CT remains the gold standard for the detection and follow-up of these tumours.
Although diagnosis relies on morphology and immunohistochemistry, a proportion of GISTs are cKit negative.

0727: IS GORD REDUCED AFTER NISSEN FUNDOPLICATION IN LUNG TRANSPLANT PATIENTS?

Victoria Pegna [1], Frans Banki [2], Ceri Rowlands [1], Antanas Mickevicius [1], Clement Tsang [1]. [1] *St Vincents, Sydney, Sydney, Australia;* [2] *Maastricht University, Maastricht, The Netherlands.*

Aims: Assess whether LungFTs improve after Nissen-Fundoplication (NF) in lung transplant patients and if this operation reduces the use of PPIs.
Methods: Retrospective case series of transplant patients with GORD and NF 2004-2010. The FEV1 values before and after NF were collected at 3 monthly intervals. Post NF analysis of the use of PPI, acid exposure, length of stay and safety of this procedure, and significance of FEV1 post-op values was carried out using SPSS.
Results: 64 selected. The mean FEV1 declined for 6 months post operatively then gradually improved. However, the median value remained steady after having the operation then trend towards an improvement. The two tail t-test comparing the mean at 3 months preoperatively to 3 months post operatively showed no significant difference at t= 0.067, and at 6 months was also not significant. All patients remained on PPIs. No mortalities.
Conclusion: Standardisation in management between physicians and units around the world is needed. Patients remained on PPIs post NF but pH studies reduced in acid exposure. There was improvement in FEV1 6 months post-operatively, but not significant. Possibly because our number of patients was too small, or beta error. A multicenter RCT is needed to assess this topic further.

0731: THE METABOLIC OUTCOME OF GASTRIC BYPASS SURGERY: A SYSTEMATIC REVIEW

Jihene El Kafsi, Rebecca Howett, Ailsa Snaith. *Oxford University Hospitals, Oxford, UK.*

Recent studies show over 80% diabetes remission one year post bariatric surgery (Buchwald 2009).
This systematic review was conducted to evaluate the evidence for changes in glucose homeostasis and gut hormone profile following Roux-En-Y Gastric Bypass.
MEDLINE (from 1952), EMBASE (from 1980) and the Cochrane Library were searched. Studies that reported the metabolic outcomes of patients undergoing Roux-En-Y gastric bypass surgery were reviewed. Only those studies with more than 10 participants in the intervention group were considered.
From 753 retrieved abstracts, 24 studies (527 participants) were included. Following RYGB, metabolic outcomes were reported up to 3 years post operatively: Fasting and peak glucose levels decreased in 13 out of 16 studies. Fasting insulin levels dropped significantly in 12 out of 13 studies. HOMA-IR decreased significantly. PYY levels were significantly increased in 9 out of 11 studies and post-prandial GLP-1 levels were significantly raised following RYGB in all 21 studies measuring it.
Patients who underwent RYGB have improved glucose levels and insulin sensitivity post-operatively, regardless of diagnosis of diabetes, impaired glucose tolerance or normal glucose control. Current NICE guidelines do not support the use of bariatric surgery for the treatment of impaired glucose tolerance if the BMI does not exceed 35Kg/m2.

0965: HELICOBACTER PYLORI INFECTION AND TYPE 2 DIABETES MELLITUS IN BARIATRIC PATIENTS – IS THERE A LINK?

Jason George, Nicholas Carter, Sean Manning, Mohamed Elkalaawy, Majid Hashemi, Marco Adamo, Andrew Jenkinson. *University College Hospital, London, UK.*

Background: Previous reports have suggested a causal relationship between Helicobacter Pylori (HP) and type 2 Diabetes Mellitus (T2DM). Laparoscopic Sleeve Gastrectomy (LSG) involves resection of most of the stomach and provides ample specimen to detect the presence of any HP organisms. The aim of this study was to assess the relationship between HP and T2DM in bariatric patients who have undergone LSG.
Method: All patients who have undergone LSG during the last five years were identified from our prospectively collected database. Histology results were retrieved. Specimens were examined macroscopically and any abnormalities sampled. Warthin-Starry staining was used to identify the presence of any Helicobacter pylori organisms.
Results: 403 gastric specimens were examined and 224 (54%) had no abnormalities. 333 cases (83%) had no HP present and of these 32% had T2DM. 70 cases (17%) had HP present and of these, 19 (27%) were in patients with T2DM.15% of diabetics were positive for HP compared with 19% of non diabetics being HP positive.
Conclusion: There were comparable numbers of diabetic patients in the HP group and the non HP group. In bariatric patients undergoing sleeve gastrectomy, no correlation was identified between helicobacter pylori and type 2 diabetes mellitus.

0990: TO AUDIT THE USE OF TEMPORARY GASTRIC ELECTRICAL STIMULATION IN SELECTING PATIENTS WITH INTRACTABLE GASTROPARESIS FOR TREATMENT WITH PERMANENT GASTRIC ELECTRICAL STIMULATION

Martin Michel [1], Simon Dexter [1], Abeezer Sarela [1], Fahmid Chowdhury [2]. [1] *Department of Upper GI Surgery, St. James's University Hospital, Leeds, UK;* [2] *Department of Nuclear Medicine, St. James's University Hospital, Leeds, UK.*

Aims: To audit the outcomes of patients treated with Gastric Electrical Stimulation (GES) for Intractable Gastroparesis. The largest case-series (N=221) reports that 54% of patients had >50% symptom reduction with permanent Gastric Electrical Stimulation.
Methods: Patients considered for GES during 2009-2012 were identified from a gastroparesis database. Candidates for GES had a two-week trial of temporary stimulation (TGES), via a trans-nasal electrode that was endoscopically implanted into the gastric submucosa. Only those with good response proceeded to laparoscopic implantation of the GES device. 50% or greater in symptom-reduction was classified as a good response.
Results: There were 72 patients (51 women 71%), with a median age 44 years. The aetiology of gastroparesis was Idiopathic (43 patients,60%), Diabetic (15 patients, 21%) or Post-surgical (14, 19%). 58 patients (80%) underwent TGES with 47 (81%) patients having a good response and selected to have a permanent device, which has been completed in 45 patients. 32 patients (72%) had a good response to permanent GES; these included 20 (71%) with idiopathic, 6 (66%) with post surgical and 6 out of 7 (85%) with diabetic gastroparesis.
Conclusions: 72% of well-selected patients with intractable gastroparesis had good response to permanent gastric electrical stimulation at follow-up to 3 years.

1011: POOLED DAY-CASE LAPAROSCOPIC CHOLECYSTECTOMY PERFORMED BY BOTH UPPER GI/HPB AND GENERAL SURGEONS: A SOLUTION TO THE GALLSTONE EPIDEMIC?

A. Stimpson, C. Mosli-Lynch, M. Sanders, M.J. Stechman. *Cardiff and Vale University Health Board, NHS Wales, UK, Cardiff, UK.*

Background: Day-case laparoscopic cholecystectomy (LC) is the optimal treatment for most patients with symptomatic gallstones but demand is increasing rapidly. This study examines whether an optimal service can be provided by a combination of 6 general surgeons and 3 GI surgeons sharing the workload.
Methods: Retrospective study of consecutive patients undergoing LC at a day surgery unit over 2011-2012. Conversions were recorded and complications graded using the Clavien-Dindo (C-D) Classification. Statistical analysis was by $\chi 2$ test.
Results: Over 2-years 463 patients (372F, median 45y, range 16-86) underwent LC. Overall, 73% had day-case surgery and conversion rate was 2.6%. Non-GI surgeons performed 315 cases (2 conversions, 10.5% C-D grade I/II) and GI surgeons performed 148 cases (8 conversions, 6.8% C-D grade I/II). The complication rate requiring re-intervention (ERCP/re-laparoscopy, C-D grade IIIa/b) was 4% in both groups. The difference in conversion-rate reflected case-mix.
Conclusions: A collaborative approach between GI-specialists and General surgeons may be a solution to the increasing demand for LC. It can be performed safely by both with excellent day-case rates, and low risk of conversion or significant complications.