lesions. The primary outcome was the completion rate of the self-completion ESD method. The secondary outcomes were the procedure time, en-bloc resection rate, perforation rate, and number of injections during the procedure.

**Results** In this study, all 12 cases of ESD were completed using the self-completion method (completion rate: 100%). The median procedure time (range) was 483.5 (276–936) seconds [median incision time; 240.4 (98–605) seconds and median dissection time; 222 (137–617) seconds]. En-bloc and complete resection rates were 100% each. No perforation was noted during any of the procedures. The median number of injections was 10.5 (4–15). The procedure time significantly decreased with experience (P = 0.0199).

**Conclusions** The self-completion ESD method using only one Endosaber without any assistance achieved a 100% en-bloc resection rate without any perforation. Reduction in the need for an additional device or assistance was successful. This method may contribute to reducing the total cost of ESD procedure.

**IDDF2019-ABS-0119** ELECTROACUPUNCTURE PLUS ON-DEMAND GASTROCAINE FOR REFRACTORY FUNCTIONAL DYSPEPSIA: PRAGMATIC RANDOMIZED TRIAL

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**Background** Treatment options for functional dyspepsia (FD) refractory to pharmacological treatments are limited, but the effectiveness of electroacupuncture (EA) is uncertain.

**Our aim was** to assess the effectiveness of EA combined with on-demand gastrocaine.

**Methods** We conducted a single-centre, assessor-blind, randomized parallel-group 2-arm trial on *H. pylori* negative FD patients of the postprandial distress syndrome (PDS) subtype refractory to proton pump inhibitor, prokinetics or H2 antagonists. Enrolled participants were block randomized in a 1:1 ratio, with concealed random sequence. The treatment and control groups both received on-demand gastrocaine for 12 weeks, but only those in the treatment group were offered 20 sessions of EA over 10 weeks. The primary endpoint was the between-group difference in the proportion of patients achieving adequate relief of symptoms at week 12.

**Results** Of 132 participants randomly assigned to EA plus on-demand gastrocaine (n = 66) or on-demand gastrocaine alone (n = 66), 123 (94.7%) completed all follow-up at 12 weeks. The EA group had a compliance rate 97.7%. They had a significantly higher likelihood in achieving adequate symptom relief at 12 weeks, with a clinically relevant number needed to treat (NNT) value of 2.36 (95%CI: 1.74–3.64). Among secondary outcomes, statistically and clinically significant improvements were observed among global symptom (NNT=3.85 (95%CI: 2.63, 7.69)); postprandial fullness and early satiation (NNT=5.00 (95%CI:2.86, 25.00)); as well as epigastric pain, epigastric burning and postprandial nausea (NNT=4.17 (95%CI: 2.56, 11.11)). Adverse events were minimal and non-significant.

**Conclusions** For refractory FD, EA provides significant, clinically relevant symptom relief when added to on-demand gastrocaine. (ChiCTR-IPC-15007109)