0960: DAY CASE THYROID SURGERY: ON OR OFF?
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Introduction: Recently, The British Association of Endocrine and Thyroid Surgeons (BAETS) change their recommendation for day-case thyroid surgery, to 23-hour stay. Our centre performs same-day thyroid lobectomy in accordance to previous guidelines.
Aim: To review our thyroid lobectomy cases and explore whether same day surgery is safe; or whether we should return to old practice.
Methods: Patients having undergone thyroid lobectomies from August 2010 to August 2012 were identified. Date of operation and discharge, listed as a day case or inpatient, outcome of the surgery and hospital stay were recorded. Primary outcome measure was haematoma +/- airway compromise +/- death.
Results: There were a total of 76 patients. None suffered from a serious complication within 24 hours, 6 were planned readmissions for complete thyroidectomy due to malignancy, 3 patients developed superficial sialo treated in the community and one sought medical advice for scar discomfort.
Conclusion: We show that same day thyroid lobectomies are feasible, with a 0% severe complications rate. The literature shows this is not the case for total thyroidectomies. We identify the need for larger studies looking at just thyroid lobectomy complications rates. We urge BAETS to consider making different recommendations for total and partial thyroidectomies.

0977: IS INTRAOPERATIVE PARATHYROID HORMONE MEASUREMENT USEFUL IN PREDICTING THE SUCCESSFUL SURGICAL TREATMENT OF PRIMARY HYPERPARATHYROIDISM
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Aims: We analysed our experience of Intraoperative Parathyroid Hormone (iPTH) measurement as an adjunct confirming successful treatment of Primary Hyperparathyroidism (PHPT).
Methods: A retrospective review of a prospective single surgeon database was performed. Operation records and blood results were analysed. Results: 113 patients (26male:85female with a mean age of 61.9years) were reviewed; 13cases were excluded as no iPTH was available and 6cases due to missing post-discharge calcium results. 94cases where iPTH was performed were analyzed further. 88cases (92%) had normal post-discharge calcium levels and the mean decrease in pre to intra-operative PTH was 73.2% (range 0-97.6%, median 78%). Of these 79% fell to normal PTH levels and 88% had a >50% fall in iPTH. 8% of cases had persistent hypercalcaemia; the mean decrease in iPTH for this group was 71% (Range 37-87% Median77%). Of these 67% fell to normal PTH levels and 83% had a >50% fall in iPTH. A statistically significant 19.3% Pearson’s linear correlation coefficient was observed between the percentage decrease in intraoperative-PTH and the post-operative fall in calcium levels (p<0.0372) 
Conclusions: Intraoperative-PTH measurement is a useful adjunct to confirm successful surgical treatment of PHPT, though significant decreases in iPTH may be seen in patients who remain hypercalcaemic.

0054: FINANCIAL IMPLICATIONS OF CLINICAL CODING IN AN ENT OUTPATIENT CLINIC
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Clinical outpatient procedures are allocated chargeable tariffs that generate hospital income from Primary Care Trusts (PCTs) through the
0086: AUDIT OF TWO WEEK RULE REFERRALS FOR SUSPECTED HEAD AND NECK CANCER – A COMPARISON OVER TEN YEARS
Clare Williams, Rebecca Byrne, David Holden, Jan Sherman, Venkat Srinivasan. Department of Otolaryngology, Wirral University Teaching Hospital, Merseyside, UK.

Aim: To assess the influence of the two-week referral rule on referrals for head and neck cancer in Wirral University Teaching Hospital between 1st January and 30th June 2012. Patients who required surgery were compared with those referred initially to general practice (GP). The aim was to compare this with an audit performed ten years prior.

Method: A list of two week rule referrals received by Wirral University Hospital between 1st January and 30th June 2012 was obtained. Proformas and case notes were reviewed to obtain data. This was compared with the previous audit from 2002.

Results: 357 referrals were received during 6 months, compared to 149 throughout 2002. 17% of referrals were incorrectly completed, improved from 37% previously. Overall pick up rate of cancers diagnosed as a result of two week referrals has fallen slightly to 5% from 9%.

Conclusion: The number of two week rule referrals made to ENT has increased over the past 10 years. Although improvements have been made regarding the quality of these, inappropriate and incomplete referrals are still received. Modifications to the proforma, and increasing education to primary care providers should be considered to improve both the quality of patient care, and the pressure of these referrals on ENT departments.

0141: SEPTAL BUTTON INSERTION: THE TWO-FORCEPS SCREW TECHNIQUE
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Aim: To evaluate the change from traditional forceps technique to the two-forceps technique for septal button insertion.

Method: A prospective analysis of all septal button insertions over a 6 month period (January to June 2012) from a single surgeon at Birmingham Heartlands Hospital.

Result: A total of 50 septal button insertions were performed. The two-forceps technique was performed in 47 out of 50 insertions (94% of cases). The most common reason for using the traditional technique was previous facial fractures.

Conclusion: The two-forceps technique is a safe and effective method for septal button insertion.

0160: SKIN EXCISIONS IN A DISTRICT GENERAL HOSPITAL
Kerry-ann Hanks, Angeles Espeso, Charlie Hall. Gloucestershire Royal Hospital, Gloucestershire, UK.

Aim: To audit surgical clearance of skin cancer excisions performed by the ENT Department in a District General Hospital.

Method: Retrospective audit of all primary skin excisions performed in Gloucester Hospital between January 1st and June 30th 2012. Patients identified using theatre logbooks and computerised pathology records. Age, sex, site of excision, histology of excised tissue and clearance margins were recorded.

Result: 94 excisions performed on 86 patients. 60% were benign pathology and 40% carcinoma/carcinoma in situ. In malignant excisions, age range was 52 – 97 years, with an average of 78 and male to female ratio of 9:1. Malignant pathologies included basal cell carcinoma (58%), squamous cell carcinoma (24%), baso-squamous carcinoma (8%), malignant melanoma (5%), squamous cell carcinoma in-situ (2%) and sebaceous carcinoma in-situ (3%).

Conclusion: The overall surgical clearance was 71% which increased to 81% when performed by an ENT surgeon with a specialist interest in skin.

0211: IMPACT OF ELECTRONIC PATIENT RECORDS (EPR) ON ENT OUTPATIENT CLINICS
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Objectives: To assess the impact of EPR on patient clinics. Two audit standards were examined: the introduction of EPR should not reduce the time doctors spend with their patients; coding procedures on EPR should be performed correctly.

Methods: Time spent on EPR per clinic was recorded by each of the doctors in the department over a week. This was compared to a week before the introduction of EPR. In addition the number of flexible nasal endoscopes (FNE) recorded on the computer system was compared to the physical number of FNEs used.

Results: On average 1:38 min was spent on EPR per patient. Consultant clinical time per patient reduced from 15:57 to 13:19 min after the introduction of EPR. Middle grade and ear care clinics lengths increased (16:39 to 17:07 min and 12:36 to 13:33 min). The number of FNEs performed was 57, but only 11 were coded on EPR.

Conclusions: Patients spend less time with their doctors since the introduction of EPR. Overall, the time spent on EPR per clinic corresponded to an additional patient per clinic. The shift of responsibility to clinicians for coding procedures has financial implications: not coding FNEs correctly in the week examined cost £22640.

0281: THE NURSE-LED MASTOID CLINIC
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Aim: Mastoidectomy is a common otological procedure and a proportion of patients require long-term post-operative care for wax build-up or infection. We aimed to evaluate the utility of the nurse-led mastoid clinic (NLMC).

Methods: Retrospective notes review of 100 pseudo-randomly selected patients that were under the care of NLMC.

Results: These patients made a total of 43/46 visits, a mean of 5.3 annual visits per patient. The average duration of follow-up was 8.2 years (range 1 to 16 years) but 38 patients had not been seen for the last 2 years. Majority (3172, 73%) of visits required wax removal. Topical ointment was used in 902 (20.8%) visits and 226 (5.2%) visits required a topical antibiotic prescription issued by a doctor. A total of 89 visits (20%) led to a referral to a medical clinic, the common reason being persistent infection (45 visits, 10%).

Conclusion: Many patients post-mastoid surgery require long-term care, which can be effectively provided in the NLMC; it gives patients rapid access in case of difficulties, whilst freeing up medical clinics for other patients. However, medical input remains important, both in terms of issuing topical antibiotic prescription and for review of problematic patients.

0359: MANAGEMENT OF NASAL FRACTURES IN A RURAL DISTRICT GENERAL HOSPITAL: A COMPLETED LOOP
Hiten Joshi, David McPartlin. Queen Elizabeth Hospital, King’s Lynn, UK.

Aims: To determine if those patients referred to the ENT casualty clinic with suspected nasal fracture were all being managed correctly, with appropriate examination findings documented and appropriate examinations requested; and to set up an agreed protocol in nasal fracture management.

Method: A two cycle prospective audit was performed. Data was collected when patients were reviewed in the casualty clinic over a 3 month period.