

ELECTIVE (SSC5c) REPORT (1200 words)

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

What are the main reasons for presentation to the Oral and Maxillofacial Surgery services in The Royal London Hospital in South West London and how does this differ to other parts of London and the UK?

The majority of patients presenting to OMFS services at the Royal London predominantly have suffered some form of trauma resulting in a laceration or facial fracture. Commonly it is due to interpersonal violence where adults are involved, with alcohol a predominant feature. The types of facial fractures of the mandible tend to be more complicated due to the level of violence in inner city area population which results in higher impact injuries. Sporting injuries are fairly common, with cycling injuries, rugby and football the most common in my experience. Simple accidents due to mechanical falls or work injuries also occur frequently. Being a major trauma centre, and the hub of London's trauma network a number of high impact injuries in road traffic injuries or falls from height are seen through resus. The nature of these injuries would differ to other parts of London and the UK which do not have Trauma centre status. As much as 2000 complex trauma cases are seen each year, more than any other centre in the UK. Children's lacerations are very common and are similarly seen in other parts of London and the UK.

Dental infections are very common; this is probably related to socioeconomic factors relating to the East London area. Many admissions are a result of poor oral health; this is in contrast to other affluent areas in the UK. Other types of facial infections also present to OMFS team through A&E, such as infected sebaceous cysts. Dental Trauma is a relatively common presentation as with most other units, however, the availability of a nearby dental emergency clinic in the dental hospital helps reduce the volume of work.

How are Facial Trauma services organised and delivered in The Royal London Hospital and how does this differ to the rest of London and the UK?

The OMFS team plays a key role in the care of patients with multiple injuries to the neck, face, mouth and head regions. There is a Hub and spoke type referral system for facial trauma. 24-hour cover is provided by an on-call SHO, SpR and Consultant. In most cases, oral and maxillofacial injuries will need to be treated soon after the injury and is assessed by the OMFS team initially by the on call SHO. Following presentation to hospital during a trauma call, the hospital trauma team would carry out a primary survey to stabilise a patient and may use CT scans to identify head and face bone injuries, as well as other injuries. Following this a referral to the OMFS team is made for their further assessment. Treatment may involve immediate surgery in theatre or a planned procedure on the emergency list or an elective list later on. Following Surgical management, outpatient consultant led follow up clinic appointments are arranged until the patient is suitable for discharge from OMFS services. This does not differ much to other units in the UK; however, some smaller units may refer more complicated facial injuries to a hub unit.

How are patients presenting with facial lacerations initially managed?

All patients, in most cases, presenting with facial lacerations are cleared of Head injuries by the A&E staff before referral to the OMFS team. After a thorough history, patients are then assessed for any functional nerve injury and for any suspected bony fracture. Following this, the wound is more closely examined and a treatment plan explained to the patient. Most lacerations are treated under local anaesthetic with thorough debridement and closure with Sutures. Minor lacerations may be cleaned and closed with surgical glue or steri-strip dressings. More significant lacerations due to location, length or nerve involvement may be treated under general anaesthetic. Depending on the competency of a child, lacerations may be treated under topical, local anaesthetic +/- sedation, or general anaesthetic. Depending on the severity of lacerations, there is capacity for review on one of the OMFS trauma clinics run twice each week.

Gain further clinical and surgical experience in facial trauma. Carry out a patient satisfaction survey of patient experience of treatment of facial lacerations in A&E.

During my two weeks with the OMFS team I encountered many patients with facial and dental infections. Surprisingly not many adult facial lacerations were seen. This impacted the amount meaningful data that could be obtained. It was interesting to note that most patients were somewhat satisfied with their overall treatment by the on call OMFS SHO, particularly the rapport, explanation of injuries and treatment required. Some patients were however somewhat dissatisfied with the length of wait to see the OMFS SHO. This is multifactorial, related to either the length of time to be seen for clearance of head injuries which would delay their referral to OMFS. Also, the number of patients already referred to OMFS requiring treatment that takes at least 30mins for each case on average. I was able to assist in treatment of paediatric and adult lacerations under sedation and general anaesthetic as well as reduction of mandibular fractures.