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BRITISH SOCIETY OF GASTROENTEROLOGY



The Official e-Newsletter of the Association of GI Physiologists

AGIP Council 2025

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Welcome

Welcome to the April 2025 edition of NewWave! If you have any relevant articles or papers that you would like to be included in future editions, please email gemma.norris@merseywestlancs.nhs.uk

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April 2025

From the Editor

Hello and welcome to the Spring issue of NewWave! The weather is starting to warm up and with those brighter days come some fresh updates from the AGIP Committee!

We are thrilled to be able to offer bursaries to support conference attendance! Whilst the national bursaries to attend BSG Live 25 have now all been allocated, there is still the opportunity to apply for the European bursary! To find out how you could attend an international European conference with up to £750 in travel expenses covered, head over to <u>Page 3</u>!



<u>Page 4</u> of this issue details the discussions which took place in the most recent AGIP Committee meeting in March of this year. At this meeting, it was decided that going forward, the ongoing plans and projects of the AGIP Committee will be summarised and communicated to all AGIP members through NewWave. This will ensure that members remain aware of all ongoing work and developments in real time, and by increasing the transparency of meetings, the Committee aims to build a stronger sense of community and inclusion.

Looking ahead to this year's upcoming events, <u>Page 6</u> provides an overview of upcoming training events and Webinars. Remember that these sessions will contribute valuable hours towards your biannual CPD requirements and aid in your ongoing clinical development. Be sure to register early if there are any that catch your eye, as spaces are often limited and tend to fill quickly.

<u>Page 7</u> introduces the AGIP Committee's newest member, Deepa Solanki, who has taken on the role of Minutes Secretary. Deepa is a Lead Clinical Scientist based at St Thomas' hospital, and shares her impressive list of clinical skills and professional responsibilities which will be invaluable to AGIP. Welcome, Deepa!

Moving onto our event reviews, Charlotte Keyse has provided a really interesting write up of her experience attending the Virtual Oesophageal Symposium in March. It's always great to hear how such events are received by trainees and how this learning can be applied to practice. Head over to <u>Page 8</u> to read about her experiences.

Finally, to round off this issue, Natalie Page and Jade Devenney have put together a collaborative piece, detailing the North East and Yorkshire Working Group Meeting, which they hosted at Newcastle University. There was clearly a lot of work that went into putting this meeting together and the agenda was fantastic. Head over to Page 12 to hear all about it!

As always, I would like to extend a huge thank you to everyone who has contributed to articles and shared updates for this edition of NewWave. If you would like to contribute to a future issue, or if you would like to include any advertising, please don't hesitate to <u>get in</u> touch.

Happy Reading!

Gemma Norrís

AGIP News

AGIP Bursaries

AGIP champions a high level of training and education within our discipline, and the committee are delighted to announce that accredited AGIP members (or STP/ASP trainee AGIP members) will be eligible to apply for the following bursary to fund expenses related to conference attendance:

The European Bursary

Up to £750 to attend <u>United European Gastroenterology (UEG) Week</u> which will take place on 4th—7th October 2025 in Berlin.

Applicants will be **required to have an abstract accepted and prepare a short report on the conference for publication in New Wave.** If more than one application is made, the bursary will be awarded by a random ballot.

The closing dates for application is: **26th July 2025**

In order to apply, please send the following information to Joanne Hayes (joanne.hayes@uhb.nhs.uk):

- Name
- Organisation
- The bursary you are applying for
- AGIP membership (Accredited AGIP Member / STP or ASP Trainee AGIP Member)
- Job Title
- Accepted Abstract Title (if applicable)

Payment of the bursary will be given via BACS payment, following:

- 1. The submission of appropriate receipts for the meeting expenses
- 2. The submission of the report/abstract for inclusion in NewWave

Eight National Bursaries:

All eight of the available Margaret Marples Bursaries have now been allocated. Congratulations to the successful recipients! We look forward to hearing about your experiences at <u>BSG Live 2025</u> in the summer issue of NewWave!

Graeme Duthie International Award

Please note that the deadline to apply for the Graeme Duthie International Award has now passed.

AGIP Council Meeting 17th March 2025

The AGIP Committee held its latest meeting on 17th March 2025, and covered a wide range of developments, provided updates on ongoing projects, and discussed plans for the future.

Samantha Scott provided the following updates on the chair meetings:

- At the professional Bodies Council (AHCS), President-elect, Chris Hopkins emphasised the need for representation within Physiological Science bodies across all four nations – this remains a priority.
- The discussions regarding prescribing rights for Clinical Scientists remains ongoing.
- The current status of the Clinical Advisory Group is unclear due to the ongoing restructuring within NHS England.

The AGIP Committee is currently exploring the creation of a position to better support the Chair role, recognising the ever-growing time and commitment that this role demands. The discussion related to what the requirements of this role would be in comparison to the Chair role. Discussion developed to determining whether a Vice Chair, or Co-Chair role was more appropriate. This topic remains open for discussion and further clarity regarding this role will be developed and discussed further at the next meeting.

Formalised specifications for AGIP Committee roles have been introduced, aligning with BSG guidelines. Five committee member positions and one Trainee Representative role have been open for election, and the nominations closed on 4th April 2025. Current postholders must formally re-nominate themselves to remain in post. The roles available for appointment are:

- Lower GI Physiology Representative
- Treasurer
- Accreditation Officer
- Paediatric Representative
- Publication Secretary

Work is currently underway to modernise and update AGIP's branding. Whilst Algenerated logos were trialled, the Committee ultimately agreed to seek professional design services to take this forward.

Improving AGIP's communication strategy remains a focus of the Committee. All AGIP members are encouraged to engage more actively via LinkedIn, with new platforms like Instagram and TikTok being explored to further raise the profile and social presence of GI Physiology, and make content more accessible and engaging for all generations.

Regional network engagement was also highlighted within the meeting, with Network leads identified across the South East, Midlands, and North West to promote greater collaboration.

Clinically, the Committee discussed the formation of a subgroup to standardise wireless pH testing protocols, and a working group is currently being assembled to take this forward. Broader standardisation efforts are also underway, particularly in NHS Scotland, where there is a focus on practice reviews and workforce development.

Concerns raised by NHSE regarding the 'low clinical value' of certain tests, such as breath testing, prompted the formation of a subcommittee to assess diagnostic practices and referral processes. The Committee discussed the need to assess the clinical relevance and process of referrals to ensure the delivery of effective diagnostics. Looking ahead, AGIP is considering appointing formal representatives for England, Scotland, Wales, and Northern Ireland to strengthen national representation and the feasibility of this is currently being investigated.

Education Updates

The Education sub-committee reported progress on developing training hubs for independent practitioners and funding has been secured for practice educators to support ASP training. Work continues, to develop the accreditation pathway for experienced practitioners who do not have formal training and discussions centered around the best way to encourage such practitioners to become AGIP members.

Updates to the AGIP website, resource sharing via Future NHS, and further contributions to the BSG education platform are all actively underway. Additionally, John Gallagher will represent AGIP at forthcoming STP EPA meetings.

Additional Notices

Committee members were reminded to provide advertising contacts for **New Wave** and to encourage contributions for upcoming issues.

The next AGIP Committee Meeting is scheduled for 9th June 2025.

Upcoming Events 2025	
May 2025	Digestive Diseases Week 3 rd – 6 th May 2025 San Diego, California <u>DDW 2025 - DDW</u>
	HRM Oesophageal Patient Case Interpretation 3rd June 2025 at 2-3pm <u>Webinar</u>
June 2025	Impedance/pH Reflux Testing & High Resolution Manometry Clinical Training Seminar 11 th June 2025 London
	Guy's and St Thomas' Pelvic Floor Disorders Course 2025 London 12 th -13 th June 2025 <u>Pelvic Floor Disorders 2025</u>
	High Resolution Anorectal Manometry (HRAM) in Paediatrics: Useful or just another toy? 20th June 2025 at 11am-12pm <u>Webinar</u>
	BSG Live 2025 Glasgow 23 rd – 26 th June 2025 <u>Home - BSG LIVE 2025</u>
September 2025	Impedance/pH Reflux Testing & High Resolution Manometry London 3rd September 2025 <u>Clinical Training Seminar</u>
	Faecal Incontinence: Diagnosis and Management 30th September 2025 at 1.30-3pm <u>Webinar</u>
October 2025	UEG Week 2025 4 th – 7 th October 2025 Berlin Week UEG - United European Gastroenterology
	HRM Studies: Interpretation in Detail 8th October 2025 at 11am-12pm <u>Webinar</u>
November 2025	High Resolution Pharyngeal Manometry: Interpretation and Approach 7th November 2025 at 12pm-1.30pm <u>Webinar</u>
	Impedance-pH Studies: Interpretation in Detail 26th November 2025 at 10-11am <u>Webinar</u>
December 2025	Chronic Constipation: Pathophysiology, Investigation and Management 9th December 2025 at 1.30-3pm <u>Webinar</u>

Introducing AGIP's Latest Committee Member: Deepa Solanki, Minutes Secretary

Minutes Secretary

As a Lead Clinical Scientist specialisng in pelvic floor and GI physiology, Deepa manages a comprehensive Pelvic floor unit at St Thomas' Hospital in London. Her clinical expertise includes performing and interpreting anorectal function investigations, endoanal ultrasound scans, pelvic floor ultrasound scans, and urodynamic studies. Deepa also performs telephone triage clinics, assessing and managing patients referred with lower GI and pelvic floor dysfunction, to determine the most appropriate investigations, treatment modalities, and onward referral pathways.

A significant part of Deepa's role at St Thomas' involves training and mentoring trainee GI physiologists, as well as supporting other healthcare professionals and junior doctors. Deepa is actively engaged in teaching, both nationally and internationally, serving as Course Director



for the annual Pelvic Floor courses, and contributing to multiple professional training programmes. Deepa regularly lectures at national and international conferences and contributes to service development initiatives.

Deepa played a key role in establishing a paediatric anorectal physiology and ultrasound service at St Thomas' and has led on the development of MRI fluoroscopy and defecating proctogram services. In addition to this, she set up and continues to manage the Obstetric Anal Sphincter Injury (OASI) clinics in collaboration with obstetricians and physiotherapists.

Deepa is involved in neuromodulation services, including PTNS and sacral nerve stimulation and continues to innovate and expand the service, ensuring integrated multidisciplinary care pathways.

Deepa's leadership role extends to managing a team of nurses, healthcare assistants, scientists, and physiotherapists. She leads multidisciplinary team meetings involving surgical, gynaecological, and medical consultants, contributing to patient management plans, treatment pathways, and clinical protocols. She is currently working towards HSST Equivalence in view of applying for The Higher Specialist Scientist Register.

Deepa is a member of key professional organisations including the ICS, BSG, and AGIP, and is actively involved in research and development to improve clinical outcomes and enhance patient care.

Welcome to the AGIP Committee, Deepa! We look forward to working closely together in the future and know you will be an asset to the team.

Event Review: UCLH Oesophageal Physiology Symposium 2025: Basic High-resolution Manometry and Reflux Testing by Charlotte Keyse, Trainee Clinical Scientist Wythenshawe Hospital, Manchester.

The University College London Hospitals Virtual Oesophageal Physiology Symposium offered an insightful course in upper gastrointestinal (GI) physiology testing. Day 1, held on 10th March, focused on 'Basic High-Resolution Manometry (HRM) and Reflux Testing' and provided a comprehensive introduction to oesophageal manometry and 24-hour pH-impedance testing. Day 2 (11th March), focussed on 'Advanced Oesophageal Assessment' and explored some of the latest advancements and challenges in GI physiology including EndoFLIP and laryngo-pharyngeal reflux. The symposium was extremely well attended with both days attracting over 80 attendees from across the UK and beyond. Lively debate was sparked after every talk and continued late into the question time at the end of each day, showcasing the continued relevance and accessibility of virtual events.



This event review summarises Day 1 which consisted of a varied programme suitably pitched for anyone training in upper GI physiology testing. Dr Rami Sweis opened proceedings with his talk entitled: 'How to Investigate Benign Oesophageal Disorders in 2025'. He guided us through symptom presentation, adjunctive testing such as barium swallow and endoscopy, and some examples of key diagnoses such as achalasia and eosinophilic oesophagitis. Moreover, Dr Sweis emphasised the need for clinicians to 'speak the same language' with regards to characterising dysphagia – for example, using the Eckardt score which was revisited several times during the symposium. The dysphagia testing algorithm (Figure 1) presented by Dr Sweis at the end of his presentation was of particular interest. This simple and logical algorithm could be easily applied to gastroenterology referral pathways to improve service efficiencies and patient outcomes.



Dysphagia testing algorithm

Figure 1: Dr Sweis' dysphagia testing algorithm used at UCLH. Taken from his talk on 10/03/2025 entitled 'How to Investigate Benign Oesophageal Disorders in 2025'.

Of particular benefit to anyone starting out in upper GI physiology reporting were the interactive analysis talks delivered by Clinical Scientists. These were ideally pitched and provided an effective training resource. Firstly, in his talk entitled 'A Normal HRM Trace' James Endersby demonstrated analysis of standard 5ml swallows using the Medtronic ManoView software (Figure 2). He offered practical advice on optimising the trace for analysis including setting the thermal compensation and isobaric contours, and where to define manometric landmarks such as the pressure inversion point and lower oesophageal sphincter. This was followed by another interactive session by Holly Mills identifying normal variants and artefacts. Holly stated that equipment error, operator error, and patient compliance, are common causes of imperfect studies. She carefully demonstrated how to identify common artefacts such as the butterfly effect indicating catheter curling. Some interesting considerations were that performing a rapid drink challenge with cold water can cause a large pressure reduction on solid state systems, whilst a hot solid test meal can mimic obstruction. This triggered a spirited discussion of attendees' solid test meals of choice.



Figure 2: Example HRM trace using the Medtronic ManoView system with correct manometric landmarks in the appropriate positions for a standard 5ml swallow, as

These interactive talks were complemented by a case interpretation session. Armed with the teachings of the previous two presentations, we were encouraged to apply this in the context of the Chicago Classification v4.0. Holly talked through a series of example traces and engaged us in an interactive Slido poll with the likely diagnoses. A take home message of these sessions was to include as much clinical detail in the report as possible: relevant medical history, previous test results, and real-time documentation of the test itself. The unique physiologist insight provided by noting events such as difficult intubation, coughing, and retching on the trace was reiterated throughout the symposium, with an emphasis on providing more accurate interpretation and clearer artefact exclusion.

Later in the morning, Dr Sweis returned with an overview of the 'Management of Motility Disorders and Achalasia'. This provided a concise account of the most recent recommendations for the treatment of achalasia, eosinophilic oesophagitis, absent contractility and distal oesophageal spasm, as evidenced by patient outcomes in the literature. Dr Sweis highlighted the importance of treatment decisions being made based on optimal testing, thus stressing the responsibility of the physiologist to answer the clinical question. Provocation testing plays a crucial role in establishing the correct phenotype. For example, Type III Achalasia may be revealed by provocative testing in what may appear as distal oesophageal spasm on 5ml standard swallows, allowing treatment options to relieve oesophago-gastric junction obstruction. Differentiating between Type III Achalasia compared to Type I or II may also be important as peroral endoscopic myotomy (POEM) appears superior according to patient outcomes compared to Heller's myotomy. Provocation testing and their utility in physiological reproduction of symptoms was explored in much more detail in Day 2. In the afternoon, reflux testing was the primary focus. Dr Natalia Zarate-Lopez switched our attention to the 'Background and Principles of Reflux Testing'. Her talk encompassed a range of topics including the pathophysiology of gastro-oesophageal reflux disease (GORD), proton pump inhibitor (PPI) dependence, the basic science behind impedance traces, and defining metrics such as the acid exposure time (AET) and the symptom severity index (SSI). Dr Zarate-Lopez pulled this together at the end of the talk in relation to the Lyon Consensus 2.0 and its role in differentiating between pathological GORD, non -erosive reflux disease, reflux hypersensivity and functional heartburn. Identifying the correct phenotype relies on careful definition of the clinical question and a comprehensive final report. Relating these phenotypes to baseline impedance in a simple graphic (Figure 3) aided understanding of the clinical utility of mean nocturnal baseline impedance (MNBI). The talk ended with a lively discussion regarding symptom index (SI), SSI and symptom association probability (SAP). An important learning point reiterated throughout both days of the symposium was that the SAP is only validated for a 24-hour period, and so in wireless pH testing this cannot be averaged across multiple days unlike the SI.



Figure 3: Graphic depicting the relationship between the four reflux phenotypes, AET and impedance baseline value, demonstrating its dependence on mucosal integrity, as presented by Dr Zarate-Lopez.

A short talk entitled 'Setting Up for Testing' followed. Catherine Sykes provided an overview of the key considerations for setting-up an oesophageal physiology service. For example, she made a stringent comparison of water-perfused vs solid-state manometric systems to aid centres in selecting the most appropriate equipment for their service requirements. Catherine stressed the importance of ensuring staff are expertly trained, that equipment is serviced, safety checked and calibrated correctly, and that infection prevention and control guidelines are maintained.

Towards the end of the day, Catherine returned and gave an equally beneficial walkthrough of a normal pH impedance trace using the MMS/Laborie software. Some useful advice offered by Catherine was to begin analysis by checking the meal and supine periods are reasonable and to cross-correlate all findings with the patient's diary. For example, she highlighted the need to check the acid exposure and direction of bolus travel for acidic swallows, then considering whether the patient may have forgotten to record a drink in their diary (Figure 4). Catherine's talk was complemented by the 'Recognising Variants' presentation by James which followed immediately after. Once again, James made this an interactive session requiring audience participation through the Slido poll. James explained that three scientific questions should be posed when reporting on pH-impedance monitoring: 'What am I expecting?'; 'Are the values physiologically possible?' and 'What else could explain variants?'.



Figure 4: Example pH-impedance trace on the MMS/Laborie software demonstrating a missed acidic swallow, as presented by Catherine Sykes on 10/03/2025.

Overall, I would thoroughly recommend the UCLH Upper GI Physiology Symposium. The programme provided a thought-provoking two days and encouraged attendees to aspire to the highest levels of patient care through comprehensive analysis and reporting. Day 1 was particularly beneficial to anyone training in Upper GI Physiology testing such as STPs and ASPs, but also to doctors, nurses, and other professionals involved in the referral or management of patients with oesophageal disorders.

Event Review: The North East & Yorkshire GI Physiology Working Group Meeting Spring 2025

by Natalie Page and Jade Devenney, Clinical Scientists The Newcastle upon Tyne Hospitals NHS Foundation Trust

On 28th March 2025, the Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) hosted the 5th NEYGI Working Group meeting at Newcastle University. The event was organised by the GI Physiology service who deliver services at both the Royal Victoria Infirmary in Newcastle upon Tyne, and the University Hospital of North Durham.

The event began with a warm welcome from Dr Helen Parker (service lead-for GI Physiology), who introduced the team and service. This was followed by a talk about Irritable Bowel Syndrome (IBS) by Professor Yan Yiannakou (Consultant Gastroenterologist, County Durham and Darlington NHS Foundation Trust), with a focus on what to do when all the diagnostic tests are normal. He explained that taking a detailed clinical history



from patients can often be more useful than invasive investigations, and introduced a complex 27 year old female patient who presented with symptoms of mixed-IBS following an episode of gastroenteritis, with comorbidities of chronic fatigue syndrome, Ehlers-Danlos syndrome, and postural orthostatic tachycardia syndrome. Prof Yiannakou described that having psycho-social comorbidities increases the likelihood of an individual developing post-infection IBS, however studies with IBS cohorts should be interpreted with caution due to the selection bias of these patients being more likely to be healthcare seeking. He went on to explain the driving factors of IBS, including the link between high stress levels and autonomic dysfunction, which can lead to failure of immune activation settling and visceral hypersensitivity. Disruption of the gut microbiome is also thought to play a role in the development of post-infectious IBS, as dysbiosis has been demonstrated in these patients, which is influenced by changes to the immune system which normally helps to regulate and stabilise the microbiome. Professor Yiannakou ended his talk by explaining the complex mechanisms behind how autonomic dysfunction and the immune system together can drive not only IBS, but the patient's other symptoms and co-morbidities. He also highlighted the importance of explaining these factors to the patient, so they have a better understanding of their symptoms and have trust that the medical team can help to treat them.

The second talk of the day was co-delivered by Jade Devenney and Grace Fairlamb (Clinical Scientists at NuTH), who discussed the mechanisms behind the normal urge to defecate, and the causes of faecal urgency. Jade talked the group through the mechanisms of normal urge, beginning at the colon and ending at the rectum. She stated that most of the evidence behind normal urge points to stretch receptors within the rectum, which respond to distension and activate afferents to the cortex to perceive sensation. However, she highlighted other areas of the lower GI tract that contribute to normal urge, that also may be potential areas of pathophysiology for abnormal sensation. These include the high amplitude propagating contractions within the colon, the sphincter of O'Beirne, and receptors within the mucosa of the anorectum. Grace continued the talk by explaining the mechanisms that are thought to be behind rectal hypersensitivity, and

stated that inflammatory pathways are upregulated in hypersensitive individuals, which can lower depolarisation thresholds of spinal afferents in response to stimuli. This is often why individuals with tissue damage or scarring, such as patients with a history of rectal surgery, obstetric injuries, or pelvic radiotherapy, have increased hypersensitivity. Grace also shared that other factors can contribute to hypersensitivity, such as increased fat or chili in diet, psychological hypervigilance, increased corticotropin release and activation within the anterior cingulate cortex in patients with stress or anxiety. Grace concluded the talk by discussing possible treatments of faecal urgency, including sildenafil, rectal Botox, and neuromodulation to improve rectal compliance, dietary advice, ondansetron to improve colonic transit, amitriptyline for neuromodulation, and hypnotherapy to decrease activation in the anterior cingulate cortex.

The next talk of the day was delivered by Professor Anjan Dhar, who discussed per-oral endoscopic myotomy (POEM) to treat patients with achalasia. He introduced the talk by re-iterating how achalasia is suspected based on patient symptoms and their initial endoscopy, and confirmed with barium swallow and defined by type using oesophageal manometry. He stated that achalasia has a 27/100,000 prevalence in the population, and is caused by a loss in inhibitory neurons in the myogenic plexus of the distal oesophagus and lower oesophageal sphincter. Prof Dhar then discussed the North East regional achalasia multi-disciplinary team meeting (MDT), which is composed of gastroenterologists, upper GI surgeons and GI physiology professions, and aims to establish treatments for patients with achalasia or gastro-oesophageal junction outflow obstruction. Prof Dhar highlighted the importance of the MDT to decide which treatment approach is best given the type of achalasia and other factors such as age or suitability for surgical intervention.

The next talk of the day was delivered by guest speaker Gill Castle, also known as 'the stoma swimmer', who shared with us her journey following a grade 4 obstetric injury. Gill had a traumatic birth experience, and her grade four tear was missed and initially treated as a grade 2, which resulted in a recto-vaginal fistula, and ultimately a colostomy. Gill shared that this experience had a huge impact on her mental health and career, ultimately resulting in her losing her job in the police. Gill reported that she found day-today activities, such as shopping and cleaning, extremely challenging. A turning point for Gill was reading an article about a triathlete with a stoma, and she realised she could do more with a stoma than she had initially thought. This inspired Gill to begin facing her fears and as she had already had gone through such a traumatic event, what was the worst that could happen? Gill began to scuba dive, complete triathlons, completed a sky dive, and even participated in a bikini challenge to raise money for the Birth Trauma Association. One of Gill's most impressive achievements includes being the first person with a stoma to swim the English Channel, which she completed in 9 hours overnight despite a fear of the sea and swimming in the dark, and concerns about protecting her stoma. Gill also discussed her charity, 'Chameleon Buddies' which promotes social inclusion of women with a stoma or childbirth injury, across both the UK and Kenya. Gill helps to supply the women in Kenya with stoma bags, which they rarely have access to, and runs support clinics to help them manage their stomas. It was a privilege to have Gill as a guest speaker at the event, and was valuable for us as clinicians to hear from the side of the patient and their experience. If anyone would like to find out more about Gill's work, or would like to donate to Chameleon Buddies, please visit the Chameleon Buddies webpage

After lunch, Natalie Page (Clinical Scientist at NuTH) continued the meeting with a presentation discussing the preliminary results of her research study comparing the London Classification of disorders of rectal sensitivity obtained by elastic balloons vs nonelastic rectal barostat bags (*unpublished, recruitment ongoing*). Nat started her presentation sharing the findings of a local service evaluation, which compared rectal sensitivity classifications between patients tested with the Medtronic solid-state (SS) kit and patients tested using the Laborie water perfused (WP) kit at a single site. Despite patient symptoms being remarkably similar between groups, the findings showed a stark contrast of classifications (see figure 1).



□Laborie Water-Perfused ■Medtronic Solid-State



Nat wanted to investigate this further and designed a multi-site feasibility study to compare the diagnoses obtained using elastic balloon distension versus the rectal barostat. Nat explained that in contrast to the conventional elastic balloons, the rectal barostat uses a non-elastic bag with "infinite compliance" to assess sensitivity, rectal volume and compliance. When comparing elastic balloon sensitivities with the rectal barostat result, only 13% of Laborie WP and 53% of Medtronic SS diagnoses were unchanged. Whilst there is a suggestion that diagnosis agreement is better with the Medtronic solid state kit, there was no statistically significant agreement between the rectal barostat and the Laborie WP or the Medtronic SS kit (P= 0.11 and 0.26, respectively). Nat indicated that it's plausible that patients may receive a different diagnosis dependent on what equipment is used, and highlighted the need for further research in this area.

The next talk of the afternoon was delivered by Catherine Sykes (Clinical Scientist at NuTH and National Institute of Health and Care Research (NIHR) PhD Fellow), who talked about her experience applying and completing an NIH fellowship. She described her motivation to apply for the fellowship was to incorporate research into her job role, which we all know can be challenging in the NHS, and she felt that physiology may play a useful role in the understanding of eosinophilic oesophagitis (EoE). Her research study is a mixed methods feasibility study, investigating results of oesophageal manometry and pH-impedance studies in patients with EoE, pre and post treatment, across both CDDFT and University College London Hospital (UCLH). Her study also involves qualitative methods, and she is conducting interviews with participants about their lived experience with EoE. Catherine shared some preliminary results of her study, including cases of patients having normal water swallows but abnormal solid swallows, which is consistent with dysphagia to solids being a predominant symptom in EoE.

Earlier in the talk Catherine explained some of the challenges she experienced when applying for the fellowship as a clinical scientist. These included the fact that 'clinical scientist' did not fit into any of the NIHR's defined categories and further advice needed to be sought, a lack of extensive research experience, and dedicating the appropriate time needed to write the application, She shared some advice for future applicants, which was to involve the patient and the public as soon as possible when outlining a project, engaging with research support services, and considering whether your study methodology fits with the NIHR criteria, including reflection of the potential impact of your research. Catherine's talk was invaluable to other clinical scientists who are considering applying for an NIHR fellowship, and it was inspiring to hear how she has managed to incorporate research into a clinical role. Catherine shared the below QR code (see below) for anyone who may interested in learning more.





The final talk of the day was delivered by Adrian Davidson (Clinical Scientist at NuTH), who introduced his talk by reflecting on the IQIPS criteria that requires consideration of measurement uncertainty. He applied this consideration to pH-impedance studies, and questioned the reliability of the pH sensor to accurately assess acid exposure time. He stated that calibration buffers stay stable over time, but prolonged exposure to acid can degrade antimony electrodes, which could mean accuracy of measurement could change by the end of the 24 hour reflux study. To investigate this, Adrian described a local project that involved doing post-test calibrations following 24 reflux studies, identifying any change in acid exposure time and assessing if this change would alter the patient's reflux diagnosis in accordance with the Lyon Consensus 2.0. In most cases, there was a marginal difference in the acid exposure time when comparing the study using pre and post test calibration, however in some cases this changed the patient's diagnosis. This sparked an interactive conversation on what calibration we should be using when analysing pH studies, or whether it should be an average between the two. This talk was very interesting, as it questioned whether pH4 is an accurate diagnostic threshold, or whether results may be influenced by drift in pH measurements during the study which requires consideration when interpreting borderline results.

In summary, the NEYGI meeting provided a broad spectrum of interesting talks, including both educational and research focused presentations on current topics in lower and upper GI physiology. We would recommend all GI physiology professionals in the region to attend the next event to promote collaboration between departments and continue professional development. The next NEYGI meeting location and date is to be confirmed.

Are you attending a conference / event?

NewWave is always looking for reviews of GI Physiology events and meetings. If you have an event coming up and would like to submit a review (or advertise it in our next issue), please contact <u>Gemma Norris</u> (<u>gemma.norris@merseywestlancs.nhs.uk</u>)

The next issue of New Wave will be published in July 2025