perform. This procedure should be considered in PTC as we cannot rely on the detection of nodes with US alone.

Posters: ENT Surgery

0034: ENT EMERGENCY SURGERY – ARE WE COMPLYING WITH THE ROYAL COLLEGE OF SURGEONS OF ENGLAND STANDARDS? A NATIONAL PILOT AUDIT

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Aim: The Royal College of Surgeons of England (RCSEng) recently set out best practice standards for emergency surgery. This national pilot audit aimed to determine compliance of otolaryngology departments in England with these guidelines.

Methods: A 26 item online questionnaire was devised, encompassing the 36 best practices set out by the RCSEng for ENT. This was sent to ENT trainees based at units in England providing emergency ENT services.

Results: Data was obtained from 55 of the 102 units, achieving a response rate of 53.9%. An average 71% of standards were achieved. No unit achieved all the best practices. Areas of highest compliance included 24 h access to blood transfusion and immediate theatre access for patients with post-tonsillectomy bleeds. Lowest compliance was in the provision of a pathway for angiography and embolization for epistaxis and the provision of an equipped ENT room on a paediatric ward.

Conclusion: This audit has highlighted that the majority of departments in England are providing a good standard of ENT emergency care. There is room for improvement in certain areas. We hope this audit will encourage ENT departments to evaluate their current provision of emergency care and institute changes to improve practices.

0086: A SINGLE CENTRES EXPERIENCE OF T3 LARYNGEAL TUMOURS

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Aim: Laryngeal carcinomas account for roughly 1% of cancer cases within the UK. Clinical management of laryngeal cancer varies dependent upon the stage of the disease at presentation and patient comorbidity. T3 laryngeal disease usually implies vocal cord fixation but may also indicate perilyngeal structure involvement, and so effective management is challenging. We present outcome data for a series of patients presenting to our Centre with T3 laryngeal carcinoma.

Methods: A single Centre, retrospective review of patients diagnosed with T3 laryngeal cancer between 2001–2012. We collected patient demographics, treatments, disease status and mortality and calculated recurrence rates, survival times and mortality per treatment group.

Results: Forty-three patients were identified. Treatment consisted of radiotherapy (n = 13), chemoradiotherapy (n = 17), surgery (n = 9) and palliative treatment (n = 7). Survival rates for patients within the surgery, chemoradiotherapy and radiotherapy treatment groups were; 100%, 87.5% and 69.2% at 1 year and 66.6%, 73.3% and 46.2% at 3 years respectively. Recurrence rates for those undergoing radiotherapy, chemoradiotherapy and surgery were 53.8%, 23.5% and 0%.

Conclusion: We demonstrate that patients with T3 laryngeal tumors undergoing either surgery or combined chemoradiotherapy tend to fare better than those undergoing sole radiotherapy in terms of rates of recurrence and survival.

0096: A SYSTEMATIC REVIEW ON SKIN COMPLICATIONS OF BONE ANCHORED HEARING AIDS IN RELATION TO SURGICAL TECHNIQUES

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Aim: A systematic review to study the skin complications associated with the bone anchored hearing aid in relation to surgical techniques.

Methods: The following databases have been searched: MEDLINE, EMBASE, the Cochrane Library , Google scholar and the PubMed. The literature search date was from January 1977 until November 2013. Randomized controlled trials and retrospective studies were included. Initial search identified 420 publications. Thirty articles met the inclusion criteria of this review.

Results: The most common surgical techniques identified were full thickness skin graft, Dermatome and linear incision techniques. The result shows that dermatome technique is associated with higher rate of skin complications when compared to linear incision and skin graft techniques.

Conclusion: Based on the available literature, the use of a linear incision technique appears to be associated with lower skin complications, however, there is limited data available supporting this. Higher quality studies would allow a more reliable comparison between the surgical techniques.

0116: ARE WE MANAGING TRACHEOSTOMY AND LARYNGECTOMY PATIENTS SAFELY?

R. Edmiston *, D. Sankaran, S. Loughran. Manchester Royal Infirmary, UK

Aim: Patients with a tracheostomy or laryngectomy commonly present to the emergency department but it is well recognized that confidence in managing such patients is low. This project aimed to quantify this and offers a simple solution.

Methods: A survey of all grades of staff was performed questioning key knowledge components and their safety in managing such patients based on the tracheostomy org guidelines. A follow up teaching session was offered and the survey repeated.

Results: 24 members of staff were approached during the first survey, 33% of staff felt competent in managing such patients. Only 42% of staff were able to explain the difference between a tracheostomy and laryngectomy. 87% managed the tracheostomy scenario safely and 70% managed the laryngectomy scenario safely. Following the training session 100% were able to explain the difference between a tracheostomy and laryngectomy with a 100% safe approach to both the tracheostomy and laryngectomy scenarios.

Conclusion: Staff confidence and competence is low in managing such patients revealing a serious patient safety concern. A simple training session can be used to improve staff knowledge and improve patient safety.

0117: THE WEBER TEST – CAN IT BE USED TO GUIDE REFERRALS?

R. Edmiston a,b,∗, A. Camilleri a,b. a University Hospital South Manchester, UK; b Manchester Royal Infirmary, UK

Aim: This project aims to assess the accuracy of the Weber test to see if it can be used to aid in referral decisions for general practitioners.

Methods: A controlled study of 96 patients presenting with hearing loss performing the Weber test with results from subsequent pure tone audiometry (PTA).

Results: Audiometry confirmed that 58 of the 96 (60%) patients had a degree of hearing loss. In detecting the presence of hearing loss the Weber test was found to have a sensitivity of 60%, specificity of 76% and a positive predictive value of 80%. In detecting the presence of asymmetry the Weber had a sensitivity of 78% and was most accurate at detecting conductive hearing impairment with a sensitivity of 72% and specificity of 88%.

Conclusion: The Weber test has been found to be a useful tool in aiding clinician’s referral process. Its use to triage patients with sensorineural loss to audiology and conductive loss to ENT is suggested.

0147: DELAYED DISCHARGE IN CHILDREN UNDERGOING DAY-CASE TONSILLECTOMY: A SERVICE IMPROVEMENT AUDIT

N. Mehta *, N. Upile, I. Sherman. Wirral University Teaching Hospital, UK

Aim: Tonsillectomy is a common ENT procedure in children. Day case surgery requires shorter hospital stay, requires less nursing input, and enables cost savings, which makes it very appealing to the NHS
management. Day-case tonsillectomy is safe, with haemorrhage rates reported between 0.5–6.2%. The aim of this study was to assess reasons behind delayed discharge in children undergoing a tonsillectomy.

**Methods:** A retrospective audit was carried out on the last 50 children (0–15) undergoing a day-case tonsillectomy. In this study, children were excluded if they had sleep apnea. These children remained in-patients.

**Results:** The male/female ratio was 1:1.1 with a median age of 6(4-9). 20 patients were excluded due to OSA. Recurrent tonsilitis was the primary indication in 30 children. 23/30 (77%) children ended up staying as an inpatient despite undergoing the procedure as a day-case. The tariff for a day case stay on the ward is £74, which increased to £463 for an overnight stay. As a result, £10,469 could have been saved if these children were discharged the same day.

**Conclusion:** Delayed discharge following day-case tonsillectomy is costly. Pain was the limiting factor and we have implemented an analgesic protocol to facilitate safe discharge following a tonsillectomy.

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**0186: AN AUDIT ON NON-ECHO PLANAR DIFFUSION WEIGHTED (DW) MRI SCANS IN THE DIAGNOSIS OF CHOLESTEATOMA**

F. Khoyratty*, A. Sweed, S. Douglas. Bristol Royal Infirmary, UK

**Aim:** To evaluate the experience gained in the diagnosis of cholesteatoma using DW MRI technique against reported standards in detection rate and its use as an alternative method for follow up.

**Methods:** The radiological findings of patients imaged for the diagnosis of cholesteatoma using DW MRI was compared to the subsequent intra-operative finding and histological diagnosis.

**Results:** 153 scans from 130 patients were identified over a 2 year period. 42% (n = 65) were radiologically positive for cholesteatoma, 55% (n = 84) were negative and 3% (n = 4) inconclusive. Surgical exploration was performed in 85% (n = 55) of patients with positive scans, 36% (n = 30) with negative scans and 25% (n = 1) of those labelled as inconclusive radiologically. Cholesteatoma was confirmed at surgery and histologically in 71% (n = 39) of cases with positive scans and 33% (n = 10) of cases with negative scans. The overall sensitivity and specificity of the DW MRI scanning technique for this patient population was estimated to be at 80% and 56% respectively; with a positive predictive value of 71% and a negative predictive value of 67%.

**Conclusion:** The above results are in concordance with previously published series. DW MRI is a useful tool for the detection of recurrent cholesteatoma and reduce the number of second look procedures.

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**0192: RETURN OF THE PARAPHARYNEAL ABSCESS: AN EFFECT OF NHS AUSTERITY?**

T. Saunders*. Royal Stoke University Hospital, UK

**Aim:** Parapharyngeal abscesses are a serious but uncommon complication of tonsillar and pharyngeal infections, although no accurate incidence exists. In recent years, antibiotic stewardship has become tighter, and tonsillectomy rates have decreased. We explored the consequences of these measures.

**Methods:** We reviewed the admission data from two consecutive years for patients admitted to the ENT unit with Parapharyngeal abscesses confirmed as the diagnosis. We looked at the microbiology, radiology and theatre records for all patients to look for changing patterns in presentation.

**Results:** In one year we saw a 7.5 fold increase in admissions with parapharyngeal abscesses. There was also a increase in the length of stay from 4.5 days to 13 days, with a higher risk of multiple operations and longer LOS for the over 60’s (34 days). Antibiotic resistance was present in 6% with microbes being isolated in 63%. There was no trend in organism species isolated.

**Conclusion:** We have seen rates of this highly co-morbid condition rise as tonsillectomy rates and antibiotic prescription rates are falling nationwide. The cost in hospital days and emergency operations is high and needs factored into future service planning. SIGN guidelines need to be balanced against risk when deciding to list patients for tonsillectomy.

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**0197: THE INTERNET AS A SOURCE OF INFORMATION FOR PATIENTS CONSIDERING RHINOPLASTY**

A. Haymes*. East Surrey Hospital, UK

**Aim:** This study aimed to assess the quality of information available on the internet to patients considering an elective rhinoplasty for therapeutic or cosmetic reasons.

**Methods:** The three most trafficked search engines in the UK (Google, Bing and Yahoo) were searched using medical and colloquial phrases relating to rhinoplasty. The first 30 web links in each search were screened and evaluated with the LIDA Instrument (accessibility, usability and reliability criteria), DISCERN score (quality) and the Flesch Reading Ease Score (FRES).

**Results:** Of the 360 possible links, 66 were analysed. The average LIDA accessibility score was 47/54 (87%), usability score was 7/12 (61%), and reliability score was 7/30 (22%). The average DISCERN score was 40/75 (54%) and the average FRES was 57.7 (range 39.2-77.1). There was no correlation between a websites LIDA score (rs = -0.058) or DISCERN score (rs = 0.071) and its search result rank. There was no difference in the quality of websites resulting from the search terms ‘rhinoplasty’ vs. the colloquial ‘nose job’.

**Conclusion:** The quality of patient information on rhinoplasty available on the internet varies greatly and patients are at risk of being misled by inaccurate or commercially motivated information.

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**0198: AN AUDIT ASSESSING THE ACCURACY OF DISCHARGE DOCUMENTATION FOR ENT PATIENTS AND THE FINANCIAL IMPLICATIONS OF ERRORS AND OMISSIONS**

A. Patel*, A. Qayyum. Peterborough City Hospital, UK

**Aim:** To evaluate the accuracy of medical documentation on discharge letters and the impact of errors/omissions on clinical coding.

**Methods:** One-hundred patients were admitted to our unit in a two-week period, of which thirty were randomly selected. Accuracy of discharge letters was recorded in relation to RCS guidelines. New discharge letters were written by a junior doctor where errors/omissions were identified. These were sent to a clinical coder who, blinded from the original letters, re-coded the patient episodes.

**Results:** High rates of inaccuracies were found for fields of primary diagnosis (12%), medical history (77%) and operation/treatments (23%). Re-coding patient episodes using accurate discharge letters resulted in a change in Health Resource Group (HRG) in ten (33%) patients, an increase in tariff in nine (30%) patients, and net reimbursement of £3,048. We therefore identify a current potential shortfall in funding of £20,000 per month for our department attributable to poor medical documentation.

**Conclusion:** The discharge letter serves as a permanent account of the care a patient has received. It is crucial for continuity of care and also serves as a reference for clinical coders. Inaccurate discharge information has a significant impact on a surgical department's finances and on commissioning and resource allocation.

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**0212: AN AUDIT OF POST-TONSILLECTOMY SECONDARY COMPLICATIONS AND IDEAS TO ADDRESS POTENTIAL ROOT CAUSES**

A. Patel*, F. Syeda. Peterborough City Hospital, UK

**Aim:** To assess the rate of complications for elective tonsillectomy and identify causes for post-operative pain, infection and bleeding.

**Methods:** Tonsillectomies performed at our hospital over a one-year period were retrospectively analysed. Data on patient demographics, surgical technique, and complications were recorded. Standards from the National Prospective Tonsillectomy Audit (NPTA) were used for comparison.

**Results:** 186 children (aged 7.2±3.6years) were included. Secondary haemorrhage rate was 3.6% (cf 1.9% in NPTA) for under 5-year-olds and 6.1% (cf 3.0% in NPTA) for 5-15 year-olds. Of 101 adults (aged 26.6±7.8years) 9.9% (cf 4.9% in NPTA) suffered secondary haemorrhage. Overall, presentation to the Emergency Department within 14-days of surgery was 16.4%, with readmission rate of 11.8%. Significant variation in discharge analgesia and compliance was demonstrated. Advice leaflets were provided at clinic pre-operatively, but none were provided post-operatively. Surgical technique and grade of surgeon did not affect complication rate.

**Conclusion:** We identify a higher than average rate of post-tonsillectomy bleeds and a large number of patients who present to the Emergency...