

of endoscopy-related oral mucosal injuries was 31.6%(24/76). Of these, 21 were recorded from the wet gauze subgroup, and 3 were from dental dam. The comparative mucosal injuries rate for wet gauze and dental dam was 37.5%(21/56) and 15%(3/20) respectively. No teeth trauma recorded.

**Conclusions:** Alveolar ridge mucosal and gingival injuries remain a significant complication during rigid endoscopies. The routinely used wet gauzes appear inadequate in providing optimal protection. With the newly devised appliance, the dental dam may provide an alternative for oral protection during rigid endoscopies, although further studies are required.

#### 1247: BALANCE WORKSHOP: SYNCHRONIZED HEAD AND FORCE PLATE MEASUREMENTS. THE POTENTIAL FOR DIAGNOSTIC YIELDS

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**Introduction:** Currently only force-plate measurements are used in posturography. Given that the vestibular end-organs are situated within the temporal bone, recording movement of the head can provide additional information compared to body sway alone. We describe the synchronously recording of head position during posturography and investigate its potential additional value.

**Methods:** A device was designed to capture information from head-mounted accelerometers and gyroscopes, allowing movements and position to be accurately measured in three dimensions. Ten normal participants, ten patients with bilateral vestibular loss(BVL) and ten patients who were instructed to malingering were tested using the modified clinical test of sensory interaction on balance(mCTSIB).

**Results:** Our device accurately synchronized with the force-plate and allowed sway data to be calculated for the head. Normal controls showed a strong correlation between head and foot measurements: path length mean  $r$ -score=0.57( $p<0.001$ ). This correlation became negative in BVL patients (mean  $r$ -score=-0.48( $p<0.001$ )).

**Conclusions:** This study suggests that head data are related to footplate data, but in pathologic conditions also provide different information from which diagnoses can be made. Given the small size of the device, it has the potential to be used over long periods. This allows for the telemetry of longitudinal data on sway.

#### 1255: A PROSPECTIVE AUDIT OF CHRONIC RHINOSINUSITIS (CRS) MANAGEMENT AT A TEACHING HOSPITAL: BEFORE AND AFTER THE 2012 EUROPEAN POSITION PAPER GUIDELINES ON CHRONIC RHINOSINUSITIS (EPOS)

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**Introduction:** If maximal medical treatment fails for CRS, EPOS recommends performance of a CT sinus scan to demonstrate the extent of disease; surgical intervention may then be considered.[1]We prospectively investigate adherence with EPOS guidelines for CRS management at a teaching hospital, to maximise medical therapy and minimise unnecessary CT scans requests.

**Method:** Adult referrals with suspected CRS were recorded retrospectively before<sub>1</sub> (n=38, 9months 2012) and prospectively after<sub>2</sub> (n=28, 6months 2013) the implementation of departmental EPOS-based CRS management algorithm and education. Data collected included: medications prescribed, days from presentation to CT scan and to surgery, and surgical cancellations due to sub-maximal therapy.

**Results:** 28% of patients before and 20% after the implementation of EPOS guidelines were given sub-maximal medication prior to surgery, resulting in fewer cancellations on the day of surgery. Time from presentation to CT scan improved from 73<sub>1</sub> to 137<sub>2</sub> days due to prior maximisation of medical therapy.

**Conclusions:** Our algorithm demonstrated improved maximal medical treatment and CT scan requesting prior to surgery and resulting surgical cancellations. Further education and re-auditing will ensure continued reduction in radiation exposure and timely surgical intervention.

#### 1279: THE USE OF TRACHEOSTOMIES IN OBESE PATIENT UNDERGOING TONSILLECTOMIES: A CASE SERIES

Helen Turner\*, Tom Mawby, Mridula Rai. *Oxford University Hospitals NHS Trust, Oxford, UK.*

**Introduction:** To evaluate past practice in the John Radcliffe Hospital in Oxford, a tertiary ENT referral centre. To learn from past experience to

make tonsillectomy in the obese and morbidly obese as safe as possible. It is though that in the event of a post tonsillectomy bleed, it would be incredibly difficult to re-intubate a bleeding obese patient. Therefore, a tracheostomy would provide a safe alternative airway. There is no current guidance for airway management in obese patients requiring tonsillectomy.

**Methods:** The theatre database logging the last 50000 operations identified suitable patients. Inclusion criteria comprised of; tonsillectomy and tracheostomy performed on the same admission and obese or morbidly obese. We excluded patients who were having a tonsillectomy as part of a head and neck resection for cancer.

**Results:** Six patients were identified. The main indication for tonsillectomy in this group of patients was obstructive sleep apnoea. There were no fatalities. Complications were seen from both the tonsillectomy and the tracheostomy, some life changing. We will discuss our recommendations based on our past experience.

**Conclusions:** Obese patients undergoing tonsillectomy should be considered for a tracheostomy. Guidelines are needed on the subject.

#### 1289: INTRATYMPANIC STEROIDS VERSUS ORAL STEROIDS IN THE TREATMENT OF SUDDEN ONSET UNILATERAL IDIOPATHIC SENSORINEURAL HEARING LOSS

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**Introduction:** To determine the evidence on the use of oral versus intratympanic steroids as first line therapy at improving recovery time and outcome in adult patients with acute unilateral idiopathic sensorineural hearing loss.

**Methods:** A Medline literature search using the PubMed interface was conducted from 1948 to November 2013 with a structured criteria, and the relevant studies evaluated. The author, date, journal of publication, patient group, study type, relevant outcomes, results and study weaknesses were tabulated for comparison.

**Results:** 300 articles were identified in total, from these 6 articles were identified that provided the best level of evidence. This included 2 randomized control trials, 3 prospective studies and 1 retrospective multicentre study. Study size ranged from 46 to 735 patients with a pre-treatment loss of at least 30dB over 3 contiguous frequencies. Post treatment results showed an average hearing gain > 10dB and a comparable time to recovery with no significant difference between the two treatments.

**Conclusions:** On the basis of the available literature there is no reported significant difference in outcome between an intratympanic steroid regime versus a high dose oral steroid regime, therefore there is insufficient evidence to recommend one treatment modality over the other.

#### 1356: CROSS-SPECIALITY COVER AT THE JUNIOR LEVEL: A NATIONAL SURVEY

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**Introduction:** The recent Shape of Training Review highlighted the need for increased generic service provision. Consequently cross-speciality junior on call cover may increase. We aimed to determine whether satisfactory training is provided to juniors currently cross-covering ENT.

**Methods:** An online survey was sent to foundation doctors and surgical core trainees throughout the UK.

**Results:** 190 responses were received. Of these, 43 doctors had cross-covered ENT in their present or a past placement (22.6%). Of these, 69.7% felt competent to cross-cover adult, and 41.9% paediatric ENT patients. However, 51.1% had been in a clinical situation in which they did not feel competent and 44.1% would not perform basic ENT procedures unsupervised. Worryingly 60.5% of cross-covering doctors had no paediatric life support training. Only 40% of cross-covering doctors had been given ENT teaching and all but 3 of 190 responders felt training should be given. Formal teaching and written information were the preferred methods of teaching.

**Conclusions:** To our knowledge, this is the largest national survey of its kind. There remains insufficient training prior to cross-covering, including basic paediatric life support. Where formal specialty teaching is not feasible, we would suggest written guidelines be provided, for example through trust intranet.