Welcome to the first instalment of ENT News Oxford. A round up of news, views, tips and announcements from the ENT department of Oxford University Hospitals NHS Foundation Trust.

Please complete a short online survey to provide suggestions to help improve subsequent newsletters

https://www.surveymonkey.co.uk/r/2NP5T5Q

Advice Update

Laryngopharyngeal Reflux

1 Smoking Cessation
   referral to smoking cessation service

2 Healthy Eating Habits
   limit intake of coffee, tea, onions, fizzy drinks and mints

3 Weight Loss
   But extreme physical exercise can cause reflux

4 Medications
   Avoid NSAIDs and large doses of Vitamin C supplement

5 Incline Head of Bed 4-6 inch
   gravity improves the chances of reflux

http://www.britishvoiceassociation.org.uk/voice-information_reflex-and-your-voice.htm

General Practice Referral unit (GPRU) Moving to Lichfield!!

The GP referral Unit, which was located at our Specialist Surgery ward has now moved to the Lichfield Day Surgery Ward in the West Wing. With its new increased capacity, we can offer a better service to patients for GP emergency referrals. All adult emergency patients referred by their GPs are seen here unless they have an acute airway or uncontrolled bleeding in which case you will be asked to send them to the Emergency Department. We now offer day case treatment of quinsy and tonsillitis. Due to increasing demand for this service, we respectfully ask that only patients who require emergency ENT treatment be referred. All referrals should come through the ENT SHO on call who can be contacted on bleep 6221 via the hospital switch. A copy of the referral letter should also be faxed to: 01865 231 091 or given to the patient.

Service Improvement

ENT Operating returns to the Horton

In January 2014, ENT operating resumed in the Horton hospital led by Mr Robert Almeyda, Consultant ENT Surgeon. This service has now increased from a grommet list to include paediatric tonsillectomy, performed by Ms Lennox, Paediatric ENT Consultant, as well as adult septal surgery. We hope to further expand this facility in the fullness of time.

Frequently Asked Questions?

Q. How do we treat otorrhoea with a possible perforated TM or grommet in situ.

A. If the patient is systemically well then we would suggest non ototoxic antibiotic ear drops as the first line. Our local guidance recommends Ciprofloxacin eye drops, 2 drops BD for 10 days. Locorten Vioform would be an alternative non ototoxic preparation especially if you suspect fungal infection. Oral antibiotics should be reserved for patients under one year of age or if the patient is systemically unwell. The patient MUST keep the ear dry using cotton wool smeared with vaseline.

Research news

With support from the ‘Heads Up’ charity and under the supervision of Mr Winter (ENT consultant) and Dr Macaulay (Academic Medical Oncologist) Ali Quereishi (ENT Registrar, ST5) is currently undertaking clinical and laboratory research into molecular targets in Head and Neck Squamous Cell Cancer (HNSCC). Their work focuses on non-invasive methods for diagnosing, monitoring and predicting treatment response in HNSCC. If successful this research could lead to clinical trials which may change the way we manage HNSCC in hospitals as well as in the community.

ENT UK have guidance regarding ototoxic preparations

Our criteria for Adult day case tonsillectomy

Social factors:
• Patient’s must understand the procedure and postoperative care required
• A responsible adult must accompany the patient home and provide support for first 24hrs.

Medical Factors:
• No previous anaesthetic concern
• Fit and well patients or those with stable chronic disease
• Obesity: although not a contraindication, may present an anaesthetic risk

Criteria based on the British Association of Day Surgery guidelines

Winter Advice: Paediatric and Adult acute rhinosinusitis Management scheme for Primary Care

Urgent or routine referral to specialist depending on what is best

GP training update: Next year’s event will be advertised via the LMC and GP trainee programmes.

Departmental Staff Announcements

• Mr Konstantinos Chaidas has joined the department as a locum ENT consultant
• Mr Samuel Mackeith has joined the department as the new skull base consultant working at the John Radcliffe
• Mr Jonathan Hughes Locum Head and Neck Consultant Surgeon, leaves in January 2015. The post has been advertised on the NHS jobs website.

Useful contacts
Emergency referrals (including foreign bodies/otitis externa as we may be able to see patients on the day they are referred) – bleep 6221 via hospital switch
Fractured nose clinic – fax referral to 01865 231 091
Routine referrals – Via choose and book or directly by fax to 01865 231 091
Aural Care referrals - 01865 231 091
2 week wait referrals – via normal two week wait bureau 01865 231 407