evaluated. Furthermore, pre-treatment structures in the microbiome were compared with structures 1 week and 2 months after treatment.

**Results** Alpha diversity analysis showed that both richness and evenness were recovered to pre-treatment levels at 2 months after eradication therapy. There were almost no differences in bacterial species abundance between pre- and post-treatment samples in beta diversity analysis. Although the relative abundance of Bacteroidetes tended to increase and Actinobacteria significantly decreased immediately after eradication, the taxonomic composition was similar to that pre-eradication at 2 months post-eradication. However, 2 students showed significant structural changes in their relative abundances at the phylum level.

**Conclusions** This study suggests that the reoperation rate is far lower than previously reported. The number of procedures performed has largely not altered the overall rates of further surgery following TI surgery in CD.

**IDDF2018-ABS-0073** DIFFERENCES WITH EXPERIENCED NURSE ASSISTANCE DURING COLONOSCOPY IN DETECTING POLYP AND ADENOMA: A RANDOMISED CLINICAL TRIAL

Weihong Wang*, 1Yu Xu, 1Zhenfei Bao, 1Linyin Sun, 1Chunyan Hu, 1Feng Zhou, 1Lei Xu. 1Department of Gastroenterology, Ningbo First Hospital, China; 2Ningbo University Medical School, China

10.1136/gutjnl-2018-IDDFbestabstracts.13

**Background** This study aims to evaluate whether the participation of an experienced endoscopy nurse in colonoscopy increases the polyp detection rate (PDR) and adenoma detection rate (ADR) of experienced colonoscopists.

**Methods** This study was a randomised controlled trial (Clinical trials.gov ID NCT02292936). Patients were randomly assigned to the experienced colonoscopist alone (single observer) group or experienced nurse participation (dual observer) group. The primary outcome was the PDR and ADR. The advanced lesions detection rate was also recorded.

**Results** A total of 587 patients were included in the analysis. Among these patients, 291 patients were assigned to the single observer group, while 296 patients were assigned to the dual observer group. The PDR was 33% in the single observer group and 41.9% in the dual observer group (p = 0.026), while the ADR was 23.0% in the single observer group and 30.4% in the dual observer group (p = 0.043). No significant difference was found for advanced lesions between groups.

**Conclusions** The present data demonstrated that experienced nurse observation during colonoscopy could improve polyp and adenoma detection rates, even if the colonoscopist is inexperienced.

**IDDF2018-ABS-0076** OPTIMISED 14-DAY LEVOFLOXACIN SEQUENTIAL VERSUS 10-DAY BISMUTH QUADRUPLE THERAPY CONTAINING HIGH DOSE ESOMEPRAZOLE IN THE SECOND-LINE AND THIRD-LINE TREATMENT OF HELICOBACTER PYLORI – A MULTICENTER RANDOMISED TRIAL

1Jyh-Ming Liu*, 1Chieh-Chang Chen, 2Po-Yueh Chen, 1Yu-Jen Fang, 1Jaw-Town Lin, 1Ming-Shiang Wu. 1Department of Internal Medicine, National Taiwan University Hospital, Taiwan; 2Department of Internal Medicine, Chia-Yi Christian Hospital, Taiwan; 3School of Medicine, Fu Jen Catholic University, Taiwan

10.1136/gutjnl-2018-IDDFbestabstracts.14

**Background** We aimed to compare the efficacy of 14 day levofloxacin sequential therapy versus 10 day bismuth quadruple therapy in the second-line and third-line treatment of Helicobacter pylori (H. pylori) infection.

**Methods** H. pylori infected patients who failed after one treatment were eligible in this open labelled, multicenter, randomised trial, and were randomised to receive (1) levofloxacin sequential therapy (EAML): esomeprazole 40 mg and amoxicillin 1 g for the first 7 days, followed by esomeprazole 40 mg, metronidazole 500 mg, and levofloxacin 250 mg for another 7 days (all twice daily); or (2) bismuth quadruple therapy (BQ): esomeprazole...