

SURGICAL AUDIT OF PATIENTS REPORTED TO E.N.T UNIT 1, AMEER UDDIN MEDICAL COLLEGE/LAHORE GENERAL HOSPITAL/ POST GRADUATE MEDICAL INSTITUTE FOR PERIOD OF ONE YEAR 2018-2019

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ABSTRACT

A one year prospective surgical audit of Department of Otorhinolaryngology and Head & Neck surgery Unit-I Lahore General Hospital was undertaken. The purpose of the audit was to evaluate the yearly Performance of the unit & to establish the pattern and frequency of various ENT diseases encountered. A total of 4720 (four thousand seven hundred and twenty) patients were seen in both Outpatient as well as emergency departments. 771 (seven hundred and seventy one) were operated under General Anesthesia for various reasons and 3949 (three thousand nine hundred & forty nine) cases were minor surgical procedures. Most common General Anesthesia procedure was Tonsillectomy and common minor cases include foreign body ear & nose and wax in the ear. Overall 45% cases seen were males, 28% were females and 27% were children.

Keywords: Foreign body, surgical audit, tonsillectomy

INTRODUCTION

Surgical audit is a systematic, critical analysis of the quality of surgical care provided, with the aims of improving quality of care, application of surgical skills, continuing education for surgeons, and guiding appropriate use of health resources ². Lahore General hospital Lahore is an ancient teaching hospital in the subcontinent. ENT Unit.1 of the department is a 20 bedded teaching ward. The Outpatient Department of ENT Unit.1 is the busiest outpatient department of the hospital with a daily influx of around 350-400 patients. ENT is a specialty with a very indistinct boundary line and encompasses other specialties like Maxillofacial surgery, General surgery, Neurosurgery, Plastic surgery, Chest surgery, Ophthalmology, Neurology & Oncology and collaboration with medical department as well. All these specialties are inter-linked in larger public interest and best possible patient care. A large number of patients are also referred to ENT department from various other specialties as well. The yearly surgical audit not only helps us to review the overall performance of the unit throughout the year but also gives us a clue about the prevalence of various diseases related to head & neck region in our local population. The incidence of various ENT related cases in different

age groups & their distribution according to gender, can also be overviewed through this surgical audit. This will help us to reduce the occurrence of various ENT related diseases by public education, awareness, prevention & early diagnosis and hence better quality of life for general masses.

MATERIALS & METHODS

Data was collected about Major & minor surgical procedures done in ENT Unit.1 operation theatre during one year i.e., from 1st January 2018 up to 31st December 2018. The source of data was the entry registers maintained by the unit. Data was integrated in descriptive form and results were concluded from them. The mode of admission in ENT unit.1 is Outpatient Department & Emergency. The department has 3 OPD days & 3 emergency days in a week however there are two Sunday emergency days in a month. Total patients treated in one year by the department were grossly divided into major & minor cases. Major cases include General Anesthesia cases which were admitted into the ward via OPD. Minor cases include both OPD cases (treated & discharged from OPD) and Local anesthesia cases from ENT emergency as well as OPD (called to ENT Operation theatre for treatment).

RESULTS

One year surgical audit of ENT Unit.1 has shown that a total of 4720 cases were seen collectively in both Outpatient & Emergency departments, out of which data of major & minor operated cases was collected. There were 771 major cases which were operated under General Anesthesia of which Tonsillectomy (218 cases) & Septoplasty (206 cases) were the common procedures.

Table 1: Local Anesthesia Cases

S.No	Procedure	Number of Cases
1	Impacted wax	1049
2	F.B Nose	797
3	F.B Ear	771
4	Epistaxis	572
5	RTA	217
6	Flexible laryngoscopy	346
7	Nasal biopsy	86
8	Tracheostomy	48
9	Peritonsillar abscess	32
10	Mastoid abscess	31
	Total	3949

Table 2: General Anesthesia Cases

S.No	Procedure	Number of Cases
1	Tonsillectomy	218
2	Septoplasty	206
3	MUA	56
4	Chronic Ethmoiditis (FESS)	66
5	Mastoid Exploration	33
6	Direct Laryngoscopy	45
7	Rigid Esophagoscopy	20
8	Impacted F.B Ear	32
9	Adenotonsillectomy	35
10	Myringoplasty	14
11	Parotidectomy	08
12	Laryngectomy	04
13	Angiofibroma juvenile	22
14	Submandibular gland removal	03
15	thyroidectomy	05
	total	771

There were also 3949 minor cases seen collectively in both Outpatient as well as Emergency departments. Among the minor cases seen in ENT Emergency, the most common being Impacted Wax (1049 cases) & Foreign bodies of Ear & Nose (1568cases). A significant number of patients (572 cases) presented to

ENT emergency with Epistaxis of which most common cause being Road Traffic Accidents (217cases). Pediatric cases make 27% of the total major & minor cases in ENT which is higher than that in England (24%)⁷.mainly due to poor ENT hygiene here in children. An overall male predominance of ENT cases was seen in GA as well as Local Anesthesia cases, reason being a more frequent exposure of males to external environment & pollutants rendering them more vulnerable for ENT related diseases.

Table 3: Total Cases

S.No	Type of procedure	Number of Cases
1	Minor cases	3949
2	Major cases	771
3	Total cases	4720

Table 4: Gender Chart for Major Cases

S.No	Gender	Number of Patients
1	Male	488
2	Female	283

Table 5: Age Discrimination

S.No	Content	Age groups	Major cases	Minor cases
1	Adults	16-90 years	620	2710
2	Children	0-15years	151	1239

DISCUSSION

A total of 4720 (four thousand seven hundred and twenty) patients were seen & treated by the unit in one year, out of which 3949 (three thousand four hundred and forty nine) were minor cases and 771 (seven hundred and seventy one) were major cases. Minor cases comprised of 1049 (one thousand four hundred and forty nine) cases of Ear wax removal, 797 (seven hundred and ninety seven) cases of Foreign body nose, 771 (seven hundred and seventy one) cases of Foreign body ear, 572 (five hundred and seventy two) cases of Epistaxis, 346 (three hundred and forty six) cases of diagnostic fiberoptic laryngoscopy, 217 (two hundred seventeen) cases of road traffic accidents, 86 (eighty six) cases of nasal biopsies, 48 (forty eight) cases of tracheostomy, 32 (thirty two) cases of perI-tonsillar abscess, 31 (thirty one) cases of Mastoid abscess (Table.1). Major cases included 218 (two hundred eighteen) cases of Tonsillectomy, 206 (two hundred and six) cases of Septoplasty, 56 (fifty six) cases of Nasal Fracture manipulation, 66 (sixty six) cases of chronic ethmoiditis, 33 (thirty three) cases of Mastoid exploration, 20 (twenty) cases of Rigid

oesophagoscopy, 45 (forty five) cases of Direct laryngoscopy & biopsy, 32 (thirty two) cases of Impacted foreign body ear, 35 (thirty five) cases of Adeno-tonsillectomy, 14 (fourteen) cases of Myringoplasty, 22 (twenty two) case of excision of Nasopharyngeal Angiofibroma (Table.2). As far as gender discrimination is concerned, 488 (four hundred and eighty eight) major cases were males whereas 283 (two hundred and eighty three) cases were females so overall male preponderance of ENT diseases was observed (Table 3). In a survey conducted in England, there were a total of 742 (seven hundred and forty two) cases dealt in ENT emergency in a district general hospital in which male to female ratio was 1.2:1 and 24% of the total patients were children (below 16 years of age)⁷. Majority of emergency cases dealt in our unit comprised of foreign bodies in Ear, nose & throat and some cases were also referred from other public sector & government hospitals. A large number of patients referred from A & E Department were having poly trauma with injuries to the head n neck, chest & limb injuries. Patients of deep neck space infections such as peritonsillar abscess, parapharyngeal abscess were also seen in ENT emergency and after incision & drainage they were admitted to the ward for further management.

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