PTU-091 RIGHT HEMICOLECTOMY IN CROHN’S DISEASE – ARE WE FOLLOWING ECCO GUIDELINES?

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Introduction Despite recent advances in medical therapy, approximately 80% of patients with Crohn’s disease will require surgery within 20 years of diagnosis. Surgery is not curative and clinical and/or endoscopic recurrence occurs in the majority of patients. Correct pre-operative planning and post-operative care has a major impact on the outcome of such treatment. The aim of this study was to compare local practice in the Countess of Chester Hospital with published ECCO guidelines, to identify opportunities to improve care.

Methods This was a retrospective analysis of all patients with Crohn’s disease that underwent a right hemicolectomy between January 2013 and December 2017 at the Countess of Chester Hospital. Patients were identified by obtaining a list of right-hemicolectomy specimens from the histopathology department. Patient notes were reviewed to ascertain patient demographics, pre- and post-operative treatment, and follow-up endoscopy.

Results A total of 14 patients were identified for this study. Age range was 2–5 with a male to female ratio of 4:3. The Montreal classification varied widely. Only 8/14 (57%) of patients had received an immunomodulator pre-operatively and 2/14 (14%) were on a biologic, 10/14 (71%) of patients were not given either an immunomodulator or biologic post-operatively. Follow-up endoscopy occurred in 7/14 (50%) patients. 3 of these were within 6 months and 4 were within 12 months of the operation date. 3/7 (42.9%) of patients had evidence of recurrence on endoscopy. None of the patients had a Rutgeerts’ score generated.

Conclusions This study demonstrates the variability of management of patients with Crohn’s disease post-operatively. Our results show that over 60% of patients were not on any medical treatment pre-operatively. In addition, over 75% of patients continued to remain on no maintenance after their operation. Only 50% of patients underwent a follow-up endoscopy within 12 months of their operation date and a Rutgeerts’ score was not generated in any of these patients.

PTU-092 Exploring Access to Secondary Care Services for Patients with Established Inflammatory Bowel Disease

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Introduction The Inflammatory Bowel Disease (IBD) Standards of Care recommend that defined arrangements are in place to allow for direct admission or assessment to a gastroenterology unit for patients with UC or Crohn’s. Currently in Leicester there is no facility for rapid access or direct admission to inpatient GI services. The aim of this study was to establish how patients with (IBD) accessed secondary-care services when admission was required.

Methods Consecutive patients admitted to gastroenterology with an established diagnosis of IBD were asked to complete a questionnaire exploring their point of access, admission process, waiting times and treatment during admission before their discharge from hospital.

Results 50 patients were recruited (30 UC, 19 CD, 1 indeterminate) First point of access after admission was recommended included 30 pts arriving at A&E, 11 via medical admission unit, 7 directly via gastroenterology services and 2 to other departments.

Other pathways once admitted involved 14 pts transferring to 2wards and 29 pts to 3 wards.

32 patients were commenced Intravenous steroids in first 24 hours, 8 patients waited longer than 24 hours. 8 patients did not commence any treatment relating to an acute exacerbation of IBD.

Conclusions Patients were admitted to a number of different wards via a variety of routes. Many were waiting for long periods of time & some patients did not require hospital admission. As a result of this evaluation we have established a ‘Hot Clinic’

PTU-093 Evaluating a Nurse Led Inflammatory Bowel Disease Hot Clinic

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Introduction Inflammatory Bowel Disease (IBD) can be an unpredictable condition with relapses requiring escalation of therapy and possible admission to hospital. The IBD Standards of Care recommend that patients with Crohn’s disease and Ulcerative colitis have rapid access to specialist doctors and
IS THE ROLE OF A GASTROENTEROLOGY ADVANCED NURSE PRACTITIONER VALUED?

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Introduction The Advanced Nurse Practitioner (ANP) is an established role within many hospitals and can be found in all aspects of health organisations. This new role has equipped nurses to take on more procedures as well as tasks traditionally associated with junior doctors, including the ability to diagnose and prescribe, whilst still retaining their foundation nursing roles. Previous research has focused on the ANP role within the community setting or emergency departments. This innovative study aimed to examine perceptions from the nursing and medical teams of an ANP working on a gastroenterology ward.

Methods A qualitative study was conducted at the Royal United Hospital Bath using three separate focus groups, each comprising of five gastroenterology doctors (FY1 to registrar), five gastroenterology nurses (grades – ) and six ANPs. Each focus group lasted between 4–0 minutes and consisted of a set format of questions to guide discussions and aid with moderation of the group (eg. perceptions of the value of the ANP role within the ward environment, advantages of an ANP and how the ANP assists with a doctor’s role). Transcripts of the interviews were analysed and the data was reduced into themes.

Results Thematic analysis identified three positive themes related to the perception of an ANP working of a gastroenterology ward; (1) Assisting with work load, (2) Team work and (3) Leadership. It was highlighted that due to the ANP’s understanding of the processes of patient flow, tasks were pre-empted and performed in advance, improving efficiency and reducing the work load of other team members. Within the analysis there was an overriding theme of consistency; quotes from doctors included, “the ANP is an absolute ‘life line’ at the start of a new rotation. Their consistency allowed things not to get missed and acted as a safety net for us all, patients alike”. There were several sub-themes relevant to gastroenterology particularly; ‘sharing of applied skills and knowledge’. This was relevant for ascitic paracentesis, NG tube insertion, implementation of the liver care bundle and application of gastroenterology algorithms for complex patients which included GI bleeding.

Conclusions The study demonstrated that an ANP is a great asset to a gastroenterology ward and a valued member of the team. They provide consistency within the department, to both the nursing and medical teams. This is deemed vital, due to the ongoing four monthly rotations of junior medical staff, which is perceived as disruptive to team work and affecting consistency of patient care. The results have also identified how the ANP role appears to be more than just a ‘work gap’ solving role, they are paramount in sharing skills and knowledge with junior doctors as well as contributing to and enhancing teamwork, which is essential in health care transformation.

UK QUALITATIVE FOCUS GROUP STUDY INVESTIGATING CURRENT PROVISION OF CARE FOR PEOPLE WITH MICROSCOPIC COLITIS

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Introduction Microscopic colitis (MC) is a common cause of chronic, non-bloody watery diarrhoea that impacts health-related quality of life. No UK guidelines currently exist for MC. This has potential negative sequelae to patients as mis-diagnoses and use of inappropriate treatments have been reported. This study examines UK provision of care for MC