

to broader spectrum antimicrobials on the basis of clinical parameters prior to culture and sensitivity results becoming available.

**Conclusions/clinical relevance:** As in previously published work, odontogenic infections in our series were predominantly polymicrobial with isolated organisms being common oral commensals. Empirical antibiotics were universally effective and culture and sensitivity results had no impact on treatment. Given the estimated additional cost of £25-30/case, we propose that the routine taking of swabs in these infections be discontinued in our unit, unless clinical presentation is indicative of possible atypical infection.

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### Quality of Lateral Cephalometric Radiographs Used for Orthodontic/Orthognathic Surgery Treatment – A Multi-Centre Regional Audit

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**Introduction/Aims:** To assess the quality of cephalometric radiographs taken for patients having Orthodontics/Orthognathic Surgery treatment and availability of the radiographs at the initial assessment, pre-surgical and post-surgical stages of treatment in five hospital departments in West Midlands.

**Gold standards:** Following the European Guidelines on Radiation Protection in Dental Radiology 100% of radiographs should have:

- No patient positioning errors
- Show all anatomical points required for analysis
- Good density and contrast

Following the British Orthodontic Society/British Association of Oral and Maxillofacial Surgeons guidelines all cases (100%) should have radiographs taken at:

- Initial assessment
- Pre-surgical assessment
- Post-surgical assessment

**Materials and Methods:** Radiographs taken at the above three stages for 100 consecutive patients who had Orthodontics/Orthognathic Surgery treatment completed in 2012–2016 at five hospital departments in West Midlands were assessed by calibrated clinicians. The data was recorded on Microsoft Excel and analysed using descriptive statistics.

**Results:** Pre-surgery and post-surgery radiographs were of better quality than the initial radiograph. Common errors included the ability to identify all soft tissue and dental landmarks, visibility of the condyle, measuring ruler, incorrect patient positioning and the contrast of the radiographs. Most

patients had initial and pre-surgery radiographs but only 59% had a post-surgery radiograph taken.

**Conclusions:** There is an improvement in the quality of radiographs required to capture the common errors highlighted in the audit. Clinicians need to be educated to take post-surgery radiographs.

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### Patient aftercare and the orthognathic journey at Mid Yorkshire Hospitals Trust: Can we improve it?

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**Introduction:** The Orthognathic Procedures Commissioning Guide recommends two surgical outpatient reviews in the immediate postoperative period and a period of post-surgical orthodontics is then required on a 6 weekly basis for up to 12 months. The aim of the audit was to ascertain if Orthognathic patients are seen within the recommendation and whether the pathway requires improvement.

**Methods:** Patient notes were used to review patient attendances and appointments following surgery.

**Results:** Over the 6 weeks postoperative period two surgical reviews were provided on average (n = 123/55â€“2.2). Our Orthodontic Department provided 2 appointments on average within 6 weeks (99/55). In addition to this there were 32 joint Orthognathic clinic appointments. However there were 8% failed appointments.

**Conclusions/Clinical Relevance:** In conclusion orthognathic patients were seen within the time stated within the Commissioning Guide recommendations. Our orthodontic unit provided double the amount of appointments required within the first 6 weeks. However the change recommended from this audit is to try to coordinate more follow up appointments on the joint orthognathic clinic to improve efficiency of clinic time and reduce appointment failures. This would also help to improve interdisciplinary communication between consultants in regards to patient management and therefore improving patient care.

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### An objective assessment of OMFS induction courses for junior trainees

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**Introduction:** OMFS poses significant challenges for newly starting dental core trainees. Many deaneries now run