The technique of needle cricothyroidotomy and percutaneous trans-tracheal ventilation using a large bore venflon and oxygen tubing with a side hole cut out has been widely described in the literature. The connection between the oxygen tubing and the venflon can be a poor fit, which requires modification, and cutting a side hole on the oxygen tubing can be tricky in an emergency situation. We describe a novel connection device that allows easy connection of the cricothyroidotomy venflon to any ventilation device.

**Methods:** After correct placement of a large bore venflon into the trachea, a 10 ml syringe (with the plunger removed) is connected to the end of the venflon. A size 7-cuffed endotracheal tube is then inserted into the syringe and the cuff inflated. The endotracheal tube can then be connected to any ventilation device directly.

**Results:** The senior author has used this technique over the last 5 years with good results and no complications to date.

**Conclusion:** We described a simple technique in connecting to needle cricothyroidotomy venflon to ventilation devices using equipment readily available in all hospitals.

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**0902: DICLOFENAC PRESCRIBING AFTER TONSILLECTOMY**

L. Cheung, P. H. Patmore. Frimley Health NHS Trust, UK

**Aim:** Post-tonsillectomy analgesia must be effective to reduce the risk of bleeding and infection. Commonly non-steroidal anti-inflammatory drugs including Diclofenac are used. The Medicines and Healthcare products Regulatory Agency (MHRA) and our institution issued advice during summer 2013 to reduce prescriptions of Diclofenac over concerns regarding cardiovascular safety in addition to its gastrointestinal bleeding risk profile. We aimed to evaluate the post-operative use of Diclofenac for tonsillectomy patients and review the effects of the MHRA notification and adaptations to the electronic discharge prescription (EDP) form on subsequent prescribing practice.

**Methods:** Retrospective review of completed EDPs for adult tonsillectomy patients before (November 2012-June 2013) and prospective review after the MHRA notification (August 2013-October 2013), and after adaptation to EDP forms took place (November 2013-June 2014).

**Results:** 150. The proportion of Diclofenac prescriptions fell from 82% to 57% after MHRA notification (P = 0.02) and furthermore to 0% after changes to the EDP form (P = 0.0001). There were no significant changes in readmission rates for pain or bleeding.

**Conclusion:** The interventions have resulted in significant reduction in the number of prescriptions of Diclofenac in post-tonsillectomy patients and significantly improved adherence to trust prescribing policy, without any significant effect on readmission rates for pain or bleeding.

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**0927: THROAT SWABS IN THE INVESTIGATION OF TONSILLITIS; DO WE USE THEM APPROPRIATELY AND WHAT DO THEY YIELD?**

P.D. Chakravarty, E. Black, K. Ah-See. University of Aberdeen, UK; Aberdeen Royal Infirmary, UK

**Aim:** SIGN guidelines and NICE knowledge summaries dictate that throat swabs should not routinely be used in the investigation of sore throats but used to establish aetiology in recurrent severe tonsillitis prior to tonsillectomy.

**Methods:** We explored whether throat swabs are being used appropriately and what organisms are being isolated. All throat swabs that cultured successfully at ARI 2012-2014 were gathered. Samples were excluded if there was insufficient clinical information, or if they investigated anything other than a sore throat.

**Results:** 581 swab results were obtained. 266 (45.8%) were carried out with no background of chronicity or severity. The majority (82.8%) of swabs grew Candida Species, however only 7% of these infections clinically resembled thrush. Streptococcus Species (Groups A,B,C,G) contributed 16% of positive cultures. Growth of Candida was not associated with recurrence or persistence.

**Conclusion:** The growth of Candida was an unexpected result that is not well documented in literature, though we could not determine whether it was cultured as a commensal or pathogen. Our results suggest that throat swabs are still being used widely to investigate sore throats and that few throat swabs yield clinically useful results that influence patient management. Greater awareness is required around the unnecessary routine use of throat swabs.

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**0933: ARE ENT TRAINEES GIVEN ENOUGH TIME TO OPERATE?**

K. Lee, R. Green, R. Adamson. St Johns’ Hospital, Livingston, UK

**Aim:** The European Working Time Directive has caused concern with reduced surgical training times. Operations are often listed without knowing the grade of surgeon performing the operation. We aimed to assess if operations were listed with appropriate slot lengths for trainees to complete tonsillectomies, septoplasties and grommet insertion.

**Methods:** Data was collected retrospectively for 30 cases for each operation from the ORSOS database completed at St Johns’ Hospital, Livingston in 2014. Data was analysed using student t test.

**Results:** There was wide variation between slot lengths for all operations. The average duration was 47 minutes for tonsillectomies, 53 minutes for septoplasties and 25 minutes for grommets. For tonsillectomies the difference between slot length and operation duration was -5 minutes for registrars and -16 minutes for core trainees.

**Conclusion:** There was no standardised time for operation slot requests. For tonsillectomies, the listed times were not appropriate for trainees. Using suggested standardised times of 35 minutes for tonsillectomies, 60 minutes for septoplasties and 25 minutes for grommets, this would enable the majority of surgeons to complete the operation. Had this been carried out for the data collected, 234 operating minutes would have been saved and could have been used for further training.

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**0979: WHAT ANTIBIOTICS SHOULD WE ADMINISTER FOR PAEDIATRIC ORBITAL CELLULITIS? A NATIONAL SURVEY OF NHS TRUSTS**

S. Mahalingam, C. Limb, R. Srinivasan, P. Riley, S. Khemani. East Surrey Hospital, UK; St George’s Hospital, UK

**Aim:** Paediatric orbital cellulitis is an ENT emergency. A recent case highlighted a discrepancy in antibiotic choice between the Paediatric and ENT teams. The aim of this study was to identify the antimicrobial regimes most commonly employed throughout the UK, and develop an understanding of the rationale behind their use.

**Methods:** ENT teams in 40 units were contacted and asked to complete a short questionnaire, which addressed the management of children presenting with this condition. A literature search of the various antimicrobial policies was carried out and advice was sought from the local microbiology department.

**Results:** Twenty-eight units responded (response rate 70%). Ten trusts (36%) had no policy requiring joint input from paediatrics, ENT and ophthalmology for high-risk patients. Six trusts (21%) had no antimicrobial guidelines for paediatric orbital cellulitis. Fourteen units (50%) used a single antibiotic, whilst the remainder used a combination. The most common regimes were ceftriaxone with metronidazole in eight trusts (25%), ceftriaxone alone in seven trusts (25%), and intravenous co-amoxiclav in five trusts (18%).

**Conclusion:** There is no general consensus on antibiotic policy of this condition. Here we discuss the rationale behind the various antimicrobial regimes commonly employed and suggest the development of national multi-disciplinary guidelines.

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**0997: HOW WELL ARE WE SCREENING FOR EBV IN ACUTE TONSILLITIS**

E. Gosnell. Fairfield General Hospital, UK

**Aim:** EBV infection is a common cause for acute tonsillitis – contributing to 12% of tonsillitis hospital admissions. Infectious mononucleosis patients typically have a prolonged hospital admission with splenic rupture a rare but potentially fatal complication. The aim; to assess whether our patients were being screened for EBV, enabling us to inform and advise those with active infection.

**Methods:** A two-cycle retrospective clinical audit. All adult patients admitted over 8-weeks with acute tonsillitis or peri-tonsillar abscesses