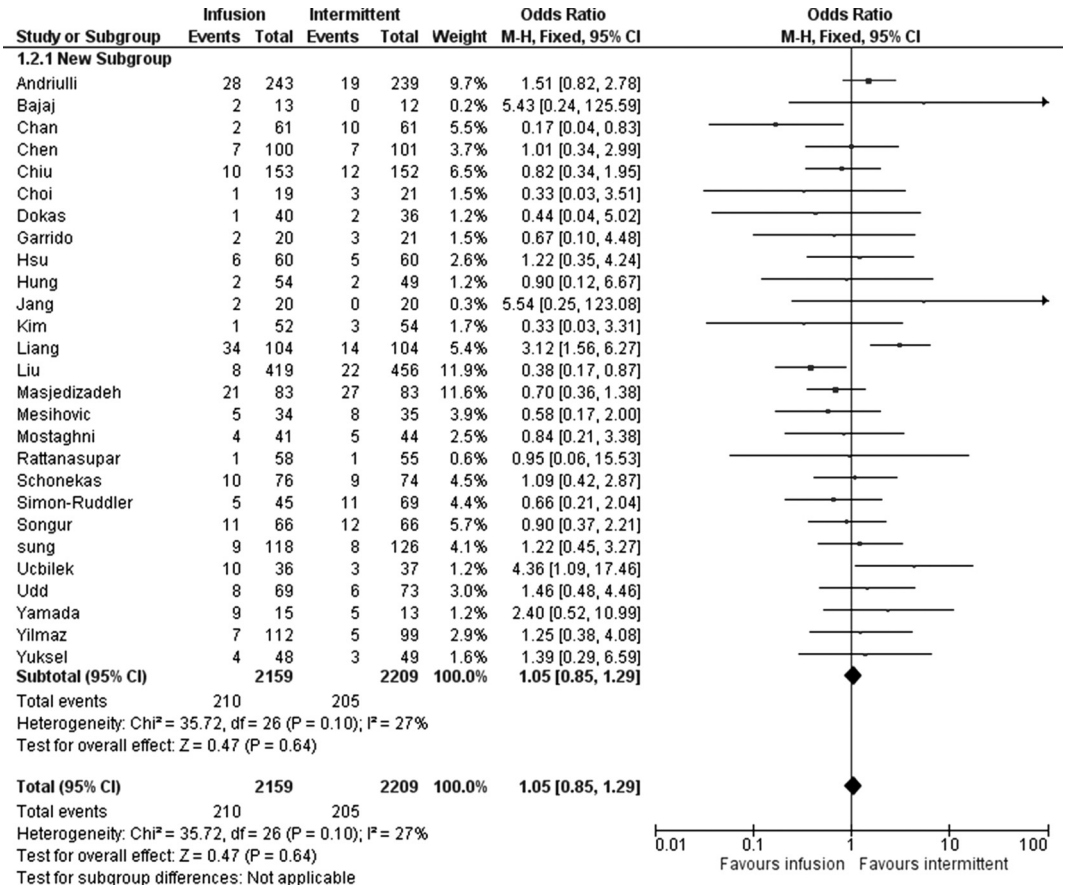

Abstract OTU-15 Figure 1

Conclusion This study showed there was no statistically significant difference in the outcomes of rebleeding, need for surgery, mortality or length of hospital stay when PPIs were administered intermittently compared to by infusion. Conservative margins of non-inferiority were used due to the potential clinical implications, despite this non-inferiority was shown with regard to re-bleeding and mortality. The assessment of the quality of the evidence supports the validity of the findings. Given the delivery of PPI via infusion is more costly, timely and inconvenient for patients, the determination of non-inferiority supports a change in practice.

OTU-19 EARLY CLINICAL MANAGEMENT OF ACUTE UPPER GASTROINTESTINAL BLEEDING: A UK MULTISOCIETY CONSENSUS CARE BUNDLE

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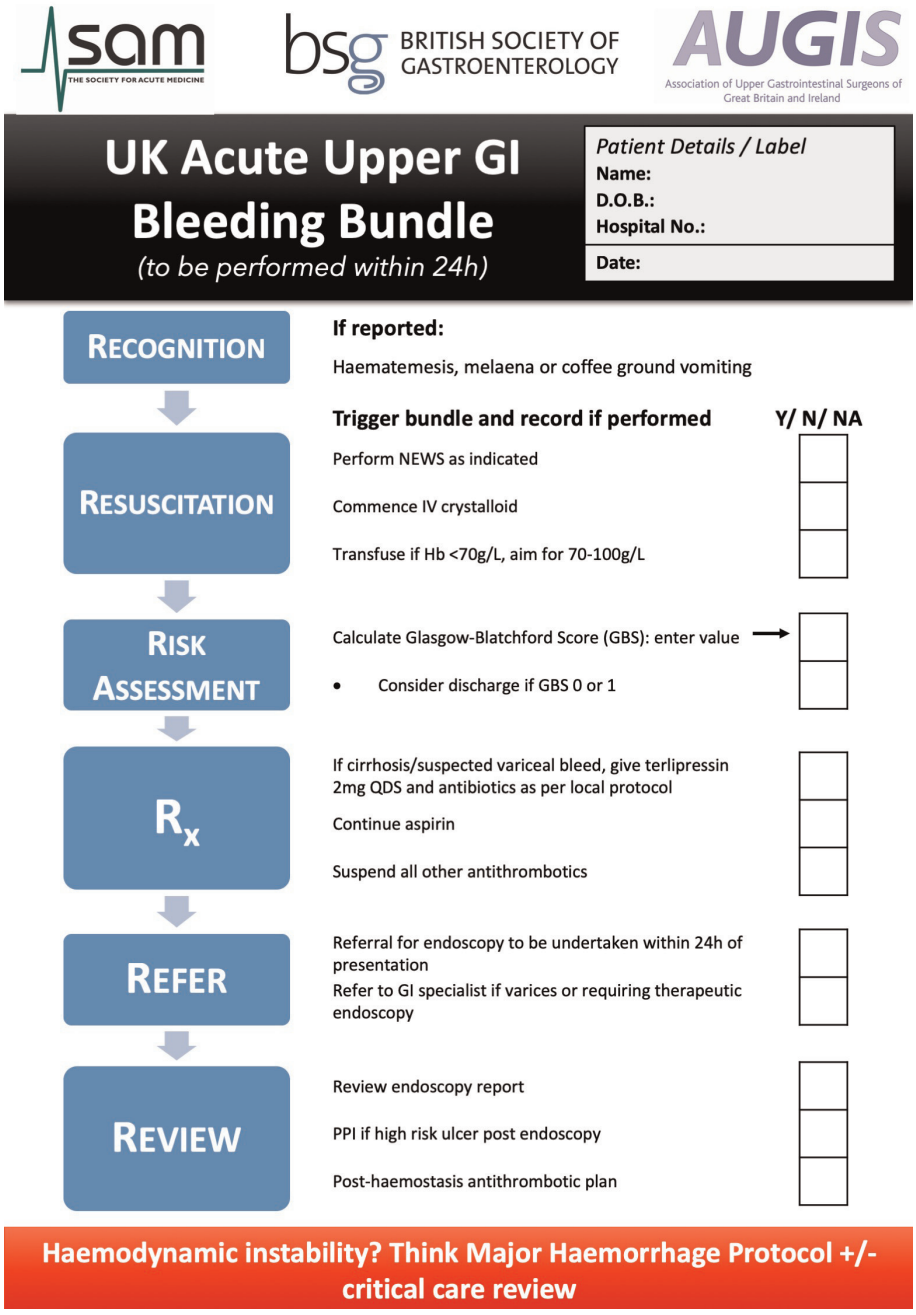
Introduction Medical care bundles have been shown to improve standards of care and patient outcomes. Acute upper gastrointestinal bleeding (AUGIB) is a common medical emergency which has been consistently associated with suboptimal care. We aimed to develop a multisociety care bundle centred on the early management of AUGIB for national implementation to improve standards of care.

Methods Under the remit of the British Society of Gastroenterology (BSG) Endoscopy Quality Improvement Project, a UK multisociety taskforce was assembled to produce a pragmatic evidence and consensus-based care bundle detailing key ward-based interventions to be performed within the first 24 hours of presentation with AUGIB. A modified DELPHI process was conducted with expert stakeholder representation from BSG, Association of Upper Gastrointestinal Surgeons (AUGIS), Society of Acute Medicine (SAM) and the National Blood Transfusion Service. A formal literature search was conducted on major databases and international guidelines reviewed. Evidence was appraised using the GRADE quality framework. Once working groups had formulated initial evidence-based statements, a face-to-face meeting with anonymised electronic voting was arranged to evaluate consensus with statements and care bundle items. Consensus was defined as reaching 80%+ agreement on each statement, with revisions and up to three rounds of voting permitted. Accepted statements were eligible for incorporation into the final bundle after a separate round of voting. The final version of the care bundle was approved by corresponding stakeholder and patient groups.

Results Consensus was reached on 19 recommendation statements; these culminated into 14 corresponding care bundle items (figure 1), enveloped within 6 management domains: Recognition (to facilitate early diagnosis), Resuscitation, Risk assessment, Rx (Treatment), Refer and Review (post-endoscopy care).



Abstract OTU-19 Figure 1

Conclusion A multisociety care bundle for AUGIB has been developed for adoption in acute departments to facilitate timely delivery of evidence-based interventions and drive quality improvement in AUGIB.

OTU-21 ENDOSCOPIC SUBMUCOSAL DISSECTION OF EARLY GASTRIC NEOPLASIA: EXPERIENCE FROM THREE EUROPEAN TERTIARY CENTRES

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Introduction Endoscopic submucosal dissection (ESD) is a technique first developed in Japan to enable en-bloc endoscopic resection of early gastric neoplasia. The high prevalence of gastric neoplasia allowed for greater opportunity to train and refine the technique in the Far East. The same is not applicable to the West where the prevalence of gastric neoplasia is low. In this study, we aim to review the efficacy and safety of ESD for early gastric neoplasia from three large European referral centres.

Methods Data was prospectively collected on an electronic database. We analysed this database and patient's electronic record. Parameters related to ESD outcome were collected.

Results A total of 175 gastric neoplasia were resected between 2009 and 2017 (152 ESD, 23 hybrid ESD), 51.4% were in proximal stomach. Mean size was 29 mm. Only 13 (7.42%) were sub-epithelial lesions. Table 1 shows outcomes and