

**Conclusion:** We found a number of concerns/breaches regarding the qualifications of trainers. This area needs to be reviewed and regulated with urgency. This training market we feel is currently being exploited, and given the lack of guidance governing who can provide this training, we feel that both clinicians attending and subsequent patients who attend for treatment are being failed by a system which does not police clinical educators or providers.

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### Advertising and marketing breaches by non-surgical aesthetic trainers

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The practice of non-surgical aesthetics is a booming industry, and discussion is being had about how this area of practice requires regulation in order to protect patients from undue harm. Whilst GMC guidance is available and often adhered to by clinicians advertising clinical services, there is guidance available from the Advertising Standards Authority (ASA) regarding medical services provision and the methods used to promote such practice. Having reviewed these ASA guidelines, we wanted to establish how many providers were in fact in breach of the ASA and GMC guidance.

**Method:** This was a comprehensive web-based review of advertising non-surgical aesthetic techniques. Data was collated using an online tool kit and ratified by two separate calibrated reviewers. Details of misrepresentation and potential breaches were taken directly from GMC and ASA standards.

**Results:** We found a number of breaches of both GMC and ASA guidance, which was varied in their severity and implication. We will present these surprising results in our definitive presentation.

**Conclusion:** Clinicians need to be made aware that all domains of clinical practice whilst governed by the GMC are also regulated by other bodies. Breaches of such guidance can result in formal reprimands and subsequent referral to the GMC.

Whilst the attempted regulation of the aesthetic industry which is being planned should help to address this issue, it would be prudent for such practitioners to review their clinical conduct and advertising accordingly.

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### Effect of arterial line monitoring of hypotensive anaesthesia on the haemodynamic responses and recovery profile of patients undergoing Orthognathic Procedures: A single surgeon's experience

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**Introduction:** In 1976, Schaberg et al published the first study regarding benefits of hypotensive anaesthesia in maxillofacial surgery. Now, it is a well-documented technique which successfully demonstrates a safe reduction in intraoperative blood loss. The profession has made many advances since and explored various surgical and anaesthetic alterations which aid hypotensive anaesthesia.

**Subjects and methods:** Retrospective analyses of thirty-two cases have been included. All patients were treated by a single surgeon and the same anaesthetist was used in all cases that ensured patients had an ART line in situ.

**Result:** 91% (n=29) patients were discharged within 23 hours or less with no cases of premature reviews or re-admissions. 78% (n=25) were discharged after being admitted to the ward for 20 hours or less. 3 patients stayed two nights due to existing comorbidities. Average blood loss in Mid-Yorkshire Hospitals Trust was 233 millilitres in comparison to 369.4 millilitres from a review of ten randomised control trials.

**Conclusion:** With 91% of patients being discharged safely within 23 hours is very promising for the future of orthognathic surgery. Deploying the most accurate techniques available to us does benefit the patients and the surgeons.

Orthognathic surgery is a major operation which benefits from hypotensive anaesthesia. The advantages include better surgical exposure, reduced need for blood transfusion and less risk of fluid overload. Additionally less coagulation factors are required which reduce risk of postoperative rebound hypercoagulability which may decrease risk of DVT.

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### Excision of Skin Cancers: No Margin for Error

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**Introduction:** Basal Cell and Squamous Cell Carcinomas (NMSCs) are the most common skin cancers in the UK with surgical excision regarded as the gold standard for treatment. The Royal Free London NHS Trust Maxillofacial Department performs around 300 of these procedures a year. Incomplete excisions present a significant burden to the patient. To measure and sustain consistent excellence in