EMERGEnci: A UK PROSPECTIVE SURVEY OF SEVERE GI BLEEDING AND OTHER EMERGENCY ENDOSCOPIES IN UNDER 16s

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On behalf of the BPSGHAN/BAPS EMERGEnci Collaboration. No conflicts of interest declared by authors.

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1. BACKGROUND AND OBJECTIVES

Emergency endoscopies, particularly severe upper GI bleeds, are uncommon in children. National data to inform the provision and structure of services is lacking. EMERGEnci therefore aims to contribute national, prospective data of the clinical presentations, indications, waiting times and endoscopic treatments for emergency endoscopy in <16 years.

2. METHODS

Units identified via BAPS & BSPGHAN and invited. Responding units reported severe upper GI bleeds requiring endoscopy (UGIB) and/or other emergency upper endoscopies (OEE) in <16 years, into REDCap, fortnightly, for 6 months.

3. RESULTS

28 centres provided denominator data regarding services they provide (covering 90% of UK population). 22 provided prospective data for UGIB, 18 for OEE: 70 and 60% of the UK population respectively.

98 cases reported over the 6 month period: 34 UGIB and 55 OEE. 9 less severe UGI bleeds not fitting definitions were excluded from further analysis. Of 25 reporting centres, 14(56%) had 0 UGIB and 20(80%) had ≤2 over the 6 months.

Endoscopic interventions for GI bleed were undertaken in only 6/25 centres.

4. CONCLUSIONS

This is the first national, prospective study of its kind examining emergency endoscopy cases in under 16s. These data indicate very small numbers of centres perform endoscopic treatments for severe UGI bleeds. Inter-hospital transfer appears to be much slower for UGIB than for surgical indications. The planning, location and skill mix of national emergency endoscopy services require careful consideration.