

0612: AN AUDIT OF THE QUALITY OF TEMPORAL ARTERY BIOPSIES AT CHESTERFIELD ROYAL HOSPITAL

R. Taylor^{1*}, B. Veale², I. Varley¹, R. Orr², P. Doyle². ¹ University of Sheffield, Sheffield, UK; ² Chesterfield Royal Hospital, Chesterfield, UK.

Introduction: Temporal Artery Biopsy (TAB) can aid in the diagnosis of giant cell arteritis (GCA). The British Society of Rheumatology (BSR) state that TABs should be at least 1cm in length. The American College of Rheumatology (ACR) suggest five criteria to diagnose GCA. A review of our TAB service was conducted to establish if our specimens were of adequate quality for diagnosis, and evaluate patients using the ACR criteria.

Method: Clinical details and pathology for all patients undergoing TAB between November 2009 and June 2015 were reviewed. 157 patients were identified.

Result: 148 (94.2%) biopsies met the BSR standard for length. 26 (16.6%) biopsies were positive for GCA. ACR data was recorded for 83 (52.9%) patients, with 51 (32.5%) meeting 3 or more criteria as required for a positive diagnosis.

Conclusion: The TAB service at Chesterfield Royal Hospital satisfies the BSR guidelines in 94.2% of cases. Although 26 biopsies were positive for GCA, double this number could be diagnosed on ACR criteria, suggesting half of patients with a positive diagnosis could have a negative biopsy. This raises questions about both the accuracy of the ACR criteria, and the requirement for TAB in those with a positive diagnosis from other criteria.

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0620: AUDIT OF CONSENT FOR BIMAXILLARY OSTEOTOMY; DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY, KING'S COLLEGE HOSPITAL

Z. Nimaa*, F. Ryba, M. Woods, J. Osher. *King's College Hospital, London, UK.*

Background: In March 2015, the Supreme Court ruled on Montgomery v. Lanarkshire Health board, thereby reserving the Sidaway philosophy and discrediting the Bolam test. The GMC states that doctors "must tell patients of any serious adverse outcome even if the likelihood is very small."

Aim: To evaluate the quality and consistency of consent forms for bimaxillary osteotomies (bimaxes), with emphasis on risks. To establish the recognised risks of bimaxes.

Method: All consent forms for bimaxes in June, July, and August in 2015 were analysed.

A literature review was carried out to determine the published complications.

The risks in the literature review were compared with the risks detailed in the consent forms.

Result: Pain, swelling, and infection were mentioned consistently in 100% of cases. Other complications such as bleeding, numbness, relapse, TMJ problems and changes in facial appearance were not always documented. The very rare but serious complications such as blindness were never documented.

Conclusion: Risks documented were inconsistent. Clinicians failed to include very serious but rare complications. Standardisation of consent forms accompanied by an information leaflet will ensure that all relevant risks are consistently mentioned and in accordance with recent guidelines.

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0672: THE QUALITY OF ONLINE RESOURCES FOR INFORMATION ABOUT OROPHARYNGEAL CANCER

F. Banki*, S. Thomas, A. Waylen. *University of Bristol, Bristol, UK.*

Introduction: Internet usage increases worldwide and many patients turn to the internet for health information and support. This study used a validated protocol to systematically analyse oropharyngeal cancer websites that are "hit" in online searches.

Method: Eight search terms related to oropharyngeal cancer were entered into the three most frequently used search engines (Google, Yahoo and

Bing) as listed on 16th January 2013. The first 10 websites returned by each search engine were interrogated. The front web page of each site and web pages only one level down (reached after one click) were analysed with respect to certificate of quality assurance and quality of life after diagnosis and treatment for this condition. Each website was rated using DISCERN.

Result: The search process returned 128 unique websites regarding oropharyngeal cancer. Of all websites, 14.1% provided information about quality of life and fewer provided evidence of quality assurance (9.4%).

Conclusion: Few websites present information about oropharyngeal cancer with respect to quality of life. Fewer than one in ten were certified as contemporaneous or for accuracy. Given that the internet is often the first choice for healthcare information, it is important that websites providing such information are appropriate, accurate and up-to-date.

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0762: POSTOPERATIVE ITU MONITORING OF HEAD & NECK CANCER PATIENTS FOLLOWING FREE FLAP RECONSTRUCTION—AUDIT CYCLE OF FIRST 24 HOURS CARE

S. Raj*, T. Lowe. *Aberdeen Royal Infirmary, Aberdeen, UK.*

Introduction: Free tissue transfer in head & neck reconstruction is a complex & technically challenging procedure. The important causes of flap failure include arterial or venous thrombosis or vasospasm, flap tissue oedema, generalised vasoconstriction, hypovolemia and hypothermia.

As per UK Anaesthesia guidelines, good postoperative ITU care in first 24 hours would include maintaining high cardiac output with a SBP > 100mmHg, normothermia, good UO (> 1 ml/kg/hr), haematocrit between 30-35% and monitoring of free flap perfusion.

Aim: The aim of this audit was to determine if the postoperative physiological targets were being achieved in ITU.

Method: The postoperative physiological parameters (SBP, core temperature, urine output & haematocrit) in all ITU patients following a head & neck free flap surgery over 2 years were recorded.

Conclusion: During first 24 hours monitoring, 30% had a SBP below the target of 100mmHg with a wide variation of the highest SBP. The target of achieving normothermia was missed in 39% and UO was below 30mls/hour in 12% patients. Target haematocrit levels were only achieved in 12% of patients. These were associated with adverse free flap outcomes.

The results were presented to ITU team & postoperative instruction proforma developed. A re-audit is currently underway to close the loop and will be presented.

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0792: A REDUCTION IN LENGTH OF HOSPITAL STAY POST-ORTHOGNATHIC SURGERY AFTER THE INTRODUCTION OF A FACE-COOLING MASK: A MOVE TOWARDS ENHANCED RECOVERY

A. Tahim*, S. Rumani, A. Igra, N. Ali. *The Royal London Hospital, London, UK.*

Introduction: Effective facial cooling in the early post-operative period is an important factor in improving pain, swelling and hospital length of stay (LOS) after orthognathic surgery. Our unit recently introduced an anatomically-fitted, water circulating lower facemask, applied immediately post-operatively and maintained continuously at 16°C, to replace the traditional bilateral application of icepacks. This study looks at its effect on post-operative LOS.

Method: All patients who underwent orthognathic surgical procedures under a single surgeon between 2013 and 2015 were retrospectively identified. LOS before and after the introduction of the facemask was compared.

Result: 59 patients underwent orthognathic procedures during the study period. 36% were male. Prior to use of the facemask mean LOS was 1.59 days. After its introduction this fell significantly to 1.18 days (p=0.04).

Conclusion: Post-operative LOS fell after introduction of the facemask cooling system. Although further work is warranted to explore the reasons behind these effects, it is encouraging to note the potential use of the facemask in future enhanced recovery protocols.