The Mid Yorkshire Hospitals NHS
NHS Trust

Bringing together community and hospital services

Certificate of Attendance

This is to certify that

Dr Sunil Kumar Sah

has completed the

New Consultant Development Programme

on

22nd April till 4th December 2015

Richard Firth
Assistant Director of Organisational Development

New Consultant Development Programme		
Day	**Course Content**	**Attended Yes ✓ No ✗**
Day One- 22nd April 2015	Trust Values and Behaviours	✓
Day Two- 21st May 2015	Consultant Appraisals	✓
Day Three- 8th June 2015	Commissioning Services and Finance.	✓
Day Four- 10th July 2015	Clinical Service Strategy	✓
Day Five- 8th September 2015	Urgent Care/Patient Flow and Emergency Planning	✓
Day Six- 13th October 2015	Team Working, Networking, Mentoring	✗
Day Seven- 4th November 2015	Planning your Job and Career	✓
Day Eight- 4th December 2015	Medical Leadership Graduation Ceremony	

The Mid Yorkshire Hospitals NHS
NHS Trust

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Certificate of Attendance

This is to certify that

Sunil Sah

has completed the following course

Conflict Resolution Training

(in line with the National Syllabus incorporating Customer Care)

on the

23 October 2015

Philip Cook
Course Facilitator

NHS KSF Dimensions: Attendance on this course can be used as evidence towards the following KSF Dimensions: Core 1 - Communication, Core 3 – Health, Safety & Security, Core 4 – Service Improvement, Core 5 – Quality and Core 6 – Equality & Diversity.

The Leeds Teaching Hospitals NHS
NHS Trust

The Mid Yorkshire Hospitals NHS
NHS Trust

Certificate of Attendance

This is to certify that

SUNIL SAH

GDC Number.....
Date: 21/09/2017

Attended the West Yorkshire European Head and Neck Cancer Awareness Week Study Evening

Learning Outcomes:

1. To have an awareness of the options of reconstruction in Head and Cancer
2. To understand the concept of the fast track pathway for head and neck cancer
3. To be able to differentiate between which oral lesions require observation, routine or fast track referral

For 2 1/2 hours of CPD

Imran Suida
StR in Oral Surgery

Michael Ho
Consultant in Oral and Maxillofacial Surgery

simulation centre

This is to certify that

Sunil Sah

Has taken part in the following course

Course Title: Dental Emergencies 1

At PGH

On Tuesday 13 June, 2017

This activity took 3½ hours excluding meal/tea/coffee breaks
and meets the GDC verifiable CPD criteria

Signed:

Sharon Lukins
Educational Lead Practitioner

Name of Course Provider: Montagu Clinical Simulation Centre

Address of Organiser: Montagu Clinical Simulation Centre
Montagu Hospital
Adwick Road
Mexborough
S64 0AZ

Telephone No: 01709 649 106

publication / presentation

Atypical facial neuralgia after placing dental implants on posterior maxilla

H.B. Lee*, M.J. Kim, J.H. Lee, S.M. Kim

Seoul National University Dental Hospital, Seoul, South Korea

Background: After placing implant on posterior maxilla, some patients complained about atypical facial pain. The cause of this symptom is not yet understood and reliable consensus among the clinicians on the treatment protocol is yet to be established.
Objectives: The object of this study was to examine specific patient characteristics of the atypical facial neuralgia (AFN) patients and to assess the effectiveness of conservative and surgical treatment.
Methods: Patients who experienced AFN symptoms after implant placement on posterior maxilla were examined from 2008 to 2016 at Seoul National University Dental Hospital. Through chart-review and patient-interview with questionnaires, demographic and clinical data were retrieved. For the evaluation of the treatment effectiveness, visual analogue scale of the patients before and after the treatment course was compared.
Findings and Conclusions: Patient age ranged from 41 to 71 years (mean age, 56.2 years; 7 males and 9 females). Placement site of the concerned implants was mostly in the maxillary molar region (77.78%). In majority of cases symptom of AFN started within one week after implant fixture installation (62.5%). Eleven patients reported continuous dull pain and five patients reported continuous sharp pain. In surgically treated group, four patients reported complete alleviation of pain, four considerable alleviation of pain, one slight alleviation of pain and two reported no change. In conservatively treated group, none reported complete alleviation of pain, four considerable alleviation of pain, and one reported no change. Considering the results of treatment, surgical intervention can be a trial solution.

http://dx.doi.org/10.1016/j.ijom.2017.02.936

Analgesic effect of submucosal dexamethasone and methylprednisolone in third molar surgery

D. Lim*, W.C. Ngeow

University of Malaya, Kuala Lumpur, Malaysia

Background: Beneficial effect of corticosteroids in reducing postoperative swelling and trismus is well established by previous studies. However, their effect on postoperative pain is still controversial.
Objectives: To compare the analgesic effect of submucosal injection of dexamethasone and methylprednisolone in controlling postoperative pain following mandibular third molar surgery.
Methods: 60 recruited patients were randomly assigned to three different groups, namely the saline control group, the (4 mg) dexamethasone group and the (40 mg) methylprednisolone group where the agents were administered as a preemptive submucosal injection. Postoperatively, patients were prescribed with standard analgesic and antibiotic. Pain was assessed on postoperative day one, two, five and seven based on visual analogue scale and the amount of analgesic consumed.
Findings: The methylprednisolone group experienced significantly less pain and consumed less analgesic on postoperative day one and two when compared to control group (analysis of variance, P 0.05).
Conclusion: The use of methylprednisolone reduced pain in the early postoperative period while the use of dexamethasone did not render any beneficial analgesic effect.

http://dx.doi.org/10.1016/j.ijom.2017.02.937

Patient's perception of lingual and inferior dental nerve paraesthesia following mandibular third molar extraction–a telephonic survey

R. Madattigowda*, S. Vempaty

Northwick Park Hospital, London, United Kingdom

Background: The surgical removal of mandibular third molar is associated with risk of damage to inferior dental and lingual nerve sensory deficit. The damage to lingual and inferior dental nerve depends on the position of the tooth in proximity to the nerves, surgical techniques and it is operator dependent. Postoperatively these patients are only followed up when there are complications. Unless patients perceive the sensory deficiency and make an attempt to report to the surgeon these cases will not come in to light.
Objectives: To assess the incidence of inferior dental nerve and lingual nerve damage among patients who had removal of mandibular third molars with close proximity to the inferior dental canal. To discuss the need of considering coronectomy in selected patients.
Methods: Data was collected from theatre list including both general anaesthesia and local anaesthesia. A telephonic survey was done to assess patients perception of sensory deficit following mandibular third molar extraction at our unit. Radiographs, operator notes and patients feedback were analysed. The patients who were operated by surgeons with minimum of three years surgical experience were included to minimise the error from inexperienced surgeons.
Findings and Conclusion: The incidence of inferior dental nerve paraesthesia was significantly low compared in the literature. It was found that there is a need of discussing coronectomy only in selected cases.

http://dx.doi.org/10.1016/j.ijom.2017.02.938

Compliance to national guidelines for wisdom teeth extractions

H. Nazir*, L. Middlefell, J.R. Kelly, H. Cashman, S. Sah

Pinderfields General Hospital, Mid Yorkshire Trust, Wakefield, United Kingdom

Background: The removal of wisdom teeth is a common surgical procedure within dentoalveolar surgery. The reason for extraction can be associated with a number of pathological changes such as pericoronitis, caries or cysts. As with all procedures, there are potential risks and benefits associated with intervention.
Objectives: The aim of the retrospective study is to improve care for patients who are referred into the hospitals for wisdom tooth removal, by complying with best evidence based practice:
1. The National Institute for Health and Clinical Excellence (NICE) – Guidance on the extraction of Wisdom Teeth March 2000.

2. Scottish Intercollegiate Guidelines Network (SIGN) Management of Unerupted and Impacted Third Molar Teeth September 1999.

Methods: There were 673 removal procedures carried out at Pinderfields General Hospital in 2015; a retrospective case note review was conducted for the last 67 (10%) patients who had a total of 100 wisdom teeth removed. Comparison was made with previous results.

Findings: From the 98% documented, 90% complied with the NICE guidelines and 90% with SIGN, a clear increase from the previous years, 75% and 80% respectively. 7% of extractions listed did not comply with either guideline. 2% failed to document a reason for removal of wisdom teeth.

Conclusion: Although there is an overall improvement in the compliance with either guidance, it does not meet the 100% recommended local standard. SIGN has been discontinued. If this is taken in to context, a local agreement needs to be made whether patients should only be listed according to NICE guidelines.

http://dx.doi.org/10.1016/j.ijom.2017.02.939

Tooth extraction in the area of an arteriovenous malformation: a case report

M. Sabani*, D. Jelovac, M. Petrovic, B. Prstojevic, V. Konstantinovic

School of Dental Medicine, Clinic for Maxillofacial Surgery, University of Belgrade, Serbia

Vascular malformations and vascular tumours represent two distinct entities according to the classification of vascular anomalies. Unlike vascular tumours (except rare congenital haemangiomas), vascular malformations are present at birth and grow with the development of the child. Vascular malformations with arterial component are considered as high-flow lesions and could be life-threatening due to uncontrolled haemorrhage after tooth extraction.

This paper reports a safe tooth extraction in a 58-year-old female with arteriovenous malformation (AVM) [Cho type IIIb] of the left floor of the mouth, tongue, inferior lip, buccal, chin, anterior cervical and submandibular region (Schobinger class 3). The patient had metabolic syndrome. Her main complaint was pain in the left mandibular region. Unusual bleeding from the periodontal sulcus of the teeth 36 developed after attempt of division of Sharpey's fibres. The extraction procedure was interrupted immediately. Haemostasis was achieved with compression manoeuvre.

Diagnosis of AVM with mandibular bone involvement was established by cone-beam computed tomography, magnetic resonance imaging, digital supraselective and computer tomography angiography. The patient refused treatment of the vascular malformation prior the extraction of the tooth. Preoperative embolisation of the AVM (biosphere 40–120 μm, BeadBlock 100–300 μm, PVA contour 45–150 μm) and consecutive tooth extraction were performed. The postoperative course and six months follow-up were uneventful.

To summarise, adequate knowledge about AVM of all dental practitioners is mandatory in order to avoid a possible life-threatening complications.

http://dx.doi.org/10.1016/j.ijom.2017.02.940

Preventing never events in oral surgery

O. Sheikh*, G. Logan, S. Vempaty, B. Visavadia

London North West Hospitals, United Kingdom

Background: Dental extractions are the most common surgical procedure. Extraction of the wrong tooth is considered 'wrong site surgery' and is considered a never event. In 2014 there were 126 'wrong site surgery' never events reported, with the wrong tooth or teeth being removed as the most common. It is clear that the sequence of events leading to patient harm is multifactorial and that wrong site surgery continues to be an issue even with the safeguards already in place.

Objectives: Development of a new marking system to be performed using a sterile pen onto the drape just before the procedure begins adding an extra check to the procedure.

Methods: The varied process leading to wrong site surgery was analysed using three separate methods:

- Root cause analysis
- Process mapping
- Literature review of current best practice and formulation of a standard and audit

Following the above the authors created a proforma to ascertain current practices and to investigate any improvements that can be made to patient safety.

Results: The results of the proforma show practices vary in different units in how the World Health Organization checklist and marking systems are implemented.

Conclusions: This new system is now being used when carrying out oral surgery under general anaesthesia in our trusts. Usually marking the patient is performed at the time of consent or marking the board when the patient enters theatre. There are usually a few minutes between this and actually starting the procedure (sign in, scrubbing and prepping).

http://dx.doi.org/10.1016/j.ijom.2017.02.941

The use of vancomycin-impregnated calcium sulphate in the treatment of osteomyelitis of the jaw

H.J. Sun*, L. Xue, C.B. Wu, Q. Zhou

China Medical University, Shenyang, China

Objectives: The aim of this study was to describe the effect of vancomycin-impregnated calcium sulphate in the treatment of osteomyelitis of the jaw.

Methods: Twelve patients who were diagnosed with osteomyelitis of the jaw have been treated with vancomycin-impregnated calcium sulphate since July 2014 at the Department of Oral and Maxillofacial Surgery, School of Stomatology, China Medical University (Shenyang, China). All patients underwent debridement of nonviable bone and implantation of vancomycin-impregnated calcium sulphate. The wounds were covered with acellular dermal matrix (ADM) and tightly sutured.

Findings: Ten patients had satisfactory wound healing. However, two cases of maxillary central osteomyelitis had delayed wound healing. The wounds healed after the surgical site was tightly sutured again under local anaesthesia. At three months, the panoramic radiograph showed that most of the implants had been reabsorbed and replaced by new bone formation. All the patients

Coronectomy of an impacted and submerged second deciduous molar

M. Hussain*, S. Sah

Pinderfields General Hospital, Heaton, United Kingdom

Abstract: Coronectomy is a widely accepted technique for approaching impacted wisdom teeth. The fundamental principle is to prevent trauma to the inferior dental nerve (IDN). Many literature publications have demonstrated its positive outcomes. To the best of my knowledge there is no literature regarding coronectomy of deciduous teeth. This case report highlights the complex approach to managing a severely submerged LRE in the mixed dentition of a 10-year-old female. The report demonstrates and discusses the combined orthodontic and oral surgery approach to prevent damage to the IDN and to allow space for orthodontic movement. This case emphasises how delicate nerve sparing techniques in the mixed dentition are complex, yet achievable.

Clinical relevance statement: When managing severely submerged and impacted deciduous second molars, clinicians must be aware that the options for a coronectomy should carefully be considered and may be the difference between sparing the nerve or causing permanent injury.

http://dx.doi.org/10.1016/j.ijom.2017.02.384

Are cardiac valve patients 'dentally fit' and can oral and maxillofacial surgery provide a means of optimising patient outcome?

R.E. Isaac*, J. Hayes, S. Ashraf

Morriston Hospital, Swansea, United Kingdom

Background: The 2008 NICE guidelines revised the need for routine prescription of prophylactic antibiotics for 'high-risk' cardiac patients about to undergo invasive dental procedures. Nevertheless, all preoperative patients for cardiac surgery are advised to see their dentist and achieve an optimal level of dental health in order to reduce the possibility of dental pathogens later causing infective endocarditis.

Despite British and European guidelines advocating such measures, there is no direct guidance to cardiologists/cardiac surgeons nor to the dentists to what standard of dental health such patients must obtain.

Objectives: 1. Identify the state of oral pathology within preoperative cardiac patients. 2. Produce structured, coherent guidelines between cardiac surgeons, community dentist and oral and maxillofacial surgery units.

Methods: A prospective assessment of dental health in all preoperative cardiac surgery patients over a two-month period was performed. Following this a comprehensive literature review was conducted.

Findings: The results of the data obtained will be disclosed at presentation.

Conclusion: Whilst the paucity of evidence of antibiotics for dentoalveolar surgery is widely understood, there is little evidence in the mainstay for optimising dental health precardiac surgery. We identify the 'state of play' of dental health prior to such surgery and advocate guidelines for community dentists and cardiac surgeons to adopt.

http://dx.doi.org/10.1016/j.ijom.2017.02.385

The contribution of dietary advice on the well-being after third molar extraction in young adults: a randomised controlled pilot study

D. Jager*, E. van Eijnatten, T. Forouzanfar, Y. van den Brink, J. Wolff

VU Medical Center, Department of Maxillofacial Surgery and Oral Pathology, VU University, Amsterdam, The Netherlands

Background: To date there is very little literature on appropriate postoperative nutritional support after third molar removal. Even though there is strong evidence that balanced postoperative nutrition has a positive effect on wound healing.[1]

Objectives: This study seeks to assess the effect of dietary advice on wound healing of young adult patients following third molar surgical removal.

Methods: In this randomised, prospective cohort study 40 young adults, who underwent a third molar surgical removal, were randomised to receive nutritional advice. The patients received nutritional advice to improve their postoperative nutrition to support the wound healing by achieving a sufficient energy, protein and fluid intake and a lower alcohol intake.

Findings: The intervention group ate significantly more energy ($P=0.02$) and protein ($P=0.005$) than the control group. 37 out of the 40 (93%) patients said they think a nutritional advice would be beneficial for them. The intervention group showed 0.6 out of 5 points lower pain score and 0.5 out of 10 less days of pain medication use.

Conclusion: This randomised pilot study does not yet support the hypothesis that a nutritional advice has a positive effect on the overall well being of patients aged 18–30 years after a wisdom tooth extraction. A larger follow-up on this pilot study is recommended and data from this study could be used for a follow-up study.

Reference

1. Stechmiller, J. K. (2010). Understanding the role of nutrition and wound healing. *Nutrition Clin Pract, 25*, 61–68.

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The clinical effect of carbon dioxide laser and platelet-rich fibrin on vestibuloplasty

S. Keerativittayanun*, S. Kiatkamonmarn, P. Pripatnanont

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Prince of Songkla University, Hatyai, Songkhla, Thailand

Background: Vestibuloplasty is a surgical technique to improve functional vestibular sulcus. The technique of vestibuloplasty with secondary epithelisation always results with high relapse rate which can be improved with grafting with palatal mucosal graft, however second site morbidity still be concerned.

Near miss — a penetrating injury

M. Maharjan *, B. Mathema

B and B Hospital, Nepal

Penetrating injuries involving face, neck and thorax together is uncommon and can be particularly difficult to manage since multiple vital structures are present in each of these regions. Injuries of these kinds have the potential for significant morbidity and mortality. The modern approach to these patients should be multidisciplinary and requires cautious integration of clinical findings and appropriate imaging studies to formulate an effective, safe and minimally invasive treatment modality.

We present a case report on a patient with a penetrating metallic rod injury following a fall from tree involving face, neck and thorax managed successfully with a multidisciplinary approach.

http://dx.doi.org/10.1016/j.ijom.2017.02.309

Remodelling of the condylar head after fracture fixation with ultrasound activated resorbable pins

N. McLeod

Oxford University Hospitals, United Kingdom

Background: Ultrasound activated resorbable pins have been used successfully to treat condylar head fractures. One concern initially with their use was osteolysis of the condylar head when the material resorbed.
Objectives: To review the remodelling and any resorption of the condylar head during the healing phase through resorption of the fixation material.
Methods: Patients who underwent condylar head fracture fixation with ultrasound activated poly-D-L-lactic acid pins were followed up, and computer tomography scans undertaken between 12 and 24 months postoperatively to assess condylar head remodelling, the resorbable pins were still evident, and whether there was any evidence of osteolysis.
Results: Condylar heads showed evidence of remodelling beyond 12 months, although there was no evidence of negative effects such as loss of condylar height, temporomandibular joint pain or change in occlusion after the initial postoperative healing period. No scans showed any evidence of osteolysis around the pin tracts and by 24 months there was no longer any evidence of resorbable material.
Discussion: Current resorbable materials do not appear to demonstrate significant resorption reactions in bone and their presence does not appear to adversely interfere with remodelling of the condylar head after initial fracture healing. Whilst the overall benefits of reduction and fixation of condylar head fractures remains to be clarified, where surgery is proposed we support the use of ultrasound activated resorbable pins which therefore do not require removal and here provide reassurance that there do not appear to be any long-term problems with their use.

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White-eyed orbital blowout fracture in children — a case series

A.J. Nazimi *, R. Nordin

Department of Oral and Maxillofacial Surgery, UKM Medical Centre, Kuala Lumpur, Malaysia

Trapdoor or white-eyed orbital blowout fracture is an uncommon paediatric maxillofacial injury. Although potentially a life-threatening injury, lack of clinical manifestations with minimal orbital wall disruption with or without evidence of entrapment of inferior orbital content on radiological examination may contribute to late diagnosis and inadvertently impair the prognosis.

We describe three cases of a white-eyed blowout orbital floor fracture in children that underwent different managements. One patient with radiological evidence of incarcerated muscle and clinical evidence of entrapment was treated surgically while the other two patients presented only with computed tomography evidence of a linear fracture of the orbital floor without any other clinical symptoms were treated via nonsurgical approach.

This report is in agreement with bulk of literature that trapdoor or white-eyed orbital fractures pose a true surgical emergency for the symptomatic paediatric patient but observation alone may be appropriate in selected cases.

http://dx.doi.org/10.1016/j.ijom.2017.02.311

Midfacial trauma: subtarsal lower-eyelid incision to access and repair orbital floor fractures

H. Nazir *, J.C. Kelly, S. Sah

Pinderfields General Hospital, Mid Yorkshire Trust, Wakefield, United Kingdom

Background: At Mid Yorkshire NHS Trust we encounter a high volume of traumatic injuries to the zygomatic-orbital complex. Historically, at this unit these fractures were accessed and repaired via lower blepharoplasty and subtarsal incisions. These are well-established approaches for several reasons but have the obvious drawbacks of potentially unaesthetic scarring and ectropion. We discuss our experience of using the subtarsal lower-eyelid incision, including the adequacy of exposure, the perioperative and long-term complications and alternative surgical approaches.
Methodology: A retrospective analysis was made of patients receiving orbital floor access and repair during a 24-month period. Complications were determined by reviewing operation notes and subsequent follow up. Analysis of postoperative photographs was also conducted; scarring or ectropion was highlighted.
Discussion: The most common mechanism of injury was via interpersonal violence/assault (78%). We found that 33% of patients had a degree of diplopia following initial injury and in 11% of patients that double vision had remained or worsened one week post surgery. 11% of patients reported ongoing pain from the lower eyelid one month post surgery after wound healing. We had two cases of ectropion (11%) and neither required any further surgical intervention.
Conclusion: There are several well-published surgical approaches to access the orbital floor. Most patient's main concerns preoperatively were based on being left with visible facial scarring. We feel that the subtarsal incision still has a place in accessing orbital

floor fractures but there should be a move towards favouring the transconjunctival approach.

http://dx.doi.org/10.1016/j.ijom.2017.02.312

Pattern of facial trauma — a two-year study

A. Nikunj *, S. Ingole, S. Rajurkar, A. Sharma

Nair Hospital Dental College, Mumbai, India

Background: A modern fast-paced life, and an increasingly violent and intolerant society have made facial trauma a form of social disease. This has resulted in changes in the pattern and clinical features of facial injuries — ranging from mild to massive disfigurement of maxillofacial skeleton along with functional loss.
Objectives: To study the incidence, aetiology and pattern of facial injury in Mumbai, India. Evaluate the causative factor for facial trauma and to correlate the age, sex and nature of facial injury to the causative factor.
Methods: Over a period of two years, from 2014 to 2016, 300 patients with maxillofacial injures were identified and assessed. Patients were grouped on the basis of age, sex, aetiology, pattern and site of facial trauma.
Result: A total of 300 patients were assessed in which male predominance was seen. The most common cause of trauma was fall followed by road traffic accidents, assault and others. There was approximately equal incidence of soft and hard tissue injuries. Young adults were found to be more affected compared to old-age group.
Conclusions: The changing trend of aetiology and pattern of trauma and the mechanism of injury correlates significantly with the fracture and the knowledge of these associations will guide the surgeons in accurate and timely management. Our study highlights the areas in developing countries in which further focus is required.

http://dx.doi.org/10.1016/j.ijom.2017.02.313

Associated injuries in maxillofacial trauma — a study in a tertiary hospital

S.G. Patil

HKES S. Nijalingappa Institute of Dental Sciences and Research, India

Objectives: Maxillofacial trauma when associated with concomitant injuries has a significant potential for increased morbidity. This study aims to identify the causes of trauma, evaluate the types of associated injuries and to highlight the significance of multi professional collaboration in sequencing of treatment.
Methods: A total of 300 patients who reported to the casualty of a tertiary hospital with facial fractures were enrolled.
Results: Associated injuries were sustained by 162 patients. The predominant aetiology was road traffic accidents with maximum number of patients, in the age group of 20–29 and a male to female ratio of 10.1:1. The mandible was the most frequently fractured bone. Head injury was the most common associated injury. The mortality rate was 0.66%. The mean Injury Severity Score and Glasgow Coma Scale values among the patients who sustained associated injuries along with maxillofacial trauma were higher and lower respectively, as compared to those without associated injuries with a statistically significant difference ($P < 0.001$).
Conclusion: Implementation of strict road safety measures in the rural and interior regions of India, to prevent morbidity and mortality due to road traffic accidents is essential. Injuries to the facial skeleton must be approached with the knowledge of probable associated injuries that could have been incurred.

http://dx.doi.org/10.1016/j.ijom.2017.02.314

Influence of substance abuse and oral hygiene: postsurgical complications of mandibular fractures

S.G. Patil

HKES S. Nijalingappa Institute of Dental Sciences and Research, India

Objective: This study was designed to evaluate the influence of substance abuse (tobacco use, alcohol) and role of oral hygiene in treatment of mandibular fractures since fracture of mandible is common in patients who sustain facial trauma.
Methods: This study was conducted at the Department of Oral and Maxillofacial Surgery, HKES S. Nijalingappa Dental College, Kalaburagi in the period 2010–2013. 50 patients with mandible fractures treated by open reduction and internal fixation were included in this study. Patients' social histories were reviewed for a history of human immunodeficiency virus status, alcohol abuse and drug abuse, oral habits like tobacco chewing and smoking.
Results: 32% of our cases developed minor complications. Of the 50 patients, 20% were smokers, 20% were chewed tobacco and 20% were alcoholics. 65% of tobacco chewers, 50% alcoholics and 75% smokers developed minor complications after one month. 88% with poor oral hygiene/periodontal status patients developed mild infection.
Conclusion: The results of this study shows that chronic substance abuse and poor oral hygiene can significantly affect treatment outcomes in the management of mandibular fractures.

http://dx.doi.org/10.1016/j.ijom.2017.02.315

The role of navigation system, endoscopy and intraoperative computed tomography scan for the treatment of midface trauma

N. Pederneschi *, A. Manfuso, S. Catanzaro, L. Cassano, C. Copelli, R. Cocchi

IRCSS Casa Sollievo della Sofferenza, San Giovanni Rotondo, Italy

Management and treatment of midfacial trauma is still challenging for head and neck surgeon because of the functional and aesthetic deformities that can occur more likely in complex fractures. The use of new technologies (navigation, endoscopy and intraoperative computed tomography [CT] scan or a combination of these devices), due to their greater accuracy, allows improving results.

Navigation-aided reconstruction is becoming essential to achieve precise and predictable results in midface complex trauma, especially in orbital reconstruction. It consists in an ideal virtual reconstruction of the target area created using a mirroring tool, superimposing and comparing the unaffected side with the fractured sides.

is one such craniofacial abnormality. Surgical treatment aims to restore function and provide individuals with a more normal appearance. Geometric Morphometrics (GM) and the Linear Morphometrics (LM) are two methods used to plan and assess outcomes following craniofacial surgery, our study aims to compare the two.

Method: Retrospective analysis of 3D CT scans of 21 Aperts patients (pre and post-op patients) and 90 control scans (normal individuals). Landmarking of each scan was carried out using LM landmarks, six key landmarks were analysed calculating mean values and standard deviations. Each scan was marked using the GM landmarks and average Dense Surface Correspondence (DSC) models created. Six key landmarks were measured on the DSC models and compared to the mean measurements of the LM group. A Wilcoxon test was used to analyse the data.

Results: Our results demonstrated no significant difference in landmark measurements between the two groups (Wilcoxon test $p > 0.05$). However, the Geometric Morphometric methodology allowed for more scope in planning by producing three-dimensional models allowing better visualisation of facial structure.

Conclusion: The Geometric Morphometric method was found to be compatible with Linear Morphometrics in this study. In addition, the Geometric Morphometric method is able to provide more information on the contour and shape of face and hence more useful in planning for craniofacial surgery.

http://dx.doi.org/10.1016/j.bjoms.2016.11.077

P77

A Unique Case of Multiple Carotid Artery Aneurysms in a 10-Year Old Child

Natasha Berridge*, Caroline Mills, Peter Ayliffe

Great Ormond Street Hospital

Introduction: Aneurysmal disease in children is rare, and is often associated with an underlying connective tissue disorder, arteritis, trauma or infection. More unique is the presence of multiple aneurysms of the carotid system, involving either the intracranial or extracranial portion of the arterial system. In cases of extensive aneurysms extending towards the skull base, surgery becomes even more challenging. We present a unique case of combined surgery and interventional radiological management for a giant extracranial carotid artery (ECCA) aneurysm associated with multiple smaller intracranial aneurysms in a healthy 10–year-old boy.

Methods: Our patient presented to Great Ormond Street Hospital with a painless atraumatic swelling of the left sided neck noted over preceding weeks. Aside from generalized joint hypermobility, he did not exhibit any other features of Ehlers Danlos or stigmata of disease and was otherwise healthy. Radiological embolisation of the smaller intracranial aneurysms was followed by a two-team approach to surgery. The Maxillofacial team provided access to and exposure of the giant ECCA via a lip split and midline mandibular osteotomy, allowing the Vascular team to excise the aneurysm via clip ligation.

Results: No adverse events have been noted during his 6-month postoperative follow-up.

Clinical Relevance: We highlight the importance of early diagnosis and prompt operative intervention of giant ECCA necessary to prevent major and life-changing complications in the paediatric population.

http://dx.doi.org/10.1016/j.bjoms.2016.11.078

P78

Audit of compliance with National Guidelines for extraction of wisdom teeth

Hira Nazir*, Louise Middlefell, Sunil Sah, Jonathan Reid, Jonathan Kelly

Pinderfields General Hospital, Mid Yorkshire Trust

Introduction: The removal of wisdom teeth is a common surgical procedure within dentoalveolar surgery. The reason for extraction can be associated with a number of pathological changes such as pericoronitis, caries or cysts.

As with all procedures, there are potential risks and benefits associated with intervention.

Standards: The aim for the project is to improve care for patients who are referred into the hospitals for wisdom tooth removal, by complying with best evidence based practice

1. The National Institute for Health and Clinical Excellence (NICE) – Guidance on the extraction of Wisdom Teeth March 2000
2. Scottish Intercollegiate Guidelines Network (SIGN) Management of Unerupted and Impacted Third Molar Teeth September 1999

Method: There were 673 removal procedures carried out at Pinderfields General Hospital in 2015; a retrospective case note review was conducted for the last 67 (10%) patients who had a total of 100 wisdom teeth removed. Comparison was made with previous audit results

Results:

Guidance Followed	**2012**	**2013**	**2016**
Total extractions	**84**	**25**	**100**
NICE	90%	76%	90%
SIGN	90%	80%	90%
Both	90%	68%	87%
Neither	10%	12%	7%

Conclusion: Although there is an overall improvement in the compliance with either guidance, it does not meet the 100% recommended local standard. As such, this audit shows a short falling of the recommended local standard.

There have been recent changes to SIGN with it being discontinued. If this is taken in to context, a local agreement needs to be made whether patients should only be listed according to NICE guidelines.

http://dx.doi.org/10.1016/j.bjoms.2016.11.079

P79

Is routine microbiology swabbing necessary in odontogenic infections? A 5-year retrospective study of microbiology reports at Western Sussex Hospitals NHS Foundation Trust

Clifton Wan *, Jessica Rice, Meeral Makwana, Urooj Iqbal, Sowjanya Avireddi, Stephen Walsh

Western Sussex Hospitals NHS Foundation Trust

Introduction: The objective of this study was to determine whether microbiology reports of pus swabs following drainage of odontogenic infection was likely to impact on patient management.

Materials and Methods: A retrospective study of microbiology results following drainage of an odontogenic infection at St. Richard's Hospital over 5 years. Patients identified by clinical codes: "Drainage of abscess of alveolus of tooth" or "Other operations on mouth" + "Unspecified drainage of organ NOC". Reports accessed via the hospital results reporting system.

Results: 184 patients identified. 83 were excluded from this study (the majority not sent for testing) leaving 101 records examined. Average length of stay was 2 days, time to first report: 4 days, time to finalised report: 15 days. 40 (39.6%) cases had no pathogen growth, 66 (65.3%) showed commensals, 35 (34.6. %) mixed growth and 31 (30.7%) specific species. Sensitivity testing was not performed in 82 (81.2%) of 101 cases. Of the remaining, all but one were sensitive to first line antibiotics (penicillin or metronidazole). The last was a Staph. Aureus sensitive to Flucloxacillin. 2 (2%) cases were resistant to Erythromycin, and 1 (1%) resistant to Penicillin.

Conclusion: Microbiology testing offers little information at time of treatment, with 89% of reports only available after discharge and 81.2% not providing sensitivity or resistance data. A*tapproximately*£25 per testing process, the trust could save £2500 over this period if these tests are not carried out as routine.

Other clinical codes will be examined to capture a greater number of treatment episodes.

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P80

Success of closed exposure for impacted upper canine teeth combined with orthodontic traction: A retrospective study

Naomi Prado *, Jaina Patel, Husham Al-Kaillany, Andrew Dickenson

Royal Derby Hospital

Background: Impacted permanent canine teeth occur in 2% of the population. The incidence of maxillary impaction is 85%, with 8% occurring bilaterally. The incidence of palatal impaction is higher than to buccal impaction.

The actiology of maxillary impaction is unknown, although arch width discrepancy and anterior positioning are frequently cited causes. The condition is managed surgically, either by open or closed exposure techniques.

Aims: This study aimed to evaluate the success of a one-step closed surgical technique for exposing and guiding into occlusion the impacted maxillary canine teeth.

Methodology: Retrospective review of cases surgically managed with closed exposure of impacted maxillary canine teeth. Data was collected on tooth position, site of gold chain placement and treatment outcome.

Results: 107 cases with full records were identified. 10 patients failed to achieve fully positioned canines (9.3%). 8 canines were palatally impacted and 2 were in the line of the arch. The chain was positioned on the palatal aspect in 9 cases and buccally in 1 case.

Only 1 chain debonded (0.9% failure rate). The remaining 9 underwent re-operation; 6 for re-bonding, 2 for surgical removal of the tooth and 2 for open exposure.

Conclusions: The reported debond rate is 8%, so 0.9% is a satisfactory result. However there is no equivalent data for failure of canine traction. Overall this study had a 90.7% successful alignment rate with closed exposure.

The reason for the high failure is assumed to be the unfavourable canine position and is the subject of an on-going prospective study.

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P81

The role of CBCT in OMFS practice

Jonathan Wareing *, Navroz Singh, Nicola Jaffa, Zheny Yankova, Beverley Cox, Jim McCaul

Airedale General Hospital

CBCT is relatively novel modality and appears to be a potentially useful addition in management of patients in Oral and Maxillofacial Surgery. We report our analysis of CBCT carried out over 24 months in Airedale General Hospital.

Method: Data was collected for patients where CBCT was requested, including; referral details, diagnosis, plain films

only conservative recommendations and without any intervention. Miniplates, resorbable miniplates and compression plates were applied to patients who were treated with open approach. Acrylic occlusal plates and arch bars were used for closed treatment.

Conclusion: Reduction and stabilization of mandibular fractures are more difficult in paediatric patients with deciduous and mixed dentition. Minimal invasive techniques such as acrylic plates were preferred for patients with younger ages to obtain better aesthetic and functional results. Features of paediatric mandibles must be taken into account if open approach is performed.

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P141

A 5 year retrospective notes review comparing patterns of trauma in adult cyclists and motorcyclists with facial injuries brought into a major London Trauma Centre between 2010-15

Arin Mahmoud*, Kathleen Fan

King's College Hospital

This study compared the patterns of trauma in helmeted and un helmeted cyclists and motorcyclists, particularly the location of facial fractures, head injuries, and the distribution of serious injuries across the body. Data was collected from Trauma Audit and Research Network, and 140 patients were found between 2010-15 who had been brought into King's College Hospital, London Emergency Department, of which 115 were deemed appropriate. Proportionately, cyclists without helmets suffered on average 1.48 fractures to the face, against 1.96 in cyclists with helmets. This seems counter-intuitive, but can be explained by the different rates of skull fracture and traumatic brain injury (TBI): cyclists with helmets suffered 39% and 43% TBI and skull fracture respectively, while cyclists without helmets suffered 76% and 64% respectively. Cyclists with helmets receive better protection for their head, and therefore if they sustain injuries serious enough to warrant inclusion by TARN, it is more likely to be facial injuries than head injuries; cyclists without helmets therefore proportionately suffer more head injuries. Helmeted motorcyclists suffered less facial fractures (averaging 1.35) and skull fractures (35%), but rates of TBI comparable to un helmeted cyclists and motorcyclists at 65%. A scoring system using Injury Severity Scales was created to calculate the concentration of injuries to the head and face, and it was found that injuries were concentrated around the head in cyclists over motorcyclists, and unhelmeted riders over helmeted. Helmeted motorcyclists were better protected from upper and mid-face fractures over unhelmeted motorcyclists; cyclists with helmets were better protected from upper-face fractures.

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P142

Clinician advice to patients following the surgical repair of orbital-zygomatic complex fractures

Jonathan Kelly*, Sunil Sah, Imran Suida

Pinderfields hospital

Objective: We commonly encounter traumatic injuries to the head and neck region and surgically repair a significant number of fractures involving the orbital-zygomatic complex.

Post-operatively patients received conflicting information and presented with surgical emphysema following nose blowing or were confused and seeking clarification about the advice offered and how it may affect their occupation or hobbies. We standardised the advice given to minimise confusion and improve patient's clinical outcomes and satisfaction.

Methods: Anonymous questionnaires were sent to OMFS clinicians asking questions about the time patients should be avoiding trauma, nose blowing, flying and driving for, if they were experiencing diplopia. The results were compared to published evidence available.

Results: 15 clinicians completed the anonymous questionnaire with a response rate of 100%. The commonest time frame for avoiding trauma was 6 weeks (42%) and between 7-12 weeks (42%), 16% advised their patients that trauma should be avoided for 3 months or more.

59% advised no nose blowing for two weeks, 25% suggested four weeks and 8.3% advised one week and three weeks respectively.

For avoiding flying 33.3% said two weeks, 25% said there was no need to avoid flying, and the remainder was evenly spread throughout the other available categories.

For patients with diplopia 66.6% advised avoiding driving, 16.6% did not know, 8.3% said attempt to drive to ascertain performance and 8.3% suggested informing the DVLA.

Conclusion: There was a significant variation in the advice given to patients from different clinicians and that both parties may benefit from local guidelines.

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P143

The Need for Inclusion of CT Mandible in Trauma MDCT Protocols

Debi Dasgupta*, Meghal Vora, Valmiki Sharma, Malcolm Cameron

Addenbrooke's Hospital, Cambridge, UK & King's College London

In 2012, the Department of Health sanctioned the development of 22 specialist trauma centres across England. The aim was to develop a model of care to treat severely injured patients (SIPs), for example those with multiple injuries including head injuries, at a "hub" major trauma centre

tigations pre-operatively for minor or intermediate grade surgeries. These expensive investigations are often carried out as "routine" in hospitals and can even delay surgical proceedings.

The aim of this audit is to study the demographic and ASA grade of patients requiring ORIF mandible at a tertiary centre for OMFS in northwest London. We aim to demonstrate that majority of patients are ASA grade 1 and therefore do not require routine blood test pre-operatively.

100 consecutive patients that underwent an ORIF mandible were assessed from August to November 2015. This audit has demonstrated that the patient demographic is often young, healthy males, who fall into the ASA grade 1, therefore according to NICE guidelines are not required to have pre-operative bloods. The initial results were presented locally and staff educated. Reaudit completed the cycle and results are presented and discussed in this paper.

This audit recommends change in local clinical practice so that pre-operative full blood count, renal function and group and save investigations are no longer carried out as routine in ASA grade 1 patients who are awaiting an uncomplicated ORIF mandible. This recommendation has economical, as well as ethical grounds, and can help prevent unnecessary delays in theatre.

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P152

Emergency management for Orbital Compartment Syndrome – How effective is decompression?

Priyanka Patel *, Atheer Ujam, Mike Perry

Northwick Park Hospital, Northwest London

Current guidelines in the urgent management of patients with vision-threatening retrobulbar haemorrhage (RBH) include immediate lateral canthotomy and cantholysis, followed as necessary by surgical decompression (Lewis and Perry, 2007). Medical treatment is also advocated to 'buy time' while preparing the patient for theatre. This consists of high dose steroids, mannitol and acetazolamide diuretics to reduce swelling and orbital pressures.

It is also generally recognised that delayed intervention in patients in which the vision has been seriously affected, is associated with poor outcomes including blindness (Bailey, Kuo and Evans, 1993). With early presentation, given the potential risk to sight, there is generally a low threshold for treating suspected cases. Whether or not to treat late presenting cases is perhaps more controversial, partly because clinicians could face accusations of negligence if no action is taken.

We present the case of a patient who sustained orbital trauma to his only seeing eye, which resulted in acute painful tense proptosis, ophthalmoplegia, loss of vision and CT evidence of a RBH. He received no treatment at all, but surprisingly made a full recovery of vision within 48 hours. In contrast to the current literature in favour of urgent treatment, this case casts some doubt over the concept of "always" treating orbital compartment syndrome, and our understanding of the condition. This is discussed.

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P153

Our experience of using the second crease Blepharoplasty incision at the mid-Yorkshire NHS trust to access and repair orbital floor fractures. A discussion of the adequacy of exposure, perioperative and long term complications of this approach

Jonathan Kelly *, Hira Nazir, Sunil Sah

Pinderfields Hospital - Mid Yorkshire NHS Trust

At Midyorkshire NHS trust we encounter a high volume of traumatic injuries to the Zygomatic-orbital complex. Historically, these fractures were accessed and repaired via a second crease Blepharoplasty incision to the lower eyelid. This is a well-established approach for several reasons but has the obvious drawback of a visible scar that is potentially unanaesthetic left behind. We are currently debating a change of practice to the trans-conjunctival pre-septal approach to avoid this scarring but endeavoured to see if this change is warranted.

We discuss the intra-operative challenges of this approach with the longer term complications. We also discuss the pros and cons from a surgeon's viewpoint in terms of technical difficulty, access achieved and patient preference. We compare our outcomes to a recognised gold standard to audit our performance and ensure our patients receive exemplary care.

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P154

Injuries to the head and neck in Homer's Odyssey

Ghaly Ghaly *, Panagiotis Stathopoulos, Afroditi Azari

John Radcliffe Hospital, Oxford

The odyssey is one of the most famous and influential poems ever conceived and together with the Iliad are considered to be the most prominent and representative works of the ancient Greek epic poetry. Our purpose was to retrieve and systematically record the head and neck injuries mentioned in the Odyssey.

We studied the text of the Odyssey in ancient Greek and the translations in Modern Greek and English and searched for references of head and neck trauma. We recorded the references of the injuries, the attacker and defender, the weapons used, the site, and the result of the injury.

We identified 11 injuries of the head and neck described in the Odyssey. Nine of them were fatal.

Method: 680 consecutive ultrasounds performed at Ninewells Hospital (via GP direct request) between the period of 3/10/11 - 30/9/12 were retrospectively assessed to determine the reason for request, the result of the investigation and the onward management of the patients.

Results: Out of the 680 consecutive US investigations 39 had to be excluded due to missing data. Out of the 641 ultrasounds 252 were normal. We specifically wanted to look at onward referral of these patients. The majority of patients (361) did not require referral. The largest referral group was those with thyroid pathology (228). The highest recipients of referrals was endocrine (118).

Of the patients who required surgery for a neck pathology (61) this was most often carried out by ENT (35) followed by general surgery (19), maxillofacial surgery (5) and dermatology (2).

Conclusion: The use of ultrasound neck investigations by GPs most often yields a normal scan result and does not result in a referral to secondary care we wish to discuss cost effectiveness implications and the fact that as a specialty we do not seem to be receiving referrals for cases requiring surgical opinion. We feel we must do more to make the wider profession aware of maxillofacial as a specialty.

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P37

Is consent for minor oral surgery procedures adequate? Audit of consent from a major teaching hospital

Asma Keshtgar*, Eitan Brizman, Kaveh Shakib

Royal Free Trust

Aims: The presentation aims to assess whether patients have sufficient information to understand their treatment plan and recovery from local anaesthetic procedures in the Oral and maxillofacial department. Patient communication and clinical governance will be improved by implementation of change gathered from feedback, with second stage data reflecting this.

The recommendation from the Royal College of Surgeons 3.5.1 is to 'ensure that the patient has sufficient time and information to make an informed decision' and 'where possible, you should provide written information to patients to enable them to reflect and confirm their decision.'

Methods: Short patient questionnaires were handed out after each local anaesthetic procedure across a London hospital Trust between October-November 2015. 90 patient responses were collected.

Currently, patients give verbal consent at the initial consultation; this is then verified at the next appointment whereby the consent form is signed.

Two key questions were assessed:

- Is there adequate information exchange prior to the procedure?
- Should we introduce two-stage consent for local anaesthetic procedures?

Results: 53% of the procedures were extractions and 33% were biopsies. 86% of patients reported they were 'well informed', 8% 'fairly informed', 2% 'uninformed' and 4% 'unanswered'. 52% of patients prefer to have written information leaflets and 69% prefer not to sign the consent form at the initial appointment.

Conclusions: Patients generally prefer to obtain written information at initial consultation; this will help reduce anxiety. Most patients are happy with the current consent process whereby written consent is given at the second appointment.

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P38

Outcomes of Facial nerve trophic stimulation (FNTS) in patients with facial nerve weakness due to trauma or iatrogenic damage from surgery

Jonathan Reid*, Jennifer Perry, Mohamed Imran Suida, Sunil Sah

Mid Yorkshire Trust

Introduction: Facial nerve weakness can affect facial expression, blinking and feeding abilities. Due to the anatomical position of the facial nerve (FN), it can be damaged as a result of surgery or facial trauma resulting in unilateral facial weakness. Facial nerve trophic stimulation (FNTS) uses electrical impulses to improve the function of a weak FN.

Standards: The aim of the audit was to enable patients with traumatic/iatrogenic FN weakness to make informed treatment choices by evaluating local outcomes.

The Gold Standard (GS) was extrapolated from the Targan *et al.* (2000) study, whereby a group of patients who had iatrogenic surgical FN damage from surgery had a 48% improvement within the House-Brackmann (HB) scale.

'Grade I' is normal facial function whereas 'Grade VI' is total paralysis.

Method: Retrospective data was collected for 13 patients with FN weakness from 2011 - 2015. The patients were treated with FNTS as a result of surgery or trauma for 2-27 months. The pre- and post-treatment photos were graded using the HB scale.

Results: The pre-treatment HB grades ranged from II-V (mean 3.8)

- The post-treatment HB grades ranged from I-IV (mean 2.3)
- There was a mean improvement of HB grades of 29.2%.
- 3 patients met the gold standard of 48% HB improvement:

Conclusion: There were numerous factors which may have affected the results e.g. the timing and lack of standardisation of facial expression photographs. Protocols have

been placed to correct this and a second cycle will be carried out shortly

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P39

Pre-Operative Blood Tests - Are we over-ordering?

Paayal Shah*, Gauri Vithlani, Tahir Mirza, Roshnee Patel

Luton and Dunstable Hospital NHS Foundation Trust

Introduction: "Needless NHS blood tests waste millions of pounds every year" the Times 2-5-15.

Junior doctors often request pre-operative blood tests for elective cases by 'default'. These tests may be potentially unnecessary and thus incur needless expense. The provision of clear, specialty-specific guidelines that are easily accessible may help to ensure that only necessary blood tests are ordered.

Aims and Objectives: To determine whether adults assessed by DCTs pre-operatively for a range of elective OMFS general anaesthetic procedures at The Luton & Dunstable Hospital Trust undergo appropriate blood testing.

Methods: A retrospective audit over a three month period. 2003 NICE and local clinical guidance were used as gold standards. Cycle 1 audited 54 patients, and cycle 2, 57.

Results: Our first cycle of audit showed 46% of all renal function and 31% of all liver function tests ordered were superfluous, none of which altered patient management. Large inconsistencies arose in coagulation screens requests.

We constructed a simple set of guidelines for the index OMFS procedures; indicating the correct tests to be ordered. A re-audit showed a significant improvement, with only 8% of requested blood tests deemed unnecessary.

Discussion: The decision to order pre-operative blood tests should be based on two factors; the surgical procedure and patient co-morbidity. Subjective variation in grading of surgery invasiveness contributed to over-ordering in our unit.

Our simplified set of guidelines has reduced the DCT rate of unnecessary blood test requests which may have significant trust-wide cost-saving implications if implemented in other specialties.

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P40

Summary or no summary

Rafal Niziol*, Leandros Vassiliou, Kathleen Fan

Kings College Hospital NHS Foundation Trust

Introduction: In July 2013 "Standards for the clinical structure and content of patient records" were published following the endorsement for better medical information by the Francis Report. Examples of these include; patients demographics, diagnosis and advice given.

This, together with the government's plan to electronically send all discharge summaries (TTOs) to general practitioners (GPs) by 2015 resulted in trusts introducing data management programmes such as Symphony.

This audit aims to assess whether these standards are adhered to in documentation of patients discharged directly from A&E at Kings College Hospital. Specifically, clear inclusion of the diagnosis and instructions for further GP management.

Methods: We performed a retrospective "Symphony data management" search of TTOs sent to GPs from Kings College Hospital A&E department. The authors evaluated all TTOs of patients that were seen by the maxillofacial team and discharged directly from A&E during August 2015.

Results: 138 TTOs were eligible for inclusion in this study. 23/138(17%) had no recorded diagnosis. GP instructions were given in 23(17%) cases, missing in 108(78%) and deemed incomplete by the author in 7(5%) TTO's.

Conclusion: Based on this audit, we currently do not adhere to national standards. Reasons for this remain unclear but are thought to be due to lack of training and large numbers of JCFs working infrequent shifts. A questionnaire will be distributed to maxillofacial doctors to investigate this. Re-audit will be carried out following formal teaching sessions. The importance of good communication between secondary and primary care cannot be underestimated and engagement is essential.

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P41

Retroclavicular skip metastasis in early T-stage Oral cancer

El Muiz Mustafa*, Saadia Farooq, Sunil Khandavelli, Samuel Mattine

Worcestershire Royal Hospital

We present and demonstrate the first report of gross skip metastasis in low level IV and the retroclavicular region extending to the confluence of the great vessels. The primary tumour was a 30 mm (T2) well lateralised tongue tumour in a 54 years old male, non-smoker with moderate alcohol intake.Isolated nodal metastases present at level IV in less than 2% of patients with squamous cell carcinoma of the oral cavity. The discussion centres on the weight ascribed to the depth of the primary tumour (>3 mm in this case) as a predictor of neck metastasis among early T stage tumours. Further discussion relates to the unique difficulties posed by retroclavicular metastases with regards to surgical access and delivery of postoperative radiotherapy.

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