

if the face was included on the CT. 4/15 patients (27%) had a CT facial bones taken after the CT head as a separate exposure. 40% of patients with a CT facial bones had an additional OPG/PA taken and 5% also had OM views taken.

Conclusions/Clinical Relevance

Imaging protocols for patients with obvious facial fractures which includes a facial CT would save time, cost and would reduce radiation exposure (particularly to the orbits) and would avoid unnecessary plain film images.

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20. WITHDRAWN

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21. An assessment of Inferior Dental (IDN) and Lingual Nerve (LN) injuries following third molar removal under LA, IVS, and GA – An audit and case-series

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Introduction/Aims

Neurosensory deficits following third molar removal affect the quality of life markedly. The purpose of this audit was to evaluate the incidence of IDN and LN damage and to compare departmental rates to an established standard.

Materials and Methods

A retrospective audit was conducted by a telephone survey of 101 patients who had third molar extractions performed under LA, IVS, or GA from January 2019 to June 2020 at United Lincolnshire Hospitals NHS trust. The results were compared to a clinical standard identified as above. Data collection included mode of surgery, mode of anaesthesia, grade of clinician, and calculation of incidence of IDN and LN injuries.

Results/Statistics

A total of 101 patients had 136 third molars extracted. Age range was 18-84 years. 44% extractions were under LA, 52% under GA, and 4% under IV sedation. 30% were simple extractions, 68% were surgical removals, 2% were unspecified. 89% extractions were performed by an Associate Specialist, 5% by a consultant, and 6% by unspecified grade of clinician. The rate of IDN injuries was 1.98% (n=4), higher than standard (0.6%). The rate of LN injuries was 0.9% (n=1), lower than standard (1.1%). 4 cases of neurosensory deficits are presented

Conclusions/Clinical Relevance

The rate of ID nerve injuries was higher than the standard. The rate of LN complications was lower than the standard.

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22. Improving Oral Care in COVID-19 Patients

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Introduction/Aims

The COVID-19 pandemic increased the demands on nursing staff and resulted in many calls to our OMFS service regarding complaints related to basic mouth care. The aim of this audit was to assess the knowledge of nursing staff in relation to oral hygiene and mouthcare in COVID-19 inpatients.

Materials and Methods

Questionnaires were distributed to COVID-19 ICUs and wards during a two-week period. Responses were measured against standards relating to Public Health England guidance on providing mouth care in COVID-19 patients. After the initial audit, teaching sessions were implemented, and materials delivered to support delivery of these standards. A re-audit was then conducted in using the previous questionnaire design.

Results/Statistics

Awareness of the PHE guidance increased from 26% (13/50) in the initial audit to 87% (26/30) in the reaudit. In the initial audit, 46% of staff rated their confidence in managing the oral care of COVID-19 patients as 'good'; in the reaudit this increased to 63%. Staff rating their confidence as poor decreased from 4% to 0%. Staff using fluoride toothpaste to brush patients' teeth twice a day increased from 24% to 90%. 90% of staff reported finding the teaching and dental supplies useful.

Conclusions/Clinical Relevance

By increasing staff awareness of the importance of oral hygiene for medical reasons and not just for comfort, we hope it will be afforded increased priority, and the perceived unpleasantness of the task may reduce. Our audit study has demonstrated that a small amount of engagement can result in a great increase in staff confidence and improved patient care.

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23. Optimising trauma clinic to improve the patient journey

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Introduction/Aims

To assess the number of patients and types of pathology booked for review in the SHO-led 'trauma clinic' and compare this to the