1. **3.00** Time to recurrence and surveillance period for human papilloma virus positive oropharyngeal squamous cell carcinoma

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2. **3.10** Closing the loop on closing the loop

Eric Andrew Farrell, Richard Benjamin Speaker, Seng Guan Khoo

Department of Ear, Nose & Throat, St Vincent’s University Hospital, Elm Park, Dublin, Ireland

3. **3.20** The frontier in endoscopic ear surgery: Local vs international experience in its evolution

Richard Benjanim Speaker, Seng Guan Khoo

Department of Otorhinolaryngology, St. Vincent’s University Hospital, Elm Park, Dublin, Ireland

4. **3.30** Diagnostic and procedural skill training in a dedicated ENT emergency department

Grace O’Flanagan, Claire Buckley, Ms Camilla Carroll

Eye, Nose & Throat (ENT) Emergency Department, Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin

5. **3.40** “Sleeping Beauties” in otolaryngology head & neck surgery literature

Madelena Nina Rente², Andrew Kirk¹, Daniel Coelho¹, Derrick Miller¹, Kaazim Hasan¹, John Eugene Fenton²,³

¹School of Medicine, Departments of Otolaryngology, Neurosurgery, Physiology & Biophysics Virginia Commonwealth University School of Medicine Richmond, VA, USA
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6. **3.50** Burn-out among doctors is the potential ” time bomb of our time”

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7. **3.55** Retrospective audit of patient satisfaction, pre and post tonsillectomy in children

Michael Walsh³, Wed Mustafa², Leonard O’Keeffe¹, Kieran O’Driscoll¹

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²School of Medicine, University of Limerick, Castletroy, Limerick, V94T9PX, Ireland
8. **4.00 Otoendoscopy – A new eye on the ear**
   Ronan Fahy¹, Mel Corbett², Ivan Keogh²
   ¹School of Medicine, National University of Ireland, University Road, Galway, Ireland
   ²Department of otorhinolaryngology, University College Hospital, Newcastle Road, Galway, Ireland

9. **4.05 A serendipitous fall**
   Aisling Moriarty, Brian Moriarty
   Ear, Nose & Throat Department, University Hospital Kerry, Ratass, Tralee, Co. Kerry, Ireland

10. **4.10 Treatment of Otomycosis: A review**
    Daniel Westby¹, John Eugene Fenton²
    ¹Department of Surgery, University Hospital Limerick, St Nessan's Road, Dooradoyle, Limerick, V94 YVH0, Ireland
    ²Department of Ear, Nose & Throat Head and Neck Surgery, University Hospital Limerick, St Nessan's Road, Dooradoyle, Limerick, V94 YVH0, Ireland

11. **4.15 Objective assessment, using a validated procedure-based assessment tool (PBA), of retention of fiberoptic endoscopic skills of GP ENT trainees, following 4 months of dedicated ENT training**
    Ruairi Hasson, Camilla Carroll
    Ear, Nose & Throat Emergency Department, Royal Victoria Eye and Ear Hospital (RVEEH), Adelaide Road, Dublin, Ireland

12. **4.25 Surfers ear is not just for surfers**
    Seamus Boyle¹, Aisling Moriarty², Naishadh Patil¹, Mary Bresnihan¹, Marcus Choo¹
    ¹Ear, Nose & Throat Department, Sligo General Hospital, The Mall, Sligo, F91 H684, Ireland
    ²Ear, Nose & Throat Department Galway University Hospital, Newcastle Road, Galway, Ireland

13. **4.35 Intra-operative adjuncts in minimally invasive radio-guided parathyroidectomy at Cork University Hospital**
    Mudassar Majeed, Zeeshan Razzaq, Michael Hanrahan, Hamid Mustafa, Mohammed Abdalla, Peter O'Leary, Fara Hassan Khawaja, Fuad Aftab, Akbar Amin Achakzai, Henry Paul Redmond

14. **4.45 Integration of ear – suctioning into primary care: An educational model**
    Isobel O'Riordan¹, Camilla Carroll¹, Nash Pati², Martin Donnell³
    ¹Royal Victoria Eye and Ear Hospital Dublin, Ear Nose & Throat Emergency Department, Adelaide Road, Dublin, Ireland
    ²Department of Ear Nose & Throat, Sligo University Hospital, The Mall, Sligo, F91 H684, Ireland
    ³Department of Ear Nose & Throat, Waterford University Hospital, Dunmore Road, Waterford, Ireland

15. **4.55 The value of preoperative imaging and disease localisation in parathyroid surgery**
    Grace O'Flanagan, Laura McLoughlin, Bronagh Lang, Emma Keane, Conrad Timon
    Department of Ear, Nose, Throat, Head and Neck Surgery, Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2, Ireland
16.  **5.05** Assessment of outpatient waiting times for patients with newly diagnosed head and neck cancers  
**Grace O’Flanagan**, Laura Mc Loughlin, Bronagh Lang, Emma Keane, Conrad Timon  
Department of Ear, Nose, Throat, Head and Neck Surgery, Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2
AB082. 56. Time to recurrence and surveillance period for human papilloma virus positive oropharyngeal squamous cell carcinoma

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Background: Little consensus exists regarding optimal surveillance periods for head and neck cancer patients. Human papilloma virus (HPV) positive oropharyngeal squamous cell carcinoma has been found to have lower recurrence rates and better prognosis than its HPV negative counterpart. Recent evidence suggests that the majority of recurrences occur within 6 months of treatment and therefore, a shorter surveillance period may be feasible. Our aim was to determine the time to disease recurrence in our cohort of patients with HPV positive oropharyngeal squamous cell (SCC).

Methods: This was a single-centre retrospective review of patients with HPV positive oropharyngeal SCC treated at a tertiary referral Head & Neck Oncology Centre.

Results: Of the 116 included patients, 89 (76.7%) were male and 27 (22.3%) female. Mean age was 57.67±10.65 years. Twenty patients (17.24%) had disease recurrence over a mean follow-up of 26.9 months, 10 had locoregional disease and 10 distant metastases. Mean time to recurrence was 16.1 months (range, 3–53 months). Only 4 occurred within the first 6 months of follow up, 10 occurred between 6 months and 1 year, and 6 more than 1 year following treatment. While the overall survival rate was 85.34%, this dropped to 60% in those with locoregional recurrence and 20% in those with metastatic disease.

Conclusions: The majority of recurrences occurred between 6 months and 1 year following treatment. However, a substantial portion of patients recurred over a year after treatment. We would recommend that patients with HPV positive oropharyngeal SCC should have ongoing surveillance similar to those with HPV negative disease.

Keywords: Human papilloma virus; oropharyngeal squamous cell carcinoma; recurrence; surveillance

doi: 10.21037/map.2019.AB082

AB083. 13. Closing the loop on closing the loop

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**Background:** We have had anecdotal reports from primary care physicians that following patient visits to our outpatients department, there was no report/dictated letter detailing a treatment plan or finding. We set about auditing our dictated letters and following initial results, implemented an intervention to increase our dictation rates.

**Methods:** During one rotation of non-consultant hospital doctors (NCHDs), we audited the number of new and return visits that had letters dictated following clinic visits. Our letters are dictated and saved electronically so we could compare attendances with dictations. After cycle one, we created a checklist for NCHDs and consultants to act as a reminder to dictate letters. Following the intervention, a repeat audit was conducted. Dictations were counted as ‘not dictated’ if a patient attended and there was no letter recorded.

**Results:** Our overall population was 391, which was made up of 157 new visits and 234 return visits. In cycle 1 our dictation rate for new attendances was 57%, following intervention this increased to 76%. Return patient visit dictation rates in cycle 1 was 55% which in increased to 59% in cycle 2. Overall our dictation rate increased by 10% after a 2-week intervention.

**Conclusions:** The code of practice for surgeons published by RCSI in 2018 calls for appropriate sharing of information, with the patient’s consent, with primary care physicians. Not all attendances at clinic require dictated letters but they act as an easily accessible record and keeps primary physicians informed. We found after a short and cost-effective period of intervention our dictation rates increased.

**Keywords:** Audit; code of practice; loop; outpatients; standards
AB084. 63. The frontier in endoscopic ear surgery: local vs. international experience in its evolution

Richard Benjanim Speaker, Seng Guan Khoo

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Background: The introduction of the rigid endoscope to operative Otology constitutes a major step forward. At our institution endoscopes are regularly employed for grommet placement, tympanoplasty, mastoidectomy, ossiculoplasty and middle ear explorations. Internationally, the endoscope has been employed not only in the middle ear but also in neurotology and lateral skull base surgery.

Methods: A retrospective chart review was undertaken of all patients undergoing endoscopic ear surgery at a single center.

Results: 82 patients had 87 endoscopic ear procedures in our center. These procedures included 6 atticotomies, 28 grommet insertions, 24 tympanoplasties, 7 mastoidectomies, and 22 other. The tympanoplasty closure rate was 92% which compares favorably with our microscopic rate of 94%.

Conclusions: Endoscopic ear surgery is a field in evolution with some centers advancing so far as to perform complex minimally invasive lateral skull base resections. With advancements in technology including Piezo-electric dissection and miniaturization of endoscopes, endoscopic surgery of the ear has become a promising new wave in otology. The authors would like to conclude by paying tribute to the recently departed Dr. David Pothier. Dr. Pothier’s extensive work helped expand the field of endoscopic otology and included training the senior author.

Keywords: Endoscopic otology tympanoplasty; minimally invasive; mastoidectomy

doi: 10.21037/map.2019.AB084
Cite this abstract as: Speaker RB, Khoo SG. The frontier in endoscopic ear surgery: local vs. international experience in its evolution. Mesentery Peritoneum 2019;3:AB084.
AB085. 71. Diagnostic and procedural skill training in a dedicated ENT emergency department

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Background: ENT is a craft specialty with unique procedural skills, which must be acquired and mastered in the early years of training. Technical proficiency in performing microear-debridement, nasal and laryngeal endoscopy, epistaxis management, and peri-tonsillar abscess drainage, requires exposure to a critical volume of patients. The dedicated ENT emergency department at the Royal Victoria Eye & Ear Hospital (RVEEH) is staffed by ST 1 and ST2 trainees and GP year 1 and 2 trainees, under the direct clinical supervision of an ENT Consultant. This study evaluated the number of patients seen and procedures performed in the Ear, Nose & Neck Emergency Department (ENT ED), to determine the benefit of diagnostic and procedural training in this setting, during the early years of specialty training.

Methods: A retrospective study evaluated the total number of patients attending the dedicated ENT emergency department during the month of March 2018. The data was collected using patient clinical notes and an online database (informa). Diagnostic and procedural data was collated for each patient. Data was inputted into a data collection sheet using Microsoft Excel.

Results: A total of 885 patients attended the dedicated ENT emergency department, during the study period. There were 504 new patients and 381 return patients. 70.5% of these patients were from Leinster. Reason for attendance included cerumen impaction (29%), otitis externa (20%), chronic suppurative otitis media (2%), foreign body removal (3.7%). There were 4 new Head and Neck malignancies identified, during this period. 10 patients were referred to scheduled care for further management. All patients attending the service required at least one procedure. A total of 630 microear debridements were performed, with 18 adults requiring removal of foreign body from the ear. Fiberoptic laryngoscopy was performed in 500 patients.

Conclusions: This study provides preliminary data specific to basic ENT procedures performed by year 1 and 2 specialist trainees in ENT and General Practice. This level of “practical professionalism” is difficult to replicate in a simulated learning environment. We suggest that this educational model is of value in the “early years” of procedural skills training.

Keywords: Surgical skills training; eye, nose & throat (ENT); professionalism

doi: 10.21037/map.2019.AB085

Cite this abstract as: O’Flanagan G, Buckley C, Carroll C. Diagnostic and procedural skill training in a dedicated ENT emergency department. Mesentery Peritoneum 2019;3:AB085.
AB086. 91. “Sleeping Beauties” in otolaryngology, ORL-HNS literature

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Background: “Sleeping Beauties” (SBs) are articles that receive little attention in the literature for many years after publication but suddenly “awaken” to greatly increased relevance. The SB phenomenon has generated much discussion in recent years, with studies undertaken to identify SBs in the wider scientific literature (physics, chemistry, etc.) as well as certain medical sub-specialities. Our effort represents the first attempt, to our knowledge, at identifying SBs within the Otolaryngology literature.

Methods: We use Ke et al.’s methodology to calculate a “Beauty Coefficient” (B) indicating a given paper's resemblance to the prototypical SB based on time in years between publication and the year maximum citations were received, number of citations in each interim year, and the maximum citations received in a single year. We apply an a priori constraint that a paper should average fewer than 1 annual citation in its first 10 years of existence in order to be considered a SB. This approach was applied to 80,532 Otolaryngology papers identified in the Web of Science database spanning 1945–2007.

Results: Results and Discussion: SBs were ranked based on B within 3 categories: overall, clinically significant (papers with greater than 100 total citations), and modern SBs (1988 and later). In general, papers spanned a wide array of topics within the Otolaryngology literature, though 9 of the top 20 clinically significant papers and 6 of the top 10 modern-era SBs dealt with Otology.

Conclusions: We identified several trends in the clinically impactful sleeping beauties. The most striking was the focus on inner ear physiology.

Keywords: Bibliometrics; otolaryngology, head & neck surgery (ORL-HNS); sleeping-beauties

doi: 10.21037/map.2019.AB086

AB087. 47. Burn-out among doctors is the potential “time bomb of our time”

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**Background:** Since first described in 1974, burn-out among doctors has been described as a work-related syndrome characterized by emotional exhaustion which results in decrease accomplishment at work, cynical attitude to common day activities and viewing patient in detached manner. It is estimated that about 30–50% of doctors suffer from burn-out. This is happening at a time when healthcare is facing its greatest demand and pressure. Pressure from increasing costs and capacity utilization, increasing attention and interference from politicians who often base their campaign on health reforms. Increasing regulatory guidelines without the mechanism for compliance, managements demands for increasing efficiency in the delivery of service. Well informed patients and their assertive relatives, lastly the media in there ever quest for a breaking news headlines that would sell.

**Methods:** This is a literature review of the current issues in burn out discussions both in the academic literature and main stream media coverage on the issues of doctors burn-out. Covering such issues as doctors’ fatigue, stress and its effects on the service delivery and ways to mitigate it.

**Results:** Measures have to be taken both at the institutional level not only the individually focused steps to mitigate against its effects on healthcare industries.

**Conclusions:** Burn-out is a serious issue that cannot be ignored and has the potential to derail an effective delivery of services.

**Keywords:** Burn-out; doctors; emotional exhaustion healthcare industry; stress

doi: 10.21037/map.2019.AB087

*Cite this abstract as:* Usman LI, Fenton JE. Burn-out among doctors is the potential “time bomb of our time”. Mesentery Peritoneum 2019;3:AB087.
AB088. 49. Retrospective audit of patient satisfaction, pre and post tonsillectomy in children

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Background: This retrospective study reviewed 100 patients aged between 4−17 years who underwent tonsillectomy +/- adenoidectomy from January 2018. The aim of the study was to assess patient/parent satisfaction, post operatively. Assessment of quality of life was addressed as the potential withdrawal of tonsillectomy as a public funded procedure in the UK is imminent. Validated data to assess the consequences of withdrawal is necessary.

Methods: Retrospective analysis of the operative and anaesthetic notes for each patient took place. Telephone follow up was utilised, for assessment of post-operative course since discharge. A set of predetermined questions regarding interaction with hospital staff, facilities and overall satisfaction with the service provided was recorded.

Results: Nineteen percent of the sample refused to participate or were unavailable for follow-up. 55% were female, with an average age of 8.3 years. The average length of stay was 1.6 days. The mean number of days missed from school was 21 days. Overall satisfaction with the healthcare service provided for Tonsillectomy was 9.13 out of 10.

Conclusions: The overall economical value in reduction of absenteeism from school/creche compared to the cost of tonsillectomy, gives significant impetus alone to continue with funding. Radical improvements in quality of life are clearly evident. Formulation of a specific patient questionnaire for assessment of satisfaction post tonsillectomy would be desirable. This audit raises issues regarding day case tonsillectomy, methods to fast track patients for surgery and the need for multi-center prospective audit.

Keywords: Adenoidectomy; public funding; satisfaction; tonsillectomy; withdrawal

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AB089. 2. Otoendoscopy—a new eye on the ear

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**Background:** Traditionally otologic surgeries are carried out under the microscope. Incisions, overnight stays and post op complications need to be considered. Otoendoscopy, [totally trans-canal endoscopic ear surgery (TEES)] is the use of a rigid endoscope to aid visualization during middle ear surgery. TEES is technically challenging, procedures are minimally invasive, endoscopes provide a wide field of view and superior access to complex anatomy. A small but increasing number of otologists are adapting this novel technique worldwide. Our aim is to share our experience of TEES.

**Methods:** Following ethical approval, a retrospective review of 1,755 ear surgeries from the year 2008 to September 2018 was undertaken. Patient information was compiled from surgical registers and clinical notes. Senior author performed the first TEES in 2013 at University College Hospital, Galway, Ireland (UCHG).

**Results:** Microscope was used exclusively from 2008 to 2013. Since 2013 an endoscope has been used in 198 otologic surgeries, procedures included ventilation-tube insertion, tympanoplasty, cholesteatoma surgery and ossicular chain reconstruction. All TEES procedures were carried out as day case surgeries. Procedures were photo documented. TEES is limited by ear canal diameter but is suitable for all ages. Recovery is quicker and less complicated, no external incisions are made. Overall the microscope was used in 1,557 procedures. Otoendoscopy has increased each year for the past 6 years, 68 procedures in 2017 compared to 3 in 2013.

**Conclusions:** The use of endoscopes in ear surgeries is increasing. While challenging, otoendoscopy allows improved surgical exposure, better visualization and tackles ear disease efficiently. Recovery is quicker and less complicated.

**Keywords:** Audit; ear surgery; novel technique; otoendoscopy

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AB090. 93. A serendipitous fall

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Background: This is a case report exploring a rare cause of nasal obstruction: sinonasal hemangiopericytoma.

Methods: A 54-year-old lady was referred to the ear nose & throat (ENT) department after a computed tomography (CT) brain following a fall revealed a mass in her left nasal cavity. On history, the patient had been suffering from left nasal obstruction for some time, as well as recurrent left eye infections. Further evaluation with nasendoscopy revealed a polypoidal lesion arising from the middle turbinate, with a vascular stalk, causing marked widening of the left nasal cavity. Excisional biopsy was performed. Histology revealed a spindle cell tumour with an immunohistochemistry profile favouring a diagnosis of hemangiopericytoma.

Results: A hemangiopericytoma is a rare tumour of uncertain malignant potential. It accounts for just 1% of all vascular neoplasms, of which 15% occur in the head and neck. Originally described in 1942, it arises from Zimmermann pericytes; cells with smooth muscle characteristics that line capillary walls. These tumours, when in the nasal cavity, commonly present with nasal obstruction, epistaxis, or, as in our case, incidentally on imaging. Treatment of choice is surgical excision. Recurrence rates vary in the literature, from between 7–20% with an average timeframe of 7 years to recurrence. Indeed, our patient is 2.5 years post excision, with no recurrence of symptoms to date.

Conclusions: Although it may not have felt it at the time, it was a happy accident that brought this patient to the ENT department. The incidental finding on CT allowed timely management of this treatable disease, before the development of incapacitating symptoms.

Keywords: Sinonasal mass; nasal obstruction; hemangiopericytoma

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AB091. 239. Treatment of otomycosis: a review

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Background: The incidence of fungal otitis externa in western Europe, has increased over the past number of decades. Clinically, it presents in a similar fashion to other pathologies, therefore, it can be often be misdiagnosed and treated inappropriately. Aspergillus and Candida are shown to be the commonest causative species isolated in fungal otitis externa. Otomycosis is commonly diagnosed post antimicrobial therapy with no resolution. To date, there is no gold standard approach in place for the treatment of otomycosis. Several studies have shown the efficacy of topical drying agents, anti-inflammatory, antifungals, and combination powders as part of a multi-modal approach. To identify the different approaches and modalities used for the eradication of fungal otitis externa.

Methods: Review of the literature surrounding the management and treatment of otomycosis.

Results: Topical antifungals are effective in the eradication of Aspergillus and Candida. Clotrimazole as a monotherapy has been found to have the greatest efficacy. Combination powders are effective in eradicating otomycosis, while also providing additional coverage against other offending pathogens. Studies show that multimodal approaches have the most promising end results.

Conclusions: Ototopical antifungals are effective in the eradication of otomycosis, with clotrimazole shown to be the most effective. However, a multi-modal approach such as microsuction and insufflation of a combination powder has an increased likelihood of fungal eradication with additional antimicrobial cover.

Keywords: Otomycosis; antifungal; azole; combination powder; mastoid powder

doi: 10.21037/map.2019.AB091

AB092. 74. Objective assessment, using a validated procedure-based assessment (PBA) tool, of retention of fiberoptic endoscopic skills of GP ENT trainees, following 4 months of dedicated ear nose & throat (ENT) training

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Background: GP year 1 and 2 trainees spend 4 months at the dedicated RVEEH ear nose & throat (ENT) emergency department in a “community of practice”, alongside legitimate ENT trainees and ENT nurse specialists, under direct Consultant Supervisor. The GP trainee is taught to perform and evaluate the larynx using fiberoptic endoscopy. An average of 1,500 endoscopies of the larynx are carried out by the GP trainee, during this attachment. This study assesses, the level of laryngeal endoscopic proficiency attained by the GP trainee, following their 4-month ENT attachment.

Methods: All GP trainees, who worked in our unit over the past 4 years were contacted to take part in the study. Fifteen GP trainees were assessed. Fiberoptic endoscopic examination of the larynx was assessed using a validated virtual reality task trainer, (the ORSIM is an airway virtual reality simulation training tool. The name of the tool is ORSIM and should be documented as such) ORSIM. A procedure-based assessment (PBA) tool was used and each candidate was assessed individually by 2 Consultant ENT specialists. PBA is a validated and sensitive tool for assessing procedural competence of all levels of ENT trainees’ performance and progress.

Results: Individual domain score, overall calculated score (cS), and number of “development-required” items were calculated for each PBA. An overall performance rating (pS) of 1 to 4, was generated for each trainee. The mean pS was 3.4, which is comparable to an ST4 trainee for this procedure.

Conclusions: Our study demonstrates the procedural skill of fiberoptic endoscopy of the larynx is retained by GP trainees, following 4 months of intense deliberate practice with ENT Consultant Supervisor and feedback. The level of expertise attained is comparable to an ST4 ENT trainee. An entrustable professional activity (EPA) in fiberoptic endoscopy of the larynx, for GP trainees with a special interest in ENT procedural skills, is possible following a period of immersive training, as demonstrated by this study.

Keywords: Ear nose & throat (ENT); procedural skills training; fiberoptic endoscopy of the larynx; entrustable professional activity (EPA)

doi: 10.21037/map.2019.AB092

Cite this abstract as: Hasson R, Carroll C. Objective assessment, using a validated procedure-based assessment tool (PBA), of retention of fiberoptic endoscopic skills of GP ENT trainees, following 4 months of dedicated ear nose & throat (ENT) training. Mesentery Peritoneum 2019;3:AB092.
Surfers ear is not just for surfers

Seamus Boyle, Aisling Moriarty, Naishadh Patil, Mary Bresnihan, Marcus Choo

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Background: External auditory canal exostosis (EACE) is a benign bony overgrowth of the external auditory canal, also called surfers ear. Despite the rise in popularity of water sports in Ireland, there is a paucity in the literature regarding awareness and prevalence of EACE amongst water athletes in Ireland.

Methods: Cross sectional online survey of water athletes. Qualitative and quantitative measures. Survey distributed through national bodies to local clubs. Ten question survey using 5-point Likert scale determined awareness to EACE. Nine-point qualitative questionnaire examined attitudes to ear plug use. Exclusion criteria—age <16.

Results: Five hundred ninety-eight questionnaires answered. Sixty-one percent male vs. thirty-nine percent female. Thirty-two point six percent were completely unaware of exostosis. Poor/no knowledge demonstrated in 43.7% of participants. Twenty-two point nine percent of participants reported ear plug use. Positive attitude to ear plugs in 62.1%. Diagnosis of EACE in 12.58% of participants. Thirty-seven point five percent in non-surfers. Seventy-seven point twenty-seven percent of participants reported experiencing some/all of the following symptoms of severe otalgia, decreased hearing, water trapping or otitis externa. Eighty-one point nine percent would like to know more.

Conclusions: There's poor awareness among Irish water athletes about surfers ear, and even worse knowledge (43.7%). There's a large discrepancy between attitudes to ear plugs (62.1%) and actual ear plug use (22.9%). There is a demand for more knowledge (81.9%) about EACE.

Keywords: Surfers ear; water athletes

doi: 10.21037/map.2019.AB093

AB094. 92. Intra-operative adjuncts in minimally invasive radio-guided parathyroidectomy at Cork University Hospital

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Background: Hyperparathyroidism is a common cause of hypercalcaemia and is characterised by high concentrations of parathyroid hormone (PTH). Primary hyperparathyroidism is estimated to affect approximately 0.3% of the population, typically between the ages of 40 and 65 years and is three times more likely to affect females than males. Surgery is the only definitive cure for hyperparathyroidism. Minimally invasive radio-guided parathyroidectomy (MIRP) has only been made possible due to advancements in pre-operative imaging, i.e., sestamibi scans that allows localisation of areas of parathyroid hyperactivity. This prospective study is aimed at comparing three modalities used to aid the identification of abnormal parathyroid tissue intra operatively in MIRP surgery: (I) intra operative PTH assay; (II) Tc-99m radioguidance using a gamma probe (20% rule) and Frozen section analysis.

Methods: Due to the disagreement in the literature regarding which intra operative adjunct should be used during MIRP surgery, the rationale for this study is to examine and compare the performance of these adjuncts in patients attending Cork University Hospital i.e., intra operative PTH assay, Tc-99m radioguidance using a gamma probe (20% rule) and Frozen section analysis.

Results: We have preliminary data for 16 MIRP procedures carried out between 05/07/2018 and 15/11/2018. Thirteen (81%) of the patients were female and the mean age was 59 (range 30–79) years. Final pathology showed that in 14 of the cases parathyroid tissue was correctly removed but thyroid tissue was identified for the other 2 cases. The 20% rule was positive in 13 out of the 16 cases and negative in 3 (sensitivity 91.7%, specificity 100%). A drop in intra-operative PTH assay greater than 50% was found in 13 out of the 16 cases but not in 3 (sensitivity 91.7%, specificity 100%). Frozen section was 100% concordant with final pathology.

Conclusions: The above three intra operative adjuncts have high sensitivity and specificity in picking up the correct parathyroid adenoma in the MIRP surgery. Using them together as in our study will greatly reduce the chances of missing an adenoma.

Keywords: Intra-operative adjuncts; minimally invasive radio-guided parathyroidectomy (MIRP); primary hyperparathyroidism

doi: 10.21037/map.2019.AB094

AB095. 70. Integration of ear—suctioning into primary care: an educational model

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Background: We designed a “fit for purpose” educational skills model, to train general practitioners (GPs) and practice nurses in the technical skill of ear-suctioning, with a view to managing non-complex ear conditions in primary care. The programme was funded through the National Clinical Programme in Surgery (NCPS) and delivered by ear, nose and throat (ENT) experts in Dublin, Sligo and Waterford.

Methods: Sixty primary care participants were recruited in January 2018. A competency-based educational model was utilised based on adult learning theories, with a focus on skills transfer in a situated learning environment. Skills training was delivered in a 6-hour workshop with blended learning, practical skills stations combining simulation and virtual reality ear models.

Results: Sixty GPs and practice nurses were trained in the procedure of ear-suctioning. Thirty in Dublin, 16 in Sligo and 14 in Waterford. Currently, each participant is delivering care to 20 patients. Re-evaluation of practical skills performance under supervision, utilising an environmental protection agency (EPA) model, will take place upon completion of the patient case-load. Twelve hundred patients will be treated in primary care, upon completion of this pilot programme. These patients would previously have had to attend a hospital-based ENT Surgeon for delivery of care.

Conclusions: The aim of this integrated programme is to develop a national network of credentialed primary care practitioners to deliver an ear-suction service for common ear conditions. Thirty-two thousand patients can have their care redirected to the community annually, thereby freeing-up hospital-based ENT surgeons to manage patients with more complex conditions.

Keywords: Ear-suctioning; ear, nose and throat model of care (ENT model of care); technical skills training; primary care
AB096. 67. The value of preoperative imaging and disease localisation in parathyroid surgery

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Background: There has been an increase in prevalence of primary hyperparathyroidism (pHPT) in recent decades, with a corresponding rise in parathyroidectomies. Our aim was to assess the correlation of preoperative imaging with intra-operative findings in pHPT and determine the benefits of preoperative localisation.

Methods: This was a retrospective review of consecutive parathyroid surgeries performed by a single surgeon over 20 months. Patients underwent preoperative ultrasound and sestamibi/single-proton emission computed tomography (SPECT CT) for disease localisation. We assessed the correlation of radiological findings with incision size and operative duration.

Results: Our study included 75 patients (60 female, 15 male). Mean age was 60 years. Sixty-eight patients underwent both ultrasound and sestamibi/SPECT CT. Disease was correctly lateralised in both scans in 25 cases (37%), did not lateralise in 22 (32%), and imaging was discordant in 21 (31%). When both scans were positive, mean duration of surgery was 31 minutes, compared with 75 minutes if scans failed to localise disease (P<0.0001). Positive imaging was also significantly associated with a smaller average incision (2.6 vs. 3.6 cm, P<0.0001). Most patients with pHPT (89%) had a single adenoma.

Conclusions: The accuracy of imaging in localising parathyroid adenomas was lower than internationally reported. We caution reliance on these imaging modalities and suggest surgeons may expect imaging and intra-operative findings in line with our results. Positive imaging is associated with reduced operative time and smaller incision. Adjuncts such as 4D-CT and intra-operative PTH measurement may be useful in cases with negative imaging, however, feasibility in all patients is limited due to availability, cost, and radiation exposure.

Keywords: Parathyroid; imaging; parathyroidectomy

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AB097. 68. Assessment of outpatient waiting times for patients with newly diagnosed head and neck cancers

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Background: Otolaryngology has the largest number of patients awaiting outpatient department (OPD) appointments in Ireland. Urgent care pathways have been proposed internationally to aid timely diagnosis of head and neck cancers (HNC). Our aim was to assess the time from general practitioner (GP) referral of a HNC patient, to when they were first seen in OPD.

Methods: A retrospective review of patient charts for all new HNC diagnosed in a single institution over a 2-year period was undertaken. We exclude thyroid cancer, pre-existing patients, and tertiary referrals. We identified 71 patients for inclusion in our study.

Results: The majority of patients (81.6%) were referred by GPs to the emergency department (ED), while only 18.4% were referred to OPD. Of HNC patients, 61% were seen in OPD within 2 weeks of referral (67.5% via ED, 33.3% direct to OPD). Patients had a significantly shorter mean time to OPD when referred via ED compared to those referred directly from their GP to clinic (11 vs. 73 days, P=0.02). The mean time to OPD for all HNC patients was 23 days.

Conclusions: The average time to OPD is almost double what is suggested by international best practice. Most patients with HNC were referred to the otolaryngology ED, reflecting a concern among GPs over OPD waiting times for urgent cases. Patients were more likely to be seen in OPD within 14 days when referred to the ED. A rapid access head and neck clinic may encourage urgent outpatient referrals, expedite time to diagnosis, and improve the HNC patient pathway.

Keywords: Head and neck; cancer; waiting times; rapid access

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