Method 1 year retrospective analysis of total 200 procedures, PEGs (n=100) and RIGs (n=100) undertaken within the Newcastle Hospitals NHS FT (Freeman Hospital & Royal Victoria Infirmary) between September 2019 and August 2018. Relevant information was obtained from endoscopy records, patient e-records, radiology and microbiology results.

Results The main indication for PEG was CVA/Neurodegenerative disorders. However, the most common indication for RIG placement was Head and Neck cancers. Gender split in PEGs (57 M & 43 F), whereas in RIGs (78 M & 22 F). Average age for PEGs 66 years and RIG it was 62 years. In RIG, infection rate was significantly higher (23/100, 23%) compared to PEG (4/100, 4%, p < 0.001). Additional complications associated with a RIGs were dislodgement (5/100, 5%), leak 2% (2/100), severe pain requiring imaging 2% (2/100), migration 2% (2/100) and perforation 1% (1/100). In contrast PEG had fewer complications; infection 4/100 (4%), persistent pneumoperitoneum 1/100 (1%) and persistent pain requiring imaging 1/100 (1%). Out of 100 PEGs procedures 99 received prophylactic antibiotic where as in RIGs none received any prophylactic antibiotics.

Conclusion We have identified that RIG is associated with more complications especially higher rate of infection (gastro-stomy site infection) 23% versus 4%. RIG was associated with other complications as well namely migration, perforation & severe pain, however the incidence was low. We suspect that the high incidence of infection rate in RIGs is associated with their non-use of prophylactic antibiotics. Therefore, we recommend using prophylactic antibiotics in RIG placement similar to its wide use in PEG procedures.

REFERENCES


Introduction Western populations demonstrate a growing burden of obesity and Non-Alcoholic Fatty Liver Disease (NAFLD). Our aim was to assess the burden of liver disease, obesity and metabolic syndrome amongst a population attending for colonoscopy.

Methods The OSCAR study was a cross sectional study recruiting eligible patients from 12 sites attending for colonoscopy. Patients completed a medical history and lifestyle questionnaire (including AUDIT-C [screening questionnaire; ≥5 requires further assessment for alcohol excess]), provide blood samples, and had height/weight/waist circumference measured. Age-adjusted FIB-4 score, Fatty Fiver Index (FLI) were measured (>60 highly predictive of hepatic steatosis).

Here we report the prevalence of liver disease, obesity and metabolic syndrome.

Results 1430 patients were recruited (BCSP 410 [29%]; symptomatic 1020 [71%]).