0304: PROSPECTIVE AUDIT: IMPROVING RATES OF DAY CASE TONSILLECTOMIES IN THE ABSENCE OF A DEDICATED DAY CASE UNIT
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Introduction: Over 55,000 tonsillectomies are performed in England every year. Historically, patients stay overnight, with the Royal College of Surgeons deeming tonsillectomies inappropriate for day case in 1985, citing reactionary haemorrhage as the contraindication. Since, published evidence concluded this risk as low, prompting a shift in practice. We present the challenges of improving rates of day case tonsillectomies in the absence of a day case unit.

Methods: Data was audited on day case tonsillectomy rates in children and adults over 6 months in 2011 (n= 123). New local protocols were designed specific for purpose. Day case tonsillectomy rates were re-audited over 6 months in 2012 (n= 125) to assess effects of intervention.

Results: Day case tonsillectomy rates increased in children from 9% to 25%. A similarly significant increase was noted in adults from 6% to 43%. There were 2 re-admissions over the re-audit period, neither were day case patients.

Conclusions: This audit demonstrates how healthcare processes can be streamlined to save time and resources without compromising on patient safety. By engaging patients and colleagues, we made dramatic improvements without the need to construct an expensive, purpose-built, day case facility, which is all the more relevant in times of efficiency saving.

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Introduction: Is deviation from guidelines an inevitable consequence of improving practice? We use the management of tonsil carcinoma as an illustrative example of how practice strays from guidelines as medical technology advances and the understanding of disease process improves. In recent years, it has come to light that the role of HPV in oropharyngeal carcinoma is crucial and the overall approach to the treatment of advanced disease has changed.


Results: Total number tonsil ca. (n=97). Significant increase in incidence over 10 years (p=0.003). Significant increase in proportion of patients treated with primary chemoradiotherapy (0%-28.5%) (p=0.01). Significant decrease in primary surgery (50%-14.3%) (p=0.005).

Conclusions: Guidelines are only as valid as current research and understanding. Clinicians must base their practice on a variety of evidence and front-line results and cannot always rely on outdated guidance. Consensus documents should be released more frequently and regularly re-evaluated.

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Introduction: Virtual temporal bone simulators may be beneficial in ENT training. Several systems are available but no previous studies have been undertaken to compare these. Cost has been a barrier to wider uptake, ranging from £3000 to set up the Visible Ear Simulator (VES), to over £20,000 for the Voxel-Man TempoSurg (VMT). The aim of this study is to compare usefulness and realism of the VES and VMT.

Methods: ENT higher surgical trainees and consultants in the South West of England were recruited to the study. Each participant was asked to perform a cortical mastoidectomy on both simulators and complete a questionnaire regarding their perception of realism and usefulness in multiple domains using a 5-point Likert scale. Mann Whitney test was used to detect any significant difference between the mean scores of the two simulators.

Results: 10 trainees and 5 consultants participated. All had prior experience of temporal bone drilling. There was no significant difference between the two simulators in terms of realism and usefulness (p<0.05).

Conclusions: Temporal bone simulators may be a useful adjunct in ENT training. The VES presents an affordable alternative to the VMT. Validation studies for the VES are in progress and an approach to curriculum integration is being considered.

0363: PROCEDURES OF LIMITED CLINICAL VALUE IN ENT: WHAT EFFECT HAS THERE BEEN ON OPERATING NUMBERS?
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Introduction: ‘Procedures of Limited Clinical Value’ (PLCV) is a term first highlighted in the McKinsey report (2009), examining potential cost cutting measures within the future NHS. With the NHS now facing intense financial pressures we undertook a study to examine whether five core procedures within the specialty of ENT had been restricted.

Methods: Numbers of operative procedures carried out from six separate hospitals across the Wessex Deanery were obtained, over a 6 year period (2007 to 2012). Five surgical ENT procedures commonly classified as PLCV were studied: tonsillectomy, adenoidectomy, septrhinoplasty, pinna-plasty and myringotomy with insertion of grommets.

Results: In total 22,839 surgical procedures were included. A year on year variability in the numbers of each procedure was observed, however when comparing pre-2009 to post-2009 there was no significant changes in the number of procedures carried out, although there was significant inter-hospital variation.

Conclusions: Since the introduction of PLCV there has not been a significant drop in the number of core ENT procedures performed within Wessex. However there seems to be a significant inter-hospital variation. With the introduction of clinical commissioning the inter-hospital variation in surgical provision may well increase.

0364: THE VARIATION IN CT SCANNING FOR CHRONIC RHINOSINUSITIS: ARE WE ALL ON THE SAME PAGE?
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Introduction: The European Position Paper on Rhinosinusitis (EPOS) has made recommendations for Computerised Tomography (CT) scanning in secondary care. Our aims were to investigate any geographical variation and differences between general otolaryngologists’ practice and that of rhinology specialists, when implementing these recommendations in uncomplicated Chronic Rhinosinusitis (CRS). Further symptom analysis was undertaken.

Methods: A multi-centre, retrospective case-note review was carried out, identifying 82 relevant cases. Supplementary information was obtained from PACS and surgical management databases.

Results: There was marked variation in practice between centres, and management practices of general otolaryngologists and rhinology specialists. The latter had a negative scan rate of up to 78%. The symptoms of nasal obstruction, anterior rhinorrhea and hyposmia had higher Positive Predictive Values (PPV) for radiological changes (30%, 30% and 38% respectively), compared to facial pain and post-nasal drip (24% and 25% respectively). Nasal endoscopy had poor specificity, consistent with corroborative literature.

Conclusions: Despite EPOS-guidelines, the management of CRS-patients in secondary-care is greatly varied, perhaps in part due to the heterogeneity of the more complex rhinology patients that present to the specialist. These patients don’t always fit with the classic presentation of CRS, but further large-scale symptom analysis may facilitate diagnosis and avoid unnecessary irradiation.

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Introduction: Otolaryngology and Head and Neck surgery encompasses a broad choice of subspecialities. While the needs of the population will determine the volume of subspecialty surgeons, the aspirations of trainees should be considered to insure the two align to produce a motivated and stable consultant body. The aim of this study was to identify the current aspiration trends, and compare them to an identical study in 2004.
Methods: 344 trainees were identified and a postal questionnaire sent to each. 214 were returned by stamped addressed envelope. This methodology was identical to that in 2004.

Results: Head and neck surgery was the most popular (30%), followed by Otology (22%). This varies from 2004, where Otology was the most popular (28%) followed by Head and Neck (17%). General ENT became more popular (17%) compared to 2004 (12%). 33% selected multiple subspecialties, compared to 2004 (18%). Attitudes towards RCS-approved fellowships were more favourable than in 2004.

Conclusions: Head and neck is currently the most popular subspeciality, correlating well with the current growth in this service. Trainees are more open to the prospect of competition for fellowships, which supports further fellowships, similar to the head and neck interface fellowships, being offered in other subspecialties.

0435: INVESTIGATING THE PAROTID TUMOUR: ARE MRI SCANS SUPERIOR TO FNAC IN DIFFERENTIATING BENIGN FROM MALIGNANT PAROTID TUMOURS?
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Introduction: To investigate the accuracy of MRI versus FNA in correctly differentiating benign from malignant parotid tumours.

Methods: We identified patients from Jan 2012 to June 2013 who underwent a parotidectomy and obtained the parotid sample list from the pathology department. Only parotidectomies carried out for primary tumour removal were considered. All parotidectomies performed as part of a complete dissection for other primary malignancies were excluded. Retrospective analysis identified the investigations that took place prior to surgery, the results of which were compared to the definitive pathology result as the ‘gold standard’.

Results: Total cases: 30, MRI sensitivity: 85.7%, MRI specificity: 95%, Positive predictive value (PPV): 85.7%, Negative predictive value (NPV): 95%, FNAC sensitivity: 57%, FNAC specificity: 100%, PPV: 100%, NPV: 86%

Conclusions: Our results highlight the increased sensitivity of MRI as a diagnostic tool in differentiating malignant parotid lesions. FNA has a low sensitivity in malignant cases but have maximum specificity in benign pathology. At £140 MRI is cost effective compared to FNAC (£126). Combining these two modalities yields no diagnostic advantage. There may be a substantial role for MRI that requires further research, outcomes of which may have a potentially significant impact on changing current UK practice.

0437: CURRENT TRENDS IN HEAD AND NECK SURGERY: USE OF RECURRENT LARYNGEAL NERVE MONITORING (RLNM)
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Introduction: Aim is to understand the patterns of use of nerve monitoring in UK surgical practice.

Methods: An electronic questionnaire was sent to the 434 members of the ENT-UK expert panel in 2012. 86 members (22.4%) of the panel identified themselves as having an interest or subspecialty related to thyroid surgery. The survey contained 8 questions on their current practice in thyroid or parathyroid surgery, their typical use of the recurrent laryngeal nerve stimulator and any patient selection criteria they may have. Demographic data on the surgeon’s year of gaining consultancy and number of procedures performed per annum was also obtained.

Results: Of 100 respondents (23.04% response rate) of this panel, 50 of these surgeons performed thyroid and/or parathyroid surgery on a regular basis and the following results pertain to this group. 56.3% used the RLNS in almost all cases that they perform. A further 12.5% used it in fewer than half of their cases. 29.2% did not use the stimulator at all.

Conclusions: Currently there appears to be no true consensus among the surgeons performing thyroid surgery on use of RLNS in thyroid surgery.

0444: TREATMENT OUTCOMES OF MIDFACIAL SEGMENT PAIN: EXPERIENCE OF THE LIVERPOOL MULTI-DISCIPLINARY FACIAL PAIN CLINIC
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Introduction: Many patients believe that their “sinus headaches” are due to underlying sinusitis, yet as few as 11% of patients with chronic rhinosinusitis report concomitant facial pain. A smaller proportion of patients have facial pain distribution confined to the second division of the trigeminal nerve. This has been described as midfacial segment pain (MSP). Aim is to review the clinical outcomes of MSP using the Sino-Nasal Outcome Test (SNOT-22).

Methods: Prospective audit of MSP patients attending a tertiary facial pain clinic. Treatment protocols followed National Institute for Health and Clinical Excellence recommendations for the treatment of neuropathic pain.

Results: The SNOT cohort comprised 24 females and 13 males, with a mean age of 48 years. The mean pre-treatment SNOT-22 was 59.6 (median 60, range 28 - 103). The mean SNOT-22 improved significantly (p<0.05) by 20.1 (median 21, range 1 - 60) and at 4-months follow-up, the mean score was 39.5 (median 40, range 13 - 100). The minimally clinically important difference in SNOT-22, which has been shown to be 8.9, was achieved in 70% of the MSP cohort.

Conclusions: The largest improvement was observed in the facial/ear symptoms and psychological issue subscales of the SNOT-22.

0455: MONEY DOWN THE LARYNX: A CLOSED LOOP AUDIT OF CLINICAL CODING ACCURACY FOR FLEXIBLE NASENDOSCOPY IN OTOLARYNGOLOGY
Richard Fox1, Saleh Okhovat, Issa Beegun, Niall Daly. West Midlands University Hospital, Birmingham, UK.

Introduction: The introduction of payment by results (2005) has revolutionized the way funds flow through the NHS. Flexible nasendoscopy (FNE) is a core procedure in Otolaryngology and carries a £126 tariff. Those performed in the outpatient department are recorded using the outpatient coding form. This closed loop audit examines the accuracy of clinical coding for FNE’s performed outside of the outpatient department, by the on-call doctor.

Methods: Retrospective review of clinical coding accuracy for 30 consecutive FNE’s performed outside of the outpatient department. The use of an on-call ENT procedure coding form was advocated and introduced. Prospective re-audit was performed for 30 consecutive FNE’s.

Results: Coding concordance of 17% (5) and coding inaccuracy in 83% (25). Shortfalls in coding due to coding error in 60%, while 40% of FNE’s were uncoded following discharge from the emergency department. Re-audit showed 100% coding concordance.

Conclusions: Coding inaccuracy for this common procedure costs our department £5020/month: based on a conservative estimate of 12 FNE’s/week. Improved accuracy in clinical coding using this simple intervention has addressed this and will contribute £60/238/year to departmental revenue that is otherwise lost. This intervention could easily be implemented in other ENT departments in the UK.

0624: THE PREVALENCE OF SIGNIFICANT HEARING IMPAIRMENT ASSOCIATED WITH OTITIS MEDIA WITH EFFUSION IN SECONDARY SCHOOL CHILDREN IN POKHARA, NEPAL
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Introduction: Cross-sectional study to estimate the proportion of cases of otitis media with effusion (OME) with a significant hearing impairment in secondary school children in Pokhara, Nepal.

Methods: Sixty-four secondary school children with OME underwent pure tone audiometry measuring the average hearing threshold and air-bone gap. Comparisons were made between OME and control ears.

Results: 13% (95% CI 5-20%) of OME ears had a middle-frequency pure tone average (MPTA) of >25dB, compared with 5% of controls (95% CI 0-11.8%). 3% of children had a bilateral hearing impairment. All ears with a senosural loss had a significant hearing impairment. A significant proportion of OME and control ears had a low frequency hearing loss.

Conclusions: The prevalence of bilateral hearing impairment due to OME is relatively low in this cohort. Well-constructed studies investigating this, and the incidental finding of an apparent low frequency hearing loss, are warranted.

0670: PAPILLARY MICROCARCINOMA OF THE THYROID – HOW IS REPORTED INCIDENCE INFLUENCED BY LABORATORY PRACTICE?
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Introduction: Papillary microcarcinoma (PMC) has a wide variation in reported incidence dependent on genetic and environmental factors and is