

SPECIALITY: **Ear, Nose and Throat**

PROCEDURE(S): **Adult tonsillectomy**

ALOS: **Day case to 1 night**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- As per indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient eating and drinking
- No bleeding
- Pain controlled

#### DISCHARGE CRITERIA

- Haemostasis
- Patients are able to eat and drink

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Improved quality of life
- Reduced work absence
- Reduced antibiotic prescribing for throat infections

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Ear, Nose and Throat**

PROCEDURE(S): **ENT Procedures include: inferior turbinectomy, sub-mucosal diathermy, turbinate outfracture, functional endoscopic sinus surgery (FESS), nasal polypectomy, septoplasty**

ALOS: **Day case or 1 to 2 nights for FESS**

#### INDICATIONS

- Persistent nasal obstruction, refractory to medical treatment
- Clinically obvious nasal polyps refractory to medical treatment
- Persistent facial pain suggestive of chronic sinusitis. More than four episodes of acute sinusitis requiring treatment with antibiotics in one year
- Relieve nasal obstruction secondary to septal deviation. To relieve symptoms of snoring aggravated by septal deviation

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Failed trial of topical steroid therapy for a minimum of 6 weeks

#### REFERRAL CRITERIA

- As per indications
- Unilateral nasal polyps in the presence of bleeding should indicate fast track referral to exclude carcinoma

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- Identification of sinus pathology by CT scan of paranasal sinuses (axial, coronal and sagittal) if necessary
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Antibiotic nasal cream
- Rinse nasal cavity

#### DISCHARGE CRITERIA

- Haemostasis

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Symptomatic relief of nasal obstruction, resolution of facial pain

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Advice regarding topical steroid therapy
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Ear, Nose and Throat**  
 PROCEDURE(S): **Minor ear procedures: wax removal, microsuction, myringotomy and grommet insertion**  
 ALOS: **Day case**

#### INDICATIONS

- > 20 DB of conductive hearing loss, confirmed by audiometry in patients with > 6 months hearing loss
- Recurrent otitis media, defined as 5 or more episodes per year requiring antibiotic therapy
- Impacted ear wax not removed by topical softeners and three attempts at syringing in primary care
- Impacted ear wax with perforated ear drum
- Mastoid cavity toilet as part of an agreed pathway with acute providers

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pure tone audiometry, where appropriate

#### REFERRAL CRITERIA

- As per indications
- 20 DB or greater hearing loss confirmed on audiometry
- Ear wax causing symptoms

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No preparation required for wax removal or microsuction
- For all other procedures:
- No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - If the patient takes **aspirin** they should stop this 7 days pre-operatively

- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine

#### DISCHARGE CRITERIA

- Clinically stable

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Wax removal, follow up not normally needed unless mastoid cavity toilet as above

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Improved post operative hearing after myringotomy, grommet insertion or wax removal
- Resolution of otitis externa

#### ONWARD FORWARD CRITERIA

- Not anticipated except cholesteatoma
- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral