unnecessary withholding of anticoagulant and antiplatelet medication with no statistically significant increase in complication rates (increased admission, DVT, PE, re-admission with bleeding following discharge).
Conclusion: No guidelines currently exist within the literature on the management of antiplatelet or anticoagulant use in epistaxis patients; therefore this audit is significant in that respect. Current data from re-audit has shown favourable results and full results will be available for presentation in March 2012.

0237: WHAT IS THE VALUE OF A 'ONE-STOP' CLINIC IN ASSESSING TWO WEEK WAIT NECK LUMP REFERRALS?

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Aim: To assess our surgeon and radiologist 'one-stop' clinic compared to conventional head and neck clinic in the assessment of neck lumps. The 'one-stop' service has provision for ultrasound examination and guided fine needle aspiration.
Method: Retrospective analysis of all patients referred with a lump under the two week wait from 8th November 2010 - 31st January 2011.
Results: A total of 72 new patients were seen, 26.4% of which were assessed in our 'one-stop' service. The average time to diagnosis was 29.5 days in a standard head and neck clinic compared to 10.7 days in our one-stop clinic ($p=0.003$). The average number of outpatient appointments required to make a diagnosis was 2.0 in the standard clinic compared to 1.5 in the 'one-stop' service ($p=0.014$). The longest time to cancerous diagnosis was 107 days in our standard clinic compared to 11 days in the 'one-stop' service.
Conclusion: The 'one-stop' model of assessing patients with neck lumps leads to significantly shortened time to diagnosis and fewer follow-up appointments providing mutual benefit to both patients and limited NHS resources. This has lead to a restructuring of our outpatient services with the objective that all neck lumps are assessed in a 'one-stop' clinic.

0259: INTRADEPARTMENTAL VARIABILITY IN FINE NEEDLE ASPIRATION TECHNIQUE AND CYTOLOGICAL DIAGNOSTIC ADEQUACY RATE IN THYROID AND NECK MASSES

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Aims: To assess variability in fine needle aspiration (FNA) technique and diagnostic adequacy rate amongst surgeons sampling thyroid and neck masses.
Methods: A retrospective single-blinded analysis of all surgeons' FNA results was undertaken after consent. Sample adequacy was defined as "enough cells to establish a firm cytological diagnosis". Kolmogorov-Smirnoff testing confirmed normal distribution in the data set.
Results: A total data set of $n=70$, represented the ten most recent FNA results of the seven surgeons included. Marked variability in technique existed amongst all surgeons. The diagnostic rate ranged from 80% to 30% with a departmental average of 52.7%. T-testing showed two surgeons achieved a significantly higher diagnostic rate ($P=0.007$ and $P=0.045$) and one surgeon had a significantly lower rate ($P=0.015$) compared to the departmental average. The highest diagnostic rates were achieved using the same technique. Experience of surgeon was not a causal factor and correlation coefficient testing revealed no statistical difference between needle size ($P=0.348$) and number of samples per patient ($P=0.348$).
Conclusions: There may exist a marked variability in FNA technique and success rate within a unit. Cytological adequacy rates are more dependent on technique rather than experience. We encourage others to monitor their FNA adequacy rates and technique.

0293: ENT EMERGENCY CLINIC ACTIVITY

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Aims: To assess activity of emergency clinics, institute changes and re-audit to gauge improvement in service provision
Methods: After an initial audit, having identified the issues, we supplied guidelines for accepting, documenting and booking referrals for ENT junior doctors including recommendations to reduce follow ups safely, redirect inappropriate referrals to main outpatients and management protocols for common conditions. These changes were implemented by distribution of guidelines and educating GPs and A&E staff.
Results: Re-audit v 1st audit: Clinic activity 7.2 v 9.8; Follow ups 45 v 158; Direct outpatient bookings 15 v 59; Number of re-referrals by GP 15 v 1; A&E and GP still main referrers (95%); referrals typically otitis externa, foreign bodies, epistaxis, nasal trauma (but less inappropriate referrals in re-audit: 21 v 89).
Conclusions: We can work together to improve patient care and save money (by reducing unnecessary follow ups) as well as generate income (by gaining re-referrals and GP referrals to main outpatients), reflecting the importance of interacting and working with our colleagues in management rather than remaining a separate, clinical arm of the NHS to achieve the best possible care. Clinical governance has an integral role to play in maintaining and driving forward the standard of care.

0310: A FIVE YEAR EXPERIENCE OF STAPES SURGERY IN A DISTRICT GENERAL HOSPITAL

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Aim: To assess the outcome of stapes surgery, and hearing improvement, and the effects of that surgery on tinnitus and taste sensation, and to assess the complication rate.
Method: A retrospective study of 137 consecutive stapes operations performed by a single surgeon, predominantly carried out under local anaesthesia, using the Fisch teflon-platinum prosthesis, from January 2005- December 2010.
Results: 137 operations on 109 patients were analysed and included incudo-stapedotomy in 111 cases, and malleo-stapedotomy in 15 cases. The average pre-operative air-bone gap was 31.5db HL, reducing to 13.8 db HL at one year post-operatively. Subjective hearing improvement was 94% at one month (83% at one year). 21% of patients reported taste disturbance at one month. Pre-operative tinnitus was present in 50% of patients, and reduced significantly post-operatively. There were no significant complications.
Conclusion: Our study has shown a statistically significant reduction in the air-bone gap, and an improvement in hearing of all patients who had stapedotomy carried out for otosclerosis. The outcome of stapes surgery for ossicular erosion or fixation secondary to chronic otitis media, and for congenital abnormalities, including osteogenesis imperfecta, tends to be rather less successful when compared to otosclerosis.

0334: THE IMPACT OF THYROPLASTY ON POST-OPERATIVE SYMPTOMATOLOGY AND PATIENT SATISFACTION

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Aim: This study's aim was to review the impact of thyroplasty on symptoms related to voice quality and to assess patient satisfaction with post-operative results.
Method: All patients who underwent thyroplasty in our trust between August 2004 and July 2011 were included. Case-notes were reviewed retrospectively to identify pre-and post-operative voice quality. Additionally, a post-operative telephone questionnaire was conducted to assess patient satisfaction.
Results: 28 patients were identified, but six excluded due to unavailable case-notes. 21 cases had a Montgomery implant, one a cartilage patch graft. All patients originally presented with hoarseness. This improved post-operatively in 82%. Of patients with difficulties speaking for longer periods prior to surgery 57% noticed a post-operative improvement.
10 patients completed the telephone questionnaire (five patients had deceased, seven were not contactable). 60% felt their voice had much improved, 20% noted improved swallowing, 40% reported improved talking for long periods, and 50% showed improved ability to speak on the telephone. In 60% of cases, friends and family were reported to describe the patient's ability to communicate as much improved.