

Autumn Meeting

Europa Hotel, Belfast. Wednesday 19th October, 2022





Welcome to Autumn USG 2022

Dear Colleagues,

Welcome to this USG meeting. We look forward to diverse talks that will hopefully change your practice in topics relevant to gastroenterology and surgery, such as improving our detection of dysplasia in colitis; local update on Cytosponge and surgical alternatives to managing bile duct stones. There will be our annual Clinical Leaders forum which is open to all, and this is an opportunity to hear from leads of several important work streams in gastroenterology and surgery regionally and this will be our chance to provide feedback to these leads.

In addition to the program highlights, we are also delighted to showcase the work of young, talented, upcoming gastroenterologists and surgeons as presenters of original research.

To promote networking among our community, we hope that you will be able to stay for the dinner after the meeting.

I would like to thank our industry partners for their ongoing support and, to the USG committee members for their support and fantastic ideas for the program.

Finally I would like to once again thank Michael and Cora for their tremendous organisation as always. Alas, I am sad to announce that this will be their last meeting as they try to reduce their workload. They have been our event organisers and secretariat for the USG for 9 years and during this time, have transformed the quality of our meetings, enhanced our financial position and have been an invaluable source of advice and support. We are going to miss them and even though they are irreplaceable, we are in the process of trying to appoint their replacement. We wish them well for the future and thanks again Michael and Cora for all your work.

Tony ThamPresident USG

USG Autumn Meeting

Wednesday 19th October, 2022 The Europa Hotel, Belfast

Programme

10.00 Registration

Session 1

Chairs: Dr Tony Tham and Mr Tim McAdam

11.00 Clinical Leaders Forum (Open to all USG members)

- BSG update
 Dr Phil Hall, BSG rep
- Regional endoscopy reform Dr Glen Dunwoody
- NI IBD Interest Group Dr Andrew Murdock
- Central Medical Advisory
 Committee with the CMO
 Dr Tony Tham, general internal medicine and gastroenterology rep
- NI liver services update Dr Neil McDougall
- NICAN lower GI cancer group Mr Barry McAree
- NICAN upper GI cancer group Mr Andrew Kennedy
- Gastroenterology research network Dr Patrick Allen
- Queen's University gastroenterology research Dr Richard Turkington and Prof Helen Coleman
- Encompass Endoscopy Dr Philip Hall IBD Dr Tony Tham
- BSG endoscopy QI improvement group Dr Mike Mitchell

13.00 Lunch / Meet the Industry

14.00 AbbVie Satellite Symposium

Chair: Dr Andrew Murdock, Craigavon Area Hospital.

Rinvoq (upadacitinib) Roadshow:

The clinical data in UC

Dr MacDonald presents the latest data and his

experience in Glasgow

Speaker: Dr Jonathan MacDonald

Consultant Gastroenterologist Queen Elizabeth Hospital, Glasgow

Session 2

Chairs: Dr Catriona McKenna and Dr Neil Bradley

14.30 **Oral Free Papers** (1 - 4)

20% Human Albumin Solution (HAS) prescription Sheet - Prescribing made safe and easy!

Dr Amrita Gurung

Right Patient, Right Specialty- Time for a Change? Ms Leanne McWha

Optimum Management for CBD Calculi: A Review of the First 100 Transcystic CBD Explorations Dr Catherine Rossborough

Rapid access Food Bolus extraction – Will it stick? Dr Jamie McKnight

15.15 New surgical options for the management of bile duct stones

Mr Scott McCain

Consultant General and Upper Gastrointestinal Surgeon, Ulster Hospital, Dundonald

15.45 Coffee / Meet the Industry

Session 3

Chairs: Dr Richard Turkington

16.15 **Detecting and managing dysplasia in the IBD** colon: how can we do better?

Dr Marietta Iacucci

Professor of Gastroenterology University College Cork

16.45 Update on the DELTA project and the future of Cytosponge in Northern Ireland

Dr John McGoran

Consultant Gastroenterologist Altnagelvin Area Hospital

17.15 Closing Remarks by Dr Tony Tham

17.30 Dinner

USG Clinical Leaders Forum Agenda

19th October 2022, 11.00 - 13.00

Dear Colleagues,

There are a lot of excellent workstreams in gastroenterology, hepatology and gastrointestinal surgery that is going on in N Ireland. However not everyone involved is aware of all the work that is going on and so there is a risk of working in silos plus there may be limited opportunities to get feedback from clinicians in the frontline not involved in these workstreams. This forum is an opportunity for our USG members to give feedback to the workstreams about the issues on the ground and also for the workstream leads to update everybody with what is going on. The aim is to ensure alignment with strategic objectives to improve care for patients with gastrointestinal and liver diseases in N Ireland. In addition we hope that there are opportunities to form partnerships because as the saying goes, we are stronger together.

- BSG update
 Dr Phil Hall, BSG rep
- Regional endoscopy reform Dr Glen Dunwoody
- NI IBD Interest Group Dr Andrew Murdock
- Central Medical Advisory Committee with the CMO
 Dr Tony Tham, general internal medicine and gastroenterology rep
- NI liver services update Dr Neil McDougall
- NICAN lower GI cancer group Mr Barry McAree
- NICAN upper GI cancer group Mr Andrew Kennedy
- Gastroenterology research network Dr Patrick Allen
- Queen's University gastroenterology research
 Dr Richard Turkington and Prof Helen Coleman
- Encompass –
 Endoscopy Dr Philip Hall

 IBD Dr Tony Tham
- BSG endoscopy QI improvement group Dr Mike Mitchell

USG Executive Committee

President:

Dr Tony C.K. Tham

Consultant Gastroenterologist Ulster Hospital, Dundonald, Belfast

Honorary Secretary:

Dr Catriona McKenna

Consultant Gastroenterologist Belfast Trust

Honorary Treasurer: Dr Leah Gilroy

Consultant Gastroenterologist Belfast Trust

Committee Members:

Dr Richard Turkington

Clinical Senior Lecturer
Patrick G Johnston Centre for
Cancer Research Queen's University Belfast

Mr Tim McAdam

Consultant Colorectal Surgeon Belfast Trust

Dr Shivaram Bhat,

Consultant Gastroenterologist Craigavon Area Hospital

Dr Philip Hall,

Consultant Gastroenterologist Belfast Trust

Mr Ray Kennedy

Surgeon Belfast Trust

USG Trainee Representative Dr Rebecca O'Kane

Gastroenterology Registrar Ulster Hospital, Dundonald

Brendan Byrne

Northern Ireland Nursing Representative

Organising Team



Michael Dineen Chief Exec ISG / Event Organiser USG



Cora Gannon Administrator ISG/USG













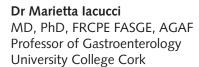
Biographical Sketches

Mr Scott McCain Consultant General and Upper Gastrointestinal Surgeon Ulster Hospital, Dundonald

Scott McCain is a Consultant General and Upper Gastrointestinal Surgeon in the

South Eastern Health and Social Care Trust, primarily in the Ulster Hospital, Dundonald.

He trained in Northern Ireland in general and advanced upper gastrointestinal surgery and furthered this with fellowship training in Concord Repatriation General Hospital, an internationally recognised centre of excellence for upper GI and bariatric surgery in Sydney, Australia.



Dr lacucci spent two years in London and Cambridge, UK and in Mainz, Germany,

Milan, Italy and Tokyo, Japan. During this period, she became very involved with the management of IBD. She is focused on advanced endoscopic imaging, endoscopic molecular labelling, and Artificial Intelligence in diagnosing gastrointestinal disease, advanced polypectomy (EMR, ESD), and managing inflammatory bowel disease.

She is a fellow of the American Society of Gastrointestinal Endoscopy. American Gastroenterological Association Fellow, the member of EduCom and e-Learning Taskforce of the European Crohn's and Colitis Organisation (ECCO), member of the Global interventional Inflammatory Bowel Disease Group, member of the British Society of Gastroenterology clinical research group for endoscopy, sits on the ESGE advanced imaging in colorectal neoplasia guidelines committee and IBD quality improvement committee working group.

She has published many papers and invited reviews on advanced endoscopic imaging and has been invited to deliver keynote lectures and participate in live endoscopy at many international and national conferences.

Dr John McGoran Consultant Gastroenterologist Altnagelvin Area Hospital

John has been a consultant gastroenterologist at Altnagelvin Hospital since October 2020, having completed



specialty training in Northern Ireland and an endoscopy and research fellowship in University Hospitals of Leicester. During this time he worked with colleagues in the UK, USA and Australia to conduct research into Barrett's oesophagus, patient experiences in endoscopy and the learning process for advanced endotherapy. He was a BSG trainee representative for 3 years and in this time sat on the UK specialty advisory committee which implemented the 2022 gastroenterology curriculum. At Altnagelvin he maintains an interest in therapeutic luminal endoscopy, translational research and postgraduate training, incorporating his role as director of the ever in-demand endoscopy skills courses. When he can escape the hospital he tries to make it to County Donegal, by bike or car. On rainy days he stays in and plays piano (badly).

USG Committee Members

Dr Tony C.K. ThamUSG President
Consultant Gastroenterologist
Ulster Hospital, Dundonald, Belfast

Dr Tham qualified from the Queen's University of Belfast's medical school. He

trained as a gastroenterologist and physician in the Northern Ireland training program. He completed his training as an Advanced Gastroenterology Fellow in the Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA.

He is a Consultant Physician and Gastroenterologist in the Ulster Hospital, Dundonald, Belfast. He is the President the Irish Society of Gastroenterology. He is the chair of Ireland's National Clinical Program for Gastroenterology and Hepatology Clinical Advisory Group. He was the Chair of the British Society of Gastroenterology Clinical Services and Standards Committee and formerly the Society's quality improvement and guidelines lead.

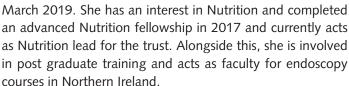
He has more than 80 publications in peer reviewed journals. He is the first author of a book entitled "Gastrointestinal Emergencies" which has been published as a 3rd edition and translated into Polish and Chinese. He has contributed to several other book chapters. He has been co-author of guidelines on ERCP, lower gastrointestinal bleeding, Barretts oesophagus, perianal Crohns, non medical endoscopy workforce and UK gastroenterology services. He was the Guidelines Editor for Gut. He is on the International Editorial Board of the journal Gastrointestinal Endoscopy; Associate Editor of the World Journal of Gastrointestinal Endoscopy; Diagnostic and Therapeutic Endoscopy. He has received several awards for being a top reviewer for Gastrointestinal Endoscopy.

He was the Head of the School of Medicine, Northern Ireland Medical and Dental Training Agency (deanery). He is the Vice Chair of the Specialist Advisory Committee for general internal medicine at the Joint Royal Colleges of Physicians Training Board and Training Program Director in General Internal Medicine in Northern Ireland. He is an examiner for the Royal College of Physicians of Edinburgh and also Queen's University.

He has led service improvements for patients in Northern Ireland including those with gastrointestinal consequences in pelvic radiation disease, and inflammatory bowel disease.

Dr Catriona McKenna Secretary USG Consultant Gastroenterologist **Belfast Trust**

Catriona has worked as Consultant Gastroenterologist in Antrim Hospital since



Dr Leah Gilroy Consultant Gastroenterologist **Belfast Trust**

Dr Leah Gilroy has recently been appointed as a consultant gastroenterologist in the Belfast trust. She graduated from Queens

University Belfast in 2010 and completed gastroenterology training within Northern Ireland. She has a masters degree in medical law from Northumbria University. She has interests in Inflammatory Bowel Disease, Transition and medicolegal work.

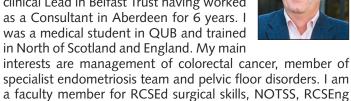
Dr Richard Turkington Clinical Senior Lecturer Patrick G Johnston Centre for Cancer Research Queen's University Belfast

I am a Clinical Senior Lecturer in Medical Oncology at the Patrick G Johnston

Centre for Cancer Research, Queen's University Belfast and an Honorary Consultant at the Northern Ireland Cancer Centre with an interest in upper gastrointestinal cancer. My principle research interests include oesophago-gastric and pancreatic cancer and the analysis of genomic datasets for the discovery of biomarkers and mechanisms of resistance to chemotherapeutic agents.



I am a Consultant Colorectal Surgeon and clinical Lead in Belfast Trust having worked



strategies in emergency surgery. I am a recognised national

Consultant Gastroenterologist

Dr Shivaram Bhat is a consultant Gastroenterologist at Craigavon Area Hospital in Northern Ireland. He graduated from Queens University Belfast medical

school (2002) with subsequent postgraduate training in Northern Ireland and a clinical fellowship at the John Radcliffe Hospital in Oxford. During his postgraduate training he completed a PhD researching cancer progression in Barrett's oesophagus. His clinical and research interests include inflammatory bowel disease and early detection of GI cancer. He is a bowel cancer screening endoscopist and is the IBD lead for the Southern Health and Social Care Trust.

Dr Philip Hall Consultant Gastroenterologist **Belfast Trust**

Dr Philip Hall has recently been appointed consultant gastroenterologist within the Belfast Trust. He graduated from Queens University Belfast in 2008 and completed

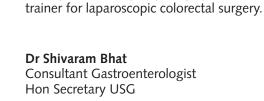
gastroenterology training in Northern Ireland. He has a Masters degree in Clinical Education.

He completed an advanced therapeutic endoscopy fellowship in St Michael's Hospital, Toronto in 2017 and has interests in upper GI therapeutics, ERCP and quality improvement.

Dr Rebecca O'Kane, **USG** Trainee Representative ST5 Gastroenterology Registrar Ulster Hospital, Dundonald

Dr Rebecca O'Kane is a ST5 gastroenterology registrar, completing

her specialty training in Northern Ireland. She graduated from Queens University Belfast in 2013. Her interests are in hepatology and she will complete an ATP fellowship in Hepatology in Birmingham and Liverpool.











Oral Presentations - USG Meeting 2022

Abstracts No.	Title of Paper	First Author's Name	Time
22A101	20% Human Albumin Solution (HAS) prescription Sheet - Prescribing made safe and easy!	Amrita Gurung	14.30
22A102	Right Patient, Right Specialty- Time for a Change?	Leanne McWha	14.40
22A103	Optimum Management for CBD Calculi: A Review of the First 100 Transcystic CBD Explorations	Catherine Rossborough	14.50
22A104	Rapid access Food Bolus extraction – Will it stick?	Jamie McKnight	15.00

ORAL PRESENTATIONS

ABSTRACT 22A101

20% Human Albumin Solution (HAS) prescription Sheet - Prescribing made safe and easy!

Authors:

A Gurung, M Mo, R Veettil, G Manikpure

Departments/Institution:

Causeway Hospital, Northern Health and Social Care Trust

Introduction:

20% HAS is commonly prescribed in the setting of decompensated liver disease to improve circulatory dysfunction in patients with cirrhosis. Evidence has demonstrated that critically unwell patients with severe liver disease who receive albumin have an overall reduced risk of death.

Aim:

To address prescribing errors of 20% HAS by creating a structured, easy to use prescription sheet designed to guide medical doctors thereby ensuring safe and adequate prescribing.

Methods:

A single-centre study was carried out in Causeway Hospital to analyse the confidence of medical doctors of all grades, when prescribing human albumin solution. 42 responses were compiled from an online survey taken from November to January 2022.

Results:

66.7% of doctors did not feel confident prescribing 20% HAS, with only 33.3% aware of the indications for administration. 81% of doctors were unaware of how to calculate the volume required with 73.8% unsure of the appropriate concentration. 66.7% of doctors were unaware of the duration over which to prescribe HAS with only 28.6% of doctors aware of the guidelines for a 20% HAS prescription.

Conclusion:

These results have demonstrated that doctors do not feel confident to prescribe 20% HAS for patients. This has led to poor prescribing amongst medical staff which has led to missed doses and consequently led to poorer patient outcomes. The development of a HAS prescription sheet reduces the margin of error when prescribing and acts as a standardized tool to ensure all staff prescribe and administer 20% HAS solution safely and effectively.





The Scientific Committee and I look forward with great anticipation to receiving your abstracts for **ESGE Days 2023**. We truly appreciate your contribution, as researchers, to the meeting. Our top four abstracts will be featured in the opening session, travel grants will be awarded to top submitters 40 years old and younger, plus all accepted abstracts are published in the *Endoscopy* journal with an **Impact Factor of 9.7**. We hope you'll agree that **ESGE Days** is the perfect forum at which to present your best research!

Marianna Arvanitakis
Scientific Committee Chair

ABSTRACT SUBMISSION CURRENTLY OPEN **DEADLINE: DECEMBER 6, 2022**

ABSTRACT CATEGORIES FOR ESGE DAYS 2023:

- Esophagus
- Stomach and Duodenum
- Small intestine
- Colon and Rectum

- Hepatopancreaticobiliary
- Mediastinum, Heart and Lung
- Endoscopy service







22A102

Right Patient, Right Specialty- Time for a Change?

Primary Author:

L. McWha, Gastroenterology Specialist Nurse, Dr.Eccles,J Gastroenterologist, Dr Agnew.P. Gastroenterologist Co Author: Dr Addley,J. Consultant,

Department/Institution:

Department of Gastroenterology, SE Trust.

Introduction:

Ensuring the Right patient is seen by the right specialty at point of access to hospital provides optimum patient care. 4 % of admissions in the UK via Emergency departments result in readmission within 7 days, up to 10 % in Northern Ireland with admissions spending up to 24 hours in ED awaiting bed placement on appropriate ward.

Up to 50 % of those readmitted to hospital with the same complaint, are discharged awaiting specialty specific input.

Aim: To assess the impact of Gastroenterology Speciality specific in reach to the Emergency Department.

Method:

The gastroenterology Rapid access team provided daily multidisciplinary in reach into the Emergency Department over 12 days. Those admitted with gastroenterology related problems were reviewed and selected based on criteria used in the ambulatory care hub. Focus was on 3 main components:

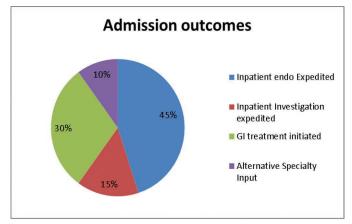
- Early patient consultation and treatment initiation by Consultant/ Medical Registrar,
- Decision to Admit or discharge to Gastro hub for outpatient investigations and management
- Expedite Endoscopy procedures, Radiological examinations and other care interventions

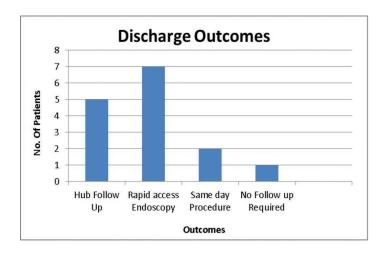
Results:

36 patient reviews.

56% decision to admit, 44% were discharged or signposted to an alternative treatment site.

In the discharged group, 44% underwent rapid access endoscopy procedures, 31% were reviewed within the Gastro hub and 12% underwent a same day endoscopy procedure- 6% required no further hospital follow up. Equating to 39 Bed days saved.





90% Admissions had an expedited discharge as a result of timely interventions

Conclusions:

Specialty specific patient assessment reduces admissions and expedites discharges with an estimated annual bed day saving of 1186 beds if this is maintained as a daily service. Improvements are seen in quality of care, patient satisfaction and lead to a reduction in readmission rates.

22A103

Optimum Management for CBD Calculi: A Review of the First 100 Transcystic CBD Explorations

Primary Author:

C Rossborough, R Mackey, S McCain, R Gray, G Spence

Department/Institution:

Ulster Hospital

Introduction:

Biliary pathology makes up a significant proportion of general surgical practice and the management of choledocholithasis remains widely varied. A single-stage laparoscopic cholecystectomy and transcystic common bile duct exploration has been shown to be a safe, effective and efficient option avoiding the increased risks of a choledochotomy, negating additional procedures and associated cost and staffing issues involved with this.

Aim:

To review outcomes of the first 100 cases of transcystic common bile duct explorations in a single centre looking at morbidity, length of stay, ductal clearance and pre-operative imaging.

Method:

A retrospective and prospective, single-centre, observational study. All elective and emergency patients who underwent a laparoscopic transcystic CBD exploration were included.





Results:

CBD stone clearance achieved in 99% of elective patients – which was achieved with a combination of retrieval baskets & lithotripsy in 4%.

Complications include 2 bile leaks (1 requiring ERCP), 1 retained stone and 1 pancreatitis.

The median hospital stay was 4 days, with a range 0-41 days.

The median stay for electives 1 day.

>90% underwent intraoperative cholangiograms means of identifying CBD calculi and delineating anatomy. Remaining patents had timely preoperative imaging or were pregnant and proceeded straight to exploration.

Conclusion:

This review of practice has shown transcystic CBD exploration can achieve successful bile duct stone clearance with low morbidity and a short median length of stay.

22A104

Rapid access Food Bolus extraction - Will it stick?

Primary Author:

Dr. McKnight. J, Senior House Officer L. McWha, Gastroenterology Specialist Nurse, Dr Jones, A. Emergency Medicine Consultant, Dr.O'Doherty.O. Registrar, Dr O'Kane.R. Registrar Dr Addley,J. Consultant.

Department/Institution:

Department of Gastroenterology, SE Trust.

Introduction

Food bolus impaction in adults has an incidence of 13 per 100,000 population, complete oesophageal obstruction requires rapid endoscopic retrieval. Patients presenting with a food bolus had speciality Gastroenterology inreach to the emergency department to expedite same day endoscopy and extraction of obstructive oesophageal food bolus.

Aim

To demonstrate the need for a rapid access endoscopy for food bolus extraction in order to avoid admission and expedite discharge, reducing length of stay in hospital.

Method

A retrospective search for patients presenting under 'Food Bolus' was conducted between April and June 2022. Correlation was made with information from the patient's records regarding presentations, intervention and outcomes and time to endoscopy.

Results

- 10 patients presented to the ED department with food bolus obstruction.
- 80% required endoscopy, 20% had spontaneous resolution discharged from ED
- 50% of patients requiring endoscopy received this on same day and discharged, within normal working hours
- 25% presented out of hours
- The mean waiting time for same day scope was 6hrs 13mins with 1 patient receiving endoscopy within 2hours of arrival in ED
- Of the scopes performed:
- 2 extraction of lodged food bolus
- 1 Eosinophillic oesophagitis
- 1 inflammatory pseudopolyp
- 5 oesophagitis

This equates to a total of 12 bed days saved collectively with a cost saving of £6144.

Conclusions

This small scale study concludes that same-day endoscopy and discharge for uncomplicated food bolus obstruction is a feasible model that has the potential to reduce admissions and overnight stays.



Vinter Meeting 2022

Grand Hotel Malahide Co. Dublin 17th and 18th November 2022

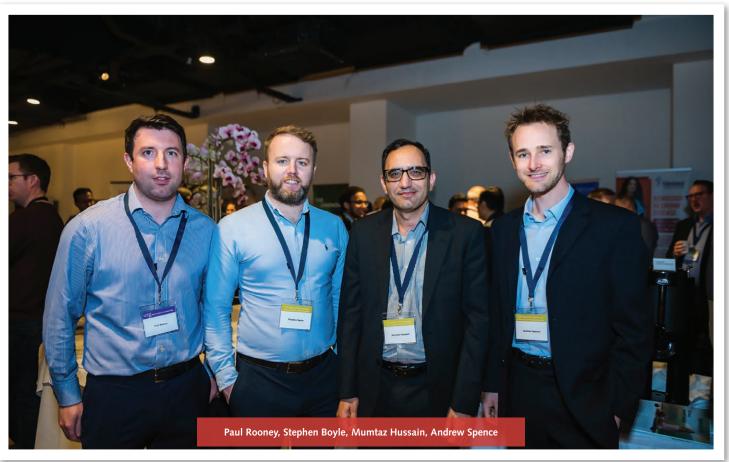
















USG Meeting Autumn, 2022 Exhibitors

Takeda UK Ltd

AbbVie
Amgen
Boston Scientific Ltd
Cardiac Services
Cook Medical
Ferring
Fleetwood Healthcare
Galapagos Biotech Ltd
H21 Healthcare
IT's Interventional
Janssen Cilag Ltd
Norgine Pharmaceuticals Ltd
Northern Hospital Supplies

The above sponsors have supported this meeting through a payment to exhibit a stand and have no involvement in the academic programme of this meeting.

Pharmacosmos

Tillotts Pharma





