

Keeping a distance between clinicians and patients in a tertiary Head & Neck cancer service with Ambu® aScope™ 4 RhinoLaryngo

About Royal Surrey County Hospital

The Royal Surrey County Hospital is a 520-bed district general hospital. The Ear, Nose & Throat (ENT) department is the hub of ENT services, including the Head and Neck cancer services, for Surrey and parts of Hampshire.



Clinical challenges faced

The COVID-19 pandemic has altered Upper Airway Endoscopy (UAE) practices with a greater focus on infection prevention and control than ever before. Before COVID-19, UAE was a normal part of ENT clinics and typically performed with minimal or no personal protective equipment.

Conventional endoscopes require close proximity

UAE has been recognised as a potential aerosol-generating procedure during the pandemic, and it is suggested that aerosols are likely to be generated when the patient sneezes or coughs¹. As conventional flexible nasal endoscopes transmit images to an eyepiece or a camera mounted on the scope, it requires healthcare staff to be in close proximity to the patient. This increases the risk of exposure of doctors and nurses to a patient's aerosol during procedures.

Needed: A way to minimise the risk

Increasing the distance between healthcare staff and patients could minimise the risk; however, it is hard to achieve with conventional endoscopes. The ENT Head and Neck service in Royal Surrey County Hospital was not excluded from this concern, like many other ENT departments across the UK.

The ideal solution for UAE: aScope 4 RhinoLaryngo

The continuing presence of COVID-19 in the population will prevent the return of normality within ENT services; however, adaptations to traditional ways of working can minimise the risk of COVID-19 infection.

The Royal Surrey County Hospital ENT department decided to adopt the aScope 4 RhinoLaryngo solution, which includes a portfolio of two single-use flexible video rhinolaryngoscopes, and the high-quality, full-HD portable monitor, Ambu® aView™ 2 Advance.

Minimising risk and continuing to serve

The main driver for the decision was the solution's separate monitor, which increases the distance between healthcare staff and patients. This has allowed the Royal Surrey County Hospital ENT department to return to service gradually with the existing threat of COVID-19.

No risk of patient cross-contamination

Another benefit of aScope 4 RhinoLaryngo is that it requires no post-procedural handling with zero risks of patient cross-contamination. This reduces the need for Track and Trace of nasal endoscopy and enables clinicians to avoid the use of contaminated scopes on compromised patients.

A smooth transition

According to Mr David Walker, a Consultant Head and Neck Surgeon at Royal Surrey County Hospital, adopting the aScope 4 RhinoLaryngo solution was easy. Ambu provided continuous support to facilitate a seamless transition in clinical practice through virtual training videos both during and emerging from the pandemic.

The challenge was the "availability of portable video scopes during COVID-19"



Reasons to reach for aScope 4 RhinoLaryngo: Royal Surry County Hospital's perspective

The ENT department at Royal Surrey County Hospital started using aScope 4 RhinoLaryngo when emerging from the first peak of the pandemic and gradually returning to elective ENT services.

According to Mr David Walker, the challenge during this period was the availability of portable video scopes with a separate screen to ensure distance to the practice.

Enabled them to adopt national ENT UK guidelines

Mr Walker said that the national ENT UK guidance on scopes during COVID-19, which recommended the use of a separate video screen for UAE, was the high-level initiative that prompted the decision to choose aScope 4 RhinoLaryngo. It was implemented via local guidelines.

Portable, plug-and-play and continuously available

Although initially implemented with the recommendations and suggestions made by major institutions, Mr Walker soon discovered additional benefits of aScope 4 RhinoLaryngo.

"It allows portable video scopes for emergencies and recordings that can be used for teaching", Mr Walker said. aScope 4 RhinoLaryngo captures images or videos of the cases, which helps to involve the patient or peers by sharing the screen during the procedure or recorded images and videos retrospectively.

Its immediate access to plug-and-play, low investment cost, and elimination of waiting time for an available nasal endoscope in emergencies and out-of-hours are a real win.



ENT UK, Royal College of Speech and Language Therapists and British Laryngeal Association recommended that UAE should, "if possible, be observed on a separate video screen to allow the operator to maintain distance between himself/herself and the patient"^{2,3}, and "Disposable nasoendoscopes should be considered for use out-of-hours to ensure safety and minimise the risk of cross-infection."²

"Portability, ability to record/capture, obviating sterilising"

The outcome

aScope 4 RhinoLaryngo was the perfect solution for improving workflow and efficiency to provide the best patient care possible for all patient groups, especially with the presence of COVID-19.

Although aScope 4 RhinoLaryngo is a newly adopted tool, Mr Walker said there is "overwhelming positive feedback regarding its video capability and excellence for teaching", and he "would highly recommend the whole system for emergencies and teaching".

Mr Walker also said that the solution's "portability, ability to record/ capture and obviating sterilising" add additional convenience compared to conventional scopes.



For more information please visit:
www.ambu.com/ent

References:

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2. ENT UK. A Graduated Return to Elective ENT Within the COVID-19 Pandemic, [https://www.entuk.org/sites/default/files/A Graduated Return to Elective ENT Within the COVID-19 Pandemic.pdf](https://www.entuk.org/sites/default/files/A%20Graduated%20Return%20to%20Elective%20ENT%20Within%20the%20COVID-19%20Pandemic.pdf) [2020]
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