

QOMS - Mandible



Date of collection

D	D	M	M	Y	Y
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 Collected by:

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Patient identifiable information

NHS, CHI or Admission number

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DOB

D	D	M	M	Y	Y
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 Sex Female Male

Postcode (UK only)

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 REDCap ID

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For office use only

Aetiology, risk factors & presentation

How was the patient injured? Tick one only

Alleged assault Non-mechanical fall (fainting, epilepsy) Sports & Exercise

Work-related injury Road traffic accident * Intrinsic mandibular pathology

Mechanical fall (trip, slip) Self-harm / suicide attempt

Other not listed above

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* Indicate the circumstance of RTA Motor vehicle occupant Pedestrian vs. car

Cyclist vs. car Pedestrian vs cyclist

Scooter vs. car Pedestrian vs. scooter

ASA No systemic disease Severe systemic disease, not life-threatening

Mild systemic disease Severe, life-threatening Moribund patient

Smoking status Non-smoker Ex-smoker On vape Smoker

Number of cigarettes a day 1-5 6-10 10-20 20+

Did the patient consume alcohol at the time of injury? Y N

Does the patient have a medical history of alcohol excess? Y N

Presentation

Did the patient also present with other injuries? Tick all that apply

Maxillary / Midface fractures Head injury (inc. concussions and intracranial bleeds) Zygomatic fractures

Nasal bones Neck injuries Peripheral injuries

Skull fracture (inc. frontal bone fractures) Soft tissue wounds / Lacerations No other injuries

Dating

Date of injury

D	D	M	M	Y	Y
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 Date of admission

D	D	M	M	Y	Y
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Date of assessment

D	D	M	M	Y	Y
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 Date of surgery

D	D	M	M	Y	Y
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Is this planned as a day case procedure? Y N

Location and treatment of fractures

	Fracture location (tick all that apply)				Fracture treatment (tick all that apply)						Operating surgeon (tick all that apply)		
	No fracture	Undisplaced / Crack	Simple	Comminuted	1	2	3	4	5	0	Consultant	Registrar-level trainee	Pre-registrar trainee
Right condylar process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right coronoid process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right ramus region *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right body region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right parasymphysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symphysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left parasymphysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left body region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left ramus region *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left coronoid process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left condylar process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Was the lower third molar or an 8 (LL8 or LR8) removed at the time of surgery?

- Code for treatment:**
- 1 IMF (Arch bars / IMF screws / Bridle wire) left in place after operation
 - 2 Plating (Intraoral approach)
 - 3 Plating (Extraoral approach)
 - 4 External fixator
 - 5 Endoscopic approach
 - 0 Conservative / Non-surgical treatment

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Collected by:

Postoperative period

Did the patient suffer post-operative complications before discharge? **➡** Complete this section
➡ Skip to Discharge

↳ Did the patient return to theatre unexpectedly before they were discharged? Y N

↳ Date of return to theatre

D	D	M	M	Y	Y
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↳ Reason(s) for unexpected return to theatre. Tick all that apply

Bleeding Infection Plate or screw left in wound

Mal-occlusion Inadequate reduction Other (give details below)

Give details here

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↳ Nature and severity of post operation complication(s) that did not require return to theatre

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Discharge

Date of discharge

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Complications within 90 days

Was the patient readmitted to hospital within 90 days of discharge of index admission?



Complete this section



Section completed

↳ Date of readmission

D	D	M	M	Y	Y
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↳ Did the patient return to theatre during readmission?

↳ Date of return to theatre

D	D	M	M	Y	Y
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↳ Reason(s) for return to theatre. Tick all that apply

Drainage of infection

Removal of intermaxillary fixation (IMF)

Removal of fixation implant(s)

External fixation

Repeat open reduction intervention

Other (give details below)

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↳ Nature and severity of complication(s) that did not require return to theatre

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