

had a colonoscopy, 20.0% had CT or MRI and 9.3% had a flexible sigmoidoscopy. Of the 75 patients with suspected functional bowel disorder with normal FC values, 2 patients were diagnosed with Crohn's disease affecting the terminal ileum on colonoscopy. For patients with suspected IBS the test had a specificity of 80.2% and a negative predictive value of 97.3%.

Conclusion Despite normal FC result, a significant proportion of young adults with suspected functional bowel disorder undergo colonoscopy with normal test results. As other studies have shown, consideration of the FC result before further investigations are ordered can reduce the number of patients requiring endoscopy or imaging and thus reduce cost¹. However, FC is less sensitive for small bowel Crohn's disease and therefore careful history taking is required to ensure this is not missed due to a negative FC result.

REFERENCES

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Disclosure of Interest None Declared.

Endoscopy III

PTH-001 USE OF PANCREATIC STENTS IN ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY

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Introduction The indications for placing pancreatic stents (PS) during endoscopic retrograde cholangio-pancreatography (ERCP) include pancreatic duct stones and strictures, prevention of post-ERCP pancreatitis and as an aid to biliary cannulation, where there is persistent preferential pancreatic cannulation. The flange at the proximal end of the stent used in our practice (Cook UK) is designed to prevent spontaneous migration. As a minimum, abdominal x-ray (AXR) should be performed at 4 weeks to confirm spontaneous stent passage. The aims of this study were to assess a) indications for PS b) compliance with AXR recommendation c) whether flange removal aids spontaneous stent passage.

Methods Retrospective review of ERCP reports and case notes in 1250 ERCPs performed at our institution between August 2011 and December 2013.

Results In 82 of 1250 ERCPs, PS were placed (6.5%). 31 male, 51 female, mean age 63 years (range 20–92).

The indication for PS placement in all 82 was to aid biliary cannulation, and in all 82, the PS was left *in situ* to reduce the pancreatitis risk. In 72/82, biliary cannulation was successful (pre-cut in 55).

42/82 had AXR, and in 36/42 the stent had passed.

21/82 had repeat ERCP and in 15/21 the stent had passed.

19/82 (23%) had no record of AXR or repeat ERCP.

Based on operator preference, the flange was removed in 38 and left *in situ* in 44. Of the 12 PS that failed to pass spontaneously the flange was removed in 4 and left *in situ* in 8.

Conclusion Pancreatic stents are a useful aid to biliary cannulation, and pass spontaneously in the majority of patients,

although flange removal may facilitate this. Compliance with the minimum recommendation of post-ERCP AXR to confirm stent passage in only 77% is poor, and requires further investigation.

Disclosure of Interest None Declared.

PTH-002 ERCP: BALANCING DEMAND, TRAINING AND MANPOWER IN SOUTH EAST REGION

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Introduction The purpose of this survey is to assess trainees attitudes and exposure to ERCP training in the south east region of England and also to explore the demand for ERCP endoscopists in future.

Methods Two separate short survey questionnaires were sent using an online survey tool between July 2012 to October 2012. One was sent to the trainees and the second questionnaire was sent to the Consultant Gastroenterologists in this region. In some instances survey was conducted through telephone, e-mail or in person.

Results Out of 43 trainees, nearly 10/43(23%) were getting trained in ERCP, 14/43 (33%) mentioned that their training needs had been assessed, 32/43 (75%) were not aware of the current need for consultant ERCPs in this region. Among the trainees who do not want to get trained in ERCP, 5/33 (16%) of them had interest in other sub-specialty, 4/33(14%) considered it a difficult procedure to get trained and 3/33(9%) did not have any appropriate guidance. The other reasons include high risks and complication 3/33 (9%), longer duration of training 1/33 (3%) and lack of training facilities 2/33 (6%). Among the trainees who performed ERCPs only 2/10(20%) had done more than 100 procedures. None of them got more than 75% selective duct cannulation rate. Majority of trainees, about 30/43 (70%) of them pointed out that ERCP should not be an essential skill for gaining a consultant job.

Out of 55 consultants gastroenterologists 27/55 (50%) of them perform ERCP. Of these 27 consultants, 18/27 (67%) trained at least one trainee. Only 3/27 (11%) consultants mentioned that they would stop doing ERCP procedures in the next 5 years and 6/27(22%) within next 10 years. 7/27 (25%) of the consultants thought that their colleague/colleagues would take over the ERCP service when they retire and 12/27 (45%) thought that new ERCP consultants will be recruited.

Conclusion This survey suggests that there is currently only a need for 2–3 trainees to be learning ERCP if the current demand is stable. The number of trainees training in ERCP need to be very small unless we accept that the trained ERCP endoscopists might give up on transition to consultant. There is a disparity in that consultants claim they are delivering ERCP training but this is not reflected in the results of the trainee's responses. Most of the trainees are in their early stage of in the ERCP training. None of the trainees got over 75% selective cannulation rate.

Disclosure of Interest None Declared.

PTH-003 FULLY COVERED SELF EXPANDING METALS STENTS ARE EFFECTIVE IN REMODELLING BENIGN BILIARY STRICTURES IN PATIENTS WITH CHRONIC PANCREATITIS

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