detect occult lymph node metastases. The authors aim to describe their experience of localising recurrent tumours with intraoperative USG.

**Method:** Five consecutive patients with previously-treated well-differentiated thyroid cancer underwent neck exploration for histologically confirmed, recurrent, non-palpable nodal disease. Nodes were excised with the assistance of a consultant radiologist performing USG intra-operatively. Result: Using US-guided localisation, all cases were successful in retrieving the target tumour, with no inadvertent nerve injuries; 6 tumours were obtained from the 5 patients: tumours were excised from level 4 (n = 3), level 6(n=2) and from within the substance of the sternothyroid muscle itself (n=1).

**Conclusion:** Intraoperative USG is useful in efficiently directing the surgeon to the foci of thyroid cancer recurrence irrespective of subcutaneous fibrosis, with arguable reduction in sampling error, operative time and morbidity. Further study on this technique is needed to elucidate its role in the management of recurrent/residual disease.

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0987: A COMPARISON OF CALCIUM MONITORING PROTOCOLS FOLLOWING TOTAL THYROIDECTOMY

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**Introduction:** Post-operative hypocalcaemia is an important complication following total thyroidectomy(TT). We compared our practice against two differing protocols to determine factors associated with hypocalcaemia and ease of protocol compliance.

**Method:** Patients between April 2013–2014, undergoing TT within a tertiary ENT department were prospectively included. Following initial audit, the new protocol was introduced, recommending measurement of first calcium at 24h instead of 6h post-operatively unless symptomatic. Statistics: Fishers Exact Test.

**Result:** 25 patients included: 13(52%) ‘old protocol’ and 12(48%) ‘new protocol’. 14 underwent TT alone, 9 concurrent central neck dissections(CND) and 2 CND + modified radical neck dissections (MRND). 11(44%) patients developed hypocalcaemia: moderate n=7 and severe n=1. No patient developed ‘first hypocalcaemia’ >48h post-operatively. 3 patients required calcium supplementation at 6 months. Parathyroid evident on pathology was associated with moderate-severe hypo-calcaemia (p<0.01) and TT + CND/MRND trended to hypo-calcaemia(p<0.1). Calcium monitoring and follow-up compliance improved following intervention.

**Conclusion:** Presence of parathyroid tissue on pathology was associated with hypocalcaemia. Measuring calcium at 24 hours improved protocol compliance without increasing the severity or rate of hypocalcaemia, possibly due to reduced out of hours measurement requirements. Additionally unit education has reduced the number of patients discharged with a falling calcium level.

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1118: ADRENOCORTICAL CARCINOMA: THE WEST OF IRELAND EXPERIENCE

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**Introduction:** Adrenocortical carcinoma is a rare malignancy with an incidence of 0.7 -2.0 cases per million per year. Two peak ages have been identified, in the first and fifth decades of life. There is a slight gender bias with women being affected more than men (approximately 55-60%). Adrenocortical carcinoma carries a poor prognosis with an overall five year survival rate of 20-35%.

In terms of clinical presentation, these tumours can be either functional or non-functional. Most affected individuals present with symptoms of biochemical derangement (e.g. steroid excess) or mass abdominal effects. 10–15% are diagnosed following incidental finding.

Method: We present a series of cases of adrenocortical carcinoma from our centre in the west of Ireland. These illustrate the challenges presented by these rare malignancies, from diagnosis and treatment, to the technical difficulties of their surgical removal.

**Discussion:** Complete surgical excision of adrenocortical tumours is considered to offer the best survival rates, depending on the presence/absence of metastatic disease. However, chemotherapy (mitotane) and radiotherapy are offered to select groups of patients as adjuvant therapy. We also discuss the role of individualised treatment, the role of laparoscopic surgery, as well as novel treatment targets.

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ENT surgery

0055: THE POSITIVE PREDICTIVE VALUE OF URGENT 2-WEEK-WAIT HEAD & NECK CANCER CLINICS; A PROSPECTIVE AUDIT OF CLINICAL PRACTICE

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**Aim:** To assess the efficacy of the two-week-wait clinic. To identify suitability of primary and secondary care referrals as per NICE guideline [NG12]. To assess clinical outcomes; including incidence of malignancy, use of investigations and patient outcomes.

**Method:** Prospective data collection over four weeks; data collection tool was completed by the assessing clinician for all new patients to two-week-wait head and neck cancer clinic. Electronic patient record used to identify investigation results and outcomes. Statistical analysis performed using SPSS(v22).

**Result:** 107 patients, mean 53.9 years. 98% primary care referrals. 76 (70%) classified as inappropriate referral to 2 week wait. Total 3 confirmed malignancies; PPV of 2.8%, in line with NICE risk threshold. No patient identified as inappropriate was found to have a malignancy on further investigations. Commonest reason for incorrect referral was prolonged history, vague symptoms or patient age.

**Conclusion:** Improved education of primary care focused on head & neck malignancy, identification of at risk patients and clarification of NG12 is required to prevent improper use of the two-week referral pathway.

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0120: IMPROVING DAY-CASE TONSILLECTOMY RATES AND THE ASSOCIATED BEST PRACTICE TARIFF PAYMENTS AT BRADFORD ROYAL INFIRARY


**Aim:** To increase the percentage of patients who undergoing tonsillectomy as a day-case procedure. To improve ENT day-case theatre efficiency and increase the tonsillectomy best practice tariff payments received by Bradford Royal Infirmary (BRI).

**Method:** Full audit cycle. Retrospective case note review of all paediatric and adult patients undergoing tonsillectomy at BRI over four month period before and after intervention (151 vs 94 patients). Identified patient and procedural factors against national recommendations limiting same day discharge. Intervention: prioritisation of tonsillectomies to morning lists/before 3pm, moved all adult patients to dedicated ENT day-unit and team effort to complete discharge paperwork promptly.

**Result:** Initial audit identified only 12.97% of tonsillectomies were performed as a day-case procedure. 37% of patients who stayed overnight did not have clear contra-indication to same day discharge. This equated to a potential tariff loss of £61,596 per annum. Reaudit after interventions found rates of day-case tonsillectomy had risen to 44%.