n=4), while they were 1(20.8%,n=5), 2A (62.5%,n=15) and 2B(16.7%,n=4)in the the titanium ring clamp group. The complete resection rates of both groups were 100%. None of the patients had an intraoperative or delayed hemorrhage in the nylon rope group. And in the titanium ring clamp group, there were 5 patients had immediate bleeding during procedures which could be controlled by another titanium ring clamps soon. No delayed hemorrhage occurred in the titanium ring clamp group.

Conclusions It is more reliable, safe and effective to be treated by endoscopic electric coagulation combined with nylon rope than with titanium ring clamp in colorectal long-pedicled polyps.

IDDF2020-ABS-0089 APPLICATION OF TRADITIONAL CHINESE MEDICINE SITTING BATH IN ENDOSCOPIC HEMORRHOID LIGATION TREATMENT

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Background To explore the effect of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery.

Methods A total of 132 patients underwent endoscopic hemorrhoid ligation surgery from January 2018 to December 2019 were selected and randomly divided into a control group and an observation group, with 66 cases in each group. After the operation, the same oral and written health education was given to all patients, and a special bidet was distributed to take a sitting bath. The control group took a sitting bath with warm water while the observation group with warm Traditional Chinese Medicine(named Hemorrhoid bath net, contains ingredients such as Phellodendron amurense, Sophora flavescens, rhubarb, purslane, safflower, wormwood, etc. It has functions of clearing away heat and dampness, promoting blood circulation and removing blood stasis, killing insects and relieving itching). The sitting bath was taken with a temperature of 38~42°C and time of 15~20 minutes per day and maintained for 2 weeks. Patients were followed up for the degree of postoperative bleeding and peak pain, disappearance time of pain and anal bloating, and operation rate of re-ligation within six months. Hemorrhoid hemorrhage scoring standard: 0 points for no blood in stool, 1 points for blood-stained paper, 2 points for 1–7 blood drops, 3 points for over 10 blood drops. VAS pain score standard: 0 points for painless, 10 points for severe pain, and the middle indicates different degrees of pain.

Results Comparing observation group with the control group, the differences in postoperative bleeding degree (1.05±0.42 vs 1.89±0.77 points), peak pain (3.52±0.67 vs 4.96±0.98 points), time of pain disappearance (3.66±0.54 vs 4.83±1.24 days), time of anal bulging sensation disappearance (5.35 ±1.14 vs 7.02±1.47 days) and operation rate of re-ligation within half a year (1.52% vs 3.03%) were statistically significant (P<0.05).

Conclusions Using of Traditional Chinese Medicine sitting bath in patients undergoing endoscopic hemorrhoid ligation surgery can effectively reduce postoperative bleeding, relieve postoperative pain and anal bloating, and lower down the operation rate of re-ligation.

IDDF2020-ABS-0093 STATIN USE AND RISK OF POST-ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP) is one of the most feared complications of ERCP. Much attention has been given on the pharmacologic prevention of this serious adverse event. Evidence suggests that statins may exhibit anti-inflammatory properties in the pancreas, but studies have conflicting results on its role on the prevention of PEP. This study aims to investigate whether the use of statins has a protective effect against PEP.

Methods A comprehensive, computerized literature search from the PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: statins, lipid-lowering drugs, post-ERCP pancreatitis, pancreatitis, PEP, and prevention. Four cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Four cohort studies comprising of 5832 patients were analyzed. In the random effects model, the pooled odds ratio (OR) of PEP occurrence was 0.73; 95% CI (0.36–1.45). The pooled data of the four studies showed a trend towards a beneficial effect of statin use and decreasing risk of PEP but did not show a protective effect of the statin. Likewise, there was a substantial degree of heterogeneity (I^2=87%). Subgroup analysis was done, which include two studies on chronic statin use defined as use for more than six months. It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.30–0.57) using the random effects model, thereby signifying a protective effect of the drug. The subgroup analysis has also resulted to a statistical homogeneity of the trials (I^2 = 0%).

Conclusions Chronic statin use for more than six months has a protective effect against PEP. This meta-analysis has shown the potential role of statins as prophylactic agents for PEP. However, further prospective randomized studies are recommended to confirm this relationship.

IDDF2020-ABS-0094 USE OF GASTRIC ACID SUPPRESSANTS AND RISK OF DISEASE ACTIVITY EXACERBATION IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Gastric acid suppressants such as proton pump inhibitors (PPI) and histamine 2 receptor antagonists (H2RA)