detect occult lymph node metastases. The authors aim to describe their experience of localising recurrent tumours with intraoperative USG.

Method: Five consecutive patients with previously-treated well-differentiated thyroid cancer underwent neck exploration for histologically confirmed, recurrent, non-palpable nodal disease. Nodes were excised with the assistance of a consultant radiologist performing USG intra-operatively.

Result: Using US-guided localisation, all cases were successful in retrieving the target tumour, with no inadvertent nerve injuries; 6 tumours were obtained from the 5 patients: tumours were excised from level 4 (n=3), level 6(n=2) and from within the substance of the sternothyroid muscle itself (n=1).

Conclusion: Intraoperative USG is useful in efficiently directing the surgeon to the foci of thyroid cancer recurrence irrespective of subcutaneous fibrosis, with arguable reduction in sampling error, operative time and morbidity. Further study on this technique is needed to elucidate its role in the management of recurrent/residual disease.

Method: We present a series of cases of adrenocortical carcinoma from our centre in the west of Ireland. These illustrate the challenges presented by these rare malignancies, from diagnosis and treatment, to the technical difficulties of their surgical removal.

Discussion: Complete surgical excision of adrenocortical tumours is considered to offer the best survival rates, depending on the presence/absence of metastatic disease. However, chemotherapy (mitotane) and radiotherapy are offered to select groups of patients as adjuvant therapy. We also discuss the role of individualised treatment, the role of laparoscopic surgery, as well as novel treatment targets.

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ENT surgery

0055: THE POSITIVE PREDICTIVE VALUE OF URGENT 2-WEEK-WAIT HEAD & NECK CANCER CLINICS; A PROSPECTIVE AUDIT OF CLINICAL PRACTICE

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Aim: To assess the efficacy of the two-week-wait clinic. To identify suitability of primary and secondary care referrals as per NICE guideline [NG12]. To assess clinical outcomes; including incidence of malignancy, use of investigations and patient outcomes.

Method: Prospective data collection over four weeks; data collection tool was completed by the assessing clinician for all new patients to two-week-wait head and neck cancer clinic. Electronic patient record used to identify investigation results and outcomes. Statistical analysis performed using SPSS(v22).

Result: 107 patients, mean 53.9 years. 98% primary care referrals. 76(70%) classified as inappropriate referral to 2 week wait. Total 3 confirmed malignancies; PPV of 2.8%, in line with NICE risk threshold. No patient identified as inappropriate was found to have a malignancy on further investigations. Commonest reason for incorrect referral was prolonged history, vague symptoms or patient age.

Conclusion: Improved education of primary care focused on head & neck malignancy, identification of at risk patients and clarification of NG12 is required to prevent improper use of the two-week referral pathway.

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0120: IMPROVING DAY-CASE TONSILLECTOMY RATES AND THE ASSOCIATED BEST PRACTICE TARIFF PAYMENTS AT BRADFORD ROYAL INFIRMARY


Aim: To increase the percentage of patients who undergoing tonsillectomy as a day-case procedure. To improve ENT day-case theatre efficiency and increase the tonsillectomy best practice tariff payments received by Bradford Royal Infirmary (BRI).

Method: Full audit cycle. Retrospective case note review of all paediatric and adult patients undergoing tonsillectomy at BRI over four month period before and after intervention (151 vs 94 patients). Identified patient and procedural factors against national recommendations limiting same day discharge. Intervention: prioritisation of tonsillectomies to morning lists/ before 3pm, moved all adult patients to dedicated ENT day-unit and team effort to complete discharge paperwork promptly.

Result: Initial audit identified only 12.97% of tonsillectomies were performed as a day-case procedure. 37% of patients who stayed overnight did not have clear contra-indication to same day discharge. This equated to a potential tariff loss of £61,596 per annum. Reaudit after interventions found rates of day-case tonsillectomy had risen to 44%.
**Conclusion:** A concerted effort to conduct all tonsillectomies as a day-case procedure where clinically safe to do so, can reap enormous benefits in both patient satisfaction and financial savings for a trust. We have increased day-case rates four-fold and will continue to try and improve rates even further.

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**0325: A DECADE OF OTOLARYNGOLOGY IN ST LUCIA**

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**Aim:** Dr Leonard Surage is the Caribbean Association of Medical Councils Chairman, founding member of Caribbean Otolaryngologist Association and St Lucia’s solo otorhinolaryngologist. The aim of this study is to review the practice of otorhinolaryngology (ENT) in a Caribbean Island.

**Method:** The operative database at St Lucia’s Victoria Hospital was reviewed. An exploratory interview with Dr Surage was audio-recorded and analysed thematically.

**Result:** Between January 2005 and December 2014, the ENT team at Victoria Hospital performed 1558 operations. The scope of St Lucia’s ENT surgeon is broad, including thyroid endocrinology, ophthalmological and maxillofacial operations. However, the most commonly performed operation was adenotonsillectomy (9.31% of cases), followed by tonsillectomy (9.11% of cases). Seven-point-two-percent of operative cases conducted by the ENT surgeon did not fall within the classical ENT remit. The ENT emergency caseload incorporated violent injuries, including head and neck wounds from bullets, machetes and knives. The most challenging aspect of practicing ENT in the West Indies was perceived to be inadequate equipment and insufficient staff. St Lucia’s ENT future rests upon sub-specialisation and the Caribbean Association of Medical Council’s drive for transferrable medical registration.

**Conclusion:** The operative caseload managed by St Lucia’s solo otorhinolaryngologist is diverse and inspiring.

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**0401: A SYSTEMATIC REVIEW AND META-ANALYSIS OF CURRENT AND PREVIOUS TREATMENTS USED IN THE MANAGEMENT OF MENIERE’S DISEASE**

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**Background:** Meniere’s disease significantly affects quality of life due to recurrent episodes of vertigo associated with hearing loss, tinnitus and sensation of ear fullness. There is still no strong evidence suggesting the use of a single medical of surgical treatment to control these symptoms.

**Method:** A systematic review of the literature was performed (PubMed; EMBASE; CINAHL; CENTRAL; Web of Science) looking for RCTs comparing different medical or surgical treatment in patients with definite Meniere’s disease. Primary outcome of interest was the reduction in severity of vertigo attacks; secondary outcomes were: complete control of vertigo; improvement in the vertigo functional scale and hearing.

**Result:** Twelve RCTs were included in this study with 501 participants. 7 studies reported on vertigo severity. Pooled data revealed a significant reduction in vertigo severity (p=0.0007). In per study analysis, only the study assessing the use of SPC-flakes found a statistically significant reduction. Complete control of vertigo was significant in the majority of studies with short term follow-up (p=0.0005). Meta-analysis also revealed a statistically significant improvement in the mean functional score favouring the experimental groups (p = 0.005).

**Conclusion:** The important findings of this study is the consideration of poly-therapy in management of Meniere’s which was found to significantly reduce vertigo severity. Improvement in vertigo functional scale and better vertigo control was also achieved.

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**0540: SUCCESSFUL REDUCTION OF PROPHYLACTIC ANTIBIOTICS IN ENT PATIENTS**

W. Yang*, N. Moini, E. Chisholm. Taunton and Somerset NHS Trust, Taunton, UK.

**Aim:** Antibiotics are traditionally prescribed for patients admitted with post-tonsillectomy haemorrhage and epistaxis with nasal packs despite the lack of evidence supporting their role in management. However, the use of prophylactic antibiotics increases the risk of antimicrobial resistance and has adverse effects, such as *Clostridium difficile* infection. This audit aimed to reduce the use of prophylactic antibiotics in ENT surgery.

**Method:** Patient notes were retrospectively reviewed over a three-month period to identify the pattern and indication of antibiotics prescribed for post-tonsillectomy haemorrhage and epistaxis. After initial audit results were presented to the ENT and Microbiology Departments, local antimicrobial guidelines for ENT surgery were updated. Following this, a second audit was conducted to assess changes in the use of prophylactic antibiotics.

**Result:** There was a 72% reduction in the use of antibiotics in patients admitted with post-tonsillectomy haemorrhage and no prophylactic antibiotics were given to epistaxis patients with nasal packs after the local antimicrobial guidelines were updated. No complications were reported after the change in antibiotic usage.

**Conclusion:** Routine use of prophylactic antibiotics should be questioned for post-tonsillectomy haemorrhage and epistaxis. Awareness of antimicrobial resistance and its adverse effects should be raised among ENT surgeons.

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**0673: AUDIT: IMPROVING ANTIBiotic PRESCRIBING IN ENT INPATients**

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**Method:** A rapid-cycle audit method was used to assess current antibiotic prescribing practice against local trust microbiology guidelines. Snapshot data was collected on random days across all inpatients ENT wards. Data was analysed and interventions included: two audit presentations to the department, poster updates, antibiotics summary distribution, audit integration into induction for junior doctors, development of an updated guideline for antibiotics in ENT.

**Result:** Five cycles of audit were performed over 4 months collecting data from 35 patients. At Cycle 1 only 50% of antibiotics were documented in the notes, but improved to 92% by cycle 5. The number of cultures sent prior to antibiotics fetched between 18% and 63%. Review of antibiotic after 48 hours increased from 80% to 100%. Adherence to guideline overall ranged between 77% and 100%.

**Conclusion:** This multiple-cycle audit improved documentation likely due to increased awareness. The apparent lack of adherence to culture-taking reflects the susceptibility of ENT infections to the same range of antibiotics, reducing the importance of culture taking prior to antibiotic commencement.

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**0763: ACTIVE VersUS PASSIVE HUMIDIFICATION FOR SELF-VENTILATING TRACHEOSTOMY AND LARYNGECTOMY PATIENTS: A SYSTEMATIC REVIEW OF THE LITERATURE**