

AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre (outpatients only)
- Devizes NHS Treatment Centre (outpatients only)
- Cirencester NHS Treatment Centre (outpatients only)

SPECIALITY: **EAR, NOSE & THROAT**
 HRG CODE(S): **C58**
 PROCEDURE(S): **Adult tonsillectomy**
 AVERAGE LENGTH OF STAY: **Day Case/1 Night**

INDICATION FOR REFERRAL:

Infection indications:

- **3 or more bacterial infections per year. Strep test not mandatory.**
- **History of peritonsillar abscess (hot tonsillectomy might be performed)**

Hypertrophy indications:

- **Hypertrophy causing deglutition problems**
- **Hypertrophy causing airway obstruction (SAS)**

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	N/A
Imaging	N/A
Other tests (e.g. EMG)	N/A

INFORMATION

Nutrition / Hydration	No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure
Medication to cease	All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results

DISCHARGE

Medication (TTOs)	Amoxicillin 500mg TDS (Clarithromycin 250mg BD if Penicillin allergy) Diffiam mouthwash Co-codamol 60/1000mg PRN 4-6 hourly, up to 4 times a day Diclofenac 50mg 8 hourly x 3 days
Follow up	Not routine
Specific Discharge Info	Sick note for 2 weeks given to the patient

AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre
- Devizes NHS Treatment Centre
- Cirencester NHS Treatment Centre

SPECIALITY:	EAR, NOSE & THROAT
HRG CODE(S):	C58
PROCEDURE(S):	Endoscopic throat procedures, flexible laryngoscopy
AVERAGE LENGTH OF STAY:	Day Case

INDICATION FOR REFERRAL:

- **Prolonged hoarseness for over four weeks**
- **Repeated case of hoarseness without the symptoms of a viral infection or flu**
- **Prolonged sore throat or difficulty swallowing for more than two weeks**
- **Severe change in the sound of the voice which lasts for several weeks**

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	N/A
Imaging	Contrast swallow x-Ray, neck US in selected cases
Other tests (e.g. EMG)	Gastroscopy, Helicobacter Pylori test in selected cases

INFORMATION

Nutrition / Hydration	No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure
Medication to cease	All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results

DISCHARGE

Medication (TTOs)	Paracetamol 500-1000 mg 4-6 hourly, max 4000mg/day might be required
Follow up	2 weeks time
Specific Discharge Info	In case of microlaryngoscopy postoperative voice/ speech therapy might be necessary Further investigations might be necessary depending on findings

AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre (day case/outpatients only)
- Devizes NHS Treatment Centre (day case/outpatients only)
- Cirencester NHS Treatment Centre (day case/outpatients only)

SPECIALITY:	EAR, NOSE & THROAT
HRG CODE(S):	C22
PROCEDURE(S):	Septoplasty, polypectomy, SMD, inferior turbinates, intranasal antrostomy
AVERAGE LENGTH OF STAY:	Day Case/1 Night

INDICATION FOR REFERRAL:

Polypectomy:

- Relief of nasal obstruction secondary to nasal polyps, which have not responded to medical therapy
- A secondary indication may be where a patient refuses more extensive surgery for chronic sinus disease

Septoplasty:

- To relieve nasal obstruction secondary to septal deviation
- To help the control of epistaxis
- To relieve the symptom of snoring which is aggravated by septal deviation
- To gain access to the sinus openings as part of sinus surgery
- To correct the septal deviation to improve nasal ventilation

Inferior Turbinectomy:

- Hyperplastic turbinate mucosa that fails to respond to adequate medical therapy or less invasive surgical procedures such as a sub-mucous diathermy; laser turbinoplasty and turbinate outfracture
- To improve nasal ventilation
- The procedure has very little role in improving rhinorrhoea or sneezing

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	N/A
Imaging	N/A
Other tests (e.g. EMG)	N/A

INFORMATION

Nutrition / Hydration	No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure
Medication to cease	All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results

DISCHARGE

Medication (TTOs)	Naseptin Nasal Cream topical TDS Paracetamol 1000mg QDS
Follow up	None required
Specific Discharge Info	None required

AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre (outpatients only)
- Devizes NHS Treatment Centre (outpatients only)
- Cirencester NHS Treatment Centre (outpatients only)

SPECIALITY: **EAR, NOSE & THROAT**
 HRG CODE(S): **C32 - Inter Nose**
 PROCEDURE(S): **FESS, functional septorhinoplasty**
 AVERAGE LENGTH OF STAY: **1 Night**

INDICATION FOR REFERRAL:

FESS

- Nasal polyposis refractory to medical treatment
- Chronic sinusitis refractory to medical treatment
- Recurrent sinusitis
- Antrochoanal polyps
- Sinus mucoceles
- Foreign body removal
- Epistaxis control

FUNCTIONAL SEPTORHINOPLASTY

Cases of septal deviation with nasal deformity when sufficient correction of the septal deformity is not possible without the correction of the nasal deformity

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	N/A
Imaging	FESS: CT of paranasal sinuses (axial, coronal and sagittal sections) Septorhinoplasty: CT of paranasal sinuses (axial, coronal and sagittal sections) in case of suspected sinus disease.
Other tests (e.g. EMG)	FESS: Trial of appropriate medical treatment before deciding on surgery is mandatory: antibiotics (eg. Co-Amoxiclav 3-6 weeks), topical steroid (long term treatment might be necessary) ± per oral steroid (eg. 20-40mg Prednisolon, 5-10days)

INFORMATION

Nutrition / Hydration	No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure
Medication to cease	All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results

DISCHARGE

Medication (TTOs)	Co-Amoxiclav 375mg TDS (in case of Penicillin Allergy Clarithromycin 250mg BD) Naseptin Nasal Cream topical TDS Paracetamol 1000mg ±Codeine Phosphate 60mg up to QDS
Follow up	FESS: 3 and 6 weeks, further follow ups might be necessary Septorhinoplasty: 1-2 weeks time, then 6 weeks time
Specific Discharge Info	All patients should rinse the nasal cavity with saline solution until complete healing of nose and in case of FESS they might find it beneficial to carry on with the rinsing on a long term. Topical intranasal steroids might be recommended on a long term after FESS surgery

AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre
- Devizes NHS Treatment Centre
- Cirencester NHS Treatment Centre

SPECIALITY:	EAR, NOSE & THROAT
HRG CODE(S):	C55 – Minor Ear
PROCEDURE(S):	Diagnostic suction toilet, myringotomy, grommets, minor ear lesions
AVERAGE LENGTH OF STAY:	Day Case

INDICATION FOR REFERRAL:

- **Diagnostic suction toilet, wax removal:** in case of suspected perforated ear drum or other abnormality; intact ear drum, but syringing not successful
- **Earache** (Malignant diseases of the naso-, meso-, hypopharynx, larynx, base of the tongue should be ruled out)
- **Myringotomy, grommet insertion:** Glue ear, recurrent otitis media, retraction of ear drum, Eustachian tube dysfunction, Meniere's disease (selected cases)
- **Minor ear lesion excision:** solar keratosis, benign skin lesions

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	N/A
Imaging	N/A
Other tests (e.g. EMG)	Myringotomy, grommet insertion: pure tone audiometry, tympanometry

INFORMATION

Nutrition / Hydration	No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure
Medication to cease	All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results

DISCHARGE

Medication (TTOs)	Paracetamol 500-1000 mg 4-6 hourly, max 4000mg/day might be required
Follow up	Wax removal: Usually not required Diagnostic Suction Toilet: depending on pathology found Myringotomy, Grommet insertion: follow up hearing test might be necessary Minor ear lesion excision: 2 weeks time
Specific Discharge Info	Protect operated ear from water