During the last admission 29% patients had a discussion documented (1 declined, 5 HE or low Glasgow coma score). 67% of NOK had a discussion documented during the last admission (1 no NOK). 3 patients were referred to palliative care. 68% of the patients had indicators suggesting a mortality more than 81% within 1 year. 10 had refractory ascites (50% survival at 1 year). 12 had previous HE (mortality 42% at 1 year).

Conclusions In this single centre retrospective audit, a significant proportion of patients and/or their NOK are not being informed about the advanced nature of their condition and poor prognosis nor is there sufficient and timely involvement of palliative care or advanced care planning. Further prospective longitudinal studies need to be undertaken across multiple sites to ascertain the extent of this potential gap in care provision.

REFERENCES

Introduction Variceal bleeding is a common complication of portal hypertension and gastroenterologists often request variceal screening for patients with a new diagnosis of cirrhosis. However, OGD is unpleasant for patients and though generally considered safe is not without complications (e.g. aspiration, perforation, bleeding). The Baveno VI consensus states that in patients with a Fibroscan (transient elastography, TE) reading of <20 kPA and a platelet count of >150, screening endoscopy can be safely deferred. We aim to demonstrate that these criteria can be validated in our local cohort.

Methods We extracted data from the trust’s fibroscan clinic logbook and Unisoft database. Results were limited to OGDs undertaken in the trust for any indication. We compared TE results, platelet count and endoscopic findings against the Baveno VI criteria.

Results 214 patients had a fibroscan reading in 2018 on the basis of abnormal LFTs or known liver disease. 121 (56%) were female. The modal aetiology was non-alcoholic fatty liver (42%), followed by alcoholic pathology (20%). Other indications included autoimmune, metabolic, viral or idiopathic liver disease. Of this cohort, 111 had OGD results available. Within this group, 33 patients were identified as at-risk according to the Baveno criteria. In the at-risk group, 10 patients were found to have oesophageal varices. Additionally, two patients from the at-risk group were found to have gastric varices and two patients were found to have portal hypertensive gastropathy (PHG). In the patients who satisfied the criteria and were deemed not to be in need of variceal screening, one patient had grade I oesophageal varices. One patient was found to have gastric varices and a two were found to have PHG.

Six patients were identified as being in need of variceal screening but had not undergone an OGD. Only two patients in the cohort had undergone upper GI endoscopy for a suspected acute upper GI bleed - one was found to have PHG; another was found to have grade II varices with red signs which were banded. Conclusions The Baveno VI criteria have a negative predictive value (NPV) of 98.7% (95% CI 92.3 to 99.8%) in the assessment of oesophageal varices. If extended to include gastric varices, the criteria have a NPV of 79.2% (95% CI 73.9 to 83.6%).

This retrospective analysis of a local cohort demonstrates that fibroscan and platelet count can be used as a non-invasive method to stratify patients with liver disease according to their risk of having oesophageal varices. We would advocate for greater use of TE in patients with liver disease in the hope of minimising the costs and risks associated with unnecessary endoscopic screening.

REFERENCE

Introduction Variceal Haemorrhage (VH) which is refractory to medical and endoscopic secondary prophylaxis can be a challenge. When TIPS is not possible, as is sometimes the case in the setting of mesenteric venous thrombosis, partial splenic artery embolization (SAE) has been demonstrated as an effective rescue therapy. However, serious complications have been reported in up to one third of patients.

Methods A radiology database search revealed 143 splenic embolisation procedures performed between September 2008 and December 2019. Following exclusion for splenic haemorrhage in trauma or splenic artery aneurysms in patients with pancreatitis, 8 patients received partial splenic artery embolisation for portal hypertension related indications.

Results 8 patients received partial SAE (targeting 50% of splenic volume) to treat complications of portal hypertension between November 2015 and September 2019. The median