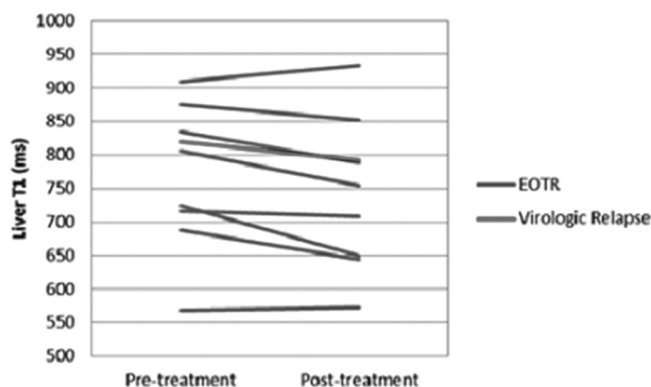


Abstract PTU-121 Table 1

	Baseline	Post-treatment	Paired t-test
MELD	8.1 ± 1.9	9.4 ± 2.4	p = 0.07
UKELD	49.0 ± 3.8	47.6 ± 4.5	p = 0.05



Abstract PTU-121 Figure 1

**Conclusion** Treatment of decompensated CHC related cirrhosis with DAA is associated with early improvement in the MR markers of liver architecture. These early changes are likely to reflect the reduction in the inflammation associated with EOTR and is evident before any improvement in conventional liver function tests. This novel quantitative MR methodology will allow us to non-invasively monitor HCV related liver disease.

**Disclosure of interest** None Declared.

**PTU-122 DO THE FOLLOW-UP RATES OF POSITIVE HEPATITIS C SCREENS VARY DEPENDING ON THE SOURCE OF THE TEST?**

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**Introduction** The hepatitis C (HCV) treatment pathway usually begins with a HCV screen. In our hospital, a positive HCV screen is determined by an enzyme immunoassay that detects anti-HCV antibodies. If a patient is not known to have HCV, a further blood sample is required for quantifying HCV viral load and genotyping by polymerase chain reaction (PCR). A proportion of positive HCV screens are not followed up upon and it is the responsibility of the requesting clinician to arrange appropriate follow-up. We aimed to determine whether the follow-up rates of positive HCV screens vary depending on the source of the test.

**Method** A retrospective, single-centre evaluation over a 10 year period from January 2004 to September 2014 was carried out. Only patients with an address within the hospital's catchment area and over the age of 18 at the time of testing were included. The sources of the positive HCV screens were obtained from our hospital's laboratory database and divided into five groups: Inpatients (IP), outpatients excluding gastroenterology departments (OP), general practice (GP), maternity unit (MA) and community drug team (CM). We analysed whether these patients had follow-up PCR testing and whether they were referred to a gastroenterology clinic.

**Results** 348 patients with positive anti-HCV antibodies were identified. 227 patients (65.2%) had follow-up PCR testing done. The rates of subsequent PCR testing after a positive HCV screen were: CM (83.3%), GP (72.7%), OP (71.4%), MA (57.7%) and IP (46.1%) with significant differences between the groups (p < 0.001, ANOVA). 250 patients (71.8%) were referred to a gastroenterology clinic but 39 patients (11.2%) did not attend (DNA) their first appointment. The referral rates were: CM (84.9%), GP (78.8%), OP (74.3%), IP (58.9%) and MA (57.7%); (p < 0.001, ANOVA). PCR and referral outcomes are presented in the Table 1.

Abstract PTU-122 Table 1

Test source (n)	Quantifiable viral load, n (%)	Undetectable viral load, n (%)	No PCR, n (%)	Seen in gastro clinic, n (%)	Referred but DNA, n (%)	Not referred to clinic, n (%)
All (348)	195 (56)	32 (9.2)	121 (34.8)	211 (60.6)	39 (11.2)	98 (28.2)
GP (132)	84 (63.6)	12 (9.1)	36 (27.3)	95 (72)	9 (6.8)	28 (21.2)
IP (102)	41 (40.2)	6 (5.9)	55 (53.9)	43 (42.2)	17 (16.7)	42 (41.1)
CM (53)	39 (73.9)	5 (9.4)	9 (16.7)	43 (81.1)	2 (3.8)	8 (15.1)
OP (35)	21 (60)	4 (11.4)	10 (28.6)	21 (60)	5 (14.3)	9 (25.7)
MA (26)	10 (38.5)	5 (19.2)	11 (42.3)	9 (34.6)	6 (23.1)	11 (42.3)

**Conclusion** The follow-up rates of positive HCV screens vary depending on the source of the test. We postulate that the frequency of interactions between patients and healthcare professionals is a key factor in ensuring follow-ups. Better follow-up of HCV screening is needed in order to achieve better clinical outcomes for HCV. This is particularly important as more efficacious and tolerable drugs are becoming increasingly available.

**Disclosure of interest** None Declared.

**Oesophagus, Stomach, Duodenum I**

**PTU-123 LESSONS LEARNT FROM A HUNDRED CONSECUTIVE LAPAROSCOPIC NISSEN'S FUNDOPLICATIONS**

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**Introduction** Laparoscopic Nissen's fundoplication (LNF) is the procedure of choice in the surgical management of refractory gastroesophageal reflux disease (GORD). Few studies have reported subjective symptomatic outcome and objective investigative outcome postoperatively. The correlation between these two outcome measurements is unclear. The objective of this study is to evaluate a hundred consecutive LNFs in relation to patient's anatomic and physiologic status after the procedure, patient's functional outcome, and the rate and pattern of procedure failures.

**Method** Patients who underwent LNFs from 2007 to 2014 under a single surgeon were identified retrospectively. Patient demographics, morbidities, follow-up investigations and any redo operation were recorded. Surgical outcome was reported using the Viscik symptom evaluation tool. Patient telephone survey was performed using the validated GERD-HRQL (Health Related Quality of Life) questionnaire to assess patients' functional outcome.

**Results** A total of 100 consecutive patients were identified in the 8 year period. Redo operations had been performed or planned for 11 of these patients. 30 patients underwent post-operative oesophagogastrroduodenoscopy (OGD) and 29 patient

were investigated with barium studies to evaluate the recurrence of symptoms. 37 patients have been contactable for telephone follow-up survey; 13 of the interviewed patients reported symptoms of gas bloat syndrome; 15 patients experienced a recurrence of their reflux symptoms, while 9 patients experienced a degree of regurgitation. 24 patients were satisfied with the operation, while 8 patients remained neutral.

**Conclusion** Postoperative symptomatic evaluation revealed a suboptimal subjective outcome that is inexplicable by the endoscopic/ radiological findings, suggesting the need for a standardised procedure-specific postoperative objective evaluation tool. The high incidence of post operative gas bloat syndrome suggests the need for routine pre-operative evaluation of gastric motility and tailoring the fundoplication accordingly. The higher than expected rate of anatomical failures highlighted the inadequacy of primary hiatorrraphy, and the need for selective crural reinforcement.

**Disclosure of interest** None Declared.

#### PTU-124 DEVELOPMENT OF A SPECIALIST ANTI-REFLUX SERVICE

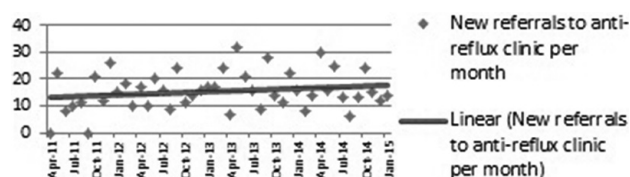
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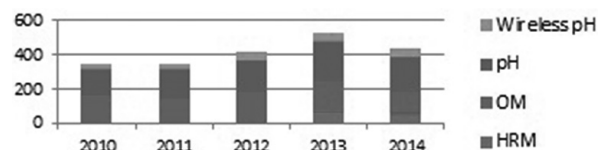
**Introduction** Surgical management of anatomical and functional failure of the lower oesophageal sphincter is becoming increasingly complex with advances in diagnostics, eg. high-resolution manometry (HRM), and further therapeutic options such as magnetic-bead sphincter augmentation (MSA).<sup>1</sup> With the increasing incidence in functional bowel / motility disorders which may create worse surgical outcomes, there is a need for specialisation in this field. We report on the development of a specialist anti-reflux service including the changing role of surgery and the increasing importance of physiology investigations.

**Method** Data was retrieved from a prospective databases maintained by the clinical measurements and surgical departments to identify patients undergoing physiology investigations and surgical intervention over a 5 year period 2010–2014, since the start of the specialist service. Surgical data was cross-referenced against hospital coding data.

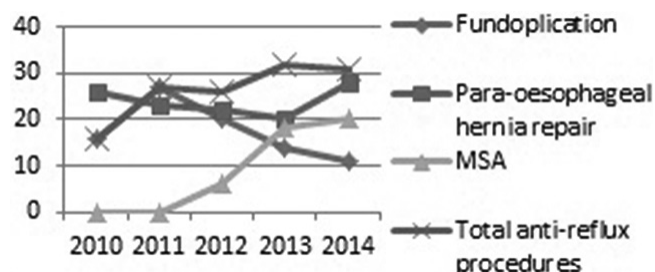
**Results** Following introduction of a specialist anti-reflux clinic there has been a sustained rise in new referrals to the clinic (Figure 1) and patients treated surgically. Recent years have also seen a trend to increasing use of second generation physiology investigations such as wireless pH monitoring and HRM, as well as a rise in the total number of investigations (Figure 2). A peak in the upward trend was associated with the introduction of MSA, with subsequent divergence of MSA and fundoplication reflecting the relative popularity of these procedures (Figure 3). There was no significant change in the frequency of complex para-oesophageal hernia repair over the same period.



**Abstract PTU-124 Figure 1** Number of new pts seen in anti-reflux clinic per month (with trend line)



**Abstract PTU-124 Figure 2** Investigations performed (pH monitoring, oesophageal manometry (OM), wireless pH monitoring and high resolution manometry (HRM))



**Abstract PTU-124 Figure 3** Number of procedures, including para-oesophageal hernia repairs, fundoplications and MSA, as well as total anti-reflux procedures (Sum of Fundoplication+MSA)

**Conclusion** Introduction of a specialist anti-reflux service has led to a rise in the number of physiology investigation requested and patients treated operatively. Magnetic-bead sphincter augmentation appears to be a more acceptable alternative for patients than traditional fundoplication. Guidance and service requirements need to be developed including the identification of standards and quality indicators in the field of anti-reflux surgery to optimise patient outcomes in a field where an increased range of investigation and management expertise are required.

**Disclosure of interest** None Declared.

#### REFERENCE

1 Bonavina, et al. *Ther Adv Gastroenterol.* 2013;**6**(4):261–8

#### PTU-125 THE PREVALENCE OF VITAMIN B12 DEFICIENCY IN PATIENTS WITH OESOPHAGOGASTRIC CANCER

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**Introduction** Vitamin B12 deficiency is a recognised problem in patients after surgery for OG cancer owing to the implications of surgery on gastric acid and intrinsic factor (IF) production (which are needed for Vitamin B12 metabolism). However it is postulated that for some patients with OG cancer their deficiency predates surgery. This study investigates the prevalence of preoperative Vitamin B12 deficiency in patients with OG cancer. **Method** A retrospective observational study was undertaken of patients who had surgery for OG cancer between January–December 2014. Active Vitamin B12 levels considered 'borderline deficiency' are sent for Methylmalonic acid (MMA) analysis. MMA levels above the normal range for age indicate deficiency. Weight loss data was also collected.

**Results** Active Vitamin B12  $\pm$  MMA levels were available for 89 patients. 16% of patients had a proven Vitamin B12 deficiency. 27% of patients with Gastric Adenocarcinoma (AC) had a deficiency. Table 1 Demographics, prevalence of Vitamin B12 deficiency and weight loss in the study: