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Getting involved in clinical trials

The prevailing increases in clinical workload are occurring at a time when there are expanding opportunities for advances in clinical research. Our lead-off article in this edition, is authored by a team comprising the National Leads for the two Networks along with active clinical researchers and the ex-chair of the BSG Research Committee. It highlights how a national research network can help with accrual into clinical trials as well as improve opportunities for clinical research in gastrointestinal and liver disease.

Safe endoscopy in patients with implanted devices

This edition's Editor's Choice reflects another challenge, in an era of increasingly specialised practice: how gastroenterologists interface with the emerging technology in other specialities. This is especially the case in safety issues, and Corbett *et al* have described the state of knowledge to help endoscopists confronted with patients who have had implanted cardiology or neurology electronic devices. The potential interactions with diathermy, magnetic imagers and capsule endoscopy are highlighted, concluding with a safe practical approach to managing these patients.

Training in capsule endoscopy: a working party report

Capsule endoscopy is a technology that gastroenterologists have rapidly adopted into clinical practice. The

working party report have gathered information about yearly growth in capsule endoscopy numbers from almost 90% of UK centres and about actual numbers performed in all centres. It represents both a description of current practice, but also alludes to the opportunities for defining competency in this area.

Learning from related professions

The parallels between the approach to safety in the aviation industry is compared with the training process in gastroenterology, in an article by Harriet Gordon. In both situations, the common priority of safety occurs against the backdrop financial constraint. In addition to training aspects, the open and constructive attitude to safety in the airline industry is often in contrast with the gastroenterologist's experience. The complementary article to this, by Haycock *et al*, reflects the importance of the team working skills that are central to effective practice, from the leaders of such thinking in the world of endoscopy, at St Mark's Hospital.

Learning from a clinical case: cholestasis in parenteral nutrition

The concept that ω 3 (fish oil) based parenteral feeds may be better is not new, but a specific and dramatic change in status in a single case is reported by Moyes *et al*.

Their report extends to discuss the important area of parenteral nutrition associated liver disease, which is practical and timely.

Learning from a practical intervention: the nasal bridle and nasogastric tubes

A common reason for upgrade to percutaneous endoscopic gastrostomy tube insertion in a patient with a nasogastric tube is the inability to sustain long-term feeding due to frequent displacement. A nasal bridle involves securing the tube around the nasal septum, and de Silva *et al* report their 4 year experience of safer enteral feeding using such devices for inpatients.

Interpreting coeliac antibody results in the clinical context

As more laboratories introduce tissue transglutaminase testing, there is an emerging scenario of patients with non-agreement of antibody results. Hornung *et al* report their experience of such patients, pointing out the importance of not only the absolute values of these titres (rather than just a 'high' vs 'normal' result) but the importance of the clinical presentation.

The place of 'routine' biopsies in the endoscopically normal colon

Effective use of laboratory time is the theme of a paper by Elliot *et al*. This ever topical issue is audited by the group, with the conclusion that such random biopsying is of very low clinical yield, and makes for less effective use of scarce pathological resource. The flip side is that it does add weight to the research use of these samples as truly normal controls.