

Conclusions: In our study, thyroplasty as a method for vocal cord medialisation led to improved voice quality post-operatively and to good patient satisfaction.

0363: INSERTION OF A SECOND NASAL PACK AS A PROGNOSTIC INDICATOR OF EMERGENCY THEATRE REQUIREMENT IN EPISTAXIS PATIENTS

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Aim: To quantify the significance of second nasal pack insertion in epistaxis patients, as a measure of requirement for theatre.

Method: A one year retrospective analysis of 100 patient notes was undertaken. After application of exclusion criteria (patients treated as outpatients, inappropriate documentation and patients transferred from peripheral hospitals) a total of n=34 patients were included. Of the many variables measured, specific credence was given to requirement of second packing and requirement for definitive management in theatre.

Results: Of all patients, 88.5% required packing. A further 25% (7/28) of this group had a second pack for cessation of recalcitrant haemorrhage. Of the second pack group, 85.7% (6/7) ultimately required definitive management in theatre. One sample t-test showed a statistically significant correlation between patients with a second nasal pack and requirement for theatre (p<0.001).

Conclusions: Indications for surgical management for epistaxis vary from hospital to hospital. The results of this study show that insertion of a second pack is a very good indicator of requirement for definitive management in theatre.

0365: MANAGEMENT OF LARYNGEAL CANCERS: GRAMPIAN EXPERIENCE

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Aims: To determine the efficacy of our management protocol for laryngeal cancer and compare it to the published literature.

Method: Retrospective study of prospectively maintained departmental oncology database over 10 years (1998-2008). Data collected include demographics, clinical presentation, investigations, management, surveillance, loco-regional control and disease free survival.

Results: A total of 225 patients were identified, 183 were male (82%) and 42 female (18%). The average age was 67 years. There were 81 (36%) patients with Stage I disease, 54 (24%) with Stage II, 30 (13%) with Stage III and 60 (27%) with Stage IV disease.

Out of 225 patients, (130)96% of Stage I and II carcinomas were treated with radiotherapy (55Gy in 20 fractions). Patients with stage III and IV carcinomas received combined treatment.

Overall three-year survival for Stage I, II, III and IV were 91%, 65%, 63% and 45% respectively. Corresponding recurrence rates were 3%, 17%, 17% and 7%; 13 patients required a salvage total laryngectomy due to recurrent disease.

Conclusion: Vast majority of our laryngeal cancer population is male (82%) and smokers. Primary radiotherapy provides comparable loco-regional control and survival for early stage disease (I & II). Advanced stage disease is also equally well controlled with multimodal treatment.

0366: RATES OF RHINOPLASTY PERFORMED WITHIN THE NHS IN ENGLAND AND WALES: A 10-YEAR RETROSPECTIVE ANALYSIS

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Aim: To determine whether financial restraint and national health cutbacks have affected the number of rhinoplasty operations done within the NHS both in England and in Wales, looking at varying demographics.

Method: Retrospective study of the incidence of rhinoplasty in Wales and England from 1999 to 2009 using OPCS4 codes E025 and E026, using the electronic health databases of England (HesOnline) and Wales (PEDW). Extracted data were explored for total numbers, and variation with respect to age and gender for both nations.

Results: 20222 and 1376 rhinoplasties were undertaken over the 10-year study period in England and Wales respectively. A statistical gender bias was seen in uptake of rhinoplasty with women more likely to undergo the surgery in both national cohorts (Wales, p<0.001 and England, p<0.001). Linear regression analysis suggests a statistical drop in numbers undergoing rhinoplasty in England (p<0.001) but not in Wales (p>0.05).

Conclusion: Rhinoplasty is a common operation in both England and Wales. The current economic constraint combined with differences in funding and corporate ethos between the two sister NHS organisations has led to a statistical reduction in numbers undergoing rhinoplasty in England but not in Wales.

0427: PATIENTS' PREFERENCES FOR HOW PRE-OPERATIVE PATIENT INFORMATION SHOULD BE DELIVERED

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Aim: To establish patients' preferences for preoperative patient information and their thoughts on the role of the internet.

Method: Adult patients undergoing elective ENT surgery were invited to take part in this survey day of surgery. Participants completed a questionnaire recording patient demographics, operation type, quality of the information leaflet they had received, access to the internet and whether they would be satisfied accessing pre-operative information online.

Results: Respondents consisted of 52 males and 48 females. 16% were satisfied to receive the information online only, 24% wanted a hard copy only and 60% wanted both. Younger patients are more likely to want online information in stark contrast to elderly patients who preferred a hard copy. Patients aged 50-80 years would be most satisfied with paper and internet information as they were able to pass on the web link to friends and family who wanted to know more. 37% of people were using the internet to further research information on their condition/operation. However, these people wanted information on reliable online sources to use.

Conclusions: ENT surgeons should be alert to the appetite for online information and identify links that are reliable to share with patients.

0510: ENHANCING COMMUNICATION BETWEEN DOCTORS USING DIGITAL PHOTOGRAPHY. A PILOT STUDY AND SYSTEMATIC REVIEW

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Aim: The European Working Time Directive has resulted in the practice of non-resident on-calls for senior surgeons across most specialties. Consequently majority of communication in the out-of-hours setting takes place over the telephone placing a greater emphasis on verbal communication. We hypothesised this could be improved with the use of digital images.

Method: A pilot study involving a junior doctor and senior ENT surgeons. Several clinical scenarios were discussed over the telephone complemented by an image. The junior doctor was blinded to this. A questionnaire was completed which assessed the confidence of the surgeon in the diagnosis and management of the patient. A literature search was conducted using PubMed and the Cochrane Library. Keywords used: "mobile phone", "photography", "communication" and "medico-legal".

Results & Conclusions: In all the discussed cases, the use of images either maintained or enhanced the degree of the surgeon's confidence. The use of mobile-phone photography as a means of communication is widespread, however, it's medico-legal implications are often not considered. Our pilot study shows that such means of communication can enhance patient care. We feel that a secure means of data transfer safeguarded by law should be explored as a means of implementing this into routine practice.

0533: THE ENT EMERGENCY CLINIC AT THE ROYAL NATIONAL THROAT, NOSE AND EAR HOSPITAL, LONDON: COMPLETED AUDIT CYCLE

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Aims: Identify the type and number of patients seen in the ENT emergency clinic at the Royal National Throat, Nose and Ear Hospital, implement changes to improve the appropriateness of consultations and management and then close the audit. Also set up GP correspondence.

Method: First cycle data was collected retrospectively over 2 weeks. Information was captured on patient volume, referral source, consultation