repeat endoscopic and/or radiological investigations and any supplementary small bowel investigations.

Results 693 patients with IDA were included from January 2016 to September 2017. 86 patients had recurrent IDA. Of those with recurrent IDA, a cause was found in 20 patients (23%), including 4 malignancies (4.6% of all recurrent IDA), 3 cases of Crohn’s disease, along with vascular lesions and Upper GI ulceration. For all patients with recurrent IDA and those in whom a cause was identified mean age was 67.6 years and 59.9 years respectively; the mean interval between presentations was 5.5 years (range: 1.1–15.1) and 5.7 years (range: 1.8–13) respectively (NS). There was no significant difference between the haemoglobin levels of patients with a cause found (97 g/L) compared patient where no cause was found (99.1 g/L). In those with recurrent IDA 11/86 (12.8%) of patients had causative pathology identified on repeat routine upper and lower GI investigation, 9/86 (10.5%) had a cause identified following small bowel investigation. The yield of small bowel investigation was 30% in recurrent IDA.

Conclusions A significant proportion of patients have GI pathology on re-investigation of recurrent IDA, including malignancy in 4.6%. We suggest recurrent IDA is re-investigated with bi-directional endoscopy initially, with consideration of small bowel investigation.

REFERENCES

PTH-033 FCSEMS FOR LIVER TRANSPLANT BILIARY STRICTURES ARE ASSOCIATED WITH A HIGH RISK OF POST-ERCPC PANCREATITIS

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Introduction Benign biliary strictures are a common complication of liver transplantation, mainly as a result of constriction at the site of biliary anastomosis or ischaemic cholangiopathy. Placement of fully covered self-expanding metal stents (FCSEMS) by ERCP has been shown to be an effective treatment for benign and malignant biliary strictures and offers advantages over plastic stents of greater patency rates and the potential for stricture remodeling. The aim of this study was to assess the incidence of post-ERCPC pancreatitis following placement of FCSEMS for benign biliary strictures after liver transplantation in a high-volume centre.

Methods Retrospective analysis of prospectively maintained local databases was performed. Endoscopy reports were reviewed for every ERCP (any indication) performed for liver transplant recipients between 1st January 2014 and 1st January 2018. Patient outcomes were gathered from electronic patient records. Severity of pancreatitis was graded according to the Revised Atlanta Classification. Statistical comparison of two groups was performed with Fisher’s exact test.

Results Over a four-year period, 36 out of 393 consecutive liver transplant recipients underwent ERCP for treatment of benign biliary strictures. A total of 97 ERCPs were performed for this patient group (mean 2.7 per patient, range 1–13). Placement of temporary fully covered self-expanding metal stents successfully achieved long-term stricture resolution in 92% of patients (22/24). However, ERCP involving placement of a first FCSEMS was associated with a considerably higher rate of post-ERCPC pancreatitis than any other ERCP performed in this study population (34.5% vs 2.8%, P<0.0001); 89% (8/9) of episodes of pancreatitis were classified as mild, 11% (1/9) as severe.

Conclusions In the experience of a single high-volume centre, placement of FCSEMS by ERCP is an effective treatment for the management of benign biliary strictures, but one that is associated with a particularly high risk of pancreatitis. Patients should give informed consent accordingly. Further research into the mechanisms behind this effect (e.g. sudden occlusion of a normal pancreatic duct) and the effectiveness of additional specific prophylactic measures is underway.
Conclusions The Apollo OverStitch system can be used in the management of esophageal leaks and has proven efficacy and safety. Although this technique does require expertise, it provides a successful minimally invasive method that can help in the management of these often critically ill patients. This is the first reported case series of successful utilisation of the Apollo OverStitch System in combination with a stent in the management of esophageal leaks.

**EUS-GUIDED BILIARY AND ENDOLUMINAL DRAINAGE BY LAMS: INITIAL EXPERIENCE FROM A HPB/TRANSPLANT CENTRE**

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**Introduction** Endoscopic ultrasound-guided biliary or enteral drainage is an emerging alternative to managing biliary or enteral obstruction, when endoscopic retrograde cholangiopancreatography (ERCP) or duodenal stenting fail. Recently developed electrocautery-enhanced Lumen-Apposing Metal Stents (LAMS), allow endoscopic anastomosis (Hot AXIOS™ system, Boston Scientific) to facilitate EUS guided choledochojjunostomy or gastrojejunostomy. EUS guided hepaticojejunostomy is also feasible; using a dedicated half covered biliary SEMS (Giobor® stent). The aim of this study was to assess the safety and effectiveness of these stents in gallbladder, biliary and endoluminal drainage where standard approaches have failed.

**Methods** Case series of EUS guided biliary or enteral drainage from a tertiary referral HPB/Liver Transplant centre between January 2017 and January 2019.

**Results** During the 2 year study period, 19 cases were undertaken on 14 patients; 7 Male, 7 Female. Median age 77 (range 34–91). 10 of the patients had malignant disease, 4 benign. Indications included 6 EUS guided biliary drainage with LAMS from D1, 4 EUS guided gallbladder drainage, 3 EUS wire guided rendezvous, 2 EUS guided drainage of an obstructed hepaticojejunostomy, 2 EUS guided gastrojejunostomy, 1 gastrojejunostomy stent change, 1 hepaticojejunostomy. The procedure was clinically successful in 68% (13/19) of cases. Median length of stay post procedure was 4 days (range 1–32). Adverse events occurred in 32% (6/19), 5/6 were small bile leaks, which settled clinically without need for further intervention, one case of stent displacement requiring surgical removal.

**Conclusion** In our experience, EUS-guided LAMS placement for novel applications, performed by experienced endoscopists was safe and feasible in selected cases of benign and malignant disease.

**INTRA-DUCTAL COVERED SELF-EXPANDING METAL STENTS ARE NOT JUST FOR THE MANAGEMENT OF POST-TRANSPLANT ANASTOMOSTIC STRICTURES**

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**Introduction** Traditional fully covered self-expanding metal stents (FCSEMS) can have poor durability in certain situations e.g. post transplant anastomotic strictures, leading to proximal or distal stent migration. Novel intra-ductal FCSEMS have been developed with an antimigration waist, short stent length and removal wires that are deployed in the duodened to allow easy removal. These stents have improved the management of post-transplant anastomotic strictures, substantially decreasing the number of ERCPs these patients require and are now becoming the preferred stent in this situation in a number of transplant centres globally. Non-transplant indications for this stent have rarely been described.

**Methods** Case series of novel indications for ID-FCSEMS from a tertiary referral HPB/Liver Transplant centre.

**Results** 10 ID-FCSEMS were inserted in 9 patients for a range of indications (bile leak following transplant (3) or hepatectomy (1), bile leak following spontaneous perforation of the bile duct during acute pancreatitis, strictureing due to bile duct trauma post laparoscopic cholecystectomy (2), Mirizzi syndrome or choledochal varices). Five stents were inserted into the CHD/CBD and 5/10 into the proximal IHD/hilum. Median age of the patients was 51 years, and the majority were female (55%). Five patients had had a previous ERCP and plastic stent, which had been unsuccessful. 90% (9/10) of the stents inserted were 8×40 mm, with a single 10×40 mm stent inserted in one case. A sphincterotomy was performed in 60% cases and 30% of strictures were balloon dilated prior to stent insertion. Clinical resolution of the leak or stricture was seen in 100% of cases. There were no associated episodes of stent migration or post ERCP pancreatitis. All stents were removed without any difficulty. No patients required a further ERCP or intervention following ERCP with ID-FCSEMS insertion.

**Conclusion** This novel ID-FCSEMS is associated with high rate of clinical success in a range of clinical indications, over and above the management of post-transplant anastomotic strictures. There were no associated adverse events. As a result, there are growing number of applications for this novel stent.