Conclusion: A concerted effort to conduct all tonsillectomies as a day-case procedure where clinically safe to do so, can reap enormous benefits in both patient satisfaction and financial savings for a trust. We have increased day-case rates four-fold and will continue to try and improve rates even further.

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0325: A DECADE OF OTOLARYNGOLOGY IN ST LUCIA
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Aim: Dr Leonard Surage is the Caribbean Association of Medical Councils Chairman, founding member of Caribbean Otolaryngologist Association and St Lucia’s solo otolaryngologist. The aim of this study is to review the practice of otorhinolaryngology (ENT) in a Caribbean Island.

Method: The operative database at St Lucia’s Victoria Hospital was reviewed. An exploratory interview with Dr Surage was audio-recorded and analysed thematically.

Result: Between January 2005 and December 2014, the ENT team at Victoria Hospital performed 1558 operations. The scope of St Lucia’s ENT surgeon is broad, including thyroid endocrinology, ophthalmological and maxillofacial operations. However, the most commonly performed operation was adenotonsillectomy (9.31% of cases), followed by tonsillectomy (9.11% of cases). Seven-point-two-five-percent of operative cases conducted by the ENT surgeon did not fall within the classical ENT remit. The ENT emergency caseload incorporated violent injuries, including head and neck wounds from bullets, machetes and knives. The most challenging aspect of practicing ENT in the West Indies was perceived to be inadequate and insufficient staff. St Lucia’s ENT future rests upon substantialisation and the Caribbean Association of Medical Council’s drive for transferable medical registration.

Conclusion: The operative caseload managed by St Lucia’s solo otolaryngologist is diverse and inspiring.

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0401: A SYSTEMATIC REVIEW AND META-ANALYSIS OF CURRENT AND PREVIOUS TREATMENTS USED IN THE MANAGEMENT OF MENIERE’S DISEASE
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Background: Meniere’s disease significantly affects quality of life due to recurrent episodes of vertigo associated with hearing loss, tinnitus and sensation of ear fullness. There is still no strong evidence suggesting the use of a single medical of surgical treatment to control these symptoms.

Method: A systematic review of the literature was performed (Pubmed; EMBASE; CINAHL; CENTRAL; Web of Science) looking for RCTs comparing different medical or surgical treatment in patients with definite Meniere’s disease. Primary outcome of interest was the reduction in severity of vertigo attacks; secondary outcomes were: complete control of vertigo; improvement in the vertigo functional scale and hearing.

Result: Twelve RCTs were included in this study with 501 participants. 7 studies reported on vertigo severity. Pooled data revealed a significant reduction in vertigo severity (p = 0.0007). In per study analysis, only the study assessing the use of SPC-flakes found a statistically significant reduction. Complete control of vertigo was significant in the majority of studies with short term follow-up (p = 0.0005). Meta-analysis also revealed a statistically significant improvement in the mean functional score favouring the experimental groups (p = 0.005).

Conclusion: The important findings of this study is the consideration of poly-therapy in management of Meniere’s which was found to significantly reduce vertigo severity. Improvement in vertigo functional scale and better vertigo control was also achieved.

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0540: SUCCESSFUL REDUCTION OF PROPHYLACTIC ANTIBIOTICS IN ENT PATIENTS
W. Yang, N. Moini, E. Chisholm. Taunton and Somerset NHS Trust, Taunton, UK.

Aim: Antibiotics are traditionally prescribed for patients admitted with post-tonsillectomy haemorrhage and epistaxis with nasal packs despite the lack of evidence supporting their role in management. However, the use of prophylactic antibiotics increases the risk of antimicrobial resistance and has adverse effects, such as Clostridium difficile infection. This audit aimed to reduce the use of prophylactic antibiotics in ENT surgery.

Method: Patient notes were retrospectively reviewed over a three-month period to identify the pattern and indication of antibiotics prescribed for post-tonsillectomy haemorrhage and epistaxis. After initial audit results were presented to the ENT and Microbiology Departments, local antimicrobial guidelines for ENT surgery were updated. Following this, a second audit was conducted to assess changes in the use of prophylactic antibiotics.

Result: There was a 72% reduction in the use of antibiotics in patients admitted with post-tonsillectomy haemorrhage and no prophylactic antibiotics were given to epistaxis patients with nasal packs after the local antimicrobial guidelines were updated. No complications were reported after the change in antibiotic usage.

Conclusion: Routine use of prophylactic antibiotics should be questioned for post-tonsillectomy haemorrhage and epistaxis. Awareness of antimicrobial resistance and its adverse effects should be raised among ENT surgeons.

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0673: AUDIT: IMPROVING ANTIBIOTIC PRESCRIBING IN ENT INPATIENTS
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Method: A rapid-cycle audit method was used to assess current antibiotic prescribing practice against local trust microbiology guidelines. Snapshot data was collected on random days across all inpatients ENT wards. Data was analysed and interventions included: two audit presentations to the department, poster updates, antibiotics summary distribution, audit integration into induction for junior doctors, development of an updated guideline for antibiotics in ENT.

Result: Five cycles of audit were performed over 4 months collecting data from 35 patients. At Cycle 1 only 50% of antibiotics were documented in the notes, but improved to 92% by cycle 5. The number of cultures sent ranged between 77% and 100%. Review of antibiotic use in ENT surgery was analysed and interventions included: two audit presentations to the department, poster updates, antibiotics summary distribution, audit integration into induction for junior doctors, development of an updated guideline for antibiotics in ENT.

Conclusion: This multiple-cycle audit improved documentation likely due to increased awareness. The apparent lack of adherence to culture-taking reflects the susceptibility of ENT infections to the same range of antibiotics, reducing the importance of culture taking prior to antibiotic commencement.

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0763: ACTIVE VERSUS PASSIVE HUMIDIFICATION FOR SELF-VENTILATING TRACHEOSTOMY AND LARYNGECTOMY PATIENTS: A SYSTEMATIC REVIEW OF THE LITERATURE
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Background: Artificial humidification should be provided in the post-operatively for self-ventilating tracheostomy and laryngectomy patients to prevent pulmonary complications. Heated humidification and heat and moisture exchanger are common humidification options for these patients, however the optimal method of humidification is not known.

Objective: To determine whether active or passive humidification methods are more effective in preventing pulmonary complications in self-ventilating neck breather patients

Method: We included all studies of active and passive humidification techniques in adult and paediatric neck breather patients. Risk of bias was assessed using Cochrane Risk of Bias Tool for RCTs and STROBE guidelines for cross-over, prospective, and retrospective studies.

Result: Seven studies were included in this review: two randomised control trials, one randomised controlled cross over trial, three randomised prospective studies, and one retrospective study. The overall quality of the studies was low. Five studies were at a high risk of bias. Of the remaining two studies, one study had a low risk of bias and the other had an unclear risk.

Conclusion: Results show that heat and moisture exchangers is the preferred choice of humidification in the spontaneously breathing neck breathers due to reduction of pulmonary complaints, and better patient compliance.

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0831: A REVIEW OF THE MANAGEMENT OF ACUTE MASTOIDITIS IN CHILDREN. EXPERIENCE FROM UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST, A TERTIARY TEACHING CENTRE


Aim: To review the clinical presentation, management and outcome of acute mastoiditis in children. This study also presents an algorithmic approach to its treatment.

Method: The medical records of all children admitted with acute mastoiditis between 2010 and 2015 were retrospectively studied.

Result: 33 patients were included, 39% were male and 61% female. All patients were admitted and received intravenous antibiotics, 45% (15/33) underwent surgery. Surgery was performed if there were no signs of improvement after 24 hours of conservative treatment or the patient presented with a mastoid abscess or intracranial complication on admission. Imaging was obtained in only 46% (7/15) of patients before surgery. Of those treated surgically, incision and drainage +/- grommet insertion was performed in 60% of patients and cortical mastoidectomy in only 40%. There was no statistical difference in length of stay, complication or readmission. Imaging was obtained in only 46% (7/15) of patients before surgery. Of those treated surgically, incision and drainage +/- grommet insertion was performed in 60% of patients and cortical mastoidectomy in only 40%. We think this is a simple and necessary modification to the existing product.

Conclusion: To minimise duration of unresolved mastoiditis and risk of secondary complication, surgery should be considered in patients who fail to improve after 24 hours of intravenous antibiotics. We observed no difference in outcome between incision and drainage and cortical mastoidectomy.

Method: Retrospective review of all parotidectomies (superficial, total and completion) at Royal Glamorgan Hospital were analysed between March 2010 and September 2015.

Result: 115 patients. FNA results suggested: malignancy in 26.1% benign in 51.3% unclear in 19.1% 3.0% did not have an FNA. Permanent facial weakness following completion parotidectomy was present in 80% of our patients, 40% had grade IV and above. Only 2% of those that had primary total parotidectomy had permanent facial weakness.

Conclusion: Reported parotid FNA sensitivity is 88% and specificity is 99%. Our FNA rates show a sensitivity 69% and a specificity 93%, however this was a selected population of theatre cases. Only 4.3% of patients required return to theatre for completion surgery. Our false negative rate was 10%, comparing favourably with nationally reported rates of 16.3%. Our malignancy rate is higher at 34.8% than published rates.

Primary total parotidectomy gives more favourable facial nerve outcomes than completion parotidectomy. Possible strategies to increase early diagnosis should be considered.

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1110: A LOGO SAVES A THOUSAND WORDS. A RIGOROUS MULTI-SECTOR ENT QUALITY IMPROVEMENT PROJECT FOR PATIENT SAFETY

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Introduction: Our ENT referral unit received a patient with a Rapid-Rhino® nasal tampon device inserted without removal of its protective blue sheath. This exact issue was raised in a recent RCS publication. Training and induction are often advocated for medical devices but this incurs time and cost for every junior doctor rotation.

Method: We contacted Smith & Nephew(S&N)(manufacturers). We identified an opportunity to prevent further morbidity. Write “Remove this” on the blue sheath. We think this is a simple and necessary modification to the existing product.

Result: S&N were contacted by phone, email and in-person but could not successfully perform a ‘root-cause-analysis’. They delivered training locally but shifts and staff constantly rotate and the use of medical devices by untrained staff may escalate. Multiple language requirements were cited as a barrier to altering packaging. Undaunted we contacted local arts universities to set them the challenge.

Conclusion: The University of Creative Arts’ MA Illustration students each created a selection of word-less logos to indicate that the blue sheath must be removed. (Designs pictured). We implore ASIT, the Royal College and the Medicines and Healthcare Regulatory Agency to consider our message and advocate the adoption of our logo.

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1124: EMERGENCY CARE RECOGNITION AND MANAGEMENT OF BUTTON BATTERY INGESTION: A REGIONAL PERSPECTIVE

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Introduction: Button battery ingestion accounts for under 2% of ingested foreign bodies in children[1] Localised tissue burns may result in catastrophic haemorrhage or airway compromise, with mucosal damage occurring in under 2.5hours[2]. The significant risk of death and serious harm from delays in recognition and management, led to the issue of a patient safety alert by NHS England (December 2014). We aimed to assess