Abstracts for BACO Oral Presentations

Tuesday 12th January

Please note that presenting authors stated on the below abstracts may not correspond to the e-posters.
<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2234</td>
<td>What do GPs really want to know?</td>
<td>3</td>
</tr>
<tr>
<td>2356</td>
<td>Active surveillance for indeterminate thyroid nodules and the significance of nuclear atypia for decision making in Thy3a nodules</td>
<td>4</td>
</tr>
<tr>
<td>2391</td>
<td>Is panendoscopy still a necessary ‘gold standard’ for patients with symptoms or risk factors for oropharyngeal cancer?</td>
<td>5</td>
</tr>
<tr>
<td>1903</td>
<td>The utility of a new DOPS framework to support skills development in endoscopic evaluation of laryngeal and swallowing function (EEL/FEES)</td>
<td>6</td>
</tr>
<tr>
<td>2497</td>
<td>Developing diagnostic criteria and a core outcome set for acute otitis externa – Dragging clarity out of chaos</td>
<td>7</td>
</tr>
<tr>
<td>1896</td>
<td>What is patients’ experience with online ENT resources? - A 20-year follow-up on patients’ internet use prior to attending Out-Patient-Clinic appointments</td>
<td>8</td>
</tr>
<tr>
<td>2413</td>
<td>Intranasal dissolvable haemostatic agents for acute epistaxis: A systematic review and meta-analysis</td>
<td>9</td>
</tr>
<tr>
<td>1556</td>
<td>The role of systemic steroids in the management of periorbital cellulitis secondary to sinusitis: A systematic review and meta-analysis</td>
<td>10</td>
</tr>
<tr>
<td>1590</td>
<td>The effect of surgical complications on ENT trainees: Improving the dialogue?</td>
<td>11</td>
</tr>
<tr>
<td>1873</td>
<td>A-T reconstruction of nasal defects - A novel application of a well know flap</td>
<td>12</td>
</tr>
<tr>
<td>2478</td>
<td>Investigating the effect of head tilt and insertion angle of a nasal spray on intranasal deposition with a CT scan-derived, 3D-Printed nasal cavity model</td>
<td>13</td>
</tr>
<tr>
<td>1673</td>
<td>Island Pedicle Flap: A versatile and dependable technique for covering small to medium sized facial defects</td>
<td>14</td>
</tr>
<tr>
<td>2227</td>
<td>Continuous ventilation during tracheal dilation - Using a novel, non-occlusive tracheal balloon</td>
<td>15</td>
</tr>
<tr>
<td>2410</td>
<td>Endoscopic closure of septal perforation: An evolving technique</td>
<td>16</td>
</tr>
<tr>
<td>1566</td>
<td>Laser Vs Microdebrider Eustachian tuboplasty for the treatment of chronic adult Eustachian tube dysfunction - A systematic review</td>
<td>17</td>
</tr>
<tr>
<td>1600</td>
<td>The Use of Auricular Cartilage Grafts in Septorhinoplasty: A Dual Centre Analysis of Donor Site Patient Reported Outcomes</td>
<td>18</td>
</tr>
</tbody>
</table>
What do GPs really want to know?

BACO2020 Abstracts (Oral & Posters) - Professional standards and guidelines

Presenting / Main Author: Timothy Williams. Hospital: Cumberland Infirmary
Co Author: Paul Counter. Hospital: Cumberland Infirmary

Background: 'Advice and Guidance' is an online messaging service where primary care medical professionals can directly contact the consultant body of a given specialty for generic advice regarding their patients. It has been in place for ENT in Cumbria for 18 months.

Objectives: We evaluated the service in order to improve it and identify learning needs for primary and secondary care.

Methods: Six months of online 'conversations' were analysed (1st February 2019 to 31st July 2019). The nature of the queries and the advice given were evaluated. At the end of the conversation primary care users are asked their intended management plan prior to advice and what their management plan is after the advice. Ease of use and user satisfaction data were also collected.

Results: Advice supporting primary care management was the most common outcome (58%), followed by recommendation of routine referral (24%). Intended referrals dropped by 40% with a 671% rise in users managing the patient in primary care. 95% of users responding to the questionnaire found the service 'easy' to use and 96% found the service 'very useful' or 'useful'. No one specific topic stood out as a major source of questions.

Conclusions: The 'Advice and Guidance' service has been well received by primary care as it provides a quick and easy to use service which automatically documents advice securely. It has allowed increased management of patients in primary care and reduced referrals. Also, it is a development tool to inform future education and development of treatment guidance resources.
Active surveillance for indeterminate thyroid nodules and the significance of nuclear atypia for decision making in Thy3a nodules

BACO2020 Abstracts (Oral & Posters) - Head and Neck

Presenting / Main Author: Arun Takhar. Hospital: Guy's & St Thomas' NHS Foundation Trust
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Background: Present standards recommend hemithyroidectomy for Thy3f nodules and multidisciplinary discussion for Thy3a nodules. RCPath guidelines quote the positive predictive value of malignancy (PPVM) in Thy3a nodules at 17.0% but a recent paper has proposed further subcategorisation into nuclear atypia (33.3% PPVM) versus architectural atypia (7.7% PPVM). In our network we offer active surveillance rather than hemithyroidectomy in certain cases, in conjunction with shared decision-making.

Objectives: Assess safety of active surveillance protocol. Calculate risk of malignancy based on subcategorisation of Thy3a cytology.

Methods: Prospective case series

Results: 121 patients were identified between 2016-2019. Malignancy is described as risk of malignancy (ROM) for patients with cytology and PPVM for those with histopathological correlation. Thy3f nodule rates were 14.1% (ROM) and 22.0% (PPVM). For Thy3a nodules this was 11.4% (ROM) and 29.5% (PPVM). However, when re-categorised according to predominant pattern of atypia those with nuclear atypia had a ROM of 20.0% and PPVM of 44.4%. Those with predominant architectural atypia had much lower rates with a ROM of 4.2% and PPVM of 12.5%. 35.1% of Thy3f and 61.4% of Thy3a patients entered active surveillance with 1 patient (1.9%) undergoing surgery due to interval Thy 5 cytology.

Conclusions: Predominant nuclear atypia in Thy3a cytology confers an increased risk of malignancy compared to other Thy 3 cytology classifications and should be integral to MDT decision making. Our active surveillance protocol for carefully selected patients appears safe and reduces the risks associated with unwarranted hemithyroidectomy.
Is panendoscopy still a necessary 'gold standard' for patients with symptoms or risk factors for oropharyngeal cancer?

Background: The rising incidence of HPV-associated oropharyngeal cancers (OPC) in patients without classical risk factors has led to an increase in referrals and subsequent investigations. In our institution the number of panendoscopies performed per month has doubled over an 18-month period. Most of these patients have pre-operative imaging.

Objectives: Assess correlation of imaging and biopsy findings in patients with symptoms of OPC but equivocal clinico-radiological findings who underwent panendoscopy. We also reviewed MRI findings of patients diagnosed with OPC to assess false negative rate.

Methods: Retrospective Case Series.

Results: 273 patients underwent panendoscopy between January 2018; June 2019. 49.5% were diagnosed with head and neck cancer. 35 cases met our criteria. 17% of these patients had radiology reports recommending a biopsy; with a variety of non-specific findings (e.g., asymmetry) or no abnormality in the remainder. All biopsies reported either lymphoid hyperplasia or inflammation. Amongst those diagnosed with OPC (n=52), 1 patient with a clinically detectable T1 SCC of the tongue base had a normal radiology report.

Conclusions: In this study no patients were diagnosed with cancer on panendoscopy when first screened with clinical examination and imaging. Larger studies are needed to define if there is a positive endoscopy rate for this group of patients. The risk vs. benefit and cost effectiveness of this procedure needs to be weighed against potential risk of missing an early OPC. Standardised reporting and clinical decision protocols are now being developed in our department and may safely obviate the need for panendoscopy for this cohort.
The utility of a new DOPS framework to support skills development in endoscopic evaluation of laryngeal and swallowing function (EEL/FEES)

BACO2020 Abstracts (Oral & Posters) - Laryngology / Speech and Language Therapy

Presenting / Main Author: Fiona Robinson. Hospital: Independent

**Background:** Speech and language therapists, nurses and other advanced clinical practitioners are increasingly undertaking training in laryngeal endoscopy for the evaluation of laryngeal and swallowing function. Trainees are required to carry out a prescribed number of supervised procedures before competence can be inferred. Current guidelines and suggested training programmes lack sufficient detail for both supervisors and trainees, and consequently do not have utility for formative or summative assessment during training.

**Objectives:** To design and assess utility of a new DOPS (EEL/FEES) framework for trainees and supervisors.

**Methods:** A new DOPS (EEL/FEES) framework was designed including technical endoscopy skills and clinical voice assessment and FEES protocols. The format was evaluated during 6 bespoke FEES training programmes for 36 speech and language therapists (2017-2019).

**Results:** In post-course feedback 100% of trainees (n=36) identified the new DOPS (EEL/FEES) framework as a valuable resource in progressing their skills, whilst supervisors valued the framework to monitor progress, focus supervision and frame discussion about performance and developing competence.

**Conclusions:** This is the first DOPS to support training and supervision in endoscopic evaluation of voice and swallowing disorders and has shown utility and value for trainees and supervisors alike in planning and delivering supervised sessions. The DOPS (EEL/FEES) complements current competency frameworks in endoscopy. This DOPS (EEL/FEES) provides a detailed systematic framework for developing skills and providing supervision and can be used to plan future professional development. It may be used confidently as robust tool to direct, monitor and assess progress.
Developing diagnostic criteria and a core outcome set for acute otitis externa - Dragging clarity out of chaos

BACO2020 Abstracts (Oral & Posters) - Research Methodology

Presenting / Main Author: INTEGRATE. Hospital: INTEGRATE

**Background:** Acute otitis externa (AOE) is a common condition managed in primary and secondary care. AOE has no widely accepted diagnostic criteria and no standardised outcome measures for use in trials, together making data comparison and metaanalysis difficult.

**Objectives:** To facilitate future research into AOE we aimed to:
Define the clinical features required to make a diagnosis of AOE Create a Core Outcome Set (COS) for AOE

**Methods:** Thematic analysis of semi-structured interviews with AOE patients was undertaken to produce a set of outcomes important to patients. Outcomes of AOE previously measured and reported in the literature were identified via systematic review using a federated, web-based application, in iterative stages until saturation was accomplished. From the combined list of candidate patient and literature derived outcomes, a three-round Delphi process was used to reach a consensus among professional and patient stakeholder groups on definitions and outcomes.

**Results:** Analysis of patients' interview transcripts produced seven main themes. In systematic review 4454 articles were assessed, 59 undergoing full-text review. 44 outcomes were identified from both processes and put into the Delphi. 24 items reached consensus through this process. A web-based face-to-face stakeholder meeting consolidated the diagnostic criteria and COS efficiently.

**Conclusions:** A trainee collaborative is a rapid and cost-effective way to robustly develop COS in key clinical areas. We present the INTEGRATE consensus definition of AOE and COS.
**What is patients’ experience with online ENT resources? - A 20-year follow-up on patients’ internet use prior to attending Out-Patient-Clinic appointments**

**Background:** The use of online patient information promotes patient education and treatment compliance. A study conducted 20 years ago demonstrated the use of online ENT resources was limited.

**Objectives:** This project investigated patients’ use of and their feedback on online ENT resources in 2019.

**Methods:** A questionnaire on socioeconomic status, access, utilisation of online resources was completed by 410 Out-Patient-Clinic patients at a tertiary hospital. Multivariate logistic regression was used to estimate association between age, sex, educational level, sub-speciality. Free-text questions explored the usefulness of online ENT resources and patients’ suggestions to improve accessibility. The free-text transcripts were analysed using a thematic approach with NVivo.

**Results:** 10.2% reported lack of internet access. Two-third of patients had searched the Web for medical information before their consultations. Higher internet use was significantly correlated with younger, more educated patients (p=0.003). Head-and-neck patients reported the least internet use (20%).

70% found the online medical information helpful. 80% plan to use it again. The most visited websites were Wikipedia, NHS.uk and patient.co.uk. ENT UK patient resource was utilised by 2% of patients.

Patients reported online ENT resources as reassuring, informative and easy-to-read. Patients suggested verification and reliability of the online resources are needed.

**Conclusions:** ENT surgeons should be aware of the use of online ENT information by patients to guide them to reliable websites. ENT UK should find a way to better promote their credible resource to patients, including collaborating with NHS websites. We should consider non-electronic resources for older, less educated patients.
Intranasal dissolvable haemostatic agents for acute epistaxis: A systematic review and meta-analysis

BACO2020 Abstracts (Oral & Posters) - Rhinology

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Background: Nasal packing is a mainstay of epistaxis treatment; however, they can cause patient discomfort and secondary pack-related trauma. Absorbable haemostats provide clotting factors or act as a substrate to stimulate clotting and represent a potential treatment alternative. We performed a systematic review and meta-analysis to evaluate the efficacy of haemostats in epistaxis.

Methods: A search of common electronic databases was performed. All eligible RCTs and observational trials were included. The primary outcome was short-term haemostatic success (<7 days). Secondary outcomes included re-bleeding (>7 days), patient discomfort, adverse effects and requirement for blood transfusion. Meta-analysis was performed where possible.

Results: Of 2051 records identified, 13 were included in the qualitative synthesis and 3 RCTs were included in meta-analysis. The following haemostats were found: Gelatin-thrombin matrix (n=8), aerosolised/gel tranexamic acid (n=2), surgical (n=2) and fibrin sealants (n=1). Trials in which tranexamic acid was inserted and removed on delivery devices (e.g., pledgets) were excluded. There was heterogeneity in outcome measures and patient selection (coagulopathy/anticoagulants were excluded in all 3 RCTs and 2 observational studies). The short-term haemostatic success varied between studies (13.9% to 100%). No significant post-procedural complications were reported. The meta-analysis favoured absorbable haemostatic agent versus packing (risk ratio 1.31; 95% confidence 1.11 to 1.54; p=0.001). The risk of bias was moderate to high.

Conclusions: Compared with nasal packing, there was weak evidence to suggest that haemostatic agents were effective. More data is required before recommendations can be made regarding management in patients on anticoagulants.
The role of systemic steroids in the management of periorbital cellulitis secondary to sinusitis: A systematic review and meta-analysis

BACO2020 Abstracts (Oral & Posters) - Rhinology

Presenting / Main Author: Louis Luke. Hospital: East Kent Hospitals University Foundation Trust
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Background: The role of adjuvant systemic corticosteroids in the management of periorbital cellulitis and subperiosteal/orbital abscesses secondary to sinonasal infections is not well understood.

Objectives: Systematically review the current evidence on the efficacy and side effects of systemic steroids in the management of periorbital cellulitis.

Methodology: A systematic review of literature was conducted in accordance with PRISMA guidance. A search of MEDLINE, Embase and Cochrane databases, MetaRegister and ISI conference proceedings were conducted. The main outcomes included duration of inpatient stay, requirement for surgical intervention, adverse effects and symptom recurrence.

Results: Three were identified involving 95 patients. Of these, 66 underwent treatment with systemic corticosteroids and 29 were controls. Meta-analysis demonstrated that the mean duration of inpatient stay was significantly shorter in the steroid group (WMD -2.90 days; 95% CI: -3.07, -2.73; p<0.00001). There were no significant differences in requirement for surgical intervention (RR 1.27; 95% CI: 0.56, 2.91; P=0.57). Side effects were reported in 6/66 patients (9.1%), five with hyperactivity and one with insomnia. One case required early cessation of corticosteroids. There was one case of recurrence of symptoms in each cohort (steroid vs. non-steroid) following discharge.

Conclusions: The evidence suggests that systemic corticosteroids may offer some benefit in the management of periorbital cellulitis secondary to sinonasal infections. However, there is significant heterogeneity and risk of bias. A well-designed randomised controlled trial may provide a better insight into the efficacy of steroids for this condition.
The effect of surgical complications on ENT trainees: Improving the dialogue?

BACO2020 Abstracts (Oral & Posters) - Education & Training

Presenting / Main Author: Oliver McLaren. Hospital: University Hospitals Plymouth NHS Trust
Co Author: David Alderson. Hospital: Torbay and South Devon NHS Foundation Trust

Background: Recent literature has suggested that up to 80% of healthcare professionals have been involved in either a near miss or adverse event that has affected them emotionally. There is much in the literature about the second victim phenomenon in the field of surgery but little if any on how trainees themselves are affected. Higher surgical trainees often operate under the supervision of consultants but at other times operate alone. Responsibility usually lies at the feet of supervising consultants, this may be seen as a shield protecting trainees from the second victim phenomenon however from both anecdotal and personal experience we know this not to be true.

Objectives: To review the effect of "second victim" phenomenon on surgical trainees and assess the appetite for formal training in dealing with the aftermath of complications.

Methods: An anonymised questionnaire was sent off to ENT trainees across the UK via the Association of Otolaryngologists in Training

Results: 36 completed questionnaires were analysed. The majority of individuals (64%) were ST3-5. 20% have performed 0-500 operations, 36% 500-1000, 22% 1000-1500 and 22% >1500. 94% have experienced complications as primary surgeon. 58% felt their experience has affected their confidence with specific operations. 60% felt current training did not provide tools to manage the aftermath of surgical complications and 86% felt formal training would be beneficial.

Conclusions: Surgical trainees clearly have an appetite for training in how to manage the non-technical aspects of complications. Changing the dialogue surrounding complications and moving forwards is a good place to start.
A-T reconstruction of nasal defects - A novel application of a well know flap

BACO2020 Abstracts (Oral & Posters) - Facial Plastics

Presenting / Main Author: Peter Deutsch. Hospital: University Hospitals Birmingham NHS Trust
Co Author: Shahram Anari. Hospital: University Hospitals Birmingham NHS trust

Background: Reconstruction of defects following the excision of skin cancers on the nose is challenging and has been discussed in the literature at length. The principals of nasal subunits are commonly used by facial plastic surgeons. Whilst smaller skin defects may be repaired with local flaps, larger defects often require pedicled flaps, such as paramedian forehead flaps. Here we describe the novel use of the A-T flap for repair of the relatively large nasal skin defects on the dorsum and lateral nasal sidewalls.

Objectives: To present a series of cases undertaken by the senior author using the A-T flap for defects in the supratip/supra-alar regions. To illustrate the technique described, with the use of clinical photographs. To discuss locations and dimensions amenable to this form of reconstruction.

Methods: A Literature review was undertaken for the use of local flaps for nasal reconstruction. A retrospective review of patients having an A-T reconstruction was performed.

Results: The use of an A-T flap for reconstruction of nasal defects is not described in the literature. The senior author’s case series, of 26 patients over eight years, shows good cosmetic, functional and oncological outcomes from using this flap. In this series, defects up to 38x30 mm were closed using the A-T flap.

Conclusions: Large defects in nasal dorsum and side walls can be repaired using the A-T flap. This flap is used effectively at the junction of nasal subunits to camouflage scars. This flap can facilitate closure under local anaesthesia in one-stage, avoiding use of pedicled multi-staged flaps.
Investigating the effect of head tilt and insertion angle of a nasal spray on intranasal deposition with a CT scan-derived, 3D-Printed nasal cavity model

BACO2020 Abstracts (Oral & Posters) - Rhinology

Presenting / Main Author: Thiruchenthuran Rajeswaran. Hospital: Manchester University Medical School
Co Author: Sadie Khwaja. Hospital: Manchester University NHS Foundation Trust
Co Author: Edward Noon. Hospital: Salford Royal Hospital NHS Foundation Trust
Co Author: Haydn Insley. Hospital: Manchester Metropolitan University

Background: Nasal sprays are widely used as the mainstay of medical treatment in rhinosinusitis. Despite this, there is a paucity of evidence regarding the optimal site for medication delivery within the nose. A 3D-printed nasal cavity model was built using existing CT scan data to investigate the effect of varying head tilt and nasal spray angulation on the area of intranasal deposition.

Methods: Twelve combinations of head and nasal spray angles were tested. The total area deposited with spray in defined regions of the nasal cavity were photographed and quantified using a freely available image processing program by using a colour thresholding mask to identify the regions of the nasal cavity covered.

Results: A head angle of 70-degrees tilted forwards from the vertical position and a nasal spray angulation of 15-degrees upwards from the plane of the hard palate produced the greatest area of nasal spray deposition.

At a spray angulation of 15-degrees, spray deposition increased as the head tilted forwards. No correlation was found between area of spray deposition and head tilt at spray angulation of 75 and 90-degrees.

Conclusions: Such a combination of spray and head angle appear to agree with the recommended position pictured in the BSACI allergic and non-allergic rhinitis guideline. Though we recognise that nasal spray deposition may be multifactorial, this suggests that both head tilt and nasal spray angulation into the nasal cavity may be important factors affecting medication delivery.
Island Pedicle Flap: A versatile and dependable technique for covering small to medium sized facial defects

BACO2020 Abstracts (Oral & Posters) - Facial Plastics

Presenting / Main Author: Abdelrahman Ibrahim. Hospital: Mid Cheshire Hospitals NHS Foundation Trust
Co Author: Ahmed Sweed. Hospital: Mid Cheshire Hospitals Foundation Trust
Co Author: Mohamed Fiala. Hospital: Mid Cheshire Hospitals NHS Foundation Trust

Background: Facial skin defects following excision of cutaneous neoplasia may present a reconstruction challenge. A variety of repair options including second-intention healing, primary closure, skin graft, locoregional flaps, and free flaps exist. Island pedicle flap is a random pattern advancement flap which offer a versatile tool for reconstruction.

Objectives: To review our experience with island pedicle flap in reconstruction of facial skin defects and to demonstrate the versatility of this flap for facial and reconstructive surgery.

Methods: From May 2018 to November 2019, 40 cases of small to medium-sized facial skin defects were reconstructed with island pedicle flaps. The reconstructions were performed in consideration of the relaxed skin tension lines and facial aesthetic unit concept. Defects repaired with this technique were reviewed in respect to defect causes, locations, and sizes, and flap sizes and survivals, cosmetic outcome as well as complications.

Results: All defects were successfully covered with island pedicle flaps. The defect sizes varied from 0.5 X 0.5 cm² to 3 X 3.5 cm². Through careful planning and implementation, all flaps survived with primary healing postoperatively. Good matching of recipient sites with well-concealed scars, were recorded. The cosmetic outcomes were judged as favourable (fair, good or excellent) in all subjects with average patient satisfaction score of 8.7 (range: 7.5-10).

Conclusions: Considering the simplicity and safety of island pedicle flap, this flap has been proven to be a reliable and valuable tool that, with proper planning, can provide excellent cosmetic results with minimal morbidity for repair of facial defects.
Continuous ventilation during tracheal dilation - Using a novel, non-occlusive tracheal balloon

BACO2020 Abstracts (Oral & Posters) - Research Methodology

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Background: Tracheal stenosis is a debilitating condition, which is challenging to manage. The most common cause is prolonged ventilation and may result in an emergency tracheostomy. Traditional dilators used to dilate tracheal stenosis, completely occlude the airway and do not allow for continuous ventilation or oxygenation. A novel non-occlusive tracheal balloon allows for ventilation and oxygenation during the procedure.

Aims: To determine whether a novel non-occlusive tracheal balloon is effective in maintaining adequate oxygen saturation during dilation and to determine its effect on the Cotton-Myer grading in adults with tracheal stenosis

Methods: Prospective interventional study was conducted using the novel non-occlusive tracheal balloon in twenty dilation procedures in adult patients with tracheal stenosis. The Cotton-Myer grading and oxygen saturation nadir were recorded during and post procedure.

Results: Continuous ventilation was achieved in all 20 cases. An oxygen nadir of > 97% was maintained in 19/20 cases. There was a statistically significant improvement in the Cotton-Myer grading post dilation (p<0.0001). Three patients had multilevel stenosis involving trachea & bronchi, which successfully underwent dilation of stenotic segments in a single operative setting.

Conclusions: A non-occlusive balloon offers a simple life saving bridging or therapeutic option for patients with airway stenosis and multilevel stenosis. Multidisciplinary management is made possible with improved safety profile. Future research will focus on using the non-occlusive tracheal balloon in awake patients as an in office procedure.
Endoscopic closure of septal perforation: An evolving technique

BACO2020 Abstracts (Oral & Posters) - Rhinology

Presenting / Main Author: Rebecca Harrison. Hospital: Pennine care NHS Trust
Co Author: Samit Ghosh. Hospital: Pennine care NHS foundation trust
Co Author: Lydia Alexander

Background: Septal perforations are a challenging surgical problem. Numerous techniques are available for endoscopic repair utilising different flaps. To date there are small case series describing individual establishment's experience of endoscopic closure. Here we seek to add to this data and describe our technique.

Objectives: To review the closure rates of endoscopic repair for septal perforation in a single institution.

Methods: Retrospective review of a single surgeon's experience using evolving endoscopic techniques for septal perforation closure. Patients were identified through operation coding. Notes were reviewed for demographic data, aetiology and size of perforation, closure rate, complications and whether further intervention was required.

Results: 20 patients underwent endoscopic closure for septal perforation between March 2016-June 2019. All 20 perforations were 2cm in diameter. Initial closure was based on a pull through, trap door or temporalis fascia flap technique, 4/10 patients recovered completely, 4/10 patients had remaining perforation but required no further treatment and 2/10 patients required a septal button. The technique evolved and was then based on the anterior ethmoid artery. 8/10 healed fully and 2/10 had evidence of perforation remaining but required no further treatment. No complications were recorded in our cohort.

Conclusions: We present an evolution of endoscopic septal perforation technique. In our cohort the success rate for definitive treatment with the anterior ethmoid artery flap was 100%; we have found this flap to have the highest success rates. Endoscopic closure with anterior ethmoid flap is a robust and reliable technique to close perforations less than 2cm.
Laser Vs Microdebrider Eustachian tuboplasty for the treatment of chronic adult Eustachian tube dysfunction - A systematic review

BACO2020 Abstracts (Oral & Posters) - Rhinology

Presenting / Main Author: Waqas Jamil. Hospital: Queen Elizabeth Hospital

Objectives: To determine and compare the safety and efficacy of Laser Eustachian tuboplasty and Microdebrider Eustachian tuboplasty.

Data Sources: A total of 12 electronic databases were searched up to April 2018 for published and unpublished literature in the English language.

Methods: A systematic review was undertaken. Studies dealing with Laser Eustachian tuboplasty and Microdebrider Eustachian tuboplasty in adults for the treatment of long-term Eustachian tube dysfunction fulfilling inclusion/exclusion criteria of this systematic review were included. Outcomes assessed were primary outcomes - subjective improvement in symptoms (ETDQ-7), audiometric improvement, improvement of negative middle ear pressure, objective improvement of tympanic membrane retraction. Secondary outcomes- the ability to auto-insufflate Eustachian tube i.e., Valsalva manoeuvre, quality of life, complications, further procedures. Results are reported in a narrative synthesis as a meta-analysis was not possible due to heterogeneous data.

Results: Three small scale case series (13 to 38 participants) met the inclusion criteria. Subjective and objective improvement of Eustachian tube function was reported in all studies. But all included studies were at high risk of bias and subject to multiple limitations. No major complications were reported from either intervention.

Conclusions: Based on current evidence, it was not possible to recommend the clinical use of either of these two interventions. Lack of controlled studies was identified as a gap in the evidence. Future research should be directed toward designing randomised controlled trials. Future trials should use a strict standard methodology and reporting criteria and make use of consensus statement document about Eustachian tube dysfunction definition, diagnostic methods, and outcome assessment criteria.
The Use of Auricular Cartilage Grafts in Septorhinoplasty: A Dual Centre Analysis of Donor Site Patient Reported Outcomes

BACO2020 Abstracts (Oral & Posters) - Facial Plastics

Presenting / Main Author: Ravi Kumar. Hospital: Royal Wolverhampton NHS Trust
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Co Author: James Barraclough. Hospital: Royal Wolverhampton NHS Trust
Co Author: Charn Gill. Hospital: Royal Wolverhampton NHS Trust
Co Author: Nina Mistry. Hospital: Royal Wolverhampton NHS Trust

Background: The use of autologous grafts for structural and functional purposes is a key aspect of contemporary septorhinoplasty. When septal cartilage is deficient or of poor structural integrity, auricular cartilage serves as a biocompatible and easily accessible alternative. No study to our knowledge has assessed patient reported outcomes at the donor site where auricular cartilage has been harvested and used in septorhinoplasty.

Objectives: To describe a patient-centred analysis of donor site outcomes following auricular cartilage harvest in septorhinoplasty surgery.

Methods: A single-surgeon retrospective study of patients undergoing septorhinoplasty using auricular cartilage grafts between 2016-2019 was designed. The analyzed technique involved a conchal bowl harvest using an anterior approach, via an anti-helical incision. Minimum duration of follow up was 3 months, maximum 12 months. Data was collected across two hospital sites within the West Midlands. Donor site outcomes were assessed across several physical and psychological domains by adapting the EAR-Q questionnaire developed by Klassen et al.

Results: 22 patients were identified. 4 patients were lost to follow up. 5 patients were non-respondents. 1 case was excluded due to documented evidence of body dysmorphic disorder. The majority of patients reported no reduction in quality of life or confidence from donor site cosmesis. High satisfaction was noted with anti-helical donor site scars. Although noticeable differences in shape and symmetry in comparison to the contralateral ear were reported, these had minimal effects across psychological domains.

Conclusions: Preliminary results suggest high levels of patient satisfaction, with minimal physical and psychological donor site sequelae following auricular cartilage harvest in septorhinoplasty.