Method: 680 consecutive ultrasounds performed at Ninewells Hospital (via GP direct request) between the period of 3/10/11 – 30/9/12 were retrospectively assessed to determine the reason for request, the result of the investigation and the onward management of the patients.

Results: Out of the 680 consecutive US investigations 39 had to be excluded due to missing data. Out of the 641 ultrasounds 252 were normal. We specifically wanted to look at onward referral of these patients. The majority of patients (361) did not require referral. The largest referral group was those with thyroid pathology (228). The highest recipients of referrals was endocrine (118).

Of the patients who required surgery for a neck pathology (61) this was most often carried out by ENT (35) followed by general surgery (19), maxillofacial surgery (5) and dermatology (2).

Conclusion: The use of ultrasound neck investigations by GPs most often yields a normal scan result and does not result in a referral to secondary care we wish to discuss cost effectiveness implications and the fact that as a specialty we do not seem to be receiving referrals for cases requiring surgical opinion. We feel we must do more to make the wider profession aware of maxillofacial as a specialty.

http://dx.doi.org/10.1016/j.bjoms.2016.11.042

P37

Is consent for minor oral surgery procedures adequate? Audit of consent from a major teaching hospital

Asma Keshtgar*, Eitan Brizman, Kaveh Shakib

Royal Free Trust

Aims: The presentation aims to assess whether patients have sufficient information to understand their treatment plan and recovery from local anaesthetic procedures in the Oral and maxillofacial department. Patient communication and clinical governance will be improved by implementation of change gathered from feedback, with second stage data reflecting this.

The recommendation from the Royal College of Surgeons 3.5.1 is to 'ensure that the patient has sufficient time and information to make an informed decision' and 'where possible, you should provide written information to patients to enable them to reflect and confirm their decision.'

Methods: Short patient questionnaires were handed out after each local anaesthetic procedure across a London hospital Trust between October-November 2015. 90 patient responses were collected.

Currently, patients give verbal consent at the initial consultation; this is then verified at the next appointment whereby the consent form is signed.

Two key questions were assessed:

- Is there adequate information exchange prior to the procedure?
- Should we introduce two-stage consent for local anaesthetic procedures?

Results: 53% of the procedures were extractions and 33% were biopsies. 86% of patients reported they were 'well informed', 8% 'fairly informed', 2% 'uninformed' and 4% 'unanswered'. 52% of patients prefer to have written information leaflets and 69% prefer not to sign the consent form at the initial appointment.

Conclusions: Patients generally prefer to obtain written information at initial consultation; this will help reduce anxiety. Most patients are happy with the current consent process whereby written consent is given at the second appointment.

http://dx.doi.org/10.1016/j.bjoms.2016.11.043

P38

Outcomes of Facial nerve trophic stimulation (FNTS) in patients with facial nerve weakness due to trauma or iatrogenic damage from surgery

Jonathan Reid*, Jennifer Perry, Mohamed Imran Suida, Sunil Sah

Mid Yorkshire Trust

Introduction: Facial nerve weakness can affect facial expression, blinking and feeding abilities. Due to the anatomical position of the facial nerve (FN), it can be damaged as a result of surgery or facial trauma resulting in unilateral facial weakness. Facial nerve trophic stimulation (FNTS) uses electrical impulses to improve the function of a weak FN.

Standards: The aim of the audit was to enable patients with traumatic/iatrogenic FN weakness to make informed treatment choices by evaluating local outcomes.

The Gold Standard (GS) was extrapolated from the Targan *et al.* (2000) study, whereby a group of patients who had iatrogenic surgical FN damage from surgery had a 48% improvement within the House-Brackmann (HB) scale.

'Grade I' is normal facial function whereas 'Grade VI' is total paralysis.

Method: Retrospective data was collected for 13 patients with FN weakness from 2011 – 2015. The patients were treated with FNTS as a result of surgery or trauma for 2-27 months. The pre- and post-treatment photos were graded using the HB scale.

Results: The pre-treatment HB grades ranged from II-V (mean 3.8)

- The post-treatment HB grades ranged from I-IV (mean 2.3)
- There was a mean improvement of HB grades of 29.2%.
- 3 patients met the gold standard of 48% HB improvement:

Conclusion: There were numerous factors which may have affected the results e.g. the timing and lack of standardisation of facial expression photographs. Protocols have

been placed to correct this and a second cycle will be carried out shortly

http://dx.doi.org/10.1016/j.bjoms.2016.11.044

P39

Pre-Operative Blood Tests - Are we over-ordering?

Paayal Shah*, Gauri Vithlani, Tahir Mirza, Roshnee Patel

Luton and Dunstable Hospital NHS Foundation Trust

Introduction: "Needless NHS blood tests waste millions of pounds every year" the Times 2-5-15.

Junior doctors often request pre-operative blood tests for elective cases by 'default'. These tests may be potentially unnecessary and thus incur needless expense. The provision of clear, specialty-specific guidelines that are easily accessible may help to ensure that only necessary blood tests are ordered.

Aims and Objectives: To determine whether adults assessed by DCTs pre-operatively for a range of elective OMFS general anaesthetic procedures at The Luton & Dunstable Hospital Trust undergo appropriate blood testing.

Methods: A retrospective audit over a three month period. 2003 NICE and local clinical guidance were used as gold standards. Cycle 1 audited 54 patients, and cycle 2, 57.

Results: Our first cycle of audit showed 46% of all renal function and 31% of all liver function tests ordered were superfluous, none of which altered patient management. Large inconsistencies arose in coagulation screens requests.

We constructed a simple set of guidelines for the index OMFS procedures; indicating the correct tests to be ordered. A re-audit showed a significant improvement, with only 8% of requested blood tests deemed unnecessary.

Discussion: The decision to order pre-operative blood tests should be based on two factors; the surgical procedure and patient co-morbidity. Subjective variation in grading of surgery invasiveness contributed to over-ordering in our unit.

Our simplified set of guidelines has reduced the DCT rate of unnecessary blood test requests which may have significant trust-wide cost-saving implications if implemented in other specialties.

http://dx.doi.org/10.1016/j.bjoms.2016.11.045

P40

Summary or no summary

Rafal Niziol*, Leandros Vassiliou, Kathleen Fan

Kings College Hospital NHS Foundation Trust

Introduction: In July 2013 "Standards for the clinical structure and content of patient records" were published following the endorsement for better medical information by the Francis Report. Examples of these include; patients demographics, diagnosis and advice given.

This, together with the government's plan to electronically send all discharge summaries (TTOs) to general practitioners (GPs) by 2015 resulted in trusts introducing data management programmes such as Symphony.

This audit aims to assess whether these standards are adhered to in documentation of patients discharged directly from A&E at Kings College Hospital. Specifically, clear inclusion of the diagnosis and instructions for further GP management.

Methods: We performed a retrospective "Symphony data management" search of TTOs sent to GPs from Kings College Hospital A&E department. The authors evaluated all TTOs of patients that were seen by the maxillofacial team and discharged directly from A&E during August 2015.

Results: 138 TTOs were eligible for inclusion in this study. 23/138(17%) had no recorded diagnosis. GP instructions were given in 23(17%) cases, missing in 108(78%) and deemed incomplete by the author in 7(5%) TTO's.

Conclusion: Based on this audit, we currently do not adhere to national standards. Reasons for this remain unclear but are thought to be due to lack of training and large numbers of JCFs working infrequent shifts. A questionnaire will be distributed to maxillofacial doctors to investigate this. Re-audit will be carried out following formal teaching sessions. The importance of good communication between secondary and primary care cannot be underestimated and engagement is essential.

http://dx.doi.org/10.1016/j.bjoms.2016.11.046

P41

Retroclavicular skip metastasis in early T-stage Oral cancer

El Muiz Mustafa*, Saadia Farooq, Sunil Khandavelli, Samuel Mattine

Worcestershire Royal Hospital

We present and demonstrate the first report of gross skip metastasis in low level IV and the retroclavicular region extending to the confluence of the great vessels. The primary tumour was a 30 mm (T2) well lateralised tongue tumour in a 54 years old male, non-smoker with moderate alcohol intake.Isolated nodal metastases present at level IV in less than 2% of patients with squamous cell carcinoma of the oral cavity. The discussion centres on the weight ascribed to the depth of the primary tumour (>3 mm in this case) as a predictor of neck metastasis among early T stage tumours. Further discussion relates to the unique difficulties posed by retroclavicular metastases with regards to surgical access and delivery of postoperative radiotherapy.

http://dx.doi.org/10.1016/j.bjoms.2016.11.047