

1205: PRE-OPERATIVE OVERNIGHT SLEEP STUDY TO PREDICT HIGH DEPENDENCY UNIT INTERVENTION IN CHILDREN UNDERGOING ADENOTONSILLECTOMY FOR OBSTRUCTIVE SLEEP APNOEA

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Introduction: Post-operative High Dependency Unit (HDU) beds are often requested for those undergoing adenotonsillectomy for obstructive sleep apnoea (OSA). We evaluated the utilisation of HDU for such cases at our institution.

Methods: A retrospective case note review of patients admitted to HDU following adenotonsillar surgery for OSA over a five year period was performed.

Results: 66 cases were identified. 39 patients had pre-operative sleep study; of these, 30 patients had desaturations noted. Seventeen patients had significant post-operative desaturations. These were predicted in all 11 patients who had undergone pre-operative pulse oximetry. The remaining six had not undergone pre-operative pulse oximetry. Nineteen patients required HDU care; eight had experienced post-operative desaturations.

Conclusions: HDU care can be required following adenotonsillectomy for OSA. In this study overnight pre-operative pulse oximetry was 100% sensitive at predicting post-operative desaturations, and therefore may aid the appropriate utilisation of HDU beds for patients undergoing adenotonsillectomy for OSA.

1213: PAEDIATRIC VOICE DISORDERS: USING ACOUSTIC & AERODYNAMIC PAEDIATRIC VALUES AND LARYNGEAL PHOTOGRAPHY AS A PARENTAL EDUCATIONAL TOOL

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Introduction: Diagnosing paediatric voice disorders is based on subjective and objective measures. Computer-assisted voice analysis is non-invasive and well tolerated by children. It can provide a frame of reference for children with vocal disorders now that normative data is becoming available. Parental understanding of such data in conjunction with laryngeal photography can help educate families on the underlying reason and course of a voice disorder.

Method: An educational poster has been developed to show parents how we can relate a child's diagnosis to changes in their acoustic & aerodynamic values.

We can clearly show the abnormalities in voice that occur and correlate this with our normative data, highlighting the differences.

In addition we have included laryngeal photographs of children with vocal fold nodules, unilateral vocal fold paralysis, vocal fold cysts and respiratory papillomas to show and educate the families as to what these disorders look like.

Outcome: Our poster clearly shows the variation from the norm that occurs in acoustic and phonatory aerodynamic parameters in certain paediatric voice disorders.

We have found this poster to be an invaluable diagnostic, educational and planning tool to help families understand the basis of a voice disorder.

1218: AVOIDING ROUTINE NASAL PACKING POST SEPTORHINOPLASTY DOES NOT JEOPARDISE PATIENT REPORTED OUTCOMES

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Aim: We aimed to evaluate if avoiding routine packing affects patient outcomes and can allow selected patients to be treated as a daycase.

Methods: The case notes of 157 patients who had undergone 165 operations between January 2005 and November 2009 were reviewed. A telephone interview was then conducted using the Glasgow Benefit Inventory (GBI).

Results: The age range was 16–69 (mean = 25.6). Sixteen rhinoplasties and 149 septorhinoplasties were carried out. Primary nasal packing was avoided in 113 operations with only 1 case requiring postoperative packing for bleeding. Out of these patients 84 completed the GBI and 43 patients who were primarily packed completed the GBI. 38 patients (38 operations) were day case, 17 of which completed the GBI. 121 patients (127 operations) were inpatients of which 110 completed the GBI. Using chi squared to analyse the scores there was no significant difference between those patients who were packed primarily and those who were not. There was also no difference between daycase and inpatient scores.

Conclusion: Nasal packing is a traumatic event for patients. Avoiding routinely packing improves patient experience without jeopardising patient outcome satisfaction and allows a selected population to have septorhinoplasty/rhinoplasty as a day case.

1259: TRANSORAL LASER MICROSURGERY FOR EARLY AND MODERATELY ADVANCED LARYNGEAL CANCERS: THE MERSEY EXPERIENCE

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Introduction: Transoral laser microsurgery (TLM) is an important treatment option for selected laryngeal cancers, providing comparable cure rates to other treatment modalities while offering favourable functional results. High quality evidence, however, is limited and disparity still exists between centres in their therapeutic approach. Our institution has an established TLM service and we sought to evaluate results over a 5-year period.

Methods: Patients undergoing primary TLM for laryngeal cancer (2007–2011) were identified retrospectively. Hospital records were reviewed for demographics; pathology; adjuvant treatment; surgical, oncological, and functional outcomes.

Results: 143 patients were included. 7.0% of tumours were staged pTis, 69.2% pT1, 16.8% pT2, and 7.0% pT3. 4.2% of patients underwent neck dissection, and 7% adjuvant radiotherapy. No major surgical complications were observed. Median inpatient stay was 1 day, with a 44.8% daycase rate. Overall, disease-specific, and disease-free survivals were 88.7%, 99.4%, 82.7% respectively, with median follow-up of 38 months. Disease-specific survival by T stage was 100% (Tis), 97.2% (T1), 94.1% (T2), and 71.4% (T3). 4.2% of patients required PEG; 2.8% required tracheostomy.

Conclusion: Our series confirms the safety, and oncological and functional efficacy of TLM, adding to the evidence supporting TLM for the treatment of early and selected moderately advanced laryngeal cancers.

1306: ASIT-AOT PRIZE WINNER: HOW USEFUL IS SINGLE-PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) IN PREDICTING LOCALISATION OF PARATHYROID ADENOMAS?

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Aims: To assess the utility of Single-Photon Emission Computed Tomography (SPECT) in pre-operative localisation of parathyroid adenoma prior to a potential minimally invasive parathyroidectomy.

Methods: 2-cycles audit correlating SPECT and operative findings. The recommendations of changing the SPECT reporting method, specifically with regard to surgically relevant structures adjacent to the lesion, such as the thyroid, were implemented. A second prospective audit is currently in progress assessing the outcome of change.

Results: In the first cycle, 20 patients underwent partial parathyroidectomy, either by open (13), or minimally invasive (7) approach. SPECT sensitivities were: 85% (17 cases) in identifying the adenoma, with all (100%) being on the correct side, and 41% (7 cases) in identifying the correct level (superior vs. inferior).

In the re-audit, 7 patients have had surgery, 5 as minimally invasive and 2 as open approach. SPECT sensitivity remains unchanged in terms of adenoma identification and laterality; however, its sensitivity at identifying the correct level has increased to 71% (5 cases).

Conclusions: SPECT alone is not yet regarded as gold standard in parathyroid adenoma localisation. However, feedback to the radiologist of the operative findings may enhance its usefulness, particularly in attempting to proceed with a minimally invasive parathyroidectomy.

1311: IS PATIENT SATISFACTION IN ENT OUTPATIENT DEPARTMENT INFLUENCED BY CLINIC WAITING TIME?

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Aims: Lengthy waiting times when attending outpatient department appointments are often a significant source of patient dissatisfaction leading to complaints. We investigate the correlation between waiting time and patient satisfaction in our ENT Outpatient Department.

Methods: Patients attending ENT outpatient appointments were asked to complete an anonymous questionnaire enquiring: 1) overall waiting times 2) if waiting time was acceptable/not acceptable 3) time spent with the clinician and 4) overall clinic experience satisfaction.