

are common gastrointestinal medications used to manage symptoms of acid-related diseases. Studies have shown that these medications are associated with increased risk of pneumonia, vitamin deficiency, osteoporosis and fractures. Few studies have described the potential risk of inflammatory bowel disease (IBD) exacerbation among patients on gastric acid suppressants but little is known on its association. This study aims to investigate the effect of the use of gastric acid suppressants (PPI and H2RA) in the risk of IBD (Crohn's disease and ulcerative colitis) exacerbation.

Methods A comprehensive, computerized literature search from the electronic database of MEDLINE, Google Scholar, Cochrane Library, and OVID was performed with the following search terms: gastric acid suppressants, proton pump inhibitors, histamine 2 receptor antagonists, inflammatory bowel disease, Crohn's disease, ulcerative colitis, outcomes, and disease activity exacerbation. Two cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model using pooled relative risks (RRs). The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Two cohort studies comprising of 36,293 patients were analyzed by pooling adjusted RRs using random effects model. Disease activity exacerbation was associated with the use of gastric acid suppressants with pooled adjusted RR 1.14 [95% CI, 1.08–1.20, I²=0%] with no heterogeneity. The pooled adjusted RR of IBD activity exacerbation with PPI use was 1.12 [95% CI, 1.05–1.19, I²=0%] for any IBD, while the pooled adjusted RR of disease activity exacerbation with HR2A use was 1.21 [1.04–1.40, I²=42%] for IBD, with moderate heterogeneity. The effect of acid suppression was more marked in patients with Crohn's disease, RR 1.44 [0.89–2.33, I²=77%], but this was statistically insignificant with marked heterogeneity; than in ulcerative colitis RR 1.12 [1.05–1.20, I²=0%].

Conclusions Use of gastric acid suppressants such as PPIs and H2Ras may be associated with increased risk of disease activity exacerbation in patients with IBD. This meta-analysis confirms the need for further prospective studies in examining this relationship.

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ANALYSIS OF PREDICTIVE FACTORS FOR RO RESECTION, IMMEDIATE BLEEDING AND RECURRENCE OF COLORECTAL ADENOMAS AFTER ENDOSCOPIC MUCOSAL RESECTION

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Background Larger colonic polyps require advanced resection techniques such as endoscopic mucosal resection (EMR) for safe and effective removal. There has been a steady accumulation of scientific evidence with regards to the technical aspects and long-term outcomes of colonic EMR compared with surgery. This study aims to determine the predictive factors of different clinical outcomes post-EMR and the diagnostic yield of JNET classification.

Methods A retrospective cohort study was done on all patients who underwent colorectal EMR at the St. Luke's Medical Center Global City within a 4-year period from 2015 to 2018. The diagnostic yield of JNET classification and clinical outcomes namely R0 resection, complications and recurrence of lesions were studied.

Results A total of 282 patients were studied. The R0 resection rate was 96.3% for lesions resected en bloc. 15.2% had a complication, most commonly intraprocedural bleeding which were successfully managed endoscopically. 10.7% had recurrence post-EMR on their surveillance colonoscopy. The JNET classification exhibited good sensitivity for Type 1 (71.8%) and Type 2A (91.9%) and good specificity for Type 1 (96.9%) and Type 2B (95.5%). Accuracy was high at 91.02% for Type 1, 80.24% for Type 2A and 89.22% for Type 2B.

Conclusions EMR is an important advancement in the field of therapeutic endoscopy with good clinical outcomes sparing patients from surgery. A larger lesion size of >20 mm is associated with both positive resection margin and post-EMR complications. Main predictors of recurrence include a non-granular morphology of a resected polyp and piecemeal resection. The JNET classification has a high diagnostic accuracy rate; hence is a good endoscopic tool for characterization of lesions.

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CLINICAL STUDY ON SIMPLIFIED ENDOSCOPIC SUBMUCOSAL DISSECTION FOR COLORECTAL LATERALLY SPREADING TUMORS

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Background To evaluate the efficacy and safety of Simplified Endoscopic Submucosal Dissection (SESD) for colorectal laterally spreading tumors (LSTs).

Methods Patients of colorectal laterally spreading tumors (LSTs) with a diameter of over 2 cm from January 2017 to January 2019 were enrolled in our study. Patients were assigned to 2 groups according to endoscopy procedures, the SESD group and ESD group. SESD includes three steps, 1) pre-cut circularly around the tumors, 2) dissected the

Abstract IDDF2020-ABS-0095 Table 1 Risk factors associated with clinical outcomes post-EMR

Positive Resection Margin	Complications (Bleeding or Perforation)	Recurrence
- Gross lesion size >20 mm	- Use of hybrid EMR technique	- Piecemeal resection
- Presence of submucosal fibrosis	- Gross lesion size >20 mm	- Non-granular morphology of a laterally spreading tumor
- Histopathologic size >20 mm	- Non-granular morphology of a laterally spreading tumor	
- Moderately differentiated adenocarcinoma on histopathology	- Histopathologic size of >20 mm	
	- Use of saline and methylene blue as lifting agents	

connective tissue of the submucosa beneath the lesion,³) perform EMR to dissect the lesion when its diameter smaller than the endoloops. Clinical data of both groups, such as LST size, LST location, endoscopy procedures, procedure time, en bloc resection rate, and post-SESD complications, were retrospectively analyzed.

Results 102 patients were involved in the study, SESD group involved 54 patients and ESD group involved 48 patients. The procedure time of SESD group was shorter than that of ESD group ($P=0.32$). There was no significant difference in the en bloc resection rate (SESD 100% vs.ESD 98%, $P>0.05$). Complication rates such as intraoperative perforation rate and postoperative bleeding rate also showed no statistic difference between two groups, so did recurrence rate. ($P>0.05$).

Conclusions Simplified Endoscopic Submucosal Dissection was an effective and safe therapy for colorectal LSTs.

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STUDY ON THE INFLUENCING FACTORS OF ERCP TREATMENT OF BENIGN BILIARY STRICTURE RECURRENCE

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Background To investigate the influencing factors of benign biliary stricture recurrence after ERCP treatment.

Methods A total of 100 patients of biliary stenosis with endoscopic biliary stent implantation from February 2017 to March 2020 were enrolled in our study. Patients were divided into the recurrence group and recurrence group according to incision re-stenosing within one year after removing the stents. The influencing factors of postoperative recurrence were compared between the two groups.

Results Hilar biliary stricture, common bile duct incision + T-tube drainage, length of bile duct stenosis, and proximal dilation of biliary stricture were important high-risk factors for benign biliary stricture recurrence after endoscopic biliary stent placement ($P < 0.05$).

Conclusions There are various factors that affect the recurrence of benign biliary stricture after ERCP treatment. It helped reduce the recurrence rate through risk factors intervention.

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DELAYED NURSING OF TRANSANAL ENDOSCOPIC MICROSURGERY FOR RECTAL MALIGNANT TUMOR

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Background To explore the effect of delayed nursing of transanal endoscopic microsurgery for rectal malignant tumor.

Methods Patients underwent transanal endoscopic microsurgery for rectal malignant tumor in our hospital from January 2017 to February 2019 were enrolled in this study, and randomly divided into observation group and control group. The control group was performed with usual care, while the observation group was performed with delayed nursing. Peri-operative

bleeding, postoperative anus exhausting time, hospital stays, the severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were analyzed and compared.

Results Postoperative anus exhausting time and hospital stays of observation group were shorter in the observation group than the control group, and peri-operative bleeding was also less in the observation group. The severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were both higher in the observation group.

Conclusions Delayed nursing was effective in transanal endoscopic microsurgery for rectal malignant tumor, for shortening postoperative anus exhausting time and hospital stays, and reduce peri-operative bleeding.

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NURSING MANAGEMENT STRATEGY IN ENDOSCOPY CENTER DURING THE EPIDEMIC PERIOD OF COVID-19

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Background To explore the nursing management strategy in the endoscopy center during the epidemic period of COVID-19.

Methods 2415 patients underwent endoscopy in our center from February 10th 2019 to March 27th 2019 were taken as control group, while 308 patients underwent endoscopy during February 10th 2020 to March 27th 2020 were taken as observation group. In our study, we reduced medical occupational exposure and avoid cross-infection during the epidemic period through reducing the number of patients, performing strict sterilization, isolation and preventive measures, implementing personnel training and assessment of both medical workers and patients, establishing emergency plans.

Results None of medical workers infected with COVID-19. Patients in the observation group were significantly decreased compared to the control group. The sterilization frequency of endoscopic machines, probes of blood oxygen monitor, examining beds and gastrointestinal endoscopes was increased markedly in the observation group. Preventive measures and the mastery of epidemiology were also significantly improved in the observation group.

Conclusions It is effective to prevent and control COVID-19 in endoscopy center during the epidemic period through reducing the number of patients, performing strict sterilization, isolation and preventive measures, implementing personnel training and assessment of both medical workers and patients, establishing emergency plans.

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IMPACT OF OPTIMAL TIMING OF EARLY PRECUT SPHINCTEROTOMY ON THE RISK OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY RELATED ADVERSE EVENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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