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Transnasal oesophagoscopy in an NHS University Hospital: Financial implications in the first six months

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Transnasal oesophagoscopy (TNO) is a well-established technology allowing the visualization of the upper aero-digestive tract without any sedation. Despite its worldwide use, it hasn't been so widely accepted in the NHS and this is often due to the lack of any hard evidence that apart from the obvious clinical benefit it can lead also to financial savings in an era that NHS is struggling. The purpose of this study is to demonstrate the savings achieved in the first six months of use of transnasal oesophagoscopy in clinical practice. We compare the costs associated with investigating patients referred to us with a variety of symptoms ranging from high dysphagia to globus pharyngeus, including cost of first and follow up clinic appointments, barium swallow tests, direct oesophagoscopy under general anaesthesia before and after the introduction of the TNO and the resulting change in the management. So far there is plenty of scientific evidence about the clinical efficacy and benefits of the transnasal oesophagoscopy, but very few about the financial benefits, which is all equally important when planning for a new service or purchasing the necessary equipment. In an era, when most of the health systems face cuts in their budget and rationalization of their spending, the findings of this study could be used to support the spread of the use of transnasal oesophagoscopy in the everyday otorhinolaryngologic practice.

Biography

Georgios Fragkiadakis is a Consultant ENT Surgeon and Head and Neck Cancer Trust Lead at Royal Lancaster Infirmary. He has been a Consultant since 2009. His special interests include Thyroid Surgery, Rhinology and Swallowing Disorders.

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