Department with pain but are not readmitted. We hypothesise that inadequate analgesia and lack of patient education may be responsible. New information leaflets and analgesic guidelines have been created by a multidisciplinary ENT, anaesthetic and paediatric team.

0269: PREDICTING OPERATIVE DURATION AND IMPLICATIONS FOR LIST PLANNING: A RETROSPECTIVE ANALYSIS USING MULTIVARIATE STATISTICS OF DATA FROM 85 ADULTS AND 72 CHILDREN UNDERGOING TONSILLECTOMY

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Aim: Operative duration is highly variable, as illustrated by our analysis of 85 adults and 72 children undergoing tonsillectomy (mean operative duration 53 minutes for anaesthetic, procedure and reversal time, but operative duration ranged from 16 minutes to 120 minutes within the same dataset). Effective list planning can therefore be difficult; too many operations listed for a given theatre session and there is an increased risk of on the day of surgery cancellations. Too few operations listed and increased idle theatre time occurs.

Methods: We created a model based on our local data to predict the proportion of procedures that would be cancelled on the day of surgery and the corresponding proportion of idle theatre time for a given theatre list, based on differing allocations of time to perform a tonsillectomy.

Results: Using multi-variate statistics, we were able to show that grade of surgeon (consultant or trainee) and patient age, have a significant effect on operative duration.

Conclusion: We therefore propose that maximum acceptable levels of cancellation rates and idle theatre time need to be pre-agreed with hospital managers. Incorporation of local data including surgeon experience and patient demographics when list planning should then allow more accurate prediction of operative duration.

0298: POWER ASSISTED ENDOSCOPIC ADENOIDECTOMY USING A 120-DEGREE REVERSE VIEWING TELESCOPE AND MICRODEBRIDER

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Aim: Since first description in 1997 numerous variations for performing endoscopic adenoidectomy have been described including: trans-oral, trans-nasal, using 30 degree scopes and using 70 degree scopes with various different debriding techniques. Comparisons with conventional methods (i.e. blind curettage) consistently demonstrate faster resection, reduced bleeding and more complete resection of tissue; visualisation of adenoids at resection with direct surgical control of bleeding is fast becoming the accepted standard of care. We propose a novel endoscopic technique using a 120 degree reverse viewing endoscope; to our knowledge this is the first description of this technique in the literature to date.

Methods: Position the patient as for conventional tonsillectomy. The soft palate should be elevated using a 6-gauge French Foley catheter to improve access.

Results: A reverse viewing 120-degree endoscope held in the non-dominant hand inserted transorally allows removal of adenoids under direct vision using a microdebrider in the dominant hand (see photographs – full written consent obtained).

Conclusion: The trans-oral approach (as opposed to trans-nasal) avoids trauma to the nasal passages. We feel that this technique using a reverse viewing endoscope offers the least technically challenging method to perform effective endoscopic adenoidal resection of any described to date.

0327: IS THE “DAY OF THE WEEK” AN INDEPENDENT RISK FACTOR FOR POST-TONSILLECTOMY HAEMORRHAGE?

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Aim: Tonsillectomy is a common, low-risk procedure. Post-tonsillectomy haemorrhage remains the most serious complication and can be life-threatening. Male gender, coagulopathy and increasing age are suggested risk factors for post-tonsillectomy haemorrhage. This study aimed to investigate whether the day of the procedure acts as a risk factor for post-tonsillectomy haemorrhage.

Methods: Routinely collected data in a 3-year period from Lewisham Hospital was retrospectively analysed. 2349 tonsillectomies were performed between 2010 and 2013. The day of operation was noted for each procedure. The day of operation was noted for each patient who developed a post-tonsillectomy haemorrhage.

Results: 114 (4.85%) post-tonsillectomy haemorrhages were recorded. The largest proportion of post-tonsillectomy haemorrhage occurred in patients operated on Sunday (14.29%, 6/42). The rate of post-tonsillectomy haemorrhage in procedures carried out on Monday was 2.08% (11/529) and Friday was 6.22% (38/611).

Conclusion: There appears to be an increased risk of post-tonsillectomy haemorrhage if the procedure is carried out on a Sunday as opposed to another weekday. The risk of haemorrhage is increased if the procedure is carried out on a Friday as opposed to a Monday.

0360: A CLOSED CYCLE AUDIT OF THE EMERGENCY MANAGEMENT OF EPISTAXIS

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Aim: Epistaxis is a common Otolaryngology emergency that presents along a spectrum of severity - from self-limiting to life threatening. Emergency management of epistaxis is predominantly provided by frontline healthcare staff and is the critical factor to patient outcome. We aimed to assess and improve the emergency management of epistaxis by frontline staff.

Methods: 1st cycle: prospective collection of data from 50 frontline staff using a standardised questionnaire. This aimed to assess knowledge of the emergency management of epistaxis. Following the 1st cycle, one-to-one teaching was provided to Emergency Department (ED) staff about the correct measures and underpinning theory for the emergency management of epistaxis. A 2nd cycle audit was then conducted to measure effect of change.

Results: 1st cycle included 50 frontline ED staff. 44% knew the correct technique to manage epistaxis. Only 34% understood the theory behind why these measures were used. Following one-to-one teaching, 2nd cycle included 36 frontline ED staff. Results showed an increase in both the correct technique (82%) and the underpinning theory (83.5%).

Conclusion: Epistaxis is a common but potentially life threatening emergency. Frontline staff must be equipped to provide emergency management. Implementation of an educational programme has shown to improve technique and knowledge.

0370: MANAGING FACIAL NERVE PALSY USING PHYSIOTHERAPY

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Aim: To determine efficacy of facial physiotherapy provided for patients with facial nerve palsy.

Methods: Retrospective study. 54 patients diagnosed with Facial nerve palsy were included in the study after they met the selection criteria including unilateral facial paralysis and start of therapy twelve months after the onset of facial nerve palsy. Patients received the treatment offered at a facial physiotherapy clinic consisting of: Trophic electrical stimulation, surface electromyography with biofeedback, neuromuscular re-education and myofascial release. The Sunnybrook facial grading scale was used to evaluate the severity of facial paralysis.

Results: This study demonstrated the positive impact of physiotherapy for patients with facial nerve palsy with improvement of 24.2% on the Sunnybrook facial grading score from a mean baseline of 34.2% to 58.2%. The greatest improvement looking at different causes was seen in-patient who had reconstructive surgery post Acoustic Neuroma at 31.3%.

Conclusion: The therapy shows significant improvement for patients with facial nerve palsy even when started 12 months post onset of paralysis across different causes. This highlights the benefit of this non-invasive technique in managing facial nerve paralysis and possibly preventing the need for surgery.