PS5

May improve reporting. A further pilot study with these modifications and improving engagement through advertisement, emails and online presence is intended to optimize the study before roll-out.

P53

First Reported Case of Successful Non-Surgical Management for Acute Small Intestinal Obstruction Caused by Enterolith as a small bowel would be ll bowel ob-

The scan fat stranding diagnosis lith expelled was noted, uneventfully for follow-up. has recovered enterolith important to lead to acute even cause osis being . It is although in the

Christopher pandemic, a must be aim of this efficiency in al framework for gs and proce-

n on attitudes to surgery were collected prospectively over a 7-week period using a ques-

tionnaire (37 patients included). Follow up data was collected via telephone consultation a minimum of 2 weeks after discharge.

Results: Significant reduction in the number of points per session (p = 0.02) with a mean of 3.19 in 2019 and 2.42 in 2020. Only 18 of 31 patients were compliant with pre-operative isolation with individual failures accounting for 4 of 13 and failures by household members accounting for 9. Impact on COVID-19 and precautions on patient anxiety was mixed. No patients required symptomatic COVID-19 swab.

Interpretation: With the restrictions of COVID-19 there are significant problems with theatre efficiency, in effect losing an operation a list.

P56

Gastrointestinal manifestations of COVID-19: a retrospective analysis

Osamah Niaz, Aaliya Uddin, Sangeetha Thomas, Katherine Harries, Sarah-Jane Walton
Basildon and Thurrock University Hospital, Mid and South Essex NHS Foundation Hospital

Corresponding Author: Dr. Aaliya Uddin (aaliya.uddin@doctors.org.uk)

Introduction: Emerging data suggests that SARS-CoV-2 acts via the angiotensin-converting-enzyme-2 (ACE2) receptors in the cells, also present in the gastrointestinal and liver cells, resulting in gastrointestinal manifestations of COVID-19. It is challenging to diagnose COVID-19 in patients presenting with only gastrointestinal symptoms, with early suspicion and visualisation of the lung bases on computerised tomography(CT) abdomen scans being helpful.

Methods: Single-centre retrospective analysis of abdominal/chest CT scans was conducted within a District General Hospital. From the 6000 CT scans between March and April 2020, 1557 (26%) were abdominal, 230 of which had chest CT scans with COVID-19 positive changes. 49 patients with CT abdomen and a positive CT Chest were shortlisted. All recorded documentation was assessed using online clinical portal and tabulated using Microsoft Excel. Subdivision into 3 groups was: 1) primary gastrointestinal symptom, normal CT abdomen, 2) common
COVID-19 symptoms with gastrointestinal symptoms, normal CT abdomen 3) gastrointestinal symptoms, abdominal pathology on radiology.

**Results:** COVID-19 related changes were seen on CT scans with no abdominal pathology noted in 33% (n = 16) patients with primary gastrointestinal symptoms. Further 18% (9 patients) presented with gastrointestinal symptoms alongside other common COVID-19 symptoms, however abdominal CT scan was normal. CT abdomen of these 25 patients were studied by a consultant radiologist, who examined the lung bases on the abdominal CT scan for COVID-19 related changes, which was seen in 92% patients. In 8% of the cases where the lung bases on the CT abdomen were normal, COVID-19 related changes were apparent on the CT chest.

**Conclusions:** CT scans of the abdomen should be supplemented with CT scans of the chest, when appropriate, for early accurate diagnosis, early treatment and triage to the correct wards, especially at the height of the pandemic.