Abstract PTU-128 Table 1 Summary of results per indication for CE

Indication	SB bleeding (n=94)	?IBD/IBD reassessment (n=84)	?SB neoplasia (n=15)	Others (n=11)
No. of CEs where findings differed between heads	27 (28.7%)	30 (35.7%)	2 (13.3%)	1 (9.1%)
Mean numerical difference in findings between heads (range)	3.4 (0–16)	4.3 (0–39)	4 (3–5)	3
No. of CEs where differences were clinically significant	17 (18.1%) In 1 CE, no. of findings was same but type was significantly different	11 (13.1%) In 1 CE, no. of findings was same but type was significantly different	2 (13.3%)	0 (0%)
Details	Findings missed by single-headed CE: 16 1. Angioectasias (5) •SB inflammation (7) •Oesophagitis (2) •SB masses (2) Difference in findings changed assessment of extent/severity : 1 (angioectasias)	Missed findings: 5 • In all, signs of active inflammation missed by single-headed CE Difference in findings changed assessment of extent/severity : 6	Missed findings: 1 polypoid mass, 1 SB diverticulum	na

overall conclusion/diagnosis were compared between single and double-headed examinations.

Results 211 CE examinations were performed. 7 failed to reach the SB; 204 cases were analysed. Indications were (a) SB bleeding; (b) ?SB inflammation or reassessment of known inflammatory bowel disease (IBD); (c) ?SB neoplasia including suspicious radiological imaging and (d) others e.g. ?coeliac disease. Results are presented in **table 1**.

Overall, use of two CE heads impacted the diagnosis in 30/204 (14.7%) of cases in our cohort.

Conclusions The use of double-headed CE provides more information which has the potential to change clinical diagnosis and therefore management. Therefore, the routine adoption of double-headed CE in SB assessment should be considered.

PTU-129 INDICATIONS AND OUTCOMES OF COLONOSCOPY IN THE VERY ELDERLY PATIENTS

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Introduction Colonoscopy is the investigation of choice for lower gastrointestinal symptoms. We wanted to review the indications and outcomes of colonoscopy in the very elderly patients at a district general hospital.

Methods We retrospectively reviewed all patients ≥ 85 years who underwent colonoscopy from June 2016– June 2018 using our endoscopy reporting system (Endobase). We collected data on demographics, indications for the procedure, bowel preparation type and success, sedation and analgesia rates, caecal intubation rates, findings and complication rates.

Results From June 2016–June 2018, there were 243 patients ≥ 85 years who underwent colonoscopy, mean age 87.0 years

(range 85–96), males 41.8%, females 51.9%. The commonest indications were: change of bowel habit (n = 75, 30.1%), anaemia (n = 53, 21.8%), abnormal imaging (n=30, 12.3%), rectal bleeding (n= 25, 10.3%), polyp surveillance (n = 18, 7.4%), polypectomy (n = 16, 6.6%), colon cancer surveillance (n = 10, 4.1%), IBD surveillance (n = 2, 0.4%), and other (n=9, 3.7%). All patients went thorough bowel preparation with PEG solution with excellent or adequate results in 209 (86.0%), and inadequate in 34 (14.0%). Fentanyl was used in 175 patients (72.0%, average dose 43.2 mcg), Pethidine in 17 (7.0%, average dose 26.5 mcg), Entonox in 27 patients (11.1%), and Midazolam in 184 patients (75.7%, average dose 1.84 mg). Unadjusted caecal intubation rate was 84.4% (n=205), rising to 88.7% when adjusted for obstructing lesions. Commonest causes for incomplete procedure (n= 38) were: Obstructing lesions (n=12, 31.6%), inadequate bowel preparation (n = 7, 18.4%), patient intolerance (n=6, 15.7%), and diverticulosis (n=5, 13.2%). Cancer was found in 21 patients (8.6%). Polyps of any size were found in 90 patients (37.0%), but significant polyps (polyps ≥ 10 mm) were found in 42 patients (17.3%) with average polyp size of 20.7 mm (range 10–80 mm). Other significant findings included colonic diverticulosis in (n=147, 60.5%), haemorrhoids (n= 73, 30.0%), and IBD (n=4, 1.6%). Three patients developed peri-procedure complications: Oxygen desaturation and tachycardia (n=1, 0.4%), hypotension (n=1, 0.4%) and chest pain and reduced consciousness, requiring reversal agent (n=1, 0.4%). There were no significant bleeding or perforation reported for this cohort.

Conclusions Overall colonoscopy seems to be safe in the extreme ages with low complication rates. The caecal intubation rate was lower than the BSG/JAG recommended cut off 90%, and this was mostly attributable to inadequate bowel preparation and obstructing lesions. If both of these limitations are adjusted for, the completion rate was 91.5%.