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

Jonathan Bird, Venkat Reddy, Warren Bennett, Stuart Burrows. *Royal Devon and Exeter Hospital, Exeter, Devon, UK*

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

Ashwin Algudkar, Gemma Pilgrim. *Royal National Throat, Nose and Ear Hospital, London, UK*

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

nature and patient destination. Changes implemented included ensuring the management and follow-up of otitis externa patients met the American Academy of Otolaryngology-Head and Neck Surgery Foundation guidelines. Data for the second cycle was then collected retrospectively over 2 weeks after staff education. A GP letter was issued for every patient seen.
Results: First cycle: 261 patients. Follow-ups: 28%. Reviewed patients: 23% booked for emergency clinic follow-up, 17% booked for main clinic follow-up. Discharge rate: 43%.
Second cycle: 158 patients. Follow-ups: 9%. Reviewed patients: 9% booked for emergency clinic follow-up, 3% booked for main clinic follow-up. Discharge rate: 72%.
Conclusions: Managing the common condition otitis externa according to international guidelines has improved the workload and follow-up rate in the RNTNE emergency clinic. Improving staff numbers has also helped. By setting up correspondence we have also improved communication with GPs.

0563: AN AUDIT OF THE PUNCTUALITY OF THEATRE LISTS WITHIN AN ENT DEPARTMENT

Shyamica Thennakon, Christopher Webb. *Royal Liverpool and Broadgreen University Hospital, Liverpool, UK*

Aim: Operating theatres utilise between £1-16 million per annum in each trust, with our department's patient waiting lists for elective ENT operations averaging at two months. Our audit aims to assess if our department is maximising our allocated theatre time with punctual starts (standard = 95%).
Methods: A retrospective audit of 35 consecutive, elective theatre lists in a two month period (01.11.2011 – 31.12.2011). We compare start and end times of theatre lists as recorded by the ORMIS theatre system with the scheduled theatre time.
Results: 97% of our theatre lists started late (range10-58 minutes). Of the theatre lists which started late, 74% finished late (range 19-126 minutes), 26% finished early (range 19-126 minutes). 3% of theatre lists started early (9 minutes) and finished late (101 minutes).
Conclusion: We have highlighted an inefficient use of allocated theatre time and propose a supplementary documenting system of theatre timings. This aims to document and raise awareness of which arm(s) of the surgical process (the anaesthetist, theatre staff, surgeon, ward staff or patient) is accountable for the delays. Information from this new system aims to facilitate awareness and further changes.

0579: CONSENT FOR ENT SURGERY - ARE WE THE ONES AT RISK?

Matthew Smith, Raj Lakhani. *Peterborough City Hospital, Peterborough, UK*

Aim: To audit the consent process for common ENT operations against DoH, GMC, RCS and BMA guidance.
Method: Consecutive patients undergoing common ENT procedures were identified. 120 consent forms and all clinic letters relating to tonsillectomy, grommet insertion, septoplasty and hemithyroidectomy were analyzed.
Results: All patients had consent forms. Only 'procedure', 'intended benefit' and 'anaesthetic' sections received 100% completion. Consent was taken by SHOs (4%), Staff grades (14%), SpRs (44%) and Consultants (38%). Day-of-surgery consent occurred in 7.5% cases. The average period between consent and surgery was two months, though consent confirmation only occurred in 40%, with no correlation to period elapsed. The number of risks listed for each procedure decreased with staff seniority. Despite 100% of forms for tonsillectomy listing bleeding as a risk, possible transfusion was only indicated on 20%. Clinic letters rarely featured consent details.
Conclusions: Completion of consent forms is variable. There is poor compliance with guidance from professional bodies. The medico-legal implications are potentially significant and key areas require attention if patient safety and autonomy are to be maintained. Particular focus must be made regarding consent confirmation, consent for blood transfusion in procedures with a significant transfusion rate, and in the listing of operative risks.

0582: CAN WE SLEEP EASY? - AN ASSESSMENT OF OUT-OF-HOURS ENT COVER

Matthew Smith, Raj Lakhani. *Peterborough City Hospital, Peterborough, UK*

Aims: To assess the management of ENT emergencies by 'cross-specialty' SHO's covering ENT at night. To evaluate confidence and experience of 'cross-specialty' SHOs.
Method: An online questionnaire (33 written and photographic true-false questions) was designed to test the management of ENT emergencies. Questions were graded 'essential' or 'desirable' knowledge. A cohort of 'non-ENT' SHO's covering multiple specialties, including ENT, at night (February-November 2011) completed the survey. Additional questions surveyed training, experience and confidence.
Results: 15/18 completed questionnaires were received. The median score was 19/33 (range 15-28/33). Questions testing 'essential' knowledge were answered correctly more often (median score 13/18). Two thirds of SHOs managed 'time-critical' presentations incorrectly, delaying essential treatment. Up to 9/15 mis-managed certain life-threatening conditions. Awareness of postoperative complications was poor. Only 2/15 SHO's had prior ENT experience, 9/15 had no formal training in ENT emergencies and only 7/15 were confident performing an ENT examination. 10/15 self-rated their ENT knowledge as average and 5/15 as poor.
Conclusions: SHOs that cross-cover ENT at night frequently lack relevant training, experience, and essential knowledge required to provide emergency cover for this surgical specialty. In the setting of limited undergraduate education, additional specialist training is required to ensure patient safety.

0594: CLINICAL APPLICABILITY OF THE THY3 SUB-CLASSIFICATION SYSTEM

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Aim: To determine malignancy rates of Thy3a and Thy3f. To assess the clinical applicability of the Thy3 sub-classification system.
Method: A multi-institutional prospective audit of clinical practice, spanning 3 cancer networks in North West London. One hundred and fifteen consecutive patients with Thy3 cytology discussed at the weekly multi-disciplinary team (MDT) meetings between 2010 and 2011 were included. Our main outcome measures were Thy3f and Thy3a malignancy rates, clinical applicability of the Thy3 sub-classification system.
Results: In the present series, 115 Thy3 lesions were identified comprising 83 Thy3f and 32 Thy3a. 65 Thy3f and 11 Thy3a have corresponding histology. 45% of the Thy3f and 64% of Thy3a lesions were found to be malignant on histopathological examination.
Conclusions: The sub-classification has not demonstrated a convincing difference in malignancy rates to help make a translational difference in how we manage these subgroup patients clinically. We have identified Thy3a may have a higher malignancy potential than Thy3f; this may impact on how we evaluate future managements of Thy3a patients.

0597: 'ONE ON, ONE OFF'. A MODEL FOR SAFE AND EFFICIENT PAEDIATRIC ENT SURGERY

David Walker, Samuel Cartwright, Jonathon Blanshard, Paul Spraggs. *Hampshire Hospitals NHS Foundation Trust, Basingstoke, Hampshire, UK*

Aims: To demonstrate a system for efficient theatre session management using a 'One on, One off' approach to achieve up to 10 cases per session, and to outline the business case to support it.
Methods: Routine paediatric otolaryngology procedures are allocated for surgery on a dedicated paediatric list. The day surgery ward is transformed to 'Paediatrics Only' and staffed by paediatric nurses. Two paediatric trained Anaesthetists and two Operating Department Assistants (ODAs) are assigned to the list, to allow a 'One On, One Off' system i.e. the next patient anaesthetised by the time the previous case leaves theatre.
Results: Over a two year period, the average number of cases for a single theatre session was 7.9 (range 3-10), compared to 4 on an equivalent session at a neighbouring hospital. The cost of the extra Anaesthetist and ODA was £300, however this additional activity generates extra revenue of £2000-4000, depending on case mix. There were no adverse outcomes during this time period.
Conclusions: This model, easily applied to other surgical specialities, can drive down waiting lists, increase efficiency and improve revenue. The business case for supplying extra Anaesthetic staff is clear and provides fast turnaround whilst maintaining patient safety and training.