

well as interference with occlusion and are often dislodged early.

Objectives: We describe our experience using ‘H-shaped’ soft, heat-cured methylmethacrylate Molloplast-B stents following cyst marsupialisation in 2 paediatric patients presenting with large and complex odontogenic cysts.

Methods: Initially, nasopharyngeal tubes were used to measure the diameter of the mucosal opening and create a softer, temporary acrylic stent. Following this, wax-ups were generated in our dental laboratory to generate a stock template; which was then processed to a Molloplast-B soft reliner. This template can then be trimmed to finish by the surgeon, allowing for customised alteration of the final length, retention sleeve, internal diameter and thickness.

Findings: We discuss the success of the stents in these children; including improved compliance with irrigation and subsequent bony infill. We also discuss complications of this stent design; including possible loosening and replacement, paraesthesia or blockage.

Conclusion: Soft Monoplast-B decompression stents provide another option for decompressive management of odontogenic cysts with low rate of premature dislodgement and enhanced comfort levels.

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P79

A review of the implementation in general dental practice of the 2015 update to NICE antibiotics prophylaxis guidelines for patients at risk of infective endocarditis

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Introduction: In March 2008 NICE released guidelines regarding antibiotic prophylaxis for patients at risk of infective endocarditis (IE) undergoing invasive dental procedures. At that time it was recommended that antibiotic prophylaxis should be avoided in all patients at risk. A review was conducted in 2015, due to a study suggesting a link between the increasing incidence of infective endocarditis and the 2008 guidelines.

The European Society of Cardiology maintains a recommendation that patients at high risk of IE being prescribed prophylactic antibiotics. In 2015 NICE added the word “routinely” to recommendation 1.1.3: Antibiotic prophylaxis against infective endocarditis is not recommended routinely. These conflicting messages can be confusing for both dental care providers and patients.

Methods: General dental practitioners (GDPs) in Mid-Yorkshire were contacted to ascertain their knowledge and implementation of the guidance. 80 questionnaires were sent to dental practices in the local area and the results were assessed.

Results: There was a response rate of over 51% (41), with all GDPs surveyed reporting awareness of and adherence to

the NICE 2008 guidelines. 43% of GDPs responded that they were confused by the guidance on antibiotic prophylaxis, with 61% having contacted the patients’ GP or cardiologist for advice. 13% of GDPs were aware of alternative guidance and only 48% knew there had been a review of the 2008 guidelines.

Conclusion: Despite NICE guidelines being in place since 2008 and reviewed in 2015 there appears to be confusion over how patients at risk of infective endocarditis are treated in primary dental care

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P80

Apicectomy- Historical or Still Relevant?

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Introduction: Apical surgery performed in NHS trusts has declined with time. Poor prognosis, cost cutting and better results with orthograde endodontic treatment are some of the reasons attributed to it. Value based clinical commissioning policies, and policy for interventions not normally undertaken, are some of the documents contributing in this regard. Apicectomy has become a historical procedure in many trusts. However at University Hospital South Manchester (UHSM), we regularly receive referrals for apicectomies and continue to perform the procedure.

Aim: Review outcome of apicectomies performed at UHSM.

Method: Retrospective study analysing 200 patients who underwent apicectomy between April 2009 - March 2016 at UHSM. Clinical and radiological assessments conducted both preoperatively and at follow-up. Follow-up was 6 months to 1 year.

Results: Clinical success rate of 90% (180) noted. Interestingly premolar teeth had the highest success (94%). Moreover 55% of the successful cases had poor or no root canal filling. Predictably, out of the total failed apicectomies (10%), molar teeth had the highest failure rate (18%) with 65% having a poor or no root canal filling. However, we did note that the overall outcome of apicectomies with molar teeth was much higher than the national average. Mineral trioxide aggregate (MTA) had a superior success rate (91%), compared to amalgam (80%).

Conclusion: Our study shows that apicectomy is a successful procedure. Our data reveals a strong case for future commissioning to continue apical surgery to be performed in the NHS. Appropriate case selection and good surgical technique play an important role.

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