The surgery undertaken comprised of neck dissection, mandibular and zygomatico-orbital access osteotomies, right hemimaxillectomy, skull base clearance and endoscopic transnasal intracranial resection of the tumour. She made excellent postoperative recovery and was discharged home within a week. She completed a radical course of IMRT and is being monitored with serial MR imaging.

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P59

Cleft Repair in the Elderly Population - the South Wales Experience

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Introduction/Aims: Surgical repair of cleft in the elderly population is controversial. Some cleft surgeons are of the opinion that the outcomes of repairing cleft in elderly patients are poor and as such, this group of patients should not be treated surgically. However, there is very little evidence in the medical literature published to support this. We report the outcomes of surgical repair of cleft in a series of elderly patients with un repaired cleft lip and or palate.

Materials/Methods: We review the South Wales experience of treating elderly patients with unoperated cleft lip and or palate. We document the presence of speech impairment, behavioral problems, depression and low self esteem due to teasing about their facial appearance and ability to communicate.

Results/Statistics: our results confirm an improvement in speech, quality of life and aesthetic outcomes after surgical repair of cleft in this series of elderly patients with un repaired cleft lip and or palate.

Conclusions/Clinical Relevance: We advise the cleft team to consider surgical repair of the untreated cleft lip and or palate in the elderly population. Further research is needed to objectively detect the primary aesthetic needs of elderly patients with cleft lip and or palate, which along with the subjective needs defined by the patient, should determine the aim of the planned treatment interventions in this patient group.

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P60

The application of an external mid-face distractor using a custom made locking plate

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Distraction osteogenesis has joined the conventional techniques for the comprehensive treatment of patients with skeletal insufficiencies and its successful use in the maxillofacial complex has been extensively reported. This treatment modality originated from orthopaedic surgery, with Codivilla1 first attempting bone lengthening in the early 1990s by performing osteotomies and stretching femur bones. The current concept was developed by Gabriel Ilizarov2, a Russian surgeon, with the technique gaining popularity in the 1970s and 1980s. In 1992, McCarthy et al3 first reported distraction osteogenesis for the correction of mandibular deformity in hemi-facial microsomia.

The authors report the successful application of an external mid-face distractor using a 2.0 mm custom made locking plate in a 20 year old male, following a Le Fort I osteotomy, in the management of severe maxillary hypoplasia, secondary to a unilateral alveolar cleft. Despite two alveolar bone grafts and Bio-oss augmentation of his maxilla, mobility and minimal displacement remained across the cleft site. The custom made plate was manufactured using CAD/CAM technology from a CT scan of the patient. This technique proved effective in the correction of a mid face discrepancy when the integrity of the previously grafted alveolar cleft site was suboptimal, with a bony bridge as opposed to a bony union. Despite an extensive literature review, we report for the first time, the successful application of an external mid-face distractor to correct a mid-face discrepancy using a custom made locking plate.

Reference


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P61

Consent for surgery to cleft lip & palate; fit for purpose and who does it best?

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Introduction and aims: The aim of this study was to explore how informed people are, and how much information they retain. The process of consent for cleft lip and palate surgery (CLAP) generally requires a third party to consent on behalf of a minor. Studies have shown patients generally retain low levels of information relating to their procedure.

Methods: Data was prospectively collected via a questionnaire from consecutive patients undergoing a spectrum of procedures related to the management of CLAP.


Results: 32 participants were included. Participants reported high levels of satisfaction (97%) with the consenting process and showed good level of knowledge (mean 66.24%, median 68.87%). Approximately 1/5 respondents recorded scores of 50% or less; suggesting a subgroup of individuals require additional support. This group displayed a bias towards wanting the provision of information via a specialist nurse.

Conclusions: This study, contrasting others on consent, indicates that despite the complexity of the procedures, those giving consent retained very good levels of detailed knowledge. We failed to identify any link with gender, educational attainment, age, procedure and time since operation. The study does identify a subgroup of patients, who rely upon input from the specialist nurse to achieve robust consent.

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P62

Secondary Alveolar Bone Grafting- a parameter for assessment of improved Cleft care- A regional Audit of Cleft services at Alder Hey Hospital

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Introduction: There was wide re-structuring of cleft services across the UK in view of recommendations by Clinical Standards Advisory Group report in 1998, that suggested more centralised care for these patients to achieve better outcome and improved services. It is recommended that secondary alveolar bone grafting should be carried out before the age of 11 year in order to achieve timely eruption of canine and development of dental arch. We present a retrospective study of 49 patients, evaluating the overall cleft services provided within the timeframe and especially the accomplishment of secondary alveolar bone grafting.

Methods: A retrospective Audit of 49 consecutive patients born in 2000-01. The dates of their appointments, attendance and delivery of services noticed from the case notes. Timely deliverance of Alveolar bone graft used as a parameter of improved regional service.

Results: 77.5% patients received secondary alveolar bone grafting within the timeframe. The remaining 22.5% patients were also seen in a timely manner however some of them didn’t require bone grafting and few patient’s orthodontics treatment took longer than expected.

Conclusion: This study confirmed improved and better service that has become possible as a result of centralisation of cleft care. Overall attendance and compliance of patients were effective however there is still need for measures that could improve orthodontic compliance of the patients and family and more effective clinical record keeping.

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P63

Psychosocial issues faced by children after cleft surgery: A study in a selected hospital in Kathmandu, Nepal

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Introduction: Cleft lip and palate is a congenital condition which can cause adverse psychosocial effects, including social exclusion, negative emotions, and low confidence. Previous research in developing countries has not concentrated on post-surgical experiences. Therefore, it is unclear whether these adverse psychosocial effects continue after repair, or whether this is able to counteract the negative experiences, increasing psychosocial well-being.

Aim: To discover which psychosocial issues are faced by children living in Nepal after cleft surgery.

Methods: This was a qualitative interview-based study with a sample group of six children and five guardians. Thematic content analysis was used to uncover themes.

Results: Pre-surgery experiences were similar to those in current literature. The expectations were for a brighter future in which the cleft had no effect. Expectations were met to a degree, but the operations did not provide a complete change - some negative effects remain. The post-surgical experiences were mostly positive, with children finding it easier to join in with social activities and feeling happier. There were still a few issues, such as continued teasing and unhappiness with scar appearance. The participants discussed community education as a method to reduce negative social experiences.

Conclusion: The post-surgical psychosocial experiences of these children are more positive than before repair. However, the results are still not entirely positive and some residual problems remain. Four recommendations have been made for further research and changes in practice.

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P64

Ectrodactyly-ectodermal dysplasia-clefting syndrome (EEC)- a case report and review of the literature

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Introduction: Case Report

We present the case of a five year old male with cleft palate associated with narrow nose, small mouth, maxillary hypoplasia, hypodontia, screwdriver-shaped central incisors, hypohydrosis and nail dysplasia. He had scanty scalp hair that was course and dry. This patient was diagnosed with Rapp Hodgkin Syndrome (RHS).

Discussion: Ectodermal dysplasia is associated with cleft lip and palate in three disorders- ectrodactyly-ectodermal dysplasia-cleft lip-palate syndrome (EEC), ankyloblepharon