERENCE**


**Disclosure of Interest** None Declared.

**PWE-065**

**COLONOSCOPY PERFORMANCE IN A DISTRICT GENERAL HOSPITAL: HAS THE STANDARDISATION OF TRAINING STANDARDISED PERFORMANCE?**

TM El Menabawey*, J O'Donohue, R Sirrajaskanthan. Gastroenterology, University Hospital Lewisham, London, UK

10.1136/gutjnl-2014-307263.325

**Introduction** Since the introduction of the JAG endoscopy training system (JETS) for trainees in 2003 there have been demonstrable improvements in the key performance indicators (KPIs) of colonoscopy performance. Caecal intubation, polyp detection and polyp retrieval rates are audited KPIs for departments. Terminal ileum (TI) intubation rates are also recorded. The national colonoscopy audit has shown a disparity between medical and surgical performance, but little has been studied to assess if this has improved over time.

**Methods** We retrospectively audited these KPIs between 2004 and 2012, analysing for variations in performance for all colonoscopists encompassing both trainees and Consultants. We compared the performance of medics and surgeons for each year, the performance in 2004 with 2012 and the overall performance for 9 years using the Chi-squared test.

**Results** 10055 colonoscopies were performed over 9 years: 8938 by medics and 1117 by surgeons. Completion rates improved significantly from 2004 to 2012 for all colonoscopists (80.3 to 92.0%, p < 0.001). A significant improvement in both specialties’ completion rates was seen (medics: 84.1 to 93.0%, surgeons: 74.8 to 88.5%, p < 0.001). Over 9 years the overall completion rate for medics was higher (90.2 vs. 86.0%, p < 0.001). Between 2007 and 2011 there was no significant difference in completion rates. Both specialties’ TI intubation rate improved between 2004 and 2012 (medics: 46.3 to 64.1%, surgeons: 10.41 to 42.0%, p < 0.001). Overall surgeons were better at polyp detection (28.5 vs. 24.8%, p < 0.001). Surgical performance has not improved since 2004 (29.02 to 23.2% in 2012), whereas medics improved from 14.4 to 29.7% (p < 0.001) to a standard in line with surgical colleagues. Over 9 years there was no significant difference in polyp retrieval rates between specialties (74.9 vs. 76.7% respectively, p = 0.3) and the performance of both improved from 2004 to 2012 (medics: 44.2 to 90.9%, surgeons: 57.6 to 80.2%, p < 0.001).

**Conclusion** There has been an overall improvement in colonoscopists’ performance in all KPIs between 2004 and 2012. When performance is sub-divided into specialties, one can see that there were significant discrepancies in performance between physicians and surgeons in 2004. With the exception of TI intubation, performance has converged to a similar and higher standard in 2012. This coincides with the introduction of JETS and suggests standardised training may have served to normalise and improve the standard of colonoscopy across both specialties.

**REFERENCES**


**Disclosure of Interest** None Declared.

**PWE-066**

**ENDOSCOPIC VERSUS HISTOLOGICAL ASSESSMENT OF COLONIC POLYP SIZE**

WJ Gashar*, C Kong, HY Lee, R Willert. Central Manchester Foundation Trust, Manchester, UK

10.1136/gutjnl-2014-307263.326

**Introduction** Colonic polyp size is a factor in determining management and prognosis of patients. Polyp diameters greater than 9 mm require ongoing colonoscopic surveillance.1 Accurate endoscopic estimation of polyp size can be affected by depth perception and parallax errors. We compared endoscopic versus histological size assessments to determine if accurate estimation was operator-dependent.

**Methods** Symptomatic and asymptomatic (bowel screening) patients were identified from hospital databases. Endoscopic and histological polyp diameters were reviewed. Agreement levels between these were analysed by deriving intraclass correlation coefficient (ICC) using SPSS software (Version 20).

**Results** Sixteen colonoscopists were included: 5 bowel screening, 7 non-bowel screening and 4 trainees. Five hundred and ten polyps (n = 510) were found among 299 patients (186 males, 104 females). Two hundred eighteen polyps were en bloc resected, retrieved whole and analysed. Overall accuracy of polyp size assessment was good (ICC > 0.70) with variability between skill levels (Table 1).

**Conclusion** While endoscopic estimation of polyp diameter is accurate, variability exists. Estimations are more accurate among bowel screening endoscopists suggesting experience and/or colonoscopy workload contribute to this skill. Poor diameter estimations among polyps 8–12 mm has implications for polyp surveillance intervals. Standardising diameter using against closed or open biopsy forceps (width 2.2 and 8 mm respectively) to optimise accuracy should be used.

**REFERENCE**


**Disclosure of Interest** None Declared.

**Abstract PWE-066 Table 1** Reliability analysis of polyp assessment according to aolonoscopist

<table>
<thead>
<tr>
<th></th>
<th>Intraclass correlation coefficient</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>0.95</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Bowel screening colonoscopists</td>
<td>0.96</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Non-bowel screening colonoscopists</td>
<td>0.74</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>All trainees (consultant-supervised)</td>
<td>0.86</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

**PWE-067**

**DOES ENDOCUFF-VISION IMPROVE ADENOMA DETECTION**

ZP Tiamoulous*, K Patel, T Elliott, R Misa, S Thomas-Gibson, C Fraser, A Haycock, BP Saunders. Wolfson Unit for Endoscopy, St Mark’s Hospital/Academic Institute, London, UK

10.1136/gutjnl-2014-307263.327

**Introduction** While colorectal cancer screening is standard practice, detection of adenomas is the primary aim for endoscopy. The presence of adenomas guides the clinical management and prognosis of patients. Recent advances in colonoscopy technologies offer improved visualisation. Several studies have shown improved adenoma detection with the use of endocuff-vision. The aim of this study was to evaluate whether endocuff-vision improves adenoma detection.

**Methods** Endoscopy logs were reviewed from January 2012 to May 2013. Colonoscopies performed with and without endocuff-vision were included and matched for indication, type of colonoscopy performed (screening, surveillance, index case), and level of experience of the endoscopist. Adenomas were confirmed histologically, and only sessile, flat adenomas were included in our analysis. The prevalence of adenomas was calculated and compared between the two groups.

**Results** A total of 2162 colonoscopies were identified, 1290 with endocuff and 872 without endocuff. The prevalence of adenomas was similar between the two groups (31.0% vs. 30.9%, p = 0.81). However, when adenomas were stratified by size, significant differences were observed. The prevalence of adenomas greater than 10 mm in size was lower with endocuff-vision (23.2% vs. 30.8%, p = 0.04). This trend was also observed for adenomas greater than 8 mm (20.9% vs. 29.2%, p = 0.02) and adenomas greater than 5 mm (17.1% vs. 25.6%, p < 0.001).

**Conclusion** The use of endocuff-vision did not improve adenoma detection overall. However, it did show a trend towards improved detection of larger adenomas. Further studies are needed to confirm these findings and investigate the role of endocuff-vision in improving adenoma detection.

**Disclosure of Interest** None Declared.

**REFERENCES**


**REFERENCES**