1360: COMPLICATIONS AFTER TONSILLECTOMY IN PAEDIATRIC PATIENTS
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Introduction: What is the true complication rate of paediatric tonsillec-
tomies? The most common complications are: Primary haemorrhage 1-2%,
secondary haemorrhage 2-5%, pain, nausea, and dehydration.
Methods: Retrospective review of paediatric tonsillecctomies performed
between June 2013 and December 2013 at Whipps Cross Hospital. Data
was collected by electronic records and telephone survey.
Results: 110 paediatric tonsillecctomies were carried out on 65 males
and 45 females, average age being 6 years 7 months old. 90% had bipal
disection and 10% had cold-steel tonsillecctomy. 100% of patients received
paracetamol, 98% had ibuprofen, 69% had diffam, 62% had antibiotics and
18% had codeine prescribed on discharged. 90/110 responded to the
telephone survey. 31/90 (34%) sought further advice in the post-operative
period; 17/31 came to A&E (3 were not admitted 13 were admitted for
medial management and 1 returned to theatre), 11/31 visited their GP and
3/31 called for advice. The main complaint was bleeding 35%, pain 35%,
infection 19%, nausea 6% and stridor 3%.
Conclusions: A third of patient’s sought advice post-operatively. A new
protocol for tonsillecctomy has been implemented which includes stand-
ardised peri-operative techniques, post-operative prescriptions and pa-
tient information leaflet on discharge. A re-audit will be undertaken,
assessing the effectiveness of these changes.

1371: LOW PRIORITY PROCEDURES IN ENT
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Brighton, UK.
Introduction: In 2007 our Primary Care Trust (PCT), now known as Clinical
Commissioning Groups (CCGs), introduced low priority procedure
(LPP) restrictions on a number of ENT procedures, including tonsillecctomy
and grommets. Their aim was to reduce annual expenditure on unnec-
tical Commissioning Groups (CCGs), introduced low priority procedure
on discharge. A re-audit will be undertaken,

1374: 3 YEAR EXPERIENCE OF DAY CASE HEMITHYROIDECTOMY – PA-
IENT REPORTED OUTCOMES
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of Anaesthetics, Monklands Hospital, Airdrie, Lanarkshire, Scotland, UK.
Introduction: Elective hemithyroidectomy is a common operation with low
complication rates. The aim of this study was to assess the safety,
patient satisfaction and outcome of day case hemithyroidectomy.
Methods: A prospective audit of all patients undergoing hemi-
thyroidectomy in a single institution over a three year period. All patients
who undergo a hemithyroidectomy have a bilateral superficial cervical
block, xylocaine with adrenaline and minimal opioid use. Meticulous
haemostasis is used to avoid the use of a drain. All patients filled in
satisfaction questionnaires 1 week post-op.
Results: 135 patients had a hemithyroidectomy over the three years.
Average age 50 years (24-77). Male to female ratio 3.9:1. Average length of
stay 0.47 days (0-6), 66% of patients had their operation performed as a
day case. There were no haematomas requiring a return to theatre and no
drains inserted. No patient required readmission after discharge. The
average patient satisfaction score as a day case was 9.09 (0:not satisfied to
be discharged – 10: very satisfied to be discharged). The average pain score
day 1 post op was 3 (0 no pain -10 worst pain).
Conclusions: Day case hemithyroidectomy is very agreeable to patients
and if appropriate analgesia is used then post-operative pain is mini-

1376: EPISTAXIS MANAGEMENT: IS THERE A ROLE FOR FLOSEAL?
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Introduction: Epistaxis is the most common emergency encountered by
otorhinolaryngologists, with more than 27000 patients presenting to
emergency departments (ED) in 2009. Patients are managed in a step-
wise approach from conservative and escalating to more invasive
treatments Floseal a haemostatic gel that stops arterial bleeding, was
introduced as an adjunct. We wanted to ascertain if patients could be
managed effectively using floseal and discharged on the same day,

1395: ROLE OF TC99M SESTAMIBI SCAN AND PARATHYROID HORMONE
(PTH) MONITORING IN PARATHYROID SURGERY
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Introduction: Parathyroid surgery for hyperparathyroidism has moved from
traditional four gland exploration to minimally-invasive procedure
with advent of better imaging tools (sestamibi), intraoperative PTH
monitoring and endoscopic techniques. Intra-operative-PTH-assay is
useful as PTH has half-life of only 10 minutes in vivo. In our hospital,
parathyroid operation is accomplished with pre-operative Sestamibi scan
and PTH monitoring at Day-one post-operatively. Intra-operative-PTH
assay is done only in selected patients. Our aim was to analyse the outcome
of parathyroid-surgery and correlate Sestamibi localisation of parathyroid-
adenoma with operative findings.
Methods: Retrospective chart review of 40 patients from 2009-12.
Results: 55% of patients presented with incidental hyper-calcaemia and rest
had varied clinical presentations (renal calculi,failure, fatigue, dehydration, fractures etc); Majority 30/40 were females. Mean age was 58
(range 22-88). Average operative time was 50 minutes. Post-operative
calcium and PTH levels returned to normal in 38/40 patients. Sestamibi
localised parathyroid-adenoma in 28/40 patients and correlated correctly
with operative findings. In 12/40 patients with no localisation, four gland
exploration was done. Two patients needed re-exploration and intra-op-
PTH monitoring was used.
Conclusions: In our view, pre-operative Sestamibi scan is sufficient in
majority of patients. Four gland exploration and expensive intra-operative
PTH assay are useful in selected patients with negative scan who need re-
explorations.

Hepatopancreatitis
0024: TIMING OF CHOLECYSTECTOMY AFTER GALLSTONES PANCREA-
TITIS; CURRENT PRACTICE OF A LOCAL TRUST
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Sudhakar Mangam. EKCH, East Kent, UK.
Introduction: The guidelines state that patients with mild gallstones
pancreatitis should undergo definitive management for gallstones during
the same admission or within the next two weeks. The aim of this audit
was three fold; firstly, to assess the timing at which patients were offered a