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**Title:** Travel, Telephone or Type? Following up Benign Lesions.

**Body:** Introduction

Routine biopsies are often followed up face-to-face(F2F) or telephone calls clogging up clinics, reducing appointments available for patients requiring ongoing treatment. Some patients with benign conditions could be followed up with letters.

Methods

A two-cycle audit was carried out over two, 5-month periods (Aug-Dec). Biopsies yielding benign conditions were analysed looking at: types of lesions, type of follow-up and whether patients received their biopsy outcome. All malignant or premalignant conditions were excluded. After the first cycle a standardised letter for routine biopsies was created and staff encouraged to follow up benign lesions via letter.

Results

In the first cycle, 169 benign biopsies were taken. Lesions included hyperkeratosis, polyps, amalgam tattoos, papillomas and candida. 39 (23%) were discharged with a letter to follow up with results. In the second cycle only 77 biopsies were taken. 44% (34) patients had letters sent with results; the majority of these were for polyps/mucocoeles. 25% (19) had telephone follow-ups and the remaining 31% (24) attended F2F. 7 were lichen planus patients with symptoms and 4 patients with candida requiring follow up care.

Conclusions

Whilst some cases still require F2F follow up some do not. More patients are being discharged with results sent via letter, reducing travel and time out of work. This also frees up clinic appointments helping with the waiting list and seeing patients more promptly.

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