was 3.9% (n=5) in the 2 week wait (2WW) pathway versus 7.5% (n=11) in the routine referral pathway. This may reflect patients being referred on a routine pathway due to reassurance from investigations in the preceding year.

The post endoscopy cancer rate in the oesophagus, stomach and duodenum were 6.5% (n=9), 6.4% (n=6) and 2.3% (n=1) respectively. The highest rate by individual location was 18.2% (n=2) in the upper third of the oesophagus. 40% of post endoscopy cancers showed an alternate diagnosis at initial endoscopy; Gastritis/Oesophagitis (n=4), Hiatus hernia (n=2), Schatzki ring (n=1).

This group also showed a higher TNM staging compared to the background population; pT 3.30 vs. 2.85 (p=0.16, z = 1.41), pN 2.00 vs. 1.12 (p=0.17, z = 2.37), although this did not reach statistical significance.

Conclusion We have a low rate of delay in diagnosis of our UGI cancers, but it is associated with a higher TNM stage which could impact patient prognosis. A large number of cancers were missed on endoscopy, in particular in the upper third of the oesophagus. Endoscopists should take care to obtain clear views on extubation. A large proportion of patients re-present within one year of endoscopy, so clinicians should re-investigate if there are persistent symptoms.

PTH-026 ROBOSCOPE – 2 CENTRE INITIAL EXPERIENCE

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Introduction Robotic colonoscopy was introduced to UK in 2015. It has previously been used in other European centres. Robotic colonoscopy is an automatic self-propelled, user guided, single use colonoscope which has been developed to enable successful caecal intubation, with reduced discomfort (painless colonoscopy).

Methods The technique has been piloted in a number of UK centres, results are presented for initial use in 2 centres.

Results Royal Derby Hospital

10 procedures undertaken: 1 was abandoned because of technical problems with the equipment. Of the 9 procedures undertaken, 4 were successful to the caecum, 5 were unsuccessful (3 to hepatic flexure, 2 to sigmoid). Of the 5 that were unsuccessful, all were changed to traditional colonoscopy and successful colonoscopy to the caecum was performed.

Borders General Hospital

17 procedures undertaken: 9 were successful to the caecum, 8 were unsuccessful (4 to hepatic flexure, 4 to sigmoid). Of the 8 that were unsuccessful, all were changed to traditional colonoscopy and successful colonoscopy to the caecum was performed.

Combined data

Caecal Intubation rate 48%

Mean Procedure time 74 minutes (23 patients)

Analgesia requirements – 26 patients required opiate and midazolam, 1 patient Entonox only

Conclusions In the 2 centres trialling the Robotic colonoscopy, the technique is associated with low caecal intubation rate, long procedure times and analgesia requirements equivalent to traditional colonoscopy. Both units no longer carry out this procedure.

PTH-027 IMPACT OF CHANGES IN GUIDANCE ON VARICEAL PROPHYLAXIS ON RATE OF VARICEAL HAEMORRHAGE IN GLOUCESTERSHIRE

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Introduction Oesophageal varices develop as a consequence of portal hypertension in patients with cirrhosis and account for around 10% of admissions with acute GI bleeding in the UK with a significant in-hospital mortality rate of 15%.¹ In 2015–2016 the BSG and NICE published new guidance recommending endoscopic variceal band ligation for primary prevention of bleeding.^{2,3} A subsequent change in local policy sees patients with grade 2 or 3 varices identified during elective upper GI (UGI) endoscopy offered endoscopic variceal band ligation routinely. We aimed to assess the impact of this policy change on the rate of variceal haemorrhages.

Methods Electronic endoscopy records at Gloucestershire Hospitals NHS Foundation Trust were interrogated to identify procedures performed for variceal surveillance (VS) or UGI bleeding and where the diagnosis was variceal bleeding over two periods: Jan-May 2015 and Oct 2017 to Mar 2018.

Results Of the 92 VS procedures performed in the first period, 53 had varices, of which 9 (17%) underwent prophylactic banding.

Of the 246 VS procedures performed in the second period, 166 had varices, of which 52 (31.3%) underwent prophylactic banding.

The proportionate number of variceal bleeds in the first and second period was 8.8% (n=10) and 6% (n=17) respectively.

Conclusions The increase in prophylactic banding since the policy change appears to have reduced the proportionate number of variceal bleeds by 2.6%. This is seen alongside a significantly increased number of patients attending for VS, for unclear reasons. This could simply reflect the increasing burden of chronic liver disease.⁴ However, given the short interval period it could reflect an improvement in identifying patients suitable for variceal screening.

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PTH-028 HIGHER-QUALITY COLON CLEANSING IMPROVES LESION DETECTION DURING COLONOSCOPY: A QUANTITATIVE ANALYSIS OF PHASE 3 TRIALS

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Introduction Colon cleansing is important for reliable lesion detection during colonoscopy, however the quantitative benefits of improved cleansing quality remain poorly understood. This post hoc analysis of three similarly designed phase 3