connective tissue of the submucosa beneath the lesion, 3) perform EMR to dissect the lesion when its diameter smaller than the endoloops. Clinical data of both groups, such as LST size, LST location, endoscopy procedures, procedure time, en bloc resection rate, and post-SESD complications, were retrospectively analyzed.

**Results** 102 patients were involved in the study, SESD group involved 54 patients and ESD group involved 48 patients. The procedure time of SESD group was shorter than that of ESD group (P = 0.32). There was no significant difference in the en bloc resection rate (SESD 100% vs. ESD 98%, P > 0.05). Complication rates such as intraoperative perforation rate and postoperative bleeding rate also showed no statistic difference between two groups, so did recurrence rate. (P > 0.05).

**Conclusions** Simplified Endoscopic Submucosal Dissection was an effective and safe therapy for colorectal LSTs.

**IDDF2020-ABS-0097** STUDY ON THE INFLUENCING FACTORS OF ERCP TREATMENT OF BENIGN BILIARY STRicture RECURRENCE

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10.1136/gutjnl-2020-IDDF.77

**Background** To investigate the influencing factors of benign biliary stricture recurrence after ERCP treatment.

**Methods** A total of 100 patients of biliary stenosis with endoscopic biliary stent implantation from February 2017 to March 2020 were enrolled in our study. Patients were divided into the recurrence group and recurrence group according to incision re-stenosing within one year after removing the stents. The influencing factors of postoperative recurrence were compared between the two groups.

**Results** Hilar biliary stricture, common bile duct incision + T-tube drainage, length of bile duct stenosis, and proximal dilation of biliary stricture were important high-risk factors for benign biliary stricture recurrence after endoscopic biliary stent placement (P < 0.05).

**Conclusions** There are various factors that affect the recurrence of benign biliary stent after ERCP treatment. It helped reduce the recurrence rate through risk factors intervention.

**IDDF2020-ABS-0098** DELAYED NURSING OF TRANSANAL ENDOscopic MICROsurgery FOR RECTal MALIGNANT TUMOR

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**Background** To explore the effect of delayed nursing of transanal endoscopic microsurgery for rectal malignant tumor.

**Methods** Patients underwent transanal endoscopic microsurgery for rectal malignant tumor in our hospital from January 2017 to February 2019 were enrolled in this study, and randomly divided into observation group and control group. The control group was performed with usual care, while the observation group was performed with delayed nursing. Peri-operative bleeding, postoperative anus exhausting time, hospital stays, the severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were both analyzed and compared.

**Results** Postoperative anus exhausting time and hospital stays of observation group were shorter in the observation group than the control group, and peri-operative bleeding was also less in the observation group. The severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were both higher in the observation group.

**Conclusions** Delayed nursing was effective in transanal endoscopic microsurgery for rectal malignant tumor, for shortening postoperative anus exhausting time and hospital stays, and reduce peri-operative bleeding.