ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

What are the prevalent ENT conditions treated in the Royal London Hospital? How do these compare with the prevalent conditions in the rest of the UK and worldwide?

The Royal London Hospital has specialist secondary and tertiary services. These are accessed via referral from primary care or emergency services. The majority of conditions treated are the same as the rest of the United Kingdom however, given the poverty of the area and the large immigrant population some conditions are more heavily represented, some patients have conditions that have been left untreated for prolonged periods resulting in complications that may have been avoided if treated earlier.

Being a tertiary service some severe conditions that would not be referred to secondary services are seen. Examples I have seen include several cases of self-inflicted knife wounds to the neck, where multiple structures are damaged and the surgical treatment is very intricate. These require multidisciplinary team treatment and prolonged hospital stay. Further examples include Cholesteroloma a rare condition of overgrowth of the squamous of the ear canal without the normal migration, which can result in bone erosion allowing life threatening infections. However, this is over represented in the Royal London because the doctors have the expertise to treat it. Secondary centres also refer complex cases they are ill equipped or inexperienced in dealing with such as oncological cases.

One condition we have to be vigilant for is tuberculosis, which can manifest in multitudinous locations and with various symptoms, and is more prevalent that in the United Kingdom as a whole because of the high proportion of migrants from the developing world. There are also diseases of poverty: patients from Tower Hamlets are more likely to smoke or chew Khat then the average populous which increases the incidence of oral and pharyngeal cancers.

Much of the Royal London's work is secondary care. These include both routine and acute paediatric and adult care.

Referrals may be made for any intractable condition but common conditions seen include: suspected Obstructive Sleep Apnoea causing poor quality sleep, snoring, pauses in respiration, day time somnolence, poor attention and mood during the day; recurrent infections including: otitis interna, otitis media with effusion (glue ear); tonsillitis; and intractable conditions such nasal congestion. Referral also commonly follows parental or school reports of poor hearing. Common treatments

considered include: tonsillectomy, adenoidectomy, grommets or T-tubes, pinnaplasty, micro suction, referral for hearing aids, allergy testing for environmental allergens i.e. dust mites, grass, cat, cockroach, tree pollen and aspergillosis.

Acute referrals are predominantly infective or traumatic. Infective causes are seen and appropriate treatment given, where possible keeping the patient at home but admitting where necessary such as in cases of peritonsillar abscess (quinsy) requiring intravenous antibiotics. Traumatic causes are predominantly foreign body removal but may also follow assault or accident.

Describe the pattern of ENT provision in the UK in contrast to other countries.

In countries with a predominantly private health care system e.g. America and Singapore access to ENT is either through referral from a general practitioner or with direct engagement with the specialist the patient chooses to engage. Patients tend to demand rapid access to specialists when using such private healthcare schemes. There is also a considerable overlap between the ENT and cosmetic surgery disciplines in societies where access to services is choice-based and paid for at the point of delivery.

By contrast, in the UK, ENT provision is structured around GP-led care with later escalation to specialists – for example a specialist would only expect to encounter a case of nasal congestion when the early treatment options administered by the GP had been trialled. Infections are seen assessed for bacterial or viral cause and given self-treatment advise with or without treatment. Allergies may be treated with trial removal of exposure and topical steroids and antihistamines. More complex conditions are referred to specialists in hospital clinics, including cases of suspected cancer, sleep apnoea and other acute or unusual conditions. The NHS does not perform plastic surgery outside attempts to return facial features to a nominal state following an accident.

Explore and assess the criteria for performing tonsillectomies in the UK in contrast to those in other countries.

Historically a lot of tonsillectomies have been performed and it has been questioned how effective a treatment this was and if given time infections would have reduced in severity and frequency without surgical intervention.

In the United Kingdom, tonsillitis should be diagnosed using the Centor score, which considers fever, tonsillar exudate, and tender anterior lymph nodes in the absence of a cough [1] [reference].

According to the SIGN criteria[1] the indications for consideration of tonsillectomy in the United Kingdom for the treatment of recurrent sore throats in adults and children are:

- **Acute tonsillitis causing the sore throat**
- **Normal function is disrupted during an episode (this is taken as time the patient is unable to attend school or work)**
- **The frequency of tonsillitis which is documented, clinically significant and adequately treated being equal or greater than:**
  - **Seven episodes in the preceding year**
  - **Five episodes per year for the preceding two years**
  - **Three episodes in each of the preceding three years**

The USA is moving to the same guidelines which place a presumption on allowing time for conditions to resolve without surgical intervention where possible [2]. In this respect the UK is leading international practice in the field.

To gain experience in ENT as a specialty and in particular the practical skills that will aid me in my foundation training. This will also help inform future career decisions around specialty training options.

I have gained a lot of patient and surgical exposure through this placement. It has been interesting to see the variety in the ENT specialty. I really enjoy how diverse the specialty is with clinical and surgical elements dealing with all age groups and a wide variety of conditions. I feel that ENT allows for a great range of interests and while there is always routing work unlike some other specialties does not cause repetitive day to day working.

I have enjoyed the opportunities to scrub in theatre to get hands-on experience assisting with some minor and major procedures and to observe others.

Spending time in paediatric clinics and theatre has given me increased experience of history taking from paediatric patients and the techniques to examine young children. Observing experienced practitioners has helped me speed my examination technique for children so as to gain maximum incite in the window of opportunity.

Ward rounds have shown me the variety of ENT from patients with self-harm induced neck trauma causing significant damage to multiple structures, tongue swelling as a result of chemotherapy side effects, to post-operative complications of tonsillectomy and quinsy.

Emergency clinic has acute cases that are referred in for rapid assessment and treatment. Here I have seen conditions such as acute otitis externa, and quinsy. I have also spent time in accident and emergency seeing patients for foreign body removal predominantly children where a rapid procedure can resolve what could otherwise have caused long term complication.

I feel my knowledge has increased and have been very pleased to take the time to actively observe the provision of ENT an area that I have previously had minimal exposure to due to the limited time available and competing specialties to cover in medical school. I feel I will be better prepared for my foundation year two placement.

Bibliography

[1] SIGN, "Management of sore throat and indications for tonsillectomy," A national clinical guideline, vol. 117, pp. 1-35, 4 2010.

[2] B. Goodman, "WebMD," WebMD Health News, 02 01 2011. [Online]. Available: http://www.webmd.com/oral-health/news/20110102/new-guidelines-on-when-kids-need-tonsillectomies#2. [Accessed 25 05 2017].