

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**My 3 weeks spent in the OMFS provided an interesting and informative start to my elective period. The time was spent in the out-patient clinics, emergency department, theatres and also taking part in some research projects.**

**The first and second objectives of this elective were to see the patterns of trauma that presented to this department and how the OMFS service was delivered. I achieved this in 2 ways: firstly by attending out-patient clinics and also by looking at data from a recent research project I have been a part of. The out-patient clinics had a high load of trauma patients who were being seen following a referral from the emergency department. For patients that were referred from emergency departments/other clinics other than King's, this was generally the first time they were assessed by a member of the OMFS team. The patients seen at King's ED had already been 'triaged' by the on-call OMFS SHO. There were fewer 'query fractures' in these set of patients, and fewer missed injuries e.g. eye signs with orbital floor/zygoma fractures. The recent study showed the most common bony injury presenting to this department are mandibular fractures, which are generally admitted immediately. Zygomatic, orbital and mid-face fractures account for a third of the injuries seen. The vast majority of patients were young males who had been involved in interpersonal violence. It was also evident that alcohol played a role in many of these altercations. From a public health standpoint, I found this quite interesting as it suggests it may be possible to reduce the incidence or even prevent facial injuries. A literature search showed that maxillofacial injuries are already being prevented in this 'upstream' approach in parts of the UK.**

**With regards to the objectives I set, I was very keen to reacquaint myself with current practices in OMFS and use this time to improve my operative skills further. I was able to assist in theatre with zygomatic fractures, orbital floor reconstruction, a Le Fort 2 injury, cranioplasty and orthognathic surgery. I was fortunate to see a submental intubation - something I have only read about. I was supervised suturing and had the opportunity to use a Piezo saw for a maxillary osteotomy. It requires a very different technique to using a 'normal' handpiece but with practice, I was able to improve! My time in the Plastic Surgery department was very interesting as there was no free flap surgery performed at KCH - though this is a part of OMFS as well. In addition, I was able to observe some procedures that are done by both specialties that took different approaches. For example, a patient under the Plastics team had a forehead flap to reconstruct a defect on the cheek. There are several options for flaps and I have previously seen rhomboid and bilobed flaps being used as an alternative. This was really educational as it's important to learn a variety of techniques and be flexible in your approach. From a personal standpoint, this elective was an opportunity to work in this surgical specialty before embarking on my foundation years. I felt it was very important to take this final opportunity to work in this department before working towards a training number in OMFS. My time here has strengthened my desire to pursue this specialty.**