than this. Five patients had a further UGIB within 90 days, which was associated with age (80% over the age of 80) and early reintroduction of anticoagulation (40%). 80% of repeat bleeds occurred on rivaroxaban, consistent with data suggesting it may have a higher risk of GI bleeds in elderly patients.

Conclusions Every UGIB is unique and generic guidelines will not always apply for valid clinical reasons. However, failure to follow such guidelines when appropriate leads to an increased risk of adverse events and documentation of reasons for deviating from clinical guidelines is often inadequate. The introduction of a national GI bleed proforma to remind physicians of guidelines and allow clear documentation of decisions regarding anticoagulant or antiplatelet medication may improve compliance and reduce morbidity post-UGIB.

REFERENCES

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Abstract PTH-010 Figure 1 Days to restarting anticoagulation after achieving haemostasis

PTH-011 A FEASIBILITY STUDY FOR THE USE OF ENDOCUFF VISION IN BOWEL SCOPE SCREENING

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Introduction The success of bowelscope screening (population colorectal cancer screening aged 55 with a one off flexible sigmoidoscopy) in improving colorectal cancer outcomes is reliant on adenoma detection. The adenoma detection rate has been a concern within bowelscope screening (BoSS) and a national quality assurance standard has been set at 6.7%. The use of Endocuff Vision has been shown to improve adenoma detection rate in colonoscopy both within the Bowel Cancer Screening Programme and symptomatic service. There is currently a randomized controlled trial underway (B-ADENOMA) to answer the question on the effectiveness of the use of Endocuff Vision in BoSS. This was a feasibility study to assess Endocuff Vision in BoSS.

Methods Endocuff Vision was used during BoSS examinations at Liverpool & Wirral Bowel Cancer Screening Centre during a 3 month study period. A standardised proforma was completed after each examination by endoscopists, which included ratings of patients tolerability, endoscope handling, assistance in detecting pathology. Quality indicators were compared prior to and during the study.

Results 838 BoSS flexible sigmoidoscopies were performed prior to the study. Endocuff Vision was used in 133

procedures; 19.5% of all BoSS examinations during the study period. 4.5% were not successful. Endoscopists reported good or excellent patient tolerability in 83.5%, endoscope handling in 85.8% and assistance in detecting pathology in 68.8%. However, subjective narrative from endoscopists included more negative than positive comments on a ratio of 4:1. Comfort scores decreased significantly: 83.0% reporting no or minimal discomfort prior to the study to 78.7% during the study ($p=0.03$, OR 1.33 95% CI 1.02 – 1.71). Adenoma Detection Rate was 11.02% for the Endocuff Vision assisted examinations. Polyp Detection Rate increased from 18.5% prior to the study to 22.6% during the study period ($p=0.05$, OR 1.28 95% CI 1.00–1.65). Adenoma Detection Rate increased from 9.55% to 11.6% (79/681) ($p=0.19$, OR 1.24 95% CI 0.90–1.73). **Conclusions** This study illustrates that Endocuff Vision can be successfully used in Bowel Scope Screening. Endoscopists felt it aided the procedure and pathology detection. However, the discordance between the negative comments and ratings may suggest that more familiarity with the device is required. Patient comfort may be compromised but potential benefits include improved polyp and adenoma detection rates.

PTH-012 IMPLEMENTATION OF UK ACUTE UPPER GI BLEEDING BUNDLE RESULTS IN SIGNIFICANT IMPROVEMENTS IN QUALITY STANDARDS

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Introduction The 2015 NCEPOD report ‘Time to Get Control’ highlighted the need to improve the quality of care of patients with acute upper GI bleeding (AUGIB). The BSG Endoscopy Quality Improvement Project created an evidence based care bundle for AUGIB targeting ward based management of patients within the first 24 hours (The UK AUGIB bundle). The impact of implementation of the UK AUGIB bundle has not been assessed in clinical practice.

Methods An audit of the impact of the UK AUGIB bundle was undertaken in 15 Scottish hospitals on behalf of the Scottish Society of Gastroenterology. Data were collected relating to demographics and management of patients with AUGIB within the first 24 hours of presentation, for a six-week period pre- and post-implementation of the UK AUGIB bundle. A period of bundle promotion was undertaken in all centres between the data collection cycles. Outcome measures included documentation of bundle implementation, risk scores and transfusion strategy. Caldicott approval was obtained in each site.

Results A total of 459 patients were included in the pre-bundle audit period, and 434 patients in the post-bundle audit period. Following implementation the AUGIB bundle was utilised in 41.2% of patients. The table 1 demonstrates patient demographics and the impact of bundle implementation.

Data were analysed using STATA 14.0. Chi-2 tests were used for categorical variables. For continuous variables, t-tests and Wilcoxon rank sum tests were used according to variable distribution.

No significant differences were observed in use of PPI in high risk bleeders, use of terlipressin/antibiotics in variceal haemorrhage or resumption plan for antithrombotics, with high pre-bundle performance in these domains.