Clinical teaching was provided to junior A&E doctors after cycle 1 and the process repeated.

**Results:** 66 patients were reviewed in total. Causes of nasal injuries were accidental (46%), assault (41%) and, sporting related (13%). In cycle 1, 30% of patients had correct nasal examination performed and documented and 16% of patients had facial radiographs performed despite no clinical indication. In cycle 2, 97% of patients had correct documentation of nasal examination and no patients underwent inappropriate imaging. All patients were seen within the recommended timeframe.

**Conclusion:** The benefit of clinical teaching proves to be valuable in educating juniors in the management of acute conditions in a specialty where they often have little or no clinical experience. The use of treatment algorithms can improve patient management of the condition, improve utilisation of resources and avoid potential complications.

**0373: SIALENDOSCOPY AUDIT**

Constantinos Mamais 1, Clare Williams 1, Katharine Davies 1, Nazia Munir 1, Nazmy Shehata 1, 2, 3, Arrow Park Hospital, Wirral, Merseyside, UK; 4 Countess Chester Hospital, Chester, UK.

**Aim:** To evaluate the outcome of sialendoscopy performed at Arrow Park DGH, and to compare this to NICE findings.

**Method:** A first cycle audit was performed. Retrospectively, the case notes of patients undergoing sialendoscopy between December 2004 and November 2008 were reviewed. Data was collected with regards to patient demographics, presentation, operative findings, length of stay, complications and outcome. A second cycle comparing the same parameters was subsequently undertaken for patients undergoing sialendoscopy between December 2008 to August 2012.

**Results:** 51 patients in the 1st cycle and 61 in the second were reviewed. In both there is a female preponderance and an average age of 54 and 50 respectively. Swelling is the most prevalent presentation and the most frequent gland affected is the left parotid. 61% of cases in the 1st cycle were daycase procedures, increasing to 90% in the 2nd. In comparison to NICE findings 80-88% of our patients had symptom relief (82-87% NICE). 2-3% suffered ductal wall perforation (9% NICE) and no patients had nerve damage (1 patient NICE). Our own complication rate also decreased between the two cycles.

**Conclusion:** The outcome of sialendoscopy at our unit is improving over time and is comparable with NICE findings.

**0417: PREOPERATIVE LOCALISATION OF PARATHYROID ADENOMAS WITH MIBI AND ULTRASONOGRAPHY: IS THERE AN ADVANTAGE OF A COMBINED APPROACH?**

Edward Ridyard 1, Derek Siau 2, Simon Hargreaves 2, 1 University of Manchester, Manchester, UK; 2 Royal Bolton Hospital, Farnworth, UK.

**Aim:** To identify whether the combination of MIBI and ultrasound (US) in localising a parathyroid adenoma preoperatively is more effective than either MIBI or USS used alone as the limitations of using both imaging modalities are well documented.

**Method:** Retrospective manual analysis of patients’ operative and medical notes (n=76) reviewing the position of parathyroid adenoma localised via MIBI, USS and the subsequent confirmation of parathyroid adenoma on histological evaluation.

**Results:** The combination of MIBI and USS provided a statistically significant improvement in preoperative localisation of parathyroid adenoma over MIBI or USS used alone (p=0.033 and p=0.043 respectively). There was no significant correlation between tumour volume and serum calcium or serum PTH (p=0.234 and p=0.742 respectively). There was a significant reduction in serum calcium and serum PTH postoperatively (p=-0.0005).

**Conclusion:** The combination of USS and MIBI provides improved preoperative visualisation of parathyroid adenoma. The combination of the two could reduce the failure and reoperative rates in unilateral neck exploration as well as reducing the need for bilateral neck exploration which reduces time in theatre and the risk of recurrent laryngeal nerve injury and the risk of postoperative hypoparathyroidism.

**0435: COMPARING TECHNIQUES OF ENDOSCOPIC DACRYOCYSTORHINOSTOMY: RONGEUR VS. RONGEUR AND DRILL**

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**Introduction:** Endonasal dacryocystorhinostomy (DCR) is considered to be a good alternative to external DCR for the treatment of epiphora. This study aims to compare success rates between use Rongeur only for formation of the rhinostomy to those using both Rongeur and drill.

**Methods:** We retrospectively reviewed all primary endonasal DCRs performed in our unit for the treatment of epiphora from 2008-2012. Success was defined as a subjective report of eye watering being ‘better’ or ‘cured’ at six month follow up.

**Results:** Sixty patients underwent endonasal DCR. The success rate overall was 43/57 (75.4%). Success rate with Rongeur only was 22/32 (68.8%), with both Ronge and drill combined it was 21/25 (84.0%). Difference p=0.23 Fisher’s exact test.

**Conclusion:** This study demonstrates good success rates for DCR with a better success rate achieved though use of the Rongeur and drill together, although with small numbers this has not achieved significance. This improved success is likely to be due to the ability to make a more superiorly placed rhinostomy with use of the drill. Our results suggest that using Rongeur and drill together may optimise the success of endonasal DCR and subsequently achieve success rates closer to those of the external approach.