

Technical note

Display strategy to help nursing staff with osteosynthesis systems in cases of major maxillofacial trauma

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Patients with complex oral and maxillofacial injuries should be managed in specific operating theatres with a specialised team. The effect of the “team” in complex clinical situations is well reported and can have a measurable effect on outcome,^{1,2} but there are many practical reasons why this does not always happen. Centralisation without neurosurgery or children's services, volume of cases, and allocation of theatre time, can all conspire against being able to have a “home” for major maxillofacial trauma.

As a consequence, nursing staff will not necessarily have regular experience with our osteosynthesis systems, and even those who are trained may have irregular exposure because of shift patterns and volume of cases.

The plating systems we use can vary widely. Some cases require patient-specific plates, and some systems have separately packaged plates or modules with a wide choice on the set. We use different plates for different parts of the face and for different types of reconstruction. It can be hard for anyone to get to grips with the systems we use, and we have all experienced a learning curve when systems change.

To help with this situation we use swab counting bags (Purple Surgical) and put the plates and corresponding screws in the same pouch. We label the top of each bag with the part of the face we are treating and further label the individual pouches as appropriate (Fig. 1). This could also be used for oncological, orthognathic, or distraction cases.

The feedback from scrub staff when the system had been implemented was overwhelmingly positive.

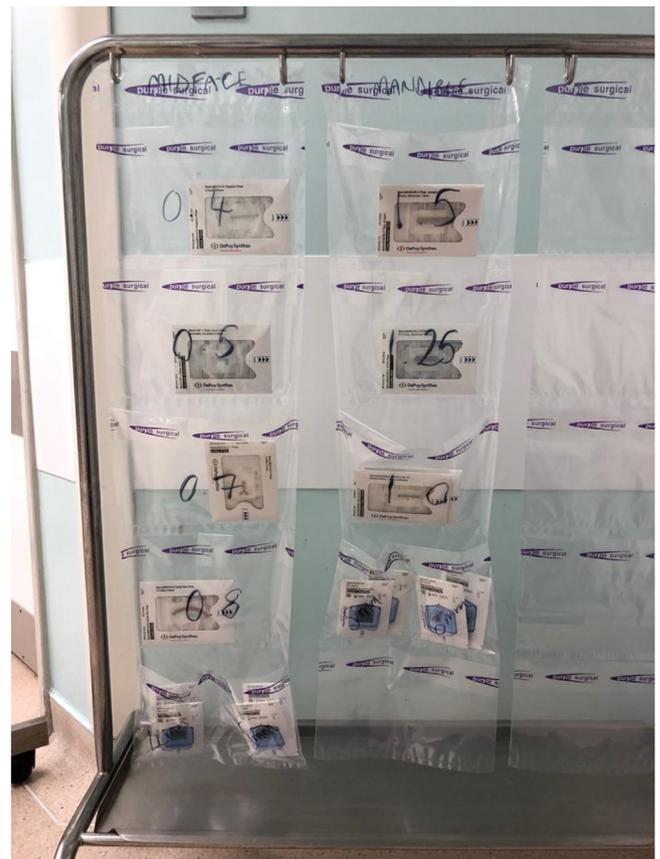


Fig. 1. Use of clearly-labelled swab counting bags to display plates and screws.

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Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Not applicable

References

1. Ness AR, Wills AR, Waylen A, et al. Closing the loop on centralization of cleft care in the United Kingdom. *Cleft Palate Craniofac J* 2018;**55**:248–51.
2. Friedland PL, Bozic B, Dewar J, et al. Impact of multidisciplinary team management in head and neck cancer patients. *Br J Cancer* 2011;**104**:1246–8.