

we need a more specific target audience, excluding certain patient groups (variceal surveillance and diabetics) and prioritising others (2 week waits). Variceal surveillance patients had high DNA rates and would be more appropriate on a daytime list where a DNA can be replaced by an inpatient. Diabetics would benefit from morning lists, both for easier glycaemic control and to reduce food bolus (with a longer overnight fast). Improved patient fasting information is essential with specific guidance for pre-fasting meals, with focus on reducing 'heavy' foods, particularly rice based meals. Further work is needed to identify other areas for improvement and refine the service, and ultimately produce a protocol for evening endoscopy that is generalisable to UK endoscopy departments.

REFERENCE

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Disclosure of Interest None Declared.

PTH-064 ARE OUTCOMES FOLLOWING ENDOSCOPY FOR EMERGENCY UPPER GI BLEEDING WORSE AT NIGHT AND WEEKENDS?

A Rehman, P Mundre*, B Rembacken. *Gastroenterology, Leeds Institute of Gastroenterology, St James S University Hospital, Leeds, UK*

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Introduction Patients admitted out of hours or at weekends may have an excess mortality due to the fact that they undergo emergency endoscopy by junior staff. We retrospectively looked at the predictors of mortality in patients undergoing emergency endoscopy for severe bleeding in Leeds.

Methods The survival of patients with the most significant upper GI bleeding lesions who underwent emergency endoscopy in Leeds between end of April 2008 and middle of December 2011 were selected for retrospective analysis using data from our endoscopy reporting system and hospital records.

Results A total of 1663 emergency endoscopies were carried out during this period. From this number, 390 examinations (23% of total) were selected for more careful scrutiny as the following significant bleeding lesions had been recorded; 136 duodenal ulcers, 84 gastric ulcers, 134 oesophageal varices, 25 gastric varices, 11 Dieulafoy's and 9 other bleeding lesions.

After 23% of procedures (91/390), the patient died within 30 days. As expected, patients who died had a significantly higher

Rockall score (7.5 vs. 5.9 $p < 0.0001$), a higher ASA level (3.5 vs. 2.8 $p < 0.001$) and a lower systolic BP at the time of the examination (95 vs. 102 $p = 0.025$). Patients who died following endoscopy for bleeding ulcers were significantly older than those who survived (76.6 vs. 67.2 yrs, $p = 0.006$). There was no significant difference in mortality with the type of bleeding lesion, Hb (7.9 vs. 8.0) or heart rate (100 vs. 102 bpm) at the time of the endoscopy between those who survived and those who died.

Furthermore, undergoing an emergency gastroscopy at night or during the weekend or bank holiday was not associated with an increased risk of death ($P = 0.24$ and $p = 0.53$ respectively).

Whether the examination was carried out by an SpR or a Consultant made no difference to the survival of the patient. The only link between endoscopic intervention and patient outcome was the finding that patients with varices requiring balloon tamponade were significantly more likely to die (15/36 vs. 16/98 $p = 0.01$).

Conclusion Our study had the statistical power to detect all the recognised risk factors for death following admission with an acute upper GI bleed including advancing age, increasing comorbidity and hypotension. We found no evidence that undergoing an emergency endoscopy at night or during the weekend or a bank holiday had any adverse effect on outcomes. Similarly, the level of seniority of the endoscopist did not affect outcomes.

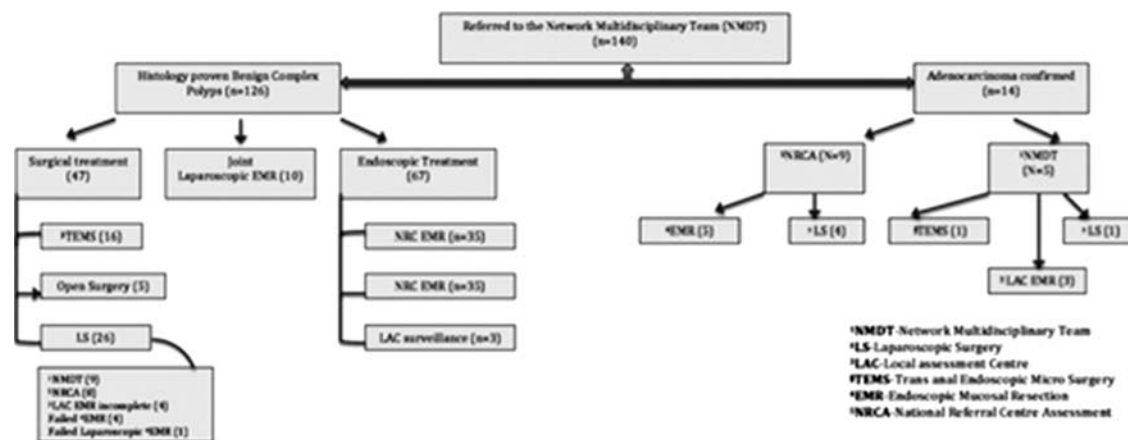
Disclosure of Interest None Declared.

PTH-065 IMPACT OF A STANDARDISED CLINICAL MANAGEMENT NETWORK FOR COMPLEX POLYPS WITHIN THE BOWEL CANCER SCREENING PROGRAMME (BCSP)

¹R Ramaraj*, ²M Davies, ³M Morgan, ⁴A Maw, ⁵N Williams, ⁶G Tudor, ⁷H Heard, ¹S Dolwani. ¹Gastroenterology, Cardiff and Vale UHB, Cardiff, UK; ²Surgery, Cardiff and Vale UHB, Cardiff, UK; ³Histopathology, Cardiff and Vale UHB, Cardiff, UK; ⁴Surgery, Betsi Cadwalader LHB, North Wales; ⁵Histopathology, ABM University Health Board, Wales, UK; ⁶Surgery, ABM University Health Board, Wales, UK; ⁷Public Health, Bowel Screening Wales, Llantrisant, UK

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Introduction Initial data from the UK BCSP demonstrated variation in referrals to surgery and management for complex polyps encountered in colonoscopy. Associated factors included local availability of operator skills and expertise with endoscopic resection, lack of a structure for discussion and standardised management at the Local assessment centres (LAC). Inappropriately high



Abstract PTH-065 Figure 1 Management outcomes for complex colon polyps following referral to the NMDT

incomplete resection rates at colonoscopy was noted for such polyps at local units. We hence established a National Clinical Network of specialist expert advisors, meeting every fortnight via videoconference to review endoscopy, radiology, pathology and clinical data of cases referred through specific criteria for complex lesions. We also established a National referral centre (NRC) at Llandough with the requisite skills and expertise in complex Endoscopic Mucosal Resection and Dissection (EMR, ESD) where appropriate polyps that met the referral criteria after a Network Multidisciplinary Team meeting discussion (NMDT) could undergo advanced therapy. An NMDT and NRC pilot was established in Oct 2011 to offer the opportunity to access expert opinion and discussion of therapeutic options for Welsh participants of the BCSP. We present our preliminary results.

Methods Referral criteria for complex polyps were agreed based on a composite of site, size, morphology and accessibility. Polyps satisfying the criteria were referred to the NMDT electronically along with relevant images and video. Depending on outcomes of NMDT discussion participants were given the option of accessing local surgery or travelling to the NRC for therapeutic endoscopy. Over a 2 year period, 140 referrals were made from 14 different Welsh BCS centres to the NMDT.

Results The various management decisions taken in 126 benign complex polyps and the 14 cancers detected is illustrated in fig 1. Polyps that had incomplete resection (22) often had piecemeal EMR or repeated attempts at EMR at LAC causing failure of lifting in polyps. It is noteworthy that in the first 1 year of NMDT and NRC establishment; 16 such cases were referred in contrast to 6 in the subsequent year with most cases in the 1st year needing surgery. This is an encouraging trend as awareness through discussion in the NMDT has streamlined management and decreased the incidence of incomplete resections allowing definitive management in the first instance and reduction in inappropriate referral to surgery for benign disease.

Conclusion Establishing a clinical network for standardised decision making for complex polyps appears to have a significant effect on clinical outcomes.

Disclosure of Interest None Declared.

PTH-066 AN AUDIT TO ASSESS FEASIBILITY AND EFFICACY OF GROUP EDUCATION FOR IRRITABLE BOWEL SYNDROME (IBS) PATIENTS IN THE DELIVERY OF LOW FODMAP (FERMENTABLE OLIGOSACCHARIDES, DISACCHARIDES, MONOSACCHARIDES AND POLYOLS) DIETARY ADVICE

SK Kinrade, RM Twamley*, L Fell, L Heald, A Healy. *Nutrition and Dietetics, University Hospital South Manchester, Manchester, UK*

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Introduction A low FODMAP diet has demonstrated symptom improvement in patients with IBS when conducted during individual consultations.¹ Structured dietetic group education is a well recognised medium for encouraging self-management and promoting confidence in patients with chronic illness.² There is a lack of research in the use of low FODMAP dietary intervention in a group setting. This audit was conducted to assess the efficacy and feasibility of providing low FODMAP dietary advice in a group environment.

Methods Data was collected using the 'IBS satisfaction survey'³ which was given to 17 patients with IBS on completion of the 8 week low FODMAP diet. The following question was used to monitor effectiveness of the low FODMAP diet: 'Do you currently have satisfactory relief from your gut

symptoms'? This is a closed question, completed anonymously, with a choice response of 'yes' or 'no'. Feasibility of a group format was measured via attendee's feedback and non-attendance (DNA) rate. Feedback was collected using an evaluation questionnaire (6 point Likert scale – very satisfied, satisfied, acceptable, dissatisfied, very dissatisfied, unsure) after the group session.

Results 21 patients attended the initial session. 4 patients (19%) failed to attend the follow up session. 82% (14 /17) of patients who completed the education programme reported satisfactory relief of gut symptoms. 100% of patients were 'satisfied' or 'very satisfied' with the presentation and group discussion. 94% were 'satisfied' or 'very satisfied' with the organisation of the group session.

Conclusion Group education for low FODMAP diet therapy is a feasible and effective method for promoting symptom improvement for IBS patients. Group education has the potential to be at least as effective as one-to-one low FODMAP IBS education. Further randomised control studies with large sample sizes are recommended.

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Disclosure of Interest None Declared.

PTH-067 SETTING UP A HEPATOLOGY ECONSULT SERVICE – BENEFICIAL FOR PATIENTS AND PRIMARY CARE, BUT PERHAPS A HARDSHIP FOR SECONDARY CARE?

¹S Moreea*, ¹VJ Appleby, ²B Smith, ¹PB Southern, ³J Connolly. ¹Digestive Diseases Centre, Bradford Royal Infirmary, Duckworth Lane, UK; ²Bradford Royal Infirmary, Duckworth Lane, UK; ³Bradford and Airedale Primary Care Trust, Bradford, UK

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Introduction Due to the heavy burden of liver disease, new policies are required to improve information flow between primary care (PC) and secondary care (SC). Outpatient visits are costly to PC, time consuming for patients and not always appropriate. Developing interventions to increase care available in PC is desirable and likely cost effective. We developed a hepatology eConsult (eC) service, allowing PC clinicians to send a referral and share a patient's medical record electronically with SC using a PC database.

Methods Service set up: Discussions between PC and SC identified a need for the service, and thorough review of the current Hepatology service was undertaken, focussing on current and projected working practices, service demands as well as clinicians job plans. Once eC was agreed in principle, a price of £23 per eC and a timescale of 7 days for eC to be completed was agreed with the CCG. A risk assessment of the service was performed and a comprehensive set of guidelines devised for use in PC, ensuring that only appropriate and timely referrals are made. Prior to launching the service, IT systems were updated, and appropriate training delivered to clinicians. To ensure smooth running of eC, user guides and support documents were created and distributed.