0840: ENT EMERGENCIES QUICKGUIDE: A ONE-PAGE APPROACH IN AIDING JUNIOR DOCTORS COVERING ENT SPECIALITY
Alex Gan, Anu Daudi, Surya Narayan. Royal Blackburn Hospital, Blackburn, Lancashire, UK.
Aims: To assess if the introduction of ENT Emergencies Quickguide can aid junior doctors and improve confidence when managing ENT emergencies.
Methods: 2 cycles of survey (3 months apart) were carried out to gauge confidence of six Maxillo-facial doctors in managing ENT emergencies. After the first cycle, poster-sized Quickguide were made available in treatment rooms and A4 card or PDF (for smartphones) copies given to participants. Prospective audit for frequency of use was also carried out.
Results: 6/6 questionnaires were completed (both cycles). Average acute ENT patients seen during cross-cover: (n=3). Two-thirds of participants referred to Quickguide for “all patients”, and the rest used it for “most patients”. Most references were made in the first 2 months (38 times/44 days). Confidence level improved among participants in managing ENT patients from “Not at all confident” (First cycle) to “Somewhat confident” (Second cycle). Concise algorithmic layout in managing ENT emergencies and cues to contact seniors early (Traffic Light System) were among the positive comments from participants.
Conclusions: Junior doctors cross-covering ENT frequently have little experience in managing acute emergencies. The introduction of the QuickGuide manual is a valuable adjunct to existing departmental handbooks in aiding junior doctors to manage patient more confidently.

0861: EARLY SURGICAL INTERVENTION VERSUS CONVENTIONAL TREATMENT IN POSTERIOR EPISTAXIS: A SYSTEMATIC REVIEW
Yogesh Mahalingappa, Muhammad Shakeel, Yakubu Karagama, V. Vallamkondu, M. Subhani. Tameside Hospital, Ashton Under Lluye, UK.
Background: Posterior epistaxis is a difficult problem and there is no universally agreed treatment protocol. It is often managed by nasal packing followed by surgical intervention after nasal packing fails. This approach has serious implications for the patient and its cost effectiveness is questionable.
Aim: To compare the effectiveness of early surgical intervention with conservative treatment in posterior epistaxis.
Methods: A systematic review. Potentially eligible articles were identified from the following electronic databases: MEDLINE, EMBASE, and The Cochrane Library including the Cochrane Central Register of Controlled Trials, DARE. Data were extracted from the eligible studies according to a protocol developed for the purpose this study.
Results: Two prospective RCTs and four retrospective reviews were included. Both RCT have reported reduced re-bleed rates in early surgical treatment compared to the conservative management. These differences were not statistically significant. However, there was statistically significant reduction in hospital stay and cost in both RCTs with early surgical intervention. The findings from RCTS were supported by all retrospective reviews.
Conclusion: Despite limited evidence, this systematic review favours early surgical intervention as opposed to conservative treatment of posterior epistaxis. However, further well-designed multicentre randomised controlled clinical trials are required for a more definitive answer.

0925: ENDOSCOPIC LASER DIVERTICULOTOMY IN THE TREATMENT OF PHARYNGEAL POUCHES
Sheetji Shekhar, Ciaran Kelly, Mark Watson. Doncaster Royal Infirmary, Doncaster, Yorkshire, UK; 2 Rotherham General Hospital, Rotherham, Yorkshire, UK.
Aim: To evaluate the safety and efficacy of endoscopic laser diverticulotomy (ELD) in the management of pharyngeal pouch.
Method: This is a retrospective study of patients who underwent ELD carried out by the senior author (MGW) in a single institution. We collected data from all patients who had undergone ELD between 2001 and 2011. The data collected included patient demographics, pouch size, complication and outcome.
Results: 38 patients underwent ELD between 2001-2011. The commonest symptoms were dysphagia and regurgitation. 33/38 (87%) reported improvement in their swallowing during the 6 week follow up appointment. 1 (2.6%) patient had a small perforation which was seen in the postoperative barium swallowing assessment. 5 patients required revision ELD over the course of the study.
Conclusion: Our results compare favourably with recent published studies using laser and also with studies concerning stapled diverticulotomy. Current NICE guidance is that endoscopic stapling of pouches is the procedure of choice but does mention the use of diathermy or laser. ELD is a safe and effective procedure in the treatment of pharyngeal pouch. Compared to the published data in the different techniques in the management of pharyngeal pouch, our complication rates are low.

0972: FOLLOW-UP AUDIT FOR GROMMETS FOR PERSISTENT OTITIS MEDIA WITH EFFUSION: ARE WE FOLLOW NICE GUIDELINES?
Sheneen Meghji, Peter Rea. University Hospitals of Leicester, Leicester, UK.
Introduction: Otitis media with effusion (OME) is fluid behind the tympanic membrane without infection. Grommets show a 12dB improvement after three months reducing to 4dB improvement after nine months. CG60 NICE guidelines were introduced stating that children with persistent bilateral OME, with a hearing loss of 25dB or more in the better ear for three months shown by two audiograms should be considered for surgical intervention.
Methodology: 58 children; 40 males and 18 females, average age 64 months old had surgical insertion of grommets at Leicester Royal Infirmary. 44 were analysed in 2010 and 2012.
Results: 14 did not attend follow-up. Of the 30; 24 had both grommets, three had a single grommet and three had no grommets insitu. 21 had repeat audiograms. Pre-grommets 4-tone average was 33dBHL in the better ear. Post-grommets 4-tone average was 14 dBHL. A paired t-test showed a statistically significant difference between hearing loss pre-grommets and post-grommets (p < 0.001).
Conclusion: Whilst NICE suggests that the benefit of grommets is short-lived, only three children suffered complications; one had grommets re-inserted and two were prescribed antibiotics. The children who did not follow NICE criteria all benefited from grommets. The guidelines are useful but clinical judgement based on patient-centered-care must prevail.

0980: OUTCOME OF A MULTIMODAL APPROACH TO THE MANAGEMENT OF IDIOPATHIC SUBGLOTTIC STENOSIS
42 tracheostomy-free patients undergoing endoscopic laryngotracheoplasty over 18 months were prospectively studied. Patient and lesion characteristics were obtained. Dyspnea severity was assessed. Preoperative spirometry and intraoperative pulmonary compliance were recorded.
Results showed pulmonary compliance provides an objective measure of physiological airway impairment. It correlates well with anatomical disease severity (r=0.8; p<0.0001) and perceptual dyspnea severity (r=0.73; p<0.0001). The strength of correlation of pulmonary compliance with both anatomical disease severity and perceptual dyspnea severity was significantly greater than the correlation of Forced Expiratory Volume in one second (FEV1), Forced Vital Capacity (FVC) and Peak Expiratory Flow (PEF) with perceptual dyspnea severity and anatomical severity. Pulmonary compliance provides an objective and superior measure of physiological airway impairment. Its more widespread use in adult patients, and research into its utility in pediatric airway stenosis is recommended.
silastic stenting in selected cases. Twelve patients underwent ante-
roposterior laryngotracheal reconstruction with biological inhibition. This 
resulted in disease remission in all patients with subglottic stenosis and 
most patients with concomitant glottic and subglottic stenosis. Patients 
with total laryngotracheal stenosis required ongoing treatment for glottic 
disease. All patients with supraglottic/proepiglottic-free airways but in one patient 
this required a laryngectomy. Most patients achieved good functional 
outcomes. Stenosis location was the only independent predictor of dys-
phonia and voice outcomes.

Idiopathic subglottic stenosis can be effectively treated with endoscopic 
surgery or a bespoke open reconstructive procedure which does not 
compromise on female voice quality.

0987: TO EVALUATE THE ROLE OF HRCT TEMPORAL BONE IN CHOI-
SEATOMA CASES (A STUDY OF 50 CASES)
R.G. Aiyer Abhishek. Baroda Medical College, Vadodara, India.

Objectives: To evaluate role of HRCT (high resolution computerised to-
mography) scan of temporal bone in detecting presence and extent of 
disease, and collaboration with intraoperative findings.

Methods: HRCT was done by Toshiba CT scanner 64 slice machine for 50 
patients, over the duration of 2 ½ yr., with active chronic otitis media, and 
conductive hearing loss, with or without central nervous system compli-
cation, and were operated. HRCT scan and intraoperative findings were 
compared.

Results: In identifying bony erosion of air cells/scutum HRCT is 100% 
specific. Ossicular status (malleus and incus), the specificity for its erosion 
or its absence is 100%, with a good sensitivity. For stapes erosion HRCT is 
80% sensitive and 100% specific. For erosion of Dural and sinus plate, facial nerve canal, 
Lateral semicircular canal it is more sensitive than specific. HRCT is very 
sensitive for identifying presence of middle ear disease. HRCT is accurate in 
identifying an abscess or sinus thrombosis

Conclusions: HRCT scan is screening tool in visualising the extent of dis-
ease, identifying presence of bony erosion, with limitations in distin-
guishing Cholesteatoma with diseased mucosa/fluid/polyph, and exact size of erosion in dural plate, sinus plate, facial canal - specially in extensive disease where thinning of bone occurs. With HRCT prognosis of hearing 
can be predicted preoperatively.

1000: IMPROVING AND STANDARDISING THYROID HORMONE 
REPLACEMENT THERAPY POST THYROID SURGERY
Ali Al-lami 1,2, Piyush Jani 1,2, 1 Peterborough City Hospital, Peterborough, UK; 
2 Addenbrookes - Cambridge University Hospital NHS Foundation Trust, 
Cambridge, UK.

Aim: To improve thyroid hormone replacement therapy post total thy-
roidectomy operations.

Methods: 2-cycles audit. In the first audit cycle, the records of patients 
who underwent thyroid surgery over a 10 months period were retro-
spectively reviewed. The thyroid hormone replacement prescribing was 
compared to local guidelines for thyroid replacement following radioactive iodine ablation. We subsequently instituted an improved operation notes 
proforma by introducing a thyroid hormone replacement box to improve communication between the operating surgeon and ward doctors. A 
prospective re-audit after introducing the intervention was performed to 
assess its effectiveness.

Results: In the retrospective audit, 24 patients underwent total thyroid-
ectomies. 19 patients (79 % of cases) received the correct thyroid hormone replacement (T3 or T4) along with the correct dosage. 3 patients (12.5 %) 
received the appropriate type but with the incorrect dosages. 2 patients (8 %) received inappropriate thyroid hormone replacement type resulting 
in delay of post-operative radioactive iodine in one patient. A repeat 
prospective study after introducing the change showed that appropriate-
ness of prescriptions improved to 100 %.

Conclusions: This study supports the need for introducing simple mea-
sures, such as a thyroid hormone replacement box into the operation notes 
to improve communication between the senior and junior doctors.

1127: SHROPSHIRE COMBINED REFUX EVALUATION SCORE (SCORES); 
THE MANAGEMENT OF LARYNGOPHARYNGEAL REFUX
Julian Danino, Sonia Kumar, Clare Probert, Stuart Thompson. Royal 
Shrewsbury Hospital, Shropshire, UK.

Objectives: Laryngopharyngeal reflux (LPR) is a well-recognised treat-
able condition when the appropriate medication and life style changes 
are observed. Our aim was to assess the compliance and efficacy of 
SCoREs a new pathway consisting of a novel combination of the well 
recognised scoring systems, protocol of medication and attendance of 
LPR clinic.

Methods: Patients diagnosed with LPR were seen prospectively in an ENT 
clinic and scored based on the RSI, RFS and clinical history and examina-
tion. Patients were treated according to their ranking score, which 
included a medication regimen, reinforcement at the LPR group and sub-
sequent review in a joint LPR clinic

Results: 80% of patients required a change to the treatment. 40% of pa-
ients required an increase in their medication whilst 50% required a 
decrease. 10% of patients were referred for further investigations. 
There was a 5% report of intolerance and an alternative PPI was prescribed. 
A patient satisfaction survey of their management was above average.

Conclusion: The system is useful in the management of patients with LPR. 
It combines well validated scoring systems, adjusted management pro-
tocols and compliance group therapy successfully. The innovative scoring 
and treatment pathway show promising results and would enable uni-
formity in the management of these patients.

1190: IMPROVED RETRACTION FOR TRACHEOSTOMY USING ELASTI-
CATED RETRACTORS: COMPARING SURGICAL EXPOSURE IN CADAVE-
RIC MODELS
Peter Steele 1, John Curran 2, Hilary Sturrock 2, Rodney Mountain 1,2.
1 University of Dundee, Dundee, UK; 2 NHS Tayside, Dundee, UK.

Aim: To compare the surgical exposure created by different retractors for 
the purposes of performing a tracheostomy.

Methods: To compare surgical exposure created by elasticated retractors 
and traditional retractors (Czerny’s and Langenbeck’s) we created trache-
ostomy wounds in two cadaveric models to the point at which the trachea 
was exposed. Once the retractors were applied to these wounds dental 
alginate was poured into these wounds to create 3D molds of these 
wounds.

Results: Molds taken from wounds with elasticated retractors applied 
were significantly wider, shallower and of smaller volume than those 
taken when using both langenbecks and Czerny traditional retractors.

Conclusions: In using elasticated retraction deeper structures are laterally 
retracted in a circumferential manner, elevated and everted towards the 
surgeon’s view thereby avoiding having to operate in a deeper, narrowing 
wound. In practice we have found this of particular advantage in obese 
patients. There are other advantages to this technique such as it creates a 
stable operative field independent of an assistant, it can facilitate solo 
operating allowing any assistant present to have a more active role in the 
operation.

1196: THE IMPACT OF SCOTTISH GOVERNMENT PROTOCOLS ON RHINO-
PLASTY PRACTICE IN SCOTLAND
Peter Steele, Martyn Barnes, Peter Ross. NHS Tayside, Dundee, UK.

Aim: To investigate the rate of septorhinoplasty / rhinoplasty in Scotland 
between 2006-2010 and the impact of the previous 2009 protocol.

Methods: Data on numbers of procedures per specialty, region and year 
from 2006-2010 were collected from Information Services Division 
Scotland.

Results: In 2006, 754 SRP or RP cases were recorded - 147 per million 
population, rising to 893 (171) in 2010. Average annual rates by speciality 
incurred in delay of post-operative radioactive iodine in one patient. A repeat 
prospective study after introducing the change showed that appropriate-
ness of prescriptions improved to 100 %.

Conclusions: This study supports the need for introducing simple mea-
sures, such as a thyroid hormone replacement box into the operation notes 
to improve communication between the senior and junior doctors.

Objectives: Laryngopharyngeal reflux (LPR) is a well-recognised treat-
able condition when the appropriate medication and life style changes 
are observed. Our aim was to assess the compliance and efficacy of 
SCoReS a new pathway consisting of a novel combination of the well 
recognised scoring systems, protocol of medication and attendance of 
LPR clinic.

Methods: Patients diagnosed with LPR were seen prospectively in an ENT 
clinic and scored based on the RSI, RFS and clinical history and examina-
tion. Patients were treated according to their ranking score, which 
included a medication regimen, reinforcement at the LPR group and sub-
sequent review in a joint LPR clinic

Results: 80% of patients required a change to the treatment. 40% of pa-
ients required an increase in their medication whilst 50% required a 
decrease. 10% of patients were referred for further investigations. 
There was a 5% report of intolerance and an alternative PPI was prescribed. 
A patient satisfaction survey of their management was above average.

Conclusion: The system is useful in the management of patients with LPR. 
It combines well validated scoring systems, adjusted management pro-
tocols and compliance group therapy successfully. The innovative scoring 
and treatment pathway show promising results and would enable uni-
formity in the management of these patients.

SCoReS a new pathway consisting of a novel combination of the well 
recognised scoring systems, protocol of medication and attendance of 
LPR clinic.

Methods: Patients diagnosed with LPR were seen prospectively in an ENT 
clinic and scored based on the RSI, RFS and clinical history and examina-
tion. Patients were treated according to their ranking score, which 
included a medication regimen, reinforcement at the LPR group and sub-
sequent review in a joint LPR clinic

Results: 80% of patients required a change to the treatment. 40% of pa-
ients required an increase in their medication whilst 50% required a 
decrease. 10% of patients were referred for further investigations. 
There was a 5% report of intolerance and an alternative PPI was prescribed. 
A patient satisfaction survey of their management was above average.

Conclusion: The system is useful in the management of patients with LPR. 
It combines well validated scoring systems, adjusted management pro-
tocols and compliance group therapy successfully. The innovative scoring 
and treatment pathway show promising results and would enable uni-
formity in the management of these patients.