

**P360****RESULTS OF AN ERNICA\* SURVEY ON SOLID FOOD WEANING, PRO- AND ANTIBIOTIC USE AND GLP- 2 ACCESS IN SHORT BOWEL SYNDROME (SBS) INFANTS MANAGED BY SPECIALIST INTESTINAL FAILURE (IF) REHABILITATION CENTRES.**

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**Rationale:** To ascertain how European multidisciplinary IF centres wean infants with SBS on parenteral nutrition (PN) onto solid food and supportive treatment used. The primary aim of IF management is to wean patients off PN whilst maintaining weight gain and growth, but there is no good evidence on how to do so.

**Methods:** A questionnaire developed by the ERNICA group on infant weaning strategies in SBS associated IF was sent to 14 IF centres in 9 European countries. Questions included: age food introduced, if remaining intestine influenced foods offered, weaning strategies (e.g. food type: starch, vegetable(veg), meat and/or fruit), use of pro- and/or anti-biotics, investigation of intestinal bacterial overgrowth and GLP-2 treatment access.

**Results:** All 14 centres introduced food by 6 months, irrespective of degree of PN dependence. 2/14, 14% used a protocol. Food introduced was based on: remaining small intestinal length and if colon and/or ileo-caecal valve resected in 9/14, 68% centres. 5, 35% initially introduced a single food/food group: 3 starch, 2 veg based. and 9, 64% food combinations: 5 starch + veg, 2 starch + veg + meat, and 2 veg + fruit. 11, 78% centres advised avoidance of certain foods. 6 centres, 42% used probiotics and 4, 28% never did so. 6, 42% centres routinely used antibiotics and 13/14, 92% investigated for intestinal bacterial overgrowth (8/13, 61% measured blood D-lactate). 7/14, 50% centres had access to GLP-2 treatment.

**Conclusion:** Specialist IF rehabilitation centres introduced solid food to SBS infants' diets at the recommended age which should limit later feeding difficulties. A multicentre European study is needed to elucidate the best weaning strategy for SBS infants.

**Disclosure of Interest:** None declared