ENT

Head & Neck Theme: Tonsillectomy - Complications

Scenario: A 20 year old male is found to be bleeding from the mouth two hours after a dissection tonsillectomy

Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis) Outline your immediate management

Key Points for Discussion: ABC, Adequate oral examination of the tonsillar beds. Remove any clot. Apply adrenaline swab pressure if possible. Take blood for FBC, group/cross-match. Set up IV line. Set time frame.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy) Despite your initial management this patient continues to bleed. How would manage him now?

Key Points for Discussion: When would you consider a return to theatre? Continuation of bleeding, volume of blood loss, physical state of patient.
Are there any further non operative managements.
What is your operative strategy in such patients - Absorbable packs? Surgical? Stitching the tonsillar fossa

Question 3: (complications of management) You manage to control the bleeding what are your post operative instructions and how will you follow up this patient?

Key Points for Discussion:

Monitoring of pulse and blood pressure, recheck FBC. Keep patient under observation overnight and discharge following day if stable.

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Otology Theme: Otosclerosis

Scenario: A 45 year old woman has been diagnosed with unilateral otosclerosis. She has tried a hearing aid with limited success and wishes to proceed with surgery. You see her in your out patient clinic.

Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)
How would you consent this lady for possible stapes surgery?

Points for discussion: Persistent conductive loss, sensorineural loss? Incidence Loss of taste VIIn damage, Vertigo? Cause, post op serous labyrinthitis, BPPV, Delayed fistula, gush
When wouldn't you operate on this patient? Points for discussion: Only hearing ear – what is the other ear like
Audiological criteria A-B gap closed within 10db of better ear
Occupation, leisure activities Menieres disease/Hydrops due to distension of saccule
Anaesthetic risk factors

Question 2: (e.g. management, relevant applied pathophysiology, anatomy) The patient is on your elective operating list and you are performing the team brief. What factors are important when discussion this patient?

Run through the specifics around what will be needed for the case including role of prophylactic antibiotics and any other equipment. Then progress on to ask the candidate how they would perform the surgery.

Question 3: (complications of management) During the procedure you have caused a floating footplate. How would you manage this complication?

Points for discussion: Cover with graft and abandon the procedure Apply vein graft and place prosthesis on footplate Drill an inferior marginal slot and remove the footplate then proceed with vein graft and large diameter prosthesis

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Paediatric Theme: Acute airway obstruction

Scenario: You are asked to review a 2 year old child who has been brought to A&E with a barking cough and stridulous breathing. The child has been generally unwell for a few days.

Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis) How do you assess this child when you see them in A&E?

Points for discussion:
Find out who is in charge and assess ABC. Keep child and carers calm. No IV access unless extremely unwell. Humidification, dexamethasone. Nebulised adrenaline. Heli-Ox etc.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)
The child fails to improve following your assessment and initial management. They are gradual tiring and the saturations are slowly reducing How would you manage the patient next?
Points for discussion:
What investigations may be appropriate? If safe, AP soft neck Xray (Steeple sign).
How do you differentiate croup from supraglottitis/epiglottitis Listen to stridor - classification1-4 (Benjamin)
Increasing grade of stridor and tiring child. Declining saturations. Quietening of stridor. Intubation - tube size below anticipated for age. If tube insufficient - MLB. Failure to respond to ICU treatment MLB. (tracheostomy)

Question 3: (complications of management) The patient is successfully intubated. What would your further management be?

Points for discussion:

Swab from larynx and blood cultures to microbiology. Start IV ceftriaxone (or similar) and dexamethasone. Monitor on ICU until leak around tube and then trial of extubation.

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Rhinology & Facial Plastics Theme/Topic: Hereditary Haemorrhagic Telangiectasia

Scenario: A 60 year man is referred to you with a 10 year history of recurrent epistaxes.

Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

How would you assess this gentleman in your clinic?

Points for discussion:
Discussion around what conditions cause recurrent nose bleeds and how to assess for them in the clinic?
HHT, local trauma/nose picking, septal perforation, haematological disorders.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy) As part of your assessment you find the presence of a series of oral and intranasal telangiectasia. What is the most likely diagnosis?

Points for discussion: Most likely - hereditary haemorrhagic telengiectasia? Multiple cutaneous facial, oral and intranasal telengiectasia. Bleeding from mucosal surfaces. Family history. History of intracranial bleeds.
Discussion around how you would counsel this patient with regard to diagnosis and management. Also – patient is concerned with regard to genetic risks – passing on to children - Discuss autosomal dominant with partial penetrance. Refer for genetic counselling.

Question 3: (complications of management)
What investigations and treatment would you recommend?

Should have CTPA to assess for pulmonary AVMs.
Start with emollient and tamoxifen or tranexamic acid. Discuss laser therapy (KTP) and bevacizumab infusions if unsuccessful.