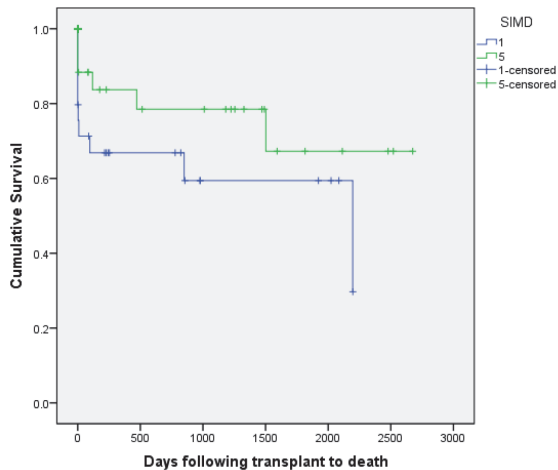


Kaplan-Meier curves showing survival following liver transplantation in SIMD 1 and SIMD 5



Abstract P198 Figure 1 Kaplan-Meier curves showing survival following liver transplantation in SIMD 1 and SIMD 5

the effect of socio-economic deprivation by comparing survival in the most and least deprived groups in the transplanted and not listed groups. A significance level of $p < 0.05$ was used with the Log rank test.

Deprivation was assessed using the Scottish Index of Multiple Deprivation (SIMD) and groups were paired for analysis (group 1 most deprived; group 5 least deprived)

Results When including all patients those transplanted ($n=562$; 103 deaths) had a significantly better survival than those not listed ($n=230$; 139 deaths) (Mean survival 2219 days (95% CI 1912–2526) vs. mean survival 645 days (95% CI 563–726). (Log rank $p < 0.001$).

There was no difference in survival when comparing the most deprived to the least deprived (SIMD 1 ($n=84$; 56 deaths) vs. SIMD 5 ($n=32$; 16 deaths)) in those patients not listed for transplant. (Mean survival 658 days (95% CI 474–842) vs. mean survival 680 days (95% CI 367–994). (Log rank $p=0.969$).

When comparing survival in the most deprived ($n=133$; 32 deaths) to the least deprived ($n=86$; 13 deaths) in those patients that were transplanted, patients from the more deprived areas had a poorer survival. (Mean survival 1373 days (95% CI 1027–1719) vs. mean survival 1998 days (95% CI 1596–2400) (Log rank $p=0.046$). (Figure 1).

Conclusions Overall liver transplantation gives a significant survival advantage compared to those not listed. Patients from more affluent areas of Scotland have improved survival to those from less affluent areas when transplanted. No difference is seen in those patients not transplanted.

P199 **IMPACT OF A DISCHARGE PROFORMA ON THE MANAGEMENT OF PATIENTS WITH DECOMPENSATED LIVER DISEASE**

¹Holly Fraser, ²Stuart McPherson, ¹Dina Mansour*. ¹Queen Elizabeth Hospital, Gateshead, Newcastle Upon Tyne, UK; ²Royal Victoria Infirmary, Newcastle upon Tyne, UK

10.1136/gutjnl-2020-bsgcampus.274

Objectives To produce and implement a discharge proforma, with the aim of improving record keeping and management of patients with decompensated cirrhosis. Decompensated liver

disease is associated with a high mortality and can manifest in a variety of manners; thus it is important that certain aspects of these patients' admissions are clearly documented and easily accessible.

Design Discharge letters of 61 patients with decompensated liver disease who had been admitted to QEH between 2017 and 2018 were reviewed and compared to a proforma developed by the gastroenterology team at the RVI (with permission). A similar discharge proforma was developed and integrated for use on the gastroenterology ward at the Queen Elizabeth Hospital, and subsequent discharge letters in 2019 were audited (further 27 letters).

Results The implementation of a discharge proforma enhanced documentation of key features of patient admissions for decompensated cirrhosis. In the 2017–2018 letters 45.0% of key features were documented; this rose to 67.0% in the 2019 letters following implementation of the proforma. In addition, there was a 44% reduction in the number of inpatient deaths and 55% and 64% reduction in readmissions (within 30 and 90 days, respectively), following the introduction of the discharge proforma.

Areas which remain poorly documented despite the proforma include renal function, Child Pugh score/prognosis and variceal grading.

Renal function documentation improved marginally with 9 of the 2019 patient letters containing documentation of renal function, as opposed to the 0 letters across 2017 and 2018; however this still only equates to 33.3% of the discharge proformas containing information about patients' renal function. Child Pugh score was not documented for any of the 2019 cohort and the grade of varices was documented in just one of the discharge proformas (16.7% of 2019 cohort), which is a 20.8% and 10.6% reduction compared to the 2017 and 2018 discharge letters.

Conclusions Implementation of a discharge proforma for decompensated liver disease patients is associated with fewer inpatient deaths, a reduction in readmissions and improved documentation in their discharge letters. Further work is required with the implementation of the proforma, particularly around education regarding its use, to ensure it is utilised appropriately. A similar project is being undertaken at the RVI, with the aim of producing a proforma for the British Society of Gastroenterologists.

P200 **REAL-LIFE COMPARISON OF TRANSIENT ELASTOGRAPHY (FIBROSCAN®) TO LIVER BIOPSIES: A UK DISTRICT GENERAL HOSPITAL EXPERIENCE**

¹Georgios Marinopoulos*, ¹Maja Kopczyńska, ¹Bethany Miller, ²Mahesh Bhalme. ¹Salford Royal NHS Foundation Trust, Manchester, UK; ²Bolton NHS Foundation Trust, Bolton, UK

10.1136/gutjnl-2020-bsgcampus.275

Background and Aim Over the last decade, the development of liver stiffness measurement using transient elastography (FibroScan®) and its widespread use has become the standard for non-invasive staging of liver fibrosis. Our study explores a real-life experience on concordance of fibrosis staging between the fibroscan and the liver biopsies aiming to assess its reliability.

Method We conducted a retrospective study between September 2014 and May 2019 comparing fibroscan and liver biopsy findings. The FibroScan 502 Touch results were interpreted to