heterogeneity of $I^2=94\%$ $P<0.01$ (IDDF2021-ABS-0117 Figure 2). In FAP the total prevalence of pouchitis was found to be 0.02 (95% CI: 0.00-0.14) with a significant heterogeneity of $I^2 = 69\%$, $P<0.01$ (IDDF2021-ABS-0117 Figure 3). The odds ratio of total pouchitis in UC compared with FAP patients was 3.78 (CI: 2.76-5.34, $p<0.001$).

Conclusions Our findings support the consensus that the prevalence of pouchitis is higher in UC than in FAP and higher in acute than in chronic. More significantly, our findings suggest that the true prevalence of pouchitis is higher than commonly reported in the literature. This literature may help counsel patients prior to undergoing restorative proctocolectomy, especially in those with ulcerative colitis who have often had to live for many years with the consequences of colonic mucosal inflammation.

IDDF2021-ABS-0119

THERMAL ABLATION OF MUCOSAL DEFECT MARGINS AFTER ENDOSCOPIC MUCOSAL RESECTION REDUCES ADENOMA RECURRENCE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Resection of colorectal lesions larger than 20mm is complex and requires advanced endoscopic techniques such as endoscopic mucosal resection (EMR). Adenoma recurrence is a limiting factor especially due to micro-adenomas at the margin of the EMR mucosal defect site. This systematic review and meta-analysis aimed to determine the efficacy of thermal ablation of mucosal defect margins after EMR in reducing adenoma recurrence.

Methods A comprehensive, computerized literature search from the PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: coagulation, mucosal defect margin, endoscopic mucosal resection, and adenoma recurrence. Three cohort studies were selected and validated using the Newcastle-Ottawa criteria. Pooled data were combined under a random-effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Three cohort studies comprising of 361 patients were analyzed. In the random-effects model, the pooled odds ratio (OR) of adenoma recurrence was 0.22 (95% CI 0.13-0.39; $I^2 = 0\%$) (IDDF2021-ABS-0119, Figure 1). The pooled data of the three studies showed a trend towards a beneficial effect of thermal ablation of mucosal defect post-endoscopic mucosal resection in reducing the risk of adenoma recurrence.

Conclusions Thermal ablation of the mucosal defect margins was shown to have a decreased risk of adenoma recurrence after endoscopic mucosal resection. However, further

Abstract IDDF2021-ABS-0119 Figure 1 Forrest plot

prospective randomized studies are recommended to confirm this relationship.

IDDF2021-ABS-0120

FACE-TO-FACE INSTRUCTION AND PERSONALIZED BOWEL PREPARATION REGIMENS IMPROVE QUALITY OF PREPARATION FOR INPATIENT COLONOSCOPY: A RANDOMIZED CONTROLLED TRIAL

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Background Poor bowel preparation (BP) is commonly observed in inpatients undergoing colonoscopy, particularly those with a higher risk for inadequate BP. The objective of this study was to determine whether face-to-face instruction (FFI) and personalized BP regimens could improve the quality of BP for inpatient colonoscopy procedures.

Methods In this endoscopist-blinded, randomized controlled trial, 320 inpatients were enrolled and randomly allocated at a ratio of 1:1 to the control and intervention groups. The intervention group received FFI and personalized BP regimens, while the control group received the standard education and BP regimens. The primary outcome was an adequate BP rate. Secondary outcomes included rates of procedure-related adverse events, incorrect diet restriction and laxative intake, quality of sleep before colonoscopy and willingness to repeat the BP.

Results Demographic characteristics were comparable between the control and intervention groups. Notably, the adequate BP rate in the FFI group was significantly higher compared to the control group [intention-to-treat (ITT) analysis: 70.0% vs. 51.3%, $P < 0.001$; per-protocol (PP) analysis: 79.4% vs. 58.6%, $P < 0.001$; (IDDF2021-ABS-0120 Figure 1. The rate of adequate BP between the FFI and control groups for inpatients following ITT and PP analyses). Bowel cleanliness was significantly improved in response to the intervention in high-risk inpatients (ITT analysis: 65% vs. 44.6%, $P = 0.004$; PP analysis: 73.0% vs. 51.7%, $P = 0.004$) and in low-risk inpatients (ITT analysis: 80% vs. 62.7%, $P = 0.037$; PP analysis: 92.3% vs. 69.8% $P = 0.003$). There were no significant

Abstract IDDF2021-ABS-0120 Figure 1