tolerated. These results indicate that probiotic supplementation confers benefit in IBS-D and deserves further investigation.

Abstract OWE-032 Figure 1 Ibs-sss abdominal pain rating with probiotic (bio kult(X) or placebo(16 weeks treatment and 1-month follow up

The lower the score less the pain: * $p \geq 0.002$ ** $p \leq 0.001$: NS $\geq$ Not significant

PWE-127 GASTROINTESTINAL DYSMOTILITY – THE CONUNDRUM OF FEEDING: A NEW TECHNIQUE

Rebecca Anderson*, Simon Higgs, Steve Hornby, Richard Makins. Gloucestershire Hospitals NHS Foundation Trust, Cheltenham, UK

10.1136/gutjnl-2018-BSGAbstracts.421

Introduction Gastrointestinal (GI) dysmotility disorders can be debilitating and their management challenging. Patients often require feeding tubes to support nutrition, which can be complicated by discomfort and/or displacement. Laparoscopically Assisted-Enteroscopically Positioned Jejunostomy Tube (LA-EPJT) insertion is a novel technique not previously described in GI literature. It involves enteroscopic insertion of a jejunostomy tube under direct laparoscopic vision and general anaesthesia. This study reviews the experience of LA-EPJT insertion for GI dysmotility disorders at a district hospital.

Methods Endoscopy records were used to identify all patients who had undergone LA-EPJT insertion. Patient notes were reviewed to identify indications, previous tube requirements and outcomes.

Results 7 LA-EPJTs were placed between 2014 and 2017 (6 females; age 19–77; median 35; mean 43). Table 1 shows patient symptoms and indications for LA-EPJT insertion.

No tubes migrated or were dislodged after insertion. 1/7 patients (14.3%) had early bleeding and tube-site infection. Perforation rates were 0%. 5/7 (71.4%) had initial pain with feeding after LA-EPJT insertion although this universally subsided, 1/7 (14.3%) had ongoing vomiting. 5/7 (71.4%) tubes remain *in situ*. 1 was replaced with a PEG-J to allow venting of intestinal contents, and 1 was removed and TPN commenced (psychological factors precluded continued tube-feeding).

Conclusions This study suggests that LA-EPJTs are useful nutritional adjuncts for patients with GI dysmotility disorders. They are a more permanent solution, with little risk of migration. They appear to better control symptoms such as pain and vomiting than traditional tubes, and are simple to change. The procedure benefits from direct laparoscopic vision of the jejunum and therefore carries low perforation rates.

Further studies are needed to assess long-term complications and efficacy of LA-EPJTs for symptom control and nutrition.

However, this data is promising and GI centres could consider adoption of this novel technique for patients with GI dysmotility disorders.

Abstract PWE-127 Table 1

Case	Indication	Symptoms					
		Weight loss	Nausea/vomiting	Regurgitation	Diarrhoea	Constipation	Pain
1	IGP	*	*			*	*
2	IGP and SBD		*			*	*
3	IGP		*			*	*
4	IGP and SBD	*	*		*		*
5	IGP	*	*				*
6	IGP		*	*			*
7	IGP		*				*

IGP $\geq$ idiopathic gastroparesis, SBD $\geq$ small bowel dysmotility

Previous non-pharmacological treatments and nutritional support utilised by patients are shown in table 2.

Abstract PWE-127 Table 2

Case	Prior management						
	NGT	NJT	PEG	PEG-J	S-Jej	Botox	GP
1	*	*	*	*			
2	*	*	*	*			
3	*	*		*		*pyloric	*
4		*					
5		*		*	*		
6		*		*	*	*pyloric/LOS	*
7	*	*	*	*	*		*

NGT $\geq$ Nasogastric tube, NJT $\geq$ nasojejunal tube, PEG $\geq$ percutaneous endoscopic gastrostomy, PEG-J $\geq$ percutaneous endoscopic gastrostomy with jejunal extension, S-Jej $\geq$ surgical jejunostomy, LOS $\geq$ lower oesophageal sphincter, GP $\geq$ gastric pacemaker, TPN $\geq$ total parenteral nutrition

PWE-128 HYPNOTHERAPY FOR IRRITABLE BOWEL SYNDROME: THE PATIENT'S PERCEPTION

Anne-sophie Donnet*, Shariq Hasan, Vivien Miller, Peter Whorwell. Wythenshawe Hospital, Manchester, UK

10.1136/gutjnl-2018-BSGAbstracts.422

Background Numerous studies have shown that hypnotherapy (HT) improves the symptoms of irritable bowel syndrome (IBS) using clinical outcome measures. In light of the increasing interest in capturing the patient's perception of their illness and treatment, it was felt it would be helpful to record how patients perceive the hypnotherapeutic process, on which there is currently little information.

Aims In addition to measuring symptom change, we have recently started to record the patient's perception of hypnotherapy for their IBS, including their expectations, and now report the results for the first 50 patients.

Methods 50 consecutive IBS patients (38 females and 12 males, age range 18–76) attending for hypnotherapy were

asked to complete questionnaires recording their IBS symptom severity (IBS SSS), quality of life, non-colonic symptoms, anxiety and depression before and after treatment. In addition, they completed questionnaires detailing their perception of HT, other people's perception of HT and their expectations about the efficacy of HT. Their perceptions about the hypnotherapeutic process were assessed both quantitatively and also qualitatively using patient descriptions. Furthermore, the analysis compared the characteristics of responders and non-responders.

Results 39 out of 50 patients (78%, $p < 0.001$) responded to treatment (50 point or more reduction in IBS SSS), which is exactly consistent with our previously published data. Pain scores, non-colonic symptoms, quality of life, anxiety and depression also significantly improved after HT (all $p < 0.001$). When asked how patients felt before treatment, 52% of responses portrayed hypnotherapy negatively compared to 3% after treatment. The relatives and doctors of patients were generally supportive of HT although one cognitive behavioural therapist advised against it. In responders, 19 patients (48.7%) expected hypnotherapy to be effective prior to starting it, whereas in non-responders, 7 (64%) expected treatment to be successful. Interestingly, 9 of 11 non-responders (82%) considered treatment worthwhile despite no significant effect on their symptoms. This may be because 46 patients (92% of all patients) had found HT helped them with other issues, such as dealing with stressful situations or poor sleep.

Conclusion Although initially being perceived negatively, hypnotherapy significantly improved symptoms and resulted in other benefits not related to the gastrointestinal system. Interestingly, those with greater expectation about treatment did not seem to do quite so well, suggesting that high expectations are not necessary for a good outcome.

PWE-129 GENDER DIFFERENCES IN PATIENTS WITH CHRONIC CONSTIPATION IN A TERTIARY REFERRAL CLINIC

¹Christopher Emmett*, ¹Linda Tinkler, ²Usman Khan, ¹Yan Yiannakou. ¹County Durham And Darlington NHS Foundation Trust, UK; ²Wrexham Maelor Hospital, Wrexham, UK

10.1136/gutjnl-2018-BSGAbstracts.423

Introduction Chronic constipation (CC) is a very common symptom, and is more commonly seen in women. This difference is much more pronounced in secondary care. It is possible that the excess prevalence to secondary care is due to greater severity or to differences in healthcare seeking. This study aims to evaluate the differences in the characteristics of constipation seen in male and female patients attending a tertiary referral clinic.

Methods The study was designed as a prospective cohort study running at a single tertiary referral clinic. Data were collected prospectively from eligible patients following informed consent using a standardised proforma, and entered into a study database. Patients were categorised according to the Rome III criteria as having Functional Constipation (FC) or Irritable Bowel Syndrome-Constipation type (IBS-C), and were asked to complete PAC-SYM and PAC-QOL questionnaires

Results Data were collected from 827 patients between January 2007 and October 2014; of these, 766 patients were included. Of these, 103 (13%) were male. The mean age at presentation was 42 years; for males this was 49.6 years,

compared to 41.1 years for females; a mean difference of 8.4 years ($p < 0.0001$). Women were significantly younger at onset of symptoms, with a mean age of 23 years at onset of symptoms compared to 34 years for men, a mean difference of 11 years ($p < 0.0001$). There was no significant difference in mean duration of symptoms at presentation between the sexes. Women reported significantly higher PAC-SYM and PAC-QOL scores than men. A ratio of QOL:SYM was used as a marker for coping strategies. Women had a higher mean ratio (1.12 vs 0.39) however this was non-statistically significant ($p \geq 0.239$)

Conclusions This study reports a similar male:female ratio to other studies, with far more women than men. It also suggests that women experience symptom onset at a younger age, and that they are also younger when they present. Female patients report significantly more severe symptoms and significantly worse quality of life, with significantly higher mean PAC-SYM and PAC-QOL scores. Although QOL:SYM ratio was higher in women, suggesting greater impact of milder symptoms on QOL, this was not significant. The reasons for these differences are not clear, and further work is needed in this area

PWE-130 SIBO CONFERS HEIGHTENED SYMPTOMS BURDEN IN IBS, IN THE ABSENCE OF CHANGES IN GASTROINTESTINAL TRANSIT

¹Adam Farmer*, ²Anthony Hobson. ¹University Hospitals Of North Midlands, Stafford, UK; ²Functional Gut Clinic, London, UK

10.1136/gutjnl-2018-BSGAbstracts.424

Introduction Although controversial, small intestinal bacterial overgrowth (SIBO) has been associated with irritable bowel syndrome (IBS) (1). However, little is known regarding the effect of concomitant SIBO in patients with IBS in terms of symptom burden, quality of life or its effect on gastrointestinal (GI) motility. We aimed to compare the effect of SIBO on symptom burden, quality of life and segmental/panenteric motility in IBS.

Methods 27 patients with Rome III defined IBS-mixed bowel habit (IBS-M) (3 male, mean age 36.5 years, range 18–65) underwent a wireless motility capsule (WMC) using a standardised protocol. The WMC concurrently measures pH, pressure and temperature as it traverses the GI tract. Segmental transit was derived from measures around known anatomical landmarks as identified by compartmental pH changes. Ileal and colonic motility measures are presented as area under the curve (AUC) derived from contraction amplitude and frequency. Validated questionnaires assessing GI (verbal descriptor anchored visual analogue scale (VDVAS) assessing sensory intensity (VDVAS-I) and unpleasantness (VDVAS-U)), somatic symptoms (Personal Health Questionnaire (PHQ) and quality of life (EQ-5 D) were administered. A standardised lactulose hydrogen breath test was subsequently performed and interpreted according to recently published guidelines (2).

Results 14/27 patients (51.8%) were positive for SIBO based on breath testing. Changes in GI motility between SIBO positive and negative patients are shown in Table 1. Patients with concomitant SIBO had higher VDVAS-I and VDVAS-U (147 ± 21 vs. 127 ± 20 , $p \geq 0.048$ and 135 ± 9.2 vs. 109 ± 6.2 , $p \geq 0.02$) and somatic symptoms (9.8 ± 3.2 vs. 7.3 ± 2.3 , $p \geq 0.03$). SIBO positive patients had reduced quality of life in comparison to those without (43.2 ± 16 vs. 60 ± 15 , $p \geq 0.008$).