Conclusion: There is a significant difference in the rectal cancer distribution within this geographical area, specially with regards to the CRM positivity. Mortality is higher in CRM positive group. Larger studies would enhance the understanding of the demographics of rectal cancer distribution within this region.

0939 AUDIT OF FLEXIBLE NASOENDOSCOPE DECONTAMINATION – CLINICAL EFFICACY AND COST EFFECTIVENESS

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Aim: Flexible nasoendoscopy is an essential tool in the current practice of Otorhinolaryngologists. ENT UK guidance on Flexible Nasoendoscope decontamination states that the ideal disinfecting agent and process should be effective and has low capital and maintenance costs. Our objective is to compare the efficacy and cost effectiveness of chlorine dioxide wipes versus automated wash.

Methods: The tip of flexible nasoendoscope is immersed into a culture of Staphylococcus epidermidis (STE), with microbiological swabs taken from the tip of the flexible nasoendoscope before the immersion and after the process of decontamination with either chlorine dioxide wipes or automated wash. Microbiological swabs are then checked for growth of STE. Cost calculation was performed.

Results: Post-decontamination, samples from Chlorine dioxide wipes showed 2% (1 out of 50 swabs) growth of STE as opposed to 28% (14/50) from the automated wash. P = 0.00. On a 10-year cost calculation, the automated wash had a lower cost.

Conclusion: Further studies are required to see if the results are replicable. Study should be performed on real patients to check the significance of improper decontamination.