

EEOM  
2016

**ABSTRACTS**

*of the*

**2<sup>nd</sup> East of England Otolaryngology Meeting**

Peterborough City Hospital

June 13<sup>th</sup> 2016



# EEOM 2016 Programme

|             |   |
|-------------|---|
| 09:00-09:45 | Registration, Coffee & Pastries   |
| 09:45-10:00 | Welcome & Housekeeping  |
| 10:00-11:00 | Trainee Presentations I   |
| 11:00-11:25 | Invited Speaker<br>Prof Narula, Consultant ENT Surgeon & President of ENT-UK.                               |
| 11:25-11:45 | Coffee & Exhibitors   |
| 11:45-12:45 | Trainee Presentations II  |
| 12:45-13:35 | Complimentary Lunch & Poster viewings   |
| 13:35-14:35 | Trainee Presentations III   |
| 14:35-15:00 | Invited Speaker<br>Mr Andreas Hilger, Consultant ENT Surgeon and<br>ENT Training Programme Director, HEEoE. |
| 15:00-15:15 | Close & Presentation of Prizes  |

# Trainee Presentations I

## **What is the student's perspective of learning ENT during medical school?**

Octavian Cozar  
*Royal Stoke University Hospital*

## **Laryngeal lipoma – a rare cause of acute intermittent airway obstruction**

Peter Deutsch  
*Birmingham City Hospital*

## **Day-case hemithyroidectomy: One-year retrospective audit to assess outcomes and viability of day case operations**

Edwin Halliday  
*Peterborough City Hospital*

## **HIV and the ENT surgeon**

Isobel Fitzgerald O'Connor  
*John Radcliffe Hospital, Oxford*

## **Long-term health related quality of life (HRQoL) outcomes of sinus surgery**

Richard Jackson  
*James Paget Hospital, Great Yarmouth*

# What is the student's perspective of learning ENT during medical school?

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## Introduction

The mean duration of ENT undergraduate placements in the UK is currently 8.7 days. Despite that, Khan *et al.* (2012) showed that more than 75% of ENT consultants covering 96% of teaching hospitals in the UK believe that junior doctors are not 'proficient in dealing with common ENT problems that don't require referrals'. In this study, we are evaluating students' perceptions of learning ENT skills during medical school.

## Materials & Methods

The project was a prospective qualitative study. The sample group consisted of sixteen Year 5 medical students from Keele University. Two simultaneous focus groups were organized one week before graduation from medical school during which participants discussed the student experience of ENT learning and filled a questionnaire describing how confident they are with ENT related skills. Data analysis has been performed using NVivo© software.

## Results

All students described they are confident to take an ENT related history and perform Rinne and Weber tests. However, other skills related to ENT were not covered well in the undergraduate curriculum. All research participants believed they need more ENT teaching during their undergraduate studies.

## Conclusion

As ENT is considered to be mainly a postgraduate subject, there are currently no intended learning outcomes linked to ENT in the Keele Medical School and a very limited number of sessions related to this specialty. In the light of this, having alternative strategies to deliver ENT skills and updating the current Undergraduate Curriculum in the UK Medical Schools should be considered to best meet the requirements of future junior doctors.

# Laryngeal lipoma - a rare cause of acute intermittent airway obstruction

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## Introduction

We present a case of a laryngeal lipoma causing intermittent airway obstruction and dysphagia. This was excised endoscopically with complete resolution of symptoms. Laryngeal lipomas have been reported to account for only 0.6% of all benign laryngeal lesions and only roughly 100 have been reported in the literature to date.

## Case Report

A 62-year-old man reported the feeling of a 'trap door' snapping shut on his airway. He had some associated chest tightness and sweating but no chest pain. The airway symptoms fully resolved on lying flat. He was admitted under the cardiologists for a suspected myocardial infarction. This was ruled out on angiography. He later reported some long-standing swallowing difficulties and an intermittent 'lump in the throat' sensation. Computed tomography showed a lesion in the left laryngopharynx suggestive of a lipoma. Flexible nasendoscopy showed a large polypoidal lesion prolapsing into the larynx, partially obstructing the airway. He underwent a microlaryngoscopy and a laryngeal polyp (30 x 25 x 20mm) was excised along its pedicle *en masse*. He was discharged the following day and histology confirmed a simple lipoma.

## Conclusion

Laryngeal lipomas are a rare benign tumour of the larynx. Only 100 cases have been reported and these have been subdivided into 'intrinsic' and 'extrinsic' subtypes. Our case represents an extrinsic pedunculated laryngeal lipoma causing symptoms of dysphagia, sensation of a lump in the throat and intermittent airway compromise. Intermittent airway obstruction is a poorly recognised symptom and can lead to diagnostic delay in cases such as these.

# Day case hemithyroidectomy: One-year retrospective audit to assess outcomes and viability of day case operations

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## Introduction

In 2000 the NHS set a target of performing 75% of elective surgeries as day cases. In 2001 the British Association of Day Surgery added thyroidectomy to the list of day case procedures. There are many benefits of day case surgery, including improved patient experience, reduced cancellation risk and financial savings. However, there has been very limited adoption of day case thyroidectomy in UK centres. The aim of this audit was to assess the viability of day case hemithyroidectomy surgery.

## Materials & Methods

This was a retrospective audit comprising all patients undergoing hemithyroidectomy at Peterborough City Hospital in 2015. Demographic data were collected from an electronic database of patient files. Data collected included: indication for surgery, pre-morbid status, ASA grade, use of surgical drains, technical difficulties, distance of patients' homes from hospital, length of stay and complications.

## Results

64 patients underwent a total of 66 hemithyroidectomy operations in 2015. 42 (63.6%) patients were identified as potentially suitable for day case procedures according to American Thyroid Association criteria. Amongst these patients, 37 (88%) were discharged after one night, three patients stayed two nights and two stayed three nights. High drain output was the commonest reason for delaying discharge. There were three complications in the group potentially suitable for day case surgery: one neuropraxia, one wound infection and one wound swelling.

## Conclusion

Day case hemithyroidectomy was suitable for a high proportion of patients in 2015. The majority of these patients stayed only one night and could possibly have been discharged on the same day.

# HIV and the ENT surgeon

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## Introduction

Since the introduction of highly active antiretroviral therapy (HAART) to combat HIV disease in 1996 there has been a shift in the focus of its management from that of a rapidly life limiting condition to one of chronic disease management. I will explain some of the ENT manifestations of HIV and in particular the developing awareness of hearing impairment in this population. I will also discuss a pilot study that has been performed to identify if evidence exists of chronic ear disease in HIV seropositive children in Malawi and document demographic, aetiological and audiological information to help us understand the burden of this aspect of HIV infection.

## Methods/Results

This cross-sectional study included HIV-infected children aged 4 to 16 years who attended the Queen Elizabeth Central Hospital HIV clinic over a two-week period. A focused history was obtained with an interpreter and review of medical notes. Audiometry was also performed.

## Conclusion

There is a high prevalence of ear discharge and conductive deafness in this group of children. HAART has considerably extended the lives of those with HIV in Malawi. The behavioural, educational and socio-economic issues that present in patients with long-term survival must now be addressed.

# Long-term health related quality of life (HRQoL) outcomes of sinus surgery

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## Introduction

Chronic Rhinosinusitis (CRS) is a condition causing inflammation of the nose and nasal passages lasting for > 3 months. It remains unclear whether medical or surgical management is more effective in treating CRS, with endoscopic sinus surgery (ESS) currently on the NICE database of treatment uncertainties. Recent studies have shown that quality of life responses for CRS plateau up to 5 years post-operatively, demonstrating the importance of long-term follow-up. Our study aims to assess the long-term outcomes for patients following extended ESS for CRS.

## Materials & Methods

All patients undergoing ESS for CRS in 2010 at the James Paget University Hospital were followed-up at 5 years through a posted questionnaire and Sino-Nasal Outcome Test (SNOT-22). 28/46 patients (61%) responded and this information was compared with historic pre-operative SNOT-22 scores.

## Results

Mean follow-up time was 61 months. No patients encountered post-operative complications although 2 required revision surgery. Mean pre-operative SNOT-22 score in men was 43.3 SD $\pm$ 20.2 and 19.2 $\pm$ 15.8 post-operatively. Mean pre-operative SNOT-22 score in women was 59.6 $\pm$ 24.6 and 33.3 $\pm$ 27.3 post-operatively. A statistically significant reduction in SNOT-22 scores was noted (t-test,  $p < 0.001$ ) and where applicable 19/26 patients demonstrated a clinically significant reduction in SNOT-22 scores (9 or more points) post-surgery. 61% of patients continued to use medical treatments.

## Conclusion

Most patients achieved a long-term clinically significant reduction in sinus symptoms through ESS, however, over half still used regular medications. Further trials are necessary to establish best practice for medical and surgical treatments of adults with CRS, with long-term compliance of medical treatment key.

# Trainee Presentations II

## **Impatience in out-patients clinics - improving the efficiency of ENT rhinology clinic**

Eleanor Crossley  
*Royal Sussex County Hospital, Brighton*

## **The ENT Boot Camp: An effective way to train junior doctors for ENT emergencies**

Chloe Swords  
*Addenbrooke's Hospital, Cambridge*

## **A case of diphtheria**

Matthew Haywood  
*Luton & Dunstable University Hospital*

## **Cyanoacrylate (superglue) aural foreign body in misophonia with autistic spectrum disorder: paediatric case report**

Ryan Cheong  
*Colchester Hospital*

## **Time heals – the therapeutic effect of an acoustic neuroma intra-tumour haemorrhage**

Eleanor Crossley  
*Royal Sussex County Hospital, Brighton*

# Impatience in outpatients clinics - improving the efficiency of ENT rhinology clinics

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## **Introduction**

A significant proportion of the ENT workload consists of outpatient clinics which have long waiting lists and patients' appointments often do not run to time. This study aimed to improve the efficiency of rhinology ENT outpatient clinics in a tertiary centre, and thus minimise waiting times and delays.

## **Materials & Methods**

This project observed adult rhinology outpatient clinics at the Royal Sussex County Hospital, Brighton, over a two-month study period. The study consisted of two phases with data collection from both phases including the time patients registered at the clinic, the time they entered the ENT registrar or consultant room, and the time they left the clinic room. The first phase observed the timings in the pre-existing clinic set up whereby all new patients are seen first, followed by all follow-up patients. However for the second phase, clinics were adjusted such that new patients were seen in between follow up patients.

## **Results**

This study demonstrated notable waiting times for some patients using the pre-existing clinic timetable. Phase two showed that simple adjustments in the scheduling of appointments can significantly reduce patients' waiting times.

## **Conclusion**

The efficiency of ENT rhinology outpatient clinics is dependent upon designing the clinic timetable to meet clinical needs. This study demonstrates that, as expected, the duration of an appointment is strongly dictated by whether it is a new or follow-up rhinology patient. This study highlights one method by which the efficiency of these clinics can be improved to benefit patients' satisfaction and make better use of seniors' time.

# The ENT Boot Camp: An effective way to train junior doctors for ENT emergencies

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## Introduction

First-on-call ear, nose and throat (ENT) cover is often provided by junior doctors with limited ENT experience and training. ENT emergencies may be life-threatening and require immediate and skilled management. There is evidence that simulation-based learning aids in the transfer of skills and improves clinical performance. We aimed to develop an effective course to teach ENT emergencies to junior doctors: the ENT Boot Camp.

## Materials & Methods

Junior doctors were recruited nationally to attend a novel simulation-based course for ENT emergencies. Participants completed four emergency scenarios using mannequins and relevant equipment. Focussed lectures and skills-training stations were also provided. Two additional video-recorded simulated scenarios (epistaxis and epiglottitis) were performed before and after the course to evaluate improvement. Two assessors, blinded to the timing of the recorded scenario, scored participant performance in the videos using an objective marking scheme. Participants rated their confidence and practical skills with ENT emergencies using a standard form before the course, immediately following the course, and after an interval of two months.

## Results

37 doctors were recruited. Patient assessment and management of the emergency scenarios was significantly improved following completion of the course ( $p < 0.05$ ), as scored by the blinded assessors. Inter-rater reliability was high. Participant self-rated skills and confidence was increased in the post-course survey ( $p < 0.05$ ), and this was maintained at 2 months ( $p < 0.05$ ).

## Conclusion

The ENT Boot Camp represents an effective method of teaching ENT emergencies to junior doctors. Induction programmes for ENT should incorporate a simulation component, and regional coordination may facilitate this.

# A case of diphtheria

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## Introduction

Routine childhood vaccination programme coverage has been maintained at 95% for the past 20 years. As a result, most cases of diphtheria in the UK are mild and occur in partially immunized individuals or in fully immunized adults with waning immunity. We describe a recent case of classical respiratory diphtheria in our unit presenting with membranous pharyngitis, pyrexia and resulting 'bull neck' appearance secondary to lymphadenopathy and soft tissue oedema.

## Case Report

A 67-year-old female attended A&E complaining of sore throat, odynophagia, drooling, fevers and malaise. Physical examination revealed a dense, confluent, yellow-grey fibrinous exudate of the oropharynx with generalized neck swelling and palpable lymphadenopathy. Throat swabs cultured *Corynebacterium ulcerans* expressing active toxin. The patient was managed with intravenous antibiotics and diphtheria anti-toxin and made a slow recovery over several weeks.

Further questioning revealed that prior to admission the patient had been treating her dog for an ear infection, and that the dog had recently had an altercation with a wild badger. Subsequent testing of the dog revealed toxin gene positive *C. ulcerans*.

## Conclusion

Despite its extreme rarity the differential diagnosis for a case of pharyngitis, particularly one presenting with oropharyngeal membrane and gross neck swelling, must include diphtheria infection. Early isolation, strict barrier nursing, contact tracing and communication with both local and national infectious disease experts is of paramount importance to effective management. A careful history focusing on animal contact and consumption of unpasteurized dairy products will often reveal the likely source of infection.

# Cyanoacrylate (superglue) aural foreign body in misophonia with autistic spectrum disorder: A paediatric case report

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## Introduction

In 2001, Jastreboff *et al.* first proposed misophonia as a new medical entity and defined misophonia as present when an abnormally strong reaction occurs to a sound with a specific pattern or meaning to an individual. To the best of our knowledge this is the first reported case of a patient with misophonia and autistic-spectrum disorder (ASD) who self-administered cyanoacrylate (superglue) into the external auditory canal due to an abnormally strong reaction to human speech.

## Case Report

A 16-year old girl with a background of autism and obsessive compulsive disorder (OCD) presented to the ENT clinic with a 5-day history of pain and sudden deafness in her right ear after self-administering superglue into her right ear as an aversion response to her mother's speech. She scored 4 points on each of the 6 items on the Amsterdam Misophonia Scale giving her a total score of 24, placing her under the extreme category of misophonia.

## Conclusion

It has been hypothesised that misophonic symptoms are associated with ASD as they often report sensory sensitivity and comorbid obsessive-compulsive spectrum disorders. Typical auditory sensitivity in ASD is to unexpected and loud noises. This pattern is different from the auditory triggers in the misophonia patients. This opens up the possibility that the misophonic symptoms in patients with ASD are due to their comorbid obsessive-compulsive disorders. Inadvertent self-harm due to exaggerated aversion processing in misophonia with autistic spectrum disorder needs to be seriously considered and accounted for in the management of such patients.

# Time heals – the therapeutic effect of an acoustic neuroma intra-tumour haemorrhage

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## Introduction

Acoustic neuromas are the most common cerebellopontine angle tumours. A spontaneous haemorrhage into this tumour is very rare, particularly in tumours smaller than 25mm. We present such a case, with interesting radiological findings that correlated with complete resolution of symptoms and subsequent avoidance of surgery.

## Case Report

An otherwise healthy 40-year-old man following a 6-month history of balance disturbance and distortion of left-sided hearing was diagnosed with an intracanalicular acoustic neuroma. His subsequent scan showed a notable enlargement with features suggestive of an intra-tumour haemorrhage essentially liquefying its solid component. The patients' symptoms progressed over a 9 month period and repeat imaging showed further enlargement secondary to another bleed within the tumour. The skull base MDT decided to offer the patient surgery via a translabyrinthine approach with a pre-operative MRI just prior to surgery due to the dynamic nature of the lesion. The surgery date was delayed by 5 months due to patient commitments and remarkably his pre-operative MRI demonstrated an almost complete resolution of the left acoustic neuroma.

## Conclusion

Our case describes a rare complication of acoustic neuromas. Its remarkable feature however was the rapid reduction in size that led to resolution of symptoms and importantly the avoidance of surgery. This case made us realise that even in the context of a bleed with subsequent tumour enlargement, delayed surgery in certain cases may be beneficial.

# Trainee Presentations III

## **Adjunctive treatment in Juvenile Nasopharyngeal Angiofibroma: How should we approach recurrence?**

Daniel Scholfield  
*Whipps Cross Hospital, London*

## **A randomised controlled trial of simulation-based training for Ear, Nose, and Throat emergencies**

Matt Smith  
*Peterborough City Hospital & University of Cambridge*

## **A decade of ENT Surgery in St Lucia**

Eleanor Crossley  
*Royal Sussex County Hospital, Brighton*

## **Nasal fracture manipulation: outcomes beyond the traditional two-week window**

Victoria Perkins  
*Colchester Hospital*

## **A case-control study looking at demographic factors associated with non-attendance at ENT day surgery**

Rohit Srinivasan  
*Central Middlesex Hospital, London*

# Adjunctive treatment in Juvenile Nasopharyngeal Angiofibroma: How should we approach recurrence?

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## Introduction

A recent case of advanced, recurrent Juvenile Nasopharyngeal Angiofibroma (JNA) at our institution highlighted the limited evidence regarding adjunctive treatment for JNA. We present a ten-year-old boy who is the first to undergo multiple staged surgical resections alongside vincristine treatment and identify possible adjuvant therapeutic options.

## Case Report

A ten-year-old boy presented to our institution with a two-month history of deteriorating vision and proptosis of his right eye. Imaging exhibited features consistent with Stage 4 JNA. The patient underwent resection via Denker's maxillotomy, but post-operative MRI scan confirmed a substantial residual tumour. No standard therapeutic approach exists for recurrent and unresectable JNA. Based on a small case series the patient was treated with  $1.5\text{mg/m}^2$  of vincristine weekly for four weeks. Restaging MRI six weeks post-operatively showed the tumour had increased in size to 75 x 75 x 45 mm. Subsequently, the University of Pittsburgh Medical Centre (UPMC) accepted the patient for resection via an expanded endonasal approach (EEA) and achieved extensive resection of the remaining JNA. We performed a review of the literature analysing the roles of radiation therapy, cytotoxic drugs and novel targeted agents in JNA relapse. Small cohort studies suggest radiotherapy and flutamide are the most rational treatment options for residual and recurrent JNA.

## Conclusion

Managing recurrent and unresectable JNA remains a challenge. JNA is a biologically rich tumour and there is a clear need for research to evaluate adjuvant treatments for recurrent and inoperable JNA.

# **A randomised controlled trial of simulation-based training for Ear, Nose, and Throat emergencies**

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## **Introduction**

ENT emergencies can be rapidly life-threatening and may necessitate systematic management and resuscitation. To enable the development of a novel training course, a study was performed to develop an evidence base for simulation training in ENT emergencies.

## **Materials & Methods**

A single blinded prospective randomised controlled trial was performed. Two groups of junior doctors with no previous ENT experience were randomised to one of two training groups: a simulation/lecture hybrid group or a lecture only control group. Both groups received 90 minutes of training covering the assessment of critically ill patients and four ENT emergency topics. Both groups received the same initial lecture slides. The control group received additional slides, and the simulation group received simulated emergency scenario training using basic mannequins. Following the training, candidates were asked to provide feedback on their perception of training and were formally assessed with a standardised one-to-one viva.

## **Results**

38 doctors were recruited: 18 in the control group and 20 in the simulation group. The candidates in the simulation group performed significantly better in all viva situations ( $p < 0.05$ ) and had better perception of learning ( $p < 0.05$ ). Additionally the simulation group was more likely to recommend the training to a colleague ( $p < 0.05$ ).

## **Conclusion**

We have demonstrated that replacing traditional lecture based training with a mixture of lectures and emergency scenario simulation is more effective at preparing junior doctors for ENT emergencies, and better met their learning needs. Implementing this kind of teaching is feasible with a minimum of additional resources or time.

# A decade of ENT surgery in Saint Lucia

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## Introduction

This ten-year analysis of Saint Lucia otolaryngology operative caseload establishes trends in operation type by sub-specialty and emergency versus elective cases. Understanding the evolving ENT surgical demands in Saint Lucia allows for better future workforce planning and training.

## Materials & Methods

The electronic operative records were retrospectively obtained from Saint Lucia's largest hospital (Victoria Hospital) for all ENT operations performed between January 2005 and December 2014. These were classified by ENT subspecialty. The Pearson Product Moment Correlation Co-efficients (r) was calculated to establish trends.

## Results

A total of 1558 operations were performed over the decade at Victoria Hospital. The most commonly performed operation was adenotonsillectomy (9% of cases), followed by tonsillectomy (9%). We found that 32% of total cases were Head and Neck; 7% Otolaryngology, 11% Rhinology and a further 41% were Paediatric cases. Over the ten-year period there was a shift towards increase in number of Head and Neck cases ( $r=0.66$ ) but downward trend in the number of Otolaryngology ( $r=-0.59$ ) and Paediatric ( $r=-0.22$ ) cases. There was an upward trend in the number of elective ENT operations ( $r=0.32$ ) and respective downward trend in emergency cases ( $r=0.22$ ).

## Conclusion

Through defining the ENT operative caseload, it is possible to inform future training of West Indian otolaryngologists. With increased number ENT surgeons, Saint Lucia will be able to incorporate sub-specialisation of ENT services in accordance with their needs.

# **Nasal fracture manipulation: outcomes beyond the traditional two-week window.**

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## **Introduction**

Nasal fractures represent the most common isolated facial fracture and the third most common fracture anywhere in the body. Conventional UK practice involves assessment 5-7 days after injury, with reduction within 2 weeks. However, evidence in support of this is largely anecdotal and dated. We assessed presence of nasal bones amenable to manipulation at time of procedure against the injury to surgery interval time, to consider whether there is potential for a successful outcome beyond 2 weeks.

## **Materials & Methods**

All patients aged over 16 undergoing manipulation of nasal fracture under anaesthesia (local or general) during a one year period, at a single centre, district general ENT Department were included in the study. We examined the operation notes for evidence of fixed or malleable nasal bones at time of manipulation and compared this against the interval time between sustaining the injury and the date of manipulation (within 14 days, 15-21 days, over 21 days).

## **Results**

50 patients were included. Manipulation was performed  $\leq 14$  days for 18 patients, of these, 15 (83.3%) had mobile nasal bones. 22 patients had manipulation 15-21 days after injury, with 19 (86.4%) found to be mobile. 10 patients had manipulation  $> 21$  days (range 23-37 days), with 8 (80%) found to be mobile.

## **Conclusion**

No statistically significant difference was found between the finding of bones amenable to manipulation at surgery and the interval between injury and date of manipulation in our centre ( $p=0.76$ ). It may therefore be reasonable to offer trial of manipulation of nasal fracture beyond the traditional 2-week window.

# **A case-control study looking at demographic factors associated with non-attendance at ENT day surgery**

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## **Introduction**

Non-attendance to appointments for surgery has important clinical and financial implications. We investigated those patients who did not attend a day surgical unit at our centre to attempt to identify factors associated with non-attendance.

## **Materials & Methods**

A retrospective case-control study was conducted. 49 consecutive patients who did not attend (DNA) their ENT day case operation from July 2014 to February 2016 were identified, and matched with a control group of 49 consecutive patients who attended their operation. Demographic information were collected and used to calculate indices of deprivation that encompassed, health, education, employment and an overall 'index of multiple deprivation'.

## **Results**

There was a statistically significant ( $p < 0.01$ ) association between the type of surgery planned and non-attendance. Specifically, patients who had nasal procedures planned were more likely to not attend than those listed for otological or laryngological procedures. There was no significant association ( $p > 0.05$ ) between age or sex and non-attendance in the two groups. There was also no significant association in terms of specific indices for income, education, health or employment.

## **Conclusion**

Planned nasal operations were associated with an increased tendency for non-attendance to surgery. This data could be used to guide patient selection for surgery, although further research is required to investigate this association.

# Poster Presentations

## **Ancient Schwannoma of the cervical sympathetic chain**

R Cheong, P Bowles, A Pelsler  
*Colchester Hospital*

## **Steeple sign: a case of laryngotracheobronchitis in an older child**

E Crossley, G Wong  
*Royal Sussex County Hospital, Brighton*

## **A rare case of maxillary osteomyelitis in rural Lincolnshire**

A Habib, N Sivaji  
*Pilgrim Hospital, Boston*

## **The role of swab taking in the management of Otitis Externa - An Audit**

A Hardy, M Jindal  
*Russells Hall Hospital, Dudley*

## **Is follow-up necessary for paediatric patients undergoing tonsillectomy and adenotonsillectomy for obstructive sleep apnoea?**

L Leach, C Swords, P Jani, N Jonas  
*Addenbrooke's Hospital, Cambridge*

## **An expanding posterior auricular lump**

M Monem, B Mettias, M Lyons  
*Lister Hospital, Stevenage*

## **Endoscope-assisted middle ear surgery – a precursor to transcanal endoscopic exclusive surgery**

A Patel, E Bhargava, A Qayyum  
*Peterborough City Hospital*

## **Bilateral intratonsillar abscess: a unique presentation and novel management approach**

D Scholfield, H Mohammad  
*Whipps Cross Hospital, London*

## **Departmental post-tonsillectomy bleed audit**

R Srinivasan, R Fox, L McIntyre, B Elmiyeh  
*Northwick Park Hospital, London*

**Use of an Electronic Referral System to improve Primary care-Specialty care in ENT: a quality improvement project**

C Swords

*Addenbrooke's Hospital, Cambridge*

**Diagnosis and management of subcutaneous emphysema and pneumomediastinum in children: a rare cause of upper airway obstruction**

C Swords, N Tan, N Jonas

*Addenbrooke's Hospital, Cambridge*

**Sinonasal papilloma: Is MRI required in addition to CT?**

C Swords, A Kasbekar, B Attlmayr, T Kulkarni, A Swift