ENT SURGERY

0018: PREVENTION OF POST-OPERATIVE NAUSEA AND VOMITING IN TONSILLECTOMY/ADENOTONSILLECTOMY PATIENTS WITH THE USE OF ACUPUNCTURE POINT P6 STIMULATION - AN AUDIT BASED ON RECOMMENDATIONS FROM SIGN CLINICAL GUIDELINE 117

Stephanie Hili, Bertram Fu, Jeremy Davis. Department of Otorhinolaryngology, Medway Maritime Hospital, Gillingham, Kent, UK

Aim: To audit the prevalence of using acupuncture for Post-Operative Nausea and Vomiting (PONV) prevention in patients undergoing tonsillectomy/adenotonsillectomy, as recommended by SIGN clinical guideline 117: "Management of sore throat and indications for tonsillectomy - A national clinical guideline".

Methods: All anaesthetic practitioners of a district general hospital (DGH) in Kent were invited to complete a questionnaire regarding this practice.

Results: There were 53 participants, with a 100% response rate: 17% in Kent were invited to complete a questionnaire regarding this practice.

Although 58% of participants had been practising anaesthesia for over 10 years, only 25% were aware of this guideline. 3 consultants (6% of the cohort) were acupuncture practitioners but only 1 participant (2% of the cohort) practiced acupuncture as per SIGN clinical guideline 117.

Conclusion: If our hospital is representative of DGH's in the UK, we thus concluded that there is a general lack of awareness about the possible benefits of acupuncture related to ENT procedures in anaesthetic practice. Combined with lack of training and limited resources, this is preventing a practice which might be beneficial in patients not tolerating pharmacological methods, who are at high risk of developing PONV, or likely to suffer complications related to PONV.

0026: DAY CASE SEPTOPLASTY: ENSURING QUALITY WITHIN OUR TEACHING HOSPITAL

James Higginson, Simappa Gunasekaran, Jemy Jose. Hull an East Yorkshire Hospitals NHS Trust, Hull, UK

Aim: To compare local day case septoplasty complication rates with standards set out by the Royal National Throat and Ear Hospital (RNTEH).

Methods: Data was collected retrospectively from case notes for patients undergoing day case septoplasty over a 5 year period.

Results: Thirty-three cases were performed during the 5 year period: 28 cases by a consultant, 4 by a registrar, 1 by a staff grade clinician. Median operating time was 40 minutes (range 20-85). Mean age was 41 years (range 21-62). 29 patients were male. Indications were predominantly nasal obstruction (30). The remainder were for snoring. 15 septoplasties were performed in conjunction with another procedure. One patient (3%) was admitted following surgery due to bleeding. There were no readmissions within 30 days.

Conclusions: Day case septoplasty performed within our trust compares favourably with the results of the RNTEH: 3% admission rate compared with 8.8%. However, it must be noted that within our institution a greater proportion of procedures were performed by consultant grade surgeons. Should the number of septoplasties increase, a corresponding increase in more junior grades performing the operation is to be expected. Re-audit would then be required to ensure standards were maintained.

0059: PROPHYLACTIC ANTIBIOTIC USE IN NASAL PACKING FOR ACUTE EPISTAXIS ADMISSIONS: AUDIT AND IMPLEMENTATION OF NEW GUIDELINES

Timothy Biggs, Anthony Gough, Kari Nightingale, Philippa Euden, Rami Salib, Nimesh Patel. University of Southampton NHS Foundation Trust, Southampton, UK

Introduction: There are no published guidelines for prophylactic antibiotic use in nasal packing for spontaneous epistaxis. This audit proposes a set of guidelines and assesses their implementation.

Guidelines: No systemic prophylactic antibiotics in anterior nasal packing in-situ ≤48 hours. Oral co-amoxiclav in; anterior packing in-situ >48 hours, posterior packing, traumatic nasal packing or clinical signs of infection. Naseptin topical antibiotic use in all nasally packed epistaxis patients (14 days duration) following pack removal.

Methods: 58 patients undergoing nasal packing for spontaneous epistaxis were studied at Southampton University Hospital. Re-audit occurred after implementation of guidelines. Telephone surveys were conducted following hospital discharge.

Results: Initial audit revealed the majority of nasally packed patients were receiving systemic prophylactic antibiotics. Following new guidelines systemic antibiotic prescribing fell by 44.8% with no statistically significant increase in nasal symptoms, re-bleeding or re-admission rates following hospital discharge (p values 0.212 – 1.0).

Conclusions: Systemic prophylactic antibiotics are unnecessary in the majority of anterior nasal packed spontaneous epistaxis patients. Following these guidelines doesn't have any statistically significant detrimental effects on nasal symptoms, re-bleeding or re-admission following hospital discharge. Therefore these guidelines can be followed safely in hospitals across the UK.

0069: TRAINERS AND TRAINEES-HOW SATISFIED ARE WE WITH THE ISCP PLATFORM, AN ENT PERSPECTIVE

Bertram Fu, Kavit Amin, Stephanie Hili, Jeremy Davis. Medway Maritime Hospital, Kent, UK

Aims: Using the Intercollegiate Surgical Curriculum Project (ISCP) is compulsory for all surgical trainees. We questioned ENT trainees/trainers to assess their experience with ISCP.

Method: An electronic questionnaire was distributed to the Association of Otolaryngologists in Training (AOT) members and ENT consultants in Kent, Surrey, and Sussex.

Results: There were 86 respondents, of which 91% used ISCP. This included 55% trainees and 45% trainers. 87% felt the £125 trainee fee to be too high. On average during a month, 51% did 1-2 Work Based Assessments (WBAs); 53% used less than 10 minutes for completing one WBA and 41% used 10-20 minute. There were mixed responses to users’ feeling of usefulness and satisfaction for each type of WBA's. 47% encountered problems with ISCP usage. 58% gave an overall satisfaction in using ISCP of 5 or less out of 10.

Conclusions: The overall user satisfaction was sub-optimal. Possible solutions may include the introduction of specialty-specific WBA's, with better integration with surgical logbooks and websites, and a reduction of the JCST trainee fee. We are aware that the ISCP website is constantly evolving, and that some of the suggestions made here may already be being incorporated into future system upgrades.

0094: THE BENEFIT OF BILATERAL COCHLEAR IMPLANTS

Alice Talbert, John Culling, Steven Backhouse. 1 Cardiff University, Department of Psychology, Cardiff, Wales, UK; 2 South Wales Cochlear Implant Programme, Princess of Wales Hospital, Bridgend, Wales, UK

Current evidence indicates limited hearing advantage for bilateral over unilateral cochlear implantation. This study adapts a model of spatial release from masking for use with cochlear implantees. Data was collected to test the model’s predictions that current literature significantlyunder-estimates the benefit of a second cochlear implant.

Speech reception thresholds (SRTs) were measured for speech in noise in five spatial configurations for 5 normal hearing (NH) listeners and 8 unilateral cochlear implant (UCI) users. Spatial configurations included speech and noise in front (0°/0°), speech in front with noise at ±50 (0°/+50° and 0°/-50°) and speech and noise at ±60 (±60°/+60° and +60°/-60°). The model correctly predicted SRTs for each group. For UCI users, the difference in SRTs between ±60°/+60° and +60°/-60° was 18 dB. The model predicted that UCI users, but not bilateral cochlear implant (BCI) users, would experience this 18 dB asymmetry.

Previous studies show a 4-5 dB benefit to speech intelligibility in noise for BCI users. This study’s results indicate that the benefit of BCIs has been substantially underestimated and in fact extends up to 18 dB. These outcomes can influence optimising listening performance of cochlear implantees in day to day life, and potentially guide future implantation policies.

0101: CRITERIA FOR URGENT RIGID BRONCHOSCOPY FOR SUSPECTED FOREIGN BODY INHALATION

Arunjit Takhar, Javed Uddin, Raguwinder Sahota, Andrew Moir. Department of Otolaryngology, University Hospitals of Leicester NHS Trust, Leicester, UK

Aim: Assess our current practice with regard to timing and clinical indicators for rigid bronchoscopy in cases of suspected foreign body inhalation.