097 THE DEVELOPMENT OF A NURSE-LED CAPILLAROSCOPY CLINIC FOR THE BELFAST TRUST

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Background: Within the Belfast Trust for those patients with Raynaud's syndrome, who were being assessed for an underlying connective tissue disease, there had been no facility to perform capillaroscopy. Capillaroscopy is a non-invasive method of examining patient's nail bed capillaries with Raynaud's syndrome to assess for any abnormalities. These include findings of capillary dilatation, bleeding and reduced density with patterns that are specific for systemic sclerosis. Capillaroscopy now forms part of the European and American criteria for systemic sclerosis and it allows for earlier diagnosis and treatment for those with scleroderma. It also can facilitate discharge of those patients with Raynaud's and normal capillarsocopy findings.
Methods: Dr Ashley Elliott attended the University of Genova under the tutelage of Professor Cutolo, who is an expert in capillaroscopy, to learn the technique. At the same time a capital funding bid to secure a video capillaroscope was made. After developing his skills in the

procedure, Dr Elliott presented what he had learnt to the rheumatology clinical team and was able to encourage one of the specialist nurses to learn the skill herself. The aim was to pilot the clinic and at the 12 month stage assess the demand for the service and allow it then to continue as a nurse led service indefinitely.

Results: We audited the clinic at the 9 month stage. We had 25 referrals using an online pro-forma and 20 patients were seen at the 9-month stage. There were 16 females and 4 males. Indication for referral in 18 cases was to differentiate between primary and secondary Raynaud's. The remaining 2 patients were referred to assess the stage of systemic sclerosis. Of the 18 patients with Raynaud's syndrome- new diagnosis of connective tissue disease was made in line with clinical suspicion and capillaroscopy changes in 5 cases (2 systemic scleroses, 1 MCTD and 1 SLE). In 5 cases, the findings of the capillaroscopy were abnormal but did allow for a unifying diagnosis. In 9 cases, capillaroscopy was normal and facilitated discharge in 7 cases and in 2 cases follow-up at rheumatology clinic was recommended due to a concerning history. Of those 2 patients who had a known diagnosis of systemic sclerosis, 1 was diagnosed with late stage changes and 1 with no definite pattern to characterise stage.

Conclusion: At the 12 month stage, the capillaroscopy clinic is now a nurse-led service seeing patients once a month. Capillaroscopy is a simple non-invasive technique that is extremely useful in differentiating between primary and secondary Raynaud's. There are developments for its use in other connective tissue diseases and in cases where more effective treatment for systemic sclerosis is established, capillaroscopy will serve as an essential tool to allow earlier control of disease.

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