0388: ASSESSING HEALTH RELATED QUALITY OF LIFE BEFORE AND ONE YEAR AFTER TONSILLECTOMY, USING THE PAEDIATRIC THROAT DISORDER OUTCOME TOOL (T14)

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Aim: Patient-reported outcome measures have become a popular and necessary means of determining clinical effectiveness and quality of care for elective surgical procedures. This study assesses health related quality of life of children before and one year after tonsillectomy, using a validated questionnaire: the paediatric throat disorder outcome tool (T14).

Methods: The T14 questionnaire was issued to parents of children on admission for, and one year following, tonsillectomy. Each of 14 symptoms is graded 0 (‘no problem’) to 5 (‘as bad as it could be’), with a maximum questionnaire score of 70.

Results: 62 patients completed the T14 questionnaire prior to tonsillectomy, falling to 28 one year after surgery. The mean score for all symptoms pre-tonsillectomy was 2.4 (range 1.2 to 3.3) reducing to 0.3 (range 0.0 to 0.4) one-year afterwards. The total scores pre-tonsillectomy were 33/70 reducing to 4/4.70 after one year. Missed school days, visits to family doctor/A&E, and antibiotic use showed the greatest improvement.

Conclusion: Our results confirm that tonsillectomy for tonsillar disease significantly improves health-related quality of life measured one year post-operatively. Improvements in missed school days, visits to a doctor and antibiotic use suggest that the benefits of tonsillectomy extend beyond clinical effectiveness, lending social and financial advantages.

0403: ULTRASOUND GRADING AS AN INDEPENDENT PREDICTOR OF MALIGNANCY IN INDETERMINATE THYROID NODULES

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Aim: The British Thyroid Association recommended an Ultrasound Grading Criteria (U1-5) in July 2014 to facilitate decision-making for the management of thyroid nodules. Our aim was to evaluate the predictive ability of the ultrasound grading system on the final histological outcome of indeterminate thyroid nodules (Thy 3a cytology).

Methods: Prospective review of the ultrasonographic findings from thyroid nodules with indeterminate fine needle aspiration cytology from a single centre discussed within the North West London Cancer Network between July and December 2014.

Results: Of the 27 nodules with Thy 3a cytology identified, 14 are currently awaiting further investigation or surgery. N=13. On definitive histology, 7/13 (53.8%) were benign and 6/13 (46.2%) contained malignancy. Three benign nodules (42.9%) were graded U3, 3/7 (42.9%) graded U4, and 1/7 (14.3%) graded U2. Three malignant nodules (50%) were graded U4, 2/6 (33.4%) graded U3 and 1/6 (16.7%) graded U2. Ultrasound grading of U3/U4 had a positive predictive value of 45% for malignancy (sensitivity 83.3%, specificity 14.3%).

Conclusion: The results of this preliminary study suggest that the role of ultrasound grading may serve as an independent predictor of malignancy in thyroid nodules. The positive predictive value may reflect the relative novelty of this technique, with wide-spread adoption over time resulting in more accurate yields.

0453: PATHOLOGICAL VS INCIDENTAL FINDINGS IN MRI INTERNAL ACOSTIC MEATUS. AUDIT OF 197 PATIENTS. ARE WE DOING MORE HARM THAN GOOD?

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Aim: MRI scans of the Internal Acoustic Meatus (IAMs) are a regularly ordered investigation by ENT surgeons to diagnose acoustic neuromas. There are no widely accepted guidelines for whether the scan should include the cerebrum or only the IAMs. We reviewed a number of scans, which included the cerebrum to identify the number incidental findings, relevant findings and rate of acoustic neuromas.

Methods: Audit of 198 MRI scans of the internal acoustic meatus performed between August 2013 and March 2014 at a single District General Hospital.

Results: All scans were an MRI of IAMs with a T2 scan of the cerebrum. Of the 198 scans 105 (54%) had a pathological abnormality reported but almost all of these were deemed insignificant. In the data set, 5 acoustic neuromas were diagnosed.

Conclusion: Although this data set is small, We suggest that there seems to be little benefit from scanning the cerebrum when an MRI IAMs has been ordered. Scanning only the IAMs will save time in the MRI scanner will reduce the workload of reporting radiologists and reduce potentially worrying incidental findings.

0500: OUTPATIENT TRANSNASAL OESOPHAGOSCOPY – PROCESS EVALUATION OF A SPECIALIST INVESTIGATION IN A DISTRICT GENERAL HOSPITAL

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Aim: To assess the feasibility of performing Transnasal oesophagoscopy (TNO) under local anaesthetic in the ENT outpatient department of a District General hospital.

Methods: All TNO patients presenting with dysphagia, dysphonia or globus sensation (with cancer risk factors) to the clinic at James Paget University hospital over a two-year period (n=67) were asked to fill in questionnaires assessing pain using a visual analogue scale (VAS). They were also asked to state preference for procedure under local anaesthetic (LA) vs general (GA).

Results: An overwhelming majority of patients undergoing TNO stated a preference for LA vs GA (75% n=50 vs 12% n=8, p<0.0001). There was no statistical difference in pain levels reported between laryngeal biopsy (LB) vs other procedures. LB TNO time was found to be 2.5 times that of non-LB procedures, (14min58s Vs 6m12s) this was statistically significant (paired t-test p=0.0417).

Conclusion: Our audit shows that TNO is a safe, well-tolerated and time-efficient procedure that causes minimal discomfort in the majority of patients. The increased time taken for LB and an associated low yield of histologically appropriate material has led us to avoid TNO in patients needing LB for leukopakia. TNO saves theatre time and associated cost of traditional panendoscopy.

0554: THE EMERGENCY ENT CLINIC SERVICE: AUDIT OF PRACTICE AND RE-STRUCTURING OF A DISTRICT GENERAL SERVICE

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Aim: Current ENT UK guidelines exist on appropriate size of clinic for SHOs. Where followed, this ensures a manageable caseload for training and patient safety. Our departmental policy is a maximum of 2 follow-up reviews in the emergency clinic per patient prior referral to routine ENT clinic or discharge. This audit examines our practice against these guidelines.

Methods: A retrospective review of ENT emergency clinic attendances over a 2-month period. Introduction of an electronic booking calendar with set booking criteria, clerking proforma and need for senior review if >2nd follow-up. Re-audit of 23 consecutive clinics, bookings, attendances and outcomes.

Results: 40 clinic sessions reviewed (379 patients). Mean 9.5 patients/clinic (6-11), 41% (156) follow-up and 59% (223) new cases. 24 patients (6% of the total patient number) accounted for 115 follow-up attendances. Booking diary very poorly compliant with information governance policy. Re-audit: Total 82 patients. 23% follow-ups (19). Only 3/23 clinics were over booked (compared with 37/40). Reduced patient waiting times. 72% of patients safely discharged or placed into correct pathways.

Conclusion: Restructuring the ENT emergency clinic with improved documentation, centralised digital booking system and appropriate senior reviews has improved the service by reducing unnecessary follow-ups, waiting times and overbooking.

0570: EPISTAXIS MANAGEMENT: DO JUNIOR DOCTORS GET THE BASICS?

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