and location of calcitonin gene-related peptide (CGRP) immunoreactive nerve fibres.

Results Baseline impedance was higher in the proximal than in the distal oesophagus in healthy volunteers (2935 ± 204 Ω vs. 2234 ± 290 Ω, p < 0.05) and in patients (2949 ± 183Ω vs.1945 ± 235Ω, p < 0.001). However, baseline TER was not significantly different between proximal and distal oesophagus, or between patients with heartburn and healthy volunteers. Mucosal CGRP-immunoreactive nerves were located more superficially in the proximal oesophagus compared to the distal oesophagus in healthy controls (12.3 ± 0.9 vs. 23.8 ± 1.2 cells from lumen, p < 0.001) and in patients (5.7 ± 0.7 vs. 22.2 ± 2.7 cells from lumen, p < 0.0001). Moreover, these nerves were located closer to the lumen in patients with heartburn compared to asymptomatic controls (5.7 ± 0.7 vs. 12.3 ± 0.9, p < 0.001).

Conclusion The baseline mucosal integrity of the proximal oesophagus is not more impaired than that of the distal, nor is it more impaired in patients with heartburn symptoms versus healthy controls.

Increased sensitivity of the proximal oesophagus in GORD may instead be associated with a more superficial location of mucosal afferent nerves. Topical protection of the proximal oesophageal mucosa is a potential treatment strategy to reduce this sensitivity.

Disclosure of Interest None Declared.

**OC-068** THE IMPACT OF ENDOSCOPIC THERAPY ON PATIENT-PERCEIVED OUTCOME AND QUALITY OF LIFE IN SPHINCTER OF ODDI DYSFUNCTION

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Introduction Biliary Sphincter of Oddi dysfunction (SOD) is a benign but often debilitating condition. Significant improvement in pain following endoscopic sphincterotomy or sphincteroplasty (ESF) in patients with Type 1 SOD, is excellent. Symptomatic improvement in patients with type 2 or 3 SOD is less favourable (reported 50–70% and 30–50% respectively). We aim to determine the impact of ESF, on pain symptoms and global quality of life (QOL) in these groups, which has not previously been well defined.

Methods An ERCP database and electronic clinic lists (from September 2011 to 2013) were analysed to identify all cases of suspected SOD. Patients underwent a telephone questionnaire. The Glasgow Benefit Inventory (GBI), which assesses multiple physical, emotional and social parameters, was used to quantify global post-interventional QOL benefit. Total GBI scores can range from -100 (maximal negative benefit) to +100 (maximal positive benefit).

Results 163 new patients with suspected biliary SOD were identified of whom 89 underwent ERCP. 3 patients were excluded due to an alternative diagnosis at ERCP. The remaining cohort was predominantly Female (87%) and