IDDF2019-ABS-0255

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH BALLOON-ASSISTED ENTEROSCOPY IN PATIENTS WITH ROUX-EN-YANASTOMOSIS AND WHIPPLE OPERATION

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Background In patients with Roux-en-Y anastomosis (including hepaticojejunostomy and Roux-en-Y gastric bypass) and Whipple operation, endoscopic retrograde cholangiopancreatography (ERCP) can be challenging. We retrospectively analysed our experience with ERCP using balloon-assisted enteroscopy (BAE) (BAE-ERCP) in patients with Roux-en-Y anastomosis and Whipple operation.

Methods ERCP was performed in 15 patients (4 pancreaticoduodenectomy and 10 cholangiojejunostomy and 1 subtotal gastric resection with Roux-en-Y reconstruction; age ranging from 4 to 63 years) with balloon-assisted enteroscopy. Double- and single-balloon enteroscopy was applied in 5 and 10 patients, respectively.

Results Bile duct cannulation was successful in 13 of 15 cases (86.7%), including simple stenosis of the anastomotic stoma (n=2), intrahepatic bile duct stones (n=10), and pancreatic cancer (n=1). Cannulation failed because the guidewire could not pass through the anastomotic stenosis in one patient and because the endoscope could not enter the acute angle of the anastomosis of the afferent limb in the other patient. Adverse events included jaundice (n=1) and perforation (n=1), which were successfully treated by conservative therapy.

Conclusions ERCP with balloon-assisted enteroscopy in patients with Roux-en-Y anastomosis and Whipple operation is safe and useful but has unique complications. The success rate is lower than that of conventional ERCP.

IDDF2019-ABS-0256

ASSESSMENT OF UPPER GASTROINTESTINAL SYMPTOMS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Background We assessed the prevalence of upper GI symptoms in patients with IBD and examined the association between upper GI symptoms and disease manifestations, treatment, sleep problems, and fatigue.

Methods We investigated the upper GI symptoms using the frequency scale for symptoms of gastrointestinal reflux disease (FSSG) questionnaire comprising seven questions regarding reflux symptoms (RS) and five questions regarding acid-related dyspepsia (ARD). IBD outpatients completed questionnaires at their regular follow-up visit in our hospital. We also asked patients about sleep problems and fatigue with a questionnaire.

Conclusions The goal for promoting health programs is to facilitate forward movement from the pre-contemplation stage to contemplation, preparation, action and finally maintenance. This is one of the very few studies investigated factors associated with readiness to CRC screening by using the SOC. Our findings provide a foundation for developing interventions to improve long-term participation of CRC screening.