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 return admission rates between these modalities. A strong positive correlation was seen between delay in surgery and total hospital stay (R = 0.72, p = 0.004).

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.

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0997: COMPLETION PARTIOTECTOMY: A DGH EXPERIENCE – HOW DO WE COMPARE?

E. Hallett*, H. Fox, S. Berry. Royal Glamorgan Hospital, Llantrisant, UK.

Aim: To assess morbidity associated with return to theatre for completion parotidectomy compared with primary total parotidectomy.

To assess the sensitivity and specificity of our FNA results compared to fixed formalin tissue histology.

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.

Overall 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
the awareness of emergency department (ED) doctors since publication of the safety alert.

Method: A survey assessing the recognition and management of button battery ingestion was distributed to all EDs within the West Midlands region.

Result: 175 responses were collated: 39% SHOs, 30% foundation level trainees, 21% registrars, and 10% consultants. 59% were unaware of a departmental protocol, 30% denied routinely asking about the possibility of an ingested button battery, whilst only 27% were aware of the timeframe for potential mucosal damage. 25% were aware of the importance of immediate retrieval (CEPOD 1). Of the 10% aware of the diagnostic workup, only 11% and 6% correctly recognised the halo sign and step contour as discriminating radiological features.

Conclusion: Despite repetitive concerns, this survey highlights training and protocol implementation remain substandard. A standardised assessment and management protocol for EDs is strongly advocated.

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1201: DAY CASE TONSILLECTOMY – A 5 YEAR PROSPECTIVE REVIEW
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Aim: According to the National Prospective Tonsillectomy Audit (NPTA) 2005, more than 80% of patients were admitted overnight for a tonsillectomy procedure. The Department of Health set out a NHS Plan that 75% of all surgery should be performed as daycase. The tonsillectomy commissioning guide 2013 also recommends daycase.

Method: Morning theatre sessions were set up dedicated for daycase surgery. All patients operated on for tonsillectomy and/or adenoidectomy were included, except if already deemed they needed an overnight stay. A data-capture proforma was completed for each patient and were followed up for reasons for delayed discharges (not discharged same day) or readmissions.

Result: 471 cases were included: 263 Tonsillectomy (134 paediatric, 129 adult), 78 Adenontonsillectomy(74 paediatric, 4 adult) and 130 Adenoidectomy (128 paediatric, 2 adult). Adults were defined as 18+ years old. There was an overall rate of 15 delayed discharges (3.2%) with a primary bleed rate of 1.3% (vs. 0.6% NPTA); and 15 readmissions (3.2% vs 3.5% NPTA) with a secondary bleed rate of 2.3% (vs. 3% NPTA).

Conclusion: Overall, the sum post-operative bleed rate is equivocal to the NPTA, however, our readmission rate is lower. On the basis of our results, we support the provision of daycase adenoma–tonsillectomy.

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1210: AUDIT OF RED FLAG REFERRALS FROM GPS FOR SUSPECTED HEAD AND NECK CANCER
C. Brown , R. Adair. Ulster Hospital, Belfast, UK.

Red flag referrals are made by GPs when there is a suspicion of a cancer diagnosis. GPs are provided with guidance by the Northern Ireland Cancer Network (NICAN). This audit investigated the red flag referrals made by GPs within the South Eastern HSC trust to the ENT service, Ulster Hospital Dundonald for suspected Head and Neck cancer (HNC).

Aim: I. All referrals made appropriately according to the NICAN guidelines
2. 100% of patients referred to be seen at outpatient clinic within 14-days.

Method: 145 patients who had a red flag referral made between 1st January 2014 and 31st December 2014 were identified.

Result: 49 out of 145 were appropriate referrals (33.8%) compared to 95 out of 145 inappropriate referrals according to NICAN guideline (65.5%). 10 HNC diagnoses made within the 145 patients (6.9%). “Pick-up” rate of 14.3% when a patient had been referred appropriately compared with a 2.1% rate when not.

Conclusion: Results of audit disseminated with suggestion for use of a pro forma referral form to ensure that a specific criterion within the guidelines is selected when referring. Aim to re-audit the period of time that the pro forma was in use to establish if any improvement.

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1236: COMPARATIVE STUDY OF SINO-NASAL OUTCOME TEST 22 (SNOT-22) SCORES AMONG RHINOLOGY PATIENTS
M. Junaid , A. Mitchell-Innes, M. Cameron, Y. Takwoingi. City Hospital, Birmingham, UK.

Aim: The SNOT-22 is a symptom-based questionnaire that can be utilised to assess the impact of sino-nasal disease on quality of life. The aim of this study was to evaluate and compare SNOT-22 scores among several sino-nasal conditions and treatment strategies.

Method: Data were collected from SNOT-22 questionnaires completed by patients attending an ENT clinic between 2010 and 2015. Patients were excluded if less than 14 years old or if pre or post-treatment scores were unavailable. Each patient was allocated a specific domain according to weighting of predominant symptoms (nasal, ear/facial, sleepiness, emotional).

Result: In total 299 patients were included. Deviated nasal septum (DNS) was the most prevalent diagnosis (39%), and showed the greatest reduction in post-treatment scores (average -14 reduction). Septoplasty with cautery of inferior turbinates had the greatest decrease among treatment modalities (-23). Nasal was the most prevalent domain (47%), with the emotional domain exhibiting the greatest fall in scores (-17).

Conclusion: This study has demonstrated the potential of SNOT-22 scores to predict sino-nasal disease outcomes according to patient characteristics, primary pathology and treatment modalities. Furthermore such tests can help to quantify treatment efficacy in order to expand our evidence base for management of specific diseases.

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1277: WHAT IS THE BEST SUPPORTIVE MANAGEMENT FOR ADULTS REFERRED WITH TONSILLOPHARYNGITIS? THE BESMART1 PATIENT AND PROFESSIONAL SURVEY
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Aim: With over 74,000 admissions per year in England, tonsillopharyngitis represents a significant health burden. Evidence from the BeSMART1 Observational Study suggests that no secondary care interventions affect outcomes. Here, we explore the beliefs and expectations of patients and professionals in order to develop novel care interventions.

Method: Prospective multi-centre trainee research collaborative survey Interim patient survey results (n = 25 of 40) Professional survey results (n = 40; 20 primary and 20 emergency care)

Results: Median duration of symptoms before admission was 3 days (range 1-10). Most patients chose inability to swallow (32%) as their reason for admission. 90% of health professionals were not aware that a single dose of steroid could help resolve pain faster but, after reading the evidence, 80% would consider this in future.

Most patients (68%) would have liked their medication in suspension form. However, most professionals (85%) provided medication in tablet form. A majority of patients (72%) said they would have been happy to avoid admission if they had had access to medication in suspension form.

Conclusion: In conclusion, disparities exist between patients’ expectations and health professionals’ ability to address them. We hope to address these issues through: patient education and improvements in prescriber awareness.

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1346: A SYSTEMATIC REVIEW OF OTOLOGICAL INJURIES CAUSED BY AIRBAG DEPLOYMENT