assessed between MKH and NGH: we found the team was introduced 17% & 18%, curtains were drawn 70% and 35%, summary given to nurse 44% and 85%, summary given to patient 99% and 87%, patient concerns elicited 92% and 62%, patients understood the plan 95% and 75%, nurse knew the plan 60% and 89%.

**Conclusion:** We found poor nurse attendance, team introduction to patients and we weren’t always drawing curtains for examination. However, we did demonstrate good patient-doctor communication. Data was presented to nursing staff and nurses have amended duties to facilitate better nurse attendance, plus raising awareness of patient dignity and privacy.

**0785: TREATMENT OF FACIAL PALSY AFTER RECURRENT PLEOMORPHIC ADENOMA SURGERY USING ELECTRICAL STIMULATION**

S. Goldie a, J. Sandeman a, R. Cole b, S. Dennis c, I. Swain d. a Salisbury District Hospital, UK; b National FES centre, UK

**Aim:** To determine if electrical stimulation improves facial function in patients with facial palsy after recurrent pleomorphic adenoma resection.

**Methods:** Two subjects suffering from significant facial palsy after recurrent pleomorphic adenoma surgery were recruited and treated with electrical stimulation twice daily for 24 weeks. Baseline measures including facial measurements, House-Brackman and Sunnybrook scores were recorded and compared to those at the end of the study. Adverse effects such as synkinesis and Frey’s syndrome were assessed during the study.

**Results:** Subjects recovered good facial function demonstrating Sunnybrook scores of 54 and 64 that improved to 88 and 96 respectively. Both resting facial symmetry and movement symmetry were noted to improve. Neither subject demonstrated adverse effects of treatment.

**Conclusion:** Electrical stimulation is a safe and promising treatment that may improve facial palsy in patients who have undergone resection of recurrent pleomorphic adenoma. Larger studies are required assess its efficacy.

**0801: DOES THE ENT URGENT CLINIC WORKLOAD IMPROVE AS TRAINEES GAIN EXPERIENCE?**

A. Ashman. University Hospitals Bristol NHS Foundation Trust, UK

**Aim:** Many trainees come to ENT firms with little prior experience. We wished to establish whether degree of experience had an effect on the urgent clinic workload, and whether this changed as the trainees gained experience.

**Methods:** Retrospective analysis was performed using four months of ENT urgent clinic data. Overall clinic waits were calculated, and the number of follow-ups booked by each SHO was established. These were combined to provide totals for the firm’s GP trainees (n = 5) and non-GP trainees (n = 5).

**Results:** GP trainees were more likely to book follow-ups than non-GP trainees (p = 0.002). Over the four-month period, the number of follow-ups booked by GP trainees fell from an average of 20 to 11 bookings per week (p = 0.02). Meanwhile there was no change in the average 8 bookings per week by non-GP trainees (p = 0.9). The overall clinic waiting time fell from 6.52 to 5.31 days over the same period (p = 0.001).

**Conclusion:** While GP trainees are more likely than their non-GP counterparts to follow up their patients in ENT urgent clinic, the gap quickly closes with appropriate training and increasing confidence. This highlights the importance of good education for trainees.

**0811: ADULT ONSET RECURRENT RESPIRATORY PAPILLOMATOSIS: AN EVOLVING PATTERN**

N. Blackwell a, A. Banigo c, G. MacDougall. NHS Lothian, UK

**Aim:** Recurrent Respiratory Papillomatosis (RRP) is a disease caused by HPV. Current literature suggests the prevalence of adult-onset RRP is 1.8-2.3 per 100,000, that patients are from low socioeconomic backgrounds and that the median age of adult onset is 34. The evidence for malignant transformation is based on small studies, a recent study found the malignant transformation rate to laryngeal carcinoma to be 2.7%. The aim of this study was to determine patient demographics, prevalence and risk of malignant transformation of adult patients with RRP in a sample population of 800,000.

**Methods:** Retrospective analysis of patients diagnosed with RRP in a regional Scottish unit between 2003 and 2014.

**Results:** 67 patients were identified giving an RRP prevalence of 8.4 per 100,000, the median age at diagnosis was 38 (range 19-92, mean 42.3). Socioeconomic status: 6 patients were class I (managerial, professional); 18 class II (intermediate) and 7 class III (manual workers). 3 patients were students or unemployed and status was unknown for 33 patients. The malignant transformation rate was 4.5%.

**Conclusion:** There appears to be an evolving pattern of RRP with older economically active patients being affected and a higher than expected malignant transformation rate.

**0820: DENTAL SINUS INFECTIONS: WHY ARE WE STILL MISSING THE WELL-DOCUMENTED DIAGNOSIS?**

P. Chadha b, F. Bast, J. Collier. Chelsea and Westminster Hospital, UK

**Aim:** Dental infections, salivary gland lesions, neoplasms and developmental abnormalities can cause oral cutaneous fistulae, fistulae of the neck and intraoral fistulae. Published case reports deliver the same message: that these lesions are misdiagnosed and treated late and ineffectively and this remains a significant, on-going problem.

**Methods:** We performed a retrospective review of 5 consecutive dental sinus infections between June 2013 and January 2014 that were misdiagnosed initially. Information was extracted from the medical case notes.

**Results:** Dental sinus infections were misdiagnosed in all 5 cases. Age range: 12-87 years amongst 3 male and 2 female patients. Each patient presented with a non-healing lesion and all were given either oral or topical antibiotics. Patients were eventually referred to the craniofacial department where they all received an orthopantogram and underwent dental extraction, which led to complete healing.

**Conclusion:** Cutaneous facial sinus tracts of odontogenic origin are often initially misdiagnosed which leads to prolonged and inappropriate treatment. Correct diagnosis and treatment will result in predictable and rapid healing of these lesions and thus it is essential to record these case series, to ensure that medical professionals are aware of the presenting symptoms, which can often be very subtle.

**0839: INCIDENCE OF PINNA HAEMATOMA IN MIXED MARTIAL ARTS**

E. Scott a, A. Patel b, S. Ghosh a. a University of Leeds, UK; b Bradford Teaching Hospitals, UK

**Aim:** Mixed martial arts (MMA) is a full-contact combat sport, with a rapidly growing international fan base. Despite this, research into injuries sustained in MMA is limited, with no published UK data.

**Methods:** An online questionnaire was designed asking MMA fighters specific questions relating to pinna haematomas and the effect this injury had on their lives. A target sample size of 88 was calculated as statistically significant.

**Results:** 89 responses were included in the study, of which 51 fighters reported sustaining a pinna haematoma in their MMA career (57.3%). This caused 15 fighters to stop contact training, 44 fighters sought treatment, of which they were most commonly self-treated (36.4%), 22.7% received treatment at hospital, 15.0% had treatment from their GP and 15.0% had their treatment from a coach/trainer. 15% of fighters reported some effect on sleep due to pain. 17.3% reported concern about their appearance and 19.6% reported an effect on their hearing. 58.8% reported being left with a permanent deformity, 7 fighters would consider cosmetic surgery if available.

**Conclusion:** This study is the first of its kind in the UK. Pinna haematomas are common amongst MMA fighters and cause more morbidity than previously acknowledged.

**0852: A SIMPLE CONNECTION DEVICE FOR NEEDLE CRICOTHYROIDOTOMY AND PERCUTANEOUS TRANSTRACHEAL VENTILATION**

F. Haarer a, B. Fu. Guy’s Hospital, UK

**Aim:** In a “Can’t Ventilate, Can’t Intubate” situation, cricothyroidotomy can be life saving when standard non-invasive airways procedures are not possible.
The technique of needle cricothyroidotomy and percutaneous trans-tracheal ventilation using a large bore venflon and oxygen tubing with a side hole cut out has been widely described in the literature. The connection between the oxygen tubing and the venflon can be a poor fit, which requires modification, and cutting a side hole on the oxygen tubing can be tricky in an emergency situation. We describe a novel connection device that allows easy connection of the cricothyroidotomy venflon to any ventilation device.

**Methods:** After correct placement of a large bore venflon into the trachea, a 10 ml syringe (with the plunger removed) is connected to the end of the venflon. A size 7-cuffed endotracheal tube is then inserted into the syringe and the cuff inflated. The endotracheal tube can then be connected to any ventilation device directly.

**Results:** The senior author has used this technique over the last 5 years with good results and no complications to date.

**Conclusion:** We described a simple technique in connecting to needle cricothyroidotomy venflon to ventilation devices using equipment readily available in all hospitals.

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**0902: DICLOFENAC PRESCRIBING AFTER TONSILLECTOMY**

L. Cheung*, H. Patmore. **Frimley Health NHS Trust, UK**

**Aim:** Post-tonsillectomy analgesia must be effective to reduce the risk of bleeding and infection. Commonly non-steroidal anti-inflammatory drugs including Diclofenac are used. The Medicines and Healthcare products Regulatory Agency (MHRA) and our institution issued advice during summer 2013 to reduce prescriptions of Diclofenac over concerns regarding cardiovascular safety in addition to its gastrointestinal bleeding risk profile. We aimed to evaluate the post-operative use of Diclofenac for tonsillectomy patients and review the effects of the MHRA notification and adaptations to the electronic discharge prescription (EDP) form on subsequent prescribing practice.

**Methods:** Retrospective review of completed EDPs for adult tonsillectomy patients before (November 2012-June 2013) and prospective review after the MHRA notification (August 2013-October 2013), and after adaptation to EDP forms took place (November 2013-June 2014).

**Results:** N = 150. The proportion of Diclofenac prescriptions fell from 82% to 57% after MHRA notification (P = 0.02) and furthermore to 0% after changes to the EDP form (P = 0.0001). There were no significant changes in readmission rates for pain or bleeding.

**Conclusion:** The interventions have resulted in significant reduction in the number of prescriptions of Diclofenac in post-tonsillectomy patients and significantly improved adherence to trust prescribing policy, without any significant effect on readmission rates for pain or bleeding.

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**0927: THROAT SWABS IN THE INVESTIGATION OF TONSILLITIS; DO WE USE THEM APPROPRIATELY AND WHAT DO THEY YIELD?**

P.D. Chakravarty*, E. Black, K. Ah-Seeb. *University of Aberdeen, UK; †Aberdeen Royal Infirmary, UK

**Aim:** SIGN guidelines and NICE knowledge summaries dictate that throat swabs should not routinely be used in the investigation of sore throats but used to establish aetiology in recurrent severe tonsillitis prior to tonsillectomy.

**Methods:** We explored whether throat swabs are being used appropriately and what organisms are being isolated. All throat swabs that cultured successfully at ARI 2012-2014 were gathered. Samples were excluded if there was insufficient clinical information, or if they investigated anything other than a sore throat.

**Results:** 581 swab results were obtained, 266 (45.8%) were carried out with no background of chronicity or severity. The majority (82.8%) of swabs grew Candida Species, however only 7% of these infections clinically resembled thrush. Streptococcus Species (Groups A, B, C, G) contributed 16% of positive cultures. Growth of Candida was not associated with recurrence or persistence.

**Conclusion:** The growth of Candida was an unexpected result that is not well documented in literature, though we could not determine whether it was cultured as a commensal or pathogen. Our results suggest that throat swabs are still being used widely to investigate sore throats and that few throat swabs yield clinically useful results that influence patient management. Greater awareness is required around the unnecessary routine use of throat swabs.

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**0933: ARE ENT TRAINEES GIVEN ENOUGH TIME TO OPERATE?**

K. Lee*, R. Green, R. Adamson. **St Johns' Hospital, Livingston, UK**

**Aim:** The European Working Time Directive has caused concern with reduced surgical training times. Operations are often listed without knowing the grade of surgeon performing the operation. We aimed to assess if operations were listed with appropriate slot lengths for trainees to complete tonsillectomies, septoplasties and grommet insertion.

**Methods:** Data was collected retrospectively for 30 cases for each operation from the ORSOS database completed at St Johns' Hospital, Livingston in 2014. Data was analysed using student t-test.

**Results:** There was wide variation between slot lengths for all operations. The average duration was 47 minutes for tonsillectomies, 53 minutes for septoplasties and 25 minutes for grommets. For tonsillectomies the difference between slot length and operation duration was -5 minutes for registrars and -16 minutes for core trainees.

**Conclusion:** There was no standard time for operation slot requests. For tonsillectomies, the listed times were not appropriate for trainees. Using suggested standardised times of 55 minutes for tonsillectomies, 60 minutes for septoplasties and 25 minutes for grommets, this would enable the majority of surgeons to complete the operation. Had this been carried out for the data collected, 234 operating minutes would have been saved and could have been used for further training.

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**0979: WHAT ANTIBIOTICS SHOULD WE ADMINISTER FOR PAEDIATRIC ORBITAL CELLULITIS? A NATIONAL SURVEY OF NHS TRUSTS**

S. Mahalingam*, C. Limb*, R. Srinivasan*, P. Riley*, S. Khemani*, C. East Surrey Hospital, UK; †St George’s Hospital, UK

**Aim:** Paediatric orbital cellulitis is an ENT emergency. A recent case highlighted a discrepancy in antibiotic choice between the Paediatric and ENT teams. The aim of this study was to identify the antimicrobial regimes most commonly employed throughout the UK, and develop an understanding of the rationale behind their use.

**Methods:** ENT teams in 40 units were contacted and asked to complete a short questionnaire, which addressed the management of children presenting with this condition. A literature search of the various antimicrobial policies was carried out and advice was sought from the local microbiology department.

**Results:** Twenty-eight units responded (response rate 70%). Ten trusts (36%) had no policy requiring joint input from paediatrics, ENT and ophthalmology for high-risk patients. Six trusts (21%) had no antimicrobial guidelines for paediatric orbital cellulitis.

**Conclusion:** There was wide variation in the number of prescriptions of Diclofenac in post-tonsillectomy patients and significantly improved adherence to trust prescribing policy, without any significant effect on readmission rates for pain or bleeding.

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**0997: HOW WELL ARE WE SCREENING FOR EPSTEIN BARR VIRUS (EBV) IN ACUTE TONSILLITIS**

E. Gosnell*. **Fairfield General Hospital, UK**

**Aim:** EBV infection is a common cause for acute tonsillitis—contributing to 12% of tonsillitis hospital admissions. Infectious mononucleosis patients typically have a prolonged hospital admission with splenic rupture a rare but potentially fatal complication. The aim; to assess whether our patients were being screened for EBV, enabling us to inform and advise those with active infection.

**Methods:** A two-cycle retrospective clinical audit. All adult patients admitted over 8-weeks with acute tonsillitis or peri-tonsillar abscesses...