ENT SURGERY

0018: PREVENTION OF POST-OPERATIVE NAUSEA AND VOMITING IN TONSILLECTOMY/ADENOTONSILLECTOMY PATIENTS WITH THE USE OF ACUPUNCTURE POINT P6 STIMULATION - AN AUDIT BASED ON RECOMMENDATIONS FROM SIGN CLINICAL GUIDELINE 117

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Aim: To audit the prevalence of using acupuncture for Post-Operative Nausea and Vomiting (PONV) prevention in patients undergoing tonsillectomy/adenotonsillectomy, as recommended by SIGN clinical guideline 117: "Management of sore throat and indications for tonsillectomy - A national clinical guideline".
Methods: All anaesthetic practitioners of a district general hospital (DGH) in Kent were invited to complete a questionnaire regarding this practice.
Results: There were 53 participants, with a 100% response rate: 17% trainees < ST3, 13% trainees ST3-8, 21% Staff Grade, and 49% Consultants. Although 58% of participants had been practising anaesthesia for over 10 years, only 25% were aware of this guideline. 3 consultants (6% of the cohort) were acupuncture practitioners but only 1 participant (2% of the cohort) practiced acupuncture as per SIGN clinical guideline 117.
Conclusion: If our hospital is representative of DGH's in the UK, we thus concluded that there is a general lack of awareness about the possible benefits of acupuncture related to ENT procedures in anaesthetic practice. Combined with lack of training and limited resources, this is preventing a practice which might be beneficial in patients not tolerating pharmacological methods, who are at high risk of developing PONV, or likely to suffer complications related to PONV.

0026: DAY CASE SEPTOPLASTY: ENSURING QUALITY WITHIN OUR TEACHING HOSPITAL

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Aim: To compare local day case septoplasty complication rates with standards set out by the Royal National Throat and Ear Hospital (RNTEH).
Methods: Data was collected retrospectively from case notes for patients undergoing day case septoplasty over a 5 year period.
Results: Thirty-three cases were performed during the 5 year period: 28 cases by a consultant, 4 by a registrar, 1 by a staff grade clinician. Median operating time was 40 minutes (range 20-85).
Mean age was 41 years (range 21-62). 29 patients were male. Indications were predominantly nasal obstruction (30). The remainder were for snoring. 15 septoplasties were performed in conjunction with another procedure. One patient (3%) was admitted following surgery due to bleeding. There were no readmissions within 30 days.
Conclusions: Day case septoplasty performed within our trust compares favourably with the results of the RNTEH: a 3% admission rate compared with 8.8%. However, it must be noted that within our institution a greater proportion of procedures were performed by consultant grade surgeons. Should the number of septoplasties increase, a corresponding increase in more junior grades performing the operation is to be expected. Re-audit would then be required to ensure standards were maintained.

0059: PROPHYLACTIC ANTIBIOTIC USE IN NASAL PACKING FOR ACUTE EPISTAXIS ADMISSIONS: AUDIT AND IMPLEMENTATION OF NEW GUIDELINES

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Introduction: There are no published guidelines for prophylactic antibiotic use in nasal packing for spontaneous epistaxis. This audit proposes a set of guidelines and assesses their implementation.
Guidelines: No systemic prophylactic antibiotics in anterior nasal packing in-situ ≤48 hours. Oral co-amoxiclav in; anterior packing in-situ >48 hours, posterior packing, traumatic nasal packing or clinical signs of infection. Naseptin® topical antibiotic use in all nasally packed epistaxis patients (14 days duration) following pack removal.
Methods: 58 patients undergoing nasal packing for spontaneous epistaxis were studied at Southampton University Hospital. Re-audit occurred after implementation of guidelines. Telephone surveys were conducted following hospital discharge.
Results: Initial audit revealed the majority of nasally packed patients were receiving systemic prophylactic antibiotics. Following new guidelines systemic antibiotic prescribing fell by 44.8% with no statistically significant increase in nasal symptoms, re-bleeding or re-admission rates following hospital discharge (p values 0.212 – 1.0).
Conclusions: Systemic prophylactic antibiotics are unnecessary in the majority of anterior nasal packed spontaneous epistaxis patients. Following these guidelines doesn't have any statistically significant detrimental effects on nasal symptoms, re-bleeding or re-admission following hospital discharge. Therefore these guidelines can be followed safely in hospitals across the UK.

0069: TRAINERS AND TRAINEES-HOW SATISFIED ARE WE WITH THE ISCP PLATFORM, AN ENT PERSPECTIVE

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Aims: Using the Intercollegiate Surgical Curriculum Project (ISCP) is compulsory for all surgical trainees. We questioned ENT trainees/trainers to assess their experience with ISCP.
Method: An electronic questionnaire was distributed to the Association of Otolaryngologists in Training (AOT) members and ENT consultants in Kent, Surrey, and Sussex.
Results: There were 86 respondents, of which 91% used ISCP. This included 55% trainees and 45% trainers. 87% felt the £125 trainee fee to be too high. On average during a month, 51% did 1-2 Work Based Assessments (WBA's). 53% used less than 10 minutes for completing one WBA and 41% used 10-20 minute. There were mixed responses to users' feeling of usefulness and satisfaction for each type of WBA's. 47% encountered problems with ISCP usage. 58% gave an overall satisfaction in using ISCP of 5 or less out of 10.
Conclusions: The overall user satisfaction was sub-optimal. Possible solutions may include the introduction of specialty-specific WBA's, with better integration with surgical logbooks and websites, and a reduction of the JCST trainee fee. We are aware that the ISCP website is constantly evolving, and that some of the suggestions made here may already be being incorporated into future system upgrades.

0094: THE BENEFIT OF BILATERAL COCHLEAR IMPLANTS

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Current evidence indicates limited hearing advantage for bilateral over unilateral cochlear implantation. This study adapts a model of spatial release from masking for use with cochlear implantees. Data was collected to test the model's predictions that current literature significantly underestimates the benefit of a second cochlear implant.
Speech reception thresholds (SRTs) were measured for speech in noise in five spatial configurations for 5 normal hearing (NH) listeners and 8 unilateral cochlear implant (UCI) users. Spatial configurations included speech and noise in front (0°/0°), speech in front with noise at ±90 (0°/+90° and 0°/-90°) and speech and noise at ±60° (-60°/+60° and +60°/-60°).
The model correctly predicted SRTs for each group. For UCI users, the difference in SRTs between -60°/+60° and +60°/-60° was 18 dB. The model predicted that UCI users, but not bilateral cochlear implant (BCI) users, would experience this 18 dB asymmetry.
Previous studies show a 4-5 dB benefit to speech intelligibility in noise for BCI users. This study's results indicate that the benefit of BCIs has been substantially underestimated and in fact extends up to 18 dB. These outcomes can influence optimising listening performance of cochlear implantees in day to day life, and potentially guide future implantation policies.

0101: CRITERIA FOR URGENT RIGID BRONCHOSCOPY FOR SUSPECTED FOREIGN BODY INHALATION

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Aim: Assess our current practice with regard to timing and clinical indicators for rigid bronchoscopy in cases of suspected foreign body inhalation.

We compared our findings with current best practice in order to create a guideline.
Methods: Retrospective analysis of bronchoscopies performed from 2nd July 2003 - 14th July 2010.
Results: 22 cases were identified in which 55% a foreign body was identified and retrieved. The median age was 2.1 years. All clinically unstable patients were taken to theatre as an emergency and stable patients underwent bronchoscopy during the next available daytime operating slot. A foreign body was found in 75% of patients where all three of the following were present: history of choking episode, persisting symptoms and abnormal physical examination.
Conclusion: In patients with a history of choking episode, ongoing respiratory symptoms and examination abnormalities an urgent bronchoscopy is mandatory. Following this criteria we would have achieved a sensitivity of 80% and reduced the number of foreign body negative bronchoscopies by 70% without omitting any foreign body positive patients. For patients who only meet some of these criteria then a period of inpatient observation is advocated. Using this information we created a guideline to determine likely need for intervention.

0105: 'PERMACOL PURSE' - A UNIQUE APPLICATION OF PERMACOL IN AUGMENTATION RHINOPLASTY

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Introduction: Permacol (Tissue Science Laboratories plc) is cross-linked, porcine dermal collagen with its constituent elastin fibres. It is colonised by tissues and blood vessels. Within ENT, it can be used in rhinoplasty or for camouflaging a bony dorsum. We describe a unique method that can be configured to the defect.
Methodology: On assessment of the dorsal defect we create an appropriately sized rectangular pocket of Permacol. Three sides of the pocket are closed with an absorbable suture. The pocket is filled with diced autologous septal or conchal cartilage, and sutured closed, before being placed subcutaneously over the dorsal defect.
Results: Over 3 years, we have applied this technique in more than 10 cases with no known complications.
Discussion: Permacol has a number of advantages making it superior to other graft materials. This technique is a modificaton of Erol's technique using Surgicel. Autologous grafting is considered entirely satisfactory; however, it is not without risks. The limited literature available has reported only a handful of disadvantages and complications associated with the use of Permacol. We have no cases of complications pertaining specifically to its use. Our case series is limited by numbers; we hope to present a comprehensive analysis in the future.

0155: A SAFETY ASSESSMENT OF A&E REFERRED ENT PATIENTS

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Aim/Objective: ENT presentations are common in both primary and emergency care. In our A+E, presentations are occasionally referred directly for specialist opinion. However,a subset of patients were noted to be unstable and being referred without any primary interventions. Due to the lack of guidelines, we aimed to identify - A+E referrals being made to the ENT department, appropriateness of referral and interventions done prior to referral.
Methods: All ENT referrals from A+E between 1.9.2011 and 30.9.2011 were identified. Data was collected via a proforma on grade of referrer, nature of presentation,time referred and seen by ENT,nature of basic intervention performed and the adequacy of A+E management.
Results: All 29 referrals were appropriate, mostly from A+ E doctors. Out of 14 referrals of acutely bleeding patients (half being children),9 patients did not have adequate circulatory support when seen by ENT. The remaining 15 referrals,10 had been appropriately treated prior to referral. The mean time difference from being referred and seen by ENT was 36.08 minutes with a median of 30 minutes.
Conclusion: Of 29 referrals, 15 had satisfactory A+E interventions and 14 needed further support,primarily concerning circulation. We are working closely with the A+E to organise a teaching programme on ENT emergencies and to create a trust guideline on referring.

0190: LITIGATION WITHIN OTOLARYNGOLOGY: AN UPDATE AND REVIEW OF CURRENT TRENDS AND RECOMMENDATIONS

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Aims: To analyse trends in litigation claims made against otolaryngologists within the NHS in the past 8 years and identify areas to be aware of during future practice.
Methods: The NHS litigation authority was asked to provide data relating to all claims within otolaryngology over the past 8 years. The claims were sub-divided and their nature, location, year and amount paid were recorded. A literature review using EMBASE and Medline was performed and comparisons made to previous publications.
Results: 585 claims were notified, 313 successful, 161 unsuccessful and 111 open. £21,837,141.27 was paid and £34million held in reserve. The majority of claims related to complications within the operating theatre (49.6%) followed by outpatients (32.1%). The commonest claim was failure/delay in diagnosis (19.7%) then failure/delay in treatment (15%) and failure to warn/obtain informed consent (6.8%). The majority of claims related to head and neck surgery (27.86%) followed by otology (25.1%). There were 33 (5.6%) never events recorded.
Conclusions: Clearly all claims cannot be avoided; however simple measures can decrease this number. With an increased awareness of potential pitfalls, our practice and patient satisfaction can improve whilst limiting financial strains on an overburdened NHS.

0194: CAUTERY TO INFERIOR TURBINATES IN ALLERGIC RHINITIS: RIGHT SURGERY AT THE RIGHT TIME?

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Aims: To determine whether those patients undergoing cautery to inferior turbinates (CITS) were correctly diagnosed with allergic rhinitis, with appropriate documented evidence and investigations; and to determine whether they had undergone appropriate initial management prior to surgery according to guidelines.[1]
Method: Data was examined retrospectively between 2006 and 2011. Clinical codes for CITS were obtained and data was extracted from a computerized archive system and patient notes.
Results: 57 patients were identified. 59% were male with a mean age of 29 years. Commonest symptoms were nasal obstruction (94%) and rhinorrhoea (19%). 26% of patients were diagnosed with allergic rhinitis through skin prick and/or RAST testing. 87% received appropriate nasal sprays with only 19% receiving oral antihistamines when nasal steroids failed to control symptoms. Post-operatively only 8% were provided with a steroid nasal spray. 31% were followed-up at a median time of 6 weeks. 64% reported symptom improvement.
Conclusion: The benefit of CITs is unproven within the literature and remains a procedure to be considered once all treatments have failed. In our unit, first and second line treatments were poorly utilised prior to surgery. Treatment algorithms should improve the medical management of the condition and reduce the numbers undergoing CITs.

0205: THE USE OF ANTICOAGULANT AND ANTIPLATELET MEDICATION IN ADMITTED EPISTAXIS PATIENTS: IMPLEMENTATION OF NEW GUIDELINES

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Aim: To standardise the management of anticoagulant and antiplatelet prescribing in ENT patients admitted with epistaxis.
Method: Initial audit (1st Sept and 31st Dec 2010) was conducted retrospectively studying 43 admitted epistaxis patients. Guidelines on antiplatelet and anticoagulant prescribing were formulated with input from ENT and haematology consultants. Guidelines have been implemented (15th Nov 2011) and re-audit currently underway.
Results: On initial audit 69% of patients presenting with epistaxis were on some form of anticoagulant or antiplatelet medication. A significant number of patients had these medications stopped on admission to hospital (>70%) even though the majority were non life threatening bleeds controlled adequately with nasal packing. Guidelines were implemented and re-audit started. So far re-audit has shown a significant reduction in