

RCPE symposium – Gastroenterology

A Churchhouse¹

The Gastroenterology symposium was held on 15 November 2017 at the Royal College of Physicians of Edinburgh

Declaration of interests AMDC is an ECAT Clinical Lecturer in Gastroenterology employed by the University of Edinburgh with PhD funding from The Wellcome Trust

Correspondence to:

A Churchhouse
College of Medicine and
Veterinary Medicine
University of Edinburgh
Edinburgh
UK

Email:

antonia.churchhouse@
ed.ac.uk

Gastroenterology and Hepatology continue to advance rapidly both in terms of diagnostics and therapeutics. However, managing disease in an increasingly comorbid and diverse population, with growing financial constraints is, arguably, harder than ever.

Experts from around the UK and further afield presented in sessions aimed at equipping the audience with an understanding of current advances in service delivery as well as updates on several key clinical topics. These were as wide-ranging as novel anticoagulants in gastrointestinal bleeding, psychological aspects of functional gastrointestinal presentations and endoscopy governance in Malawi. Live-linking of this event to 37 centres across five continents made this a truly international symposium.

Session 1 – Quality improvement and service delivery

In the opening presentation, Dr Lyn Smith (Glasgow) provided a comprehensive overview of the management of gastrointestinal bleeding in relation to non-vitamin K antagonist oral anticoagulants (NOACs), noting reversal agents that are starting to become available.

Dr Adrian Stanley (Glasgow) presented the current evidence base regarding optimal management of gastrointestinal bleeding. He reminded us of the importance of standard therapies, such as terlipressin and antibiotics for variceal bleeds and combined therapy for ulcer bleeds. A restrictive transfusion policy should be used (target haemoglobin 70–80 g/dL) except in cases of severe bleeding and/or ischaemic heart disease.¹

The penultimate presentation of the session covered pancreatic cystic lesions. Dr Norma McAvoy (Edinburgh) clarified the classification of these lesions, and guided the audience through their assessment, including the use of endoscopic ultrasound, before discussing their management, including surveillance and surgery.

Finally, Dr Nick Kennedy (Royal Devon and Exeter NHS Foundation Trust) gave an update on the 2018 BSG Inflammatory Bowel Disease Guidelines, which are currently in preparation. He provided an overview of guideline development, and highlighted several areas that the new guidelines will cover.

Session 2 – Looking to a realistic future

Dr Alan Clarke (Glasgow) summarised several population-based projects currently underway to improve liver and gut health. Among others, he discussed a Scottish pathway for integrated community management of IBS and NHS Tayside's iLFT programme for investigation and diagnosis in patients with deranged liver function tests.

The Professor Anne Ferguson Lecture was delivered by Professor Krish Ragnath (Nottingham). He described the development of interventional endoscopy from the first space (gut lumen) to the second space (bile and pancreatic ducts) and now to the third space (submucosa), with procedures such as myotomy for achalasia and submucosal tumour resection now both possible endoscopically.

¹ECAT Clinical Lecturer in Gastroenterology, University of Edinburgh, Edinburgh, UK

Session 3 – Pain in the face of normal investigations

Dr Wojtek Wojcik (Edinburgh) discussed psychological aspects in relation to managing the complex functional patient. He highlighted the importance of care planning in providing a consistent approach to managing an individual's disease.

Leading on from this, Dr Kofi Oppong (Newcastle) gave the audience an overview of the newly revised definitions and classification of sphincter of Oddi dysfunction.² He also demonstrated a major recent change in practice, with endoscopic sphincterotomy not being shown to be of benefit in the condition previously labelled type III SOD³ and is therefore no longer used in this population.

Finally, Dr Mike Williams (Edinburgh) provided an update on the 2016 NICE guidelines on non-alcoholic fatty liver disease.⁴ He highlighted that AST/ALT ratio is widely available and inexpensive as a screening test for fibrosis.

Session 4 – Global gastroenterology

In this final session, Dr Bushra Jamil (Karachi) first highlighted several worldwide infections with a gastroenterological significance before focusing on the global problem of rising antimicrobial resistance, which is an even greater issue in countries of lower socio-economic status.

Dr Adrian Stanley (Glasgow) spoke again on the very different subject of endoscopy in Malawi, including the setup, governance, training and ongoing support of upper endoscopy services in a country with a fascinating mix of pathology secondary to schistosomal infection and high oesophageal cancer incidence.

To finish the symposium Professor Angus Watson (Inverness) discussed care of chronic disease in remote communities. He highlighted the use of a patient-centred application for inflammatory bowel disease that used real-time data to trigger urgent follow-up either remotely in person.

Take home message

This was an engaging and wide-ranging symposium with something for every generalist and specialist in the audience. The emerging theme for me as a trainee was the developing concept of individualised care, partnered with technological advances allowing patients to become more involved in decision-making. Delivering services in a more efficient, realistic manner is changing the way we practice medicine and will continue to flourish in the years to come.

References

- 1 Odutayo A, Desborough MJ, Trivella M et al. Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a systematic review and meta-analysis of randomised controlled trials. *Lancet Gastro Hepatol* 2017; 2: 354–60.
- 2 Cotton PB, Elta GH, Carter CR et al. Rome IV. Gallbladder and Sphincter of Oddi Disorders. *Gastroenterology* 2016; 150: 1420–29.
- 3 Cotton PB, Durkalski V, Romagnuolo J et al. Effect of endoscopic sphincterotomy for suspected sphincter of Oddi dysfunction on pain-related disability following cholecystectomy: the EPISOD randomized clinical trial. *JAMA* 2014; 311: 2101–9.
- 4 National Institute for Health and Care Excellence. *Non-alcoholic fatty liver disease (NAFLD): assessment and management*. NG49. NICE; 2016. <https://www.nice.org.uk/guidance/ng49> (accessed 15/11/2017).