cheostomy was performed in one patient who remained PEG tube dependent. Locoregional recurrence was 10% with 90% disease-specific survival.

Conclusion: TORS is a safe and effective method for the treatment of selected malignant and pre-malignant lesions within the oral/oropharyngeal region. TORS skills can be readily attained and easily integrated into an Oral & Maxillofacial Surgery Unit.

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39

Development of a financially viable consultant led dedicated OMFS trauma team in a Level 1 Major Trauma Centre

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Background: The London Major Trauma System went live in April 2010. In October 2012, an integrated maxillofacial trauma team of the week was developed to provide a dedicated consultant led emergency service. The team are free from service commitments, and participate in the daily Major Trauma MDT. Funding for a consultant post resulted from the predicted 0.3 reduction in inpatient length of stay (IPLOS), due to increased surgeon availability and consultant led emergency operating.

Aims: To assess the effect of the maxillofacial trauma team on IPLOS, registrar activity and training, and departmental perception.

Methods: The trauma registrar kept a diary of clinical activity over an 8 a.m. to 5 p.m. working week.

A survey was sent to the SHOs after the first fortnight.

Emergency IPLOS was compared to the same month in 2011.

Results: The trauma registrar performed 12 emergency operations from Monday to Friday 8 a.m. to 5 p.m., with consultant supervision available.

Major trauma MDT was attended daily.

No CEPOD operations were postponed due to lack of surgeon availability.

SHOs reported a significant improvement in registrar contactability, support and opportunity for training.

Emergency IPLOS reduced from 2.2 to 1.6 days.

Conclusion: The maxillofacial trauma team is a financially viable business model. It provides availability, continuity of care and reduced IPLOS throughout weekly periods in a Major Trauma Centre. The trauma registrar can support junior staff, co-ordinate emergency care and perform CEPOD operations with consultant supervision. Trauma MDT integration permits effective management of complex cases. Data collection is ongoing for a period of six months.

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40

The significance of the surgical margin for local recurrence and survival in early oral cancer

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Introduction: Precise guidelines for processing and reporting oral cavity SCC (OCSCC) were introduced in 1998. Margins are classified as involved (<1 mm); close (1–4.9 mm) or clear (5 mm or greater). Many studies have examined the significance of margins and some have attempted to quantify what constitutes a safe margin. The data is invariably confounded by factors such as unknown neck status and inclusion of patients who have received postoperative radiotherapy (PORT).

Methods: All pT1/T2 OCSCCs between 1998 and 2010 were identified from the database. Only patients who had a neck dissection (and therefore accurate neck staging), and whose detailed pathological and follow-up (atleast 2 years) data could be retrieved were included. The data was analysed statistically for all patients ($n = 280$); Patients who did not recieve PORT ($n = 180$); patients who did not recieve PORT and were pN0 ($n = 150$). Local recurrence rates were examined for both mucosal and deep margins using chi squared test. The relationship between local recurrence and pN status, perineural/vascular invasion, pT status, depth of invasion and site was also examined.

Results: No relationship between margin status (>1.0) and local recurrence could be identified. A definite trend was identified suggesting an influence for tumour depth, perineural/vascular invasion and pT status. Only pN status had a statistically significant effect on local recurrence ($p = 0.001$)

Conclusions: For early OCSCC, resection margins (>1.0) do not appear to affect recurrence or survival. This should influence decision making when considering re-excision or PORT. Further analysis and clinical implications of this data will be presented.

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41

Outcomes of 112 condylar fractures treated with open reduction and fixation via retromandibular transparotid approach

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Introduction: Treatment of mandibular condylar fractures has always been a hotly debated topic. There is frequently a choice between open reduction and internal fixation (ORIF), and closed reduction with elastic traction. The morbidity of the procedure must be taken into account and the patients advised of risks. We have extended our pre-