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Our ref: 3201

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Freedom of information request

I am writing in response to your request for information which has been handled under the Freedom of Information Act 2000 (FOIA).

Your questions and our responses are shown below:

Please complete the attached table to answer the following questions.

1. Do you have a KTP laser for use in Cholesteatoma surgeries?
No although we do have access to a loan on occasion.
2. If you are planning on getting one soon, what date are you planning on getting one?
The intention is to purchase a laser in the very near future.
3. If you already have the KTP laser for cholesteatoma surgeries:
 - a), is it routinely available for cholesteatoma surgeries? n/a
 - b) is it maintained and staff trained to use it? n/a
4. Are there any issues that are preventing you from routinely using the KTP laser?
No
5. Are you doing your tympanoplasty surgery for cholesteatoma as a day case or overnight stay? For adults. For Children.
Both adults and children are day case. Overnight stay is possible if needed.
6. If as a day case, why is it not an overnight stay?
In our experience overnight stay is not needed in most cases. Good anaesthesia and effective surgery result in speedy recovery. Our 3 year audit for day case mastoid surgery in Crawley showed excellent patient feedback and no significant complications. There were no overnight stays required in this time period,
7. Are you doing your mastoidectomy surgery for cholesteatoma as a day case or overnight stay? For adults. For Children.
Both adults and children are day case. Overnight stay is possible if needed.
8. If as a day case, why is it not an overnight stay? See answer 6
9. What is your standard follow up period of time for a 'second look' following tympanoplasty? 12 months
10. Are you routinely using CT or MRI to gauge the extent of cholesteatoma growth?
Diffusion weighted MRI

11. Do you have a cholesteatoma leaflet? Yes/No If so, please attach.

We use the ENT UK leaflets

We are in the process of setting up a not for profit group to support patients with Cholesteatoma.

12. Would you like to be involved in the clinical advisory group? – If yes – put name.

Yes - Mr Sam Khemani - Consultant ENT Surgeon & Clinical Lead for ENT

13. Would you find a leaflet for patients explaining cholesteatoma helpful if we could provide one? Yes/No

We would be interested dependant on the quality of the leaflet.

14. If we provided a poster about the support group would you be happy to display this in ENT/Audiology? Yes/No Yes

15. Do your ENT surgeons feel that cholesteatoma surgery could be more effective if delivered as a regional service to enable the surgeons to have access to the laser and have more experience in c-toma operations? Yes/No

No. We have a very high number of cases being treated in our unit with exceptionally good outcomes. There is no evidence to support the need for regional units if individual units have a dedicated sub specialist otologist.

16. We wish to put some of this information on our website, do we have permission to publish the data in raw format? No

17. We wish to summarise the national trends, lists and statistics from the data returned from all hospitals and put this on our website, do we have permission to summarise the data? Yes