

W O R L A 2 0 1 1

ACADEMIC MEETING

St David's Hotel
Cardiff Bay
Cardiff

PROGRAMME

14 OCTOBER

10.00

REGISTRATION

Coffee & Trade Fair

11.00

PRESENTATIONS

12.30

LUNCH

Buffet Lunch, Trade Fair & Posters

1.30

PRESENTATIONS

2.30

BREAK

Coffee, Trade Fair & Posters

3.00

PRESENTATIONS

5.00

PRIZES

15 OCTOBER

10.45

WORLA

Business Meeting

SPONSORS

BBraun

Peter Bartlett & Liz Curtis

Baxter Healthcare

Nicola Michael & Lindsey Hilton

Arthrocare

Emilia Emden

Ethicon Endo-Surgery

Jenny Jones

DP Medical Systems

Stephen Bridgewater & Ben McKenzie

Forth Medical

Robert McAdam

Karl Storz Endoscopy

Julien Davis

Centriq Neologiq Ltd.

Zaki Zoberi & Alpesh Chhabhaiya

Medtronic

Steve Hyde & Sam Lake

Glaxo Smith Kline

Sarah Smith & Chris Jenkins

Presentations

1. Multi Professional Balance Clinic – An Overview

HOI-YI CHING

2. Surgical training: are women assisting while men perform?

S FARMER, T CUMING, R EVANS & S McNALLY

3. The relationship between admission serum urea levels and clinical outcomes in patients with epistaxis

K FOLEY, S J. C. FISHPOOL, S BULL, H WHITTET.

4. Internet and email use in ENT – a survey of patient usage and satisfaction

A FARBOUD

5. Evaluation of silastic splints following Endoscopic sinus surgery

M DODDI, B METTAS, A USANOV.

6. Evaluation of FTIR spectroscopy of sputum samples for the early detection of head & neck cancer

FOX H, MENZIES G, LEWIS P., MARNANE C., POPE L. & WINTER S.

7. A recent increase in the number of children admitted to Welsh hospitals with acute mastoiditis.

STEW B, FISHPOOL S., JOHNSON P.

8. New Developments in the Management of Hereditary Haemorrhagic Telangiectasia

S HEALY

9. Endoscopic assisted Lingual tonsillectomy, how we do it.

AMEETH SANU, WHITTET H B.

10. A survey of the criteria exhibited by successful applicants for substantive ENT Consultant posts in the UK between June 2010 and January 2011

S FISHPOOL, STEW, B. & WINTER, S.

11. Why the pressure for change in tonsillectomy rates? don't children benefit?

VINOD PRABHU, D INGRAMS, C PASSANT

12. Operation notes: day case surgery Vs in-patient elective surgery.

H A. ELHASSAN, A TROTMAN, J MARTIN, TESS LAMBTON

13. Sinus Surgery in England and Wales: A retrospective analysis of National Databases

B COSWAY, D OWENS, A TOMKINSON.

14. ENT surgical patients benefit from an anaesthetist-led pre-admission clinic: a prospective 2-cycle, 3-loops closed audit over 4 years.

R THOMAS, S LE MAÎTRE, D OWENS, V STONE⁴, S BACKHOUSE⁵.

15. Cold dissection, diathermy or coblation? A systematic review of the optimal tonsillectomy technique.

ALI AL-HUSSAINI, D OWENS, A TOMKINSON.

16. Laryngeal Dysplasia Clinic

T MOORHOUSE, S. BERRY

17. Hearing protection in local rock musicians

O WEEKS

18. Audit on a National scale: The Introduction and Uptake of the "Basket of 25"

MCLEOD R, MORRIS J, OWENS D, BACKHOUSE S

19. RCSEdIn 'Cochlear Implant' Virtual Learning Experience (VLE) Conference August 2011: The future of medical conferencing?

J MORRIS^{1*}, D OWENS^{2#}, S BACKHOUSE^{3^}

20. Applications of peptide-based hydrogel scaffolds in ENT surgery

E ABELARDO, D N WOOLFSON, & M BIRCHALL

21. Should We Abolish Fast Track Referral Systems For Suspected Head and Neck Cancer?

R THOMAS, K SAW*, S WINTER*

22. Hospital at Night (H@N) and ENT. Has workforce transformation affected Hospital admission rate, appropriate admission rate and duration of hospital stay

L EVANS, D OWENS, S BACKHOUSE

23. Impact on Quality of life of binaural versus monaural amplification

H WALJEE, HOWARTH AJ, DAVIES N.

24. Welsh Government's published 'Access 2009' target-achievement data for ENT patients – fact or fudge? A prospective study from a Primary Care perspective.

G JONES¹, S FARMER², D LU¹, C ROBERTS³

25. Prospective survey of ENT "follow-up clinic" appointment delays with a prospective audit intervention.

D LU, S FARMER, G JONES, S BACKHOUSE

26. Evaluation of the benefit of bilateral versus unilateral cochlear implantation to speech understanding in spatially separated background noise.

A TALBERT, J CULLING, S BACKHOUSE

PRESENTATION ABSTRACTS

1. Multi Professional Balance Clinic – An Overview

Hoi-Yi Ching, SpR Y4

Our unique non - consultant led multi professional balance clinic has been in operation since Sept 2010. The aims of the clinic were to reduce the pressure on ENT outpatient department waiting list as well as to provide a stream-lined management pathway for patients with dizziness or balance problem. In a period of 15 months, we have managed 115 patients. We provide an overview of this service, together with the clinical outcomes and management of the different groups of patients.

2. Surgical training: are women assisting while men perform?

Sarah Farmer (SpR Y4)¹ T Cuming,² R Evans² & S McNally³

¹DEPARTMENT OF OTOLARYNGOLOGY HEAD & NECK SURGERY, PRINCESS OF WALES HOSPITAL, BRIDGEND, ²DEPARTMENT OF GENERAL SURGERY, UNIVERSITY COLLEGE LONDON HOSPITAL, LONDON AND ³DEPARTMENT OF ORTHOPAEDIC SURGERY, EASTBOURNE DISTRICT GENERAL HOSPITAL, EASTBOURNE

Aim:

To determine whether there are differences between male and female higher surgical trainee operative experience by examining electronic surgical logbooks.

Method:

The Intercollegiate Surgical Curriculum Project (ICSP) logbook data for general surgical trainees was examined retrospectively over 6-months, from August 2009 to February 2010. The proportion of operative procedures recorded as performed (P), supervised with trainer scrubbed (STS), supervised with trainer unscrubbed (STU), trained junior (T) or assisted (A) was analysed according to trainee gender and seniority. Statistical analysis was performed using the Pearson Chi-square test and SPSS 16.

Results:

Data from the logbooks of 718 general surgical trainees was analysed. There were 486 male and 232 female trainees. A total of 79492 operations were entered into ICSP logbooks over the study period. Males listed a greater proportion of operations as P and T compared to females (30.7% v 28.8% and 4% v 3.6% respectively). Females listed a greater proportion of operations as A, STS and STU (35.4% v 34%, 27.7% v 24.3% and 7.5% v 6.9% respectively). Chi square analysis showed a significant association between gender and operative experience ($p < 0.0005$) and between seniority and operative experience ($p < 0.005$).

Conclusions:

There are gender differences in operative training experience according to logbook analysis. Gender differences in supervision levels may have a number of explanations including differences in understanding of logbook descriptors, for which there is paucity of guidance. Operating under supervision is the ideal standard. If male trainees are indeed more likely to be left to operate unsupervised they may be suffering a discrepancy in the quality of training they receive.

3. The relationship between admission serum urea levels and clinical outcomes in patients with epistaxis

Kieran Foley (ST1), Samuel J. C. Fishpool, Sheetal Bull, Heikki Whittet.

ENT DEPARTMENT, SINGLETON HOSPITAL.

Objective:

To establish whether, for the patient presenting with epistaxis, there is a correlation between the serum urea taken on initial attendance at the A&E department and clinical outcome.

Method:

A review of all the patients attending a single Teaching Hospital A&E department between 1st January 2010 and 1st February 2011

with a diagnosis of epistaxis. They were analysed for their admission serum urea and creatinine levels and then grouped according to clinical outcome.

Results:

278 patients (145 males, 133 females) were identified. 82 of these required hospital admission. 11 required blood transfusion and 5 required surgical arrest of the haemorrhage. None died. The serum urea and creatinine was checked in 119 of the 278 patients identified. The mean serum urea was significantly higher in those admitted for further management of their epistaxis compared to those who were discharged from A&E (9.35 v 6.74, $p = 0.003$). There was no significant difference in mean serum urea between those who were transfused or not, or between those who went to theatre or did not.

Conclusions:

A raised serum urea does correlate with a more severe clinical outcome in epistaxis (i.e. hospital admission).

4. Internet and email use in ENT – a survey of patient usage and satisfaction

Amir Farhoud (ST3)

Background:

The internet is a useful and important source of health information. Rises in household internet accessibility together with the introduction of smartphones has meant that email is fast becoming one of the most important modes of communication.

Aim:

To determine the proportion of ENT patients who use the internet to seek health information, how they rate the quality of the information obtained and to see if they would like more help accessing reliable information via the internet and to explore what proportion of patients are currently using email to communicate with healthcare professionals.

Methods:

Patients attending ENT outpatient appointments during a two-week period were asked to complete an 11-part questionnaire.

Results:

A total of 201 patients completed the questionnaire. Internet access was found to be readily available to 85% of participants. Of those with internet access, 37.4% had searched the internet for health information prior to their consultation. Almost 90% of these participants rated the information obtained between average and excellent. Over half the participants stated they would like doctors to recommend their trusted websites. Only 8% of participants had previously used e-mail to communicate with healthcare professionals, however 50% stated that they wished to use email in the future.

Conclusion:

Currently, approximately one third of ENT patients report using the internet as a source of health information. Steps should be taken to ensure that if patients do intend to use the internet to access health information, that those websites are credible when recommended by healthcare professionals.

5. Evaluation of silastic splints following Endoscopic sinus surgery

Mouli Doddi, (ST3), Bassem Mettias, CT2, Alexi Usanov.

GLAN CLWYD HOSPITAL

Introduction:

Middle meatal adhesions are considered the most common complication of Functional endoscopic sinus surgery (FESS), ranging in incidence from 1 to 36%. Consequently the recurrence or persistence of symptoms increases, resulting in revision surgery. Although different methods have been attempted to prevent adhesions, each procedure involves some disadvantages and no standard measure has been proposed.

The objectives of our study are: 1) To know the incidence of synechia between the middle turbinate and the lateral nasal wall

following FESS, in our series of 51 patients. 2) To objectively evaluate the incidence of clinically significant synechiae. 3) Role of silastic splint in prevention of synechia. 4) Drawbacks and compliance of silastic splints.

Materials and Methods:

51 patients who underwent FESS between January and June 2010 at Glan Clwyd Hospital have been enrolled in this retrospective study. The patients were divided into 2 groups. Group 1 consisted of 25 patients who had a silastic splint in the middle meatus postoperatively for 14 days. Group 2 consisted of 26 patients who did not have a silastic splint. One year after the surgery both groups were evaluated for the presence of synechiae between the middle turbinate and the lateral nasal wall using a 4mm, 0° endoscope.

Results

8 (15.7%) of the 51 patients in total had synechiae in the middle meatus. Only 1 (12.5%) of them had clinically significant symptoms of nasal blockage. The incidence of synechiae was 3 (12%) in group I and 5 (19.2%) in group II. On subjective evaluation of the compliance of silastic nasal splint using a visual analogue scale, 16 (64%) patients of group I had mild pain, while the remaining 9 (36%) patients had moderate to severe pain. 52% of the group 1 patients complained of moderate to severe discomfort and nasal block.

Conclusion

Silastic middle meatal stents are considered valuable in preventing postoperative synechia after FESS but there is no statistically significant evidence. More over a large majority of the synechiae were symptomatic. Larger studies are needed to justify the use of Silastic splints following FESS.

6. Evaluation of FTIR spectroscopy of sputum samples for the early detection of head & neck cancer

Hannah Fox (ST4), Menzies G, Lewis P., Marnane C., Pope L. & Winter S.

ENT DEPARTMENT, SINGLETON HOSPITAL.

Introduction

Patients with head & neck cancer commonly present late and as such prognosis and 5-year survival is often poor. In part this is due to the relative inaccessibility of many of the head and neck sub-sites. The main objective of this study was to evaluate Fourier transform infrared spectroscopy (FTIR) as a high throughput and cost effective method for identifying biochemical changes in sputum as biomarkers for head & neck cancer. Preliminary work with FTIR has previously shown a benefit for lung cancer patients¹.

Method

Patients undergoing upper aerodigestive tract endoscopy were prospectively recruited into the study, with informed consent being obtained prior to surgery. Pre-operative samples of spontaneous sputum were collected from all patients and frozen with dry ice immediately following collection, and subsequently in a -80°C freezer. Samples were processed in the laboratory to obtain sputum pellets. A FTIR mid-infrared spectrometer instrument was used to obtain spectra.

Results

Spectrometry revealed the following differences between the head & neck cancer patients and the control group:

- ♦ Peak shift in amide I region (1656 cm⁻¹)
- ♦ Difference in peak heights associated with protein and lipids (1400 cm⁻¹ and 1450 cm⁻¹)
- ♦ Lower absorbance in nucleic acid associated region in cancer patients (1240 cm⁻¹)
- ♦ Lower absorbance in glycogen and nucleic acid associated region in cancer patients (1000-1100 cm⁻¹)

We were able to reliably identify twelve IR wavenumbers as being significantly different between the head & neck cancer and control sputa.

Conclusion

Our results suggest that FTIR applied to sputum might have high sensitivity and specificity in diagnosing head & neck cancer. The wavenumbers we have identified could potentially be used as biomarkers for head & neck cancer. This has a potential as a non-invasive, high-throughput and cost-effective method for screening.

7.A recent increase in the number of children admitted to Welsh hospitals with acute mastoiditis.

Ben Stew (ST4), Fishpool S., Johnson P.

ENT DEPARTMENT, SINGLETON HOSPITAL, SWANSEA

Introduction:

Acute mastoiditis is a well recognised and serious extracranial complication of acute otitis media (AOM). Mastoiditis is an ENT emergency that most commonly affects children. Management includes intravenous broad spectrum antibiotics, and occasionally surgery, aimed at preventing disease progression to cause intracranial complications.

The UK National Institute of Clinical Excellence (NICE) produced guidelines in 2008 on antibiotic prescribing in respiratory tract infections. It recommends a period of 'watchful waiting' in children >2 years with uncomplicated AOM, and to limit immediate prescription to those most likely to benefit. It also recommends that antibiotics are 'optional' in children >2 years who are severely ill or who remain symptomatic after 48 hours.

Material and methods:

Statistics were taken from the Patient Episode Database of Wales (PEDW), which contains all inpatient activity in NHS Wales.

Results:

This data suggest that the admission rate for acute mastoiditis in the paediatric population has doubled between 2008-9 and 2009-10. Admission rates prior to that were stable for over a decade.

Conclusions:

Our data suggests there to be a temporal link between the introduction of these new UK NICE guidelines on antibiotic prescribing in AOM and a doubling in the number of children admitted with acute mastoiditis in Wales. These findings mirror those of Thompson and colleagues (2009) who state that antibiotic use in AOM halves the risk of mastoiditis. Whether this link is causal is difficult to prove.

8. New Developments in the Management of Hereditary Haemorrhagic Telangiectasia

Sarah Healy (ST5)

CARDIFF

Introduction

Hereditary haemorrhagic telangiectasia (HHT), also known as Osler-Weber-Rendu disease is a genetic disorder resulting in abnormal blood vessel formation. It is an autosomal dominant condition with an incidence of 1 per 5,000 people. Clinical findings include telangiectasia affecting the lips, nose and fingers and also the GI tract and mucous membranes. These patients frequently present to ENT Departments with epistaxis which affects up to 95% of those with the condition. It is important to be aware of the other manifestations of HHT which in the past may have been overlooked. These include lung, liver and brain AV malformations which can all have serious consequences if not identified and treated. Our aim was to assess whether our current HHT patients had been appropriately screened and assessed for these non-ENT manifestations.

Method

Our ENT Department received a request from the Respiratory Team regarding the importance of checking all HHT patients for lung AVMs with a view to treatment. They asked for all HHT patients seen in ENT for epistaxis to be referred to a Respiratory Consultant if this had not previously occurred. I felt that generally in our department there was a low level of awareness of the other potential complications of the condition and available

treatments. In order to evaluate this I reviewed the notes for patients previously seen in the ENT department at WMH using the search terms 'Hereditary Haemorrhagic Telangiectasia' to see if they had been screened for pulmonary AVMs as is recommended. I then reviewed the current literature on the management and investigation of these patients and presented the results at our departmental audit meeting.

Results

In total 9 sets of notes were reviewed. Of these the majority of patients had not been seen by a respiratory physician as their presenting complaint had been epistaxis. One patient had been diagnosed with a pulmonary AVM which had been treated with embolisation. This same patient on a surveillance scan had been found to have a new pulmonary AVM which was being monitored.

Conclusion

Patients with HHT make up a small proportion of our clinical workload. However, they are likely to have many hospital admissions during their lifetime. This review of practice shows that we often fail to recognise the multi-system nature of the condition. Many patients may only present to ENT departments and so it is our responsibility to ensure they are referred on to other specialities in order to prevent future complications.

9. Endoscopic assisted Lingual tonsillectomy, how we do it.

Ameeth Sanu (ST6), Whittet H B.

ENT DEPARTMENT, SINGLETON HOSPITAL.

Introduction

Waldeyer's ring is a ring of lymphoid tissue surrounding the nasal and oral orifice. It includes adenoidal tissue, palatine tonsils, lingual tonsils and scattered lymphoid tissue on the posterior pharyngeal wall.

Adenoidectomy and palatine tonsillectomy are well-established surgeries, commonly performed by otorhinolaryngologists around the world. Their indication is varied and involves the removal of these lymphoid structures.

Studies have shown that palatine tonsillectomy at a young age can cause compensatory enlargement of the lingual tonsils. Enlarged lingual tonsils can be a source of recurrent infections and can also contribute towards obstructive sleep apnoea and other sleep related disorders. Despite this, surgery to excise or reduce the size of lingual tonsils has not been very popular and is certainly not practised in many ENT departments. The reason for this is the difficulty in accessing lingual tonsils surgically and the lack of an easy and safe method of lingual tonsillectomy.

Over the years various different surgical approaches using different surgical tools have been described in the literature. However, none of these techniques have gained any popularity among the otorhinolaryngologists.

Material and methods

We present a rigid 45° telescope assisted lingual tonsillectomy using coablation technique. The steps involved in the surgery are as follows.

The procedure is carried out under general anaesthesia using a naso-tracheal intubation. The patient is positioned supine on the surgical table with padding under the shoulders to achieve neck extension (Same position as one used for palatine tonsillectomy). Mouth is kept open by using an adjustable mouth gag and a small for size tongue plate (Same instruments as used for palatine tonsillectomy). A smaller size tongue plate is used to push the anterior half of the tongue forward avoiding any contact with lingual tonsils). Introduction of a rigid 45° telescope by the assistant at this stage through the mouth provides an excellent view of the lingual tonsils in its entirety and the process of excising lingual tonsils can then proceed using a choice of hot dissection tools. In our centre we frequently use coablation as the hot dissection tool of choice for this part of the surgery. The whole operation can be recorded and used as a teaching aid.

Conclusion

All the instruments required for this surgical procedure are standard ENT surgical tools that are readily available in most ENT operating theatres. The technique is easy to learn and trainees in our centre have been able to successfully learn this surgical procedure. This surgical technique can be used to excise lingual tonsils completely, or to debulk the lingual tonsils.

10. A survey of the criteria exhibited by successful applicants for substantive ENT Consultant posts in the UK between June 2010 and January 2011

*Sam Fishpool, (ST6), * Stew, B., * & Winter, S.†*

*DEPARTMENT OF ENT SURGERY, SINGLETON HOSPITAL, SWANSEA, †DEPARTMENT OF ENT SURGERY, JOHN RADCLIFFE HOSPITAL, OXFORD.

Objectives:

To assess the current standard of successful applicants for substantive ENT consultant posts in the UK.

Design:

A postal survey of recently appointed substantive ENT consultants in the UK, enquiring about a variety of factors thought pertinent to their appointment.

Setting:

Respondents were employed in Trusts and Health Boards all across the UK.

Participants:

All recent appointments to substantive ENT consultants posts in the UK (for posts advertised between 18th June 2010 and 16th January 2011).

Main outcome measures:

Questions were asked about a number of commonly required criteria for shortlisting and appointment to substantive ENT consultant posts.

Results:

12 out of 17 newly appointed consultants replied to the survey. At time of appointment they had a mean of 19.4 peer-reviewed publications, 12.5 posters and presentations and 5.08 published audits. All had undertaken Fellowships for a mean of 10 months; 58% had undertaken a Higher Degree; and 50% had some form of formal teaching qualification. Subjectively, respondents felt that the Fellowship was the most important factor in securing their substantive consultant appointment.

Conclusions:

Substantive ENT consultant posts in the UK are increasingly competitive with a 'bulge' of post-CCT surgeons and a dwindling number of advertised posts. The above criteria hopefully will act as a guide for current ENT surgical trainees to aim for.

11. Why the pressure for change in tonsillectomy rates? don't children benefit?

Vinod Prabhu (ST7), D Ingrams, C Passant

ROYAL GWENT HOSPITAL

Objective:

Assess the health related quality of life of children with recurrent tonsillitis

Design: Prospective audit, using ENT-UK recommended T14 outcome questionnaires

Method:

T14 validated questionnaires were given out in the pre-admission clinic to the parents of the children undergoing tonsillectomy.

6 months post procedure the same questionnaires were sent to the parents for their response.

Results:

47 consecutive children less than 16 years undergoing tonsillectomy were included in this audit. Post procedure questionnaires were received from 32 parents.

There was significant improvement in the quality of life among the children who had undergone this procedure.

Conclusion:

There has been a significant fall in the number of people having their tonsils removed in the UK over recent years, partly as a backlash against the procedure's overuse and, more recently, as a cost-saving exercise for the cash-strapped NHS.

Tonsillectomy is still a useful procedure not only to improve the quality of life, but also to reduce the number of days of school or work and hospital admissions.

12. Operation notes: day case surgery Vs in-patient elective surgery.

H.A. Elhassan (ST3), A Trotman, J Martin, Tess Lambton

Introduction

Operation notes are a vital part of the patient's record. Wide variation in operation note quality lead The Royal College of Surgeons of England to publish comprehensive guidelines for operative note documentation.

The aim of this audit was to evaluate operation note completion in line with the Royal College guidelines and to assess if there was a difference in record keeping between day case and in-patient elective operation notes.

Method

Operative notes of 24 ENT operations in a district general hospital were audited against the Royal College guidelines in February 2011. We compared day case and in-patient elective operation notes and marked each for recording the patients ID, date and time, name of operating surgeon, indication for operation, operation findings, problems/complications encountered, post-operative care plan, signature, as well as the use of any abbreviations and whether the operation note is legible.

Results

Operation note record keeping was significantly less adequate in day case surgery compared to main theatres. We found 29% of day case operation notes had elements which were eligible compared to 19% of main theatre operation notes. 85% of day case operation notes used unknown abbreviations compared to 50% of main theatre operation notes. Only 14% of day case surgery notes specified the indication of the operation compared to 38% in main theatres. There was a discrepancy in the location of the operation notes as patients had separate day theatre booklet as well as in patient files.

Conclusion

With the increase in the volume of day case surgery the operation note becomes ever more important. Day case operation note standards do not rival those of in-patient elective surgery. The optimal location of the operation notes should be discussed and agreed. Units should screen for a marked difference in the quality of operation notes completion between day case surgery and in-patient theatres using the Royal College guidelines.

13. Sinus Surgery in England and Wales: A retrospective analysis of National Databases

Ben Cosway, David Owens**, Alun Tomkinson***.*

5th Year Medical Student, Cardiff University. **Specialist ENT Registrar, University Hospital of Wales, Cardiff. *ENT Consultant,*

UNIVERSITY HOSPITAL OF WALES, CARDIFF.

Objective

The 2005 European positional paper on rhinosinusitis and nasal polyposis (EP3OS) provides evidence-based recommendations for the management of nasal disease. Although widely supported, it is unclear whether these guidelines have affected current practices. This study examines the rates and demographics of sinus surgery and changes in elective sinus surgery and acute admissions for sinusitis following the introduction of EP3OS.

Methods

Data for analysis were extracted from Health Episodes Statistics (HES) and the Patient Episodes Database of Wales (PEDW) between 1999-2010 using the OPSC4 codes E12-17 (sinus surgery) and ICD10 code J01 (acute sinusitis admissions). Data were ex-

amined for variations within each cohort using ANOVA and Chi-squared testing whilst changes following the introduction of EP3OS were analysed using linear regression.

Results

116,370 sinus surgery procedures and 10,917 acute admissions for sinusitis occurred during the study period. Linear regression revealed no statistical change in the number of sinus procedures in England ($p=0.89$) or Wales ($p=0.45$) following the introduction of EP3OS. However, it did reveal a significant increase in acute admissions for sinusitis in England ($p<0.05$) but not Wales ($p=0.129$). No demographic changes were seen following the introduction of EP3OS. Men were more likely to undergo surgery than women in England (Chi-squared $p<0.05$) but no statistical difference in age of uptake was noted (ANOVA $P>0.05$).

Conclusion

Although well known and evidence-based, the introduction of EP3OS has not coincided with a reduction in sinus surgery but has corresponded with an increase in acute admissions in England and Wales. The reason for this is unknown but it may suggest that selection practises for sinus surgery were already stringent or that clinicians may not be implementing recommendations. The increase in admissions for acute sinusitis could be explained by an increase in patients meeting the new guidance or an increase in the incidence of severe or complicated acute sinusitis.

14. ENT surgical patients benefit from an anaesthetist-led pre-admission clinic: a prospective 2-cycle, 3-loops closed audit over 4 years.

Richard Thomas¹, Sherard Le Maître², David Owens³, Valerie Stone⁴, Steven Backhouse⁵.

CT¹, GPVTS², SpR³, Secretary⁴, Consultant⁵,

PRINCESS OF WALES HOSPITAL, BRIDGEND, WALES.

Evaluation of practice: Data was prospectively collected for a single ENT Consultant of all surgical patients that had their elective operation cancelled on the day of surgery. The reasons for cancellation were then evaluated and divided into either 'Patient' (DNA or unwell), 'Hospital' (lack of beds or theatre time) or 'Anaesthetist' (patient unfit for theatre or requires further investigations) categories. The type of pre-assessment that each patient underwent was also recorded. Comparisons were then made between the rates for each type of cancellation and the type of pre-assessment carried out following each audit intervention.

Comparison against a standard: ABMU Health Board guidelines state: 'All patients undergoing general anaesthesia should be assessed pre-operatively by an anaesthetist'.

Change in practice: During the first year all patients undergoing elective surgery were pre-assessed by a junior ENT doctor. During the second year of analysis anaesthetist-led pre-assessment clinics (APAC) were introduced as an intervention. These two years were analysed as loops one and two of the 1st audit cycle. For the third year administrative changes were made to APAC's patient data management processes as an intervention for the third loop of the audit cycle. The fourth year of analysis was conducted to assess maintenance of benefit gained from both previous audit interventions.

Re-evaluation of practice: The details of all patients admitted for elective surgery by one ENT consultant were prospectively collected for each audit loop. When a patient was cancelled on the day of surgery the reason for this cancellation was recorded. Data was then analysed using the chi-squared test to assess differences in cancellation rates between those seen by junior doctors and those seen in an anaesthetist-led APAC clinic both before and after the introduction of changes to patient data management processes in the APAC.

Change demonstrating improvement: APAC reduced greatly, but not statistically significantly, the number of planned ENT surgery patients cancelled for an anaesthetic reason when admitted on the same day as their operation, independent of patient's age and case complexity. Subsequent changes to APAC's patient data management processes however created a statistically significant and

maintained reduction in anaesthetist's day-of-surgery cancellations of elective ENT patients ($p < 0.001$). There was no reduction in day-of-surgery cancellations for either patient ($p > 0.05$) or hospital ($p > 0.5$) reasons.

15. Cold dissection, diathermy or coblation? A systematic review of the optimal tonsillectomy technique.

Ali Al-Hussaini (CT1), David Owens, Alun Tomkinson.

DEPARTMENT OF OTOLARYNGOLOGY, HEAD AND NECK SURGERY, UNIVERSITY HOSPITAL OF WALES, CARDIFF.

Background:

Tonsillectomy is a very commonly performed surgical procedure but it is not without its complications. The most serious risk associated with the procedure is postoperative haemorrhage, and a multitude of reports have discussed its relationship to operative technique. The objectives of this systematic review were to compare the postoperative haemorrhage rates associated with three common tonsillectomy techniques: dissection, diathermy and coblation.

Methods:

We searched PubMed, EMBASE, Web of Science, CINAHL, the Cochrane Ear, Nose and Throat Disorders Group Trials Register and the Cochrane Central Register of Controlled Trials (CENTRAL). Randomised controlled trials of children and adults undergoing tonsillectomy or adenotonsillectomy by dissection or diathermy or coblation were selected.

Results:

62 studies were identified. Of these only 1 study comparing dissection (with heat) with coblation, 1 study comparing diathermy with coblation and 1 study comparing dissection (with heat) with diathermy met our inclusion criteria. Thus, no meaningful meta-analysis could be undertaken.

Conclusions:

There are insufficient data to show that one method of tonsillectomy is superior to others in terms of having the lowest postoperative haemorrhage rates. Large, well-designed randomised controlled trials are therefore necessary to determine the most favourable method for tonsillectomy.

16. Laryngeal Dysplasia Clinic

Toby Moorhouse, S. Berry

CWM TAF LHB

Introduction:

Laryngeal dysplasia is a precancerous condition with significant malignant potential. A recent meta-analysis showed that 30.4% of cases graded as severe dysplasia became cancer, with a mean transformation rate of 16.7% across all grades of dysplasia. In October 2010 Mehanna et al published a consensus statement, from 80 Otolaryngologists and Histopathologists experienced in Head and Neck oncology, detailing gold-standard management of Laryngeal Dysplasia.

Method:

For the first audit loop all cases of Laryngeal Dysplasia were identified retrospectively from histopathology records across Cwm Taf LHB, January 2008 to September 2010; a systematic review of notes was performed, comparing management against the consensus statement.

Results:

The first loop identified 21 cases of laryngeal dysplasia; all managed as part of the general ENT pool. There was inadequate documentation of important clinical information and less than 10% of cases had photo-documentation at any one clinical encounter. Variability in management between practitioners was noted, alongside numerous inconsistencies with the consensus statement. Patients were generally seen by a number of different practitioners (not necessarily designated sub-specialists).

Conclusion:

A proforma-driven Laryngeal Dysplasia clinic was dove-tailed with the existing Head and Neck clinic in February 2011. It comprises designated surgeons with sub-specialist interest in dysplasia, plus facilities for photo-documentation. The proforma and treatment pathway introduced was based on the consensus statement. A second audit loop re-audited documentation retrospectively from September 2010 to May 2011. The second loop also audited the application of the proforma prospectively from the start of the Laryngeal Dysplasia clinic, February 2011 to May 2011 ($n=7$). Documentation was greatly improved by the proforma, though the proforma needed some development and the referral pathway to the clinic needed revision in order to streamline the service. The third loop is currently ongoing.

17. Hearing protection in local rock musicians

Owen Weeks (CT2)

Introduction:

The heavy rock music scene in south Wales is thriving, with many local bands gaining chart success. Due to current fashion trends, social network sites, affordable recording studios and an array of live music venues, the number of budding young rock stars is on the increase. With regular rehearsals and concerts exposing the musician to sound levels of up to 105dB, the young musician's hearing is significantly at risk.

Aim:

The authors aim to evaluate current trends in hearing protection and the prevalence of noise induced symptoms amongst the young heavy rock community.

Method:

Using surveymonkey.com, an online survey enquiring about current use of hearing protection and symptoms of tinnitus following rehearsal was sent to musicians via email, text and facebook. 30 questionnaires were completed. The sound levels of 5 rehearsals were measured using an iPhone based sound level meter.

Results:

Of the 30 musicians questioned 80% admitted to not always wearing ear protection during rehearsals. 43.3% admitted to never wearing ear protection. Sound levels ranged from 103 to 105dB with the average exposure being 3 to 4 hours of rehearsal once a week. 70% of musicians suffered with tinnitus, with 47.7% suffering with permanent tinnitus. 66.7% of tinnitus sufferers rarely or never wear ear protection, and only one of the 30 musicians had ever seen an awareness campaign for ear protection.

Discussion:

It is clear that the importance of ear protection is not adequately publicised amongst rock musicians, with so many already suffering with significant hearing symptoms. Increased awareness is required to reduce the risk of permanent and debilitating hearing damage amongst this community.

18. Audit on a National scale: The Introduction and Uptake of the "Basket of 25": has improved Day-case utilisation and waiting times for specific ENT procedures in England and Wales.

McLeod R, Morris J, Owens D, Backhouse S

Introduction

In 2002 the Department of Health published a policy to increase day case surgery, the "Basket of 25". This initiative aimed to improve patient satisfaction, decrease waiting times and reducing hospital stays via the target of achieving 75% of the 25 named procedures as day-case surgery in England and Wales. Secondary targets were the reduction of waiting time for surgery. For ENT, Pinnaplasty, Manipulation Under Anaesthetic (MUA) of nasal fractures, Submucosal Resection, Myringotomy, and Tonsillectomy were included.

Objectives

This study evaluates if targets for day surgery are being attained in Wales and England and if the desired reductions in waiting time are being achieved.

Method

A retrospective study of all the ENT procedures in the basket of 25 were identified between April 1999 to March 2009. This was undertaken using 2 national electronic patient episode databases: 1) Patient Episode Database of Wales (PEDW); 2) Health Episode Statistics (HES) of England. Data was explored for total numbers, median waiting time and number of procedures performed as a day case.

Results

Since 2002 there has been significant increases in the percentage of day-case operations performed in both England and Wales within all 5 ENT procedures ($p < 0.01$). Both England and Wales achieve greater than 75% day-case in MUA. However England and Wales fail to achieve 75% target in all other ENT procedures. England achieved significantly higher day-case percentage in tonsillectomy and submucosal resection when compared to Wales ($p < 0.01$). Waiting times have reduced in England and Wales for Pinnaplasty, Tonsillectomy and Submucosal resection. However, there was no significant change in waiting time for MUA or Myringotomy.

Conclusion

Differences in day-case provision of Tonsillectomy and Submucosal resection may be associated with differences in opinion of the significance of post-operative risk. Further discussion maybe needed at a Welsh national level in order to form a consensus in planning for the Basket of 25 targets to be achieved.

19.WORLA / RCSEdin 'Cochlear Implant' Virtual Learning Experience (VLE) Conference August 2011: The future of medical conferencing?

James Morris^{1*}, D Owens^{2#}, S Backhouse^{3^}

CT2¹, SpR², Consultant³,

WEST WALES GENERAL HOSPITAL CARMARTHEN*, UNIVERSITY HOSPITAL WALES CARDIFF#, PRINCESS OF WALES HOSPITAL BRIDGEND^

Background

Financial constraints in the NHS raises concern of how best to provide doctors with continuing medical education. Low cost/time-effective alternatives are now of paramount importance. Increased computer literacy/capability of doctors has encouraged the development of e-Learning as a viable method of medical education delivery. This interventional study examines the development of Virtual Conferencing (VC) using Second Life on the perceptions of participants before and after an event.

Methods

The 1st RCSEd All-Wales Virtual Otolaryngology Conference was held in a bespoke conference centre within the Second Life virtual environment. Attendees completed pre- and post conference questionnaires to assess perceptions of VC as an effective educational medium. Views on the technical complexity of using Second Life and of using VC in the future were assessed. Results were examined in relation to grade of clinician and Wilcoxon ranked sum test analysed the intervention on attendees perceptions.

Results

Overall attendees saw VC was an appropriate and effective means of delivering education (mean VAS 7.2). Technical difficulties weren't significant (mean VAS 7.5). Attendees believe it couldn't replace 'face-to-face' education (mean VAS 5). Pre conference, no statistical differences were seen in attendees perceptions of effectiveness of VC as an educational medium ($p > 0.4$), perceptions of technical complexity ($p > 0.4$), and views of attendance at future virtual conferences ($p > 0.9$) in relation to grade.

Perceptions of the merit, effectiveness and technical complexity wasn't influenced by attendance (WRST $p > 0.2$ and $p > 0.5$ respectively). Interest in participating in future events was significantly higher (WRST $p < 0.01$)

Conclusions

This pilot study suggests VC within second life to be an appropriate and effective alternative method to delivery of education and training. Technical and usage problems do occur but may resolve with increasing exposure to the medium. VC however

should be used as an additional educational method rather than a replacement for formal 'Face-to-Face' training.

20.Applications of peptide-based hydrogel scaffolds in ENT surgery

Ed Abelardo, D N Woolfson, & M Birchall

We aim to develop peptide-based fibrous hydrogel materials as potential scaffolds for 3D cell culture and tissue engineering. Recently, we have developed the first examples of rationally designed and fully characterised self-assembling hydrogels based on standard linear peptides with purely α -helical structures. These materials, called hydrogelating self-assembling fibres (hSAFs), are comprised primarily of two complementary peptides and only gel on mixing, resulting in control over assembly. The peptide sequences can be engineered to alter the underlying mechanisms of gelation and, consequently, the hydrogel properties. Furthermore, the system allows the fibres to be decorated using click chemistry with biomimetic sequences like cell adhesion sequence arginine-glycine-aspartic acid-serine (RGDS) to promote cell-matrix interaction and induce a specified cell behaviour.

We have probed the biophysical properties of the hSAFs using microrheology and bulk oscillatory rheology where gel strengths have been quantified over a range of temperature, circular dichroism (CD) spectroscopy and x-ray fiber diffraction (XRD) which reveal α -helical structure supercoiled into coiled coils and hexagonal bundling, and cryo-electron microscopy which reveal interconnected networks fibrils. We have tested the suitability of hSAFs as substrates for cell growth using cytotoxicity and cell differentiation assays with rat adrenal pheochromocytoma (PC12) cells. PC12 cells seeded on hSAF gels were induced to differentiate into neural-like cells using nerve growth factor. Voltage clamp recordings showed that the differentiated cells fire action potentials and possess functional synaptic connections.

These findings raise possibilities for use of the hSAFs as substrates in nerve-cell culture and tissue engineering. Various clinical applications in ENT surgery range from development of injectable gel as adjunct to nerve regeneration, haemostatic matrix for epistaxis or post-sinus surgery, fillers to post-mastoid cavities with sustained slow-release antibiotics to cell-based therapies like delivery vehicle of stem cells to regenerate inner hair cells or 3D scaffolds of laboratory-grown organs for transplant. The main advantage of hSAF system include more-advanced design principles, better control over assembly, and improved functionalisation.

21.Should We Abolish Fast Track Referral Systems For Suspected Head and Neck Cancer?

Rhys Thomas FP2*, K Saw*, S Winter*

DEPARTMENT OF OTOLARYNGOLOGY AND HEAD AND NECK SURGERY*, SINGLETON HOSPITAL, SWANSEA

Introduction:

Fast track referral systems exist to provide a priority service for those with suspected cancer. Local guidelines exist to help General Practitioners refer head and neck cancers appropriately. They are a significant source of new referrals and their value needs to be assessed to determine what role they have in future practice.

Methodology:

All GP Urgent Suspected Cancer referrals during a 3 month period were identified. The clinic letter was used to determine the presentation and outcome of that consultation. Patients that required further investigation were followed up. In addition, all biopsy proven cancers during the same period were identified using the CaNISC database. Patient notes were used to determine the original referring physician and the urgency of that referral.

Results:

156 (82 women, 74 men) USC referrals were received in 3 months of which 136 letters were available. 67 (49%) were seen within two weeks with an average wait of 15.5 days. Only 2 (1.5%) of USC referrals were diagnosed with a head and neck cancer. Within the same period, 10 head and neck cancers were

identified. Consultant physicians in local hospitals referred 3, and 7 were referred from the community. Of those 7 only 1 was referred via a USC form. Furthermore, 5 (71%) were not referred as suspected cancers. On average these were seen 39.6 days after original referral.

Conclusions:

Urgent suspected cancers are a significant source of new referrals within ENT with a very small yield. Proven cancers are not being identified in the community and their time to first appointment is significantly longer as a consequence. The fast track referral system needs to be utilized more effectively if it is to bring about an improvement in early diagnosis of head and neck cancer. At present, actual cancer patients are not those receiving priority.

22. Hospital at Night (H@N) and ENT. Has work-force transformation affected Hospital admission rate, appropriate admission rate and duration of hospital stay

L Evans (FP2), D Owens, S Backhouse

PRINCESS OF WALES HOSPITAL, BRIDGEND & UNIVERSITY HOSPITAL OF WALES, CARDIFF

Objectives

The Hospital at Night (H@N) model proposed that effective clinical care required utilisation of multi-professional teams who between them had the skills to meet the immediate needs of out-of-hours patients. Clinicians perceive that patients are receiving worse care delivered by inexperienced doctors. This study examined the effect of the introduction of Hospital at Night (H@N) in Wales, the effect this had upon admission rate and requirement and length of stay.

Method

A retrospective study was undertaken using the Patient Episode Database of Wales over a 10 year period. Data were extracted of all Emergency ENT admission to all Health-boards accepting ENT referrals. Data were examined for patient demographics, changes in the rate and necessity of ENT hospital admissions, and length of stay dependant on the type of out-of-hours ENT care using a linear regression model.

Results

53948 patients were identified in the 6 Health Boards accepting ENT over the study period. Where H@N was introduced linear regression modelling revealed a statistical increase in admission numbers ($p < 0.02$) and increase in unnecessary admission rate ($p < 0.01$). No Change in length of hospital stay was seen (median test $p < 0.05$). In hospitals continuing with overnight ENT care of ENT patients no significant change was seen with the introduction of H@N.

Conclusion

In the Health-boards where H@N has been utilised there has been an increase in admissions partly due to a higher rate of unnecessary admission. This finding has a high cost to hospitals in terms of its financial impact and loss of elective work.

23. Impact on Quality of life of binaural versus monaural amplification

Hussein Waljee (FY1), Howarth AJ, Davies N.

Background:

Approximately 8.1 million individuals in England and Wales currently have a hearing impairment, 1.4 million of which are using prescribed hearing aids (NICE, 2010). The benefit of wearing an aid is well recognized. For instance, a large randomised controlled trial reported significantly higher quality of life in those individuals wearing a hearing aid compared to those without an aid (Dayna S et al 2003). Kochkin S and Rogin CM found that not only do hearing aids improve the patients' quality of life, but the patients family and close associates' quality of life as well.

NICE guidelines recommend binaural hearing aids to be fitted for patients with bilateral sensorineural hearing loss, but due to various factors such as cosmetic concerns, binaural interference and availability of funds, some patients will have monaural hearing aids fitted.

Objective:

The aim of this study is to assess the effects of fitting a hearing aid by measuring the benefits derived from its use – both audiological and quality of life of patients. This study will focus on comparing these quantities for monaural against binaural amplification.

Method:

Besides audiological tests, the Quality of life (QOL) Questionnaire was used in this retrospective study. Over the last 8 years, it has been routine practice for all first-time hearing aid users within the Hywel Dda NHS Trust to fill out the QOL Questionnaire prior to, and six months after, the fitting of their first hearing aids. These scores will then be collected and appropriately analyzed in order to demonstrate the relationship between QOL and degree of amplification (binaural or monaural).

Patients:

Bilateral Sensorineural Hearing Loss (BSNHL) presenting to Hywel Dda NHS trust in the last 5 years

Study design:

Retrospective questionnaire study.

Results and Conclusion:

To be presented at the meeting

24. Welsh Government's published 'Access 2009' target-achievement data for ENT patients – fact or fudge? A prospective study from a Primary Care perspective.

G Jones¹, S Farmer², D Lu¹, C Roberts³

GPVTS¹, SPR², CONSULTANT³, DEPARTMENT OF ENT, PRINCESS OF WALES HOSPITAL, BRIDGEND, WALES.

Introduction

'Access 2009' is a Welsh Government (WG) initiative stating patients should receive secondary care treatment within a set timescale from GP referral, namely: Urgent Suspected Cancer (USC) = 10days; Urgent (U) = 6 weeks (42days); Routine (R) = 26 weeks (182 days). Target achievement data is published online regularly for each Health Board in Wales.

Aim

To assess if our new-referral patients are being seen in ENT clinic within WG's Access 2009 guidelines & published target-achievement data and thus within the time scale expected by primary care clinicians and patients.

Method

Prospective data was collected within a DGH ENT department between February and May 2011. All patients attending for their first appointment were included. Patients attending follow-up appointments were excluded. Patient's initial prioritisation status (USC/U/R) by the ENT clinician was noted. Data was collected on 3 specific date points: date of GP letter, date of prioritisation and date seen in clinic.

Results

146 newly-referred patients were included. There were on average 9 days between the GP's letter dates and prioritisation. Prioritisation was 36 USC, 21 U and 87 R with 2 unknown. Of the 36 USC patients 0/36 were seen within 10 days target (range 11-42 days, mode 25.5). Of the 21 U patients 4/21 (19%) were seen within 42 days target (range 25-305 days, mode 65.5). Of the 87 R patients 15/87 (17.2%) were seen within the 182 days target (range 33-253 days, mode 185.5). Our prospectively collected data showed that only 48.6% of our patients, regardless of prioritisation class, were seen within 26 weeks. Corresponding WG official data for our Health Board over the same time period for ENT referral-to-treatment times was 95.1%.

However by discounting weekends from each patient's waiting time to interpret '26 weeks' as '182 working days' rather than '182 actual days' then 97.9% of our patients would be classed as being seen within the Access 2009 target timescale – this figure corresponds closely to the WG 95.1% official data. Worryingly, after discounting bank holidays and weekends, still only 5.6% of USC patients were seen within 10 days.

Conclusions

At face value we are not attaining our 'Access 2009' waiting time targets in an acceptable number of referrals. Manipulating our data, by subtracting all weekends and bank holidays, we were able to reflect that of WG published data on referral times. This suggests that such 'data-massaging' gaming practices may be occurring within the WG to show compliance with 'Access 2009'. However, as a GP and patient-advocate for expectation of care, we expect all patients to be seen in 26 weeks as 182 actual days and not 182 working days.

25. Prospective survey of ENT "follow-up clinic" appointment delays with a prospective audit intervention.

D Lu (GPVTS), S Farmer (SpR), G Jones (GPVTS), S Backhouse

DEPARTMENT OF ENT, PRINCESS OF WALES HOSPITAL, BRIDGEND.

Purpose:

Outpatient follow-up clinic interval and delays is an important indicator of the quality of service offered by a hospital. Long delays for clinician review cause patient dissatisfaction and adversely affect compliance and outcomes. This study examined the effect of stratifying patients for clinic review within a single hospital ENT department and an audit intervention to improve appointment timeliness.

Method:

Prospective study of all patients presenting to a single hospital ENT department from 24/03/2011 to 23/04/2011. Exclusion criteria were new patients and patients who had DNA'ed an earlier appointment. Patients were grouped into 3 categories: Post-operative (Post-op), high priority (A) and low priority (B). Comparison was made between the initial doctor's "requested" follow-up and the "actual" follow-up interval for when patients were seen in the ENT clinic. Data were analysed using Wilcoxon Ranked-Sum Test. An audit intervention was then applied to post-operative patient group.

Results:

155 patients were included in the initial survey (Post op=24, Category A=97, Category B=34). Overall 47.1% patients were seen on time (Post-op=58.3%, Category A=54.6%, Category B=17.6%). The median overall delay between "requested" and "actual" follow-up clinic date was 4 weeks (range 1-60weeks) but specifically for Post-op (1-4 weeks), Category A (1-60 weeks) and Category B (1-55 weeks) respectively. There was a statistically significant difference between "requested" and "actual" follow-up for each category (Post-op $p=0.002$, Category A $p<0.0001$, Category B $p<0.0001$). The audit intervention of a specified follow-up appointment date for post-operative patients ($n=20$) gave an improvement to 95% compliance ($p=0.01$).

Conclusions & Outcomes:

There is still a significant delay for outpatient review appointments in our ENT department. Specifying a date on the written operation note for a post-operative follow-up appointment date is a simple and effective intervention.

26. Evaluation of the benefit of bilateral versus unilateral cochlear implantation to speech understanding in spatially separated background noise.

Alice Talbert (Medical student)¹, John Culling², Steven Backhouse³

DEPT OF PSYCHOLOGY^{1,2}, UNIVERSITY OF CARDIFF & SOUTH WALES COCHLEAR IMPLANT PROGRAMME³, PRINCESS OF WALES HOSPITAL, BRIDGEND, WALES.

Background: Current evidence indicates limited hearing 'added-value' for cochlear implantees of bilateral over unilateral implantation. This study adapts a model of spatial release from masking for use with cochlear implantees. Data was collected to test the model's predictions that the current literature significantly underestimates the benefit of a second, contralateral cochlear implant.

Method and Materials:

The model was based on better-ear listening and assumed that bilateral implants would be symmetrical. Speech reception thresholds (SRTs) were measured for speech in noise in five spatial configurations for five normal hearing (NH) listeners and eight unilateral cochlear implant (UCI) users. Spatial configurations included speech and noise in front ($0^\circ/0^\circ$), speech in front with noise at $\pm 90^\circ$ ($0^\circ/+90^\circ$ and $0^\circ/-90^\circ$) and speech and noise at $\pm 60^\circ$ ($-60^\circ/+60^\circ$ and $+60^\circ/-60^\circ$).

Results:

The model correctly predicted SRTs measured previously and for each group in the experiment. For UCI users, the difference in SRTs between $-60^\circ/+60^\circ$ and $+60^\circ/-60^\circ$ was 18 dB with the lower SRT occurring when speech was on the implanted side. The model predicted that UCI users would experience this 18 dB asymmetry in SRT but that bilateral implantees would not.

Conclusions:

Previous studies show a 4-5 dB benefit to speech intelligibility in noise for bilateral cochlear implantees. This study's results indicate that the potential benefit of bilateral cochlear implantation has been substantially underestimated and in fact extends up to 18 dB. This study's outcomes can influence optimising listening performance of cochlear implantees in day to day life, and potentially guide future implantation policies.

Posters

1. Are patients being seen at their local ENT department? A study examining the distance patients travel to hospital following the creation of Abertawe Bro Morgannwg UHB.
Janakan Anandarajah - Medical Student – Final Year
2. “Drip & Suck” v “Drip & Feed” – a case report based research study on nasogastric tube selection, placement and use for patients with an oesophageal perforation.
Rebecca Vincent 5th - Year Medical Student
3. Retrospective study on the role of lateral soft tissue x-ray for patients with suspected fishbone in oropharynx.
Ali Sanei-Moghaddam - Clinical Research Fellow
4. Cancellations in elective ENT surgeries
Srinivasalu Bathala - Common Cold Research Fellow
5. Post tonsillectomy take home analgesics – is our practice standardized and cost efficient?
Eriola Mushi - Clinical Research Fellow
6. Is the WHO surgical checklist a waste of an ENT surgeon’s time?
Jennifer Connelly - CT2
7. Delays in follow up and how to interpret them.
Peter Mihok - CT2
8. Audit cycle on post tonsillectomy bleeding in BCUHB.
Bassem Mettias/M. M. Abo-Khatwa - ENT core training
9. Division of tongue tie as an outpatient procedure. Complete audit cycle.
Bassem Mettias/M. M. Abo-Khatwa - ENT core training
10. A novel and low cost model for training of junior doctors in external ear procedures.
Ed Abelardo - ENT Speciality Doctor (SpR level)
11. Oesophageal soft food bolus obstruction: Audit of current practice and review of the literature.
Dan Leopard - F1
12. Clinical Score Sheet for diagnosis of glandular fever.
Ali Salamat, Ed Abelardo - F2
13. Pre-operative investigations in elective ENT surgery: reducing the financial burden.
Hannah Jones - F2
14. An audit of radiological investigations prior to H&N MDT discussion: ABMU-LHB West Division.
Richard Powell - F2
15. Coblation assisted uvulopalatoplasty (CAUP) – a retrospective audit.
Sarah Kennedy - F2
16. The Impact of the Intro of the 2008 OSA Guidelines on Tonsillectomy workload at Tertiary Centres.
Anna Scholz & Megan Humphreys - FP1 & 5th Year Med Student
17. A low fidelity simulator for nasendoscopy training – design and validation.
Alastair Oakes - FP2
18. A completed audit examining venous thromboembolic events in ENT patients treated at UHW.
Neil Wickham - FY1
19. Benefit of ENT virtual clinics
Mererid James & Neil Ingram - GPTVS
20. Consultant ENT surgeon’s outpatient clinic practice is not compromised by supervising a trainee: A 2 years prospective audit.
Neil Ingram - GPVTS
21. Audit of theatre list documentation errors at Singleton Hospital.
Alice Chambers - Medical student
22. An audit on endoscopic dacrocystorhinostomy.
Shilpa Patil - Speciality Doctor in ENT
23. Coblation tonsillectomy: is it inherently bloody?
Imran Khan - ST3 (LAT)
24. Epistaxis in a Rural Area: Is the ENT Foundation Doctor Really Necessary?
O James - F2

ATTENDEES

David Hill
Mathew Jones
Steven Backhouse
Robert Evans
Ceri Roberts
Raymond Rivron
Carl Passant
Malcolm Clayton
Ali Raza
Mark Preece
Patrick Cuddihy
Conor Marnane
Heikki Whittet
Laysan Pope
Stuart Quine
Alun Tomkinson
Graham Roblin
Geoffrey Shone
Arvind Arya
Antony Howarth

Toby Moorhouse
Amir Farboud
Hannah Fox
Sarah Farmer
Ben Stew
James Morris
Sarah Healy
Amir Farboud
Owen Weeks
Alastair Oakes
Ali Al-Hussaini
Ali Sanei-Moghaddam
Anna Scholz
Bassem Mettias
Ben Cosway
Daniel Leopard

Mouli Doddi
Ameeth Sanu
Ed Abelardo
Gemma Jones
Janakan Anandarajah
Jon Clarke
Kieran Foley
Louise Evans
Peter Mihok
Rhys Thomas
Richard Thomas
Rob McLeod
Eriola Mushi
Hussein Walijee
Alice Talbert
Rebecca Vincent
Vinod Prabhu
Hassan Elhassan
Neil Ingram
Imran Khan
Sam Fishpool
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