Aim: Recent changes to undergraduate medical curriculum has seen formal teaching time for ENT surgery limited to as little as 1 week in a 5-6 year program. This undoubtedly impacts junior doctors’ understanding of the specialty and perhaps their ability to deal confidently with common ENT emergencies. This survey assesses the current understanding and confidence in epistaxis management of junior doctors in West London.

Methods: A 9-point survey was circulated amongst junior doctors (FY1 & 2) at four West London teaching hospitals. Question points assessed understanding of the principles of epistaxis management, adjunct devices, overall confidence and their exposure to ENT surgery in undergraduate teaching.

Results: 102 junior doctors completed the survey. 66% knew appropriate first aid measures. 33% applied pressure to the boney nose. 85% were aware of adjunct first aid options such as topical ice. 19% offer post-epistaxis advice routinely. 30% of junior doctors felt confident in managing epistaxis. Mean undergraduate ENT teaching was 1 week (<1-4 weeks).

Conclusion: Junior doctors lack confidence and some understanding in management of epistaxis. This is a common and potentially life-threatening ENT emergency and foundation curriculum should address this, perhaps in the form of practical skills training.

0583: AUDIT OF PHARYNGEAL POUCH SURGERY IN DERBY FROM 2007–2014, ARE WE FOLLOWING NICE GUIDANCE?

R. Sahota, G. Wijayasingim, J. Ahmed. Royal Derby Hospital, Derby, UK

Aim: Current evidence from NICE on the safety and efficacy of endoscopic stapling of pharyngeal pouches appears adequate to support the use of this procedure, provided that normal arrangements are in place for consent, audit and clinical governance. Our aim was to locally audit and evaluate pharyngeal pouch surgery practice in Derby by comparing it to NICE recommendations for interventional procedures [NICE IPG22].

Methods: We reviewed the case notes of patients who had undergone pharyngeal pouch surgery from 2007-2014. Data obtained included demographics, procedures performed, complications and outcomes. The main outcome measures used were open surgery conversion rates and complications.

Results: We identified 47 operations, upon 37 different patients. The revision rate was 19.1%. Three of the 47 operations performed were via an external approach, two of which were planned and one was a conversion post-failed stapling, leading to a 2.1% conversion rate from failed stapling. Four cases that underwent endoscopic stapling were complicated by perforations.

Conclusion: NICE guidance was followed and our audit results are similar to other published series. We suggest that pharyngeal pouch operations should be undertaken only by otolaryngologists with a specific head and neck interest with regular auditing of outcomes.

0596: ENDOSCOPIC INVESTIGATION AND MANAGEMENT OF INTRACTABLE MENIERE’S DISEASE

C. McCaffer*, L. Fraser, A. Iyer. NHS Lanarkshire, UK

Aim: Application of medication into the middle ear allowing diffusion through the round window has revolutionised the management of Menière’s disease. However, cadaveric studies have demonstrated 21% of temporal bones have an obstructing extraneous round window membrane. We present a case of endoscopic investigation and successful treatment of intractable Menière’s disease where transtympanic gentamicin injection failed due to extraneous membrane formation. A 37-year-old female was experiencing disabling vertiginous attacks due to Menière’s disease despite multiple trans-tympanic Gentamicin applications. Endoscopic tympanotomy identified round window obstruction with a pseudo membrane. The round window niche was widened using a skitter drill and curette. Gentamicin was instilled into the middle ear.

Results: The patient has since remained symptom free for five months.

Conclusion: We recommend endoscopic tympanotomy in patients with intractable Menière’s disease who fail to respond to initial gentamicin treatment. Any identifiable round window pathology can be managed in this way and the position of the round window membrane can be confirmed. Thus any potential labyrinthine destructive operations may be avoided.

0625: HEARING OUTCOMES OF ACTIVE MIDDLE EAR IMPLANT VERSUS BONE CONDUCTION DEVICE IN UNILATERAL AURAL ATRESIA: A SYSTEMATIC REVIEW

G.M. Jama a, b, N.P. Donnelly b, c. a University of Cambridge School of Clinical Medicine, UK; b Addenbrooke’s Hospital, UK

Aim: With the advent of new and more widely accessible implantable hearing devices, more options are available for hearing rehabilitation in patients with unilateral conductive hearing loss secondary to congenital aural atresia. We review the literature to evaluate the existing data on hearing outcomes following the application of an active middle ear implant (AMEI) or an osseointegrated bone conduction device (BCD) in this patient group.

Methods: A formal literature search using pre-defined key words was undertaken. Data on the type of hearing device implanted, the number of patients treated, and hearing outcomes were obtained from eligible studies.

Results: Of 411 articles identified, 11 papers contained sufficient information to be included in the analysis. Both hearing devices were associated with favourable aided hearing thresholds and stable hearing results. In BCD users, directional hearing did not appear to be compromised despite cross-stimulation of the cochlea contralateral to the implanted side by means of bone conduction. Disadvantages of the AMEI and BCD included a relatively complicated surgical procedure to place the device and special postoperative care required for the skin-penetrating abutment, respectively.

Conclusion: Current data from the literature suggest that AMEIs and BCDs offer comparable postoperative hearing results.

0664: JUST STOP THE BLEEDING: HOW KNOWLEDGEABLE ARE DOCTORS ABOUT NOVEL ORAL ANTICOAGULANTS (NOACS) AND HOW DOES THE INCREASED USE OF THESE DRUGS AFFECT THE MANAGEMENT OF PATIENTS PRESENTING WITH EPISTAXIS?

J. Karim*. Singleton Hospital, UK

Aim: Epistaxis commonly affects children and adults after the fifth decade. Patients in the latter group are also more frequently diagnosed with atrial fibrillation and subsequently require anticoagulation to reduce the associated risk of stroke. NOACs (rivaroxaban, dabigatran and apixaban) are increasingly being prescribed as an alternative to warfarin as these formulations do not require regular monitoring of anticoagulation effect. The number of patients who experience epistaxis whilst taking warfarin is well described. However, clear guidance does not currently exist for the treatment of patients who present with epistaxis following the initiation of a NOAC.

Methods: A ten-question survey was distributed to otolaryngology registrars and junior doctors to assess their basic knowledge about NOACs and evaluate their ability to manage patients who present with epistaxis whilst taking a NOAC.

Results: There was a significant lack of knowledge about the formulations amongst respondents with only 26% being able to identify the indication for prescribing a NOAC and less than 10% who were aware of the assays required to determine plasma concentrations of the drugs.

Conclusion: There is a need for the creation of a guideline for the management of patients who experience epistaxis whilst being anticoagulated with a NOAC.

0732: A MULTI-CENTRE WARD ROUND AUDIT IN ENT SURGERY

H. Tailor*, A. Qureishi. Oxford Deanery, UK

Aim: Ward rounds are an essential part of inpatient care. The Royal College of Physicians (RCP) have published guidelines on best practice for carrying out ward rounds which are endorsed by the Royal College of Surgeons of Edinburgh.

Methods: Using the domains set out in the guidelines by the RCP, ward round practice was evaluated at Milton Keynes General Hospital (MKH) and Northampton General Hospital (NGH) over a four month period.

Results: Most attendance was by the SpR and SHO with 5% nurse attendance of ward rounds at MKH and 54% at NGH. Of the remaining domains
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, b, J. Sandeman a, R. Cole a, S. Dennis a, L. Swain a. 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 to 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. Banigo, 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, 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 orthopantomogram 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 HEMATOMA IN MIXED MARTIAL ARTS

E. Scott, A. Patel, S. Ghosh. 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 an effect on their hearing. 58.8% reported being left with a permanent deformity, 7 fighters reported some affect on sleep due to pain. 17.3% reported concern about their appearance and 19.6% reported some affect 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, 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.