539
Risk factors for poor bowel preparation and its impact on technical performance and patient comfort in an Asian population
W-K KHAN, A SARAVANAN, J MANIKAM, K-L GOH, SM MAHADEVA
University of Malaya, Kuala Lumpur, Malaysia

Background Risk factors for poor bowel preparation are recognized to be independent of the type of cleansing agent used. We aimed to identify risk factors for poor bowel preparation in colonoscopy patients and evaluate its impact on technical performance and patient comfort.

Method Cross-sectional study of colonoscopy patients using an investigation-administered questionnaire.

Results 501 patients were included (mean age 60.1 ± 14.0 years old, 49.8% females, 60.9% received secondary education or higher). Poor bowel preparation was present in 131 patients (30.1%). Low education level (OR = 3.10, 95% CI = 2.05–4.61), appointment beyond 1 week (OR = 1.79, 95% CI = 1.05–3.07) and non-adherence to bowel preparation instructions (OR = 3.25, 95% CI = 3.59–9.14) were independent risk factors for poor bowel preparation. Poor bowel preparation was associated with lower overall evaluation rate (78.1% versus 93.3%, p < 0.001), prolonged total colonoscopy time (25.4 ± 12.6 minutes versus 16.7 ± 10.2 minutes, p < 0.001), increased amount of flushing (250.4 mL versus 110.4 mL, p < 0.001) and increased patient discomfort during (31.8% versus 2.2%, p < 0.001) and up to one hour post-colonoscopy (17.6% versus 3.7%, p < 0.001).

Conclusion Patient and administrative factors are associated with poor bowel preparation. Poor bowel preparation significantly impedes colonoscopy performance and patient comfort.

541
Use of ordinary gastroscopy for completion of failed colonoscopy
SRP TRECERO, WCR ACUESTA, A UY, EG ONG, CP LIM
Metropolitan Medical Center, Manila, Philippines

Introduction Incomplete colonoscopy accounts for 5 to 10% of cases. Some studies abroad use pediatric colonoscope, which is thinner and more flexible, to evaluate and complete failed colonoscopy using conventional colonoscope. However, a pediatric colonoscope is not always available in every endoscopy unit. An ordinary gastroscopy, though short, is also thinner and more flexible than a colonoscope, and can possibly be used as an alternative.

Objectives To determine the completion rate using ordinary gastroscopy after a failed colonoscopy using a conventional colonoscope.

To determine if gastroscopy using an ordinary gastroscopy can be an alternative to barium enema after a failed colonoscopy using a regular colonoscope.

To determine the most common factors for incomplete colonoscopy.

Methodology Prospective, cross-sectional study with a nine-month study period with results expressed in frequency and distribution.

Result Forty-three patients were included, majority were female. Mean age is 58.7 years old (24 to 87 years old). Our failure rate was 8.5%, which is at par with published failure rate of 5 to 10%. The success rate of completion of colonoscopy using colonoscope after failed colonoscopy using regular colonoscope was 81.5%. This has lowered our failure rate to 5.5% from 8.5% and increased our success rate from 91.5% to 94.5%.

Conclusion The use of ordinary gastroscopy will complete more than 80% of failed colonoscopy. Female is associated with difficult and incomplete colonoscopy. Acute bend or angulation is the most common cause of failed colonoscopy.

542
The factors affecting the patency of biliary metallic stents in inoperable pancreatic cancer patients
YOUNG OOK EUM, SANG WOOK PARK, CHEOL MIN SHIN, SANG HYUB LEE, JIN HYEOK HWANG
Department of Internal Medicine, Seoul National University Bundang Hospital, Seongnam-si, Gyeonggi-do, South Korea

Background The patency of biliary self expandable metallic stents (SEMS) plays an important role on the quality of life and palliative treatment in patients with inoperable pancreatic cancer.

Objective To determine the factors for the patency of biliary SEMS in inoperable pancreatic cancer patients with obstructive jaundice.

Method We evaluated the patency in 65 pancreatic cancer patients (mean age: 65.37 ± 11.02, Male/Female: 32/33) with obstructive jaundice who were treated with biliary SEMS.

Results Mean patency of biliary SEMS is 128 days and cumulative patency rate is 53.8%, 21.5%, 7.7% on 3, 6, 9 months respectively. Cancer stage, performance status and covered or uncovered SEMS use were associated with the longer patency of the stents in univariate analysis. Median patency of stage III/IV is 48/115 (p = 0.001). And median patencies of ECOG 0, 1/2, 3 and covered/uncovered metallic stents were 148/74 (p = 0.002) and 48/115 (p = 0.002) respectively. Furthermore, multivariate analysis revealed that stage (p = 0.001), 95% CI, 1.51-5.22) and stent type (p = 0.006, 95% CI, 1.38-6.78) were associated the patency of the stents.

Conclusions The patency of biliary SEMS in inoperable pancreatic cancer patients might be affected by the stage and stent type.

547
The feature of the portal hypertensive gastropathy on narrow band-imaging with magnifying endoscopy
FP ZHENG, XY LIN, XP YE, LI TAO
Department of Gastroenterology, The Third Affiliated Hospital, Sun Yat-Sen University, Guangzhou, China

Introduction To observe the characteristic of endoscopic features of the portal hypertensive (PHG) gastropathy by magnifying endoscopy with narrow band-imaging (NBI-ME).

Methods The gastric mucosa microstructure was studied in 64 patients with PHG under NBI-ME. Reddish mucosa were demonstrated as dilated submucosal capillaries surrounded the gastric pit, the gastric pit passage were always swollen and the mucosa among the pits became dark red. Mosaic-like pattern (MLP) was demonstrated as erythematous and clarified gastric area outlined by a subtle yellowish network. The furrows of the gastric area were thick and border, the pits were dilated, the gastric pit passage were swollen and always became dark black (erythema). Red spot was defined as intramucosal hemorrhage, which cut by the yellowish network into small red spot. Extended and swollen gastric pits and various degrees of dilated and convoluted capillaries surrounding the hemorrhage were observed. Gastric antral vascular ectasia (GAVE) were recognized as partial and marked dilation of the capillaries, and the capillaries located beneath the gastric pits. No intramucosal hemorrhage was observed.

Conclusions Under narrow band-imaging with magnifying endoscopy, some characteristic microstructure (erythema, red spot, mosaic-like pattern, gastric antral vascular ectasia) can be observed.