

Results: A total of 61 and 56 new cases were identified in 2013 and 2015 respectively. Abnormal CT scans were identified in 30% (18/61) and 41% (23/56). In 2013 interval scanning was recommended in one third (6/18), rising to half (11/23) in 2015. A 67% (4/6) compliance with recommendations was seen in 2013 with no new disease found. This improved to 91% (11/12) compliance in 2015 helping to identify three cases of progressive disease.

Conclusions: Overall compliance with guidelines has improved. Recommending interval scans with a suitable timeframe at staging helps to identify progressive disease early.

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P17

Appropriate assessment of eye observations in the Accident and Emergency department in patients with zygomatic complex / orbital fractures requiring surgical treatment

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Introduction: Trauma is one of the leading causes of unilateral loss of sight worldwide. Eye injuries are associated with zygomatic complex fractures and orbital fractures. Hence, it is important to carry out a basic eye examination that includes visual acuity (VA), diplopia, range of eye movements, pupillary reaction to light, enophthalmos/proptosis, hyper/hypoglobus, subconjunctival haemorrhage, at the least.

Materials/Methods: All patients who underwent surgical treatment for fractures of the zygomatic complex or the orbit by a single surgeon over a one year period were identified and the notes were checked for documentation of the above parameters of eye assessment. 24 patients were identified, however only the notes of 20 patients were found to be accessible due to various factors.

Results: It was found that documentation by OMFS staff was in general more complete than that done by A&E staff. Documentation of the above parameters by OMFS /A&E staff were as follows: VA (86%/67%), Diplopia (86%/50%), Enophthalmos (29%/8%), Hypoglobus(29%/0%), Pupillary reaction(86%/67%), Range of eye movements(100%/92%), Subconjunctival haemorrhage (43%/33%). Only one patient had all of the signs documented. Visual acuity, diplopia, range of movements and pupil reaction were better documented than the others.

Conclusion: Better documentation of eye signs including the negative findings is required. This can be possible through education/training of A&E, OMFS staff and re-auditing the results.

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P18

Appropriate Use of Blood Glucose Investigation for Patients Presenting with Acute Cervicofacial Infections

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Introduction/Aims: There are very few reports in the literature detailing the importance of measurement of random blood glucose in patients with acute cervicofacial infections, in order to rule out undiagnosed diabetes. A study by Zhen(2012) concluded that uncontrolled diabetes mellitus is an important indicator of clinical features and outcomes in treating multi-space infections of the oral-maxillofacial region.

Patients with undiagnosed diabetes often present with cervicofacial infections that can require complex management and often a longer hospital stay. Early diagnosis and intervention of this would hopefully therefore improve clinical outcomes. Based upon this paper, an ideal gold standard was set for 100% of all patients with acutely presenting cervicofacial infections to have blood glucose (BG) measurements on admission.

Materials/Methods: 30 patients aged 18 years old or over presenting to Pinderfields General Hospital (PGH) with acute cervicofacial infections were identified. Data was collected retrospectively from May-October 2016 using the maxillofacial handovers. The notes were then located and checked for whether a BG measurement had been carried out.

Results/Statistics: Initially, only 17% of patients seen in PGH with acute cervicofacial infections had their BG measured. Data collected for the second cycle of the audit shows a significant improvement in the number of BGs taken.

Conclusions/Clinical Relevance: Blood glucose investigation is uncomplicated and should be practiced by all maxillofacial teams. This audit has proven very beneficial in improving clinical practice. Early detection of undiagnosed diabetes greatly improves patient outcomes.

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P19

Cancellations in Head and Neck (H&N) Elective Surgery

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Introduction: Theatre cancellations have been a significant problem for healthcare organisations and service users. This results in unnecessary costs and resource wastage.

The aim of this audit is to examine compliance at Northampton General Hospital (NGH) to the following standards: -