n=4), while they were 1(20.8%, n=5), 2A (62.5%, n=15) and 2B(16.7%, n=4) in the titanium ring clamp group. The complete resection rates of both groups were 100%. None of the patients had an intraoperative or delayed hemorrhage in the nylon rope group. And in the titanium ring clamp group, there were 5 patients had immediate bleeding during procedures which could be controlled by another titanium ring clamps soon. No delayed hemorrhage occurred in the titanium ring clamp group.

Conclusions It is more reliable, safe and effective to be treated by endoscopic electric coagulation combined with nylon rope than with titanium ring clamp in colorectal long-pediced polyps.

**APPLICATION OF TRADITIONAL CHINESE MEDICINE SITTING BATH IN ENDOSCOPIC HEMORRHOID LIGATION TREATMENT**

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**Background** To explore the effect of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery.

**Methods** A total of 132 patients underwent endoscopic hemorrhoid ligation surgery from January 2018 to December 2019 were selected and randomly divided into a control group and an observation group, with 66 cases in each group. After the operation, the same oral and written health education was given to all patients, and a special bidet was distributed to take a sitting bath. The control group took a sitting bath with warm water while the observation group with warm Traditional Chinese Medicine (named Hemorrhoid bath net, contains ingredients such as Phellodendron amurense, Sophora flavescens, rhubarb, purslane, safflower, wormwood, etc. It has functions of clearing away heat and dampness, promoting blood circulation and removing blood stasis, killing insects and expelling dampness). It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.21–0.80). The subgroup analysis was done, which include two studies on the potential role of statins in the prevention of PEP. This study aims to investigate whether the use of statins has a protective effect against PEP.

**Results** Four cohort studies comprising of 5832 patients were analyzed. In the random effects model, the pooled odds ratio (OR) of PEP occurrence was 0.73; 95% CI (0.36–1.45). The pooled data of the four studies showed a trend towards a protective effect of statin use and decreasing risk of PEP but did not show a protective effect of the statin. Likewise, there was a substantial degree of heterogeneity (I² = 87%). Subgroup analysis was done, which include two studies on chronic statin use defined as use for more than six months. It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.30–0.57) using the random effects model, thereby signifying a protective effect of the drug. The subgroup analysis has also resulted to a statistical homogeneity of the trials (I² = 0%).

**Conclusions** Chronic statin use for more than six months has a protective effect against PEP. This meta-analysis has shown the potential role of statins as prophylactic agents for PEP. However, further prospective randomized studies are recommended to confirm this relationship.

**USE OF GASTRIC ACID SUPPRESSANTS AND RISK OF DISEASE ACTIVITY EXACERBATION IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**Background** Gastric acid suppressants such as proton pump inhibitors (PPI) and histamine 2 receptor antagonists (H2RA)
are common gastrointestinal medications used to manage symptoms of acid-related diseases. Studies have shown that these medications are associated with increased risk of pneumonia, vitamin deficiency, osteoporosis and fractures. Few studies have described the potential risk of inflammatory bowel disease (IBD) exacerbation among patients on gastric acid suppressants but little is known on its association. This study aims to investigate the effect of the use of gastric acid suppressants (PPI and H2RA) in the risk of IBD (Crohn’s disease and ulcerative colitis) exacerbation.

Methods A comprehensive, computerized literature search from the electronic database of MEDLINE, Google Scholar, Cochrane Library, and OVID was performed with the following search terms: gastric acid suppressants, proton pump inhibitors, histamine 2 receptor antagonists, inflammatory bowel disease, Crohn’s disease, ulcerative colitis, outcomes, and disease activity exacerbation. Two cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model using pooled relative risks (RRs). The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Two cohort studies comprising of 36,293 patients were analyzed by pooling adjusted RRs using random effects model. Disease activity exacerbation was associated with the use of gastric acid suppressants with pooled adjusted RR 1.14 [95% CI, 1.08–1.20, I2=0%] with no heterogeneity. The pooled adjusted RR of IBD activity exacerbation with PPI use was 1.12 [95% CI, 1.05–1.19, I2=0%] for any IBD, while the pooled adjusted RR of disease activity exacerbation with HR2A use was 1.21 [1.04–1.40, I2=42%] for IBD, with moderate heterogeneity. The effect of acid suppression was more marked in patients with Crohn’s disease, RR 1.44 [0.89–2.33, I2=77%], but this was statistically insignificant with marked heterogeneity; than in ulcerative colitis RR 1.12 [1.05–1.20, I2=0%].

Conclusions Use of gastric acid suppressants such as PPIs and H2Ras may be associated with increased risk of disease activity exacerbation in patients with IBD. This meta-analysis confirms the need for further prospective studies in examining this relationship.

Abstract IDDF2020-ABS-0095 Table 1 Risk factors associated with clinical outcomes post-EMR

<table>
<thead>
<tr>
<th>Positive Resection Margin</th>
<th>Complications (Bleeding or Perforation)</th>
<th>Recurrence</th>
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<tbody>
<tr>
<td>- Gross lesion size &gt;20 mm</td>
<td>- Use of hybrid EMR technique</td>
<td>- Piecemeal resection</td>
</tr>
<tr>
<td>- Presence of submucosal fibrosis</td>
<td>- Gross lesion size &gt;20 mm</td>
<td></td>
</tr>
<tr>
<td>- Histopathologic size &gt;20 mm</td>
<td>- Non-granular morphology of a laterally spreading tumor</td>
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<tr>
<td>- Moderately differentiated adenocarcinoma on histopathology</td>
<td>- Histopathologic size &gt;20 mm</td>
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<tr>
<td></td>
<td>- Use of saline and methylene blue as lifting agents</td>
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