

Background: Head and Neck Cancer (HNC) is a heterogenous group of malignancies affecting the upper aerodigestive tract that drastically impacts patients' health-related quality of life (HRQOL). HRQOL is the patient's perception of their health based on disease/treatment-related factors, and inter-relationships with their expectations and values.

Aim: To examine the literature in 2014 reporting HRQOL assessed by self-administered questionnaires in HNC. Following the review, the effect of mandibulectomies and free flap reconstructions (FFRs) for oral and/or oropharyngeal cancer on patients' HRQOL was discussed in more depth.

Method: Three electronic literature databases were searched and cross-examined for studies, after which a hand-search was performed. Finally, thirty-seven studies were categorized and analyzed into a themed-analysis tabulated summary.

Result: The tabulated summary revealed a deficit of clinical trials, an abundance of cross-sectional studies that aim to predict HRQOL outcomes in HNC, and an increased use of EORTC modular questionnaires for HRQOL assessment. The tabulated summary revealed the significance of assessing HRQOL following mandibulectomies and FFRs in oral and/or oropharyngeal cancer.

Conclusion: HRQOL is a vital complementary measure to survival rates during mandibulectomies and FFRs, as it aids reconstruction surgeons' choice in procedure/flap. However, more large-scale studies are needed to establish robust correlations and conclusions.

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0067: THE MENTOR SURVEY

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Aim: To assess the perception of training mentorship of OMFS SHOs in Southwest Wales over a one-year period.

Method: An electronic questionnaire fitting the acronym MENTOR using the Likert scale was sent to all OMFSHO's in three hospitals. Each question answered for each consultant-SHO interaction, was a graded response 1-5 and analysed statistically.

Result: Fifty-six consultant-SHO interaction (CSI) were recorded. Respondents time in posts were noted. When questioned 38% identified a "Role Model" in their department - with 65% responding either *no* or *unsure*. When asked, "Do you feel your experience of the speciality has expanded during your role as an SHO?" - 79% responded *yes* with the remaining 21% replying as *no* or *unsure*. Exploring networking opportunities for OMFSHO's - 44% responded *yes*, 42% *no* and 14% were *unsure*.

On further questioning regarding being allowed to turn knowledge into practice less than two-thirds agreed they had been availed such opportunities. Finally, on professional guidance 59% agreed relevant professional advice had been given, 29% disagreed and 10% were *unsure*.

Conclusion: Educational and clinical exposure perceived as satisfactory by OMFSHOs but inadequate role modelling and mentorship. There is a need for incremental exposure to more complex clinical scenarios.

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0202: THE SMARTLOCK HYBRID MAXILLO-MANDIBULAR FIXATION SYSTEM – A NEW DEVICE FOR MANDIBULAR-MAXILLARY FIXATION

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Current systems available to achieve mandibular-maxillary fixation (MMF) have their downfalls. Interdental wiring is time consuming and carries risk of wire-stick injury, and current bone-borne devices lack strength and stability. The SMARTLock Hybrid MMF system is a novel bone-borne device that uses self-drilling screws to fix arch bars to the maxilla and mandible. Wiring the arch bars together achieves MMF. Speed of application, ease of use, and MMF stability are advantages of this device. The device has been used on four patients at Chelsea and Westminster Hospital; the following is a case study. A 31 year old man suffered blunt trauma to the right of his face, resulting in a closed, non-displaced fracture to the right mandibular ramus. The SMARTLock Hybrid MMF system was used to

achieve MMF intra-operatively; both upper and lower arch bars were secured using three screws per arch. No complications were encountered, and follow-up has revealed good occlusion and fracture union. For each of the four times this device has been used no complications (including device failure, poor compliance, discomfort, and tooth root or gum injury) have been encountered. In conclusion the SMARTLock Hybrid MMF device combines the strength of existing systems, whilst overcoming their downfalls.

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0393: A 5 YEAR RETROSPECTIVE NOTES REVIEW COMPARING PATTERNS OF TRAUMA IN ADULT CYCLISTS AND MOTORCYCLISTS WITH FACIAL INJURIES BROUGHT INTO A MAJOR LONDON TRAUMA CENTRE BETWEEN 2010-15

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This study compared the patterns of trauma in helmeted and unhelmeted cyclists and motorcyclists, particularly the location of facial fractures, head injuries, and patterns of trauma across the body.

Data was collected from Trauma Audit and Research Network, and 115 patients were found between 2010-15 who had been brought into King's College Hospital A&E.

Unhelmeted cyclists fractured on average 1.48 facial regions, against 1.96 in helmeted cyclists. This seems counter-intuitive, but is explained by the different rates of skull fracture and traumatic brain injury (TBI): helmeted cyclists suffered 39% and 43% TBI and skull fracture respectively, while unhelmeted cyclists suffered 76% and 64% respectively. Helmeted cyclists receive better protection for their head, and therefore proportionately suffer more facial fractures and less head injuries. Motorcycle helmets were protective against facial (1.35 regions fractured) and skull fractures (35%), but not TBI (65%). A scoring system using Injury Severity Scales was created to calculate the concentration of injuries to the head and face, which found that injuries were concentrated around the head in cyclists over motorcyclists, and unhelmeted riders over helmeted. Overall, helmeted motorcyclists were better protected from upper and mid-face fractures over unhelmeted motorcyclists; helmeted cyclists were better protected from upper-face fractures.

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0533: QUALITY OF INTERNET INFORMATION RELATING TO ZYGOMATIC TRAUMA

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Aim: The Internet is increasingly used by patients to access information regarding pathology and potential treatment options. We aimed to evaluate the quality of information available to patients on the internet regarding zygomatic fractures.

Method: A search of the term "cheekbone fracture" was performed on the top three internet search engines- Google, Yahoo and Bing. The top ten results in each search were assessed. Duplicate or unrelated results were excluded. The remaining results were assessed using the DISCERN tool and the JAMA benchmarks.

Result: Of the original 30 results, 18 were excluded (14 duplicate, 4 unrelated). The average DISCERN score was 41.9 (range 26-61) No website achieved an excellent score (> 63), 58% were categorised as fair (39-50) and 25% as poor (27-38). No website met all JAMA principles with only half adhering to two or more principles.

Conclusion: This study indicates that the standard of information relating to zygomatic trauma on the Internet is variable, but generally of fair quality. Patients should be advised to be cautious of sources and directed towards higher quality sites.

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