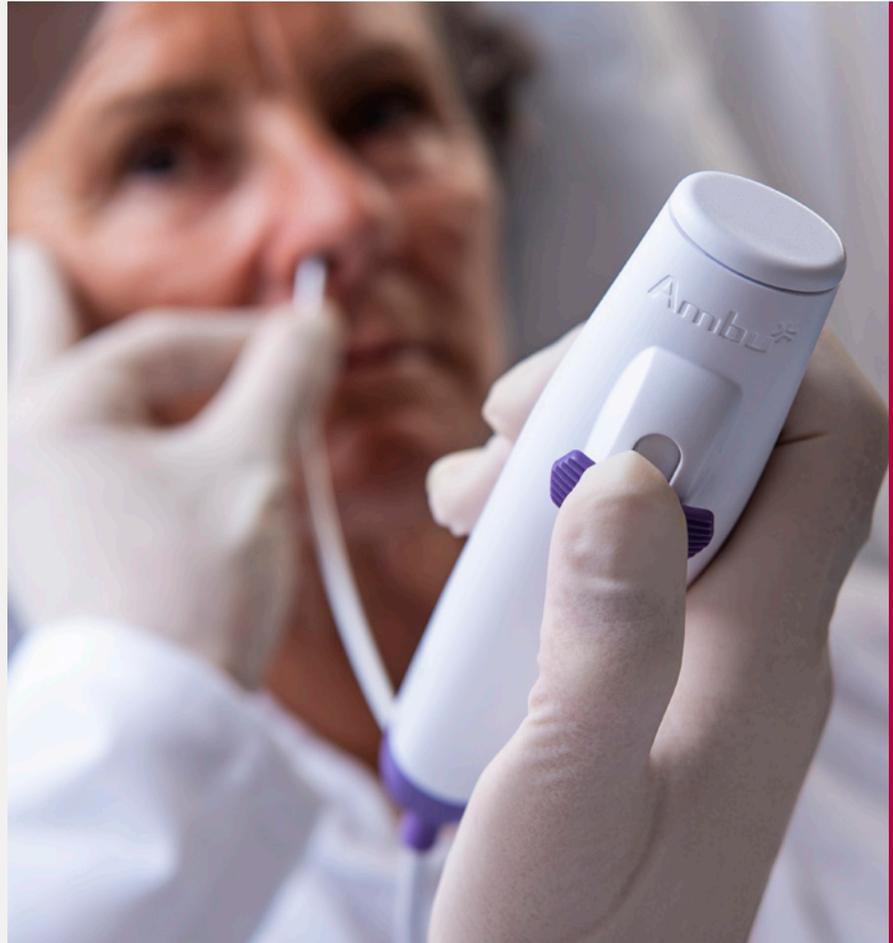


## Keeping a safe distance from patients in a tertiary Head & Neck cancer service with Ambu® aScope™ 4 RhinoLaryngo

### 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, and there is 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. 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 coughs<sup>1</sup>. As conventional flexible nasal endoscopes transmit images to an eyepiece or a camera mounted on the scope, it requires healthcare staff to be in very close proximity to the patient, increasing the risk of exposure of doctors and nurses to a patient's aerosol during procedures. 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 challenge was the "Availability of portable video scopes during COVID-19"**

### The ideal solution for UAE: Ambu 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 whilst ensuring the safe delivery of clinical services. 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. The main driver for the decision was to implement safe UAE practice, which can allow Royal Surrey County Hospital ENT department to return to service gradually with the existing threat of COVID-19. Ambu's aScope 4 RhinoLaryngo solution provides a separate monitor, which increases the distance between healthcare staff and patients. In addition, aScope 4 RhinoLaryngo requires no post-procedural handling with zero risks of cross-infection, reducing the need for Track and Trace of nasal endoscopy and avoiding the use of contaminated scopes on compromised patients. 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.



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"<sup>2,3</sup>, and "Disposable nasoendoscopes should be considered for use out-of-hours to ensure safety and minimise the risk of cross-infection."<sup>2</sup>

## Reasons to reach for Ambu aScope 4 RhinoLaryngo: Royal Surrey County Hospital's perspective

According to Mr David Walker, 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. Mr Walker expressed that the challenge during this period was the "availability of portable video scopes" with a separate screen to ensure safe practice. Mr Walker said "national ENT UK guidance on scopes in COVID-19", which recommended the use of a separate video screen for UAE<sup>2,3</sup>, was the high-level initiative that prompted the decision to choose aScope 4 RhinoLaryngo and it was "implemented via local guidelines". 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.

### Additional benefits

Although initially implemented with the recommendations and suggestions made by major institutions, Mr Walker discovered the additional benefits of having aScope 4 RhinoLaryngo. He said that it "allows portable video scopes for emergencies and recordings that can be used for teaching". 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.

Mr Walker also said that: "portability, ability to record/capture, obviating sterilising" adds additional convenience compared to conventional scopes. 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. 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".

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



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