

**0304: PROSPECTIVE AUDIT: IMPROVING RATES OF DAY CASE TONSILLECTOMIES IN THE ABSENCE OF A DEDICATED DAY CASE UNIT**

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**Introduction:** Over 55,000 tonsillectomies are performed in England every year. Historically, patients stay overnight, with the Royal College of Surgeons deeming tonsillectomies inappropriate for day case in 1985, citing reactionary haemorrhage as the contraindication. Since, published evidence concluded this risk as low, prompting a shift in practice. We present the challenges of improving rates of day case tonsillectomies in the absence of a day case unit.

**Methods:** Data was audited on day case tonsillectomy rates in children and adults over 6 months in 2011 (n= 123). New local protocols were designed specific for purpose. Day case tonsillectomy rates were re-audited over 6 months in 2012 (n= 125) to assess effects of intervention.

**Results:** Day case tonsillectomy rates increased in children from 9% to 25%. A similarly significant increase was noted in adults from 6% to 43%. There were 2 re-admissions over the re-audit period, neither were day case patients.

**Conclusions:** This audit demonstrates how healthcare processes can be streamlined to save time and resources without compromising on patient safety. By engaging patients and colleagues, we made dramatic improvements without the need to construct an expensive, purpose-built, day case facility, which is all the more relevant in times of efficiency saving.

**0322: GUIDED OR GUIDANCE? THE CHANGING TREATMENT OF TONSIL CARCINOMA LEOPARD D – ENT CT1 – ROYAL GWENT HOSPITAL OWENS D – ENT CONSULTANT – UNIVERSITY HOSPITAL WALES**

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**Introduction:** Is deviation from guidelines an inevitable consequence of improving practice? We use the management of tonsil carcinoma as an illustrative example of how practice strays from guidelines as medical technology advances and the understanding of disease process improves. In recent years, it has come to light that the role of HPV in oropharyngeal carcinoma is crucial and the overall approach to the treatment of advanced disease has changed.

**Methods:** We compared, over a ten year period, the treatment of every patient tonsil cancer patient discussed in one University-Hospital MDT with two consensus documents published 10 years apart: "Effective Head and Neck Cancer Management" (2002) states "T3/T4 lesions require radical resection." "Multidisciplinary Management Guidelines" (2011) state: "Advanced oropharyngeal carcinoma can be treated with primary chemoradiotherapy."

**Results:** Total number tonsil ca. (n=97). Significant increase in incidence over 10 years (p=0.003). Significant increase in proportion of patients treated with primary chemoradiotherapy (0%-28.5%) (p=0.01). Significant decrease in primary surgery (50%-14.3%) (p=0.005).

**Conclusions:** Guidelines are only as valid as current research and understanding. Clinicians must base their practice on a variety of evidence and front-line results and cannot always rely on outdated guidance. Consensus documents should be released more frequently and regularly re-evaluated.

**0357: COMPARATIVE STUDY OF THE REALISM AND USEFULNESS OF TWO VIRTUAL TEMPORAL BONE SIMULATORS: THE VOXEL-MAN TEMPOSURG AND THE VISIBLE EAR SIMULATOR**

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**Introduction:** Virtual temporal bone simulators may be beneficial in ENT training. Several systems are available but no previous studies have been undertaken to compare these. Cost has been a barrier to wider uptake, ranging from £3000 to set up the Visible Ear Simulator (VES), to over £20,000 for the Voxel-Man TempoSurg (VMT). The aim of this study is to compare usefulness and realism of the VES and VMT.

**Methods:** ENT higher surgical trainees and consultants in the South West of England were recruited to the study. Each participant was asked to perform a cortical mastoidectomy on both simulators and complete a questionnaire regarding their perception of realism and usefulness in multiple domains using a 5-point Likert scale. Mann Whitney test was used to detect any significant difference between the mean scores of the two simulators.

**Results:** 10 trainees and 5 consultants participated. All had prior experience of temporal bone drilling. There was no significant difference between the two simulators in terms of realism and usefulness (p<0.05).

**Conclusions:** Temporal bone simulators may be a useful adjunct in ENT training. The VES presents an affordable alternative to the VMT. Validation studies for the VES are in progress and an approach to curriculum integration is being considered.

**0363: PROCEDURES OF LIMITED CLINICAL VALUE IN ENT: WHAT EFFECT HAS THERE BEEN ON OPERATING NUMBERS?**

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**Introduction:** 'Procedures of Limited Clinical Value' (PLCV) is a term first highlighted in the McKinsey report (2009), examining potential cost cutting measures within the future NHS. With the NHS now facing intense financial pressures we undertook a study to examine whether five core procedures within the specialty of ENT had been restricted.

**Methods:** Numbers of operative procedures carried out from six separate hospitals across the Wessex Deanery were obtained, over a 6 year period (2007 to 2012). Five surgical ENT procedures commonly classified as PLCV were studied: tonsillectomy, adenoidectomy, septorhinoplasty, pinna-plasty and myringotomy with insertion of grommets.

**Results:** In total 22,839 surgical procedures were included. A year on year variability in the numbers of each procedure was observed, however when comparing pre-2009 to post-2009 there was no significant changes in the number of procedures carried out, although there was significant inter-hospital variation.

**Conclusions:** Since the introduction of PLCV there has not been a significant drop in the number of core ENT procedures performed within Wessex. However there seems to be a significant inter-hospital variation. With the introduction of clinical commissioning the inter-hospital variation in surgical provision may well increase.

**0364: THE VARIATION IN CT SCANNING FOR CHRONIC RHINOSINUSITIS: ARE WE ALL ON THE SAME PAGE?**

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**Introduction:** The European Position Paper on Rhinosinusitis (EPOS) has made recommendations for Computerised Tomography (CT) scanning in secondary care. Our aims were to investigate any geographical variation and differences between general otolaryngologists' practice and that of rhinology specialists, when implementing these recommendations in uncomplicated Chronic Rhinosinusitis (CRS). Further symptom analysis was undertaken.

**Methods:** A multi-centre, retrospective case-note review was carried out, identifying 82 relevant cases. Supplementary information was obtained from PACS and surgical management databases.

**Results:** There was marked variation in practice between centres, and management practices of general otolaryngologists and rhinology specialists. The latter had a negative scan rate of up to 78%. The symptoms of nasal obstruction, anterior rhinorrhoea and hyposmia had higher Positive Predictive Values (PPV) for radiological changes (30%, 50% and 38% respectively), compared to facial pain and post-nasal drip (24% and 25% respectively). Nasal endoscopy had poor specificity, consistent with corroborative literature.

**Conclusions:** Despite EPOS-guidelines, the management of CRS-patients in secondary-care is greatly varied, perhaps in part due to the heterogeneity of the more complex rhinology patients that present to the specialist. These patients don't always fit with the classic presentation of CRS, but further large-scale symptom analysis may facilitate diagnosis and avoid unnecessary irradiation.

**0365: "WHO WILL TREAT MY DISCHARGING EAR?" – DO THE ASPIRATIONS OF THE TRAINEE ENT SURGEONS MEET THE PATIENTS' NEEDS?**

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**Introduction:** Otolaryngology and Head and Neck surgery encompasses a broad choice of subspecialties. While the needs of the population will determine the volume of subspecialty surgeons, the aspirations of trainees should be considered to insure the two align to produce a motivated and stable consultant body. The aim of this study was to identify the current aspiration trends, and compare them to an identical study in 2004.