Method: We identified all patients that had presented to our maxillofacial services with mandibular fractures from between 2011 to 2016. The notes were obtained from the medical records and the data extrapolated accordingly. We paid particular attention to the patients age, medical and social history, the time at presentation from initial injury and those that developed secondary complications.

Results: We found a total of 86 patients presented over this period only nine presented after 48 hours, with only one complication of an unreduced lingual plate reported. In total, only five had postoperative infections, four of them were smokers. All of the five patients that developed post operative infection had been given antibiotics at an appropriate time. Incidentally, 21 patients had ongoing paraesthesia at review.

Discussion: We feel there is little evidence to support the use preoperative antibiotics for open mandibular fractures and this study supports this current opinion. We believe that a randomised control trial should be conducted to obtain more evidence in our use of antibiotics in the management of mandibular fractures, especially in the context of increased antibiotic resistance and cost.

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An assessment tool for orbital trauma - should the orbits be included in head CT?

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Introduction and Aims: Many patients undergo CT of the head to exclude brain injury, which frequently does not include the orbits. Patients with maxillofacial injuries may go on to receive additional imaging, incurring additional cost, time and radiation exposure. We aim to examine the signs and symptoms of orbital fractures to develop a tool to assess the benefit of including the orbits inpatients already undergoing CT head.

Materials and Methods: We retrospectively searched the records of patients presenting to a district general hospital in the north of England, who underwent CT of the orbits for trauma between January 2016 and June 2017. Records from initial presentation were used to identify the presence of signs and symptoms of an orbital fracture. The CT report was used to identify the presence of a fracture. We used this to calculate the value of the signs and symptoms for predicting a fracture of the orbit.

Results: 47 patients were included, 74.5% ($n = 35$) had a fracture of the orbit. We found that our tool (**any two of:** periorbital bruise, diplopia, limitation of movement. *OR*, **one of:** subconjunctival haemorrhage, V_2 numbness, change in globe position or reduced acuity) had 80.0% sensitivity and 75.0% specificity for predicting a fracture.

Conclusions/Clinical Relevance: This assessment tool could be used by emergency department clinicians to quickly assess the likelihood of a fracture, and the benefit of including the orbits in patients already undergoing CT of the head.

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A "Real Time" screening tool to aid management of Post-Traumatic Stress Disorder in facial trauma patients for use in the Oral and Maxillofacial outpatient setting

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Background: Post-Traumatic Stress Disorder (PTSD) is a serious condition linked to an increased suicide risk and reduced quality of life. It encompasses symptoms of re-experiencing the trauma, hyper-arousal, emotional numbing and avoidance. The prevalence of PTSD after facial trauma can range from 25-41% so the importance of identifying at risk patients by the Oral and Maxillofacial Surgery team cannot be over-emphasised. Prompt identification and management of mental health disorders optimises both mental and physical recovery, however surgeons often have low confidence in making psychological diagnoses.

IMPARTS (Integrating Mental & Physical healthcare: Research, Training & Services) provides a complete electronic package to guide the non-mental health clinician in identification, documentation and management of potential mental health problems using evidence based stratification and in "real time".

Aim: To pilot the IMPARTS package to screen for and manage PTSD in the OMFS outpatient trauma clinic.

Methodology: Facial trauma patients attending clinic from July 2015 to November 2017 completed the IMPARTS screening questionnaire electronically. Screen positive patients were managed using the recommended pathway.

Results: 205 patients were screened using IMPARTS. 54 patients screened positive for potential PTSD prompting action as per the pathway. Patients found the tool easy to use and clinicians found the "real time" diagnosis and management pathways helpful.

Conclusion: IMPARTS is a highly effective tool to allow the non-mental health clinician to confidently screen for potential PTSD and initiate prompt management. The data captured informs planning of the psychological support service.

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