SEVENTH

ANNUAL
SOUTH WEST ENT ACADEMIC MEETING
JULY 1ST 2011
POSTGRADUATE MEDICAL CENTRE
ROYAL UNITED HOSPITAL
BATH

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South West ENT Academic Meeting

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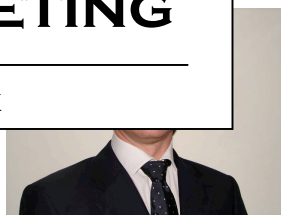

Dear Delegate,

Welcome to Bath for the 7th meeting of the South West ENT Academic Meeting (SWEAM). SWEAM was set up by Mr Dave Pothier in 2005 as a forum for trainees in Otorhinolaryngology, along with allied professionals, to present audit and research projects. Dave recognised that many trainees struggled to get their work into national and international academic meetings, and that local meetings often did provide the best place to present research; as such, high quality work sometimes never left the local hospital department. SWEAM aims to showcase this ENT research and to allow frank and open discussion in a non-threatening environment and to encourage the development of the showcased research on the wider academic stage.

SWEAM has grown year on year and the meeting is no longer a regional meeting, now attracting delegates from all over the United Kingdom and the republic of Ireland. The meeting has also been lucky enough to have featured guest speakers from the academic world of ENT in the UK as well as Canada, USA and now South Africa. The meeting has now come full circle with Dave Pothier now returning from Toronto to act as one of the guest speakers, as well as the return of Professor Martin Birchall who has been a great supporter of SWEAM over the years

I hope you enjoy your day at SWEAM and I encourage you to listen hard, ask lots of questions and hopefully think about how you can improve your own research portfolio.

We also understand that study budgets are very tight and so we aim to keep this meeting free to delegates. To do this we rely heavily on the generosity of sponsors – so please spend some time talking to them today.

Stuart Gillett
President of SWEAM 2011

South West ENT Academic Meeting

Bath – 1st July 2011

09:30	Coffee + registration	
09.50	Welcome and Introduction	- *Stuart Gillett and Andy Carswell*
10:00	**Free papers – Session 1**	
11:00	**Guest Speaker:** *Mr David Pothier*	
11:30	Coffee	
11:45	**Free papers – Session 2**	
12:45	Lunch + visit sponsor and poster exhibitions	
13.30	**Guest Speaker**: *Professor Martin Birchall*	
14:00	**Free papers – Session 3**	
15.00	Messages from Sponsors	
15:15	Coffee	
15:30	**Free papers – Session 4**	
16:30	Presentation of prizes	- *Stuart Gillett and Andy Carswell*
17:00	Close	

Professor Martin Birchall
Professor of Laryngology and Consultant Laryngologist
(Royal National Throat Nose and Ear Hospital)

Martin Birchall was educated at St. Edward's College, Liverpool and Jesus College, Cambridge. He subsequently trained in General (FRCS 1988) and ENT (FRCS 1989), receiving CCST in 1994 (FRCS, ORL, 1994). After a Clinical Research Fellowship at the Royal Postgraduate medical school, Hammersmith Hospital, Martin was awarded an MD by the University of Cambridge.

After a period of higher training in head and neck surgery in Brisbane, Australia he returned to the South West. He has worked as a consultant in Bristol, Liverpool and Bath, and has been heavily involved in postgraduate training and surgical research.

More recently, Professor Birchall achieved international acclaim for his part in a European team who successfully replaced a young woman’s trachea using laboratory cultured airway epithelium in 2008. This was the first clinical application of a tissue-engineered airway transplant. Following this he received the Morgan Stanley/Sunday Telegraph Great Briton prize in the science and technology category in 2008.

In 2011, he was part of an international team of surgeons who transplanted a larynx, trachea and thyroid tissue in a pioneering eighteen-hour operation at the University of California Davis Medical Centre.

Mr David Pothier
Fellow and Neurotology affiliate, Department of Otolaryngology, Toronto General Hospital

David Pothier was Cape Town born, but undertook his ENT registrar training in the South West Region in the UK where he rapidly established himself as one of the most competent trainees in the country. During his training in the UK Dave has more then 60 publications on medline, more then 100 presentations - including over 30 international, 15 invited and 3 visiting professorships. He has won 21 research prizes, is the associate editor of Clinical Otolaryngology, has an MSc in Health informatics and has founded two courses - Software for research and Endoscopic ear surgery.

David has also been a heavily interested in the promotion of ENT and the development of future trainees and as a result founded the South West ENT Academic meeting (SWEAM).

FREE PAPERS
SESSION 1

Mamun Rashid[1], Luke McLennan[2], Himesh Kollure[2], Alex Dryden[2], Hisham Khalil[1,2]
[1] ENT Department, Derriford Hospital, Plymouth, UK
[2] Peninsula College of Medicine & Dentistry, UK

SinuRinse™ versus Sterimar(R): Which irrigation system yields better nasal distribution?

Introduction

Nasal saline administration is an established treatment for a number of rhinological conditions including infective and allergic rhinosinusitis as well as an adjunct post surgery. Currently there are two main irrigation systems available for purchase within the UK and come in isotonic, hypertonic and paediatric forms. Sinurinse™ is administered via user controlled manual squeezing of the bottle whilst Sterimar™ comes with a spray pump with an actuator. No prior study has demonstrated which of these systems yields better nasal distribution. This *in vitro* study addresses this issue.

Method

Deposition pattern was assessed using methylene blue and then fluorescein dyes mixed with 120mls of each irrigation system on a male human replica nasal model. The colour change following each administration was captured using a digital camera and analysed using Adobe® Photoshop's Lassoo™ and colour range functions to calculate the percentage cover of the dye within the nasal cavity.

Results

Sterimar™ & methylene blue: 32.03%, Sterimar™ & flourescein: 30.62%, SinuRinse™ & methylene blue: 12.36%, SinuRinse™ & flourescein: 6.96%,

Discussion

Sterimar appears to be the better system for yielding optimal nasal distribution and was easier to administer. We would recommend a formal *in vivo* study to confirm these findings.

Stubbs TA, Russell NJ, Gillett S.
University of Bristol, Bristol, UK

A blinded randomised trial of discomfort from nasal douching solutions

Background
Nasal irrigation is commonly used in the treatment of rhinosinusisis, allergic rhinitis and following nasal surgery. Studies have demonstrated that nasal douching with positive pressure is an effective method of delivering irrigation to the nasal cavity. However there is no consensus on the most appropriate solution to use, with multiple saline solutions routinely used, often with the addition of sodium bicarbonate and/or sugar.

Objective
Other than undesirable events with cold water, there is currently no literature relating to patient comfort with regard to the various nasal irrigation preparations. We aim to assess discomfort levels associated with nasal douching using a variety of commonly used saline based nasal solutions.

Method
Forty volunteers were recruited to take part in a randomized blinded study. Five solutions were prepared, anonymised and heated to 37°C, using a water bath. The order of administration, along with initial nostril used for administration, was randomised. Five millilitres of solution were administered into the nasal cavity. Subjects reported if pain was experienced, as well as discomfort using a visual analogue score.

Results
Statistical analysis was performed on SPSS. A Friedman ANOVA with repeated measures and Dunn's post-tests were used. We identified a statistically significant difference between boiled water and all other preparations ($p<0.001$ ***), making it the most uncomfortable solution tested. There were no significant differences in discomfort levels between the other solutions.

Conclusion
This study has shown that nasal douching with water alone is uncomfortable when compared with isotonic and hypertonic solutions of saline with bicarbonate or glucose. There was no identifiable difference between the other solutions. For patients producing home made solutions we advocate the use of simple saline without the use of sugar or bicarbonate, as these are simpler to prepare and less likely to experience bacterial contamination if stored.

Titoria P, Hollis S, Houghton J
ENT Dept, Royal United Hospital, Bath

A study into the benefits of bilateral packing for epistaxis

Theoretically there is a safety benefit in using bilateral nasal packs in managing epistaxis. Our study aims to show an additional benefit in this practice; in the reduction to the deformity caused across the nasal septum with bilateral packing, therefore creating a safer and more pleasant patient experience.

We created a simple nasal model to illustrate the nasal septal cartilage as a structure that is anchored inferiorly, superiorly and posteriorly, but with a free anterior edge. Using 7.5cm Arthrocare RapidRhino packs and a sphygomanometer, we measured the septal deflection created using different pack pressures, unilaterally and bilaterally.

By measuring the anterior deflection of the cartilage analogue (4mm wide silicone sheeting) at the midpoint along the anterior edge, we were able to demonstrate significantly less septal deflection when using bilateral packing with the same pressures, compared with unilateral packing.

The dynamic nature of the model meant that the maximum deflection point varied between repetitions of the study, yet less septal deflection was seen with bilateral packing, particularly with higher inflation pressures, regardless of the starting deformity. Statistical analysis was performed on the differences between mean septal deflections at varying pack pressures, using unpaired *t*-tests with 95% confidence intervals.

Our simple model shows that the nasal septal deformity with bilateral packing is reduced, compared with unilateral packing. We theorize that the reduced deformity shown with bilateral packing will make for greater patient comfort. We have commissioned a model with pressure sensors across the nasal septum to further analyze this theory.

Warren Bennett, Venkat M. Reddy, Jonathan Bird, Stuart A. Burrows
Department of ENT, Royal Devon and Exeter NHS Trust, Exeter

Does academic output correlate with better mortality rates in NHS Trusts in England?

Introduction:
It has been claimed that institutions engaging in academic activities provide better care. The aim of this study was to establish whether there is an association between academic output and mortality rates for NHS Trusts.

Method:
Hospital standardised mortality rates were obtained from the 2010 Dr Foster Hospital Guide. The MEDLINE database of biomedical citations was queried to establish the number of citations credited to each NHS Trust and constituent hospitals from 2006-2010. Admissions totals for NHS Trusts for 2009-2010 were obtained from Hospital Episode Statistics Online. The number of citations per admission was calculated and used as an indicator of academic output as this reflects the workload of the Trust.

Results:
Spearman's rank analysis was performed to identify any correlation between citations per admission and the inverse of four types of mortality rates: high risk conditions $r=0.20$ ($p=0.01$); low risk conditions $r=-0.06$ ($p=0.46$); deaths after surgery $r=0.193$ ($p=0.019$); overall mortality 0.291 ($p<0.01$).

Conclusion:
The results of this preliminary study demonstrate a statistically significant correlation between academic output and mortality rates. However, it should be noted that the correlation coefficients are small, but the findings of this study encourage further debate.

FREE PAPERS
SESSION 2

SA Burrows
Royal Devon & Exeter Hospital, Exeter

An assessment of Teacher's Voice Quality and Voice Pathology rates in the UK

Aims:
To assess the level of occupational voice pathology in Teachers within the UK

Methods:
An invitation was sent via the National Union of Teacher's e-magazine in September 2010 to undertake a survey about their voice quality using the validated VoiSS questionnaire and questions regarding the impact their voice has on their work

Results:
Of those responding 15.9% had had some form of education about voice use as part of their teacher training. 84% reported having had problems with their voice over the last year with 44% having had to take time off work as a result of voice problems. The average time off work was 16 days. Of those that has had voice use education 13% had had voice problems over the last year, 12% had taken time off and on average only 3 days were taken off as a result.

Discussion:
Our results suggest that educating teachers in voice use can reduce the extent of voice pathology within the profession and may significantly reduce time away from work. With all surveys of this type there is likely to be reporting bias as those with voice problems have a higher return rate. None the less the difference between the rates of voice problems between those who had and not had voice use education is striking.

Conclusion:
Teachers form the largest occupational group presenting with voice problems. This survey reveals the extent of this problem within the profession and it's affect on their work. It forms the baseline from which we can base future research to minimise the impact of this problem on the teachers themselves and those they teach.

Carswell AJ, Thornton S, Repanos C, Tierney P
ENT department, Southmead Hospital, Bristol

Oropharyngeal Cancer - Quality of life outcomes

Aim
To assess the relative outcomes of a cohort of oropharyngeal tumours treated in the Bristol region.

Method
A multimodality approach was undertaken to assess outcomes.
Initially,the cancer registry database was used to identify a three year cohort of oropharyngeal cancer patients. Hospital records were checked to ensure that deceased patients were identified. The surviving patients were then sent a validated quality of life questionnaire (the European Organisation for Research and Treatment of Cancer Core questionnaire and the Head and Neck disease specific supplementary questionnaire). Clinical details were verified on hospital record review.

Results
110 patients diagnosed between 2006 and 2008 inclusive were identified. Of these 53 were alive at the time of the questionnaire. The patients were aged 41-82 years old with a variety of tumour subsites, disease stages and treatment modalities. Overall quality of life scores varied from 25-100 with a median score of 67. The combined Head and Neck specific symptom scores were different between the group treated primarily with surgery (median of 11) versus that treated with chemoradiotherpy (median of 31).

Discussion
The treatment of oropharyngeal tumours continues to pose difficulties. This cohort of oropharyngeal cancer sufferers had a similar survival rate to other published series [1] . Quality of life measures were similar between the different treatment modalities once stage of disease is taken into account which is in keeping with other similar studies. [1,2].

References
1. Kim TW, Youm HY, Byun H, Son YI, Baek CH. Treatment Outcomes and Quality of Life in Oropharyngeal Cancer after Surgery-based versus Radiation-based Treatment. Clin Exp Otorhinolaryngol. 2010 Sep;3(3):153-160. doi: 10.3342/ceo.2010.3.3.153
2. Mowry SE, Ho A, Lotempio MM, Sadeghi A, Blackwell KE, Wang MB. Quality of life in advanced oropharyngeal carcinoma after chemoradiation versus surgery and radiation. Laryngoscope. 2006 Sep;116(9): 1589-93

Mamun Rashid, Hisham Khalil
ENT Department, Derriford Hospital, Plymouth, UK

Effect of water versus saline for carboxymethylcellulose nasal packing

Introduction
Dissolvable nasal packing is used in rhinological procedures to control post-operative epistaxis and is especially desirable in the day-case setting. The Sinu-Knit Rapid Rhino™ is one such nasal dressing and is made from carboxymethylcellulose (CMC) which comes with the manufacturer's recommendation for use with water in promoting degradation inside the nasal fossa. There is no prior study comparing the effects of saline versus water in the degradation time of such products. This *in vitro* study compares the effects of water and saline on this nasal dressing.

Method
3 groups of 5 Sinu-Knit dressings were used; instilled with (1ml) water, (1ml) saline and no fluid (control group) in a water bath set to 37 degrees celcius. The containers were then observed over a 14 day period to assess rate of degradation.

Results
The saline soaked dressings dissolved at day 5 while the water at day 8. At 14 days, the control group had not dissolved.

Discussion
Our study shows that using saline is quicker than water for the degradation of CMC-based nasal dressings and may therefore promote earlier mucociliary flow post-packing. Water would be recommended if a longer tamponade effect is desired. A larger *in vivo* study would be useful.

Leong SC, Wilkie MD, Webb CJ
Royal Liverpool University Hospital , Liverpool

The impact of pharyngeal pouch stapling on patient health status as assessed by the Glasgow Benefit Inventory

Introduction:
According to the National Institute for Health and Clinical Excellence, endoscopic stapling of pharyngeal pouches is an established surgical technique in the United Kingdom[1]. It is associated with lower complication rates compared to traditional external approaches and high success rates have been reported in the literature[2]. However, changes in patient quality of life resulting from this intervention have not been objectively considered before. The aim of this study was to measure the effect of endoscopic stapling for pharyngeal pouch on the health status of patients using the Glasgow Benefit Inventory (GBI) tool.

Methods:
This was a retrospective study over a 10-year period. Patients were identified from an electronic hospital database and cross-referenced with theatre records and patient case notes. The study cohort was restricted to patients who underwent endoscopic stapling of pharyngeal pouch. Deceased patients were automatically excluded.

Results:
Of the 59 patients identified from hospital records, 5 had deceased and 11 did not have up-to-date contact details. The remaining 43 patients were contacted via postal questionnaire and 27 (63%) responded. The average age was 70 years (range 45 – 91) at the time of procedure. The mean total GBI score was +21.4 (95% Confidence Interval, CI ±11.8). The mean general subscale score was +25.5 (CI ± 14.3). The mean social support score was +17.3 (CI ± 10.7). The mean physical health score was +13.0 (CI ± 13.7).

Conclusions:
The GBI scores can range from -100 (maximal negative benefit), to 0 (no benefit) to +100 (maximal positive benefit). This study has demonstrated a positive health impact following endoscopic stapling of pharyngeal pouch. The quality of life benefit compares favourably with other routine ENT operations such as tonsillectomy and dacryocystorhinostomy. This data will improve our ability to counsel patients regarding important therapeutic decisions and expectations of surgical outcome.

(Word count 297)

References:
1 - The National Institute of Health and Clinical Excellence. Interventional procedure guidance 22: Endoscopic stapling of pharyngeal pouch. The National Institute of Health and Clinical Excellence, London, UK, 26th November, 2003. Available online at http://guidance.nice.org.uk/IPG22.
2 – Harris RP, Weller MD, Porter MJ. A follow up audit of pharyngeal pouch surgery using endoscopic stapling. Eur Arch Otorhinolaryngol 2010;267:939-43.

FREE PAPERS
SESSION 3

Mr. Rishi Mandavia, Mr. Karan Kapoor, Mr. Vikram Dhar, Miss. Anastasia Rachmanidou
Department of Otolaryngology, University Hospital Lewisham, London

Quality of Life Assessment following Adenotonsillectomy for Obstructive Sleep Apnoea in Children

Obstructive sleep apnoea (OSA) has been linked to range of negative physiological and neurobehavioural effects in children. The major cause of OSA is adenotonsillar hypertrophy and in such cases, the treatment of choice is adenotonsillectomy. Whilst several studies document the objective improvement of OSA in children following adenotonsillectomy, to our knowledge, in the United Kingdom no studies have investigated the impact of adenotonsillectomy on quality of life (QOL) of children with OSA.

Aim:

To use a validated QOL questionnaire to assess the impact of adenotonsillectomy on QOL of children with OSA.

Method:

39 children treated with adenotonsillectomy for OSA were used in this study. OSA was diagnosed objectively in all patients via overnight pulse oximetry. The QOL questionnaire used was adapted from the 6-item health related instrument (OSD-6) developed by de Serres et al (2000). Carers rather than patients themselves were requested to complete the questionnaire. The questionnaire contained 6 questions, each assessing the extent of improvement of a specific domain following adenotonsillectomy. Domains included: physical suffering, sleep disturbance, speech or swallowing problems, emotional distress, activity limitations and caregiver concerns. Carers scored each domain on a point scale ranging from “none” (0) to “couldn't be more” (6). Carers completed the questionnaire via telephone.

Results:

The QOL of all children improved after surgery. The greatest average improvement scores were in: caregiver concern, physical suffering and sleep disturbance. The modal questionnaire score was 4 (corresponding to an average score of “quite a bit”) and the overall average questionnaire score was 4.2, corresponding to an overall QOL improvement score of "quite a bit".

Conclusion:

Adenotonsillectomy provides measurable improvements in QOL of children with OSA. All children's QOL improved following adenotonsillectomy with greatest QOL improvements in caregiver concern, physical suffering and sleep disturbance.

Clair Saxby, Amit Parmar, Alex Armstrong

Musgrove Park Hospital, Taunton

Patient satisfaction post tonsillectomy

Introduction:
Changes in health policy have resulted in many interventions requiring evidence based justification. A recent report by the audit commission felt that the majority of tonsillectomies were ineffective and should therefore not be funded by the NHS.

The aim of the study was to investigate patient satisfaction post tonsillectomy.

Methods:
The study was carried out by a retrospective postal audit of all patients having undergone tonsillectomy at Musgrove park hospital between 2008 and 2009. Patients having tonsillectomy for suspected malignancy and with any other procedure were excluded.

Results:
A total of 300 patients were identified and sent questionnaires. 124 questionnaires were successfully returned completed. 99% of respondents viewed having a tonsillectomy to be the correct decision. 95% have missed less time off work after having their tonsillectomy. 95% believe that the frequency of their sore throats has decreased and they have visited their GP less as a result. 85% believe that their quality of life has improved as a result of this intervention.

Discussion:
Parent/patient satisfaction from tonsillectomy is high. The audit shows that nearly all patients/ parents (99%) viewed having a tonsillectomy to be the correct decision. From a patient's perspective tonsillectomy is deemed to be an effective procedure that has subsequent social, financial and educational benefits in terms of missing less time from work/ school and visiting their family doctor less. This study shows that tonsillectomy is an effective intervention.

Mr. Rishi Mandavia, Mr. Karan Kapoor, Mr. Humza Osmani
Department of Otolaryngology, University Hospital Lewisham, London

Complications of ear cartilage piercing – how much do piercing parlours know?

Aim:
Ear cartilage piercing can lead to a range of severe complications. Clearly those undergoing such piercings should be informed of the possible risks. Various authors note that piercers are insufficiently aware of cartilage piercing complications. To our knowledge no study has investigated practitioners' awareness of the complications of cartilage piercing. Thus we aim to evaluate current ear piercing practices in a sample of piercing parlours in London, United Kingdom

Method:
Twenty five London piercing parlours completed a telephone questionnaire. Questions principally assessed knowledge of cartilage piercing complications and pre-and post piercing practices - including customer consent and advice provided in the event of post-piercing complications.

Results:
All parlours offered cartilage piercing and all required completed consent forms prior to procedure. Whilst 4% and 3% of parlours were aware of keloid scarring and hypertrophic scarring respectively no parlours were aware of the risk of cauliflower ear as a potential complication of cartilage piercing. 16% of participants advised customers to see their GP following a complication and 12% recommended going to A&E. 40% did not provide any written instructions.

Conclusion:

All piercing parlours required customer consent prior to piercing. However, the majority of parlours showed considerable lack of awareness concerning the complications posed by cartilage piercing and thus did not fully inform their customers of the possible risks. Moreover, surprisingly only 28% of parlours advised customers to seek medical help following a complication and 40% did not provide any written post-piercing instructions.

Warren Bennett, Venkat M. Reddy, Stuart A. Burrows, Jonathan Bird, Paul Counter
Department Of ENT, Royal Devon and Exeter NHS Trust, Exeter

Retrospective observational study of recurrent food bolus impaction of the oesophagus

BACKGROUND:
Oesophageal food bolus impaction (FB) is usually a one-off event, but recurrence is recognised.

AIMS:
To establish the recurrence rate of FB and to identify demographic/pathological features associated with FB recurrence.

METHODS:
Retrospective case note review of patients (≥16years) admitted to the hospital with FB between 2002 and 2007. Patient demographics, co-morbidities, interventions, radiological investigations and results were recorded. Statistical analysis was performed using SPSS 13.

RESULTS:
99 patients fulfilled the inclusion criteria (65 males and 34 females (median ages 59 and 71.5, IQR 47-74 and 53-81 years respectively). 22 patients died between first presentation with FB and the time of this study being conducted (mean follow up 34 months +/-17). 2 patients had recurrences but died before this study. For all other patients without recurrences the mean follow up was 68 months +/-20. Logistic regression demonstrated that only hiatus hernia demonstrated a statistical significance in its association with FB recurrence (OR 4.77 95% CI 1.15-19.82, p=0.032). All other variables (oesophageal pathologies, age and gender of patients) were not statistically significant (all p>0.35).

CONCLUSION:
The recurrence rate of FBI of the oesophagus was 9%. Hiatus hernia was the only oesophageal pathology associated with recurrence of FB.

FREE PAPERS
SESSION 4

Bird JH, Burrows S, Leeder S, Mackintosh H, Shaw S, Lyons A
Royal Devon & Exeter Hospital, Exeter

The quality of ENT Departmental Inductions for junior trainees in the South West: A completed audit cycle

Aim
To assess the quality of departmental induction for junior trainees in the South West and compare our results with those obtained in 2007.

Methods
A telephone survey of Otolaryngology departments in the South West region was conducted asking the junior trainees about the structure, usefulness and exposure to practical procedures of any specialty-specific hospital induction that they had undertaken. They were asked to rate how capable they felt to deal with common ENT complaints after the induction. These results were compared to our previous audit in 2007.

Results
In 2007 80% of specialty trainees were given a departmental induction this compared to 62.5% of trainees in 2011. In 2007 60% of specialty trainees felt that their induction was useful compared to 45% of doctors in 2011.
In the 2011 audit 57% of doctors interviewed were non specialty trainees who cross covered Otolaryngology on call. Of these non specialty trainees 75% felt they had had an inadequate induction.

Discussion
Training posts for general practice trainees have expanded due to 'Modernising Medical Careers' and doctors with a firm career intention can enter specialty specific training after their foundation programme. As a result of this, more Otolaryngology trainees are likely to have started posts without previous experience in this specialty.
A specialty-specific departmental induction will provide essential information required to carry out the duties of an on-call ENT trainee..
To address this issue, we originally conducted a telephone survey in 2007 of Otolaryngology trainees in the South West to determine their experience of specialty specific induction and how capable they felt dealing with common ENT complaints.
This was repeated again in 2011 including all trainees involved in day time on call and cross cover on call of Otolaryngology. Doctors working in an otolaryngology rotation are more likely to have had an adequate induction, whilst doctors cross covering the specialty on call are more likely to have had an inadequate induction.

Okechukwu Okonkwo, Oliver Ongley, Ann-Louise McDermott
Birmingham Children's Hospital, Birmingham

Patient Follow up Post Tonsillectomy for Obstructive Sleep Apneoa

Introduction
Childhood obstructive sleep apnoea (OSA) presents with a broad range of symptoms and adenotonsillar hypertrophy is a common predisposing factor for OSA in children. It has been shown that in otherwise healthy children with adenotonsillar hypertrophy, polysomnographic resolution occurs in 75% to 100% after adenotonsillectomy; this is also associated with symptom resolution.[i] Current practice within the trust is to offer a 3 month follow up to assess all patients who have had operative intervention for sleep apnoea. However, evidence suggests that this maybe unnecessary as symptom resolution occurs in 75-100% of uncomplicated patients post op.[ii]

Methodology
We looked at all the patients who had tonsillectomy for OSA in Birmingham Childrens hospital over a 1 year period (2009-2010) and assessed their follow up and its outcomes.

Results
105 patients had surgery for OSA and 70 sets of notes were available.
Of the 70 patients 51 were offered follow up and 17 were not.

Of the 51 that were offered follow up 16 (31%) did not attend and 35 (69%) did. Of the 35 that attended symptoms only 2 were still symptomatic.

Of the 70 notes looked at only 2 patients showed symptoms post op and required further investigation. The remaining 68 were discharged.

Conclusions
Based on our experience we argue that it is not clinically indicated to provide routine post op follow up for uncomplicated paediatric patients post tonsillectomy for OSA and instead argue that patients should be offered open appointments so they can attend if they do not experience any symptomatic improvement. This will provide a more cost effective service, reduce the number of clinic DNAs and improve overall patient experience and service.

References

Childhood obstructive sleep apnoea BMJ 2005;330:978–9
Section on Pediatric Pulmonology and Subcommittee on Obstructive 6 Sleep Apnea Syndrome. Clinical practice guideline: diagnosis and management of childhood obstructive sleep apnea syndrome. Pediatrics 2002;109:704-12.

Toll EC, Mckay-Davies I, Saunders MW
Department of Otolaryngology, Bristol Royal Hospital for Children

3 year experience of endoscopic balloon dilatation for subglottic stenosis

Background
Subglottic stenosis (SGS) is an important cause of stridor diagnosed on paediatric airway endoscopy. One treatment for SGS grade II-III is endoscopic balloon dilatation of the organised stenotic ring. This case series aims to assess the safety and efficacy of balloon dilatation for the treatment of SGS.

Methods
Operative records of all paediatric airway endoscopic procedures performed within a tertiary referral centre from August 2007 to January 2011 were reviewed. The case notes for all those receiving balloon dilatation during this time period were analysed.

Results
14 patients received balloon dilatation for subglottic stenosis during the 3.5 years of the study. Mean age was 12.2 months at first balloon dilatation procedure. 57% were born premature (mean gestational age 25/40 weeks). On initial dilatation 43% had grade III SGS, 36% had grade II SGS and 21% had grade I SGS. 57% (8) of patients only required one dilatation procedure including a patient with recurrent SGS following laryngotracheal reconstruction. Of these patients, balloon dilatation was unsuccessful in only one patient who required reintubation and subsequent laryngotracheal reconstruction. One patient with significant airway oedema in addition to mild SGS required immediate re-dilatation with a wider balloon which resulted in an acceptable airway. 36% (5) required a further balloon dilatation procedure subsequently including a patient with no significant medical history except recurrent croup. Balloon dilatation was unsuccessful in one of these patients who went on to tracheostomy. 21% of patients required 3 dilatation procedures in total but did not have any further problems. No direct complications of balloon dilatation were recorded.

Conclusions
Balloon dilatation for subglottic stenosis is a well tolerated and safe procedure with few complications. Balloon dilatation appears to be a successful strategy for management of subglottic stenosis grade II-III with the majority of patients only requiring one dilatation procedure.

Philip J Clamp[1], Terri Rotchell[2], Jennefer Maddocks[2], Philip J Robinson[2].

1. Department of ENT Surgery, Gloucestershire Hospitals NHS Foundation Trust.
2. Department of ENT Surgery, Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust.

What factors influence patient choice of paediatric cochlear implant model?

Introduction

Bristol is the centre for the West of England Cochlear Implant Programme and purchases two makes of cochlear implant (CI) for paediatric use (MED-EL and Cochlear). Whilst these products have subtle differences in functionality they give comparable hearing results and are considered equally effective. In cases where the CI team have no preference, the decision as to which make of implant is used is made by the patient and family. Families are provided with written information regarding the different models and allowed time to handle dummy implants and ask questions.

The aim of this study is to establish how patients go about making this choice and which factors are considered most important in the decision-making process.

Method

Patients who have received a CI in the last 4 years were indentified from the local CI registry. Following local ethics approval, a postal survey was undertaken and followed up with reminders by post and when patients attended for checkups. Patient were asked to rate certain factors from 1 to 10 depending on their importance in the decision making process.

Results

Fifty-seven completed surveys were received (response rate of 66%). In most cases (68%) the decision regarding the choice of implant was made by the parents and/or child. Ninety percent of patients received information about the choices of CI from the CI team. Patients also accessed information directly from the manufacturer, from other CI users and from various websites.

The most important factor in choosing cochlear implant model was robustness and reliability (mean score 9.6) followed by comfort (9.4) and size/shape (9.2). All patients were happy with the choices they made.

Conclusion

In the West of England, paediatric patients undergoing CI are offered a choice of CI models. Robustness, reliability, comfort and size/shape of CI are considered the most important factors.

We would like to thank our sponsors who have been the financial backbone of SWEAM 2011:

Medical Protection Society

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Acknowledgements SWEAM 2011:

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