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-0118 ELECTROACUPUNCTURE PLUS ON-DEMAND GASTROCAINE FOR REFRACTORY FUNCTIONAL DYSPESIA: PRAGMATIC RANDOMIZED TRIAL**

1Vincent Chi Ho Chung*, 2Charlene Hoi Lam Wong, 3Jessica Yuet Ling Ching, 4William Kwok Wai Cheung, 5Benjamin Hon Kei Yip, 6Kam Leung Chan, 7Pui Kwan Cheong, 8Justin Che Yuen Wu, 5Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong; 2Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong; 3Xiang-Ya School of Public Health, Central South University, Changsha, Hu-Nan, China; 4School of Chinese Medicine, The Chinese University of Hong Kong, Hong Kong

**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 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)