GP Bulletin

Sengkang General Hospital SingHealth

A newsletter for GPs by Sengkang General Hospital | Issue 14 | Feb 2024

Welcome!

In this issue, we shine a spotlight on ear, nose and throat (ENT) conditions and treatments.
If you missed our recent CME webinar on Emergency ENT, catch it here. Thank you!

❖ Foreword by Dr Charn Tze Choong, Head & Senior Consultant, Department of Otorhinolaryngology – Head & Neck Surgery, SKH

As primary healthcare continues to evolve and grow, the role of general practitioners (GPs) has become increasingly vital in providing timely healthcare to our communities. In the realm of primary care, the ability to recognise and manage emergencies, particularly in ear, nose, and throat (ENT) medicine, is of paramount importance.

Our recent CME webinar, "Emergency ENT Made Simple for GPs", is a timely and invaluable resource tailored to empower and equip GPs with the knowledge and skills needed to handle ENT emergencies more confidently. I trust that the insights shared at this webinar, as well as the succinct pearls in this issue will enhance your ability to manage these situations in your daily practice. Thank you for joining us on this journey toward improved patient care and professional development!

❖ SKH CME Webinar | Emergency ENT Made Simple – Tips to Manage and When to Escalate

SKH held a GPFirst Hybrid CME Webinar on 17 Nov 2023 where our multidisciplinary panel of speakers from Emergency Medicine and Otolaryngology shared on the best practices to manage ENT conditions in adults and children, as well as tips on when to refer patients to a hospital's Specialist Outpatient Clinic, Urgent Care Centre, or the Emergency Department. **Missed the webinar or need a refresher? Access the webinar by clicking this link**.

Here are the answers to questions that were raised at the webinar:

Emergency ENT: Tips to Manage & When to Escalate

Your Questions Answered!

1. What antibiotic regimen would you recommend in early peritonsillar cellulitis/abscess at the initial presentation, before they turn to quinsy?

We recommend:

- Augmentin 1g BD, with early review and/or advice to go the Emergency Department if condition does not improve.
- Cindamycin 500mg QDS for patients who are allergic to penicillin.

2. What about blood-stained mucous/discharge? Could they be due to dryness?

Yes, blood-stained mucous or discharge frequently occurs due to dryness, especially if there has been a change in climate (e.g. overseas travel). If a clear trigger is identified, the large vessels on Little's Area seen on anterior rhinoscopy and blood stains are self-resolving, there is no cause for alarm. Otherwise, consider referral for nasoendoscopy. NPC is more likely to cause blood-stained mucous than frank epistaxis.

Emergency ENT: Tips to Manage & When to Escalate

Your Questions Answered!

3. What happens to swallowed foreign body that has moved beyond the oesophagus? What is the management? Does type (e.g. fishbone) matter?

Foreign bodies impacted in the oesophagus require operative removal either by rigid or flexible endoscopy. Foreign bodies that have migrated out of the oesophagus may need open surgical exploration and removal (this is rare).

Foreign bodies in the stomach - decision for removal depends on the nature of the foreign body, as it influences likelihood of spontaneous passage, operative technique, and the urgency of surgery. E.g. Sometimes, teeth are swallowed during tooth extraction and these may not need to be removed - serial stool exam and observation for abdominal symptoms to ensure passage of the tooth in the next few days.

4. Do we give high dose of cipro for perichondritis?

Yes, consider PO cipro 750mg BD if there are no contraindications.

Emergency ENT: Tips to Manage & When to Escalate

Your Questions Answered!

5. How do you determine if perichondral cellulitis needs pseudomonas cover or not?

Generally, two entities are widely recognised - either pericondritis or cellulitis.

The former needs pseudomonal cover, the latter does not routinely require it.

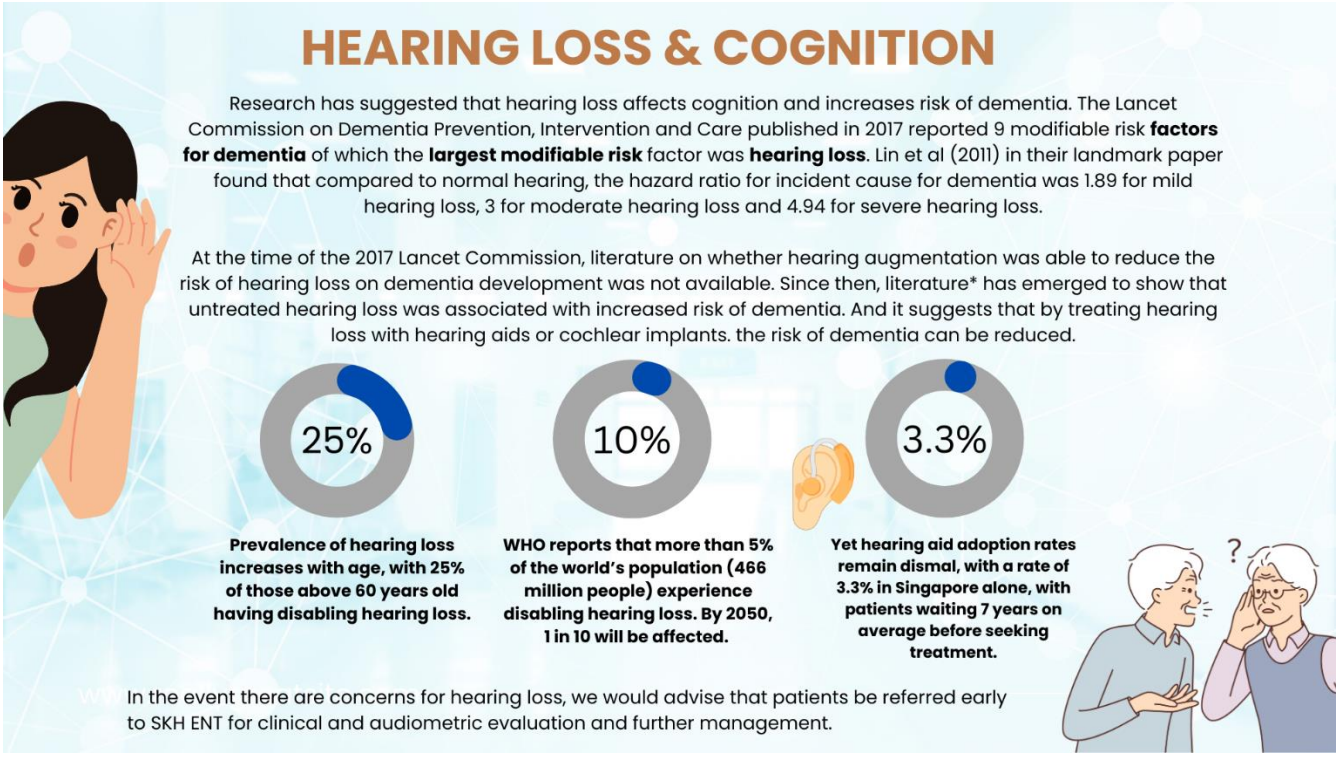
6. Does oral antifungal help with otitis externa due to fungal?

Topical antifungals are usually very effective for fungal otitis externa, achieving high concentrations at the EAC where it matters the most. By nature of the drops, it also comes into direct contact with intraluminal fungal debris. Given their efficacy, there is little need to consider oral antifungals which have a less favourable side effect profile.

- 1 CME point will be awarded to eligible GPs.
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact Ms Julian Ang (Julian.ang.x.l@skh.com.sg) to obtain the SMC-accredited and approved event ID for your Cat 3A self-claim.
- This webinar is part of a series of GP webinars. Details of the next webinar will be shared soon. Stay tuned!

❖ ENT Pearls

Hearing Loss and Cognition



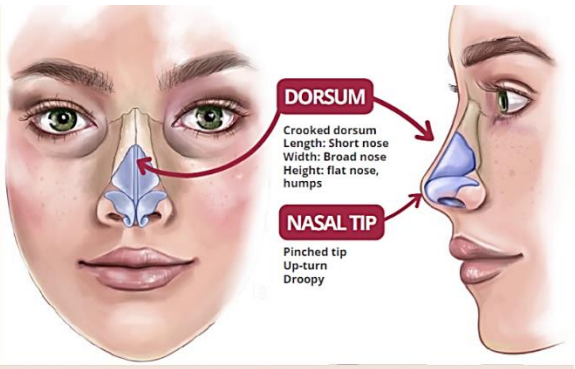
Septorhinoplasty: Combining Form and Function

Septorhinoplasty: Combining Form and Function

Our nose is the centrepiece of our face. Its form and prominence contribute significantly to overall facial balance and harmony. Its function is to allow the smooth passage of airflow, and is the start point of our upper airway.

Deviations or deformities of the nose can happen naturally or after an injury. The resultant nasal obstruction and external irregularity are often bothersome and can affect not only our exercise, work and sleep, but also our self-confidence.

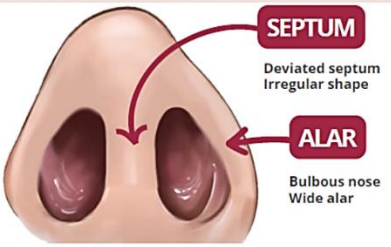
A septorhinoplasty is a surgical operation that improves the nasal airway and external appearance of the nose at the same time. Put simply, the septoplasty component corrects the internal deviation of the nose, while the rhinoplasty component addresses the external appearance.



A natural-looking nose requires a three-dimensional approach and complements other facial features.

IMPORTANT POINTS

- Nasal airflow can be treated medically with environmental control, nasal decongestants, intranasal steroids, and surgery. Patients whose symptoms are persistent despite conservative measures can consider surgical correction.
- External nose deformities are reflected internally. Correcting both external and internal irregularities in a well-executed septorhinoplasty offers the patient a comprehensive and transformative experience.
- SKH performs over 100 septoplasty and septorhinoplasty surgeries a year. The ENT Facial Plastic Service continually delivers a patient-focused service in a professional environment, with surgery performed at the highest standards.



Scan this QR to code to find out more about this operation offered here at SKH:

Key information

- Done under General Anaesthesia (GA)
- Duration of surgery: 1-4 hours
- May be offered with other concurrent procedures depending on your condition

What to expect after the operation

- 1-2 days of hospitalisation after surgery, with early follow-up in outpatient clinic
- Nasal swelling, light bruising during the first few weeks after surgery
- Temporary nasal splints (thin silicon sheets) to support septum: usually kept till clinic follow-up
- refrain from exercising/straining for at least two weeks to reduce possibility of nasal bleeding

Images referenced from: https://eafps.org/rhinoplasty/

Smell Loss: Workup and Management

Smell Loss: Workup & Management

Olfactory dysfunction has become increasingly common especially after the COVID-19 pandemic.
Patients who present with hyposmia can be worked up as follows:

Workup steps to include:

1) Complete history:
a. Other sinonasal symptoms (nasal obstruction, rhinorrhea, purulent nasal discharge, facial pain/pressure, sneezing/itching).
b. Etiology assessment – post infectious / sinonasal pathology (e.g., chronic sinusitis) / head trauma / neurodegenerative disease (e.g. Parkinson's, Alzheimer's) / intracranial cause (ask about headache and neurological symptoms).

2) Anterior rhinoscopy: Assessment of nasal septum, inferior turbinate size, and presence of nasal discharge.

3) Alcohol sniff test: Open one corner of a standard alcohol swab and hold it at gradually closer distances from the nostrils. Odour is normally detected at 10cm from the nares.

4) Formal olfactory testing*: Useful to assess baseline impairment and to track improvement after intervention.

5) Nasoendoscopy*: To assess for sinonasal disease, e.g. chronic sinusitis, nasal polyposis.

6) Imaging*: Either CT or MRI of skull base depending on clinical suspicion

Initial management strategies include:

1) Olfactory retraining: Twice daily sessions consisting of sniffing 4 odour types for 30 seconds each (e.g., rose, eucalyptus, lemon, clove), over 3 months.
See https://abscent.org or https://www.fifthsense.org.uk for additional resources

2) Intranasal corticosteroids (shown to be of benefit in some meta-analyses with little risk for harm).
Can be prescribed as sprays; compounded steroid irrigations can be considered*.

3) Systemic steroids (mixed evidence; some have advised against their use due to potential side effects).

4) For parosmia, consider gabapentin.

*** Please consider referral to SKH Department of ENT**

❖ ENT Treatment

Hypoglossal Nerve Stimulation Implant Surgery

New Treatment for Obstructive Sleep Apnoea (OSA)

Hypoglossal Nerve Stimulation Implant Surgery

The landscape of sleep medicine is constantly evolving. As general practitioners, you have the crucial role of helping to identify and manage sleep disorders in our population. Hypoglossal nerve stimulation implant surgery, now available at Sengkang General Hospital, is a transformative option for patients with OSA, in particular those who find it difficult to tolerate Continuous Positive Airway Pressure (CPAP) therapy.

How does it work?

Hypoglossal nerve stimulation implant surgery involves the implantation of a small device under the right chest which provides stimulation to the hypoglossal nerve. This stimulation helps to move the tongue and palate forward during sleep, so as to keep the airway open and reduce apnea events. It has been shown in research studies to be effective in improving snoring and sleep apnoea symptoms.

Who are suitable?

This option has been a viable option for patients who find it difficult to tolerate CPAP. Selection criteria includes an apnea hypopnea index of between 15 - 65, BMI ≤32kg/m2, drug-induced sleep endoscopy showing anteroposterior palatal collapse, as well as tongue collapse.

How to refer?

By proactively identifying and referring suitable candidates for surgery, you can help your OSA patients improve their symptoms and achieve restorative sleep. Referral can be made to the SKH Dept of ENT Surgery for patients to explore further treatment options.
To refer, call: 6930 6000 or email appointments@skh.com.sg

❖ GP Referrals to SKH Specialist Outpatient Clinics (SOC)

Get Onboard Partners Buddy (PB) with us *NOW!*

Benefits

- Directly book SOC appointments for your patients across various specialty clinics in SKH*
- View and track patients' SOC appointments and specialists' referral replies
- Strengthen collaboration between Hospital and Primary Care Setting

Please see attached PDF for the latest specialty and sub-specialty clinics at SKH Medical Centre.

What's in it for me as a GP?

- ☑ Directly secure appointments on the spot anytime^
- ☑ No need to handle multiple emails anymore
- ☑ Round-the-clock access to your patients' care plan through one platform
- ☑ Be kept updated by our specialists on patients' conditions and recommended treatment plans
- ☑ Your patients will be right-sited back to you

^For urgent referrals or new SingHealth patients, SKH will conduct the necessary verifications before booking the appointment.

Partners Buddy sharing and demo sessions are available if you are keen to get onboarded to this platform!

For more information, you may reach out to our SingHealth Partners Buddy Team (partnersbuddy@singhealth.com.sg).

*Note: For GPs who are not onboarded with PB, we accept GP referrals through the following email: **gp@skh.com.sg**. Request can take up to 3 working days or more to fulfil from the date of email received should there be more clarifications required.*

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If you have any questions or wish to provide feedback, please email Julian.ang.x.l@skh.com.sg
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