OC-074 NUTRITIONAL OPTIMISATION AND PANCREATIC ENZYME SUPPLEMENTATION IN CHRONIC PANCREATITIS: ARE WE GIVING OUR PATIENT’S ENOUGH ADVICE?

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Introduction There is a significant risk of malnutrition in patients with Chronic Pancreatitis (CP) with evidence to suggest that good dietary counselling for a balanced homemade diet is as good as commercial food supplements to improve nutrition. Pancreatic enzyme replacement therapy (PERT) is associated with improved absorption of nutrients as well as relief of GI symptoms. Proton pump inhibitors (PPI) improve the bioavailability and efficacy of PERT. Data regarding PERT compliance and education is lacking. We aim to determine the prevalence of exocrine insufficiency and compliance to PERT in patients with CP.

Methods Prospective study of consecutive patients with CP attending a tertiary clinic between October and December 2013. They were invited to participate in a face-to-face questionnaire study. Faecal elastase (FE) results were collated and the Malnutrition Universal Screening Tool (MUST) score was calculated.

Results A cohort of 86 patients identified were predominantly male (67%), White British (62%), median age 58 years (range 18–90), of socio-economic class (SEC) 8 (21% never worked/long-term unemployed) with educational level (EL) 1 (29% degree or equivalent). Aetiologies included alcohol (29%), idiopathic (25%), autoimmune (22%) and gallstones (11%). Median follow up was 27.5 months (range 0–151) from index appointment. 69 patients underwent routine measurement for FE, 61% (42/69) of whom were deficient (<200 μg/g) and 49% (34/69) severely deficient (<100 μg/g) suggesting exocrine insufficiency of the pancreas. 60% (25/42) of patients with confirmed exocrine insufficiency had active prescriptions for PERT, however only 40% (17/42) had PPI co-prescribed. Compliance and correct administration of PERT was observed in 56% (14/25) of patients. In those who were non-compliant or incorrectly administering PERT, nil patients (0/11) had undergone dietitian review within the previous 12 months and more than 50% (6/11) of these patients had MUST score ≥1 (confering high risk to malnutrition).

Conclusion Exocrine insufficiency is under-recognised in patients with CP and compliance with PERT is poor. Our data shows that the majority of patients who are not compliant with PERT are at medium to high risk of malnutrition. This highlights the need for structured dietetic involvement in the management of patients with CP in the clinic environment including biochemical testing of exocrine function, education about the natural history of CP, PERT administration and concomitant acid suppression.

Disclosure of Interest None Declared.
**Introduction** A range of techniques have been described to achieve successful cannulation at ERCP, and when training in ERCP it is often difficult to select the optimum approach. There are potential advantages to a wire-led approach and we have evaluated this in our unit in a training setting.

**Aim** To evaluate cannulation success rates for trainers and trainees using a wire-led technique as the default approach.

**Methods** A prospective evaluation was done with 2 experienced trainers and 2 trainees (previous experience of 50–100 ERCPs each). The sphincterotome was pre-loaded with a hydrophilic wire (in limited cases loop tip wire was used) and cannulation started with the wire extending 3–5 mm out of cannula. Attempts were then made to advance the wire deep into the bile duct before injecting any contrast or pushing the cannula through the ampulla. Trainees were allowed 6 min for cannulation attempts. If the wire-led approach failed then other techniques were used. Wire-led cannulation was considered successful only if no other techniques were required. Only cases with a ‘virgin ampulla’ were included in this study.

**Results** 83 cases were included over a 4 month period. Trainees were present in 51/85 (60%) cases. Overall biliary cannulation success was 78/85 (92%). Success rate was 45/51 (88%) if a trainee was present and 33/34 (97%), if no trainee was present. Independent success for trainees was 25/51 (49%), mostly using the wire-led technique (21/25) 84%. In cases where a trainer took over from a trainee, the wire-led approach was still successful in 13/26 (50%).

Overall success with the wire-led approach alone was 57/85 (67%); other approaches used in remaining cases included pre-cut sphincterotomy, locked PD wire, and PD stent. A peri-ampullary diverticulum was the most common cause for failure of wire-led technique; other common causes included stricture, floppy ampulla, or an impacted stone.

Median cannulation time was 6.5 min (IQR 4–10 min) overall and 5 min (IQR 3–10 min) for consultant-only cases. Immediate complications included false passage of wire (1 case, no further clinical events) and late complications: post ERCP pancreatitis (1 case, hospital stay 3 days, no further clinical events).

**Conclusion** Wire-led biliary cannulation, with selective usage of additional techniques, may allow a cannulation rate of >90% in cases with a virgin ampulla. The technique appears to be a useful training tool and has a low complication rate.

**REFERENCE**

1 PMETB Report on Quality Assurance of FY1 programme visit to London deanery 2009

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**GTU-004 APPLYING CLINICAL FRAMEWORKS AND MODELS TO IMPROVE THE SPECIALIST SCREENING PRACTITIONERS (SSP) SKILLS WHEN BREAKING BAD NEWS WITHIN THE BOWEL SCREENING WALES (BSW) PROGRAMME**

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**Introduction** Communicating a life altering diagnosis to a participant is considered to be one of the most difficult aspects of the SSP role. Research would suggest that screen detected cancers are likely to be asymptomatic and in the absence of warning signs there is little time for people to prepare for such news. Screening diagnosis often show positive appraisals with an understanding that the disease may be curable through early diagnosis. The aim of this work is to determine the skills involved when the SSP breaks bad news to the participants within the bowel screening programme in Wales. Using personal reflection, clinical frameworks and models are assessed to