P372 THE MANAGEMENT OF INGESTED FOREIGN BODIES IN ADULTS; A SURVEY

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Introduction The management of an ingested foreign body (FB) differs depending on the shape and size of object consumed, and its position in the gastro-intestinal (GI) tract. Inappropriate referral of these patients can lead to a delay in care, which is especially important when emergent endoscopy is required. We designed a survey for clinicians to ascertain views related to appropriate referrals for FB ingestion in adults, and explored confidence as to which team the referrals should be made.

Methods In January 2020, an online survey was sent to physicians in a UK-based district general hospital, for training grades ranging from FY1 to Registrar level. The survey included 3 cases of patients presenting with different sized foreign objects in various parts of the GI tract. Participants had to decide which referral pathway was best for each case, with a choice between medics (gastroenterology) and general surgeons, and scale their own confidence on choosing the appropriate referral pathway.

Results 46 doctors completed the survey. Only 32.6% agreed they were confident in knowing which specialty to refer to according to FB location. 100% correctly responded that an ingested FB causing small bowel perforation should be seen by general surgery. 84.8% correctly chose referral to gastroenterology in a case where FB retrieval from the stomach was required. 15.2% correctly chose gastroenterology for referral with the FB in the transverse colon.

Conclusion Cases of FB ingestion in adults can be fatal if managed inappropriately. Our survey shows that there is some understanding of which department best manages these cases, however there is room for improvement. In response to this, we also designed a referral system diagram based on European

Society of Gastrointestinal Endoscopy guidelines, with an additional clause for management when the FB is in the small or large intestine.

P373 IMPACT OF WEEKEND ADMISSIONS ON OUTCOMES IN PATIENTS ADMITTED WITH ACUTE CHOLANGITIS

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Introduction Negative outcomes have been demonstrated in patients with certain medical or surgical conditions who are admitted on weekends. The weekend effect is not clear in patients with acute cholangitis due to paucity of literature regarding this phenomenon. We aim to analyse the impact of weekend admissions for patients with acute cholangitis to our tertiary hepatobiliary centre on clinical outcomes.

Methods A retrospective analysis of patients admitted to our hospital with acute cholangitis over a 3 year period from June 2016 to June 2019 was carried out. Patients were identified via our hospital's coding department by ICD-10 codes K83, K80.3 and K80.5. Individual case notes were analysed to exclude patients who did not meet Tokyo consensus criteria for diagnosis of acute cholangitis. Patients admitted from Monday 09:00 to Friday 17:00 were classified as weekday admissions (WD) and patients admitted from Friday 17:01 to Monday 08:59 were classified as weekend admissions (WE). Statistical analyses between the groups were carried out with t-test or chi-square tests where appropriate.

Results The cohort consisted of 275 patients (53.3% female) with a median age of 72 years (range 19 – 97). 68.1% of patients (n=188) were WD admissions. 13.7% of WE admissions and 16.5% of WD admissions were classified as severe cholangitis (p=0.58). Malignancy as the cause of

MANAGEMENT OF INGESTED FOREIGN BODY PROTOCOL (ADULTS)

Abstract P372 Figure 1

cholangitis was observed in 14.9% of WE group and 12.2% of WD group ($p=0.54$). Intensive care admissions were observed in 5.7% of the WE group and 3.2% in the WD group ($p=0.32$). 88.3% ($n=166$) of patients in the WD group and 86.4% ($n=76$) of patients in the WE group underwent endoscopic retrograde cholangiopancreatography (ERCP) during their admission; with the remaining patients deemed unsuitable to undergo ERCP. 4 patients underwent emergency out of hours ERCP (2 patients from each group). There was no difference between median time from admission to ERCP (WD 5.4 days, WE 4.9 days; $p=0.78$) or length of stay (WD 8.1 days vs WE 8.2 days, $p=0.98$). The 30-day all-cause mortality rate was 3.7% in the WD group and 6.9% in the WE group ($p=0.25$) and in those who underwent ERCP: 2.4% in the WD group and 3.9% in the WE group ($p=0.51$). 83.3% of WE deaths and 71.4% of WD deaths were of patients who had cholangitis of malignant aetiology.

Conclusions Our data did not demonstrate a clear 'weekend effect' in patients admitted to a tertiary hepatobiliary centre with acute cholangitis, although there was a trend towards increased intensive care admissions and 30-day mortality amongst patients admitted over the weekend. Further studies on a regional or national level may be warranted.

P374 SUB-OPTIMAL VACCINATION UPTAKE IN HIGH-RISK PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction According to the current BSG guideline on the management of inflammatory bowel disease (IBD) in adults, all patients with IBD taking systemic immunosuppressants should be vaccinated with the seasonal influenza and pneumococcal vaccines to reduce the risk of infection. We audited vaccination uptake in patients with IBD attending gastroenterology outpatient clinics at our trust and explored the perceived barriers to vaccination.

Methods A voluntary, anonymous, multiple-choice questionnaire was offered to patients with IBD attending gastroenterology outpatient clinics at a London hospital from November 2019 to February 2020. The questionnaire captured data on vaccination history, perceived barriers to vaccination, and whether any healthcare professionals had discussed vaccination with them. Convenience sampling was used, and informed consent was gained from all participants. Descriptive statistics were used to present the results.

Results 116 patients completed the questionnaire; 46.6% male; mean age 47 years. 50 patients (43.1%) had Crohn's disease, 46 (39.7%) had ulcerative colitis, and 20 patients (17.2%) were unsure of their IBD subtype. 88 patients (75.9%) were identified as high-risk; 53 due to current immunosuppression, and 35 due to historic corticosteroid use alone. Azathioprine was the most commonly prescribed immunosuppressant, with current use reported by 41 patients (35.3%). 19 patients (16.4%) were taking biological therapy.

54 high-risk patients (61.4%) had received their seasonal influenza vaccine. Of the 34 unvaccinated patients, 11 (32.4%) were unaware vaccination was recommended, 11 (32.4%) stated that the vaccine hadn't been offered to them,

12 (35.3%) were concerned about potential side effects, and 4 patients (11.8%) didn't believe vaccinations were effective. 8 unvaccinated patients (23.5%) planned on being vaccinated in the near future. Uptake of the pneumococcal vaccination was even lower, with 18 patients (20.5%) reporting previous vaccination.

Only 16 patients (13.8%) could recall their vaccination history being checked when they were diagnosed with IBD. 48 patients (41.4%) recalled ever previously discussing the benefits of vaccination with a healthcare professional.

Conclusions Vaccination uptake is sub-optimal in the immunosuppressed IBD population. High-risk patients with IBD may be unaware that vaccination is recommended for them or be unaware of its benefits. Healthcare professionals, including gastroenterologists, must be more proactive in discussing vaccination with patients.

P375 PATIENT PERSPECTIVES ON THE USE OF SOCIAL MEDIA IN THE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE

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Introduction Inflammatory bowel disease (IBD) is a chronic condition. The fluctuating clinical course and regular monitoring disrupts the work and family lives of patients living with IBD. Integration of social media into disease management could provide an opportunity to increase treatment efficiency and save patients' time. We carried out a survey of IBD patients' current social media usage, and their perspective on the use of social media in the management of IBD.

Methods A voluntary, anonymous, multiple-choice questionnaire was offered to patients with IBD attending gastroenterology outpatient clinics at a London hospital from November 2019 to February 2020. The questionnaire captured data on current social media usage and the patient perspective on the use of social media for formal healthcare delivery. Convenience sampling was used, and informed consent was gained from all participants. Descriptive statistics were used to present the results.

Results 112 patients completed the questionnaire; 44.6% male; mean age 47 years. 50 patients (44.6%) had Crohn's disease, 46 (41.1%) had ulcerative colitis, and 16 patients (14.3%) were unsure of their IBD subtype. 110 patients (98.2%) had access to a device that could access the internet, with 74 patients (66.7%) able to access the internet anywhere via smartphone. 93 patients (83.0%) used social media. Facebook and Instagram were the most popular applications, with 81 (72.3%) and 58 users (51.7%), respectively. However, only 32 (28.6%) patients used social media for their IBD. Of these, 19 patients (59.4%) used it for general information about their condition, 16 (50%) used it for support and coping strategies, 15 (46.9%) used it to get illness advice, 9 (28.1%) used it to relieve illness anxiety, and 2 (6.3%) used it to befriend other individuals with IBD.

81 patients (72.3%) stated that they would like healthcare professionals to interact with them via social media. 55 patients (67.9%) thought that direct, one-to-one, contact with