**Introduction**

Patients with Intestinal failure (IF) are at risk of malnourishment and altered body composition particularly at times of acute illness. Loss of muscle mass and poor functional ability are risk factors for deconditioning, extended length of stay and surgical complications. Funding a dedicated physiotherapist for our IF unit was identified as an opportunity to address these risk factors.

**Method**

A full time senior physiotherapist joined the multidisciplinary IF team in June 2019. A prospective service evaluation was undertaken before and after physiotherapy intervention to assess the following outcome measures: hand grip strength (HGS), 6 minute walk test (6MWT), hospital anxiety and depression scale (HADS) and quality of life (using EQ-5D-5L). Physiotherapy intervention included general mobility, strength and balance exercises, exercise bike, weighted exercises and functional tasks (e.g. washing and dressing, walking to shops, brushing teeth, kitchen management).

**Results**

Completed data was collected for 20/28 (71%) IF patients with 45% male and 55% female with a median age of 64 years (age range 18 – 80 years). Dominant HGS increased by 44%. 6MWT had a mean improvement of 123 meters (m) with 4 patients who were unable to walk on admission completed between 120 m and 420 m on discharge. HADS showed a reduction in self-perceived depression by a mean of 33% and a decrease in self-perceived anxiety by a mean of 38%. The EQ-5D-5L data demonstrated that the patient’s perception of their mobility had improved or remained the same in 90% of cases whilst their ability to care for themselves also improved or remained the same in 90% of patients. The patients valued their health on admission and discharge using the EQ-5D-5L. The mean value on admission was 52% and on discharge was 70%.

**Conclusion**

Dedicated physiotherapy, as part of a multi-modal approach to managing patients with IF, was associated with improvements in HGS and 6MWT, resulting in improved patient independence. This aided functional ability to self-care, reduced care needs on the ward and improved quality of life. Physiotherapy intervention was also associated with reduced hospital anxiety and depression scores as well as reduced anxiety about managing independently at home following a long hospital stay. The success of this pilot project supports the need for dedicated therapy services to be embedded into multidisciplinary IF teams. There may also be scope for an expanded role particularly in outpatient clinics and community follow up.

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**P283 RETROSPECTIVE AUDIT OF MORBIDITY AND MORTALITY FOLLOWING PEG VS RIG INSERTION IN NHS LOTHIAN**

Hannah Walton*, Eleanor Watson. NHS Lothian, Edinburgh, UK

Introduction In the UK approximately 9000 people receive nutrition through home enteral tube feeding and 80% of these people have a gastrostomy. Gastrostomy tubes can be inserted either during an endoscopic procedure (PEG) or by radiological guidance (RIG). Following the NCEPOD report which identified a high mortality rate with PEGs, there has been a move to use gastrostomy tubes in patients only where it is clinically appropriate. RIG insertion is a less invasive procedure, but in many centres PEG is the preferred method. This study was carried out to compare the outcomes of the two procedures in a region where gastrostomy insertion by radiological guidance is the preferred procedure.

**Methods**

A 1-year retrospective audit was performed to establish the morbidity and mortality rate at 30 and 90