

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.

<http://dx.doi.org/10.1016/j.bjoms.2016.11.148>

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.

<http://dx.doi.org/10.1016/j.bjoms.2016.11.149>

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.

<http://dx.doi.org/10.1016/j.bjoms.2016.11.150>

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.