

Oral Endoscopy

OTU-11 MORTALITY AND MORBIDITY ASSOCIATED WITH PEG INSERTION IN ENGLAND BETWEEN 2007 AND 2019

¹Umair Kamran*, ¹Pui Chi Lee, ²Ben Coupland, ¹Warren Chapman, ¹Fumi Varyani, ³Helen Steed, ¹Nigel Trudgill. ¹Sandwell and West Birmingham NHS Trust, UK; ²Health Informatics, University Hospitals Birmingham NHS Foundation Trust, UK; ³The Royal Wolverhampton NHS Trust, UK

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Introduction Percutaneous endoscopic gastrostomy (PEG) is utilised in a variety of medical conditions to provide nutrition and administer medications directly into the stomach when the oral route is unavailable. We have examined the 30-day mortality and 7-day complications associated with PEG insertion at a national level.

Methodology All patients who had a PEG inserted in England, from 2007 to 2019, were identified from Hospital Episode Statistics. The indications for PEG were identified using International Classification of Diseases-10th revision codes. 30-day mortality and complications within 7 days were examined. A multivariable logistic regression model was utilised to examine factors associated with 30-day mortality.

Results 87,682 patients had a PEG insertion over the study period: 58.2% male, median age 69 (IQR 57- 79) years. Stroke was the predominant indication (41.2%) followed by other neurological conditions (30.6%) and head and neck cancers (23.8%). Overall, 30-day mortality was 8.9% with a significant reduction in mortality over the study period, from 13.2% in 2007 to 5.3% in 2019, $p < 0.001$. Factors associated with 30-day mortality included increased age (odds ratio for ≥ 82 years quintile 4.44 (95% CI 4.01-4.92)), PEG inserted during an emergency admission (2.10 (1.97-2.25)), increasing comorbidity (charlson comorbidity score ≥ 5 , 1.67 (1.53-1.82)), dementia (1.46 (1.26-1.71)) and oesophageal cancer (1.74 (1.50-2.03)). Female sex (0.81 (0.77-0.85)), the least deprived quintile (0.88 (0.81-0.95)) and PEG inserted in recent years (PEG inserted in 2019, 0.44 (0.39-0.51)) were negatively associated with mortality. 7-day post PEG insertion

complications included pneumonia (14.2%), perforation (1.7%), bleeding (1.6%), abdominal wall infection (1.2%) and related to sedation (0.1%).

Conclusion 30-day mortality following PEG insertion in England has fallen significantly over the last decade. This is likely due to better patient selection for PEG insertion with multi-disciplinary nutrition team input. The most common complication following PEG insertion is pneumonia, which is likely to be reflective of the patient cohort that requires PEG and highlights need for preventative measures to reduce the risk of pneumonia.

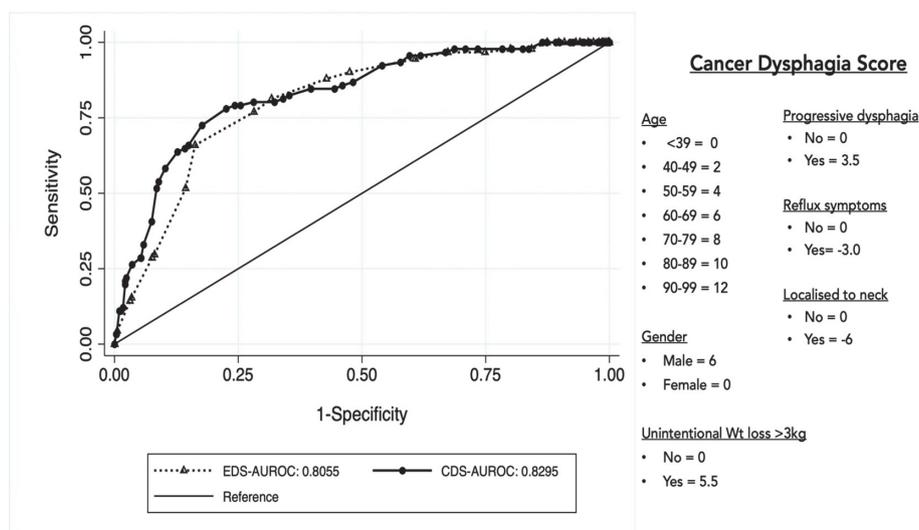
OTU-12 VALIDATION OF EDINBURGH DYSPHAGIA SCORE IN A NATIONAL EVALUATION OF UPPER GI CANCER 2WW PATHWAY

Umair Kamran*, Dominic King, Matthew Banks, Sophie Barker, Matthew Caffrey, Danny Cheung, James Evans, Mark Fox, Michael Glynn, John Greenaway, Sanjay Gupta, Srisha Hebbar, Miriam Jones, Sudarshan Kadri, David Mitchell, David Nylander, Rupert Ransford, Sharan Shetty, Tony Tham, Matthew Williams, Nigel Trudgill. *Upper GI Cancer Two Week wait Study Group, UK*

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Introduction British Society of Gastroenterology has recommended to use the Edinburgh Dysphagia Score (EDS) (with a cut off ≥ 3.5) to risk stratify dysphagia referrals during the endoscopy COVID recovery phase. We have validated EDS performance in a national prospective evaluation of the UGI cancer two week wait pathway and developed a modified scoring system with improved diagnostic accuracy.

Methods Data on patients referred with dysphagia on the 2WW pathway between May 2020 and February 2021 to 19 centres across the UK were collected at telephone triage and recorded on a standardised data collection tool. Sensitivity and Negative predictive values were calculated for EDS ≥ 3.5 . Forward stepwise logistic regression model identified the factors associated with UGI cancer and their regression coefficients were used to develop a modified scoring system, called Cancer Dysphagia Score (CDS). Diagnostic accuracy was examined by comparing area under the receiver operating curves (AUROC).



Abstract OTU-12 Figure 1 Cancer Dysphagia Score