

management. Day-case tonsillectomy is safe, with haemorrhage rates reported between 0.5–6.2%. The aim of this study was to assess reasons behind delayed discharge in children undergoing a tonsillectomy.

Methods: A retrospective audit was carried out on the last 50 children (0–15) undergoing a day-case tonsillectomy. In this study, children were excluded if they had sleep apnea. These children remained in-patients.

Results: The male:female ratio was 1:1.1 with a median age of 6(4–9). 20 patients were excluded due to OSA. Recurrent tonsillitis was the primary indication in 30 children. 23/30 (77%) children ended up staying as an inpatient despite undergoing the procedure as a day-case. The tariff for a day case stay on the ward is £74, which increased to £463 for an overnight stay. As a result, £10,469 could have been saved if these children were discharged the same day.

Conclusion: Delayed discharge following day-case tonsillectomy is costly. Pain was the limiting factor and we have implemented an analgesic protocol to facilitate safe discharge following a tonsillectomy.

0186: AN AUDIT ON NON-ECHO PLANAR DIFFUSION WEIGHTED (DW) MRI SCANS IN THE DIAGNOSIS OF CHOLESTEATOMA

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Aim: To evaluate the experience gained in the diagnosis of cholesteatoma using DW MRI technique against reported standards in detection rate and its use as an alternative method for follow up

Methods: The radiological finding of patients imaged for the diagnosis of cholesteatoma using DW MRI was compared to the subsequent intra-operative finding and histological diagnosis.

Results: 153 scans from 130 patients were identified over a 2 year period. 42% (n = 65) were radiologically positive for cholesteatoma, 55% (n = 84) were negative and 3% (n = 4) inconclusive. Surgical exploration was performed in 85% (n = 55) of patients with positive scans, 36% (n = 30) with negative scans and 25% (n = 1) of those labelled as inconclusive radiologically. Cholesteatoma was confirmed at surgery and histologically in 71% (n = 39) of cases with positive scans and 33% (n = 10) of cases with negative scans. The overall sensitivity and specificity of the DW MRI scanning technique for this patient population was estimated to be at 80% and 56% respectively; with a positive predictive value of 71% and a negative predictive value of 67%.

Conclusion: The above results are in concordance with previously published series. DW MRI is a useful tool for the detection of recurrent cholesteatoma and reduce the number of second look procedures.

0192: RETURN OF THE PARAPHARYNEAL ABSCESS: AN EFFECT OF NHS AUSTERITY?

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Aim: Parapharyngeal abscesses are a serious but uncommon complication of tonsillar and pharyngeal infections, although no accurate incidence exists. In recent years, antibiotic stewardship has become tighter, and tonsillectomy rates have decreased. We explored the consequences of these measures.

Methods: We reviewed the admission data from two consecutive years for 17 patients admitted to the ENT unit with Parapharyngeal abscesses confirmed as the diagnosis. We looked at the microbiology, radiology and theatre records for all patients to look for changing patterns in presentation.

Results: In one year we saw a 7.5 fold increase in admissions with parapharyngeal abscess. There was also an increase in the length of stay from 4.5 days to 13 days, with a higher risk of multiple operations and longer LOS for the over 60's (34 days). Antibiotic resistance was present in 6% with microbes being isolated in 63%. There was no trend in organism species isolated.

Conclusion: We have seen rates of this highly co-morbid condition rise as tonsillectomy rates and antibiotic prescription rates are falling nationwide. The cost in hospital days and emergency operations is high and needs factored into future service planning. SIGN guidelines need to be balanced against risk when deciding to list patients for tonsillectomy.

0197: THE INTERNET AS A SOURCE OF INFORMATION FOR PATIENTS CONSIDERING RHINOPLASTY

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Aim: This study aimed to assess the quality of information available on the internet to patients considering an elective rhinoplasty for therapeutic or cosmetic reasons.

Methods: The three most trafficked search engines in the UK (Google, Bing and Yahoo) were searched using medical and colloquial phrases relating to rhinoplasty. The first 30 web links in each search were screened and evaluated with the LIDA Instrument (accessibility, usability and reliability criteria), DISCERN score (quality) and the Flesch Reading Ease Score (FRES).

Results: Of the 360 possible links, 66 were analysed. The average LIDA accessibility score was 47/54 (87%), usability score was 7/12 (61%), and reliability score was 7/30 (22%). The average DISCERN score was 40/75 (54%) and the average FRES was 57.7 (range 39.2–77.1). There was no correlation between a websites LIDA score (rs = -0.058) or DISCERN score (rs = 0.071) and its search result rank. There was no difference in the quality of websites resulting from the search terms 'rhinoplasty' vs. the colloquial 'nose job'.

Conclusion: The quality of patient information on rhinoplasty available on the internet varies greatly and patients are at risk of being misled by inaccurate or commercially motivated information.

0198: AN AUDIT ASSESSING THE ACCURACY OF DISCHARGE DOCUMENTATION FOR ENT PATIENTS AND THE FINANCIAL IMPLICATIONS OF ERRORS AND OMISSIONS

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Aim: To evaluate the accuracy of medical documentation on discharge letters and the impact of errors/omissions on clinical coding.

Methods: One-hundred patients were admitted to our unit in a two-week period, of which thirty were randomly selected. Accuracy of discharge letters was recorded in relation to RCS guidelines. New discharge letters were written by a junior doctor where errors/omissions were identified. These were sent to a clinical coder who, blinded from the original letters, re-coded the patient episodes.

Results: High rates of inaccuracies were found for fields of primary diagnosis (12%), medical history (77%) and operation/treatments (23%). Re-coding patient episodes using accurate discharge letters resulted in a change in Health Resource Group (HRG) in ten (33%) patients, an increase in tariff in nine (30%) patients, and net reimbursement of £3,048. We therefore identify a current potential shortfall in funding of £20,000/month for our department attributable to poor medical documentation.

Conclusion: The discharge letter serves as a permanent account of the care a patient has received. It is crucial for continuity of care and also serves as a reference for clinical coders. Inaccurate discharge information has a significant impact on a surgical department's finances and on commissioning and resource allocation.

0212: AN AUDIT OF POST-TONSILLECTOMY SECONDARY COMPLICATIONS AND IDEAS TO ADDRESS POTENTIAL ROOT CAUSES

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Aim: To assess the rate of complications for elective tonsillectomy and identify causes for post-operative pain, infection and bleeding.

Methods: Tonsillectomies performed at our hospital over a one-year period were retrospectively analysed. Data on patient demographics, surgical technique, and complications were recorded. Standards from the National Prospective Tonsillectomy Audit (NPTA) were used for comparison.

Results: 186 children (aged 7.2±3.6years) were included. Secondary haemorrhage rate was 3.6% (cf 1.9% in NPTA) for under 5-year-olds and 6.1% (cf 3.0% in NPTA) for 5–15 year-olds. Of 101 adults (aged 26.6±7.8years) 9.9% (cf 4.9% in NPTA) suffered secondary haemorrhage. Overall, presentation to the Emergency Department within 14-days of surgery was 16.4%, with readmission rate of 11.8%. Significant variation in discharge analgesia and compliance was demonstrated. Advice leaflets were provided at clinic pre-operatively, but none were provided post-operatively. Surgical technique and grade of surgeon did not affect complication rate.

Conclusion: We identify a higher than average rate of post-tonsillectomy bleeds and a large number of patients who present to the Emergency