



# QOMS Patient-Specific Implant for mandible reconstruction



## Reconstruction - Plates (Continued)

### Supplier of the custom made implant

Synthes  KLS  Stryker  Other (provide details)

### Implant design process

In-house designed and outsourced manufacture   
 Totally outsourced design and manufacture   
 Fully in-house design and manufacture

### Implant material

Titanium   
 Non-metallic

### Structure of implant

Single reconstruction plate

Multiple mini plates

How many?

### Screws used

(provide an answer for each column)

Locking   
 Non-locking   
 Locking and non-locking

Monocortical

Bicortical

Combination of both mono and bi cortical

### Cutting guides design process

In-house designed and outsourced manufacture   
 Totally outsourced design and manufacture   
 Fully in-house design and manufacture

### Material used for cutting guides

Metal   
 Plastic (provide details)

## Other

### Pre-surgical treatment

Radiotherapy  Chemoradiotherapy  Previous surgery  None

### Adjuvant treatment

Radiotherapy  Chemoradiotherapy  None

Was implant card given to patient?

Y  N

## Comment

# QOMS Patient-Specific Implant for mandible reconstruction



## Flap outcome, 30 days post-surgery (if applicable)

- Complete success
- Partial success with loss of some components of the flap, but no secondary reconstruction or prosthesis not required
- Partial failure requiring a second flap (free or pedicled) to rehabilitate defect
- Partial failure requiring prosthesis to address residual defect
- Complete flap failure requiring a second flap (free or pedicled) to rehabilitate it
- Complete flap failure requiring prosthesis to address it
- Complete flap failure requiring no further reconstructive or prosthetic rehabilitation
- Failure to establish reconstruction

**If partial failure, Indicate reason for flap failure**

- Arterial failure
- Venous failure
- Uncertain/other causes - e.g. microcirculatory

**If failure to establish reconstruction, indicate the reason for flap failure**

- Flap harvest attempted but abandoned because of unfavourable anatomy - e.g. inadequacy of vascularity or perforators
- Flap harvested but abandoned because of failure to perfuse before release from donor site, or inadequacy of the recipient vessels available
- Flap harvested and transferred to recipient site but abandoned/discarded because of failure to perfuse after attempted anastomosis to recipient vessels

## Comment

# QOMS Patient-Specific Implant for mandible reconstruction



## Follow-up at 6 months, 1 year and 2 years post-surgery

Did the 6mo / 1-year / 2-year visit take place?  Y  N

Data of visit  D  D  M  M  Y  Y

Have antibiotics been used for surgical site related issues over this period / since last visit?  Y  N

How many times?

Plate or bone exposed intra orally  Y  N

Plate or bone exposed extra orally  Y  N

Evidence of sinus or fistula?  Y  N

Plate fracture  Y  N

Any radiological, CT evidence of bony mal- or non-union at some or all osteotomy sites  Y  N

Loosening of osteosynthesis plate / screws No

Fibrous union

Bony union

Non-union

Plate removal  Y  N

Date of surgery to remove implants  D  D  M  M  Y  Y

Was the removal of...? All of the plate components

Part of a plate

Reason(s) for partial or complete plate removal

Infection

Technical need for dental rehabilitation...

Mechanical failure (Provide details)

Patient's choice

## Comment