Su1267

Systematic Evaluation of the Efficacy and Safety of Different Anti-Infective Methods for Transgastric Notes Procedures: A Randomised Controlled Trial in a Porcine Survival Model

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Aims: To prospectively examine the efficacy and safety of different anti-infective treatments. Aim: To prospectively examine the efficacy and safety of different anti-infective treatments. Method: A total of 24 pigs were randomized into 5 groups: 1: LA/3% H2O; 2: LA/3% H2O + amoxicillin, clavulanic acid; 3: LA/3% H2O + meropenem; 4: LA/3% H2O + vancomycin; 5: LA/3% H2O + meropenem + vancomycin. Postoperative management included systemic antibiotics and anti-infective treatments. The pigs were sacrificed on postoperative day 7. Results: There were no significant differences in postoperative outcomes, including body weight, body temperature, and mortality rates. Conclusion: The use of a combination of systemic antibiotics and anti-infective treatments is effective in the management of pigs undergoing transgastric NOTES procedures.

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Comparison of Endoscopic Suturing Techniques for Closure of the Transgastric Entrance Site for Notes Procedures

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Background: Endoscopic closure of the gastric wall incision created to enter the peritoneal cavity remains problematic due to the risk of air leakage. Aims: To compare the clinical and histological outcomes of different endoscopic suture techniques. Methods: The study included 12 pigs in which a 3-cm incision was made into the stomach. The incision was closed with full-thickness interrupted sutures (4-0 polyglaactin 910) using a combination of automated suturing devices and manual suturing. Results: The mean time to complete continuous suture line was significantly shorter than the interrupted suture technique. All animals survived for 2 weeks postoperatively. Conclusion: Endoscopic suture techniques are safe and effective for closing transgastric entrance sites. Further studies are needed to determine the optimal technique for different procedures.

Su1269

Split-Dose Sodium Picosulphate/Magnesium Citrate For Morning Colonoscopies Performed From 2 to 6 Hours After Fluids Intake: Efficacy, Safety and Acceptance Compared to Bowel Cleansing the Day Before

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Aim: To assess the efficacy, safety, and patient acceptance of a split-dose regimen of sodium picosulphate/magnesium citrate for bowel preparation compared to standard bowel preparation the day before. Method: A total of 129 consecutive patients undergoing colonoscopy were randomized to receive sodium picosulphate/magnesium citrate bowel cleansing the day before (n=64) or with split-dose regimen (n=65). Results: The split-dose regimen was associated with significantly shorter colonoscopy times (68.2 vs. 81.7 minutes, p<0.001) and a higher rate of excellent/good cleansing in all segments (57% vs. 17%, p<0.001). Conclusion: A split-dose regimen of sodium picosulphate/magnesium citrate is effective and well-tolerated for bowel preparation before morning colonoscopies.