

in cleanliness, visualization and positive rates. But groups of 30 to 60 minutes got the least supplement of water during MCE, and it may be the best interval time between gastric preparation and MCE.

**IDDF2020-ABS-0044** **TO EVALUATE THE FEASIBILITY AND EFFICACY OF NON-RADIOLOGICAL TEST TO DETECT POST OPERATIVE LEAK AFTER BARIATRIC SURGERY**

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**Background** Gastrograffin study under fluoroscopic guidance is a norm after sleeve gastrectomy in most of the bariatric centres to detect the post operative leak. Shifting the patient to fluoroscopic room on post operative day one and radiation exposure are major concerns associated with this protocol. A lot of studies are available to prove the efficacy of bed side oral methylene blue test to detect anastomotic leak after esophagojejunal anastomosis. We used the same principle in our bariatric patients.

**Methods** This prospective, interventional study was conducted on 23 patients undergoing sleeve gastrectomy for morbid obesity at our institution.

**Results** All patients were haemodynamically stable on post operative day-1. There was no evidence of methylene blue in the drain in any of the patients. All patients were started oral liquids after the test.

**Conclusions** Routine gastrograffin study under fluoroscopic guidance in the post operative period to detect leak following sleeve gastrectomy is a cumbersome procedure and can be avoided. Oral bed side Methylene blue test is a good alternative.

**IDDF2020-ABS-0045** **CLINICAL SIGNIFICANCE OF INTRA-ABDOMINAL PRESSURE MEASUREMENT IN PATIENTS WITH ACUTE ABDOMEN REQUIRING EXPLORATORY LAPAROTOMY**

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**Background** Intra-abdominal Hypertension (IAH) has been identified as a significant risk factor for morbidity and mortality. Our study was done to monitor intra-abdominal pressure (IAP) in patients with acute abdomen requiring exploratory laparotomy and to determine its effect on multiple organs by measuring SOFA score and its effect on the outcome of patients.

**Methods** It was an observational study in which IAP was measured pre and post-operatively by inserting a catheter in the urinary bladder using manometer 6 hourly in patients of acute abdomen requiring exploratory laparotomy.

**Results** Of 60 patients 23 (38%) had IAP (mean) and 24 (40%) had IAP (max) more than 12 mmHg. Patients with intestinal obstruction and intestinal perforation with peritonitis had an incidence of raised IAP. There was an increase in hospital stay in patients with IAH, and this was statistically significant ( $p < 0.05$ ). There was positive correlation coefficient

relationship between IAP (mean) and (max) with hospital stay  $r$  IAP (max) = 0.4757 and  $r$  IAP(max) = 0.4893. Elevated IAP affects all organs, but cardiovascular, renal and respiratory systems were more prone to failure, and there was a positive correlation between IAP and organ failure.

**Conclusions** IAP should be routinely measured in patients of acute abdomen requiring exploratory laparotomy. Patients with raised IAP preoperatively should be taken up for emergency surgery as soon as possible for a better outcome before deleterious effects of raised IAP on various organ system set in.

**IDDF2020-ABS-0048** **STUDY ON THE CHANGES OF COAGULATION INDEXES IN PATIENTS WITH CROHN'S DISEASE**

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**Background** Thromboembolism is a life-threatening complication of Crohn's disease (CD), CD patients were four times more likely to develop thromboembolism than healthy people, its relative risk increased to 15 times during the active period of disease. To investigate the association between the changes of coagulation indexes in patients with CD.

**Methods** The clinical data of 78 CD patients who diagnosed for the first time (CD group) and 75 health checkup (control group) from June 2010 to July 2018 in the MIMIC-III database were analyzed retrospectively. The coagulation indexes of the two groups and those of patients with different activity in the CD group were compared, the correlation between coagulation indexes and Crohn's disease activity index (CDAI) scores of Crohn's disease were analyzed.

**Results** The levels of fibrinogen, platelet count and PT in the CD group were significantly higher than those in the healthy control group ( $P < 0.05$ ). The levels of fibrinogen, FDP, and APTT in patients with remission stage were significantly lower than those in patients with moderate activity stage ( $P < 0.05$ ). Pearson linear correlation analysis showed that fibrinogen, platelet count, FDP and APTT were positively correlated with CDAI ( $P < 0.05$ ).

**Conclusions** The coagulation indexes of CD patients are significantly higher than those of normal people, and fibrinogen, platelet count, FDP and APTT are closely related to the activity of Crohn's disease.

**IDDF2020-ABS-0049** **APPLICATION OF NUTRITIONAL RISK SCREENING AND BMI IN NUTRITIONAL ASSESSMENT OF PATIENTS WITH CROHN'S DISEASE**

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**Background** To investigate the association between the nutritional risk screening (NRS-2002) and body mass index (BMI) were used to assess the nutritional status of patients with Crohn's disease.

**Methods** 134 patients with Crohn's disease admitted to the First Affiliated Hospital of Sun Yat-sen University from June