0944: SWALLOWED DENTURES: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE
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Introduction: To raise awareness about the potential dangers of dentures by presenting a case series of patients who developed denture impaction in their upper aerodigestive tract.

Methods: A prospective audit of the patients presenting with an accidental swallowing of their denture. The information collected includes demographics, presenting history, examination findings, therapeutic intervention and outcome. Excel was used to collect and analyse the data.

Results: A total of 11 patients (4 female: 7 male) with a mean age of 61 years (range 39 – 82) were identified. Nine patients attended the accident and emergency department on the same day after developing acute dysphagia and all of these patients required a general anaesthetic to remove the partial denture. One patient had swallowed only the artificial teeth and no active intervention was required. In one patient it took 4 months to discover an impacted denture in his hypopharynx.

Conclusions: A high index of suspicion should be maintained in denture users presenting with a new onset dysphagia particularly when the clinical history is vague. In stridulous patients a tracheostomy may be indicated before denture removal is attempted.

1026: GLUE EAR – HOW READABLE IS INFORMATION ON THE INTERNET TO THE GENERAL PUBLIC?
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Introduction: Medical literature available on the internet can facilitate shared decision-making between clinician and patient. These sites should be critically appraised for their quality and ease with which they are read and understood.

Methods: The term ‘Glue Ear’ was typed into the three most frequently used internet search engines—Google, Bing and Yahoo. The first 20 links from each engine were analysed. The first 400 words of each page were used to calculate the Fleish-Kincaid readability score. Then each website was graded using the DISCERN Instrument which looks at quality and content of literature.

Results: Nhs.uk and bupa.co.uk received the highest scores for the DISCERN tool reflecting excellence in reliability and quality of information on treatment choices. Londonaznsurgeon.co.uk and ican.org.uk have the highest readability scores on the Fleish-Kincaid score, however showed lower scores for the DISCERN tool. Overall patient.co.uk had the highest DISCERN score and came third highest for readability.

Conclusions: There is a huge variation in the quality of information available to patients on the Internet. Some sites may be accessible to a wide range of reading ages but have poor quality content and vice versa. Patient.co.uk is shown to be an excellent source of information for glue ear.

1041: A LOW COST LOW FIDELITY TRAINER FOR TRACHEOSTOMY CARE
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Introduction: Part-task trainers are models of specific anatomical areas used in the teaching of procedural skills. The use of trainers is increasing in medical education and low fidelity trainers have been shown to be as effective as high fidelity simulators for skills acquisition. Our aim was to create a life-like reusable simulator for teaching tracheostomy tube change and suctioning skills.

Methods: The trainer utilises readily available airway tubing to simulate the trachea. A foam dressing is sutured over the framework to simulate skin giving an accurate approximation of the anterior neck anatomy. The dressing is punctured and sutures used to secure the edges of the dressing forming a life-like stoma. One end of the airway tubing is attached to the lid of a specimen container creating a refillable reservoir.

Results: The trainer provides a cheap robust means of teaching a valuable clinical skill to those involved in routine tracheostomy care.

Conclusions: In our department the model has been used to teach skills to both junior ENT trainees, Foundation Year doctors and critical care nurses. The model allows for life-like suctioning and attachment of straps to secure the tube which is crucial in safe tracheostomy tube care.

1078: DOES AN INTRODUCTORY ENT COURSE IMMEDIATELY IMPROVE CLINICAL DECISION MAKING?
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Introduction: Clinical attachments in ENT are undertaken by a diverse background of junior doctors in the UK, with varied degrees of previous experience. Therefore, much apprehension can be experienced in clinical decision-making at the beginning of the job. Our centre hosts an introductory course for new ENT house-officers in the region in order to introduce key concepts in the early phase (Basic ENT Skills Training/BEST course).

Methods: We assessed the responses of junior doctors who attended the BEST course with a questionnaire on ten commonly encountered scenarios. We compared pre- and post-test responses and gauged this with the doctors’ grades/occupations.

Results: 34 junior doctors attended the courses in August or December 2013 ranging from FY1 to CT2 level. Average pre-test scores of 5.05, and average post-test scores of 7.70 (max score possible of 10). A test score improvement was noted in 33 of the 34 participants. The greatest improvements were amongst GPVTS and FY2 level doctors.

Conclusions: There was a significant average improvement in test scores for doctors undertaking the course. We feel that such a course is of great benefit to all doctors working in ENT and should be adopted nationally in order to improve confidence and patient safety.

1080: OPERATIONS PERFORMED BY ENT SURGEONS: HAS THERE BEEN A CHANGE IN THE LAST 10 YEARS?
Wai Sum Cho, Raguwinder Sahota, Peter Conboy. Leicester Royal Infirmary, Leicester, UK.

Introduction: To identify if there has been a change in the procedures performed by otorhinolaryngologists in England over the past 10 years.

Methods: Data on hospital episodes for the financial years 2001/02 and 2011/12 were obtained from the UK Department of Health. The data on hospital episode statistics (HES) were subsequently manipulated to extract data relating to procedures undertaken by otorhinolaryngologists.

Results: Over the past 10 years, there has been a 1.5%(n=3,849) fall in the total number of operations performed by otorhinolaryngologists with 249,483 operations in 2001/02 compared with 245,634 in 2011/12. The most common otological procedure were grommet insertion although the total number of this procedure has dropped from 41,651 to 32,484 while the most common rhinological procedure were septoplasties. There has also been a 2%(n=1,095) fall in tonsil operations. However, otorhinolaryngologists are performing more cochlear and vestibular surgeries (such as cochlear implants), endoscopic sinonasal surgeries and thyroid surgeries than before with an increase of 43.4%(n=431),6.2%(n=504) and 41.7%(n=949) respectively.

Conclusions: The impact of guidelines implemented over the past 10 years were reflected in the surgical activity of otorhinolaryngologists. With the total number of surgical activity falling coupled with increasing service demands, training opportunities may decrease further in the future.

1204: A NOVEL APPROACH TO ORAL TRAUMA FOLLOWING RIGID ENDOSCOPY: CAN A DAM SAVE THE GUM?
Shi Ying Hey, Brian Morris, Anna Harrison, Kenneth MacKenzie. Department of Otolaryngology-Head and Neck Surgery, Glasgow Royal Infirmary, UK.

Introduction: Iatrogenic oral injuries are well recognised during rigid endoscopy of the proximal aerodigestive tract in head and neck surgery. Although wet gauze is routinely used for oral protection, in our clinical experience, it may not necessarily offer best protection. A novel material, dental dam was consequently piloted for rigid endoscopies in our local unit.

Methods: A comparative review of the effectiveness of these protection appliances was conducted of prospective data collected on head and neck endoscopic procedures performed by all grade of staff between July 2012 and July 2013.

Results: 76 patients included(48M:34F). Of these, 56/76 had wet gauze and 20/76 had dental dam used during rigid endoscopy. Overall incidence
of endoscopy-related oral mucosal injuries was 31.6% (24/76). Of these, 21 were recorded from the wet gauze subgroup, and 3 were from dental dam. The comparative mucosal injuries rate for wet gauze and dental dam was 37.5% (21/56) and 15.3% (3/20) respectively. No teeth trauma recorded.

Conclusions: Alveolar ridge mucosal and gingival injuries remain a significant complication during rigid endoscopies. The routinely used wet gauzes appear inadequate in providing optimal protection. With the newly devised appliance, the dental dam may provide an alternative for oral protection during rigid endoscopies, although further studies are required.

**1247: BALANCE WORKSHOP: SYNCHRONIZED HEAD AND FORCE PLATE MEASUREMENTS. THE POTENTIAL FOR DIAGNOSTIC YIELDS**
Cian O. Hughes*, David D. Poither, Paul Ranalli, John A. Rutka. Toronto General Hospital, Toronto, ON, Canada.

**Introduction:** Currently only force-plate measurements are used in post-tueryography. Given that the vestibular end-organs are situated within the temporal bone, recording movement of the head can provide additional information compared to body sway alone. We describe the synchronously recording of head position during posturography and investigate its potential additional value.

**Methods:** A device was designed to capture information from head-mounted accelerometers and gyroscopes, allowing movements and position to be accurately measured in three dimensions. Ten normal participants, ten patients with bilateral vestibular loss (BVL) and ten patients who were instructed to malinger were tested using the modified clinical test of sensory interaction on balance (mCTSIB).

**Results:** Our device accurately synchronized with the force-plate and allowed sway data to be calculated for the head. Normal controls showed a strong correlation between head and foot measurements: path length mean r-score = 0.57 (p < 0.001). This correlation became negative in BVL patients (mean r-score = 0.48; p < 0.001).

**Conclusions:** This study suggests that head data are related to footplate data, but in pathologic conditions also provide different information from which diagnoses can be made. Given the small size of the device, it has the potential to be used over long periods. This allows for the telemetry of longitudinal data on sway.

**1255: A PROSPECTIVE AUDIT OF CHRONIC RHINOSINUSITIS (CRS) MANAGEMENT AT A TEACHING HOSPITAL: BEFORE AND AFTER THE 2012 EUROPEAN POSITION PAPER GUIDELINES ON CHRONIC RHINOSINUSITIS (EPOS)**
Lulu Ritchie*, Anna Slowick, Shilpy Ojha, Romana Kuchai. St Marys Hospital, London, UK.

**Introduction:** If maximal medical treatment fails for CRS, EPOS recommends performance of a CT sinus scan to demonstrate the extent of disease; surgical intervention may then be considered. [1] We prospectively investigate adherence with EPOS guidelines for CRS management at a teaching hospital, to maximise medical therapy and minimise unnecessary CT scans requests.

**Method:** Adult referrals with suspected CRS were recorded retrospectively before; (n=38, Smoonths 2012) and prospectively after; (n=28, Smoonths 2013) the implementation of departmental EPOS-based CRS management algorithm and education. Data collected included: medications prescribed, days from presentation to CT scan and to surgery, and surgical cancellations due to sub-maximal therapy.

**Results:** 28% of patients before and 20% after the implementation of EPOS guidelines were given sub-maximal medication prior to surgery, resulting in fewer cancellations on the day of surgery. Time from presentation to CT scan improved from 73d to 137d days due to prior maximisation of medical therapy.

**Conclusions:** Our algorithm demonstrated improved maximal medical treatment and CT scan requesting prior to surgery and resulting surgical cancellations. Further education and re-auditing will ensure continued reduction in radiation exposure and timely surgical intervention.

**1279: THE USE OF TRACHEOSTOMIES IN OBESE PATIENT UNDERGOING TONSILLEKTOMIES: A CASE SERIES**

**Introduction:** To evaluate past practice in the John Radcliffe Hospital in Oxford, a tertiary ENT referral centre. To learn from past experience to make tonsillotomy in the obese and morbidly obese as safe as possible. It is though that in the event of a post tonsillotomy bleed, it would be incredibly difficult to re-intubate a bleeding obese patient. Therefore, a tracheostomy would provide a safe alternative airway. There is no current guidance for airway management in obese patients requiring tonsillotomy.

**Methods:** The theatre database logging the last 50000 operations identified suitable patients. Inclusion criteria comprised of; tonsillotomy and tracheostomy performed on the same admission and obese or morbidly obese. We excluded patients who were having a tonsillectomy as part of a head and neck resection for cancer.

**Results:** Six patients were identified. The main indication for tonsillotomy in this group of patients was obstructive sleep apnoea. There were no fatalities. Complications were seen from both the tonsillotomy and the tracheostomy, some life changing. We will discuss our recommendations based on our past experience.

**Conclusions:** Obese patients undergoing tonsillotomy should be considered for a tracheostomy. Guidelines are needed on the subject.

**1289: INTRATYMMPANIC STEROIDS VERSUS ORAL STEROIDS IN THE TREATMENT OF SUDDEN ONSET UNILATERAL IDIOPATHIC SENSORINEURAL HEARING LOSS**
Shraddha Gupta*, Peter Conboy. Leicester Royal Infirmary, Leicester, UK.

**Introduction:** To determine the evidence on the use of oral versus intratympanic steroids as first line therapy at improving recovery time and outcome in adult patients with acute unilateral idiopathic sensorineural hearing loss.

**Methods:** A Medline literature search using the PubMed interface was conducted from 1948 to November 2013 with a structured criteria, and the relevant studies evaluated. The author, date, journal of publication, patient group, study type, relevant outcomes, results and study weaknesses were tabulated for comparison.

**Results:** 300 articles were identified in total, from these 6 articles were identified that provided the best level of evidence. This included 2 randomized control trials, 3 prospective studies and 1 retrospective multi-centre study. Study size ranged from 46 to 735 patients with a pre-treatment loss of at least 30dB over 3 contiguous frequencies. Post treatment results showed an average hearing gain > 10dB and a comparable time to recovery with no significant difference between the two treatments.

**Conclusions:** On the basis of the available literature there is no reported significant difference in outcome between an intratympanic steroid regime versus a high dose oral steroid regime, therefore there is insufficient evidence to recommend one treatment modality over the other.

**1356: CROSS-SPECIALITY COVER AT THE JUNIOR LEVEL: A NATIONAL SURVEY**

**Introduction:** The recent Shape of Training Review highlighted the need for increased generic service provision. Consequently cross-speciality junior on call cover may increase. We aimed to determine whether satisfactory training is provided to juniors currently cross-covering ENT.

**Methods:** An online survey was sent to foundation doctors and surgical core trainees throughout the UK.

**Results:** 190 responses were received. Of these, 43 doctors had cross-covered ENT in their present or a past placement (22.6%). Of these, 69.7% felt competent to cross-cover adult, and 41.9% paediatric ENT patients. However, 51.1% had been in a clinical situation in which they did not feel competent and 44.1% would not perform basic ENT procedures unsupervised. Worryingly 60.5% of cross-covering doctors had no paediatric life support training. Only 40% of cross-covering doctors had been given ENT teaching and all but 3 of 190 respondents felt training should be given. Formal teaching and written information were the preferred methods of teaching.

**Conclusions:** To our knowledge, this is the largest national survey of its kind. There remains insufficient training prior to cross-covering, including basic paediatric life support. Where formal specialty teaching is not feasible, we would suggest written guidelines be provided, for example through trust intranet.