inflammatory bowel disease (PSC-IBD); cumulative risk of 14% at 5 years and 17% at 10 years. SCENIC (2015) consensus guidelines recommend surveillance with chromoendoscopy (CE) and use of a high definition (HD) scope with white light colonoscopy. We aimed to assess the value of CE and HD scope in detection of dysplasia in PSC-IBD.

Methods We analysed all colonoscopic surveillance performed for PSC-IBD between 2010–2020 at Oxford University Hospitals (n=422 procedures). Continuous variables were assessed by Kruskal-Wallis (three groups) and categorical variables by Chi-square test. Repeat measurements were accounted for by multilevel regression models with individual colonoscopies nested within patients. Multilevel ordinal logistic regression was used for assessment of bowel prep. Outcomes were adjusted for confounding variables (adj).

Results 359 colonoscopies were analysed in 91 patients with PSC-IBD (69/422 were excluded as prior dysplasia detected). CE and HD scope use increased in frequency over the 10-year period ($p=0.02$). HD were rarely used in those with bowel preparation deemed inadequate ($p<0.001$), but there was no association between CE and bowel prep quality. Dysplasia detection (adenomatous and serrated lesions) was higher with CE compared with white light examination; 14% vs 3% ($p<0.001$), and after adjusting for confounders ($p<0.009$) and use of HD scope ($p<0.01$), OR 5.02 (CI 1.43–17.7). Dysplasia detection was higher with HD compared with standard definition (SD); 14% vs 6% ($p<0.04$), but was non-significant after adjusting for confounders, OR 1.93 (CI 0.69–5.4). Dysplasia was more likely to be found on targeted than random colonic biopsies ($p<0.001$).

CE increased detection of serrated lesions (9% vs 2% ($p=0.06$) OR 3.5 adj) and more so adenomatous dysplasia (6% vs 1% ($p=0.03$) OR 12 adj) compared to white light. HD increased detection of serrated lesions (9% vs 3.5% ($p=0.04$) OR 2 adj) but not adenomatous dysplasia (6% vs 2.5% ($p=0.19$) compared to SD. (table 1).

Conclusion CE is superior to HD and SD white light examination for dysplasia detection in PSC-IBD after accounting for confounders and performed better for adenomatous than serrated lesions.

P056

TAPPING INTO ASCITES: SERVICE EVALUATION OF ELECTIVE DAY-CASE PARACENTESIS

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10.1136/gutjnl-2021-BASL.65

Background Liver disease has been on the rise since 2011, with 138.3 per 100,000 people being admitted to hospital with it as a primary diagnosis as of 2019.¹ Ascites is the most common complication of liver cirrhosis. Large-volume paracentesis necessitates hospital admissions.^{2–3} Elective day-case paracentesis was introduced into the our trust in July 2019 to reduce inpatient bed occupancy. It was established under the condition of regular service review to ensure ongoing safety and cost-savings. This is a service evaluation following a 2019 review.

Objective To evaluate the complication rates and cost-savings of day-case paracentesis in patients with ascitic liver-disease.

Methodology Six months' cumulative data was collected retrospectively via the hospital's online clinical system for all day-case paracentesis between January and October 2020,

excluding the coronavirus lockdown period. The data collected included: patient demographics, date and time of admission and discharge, volume drained, and complications. Cost-savings was based on avoidance of inpatient bed days per paracentesis compared to the 2017–18 average (3.5 days using inpatient paracentesis), cost per day-case and any readmission bed days within 7-days. Complications requiring hospital admissions or additional interventions were reviewed.

Results 9 patients with a total of 28 episodes of day-case paracentesis were included. The average length of stay was found to be 0.48 days. This is similar to the 2019 service evaluation (0.50 days) and less than the 3.5 days average of 2017–18 when inpatient paracentesis was used. 3 of 28 episodes were admitted with 2 requiring albumin cover overnight and 1 incidentally found to be anaemic and thrombocytopenic requiring transfusion. Therefore, 25 episodes of inpatient admissions were avoided. Using data from NHS Improvement, cost savings per episode of inpatient admission avoided was calculated to be £1,899.⁴ Hence, over this 6-month period, the total savings were £1,899 x 25 episodes = £47,475. Decreased length of stay reduces admission costs and the risk of exposure to hospital-acquired infections and other potential complications. This planned and pre-emptive draining pathway enhances patient quality of life compared to going through A&E triage. No significant complications were found.

Conclusion Day-case paracentesis at our trust resulted in substantially reduced healthcare costs compared to inpatient paracentesis without compromising patient safety.

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P057

LANREOTIDE FOR THE TREATMENT OF CHRONIC GASTROINTESTINAL BLEEDING FROM ANGIOECTASIAS IN PATIENTS WITH PORTAL HYPERTENSION: A CASE SERIES

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10.1136/gutjnl-2021-BASL.66

Background Gastrointestinal haemorrhage from angioectasia are a common feature of patients with portal hypertensive enteropathy. Patients with angioectasia continue to be a challenge to manage despite the advancement in endoscopy. Advanced liver disease, significant co-morbidities and older age are some of the reasons patients may be refractory to conventional treatment.

Somatostatin analogs have been used to good effect in acute bleeds in patients with portal hypertension but little data exists for its use in chronic gastrointestinal bleeding. Our

aim was to assess the use of Lanreotide in patients who presented with chronic gastrointestinal bleeding due to angioectasias.

Method Patients who were diagnosed to have angioectasia (gastric or small bowel) with portal hypertension at endoscopy and who received lanreotide injections were included. Aetiology of underlying portal hypertension, previous history of bleeding and endotherapy, transfusion history and any side effects of lanreotide was recorded.

Results A total of 12 patients (75% Males, mean age 68) were identified between 2007 and 2020. Lanreotide 60mg (milligrams) given monthly, subcutaneously in all patients. Causes for portal hypertension: portal vein thrombus- 3 (25%); alcohol related liver disease - 3 (25%); Non-alcoholic fatty liver disease- 3 (25%); Primary biliary cholangitis- 1(8%), Alpha one antitrypsin deficiency - 1(8%). One patient (8%) had both alcohol and non-alcoholic fatty liver related liver disease.

11 of the 12 patients (92%) had oesophageal varices. All of these patients also had portal hypertensive gastropathy and at least one angioectatic lesion identified. One patient (8%) had portal hypertensive gastropathy only. Nine patients (75%) had prior treatment with either variceal banding, glue injection, argon plasma coagulation or interventional radiology embolisation. Two patients were also treated with a trans-jugular intrahepatic portosystemic shunt.

After treatment with lanreotide, the average total number of bleeding episodes per patient reduced from 6 to 0.8. There was also a significant reduction in the average episodes of blood transfusions: 6 to 1.

There were 6 (50%) patients who had an episode of rebleeding (defined as drop in haemoglobin and haemodynamic instability) in the first 6 months of treatment but did not require any endoscopic therapy.

Only 1 person reported any side effects with Lanreotide (diarrhoea) and stopped treatment.

Conclusion Lanreotide is a useful adjuvant treatment to therapeutic endoscopy in patients with refractory portal hypertensive bleeding due to angioectasia. It reduces transfusion requirements, bleeding episodes and overall improves patient quality of life with a good safety profile.

P058

THE IMPACT OF NATIONAL LIVER OFFERING SCHEME ON THE POST-TRANSPLANT COURSE OF PATIENTS WITH ALCOHOL RELATED LIVER DISEASE: A FRIEND OR A FOE?

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10.1136/gutjnl-2021-BASL.67

Introduction The National Liver Offering Scheme (NLOS) was introduced in March 2018, this is based upon the scoring system called the Transplant benefit score (TBS) to achieve best outcomes in the adult recipients.

Aim To ascertain the impact of the TBS on the transplant waiting list and Alcohol relapse rates in patients transplanted for Alcohol related Liver disease (ArLD).

Methods This is a retrospective single centre study comparing patients in pre-TBS (March 2016-March 2018) and the post-

TBS (March 2018-March 2020) period undergoing Liver transplantation (LT) for ArLD. Data were extracted from a prospectively maintained Liver transplant database. The data were analysed using the non parametric t test.

Results In the pre-TBS period, n=76 patients underwent LT for ArLD and in the post TBS, n=94. 14% (11/76) patients in the pre-TBS and 9% (9/94) patients in the post-TBS group relapsed to Alcohol. The median waiting time on the transplant list of the patients who relapsed was 70 (29±271) days and in the post-TBS was 8 (6±50) days, p=0.02. Time to relapse in the pre-TBS period was 425 (240±810) days and in the post-TBS was 328 (136±405) days, p=ns. 2/11 died in the pre-TBS group due to the recurrence of ArLD and 4/9 died in the post-TBS group, two of these had recurrence of ArLD.

Conclusion The introduction of TBS has certainly had a positive impact by leading to a shorter transplant wait time for recipients with ArLD. Though the time to relapse appeared shorter in the post-TBS group, it did not appear to produce any significant increase in mortality compared to the pre-TBS group. Further long-term data is required to ascertain the influence of waiting time on the risk of relapse and prognosis.

However, robust screening and timely intervention is required to reduce the risk of Alcohol relapse. The utility of digital tools in the remote monitoring of Alcohol use disorder needs to be explored for early identification of Alcohol relapse.

P059

THE IMPACT OF THE COVID-19 PANDEMIC ON HEPATOCELLULAR CARCINOMA DIAGNOSIS AND STAGE AT PRESENTATION IN THE WEST OF SCOTLAND

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10.1136/gutjnl-2021-BASL.68

Introduction Hepatocellular carcinoma (HCC) is a disease with increasing incidence in Scotland and a high mortality rate. Prior studies have shown that early diagnosis of HCC is crucial to a successful outcome. Although the 2020 the COVID-19 pandemic had a global impact on all aspects of healthcare, the effect on HCC diagnosis and management has not previously been quantified.

Methods A retrospective review of the electronic patient records of all patients discussed at the weekly West of Scotland (WOS) HCC Multidisciplinary Team (MDT) meetings, with a new confirmed diagnosis of HCC. Those discussed between the periods of March 1st and September 30th of 2019 and 2020 were included.

Electronic patient records were reviewed using NHS Greater Glasgow and Clyde's online clinical platform Portal, and database TrakCare Live. Information gathered included: gender, age, liver history, Health Board, route of diagnosis, date of referral to MDT, date of MDT discussion, treatment type, and date of first treatment. MDT reports were used to collate clinical data including: performance status, Child-Pugh class, AFP levels, tumour size, tumour number, and status of extrahepatic disease. (table 1).

Results Data was collected from 99 patients in total. The 2019 cohort included 62 patients, while the 2020 cohort included 37 patients. There was a 40% reduction in total