been in place since 1999. Patients are assessed by specialist pancreatologists, surgeons, and dietitians with a consensus approach toward endoscopic intervention as a first step. This study reports the outcome of surgery in patients managed by this approach.

Methods A retrospective database searches to identify all patients having pancreatic surgery for chronic pancreatitis (CP) in the Manchester Royal Infirmary) over a 20-year period from 1999-2019. Patients were excluded from the study if final histology revealed cancer.

Results 20 patients were identified; mean (range) age in years 49 (18-80). Sixteen (80%) were male. Alcohol was the cause in 10, 3 were idiopathic with the remainder including genetic, auto-immune, and pancreas divisum. Nineteen had undergone prior endoscopic intervention. Ten patients underwent Whipple pancreatoduodenectomy, nine underwent longitudinal pancreaticojejunostomy with partial head resection and there was one distal pancreatectomy. Hospital stay ranged from 6 to 32 days with a mean of 15 days. There was no operative mortality. Pancreatic exocrine insufficiency was documented in 60% before surgery and in 85% after. Diabetes was present in 55% before surgery and in 65% after.

Conclusion Multidisciplinary assessment is the key to the selection of patients to undergo surgery for chronic pancreatitis. In this selected population, surgery can be undertaken safely with low mortality.

PTU-73 PRE AND POST-OP PAIN ANALYSIS IN PANCREAS SURGERY FOR CHRONIC PANCREATITIS

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Introduction Chronic pancreatitis is defined as a spectrum of inflammatory disorders of the exocrine pancreas that typically result in loss of function and pain. The main indication for operating on patients with chronic pancreatitis is managing intractable pain or treating complications, however surgical intervention is usually the last resort after conservative measures have failed. Evidence from previous studies stated that early surgery has a more favorable outcome on the treatment of intractable pain compared to endoscopic management.

Aim To compare the analgesic requirements of patients who underwent surgical intervention for chronic pancreatitis pre- and post-operatively.

Methods A retrospective database search to identify all patients having pancreatic surgery indicated for CP in a tertiary center

Graph Showing Change in Analgesia Requirements Post-Operatively

Abstract PTU-73 Figure 1

(Manchester Royal Infirmary) over a 20-year period from 1999-2019. Patients were excluded from the study if histology showing pancreatic carcinoma was identified.

Results Analgesia was scored as a 1 for simple painkillers, 2 for PRN opiates, and 3 for regular opiates with pre- and post-op cumulative scores compared. The cumulative pain score pre-operatively was 46 (5 people scoring 1, 1 scoring 2, 13 scoring 3, and one patient not taking any painkillers).

Post-operatively pain score breakdown was 5 scoring 1, 3 scoring 2 and 12 scoring 3, however, 4 patients that remained on regular opiates were found to be on a reduced dose compared to pre-operatively. A reduction of 0.5 was used to denote patients that remained on regular opiates but had a reduction in their dosage. Therefore the cumulative pain score was 45.

The one patient whose analgesia requirements increased postoperatively developed a complication (pancreatic leak) post-operatively. This is believed to be the reason for the increased dependence. Excluding this patient gives a pre-operative cumulative pain score of 46 and a post-operative cumulative pain score of 42.

Conclusion From our patient cohort, we can demonstrate a reduction in total analgesic requirements postoperatively. Whilst this remains an uncommon indication for surgical intervention it appears to hold potential benefits and merits study on a larger scale.

PTU-74 WEIGHT REGRESSION ANALYSIS IN PATIENTS WHO HAVE UNDERGONE SURGERY FOR CHRONIC PANCREATITIS

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Introduction Chronic pancreatitis is defined as a spectrum of inflammatory disorders of the exocrine pancreas that typically result in loss of function and pain. It often results in weight loss due to the progressive loss of endocrine and exocrine function. Surgical interventions for chronic pancreatitis are the last resort option and normally saved for patients with intractable pain however the impact of surgery on weight gain has not been previously studied.

Aim To examine the impact of surgery on weight gain in patients with chronic pancreatitis.

Methods A retrospective database search to identify all patients having pancreatic surgery indicated for CP in a tertiary center (Manchester Royal Infirmary) over a 20-year period from 1999-2019. Patients were excluded from the study if histology showing pancreatic carcinoma was identified. Pre-op weights were taken from nutritional screening at the time of admission for surgery. Post-op weights were taken from follow-up clinic appointments on average six months postoperatively.

Results On studying patient weights pre-and post-op it was found that 40% of patients had a steady weight gain, 25% had a weight drop, 30% had no documented weights for comparison and 5% had stable weights.

Conclusion This study has shown that over half of the cohort of patients with recorded pre and post op weights had either gained weight or kept their weight steady after surgery. This supports the hypothesis that surgical intervention in patients with chronic pancreatitis does not compromise patient weights and merits further study.

PTU-75 A CLINICAL AUDIT OF SEVERITY ASSESSMENT OF ACUTE PANCREATITIS USING SCORING SYSTEMS

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Introduction Acute Pancreatitis has a wide spectrum of illness, ranging from mild disease to severe disease that may require cardiorespiratory support in ITU. Severity should be predicted using scoring systems such as Glasgow Imrie (GI) and Apache II on admission so as to treat possibly severe cases more aggressively and prevent mortality.

Methods We performed a closed loop audit on the practice of scoring Acute Pancreatitis patients on admission using Glasgow Imrie (GI) and Apache II systems. The data of 97 patients was collected who had been admitted to the General Surgery department at Barnet Hospital with Acute Pancreatitis, irrespective of aetiology. We retrospectively assessed them with GI and Apache II, and correlated the score with the outcome of hospital stay in terms of recovery, ITU admission and mortality. The data was analysed and presented at our General Surgery Audit meeting. Based on the analysis, we implemented in our management, protocol for all patients admitted with Acute Pancreatitis to be scored for severity using GI and Apache II systems on admission. We then collected prospective data to complete the audit cycle.

Results The analysis of initial data revealed that only 65% of the 97 patients had been scored on admission using the Glasgow Imrie system. Apache II had not been used to score any patient. After retrospective scoring, 93 out of 97 patients were found to have Mild to Moderate Pancreatitis by GI while 78 were assessed as Mild to Moderate by Apache II. 9.6% of GI Mild cases required ITU admission and 5.3% ended in mortality. Compared to this, only 6.4% of Apache Mild patients had been admitted to ITU and only 3.8% died during hospital stay. Post- implementation of scoring protocol, we have recorded data every 2 weeks showing an improvement in number of patients scored. In the 1st two weeks, 55% of patients were scored using GI on admission and 33% were scored using Apache II. In the next two weeks, the respective percentages of scored patients increased to 77.8% and 33.3%. For all these cases, there was 0% ITU admission or mortality for patients who were scored and managed accordingly.

Conclusions It is vital to predict severity of disease in patients admitted with Acute Pancreatitis. Recognizing severe illness leads to more aggressive management and prevents ITU admission and mortality.

PTU-76 PREVALENCE AND FOLLOW-UP OF MUCINOUS PANCREATIC CYSTIC LESIONS IN A COHORT OF INPATIENTS

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Introduction There has been an increasing interest in pancreatic cystic lesions over the past couple of decades due to malignant potential of certain types of pancreatic cysts particularly intraductal papillary mucinous neoplasms (IPMNs) and mucinous cystic neoplasms (MCNs) of the pancreas. A

previous study showed prevalence of cystic lesions was 9.3% in a cohort of patients attending for Magnetic resonance imaging [1]. A prospective population-based Study using magnetic resonance cholangiopancreatography (MRCP) showed a prevalence of 49.1% for pancreatic cysts with a criteria of diameter ≥ 2 mm and a 5-year follow-up revealed an incidence of 2.6% per year in general population [2].

We present our data for patients who were identified to have pancreatic cystic lesions during inpatient episodes and follow-up subsequently for suspected mucinous lesions.

Methodology Data search was performed using the ICD-10 codes D13.6 (Benign neoplasm of pancreas), K86.2 (Cyst of pancreas) and K86.3 (Pseudocyst of pancreas).

Demographics, diagnosis and follow up data of patients with pancreatic cystic lesions identified between 2011 and 2020 were analysed. Data regarding diagnostics such as Endoscopic ultrasound (EUS) and fine needle aspiration (FNA) and MDT discussions were recorded. Histopathological findings were also recorded for those who were referred for surgery.

Results Over a 10-year period a total of 162 inpatients were identified as having pancreatic cystic lesions. The age range was 20-91 years with an average of 66 years, 63% were over the age of 65 years and 42% were males. The median follow-up duration was 4 years.

42% patients (n=68) had pseudocysts. 33% (n=55) were found to have IPMNs, of these 49 patients had side-branch IPMNs, 4 patients had main-duct IPMNs and 2 patients had mixed IPMN. MCN and serous cystadenomas were identified in 4% each. Other lesions include simple pancreatic cysts (20 patients), pancreatic neuroendocrine tumors (NETs, 3 patients), pancreatic cancers (4 patients) and indeterminate lesions (one patient) accounted for 17% of the total number of patients.

7 patients (4.3%) were referred for surgery, 4 had invasive adenocarcinoma and one patient had high grade dysplasia.

Conclusion Prevalence of mucinous neoplastic lesions in this cohort of patients with Pancreatic Cystic Lesions was 38%. 4.3% of patients who needed surgery were main-duct IPMN (3patients) and mucinous cystic neoplasms (4 patients). The most common histological type was invasive adenocarcinomas. Interestingly, no patients with side-branch IPMN needed surgical resection in this cohort suggesting a relatively low risk of progression to malignancy. This data may help planning for follow up services for this cohort of patients.

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PTU-77 UTILITY OF EUS-GUIDED THROUGH THE NEEDLE MICROBIOPSY IN INFLUENCING OUTCOMES OF PATIENTS WITH CYSTIC LESIONS

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Introduction The recent development of through-the-needle microbiopsy (TTNB) forceps via endoscopic ultrasound (EUS) has facilitated sampling of pancreatic cyst walls for histological analysis. This novel method has added to the armamentarium of the currently available radiological, biochemical and