



POSTERS

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- OBJECTIVES:** Synkinesis is a complication of facial nerve palsy. It refers to the inappropriate movement of a muscle in response to the contraction of another muscle. Botulinum toxin type A injections (BTX-A) are the mainstay of treatment for synkinesis in facial palsy patients. This study aims to assess the impact of BTX-A on patient satisfaction in the treatment of facial synkinesis, using the validated synkinesis assessment questionnaire (SAQ).
- METHODS:** Patients with facial synkinesis attending the facial palsy clinic between 1st October 2012 – 1st March 2014 were included in this prospective study. Patients completed the SAQ on the day of the treatment and two weeks afterwards. Over this time, some patients presented for multiple cycles of treatment, therefore 103 cycles were assessed in total.
- RESULTS:** 51 patients (42 female, and 9 male) with facial synkinesis were treated with BTX-A and completed the 9-question SAQ during this period. Overall, the pre-treatment score showed a 'mild' impairment (mean = 26.64, SD=7.18, on a 5 point scale) whereas the post treatment score showed a 'very mild' impairment (mean=18.00, SD=5.62). There was a significant difference between the overall scores before and after treatment, $t(100) = 1.98$. $p < .05$.
- CONCLUSION:** This study adds further weight to the literature that BTX-A is an effective treatment for facial synkinesis.

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OBJECTIVES: Aberrant reinnervation and synkinesis is common and debilitating after facial palsy. Paradoxical frontalis activation can antagonise eye closure and increase the risk of corneal damage. If recognised, judicious botulinum toxin injection to the affected side may reduce this risk.

METHODS: 100 consecutive patients with synkinesis were identified from a prospective database. Routine facial view photographs were converted to a standardised scale using iris diameter. The vertical distance from the midpoint of the intercanthal line to the inferior border of the eyebrow (MCE distance) was measured bilaterally. $p < .05$ was taken as significant.

RESULTS: 82 patients were included, with a median age of 44 years (IQR 33-59) and 59 female. The commonest aetiology was idiopathic ($n=55$). The median time since onset of palsy was 13 months (IQR 6.5-27 months). There was less MCE excursion on the synkinetic **side of the** face (2 tailed, unpaired t test; $p < .001$). 22 patients (27%) displayed paradoxical frontalis movement on the affected side of their face, with increased MCE distance (eyebrow raise) when attempting eye closure compared to attempted eyebrow raise (Friedman test, $p = .027$).

CONCLUSION: Frontalis overactivity may have functional and cosmetic implications for patients. Appropriate assessment and intervention with botulinum toxin may provide symptomatic relief, and enhance rehabilitation and recovery. A treatment algorithm is presented and discussed.

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- OBJECTIVES:** Hidradenoma papilliferum (HP) is a rare benign tumour of apocrine glands. It is more commonly found in the anogenital area and rarely in the head and neck over modified apocrine gland areas such as the eye lid and external ear canal. Malignant transformation is extremely rare. The authors present a previously unreported case of HP, its presentation on the nasal tip and subsequent management.
- METHODS:** A 48 year old lady presented with a five year history of an enlarging lesion on the tip of her nose. There was no associated tenderness, bleeding or nasal blockage. On examination she had a smooth cystic lesion on the tip with normal findings on anterior rhinoscopy.
- RESULTS:** She underwent an ultrasound scan which confirmed an 11mmx12.5mm predominantly cystic lesion with some vascularity on Doppler. MR Scan confirmed a round and well marginated lesion with no infiltrative features. It appeared within the subcutaneous tissues but intimate with the anterior border of the cartilaginous nasal septum with low signal on T1 and high signal on T2 weighted images.
- CONCLUSION:** She underwent an excision of this lesion using an open septorhinoplasty approach. Histology confirmed features in keeping with hidradenoma papilliferum. The patient had uneventful post-operative recovery with good cosmetic outcome.

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OBJECTIVES: Ageing is commonly defined and assessed in modern society through facial aesthetics. There is an increasing market for non-surgical treatments in minimising the signs of facial ageing. Minimally invasive soft tissue remodelling with injectable fillers has taken on an increasingly popular role. Hyaluronic acid based fillers are most commonly used in clinical practice but other options include synthetic calcium hydroxylapatite and synthetic poly-L-lactic acid. A commonly state advantage of using hyaluronic acid based fillers is there potential reversibility with hyaluronidase. We aim to highlight through our experience and a literature review common complications and treatment options whilst describing technique pearls and anatomical considerations.

METHODS: We describe our experience with complications of injectable fillers and describe the surgical and non-surgical treatment options for such complications. We also undertake a literature review of the most commonly encountered complications and techniques used to minimise the morbidity.

RESULTS: We present a case series of patients with complications of fillers and examples of treatment options. We will provide clinical photos and technical tips on minimising such complications.

CONCLUSION: Injectable fillers are commonly used by facial plastic surgeons, non-surgical clinicians and non-medical aestheticians. Poor technique and clinical judgement may lead to complications causing aesthetic, function and psychological harm to patients. Facial plastic surgeons are often involved in treating such complications and therefore, understanding the potential complications and treatment options for injectable fillers is taking on increasing importance.

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- OBJECTIVES:** To demonstrate that wounds from the pinna with exposed cartilage can achieve a good aesthetic result from healing by secondary intention.
- METHODS:** A 97-year-old gentleman underwent surgical excision of a suspected BCC from the left pinna. The excision was of full thickness skin and a shave of underlying cartilage, 27 by 20mm, up to 7mm deep, from the antihelix, scaphoid and triangular fossa. The procedure was performed under local anaesthetic with nil intraoperative complications. Our method is to leave the exposed cartilage to heal by secondary intention, covering the exposed cartilage with a non-adherent dressing such as Jelonet, moulded to the contour of the pinna. The moulded dressing is kept in place by an overlying plaster. Dressings are changed weekly in the outpatient clinic or GP surgery.
- RESULTS:** Antibiotics were not required post-operatively. Our patient achieved full closure of the wound and a good aesthetic result with this simple technique of wound management. We use this case as an opportunity to demonstrate the effectiveness of wound healing by secondary intention over exposed cartilage. This reduces the surgical time and the need for local flaps or full thickness grafts. From our experience, this method is a viable and effective alternative for wound management in the pinna.
- CONCLUSION:** This case highlights the fact that secondary intention is a safe, effective and cosmetically comparable alternative to local flaps and grafts even in cases of exposed cartilage.

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- OBJECTIVES:** The aim of this study is to create an objective measure of normal smile excursion using fixed facial landmarks: 1) the angle between the cheilion, contralateral cheilion and ipsilateral endocanthion (CCE angle), 2) the eye surface area (ESA) and 3) the distance from the midline of the face to the cheilion (MCD).
- METHODS:** One hundred patients attending the outpatients department were randomly selected for facial photography. Repose, closed smile and open smile positions were photographed. The iris diameter was used to scale the photographs to a standard size. The CCE angle, ESA and MCD were measured in pixels using ImageJ software and CCE:ESA and CCE:MCD ratios were subsequently calculated. Statistical analysis was performed using Prism® (2015). ANOVA test was used to compare groups with $p < .05$ taken as significant.
- RESULTS:** 82 patients were included in the study, and bilateral measurements were taken ($n=164$). Patients were excluded from the study if they had had any previous facial plastic surgery or pathology and if incorrect photographs were obtained. There was a statistical difference (P value = 0.026) in CCE angle between repose (median 82.3, IQR 80.4-84.1), closed smiling (median 78.1, IQR 76.0-81.1) and open smiling (median 74.4, IQR 72.2-76.8). ESA, MCD, CCE:ESA ratio and CCE:MCD ratio all showed a significant difference (P value $< .0001$) in all positions.
- CONCLUSION:** The CCE angle, ESA and MCD may be used to objectively measure smiling. Further study is required to assess its impact on symmetrisation during smile reconstruction.

- MAIN AUTHOR:** *Sophie Hollis, United Hospitals Bristol NHS Trust*
- OBJECTIVES:** To assess the training experience in septorhinoplasty of recent and current trainees in the South West, with respect to the numbers and complexity of procedures performed.
- METHODS:** 8 recent CCT holders from the region and 9 current trainees (ST5 to ST8) completed an online survey, using data from surgical logbooks and questions based on surgical confidence with the procedure.
- RESULTS:** All trainees had highly variable exposure, ranging from a penultimate year trainee who had performed less than half of the required number of procedures for CCT. Worryingly, similar responses were seen for some trainees in their final year. Recent trainees showed a huge variety in their consultant practice, which befits a specialty with the breadth of ENT. However, those who were not practicing as rhinologists, only had the minimum number, or just over, of septorhinoplasties from CCT on their logbooks.
- CONCLUSION:** Septorhinoplasty is becoming a scarce training procedure within the NHS. Every listed procedure needs to be maximized as a training opportunity to ensure confidence with assessing patients pre-operatively, planning the techniques to be employed and carrying out the procedure itself. It may be necessary to consider doubling up trainees on occasion when septorhinoplasties are listed, in order for hands on experience to be increased to obtain minimum numbers, acceptable for CCT.

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- OBJECTIVES:** Postoperative bleeding from forehead flaps is a recognised complication of forehead flap surgery. Current methods of haemostasis include diathermy and packing, carrying increased risk of desiccation and tissue tourniquet respectively. Cyanoacrylate adhesive has been shown to reduce risk of wound infection whilst increasing wound stability. It has now proven beneficial during control of acute liver bleeding. We have been utilising the hemostatic properties of tissue adhesive in pedicle haemostasis following forehead flap surgery.
- METHODS:** Following lesion excision, forehead flap is raised. Histoacryl® Blue Topical Skin Adhesive (n-Butyl-2 Cyanoacrylate) is applied liberally and equally to areas of the flap constituting the bridging portion, thereby allowing easy application to the underside of the pedicle. Further adhesive can be applied to any resistant areas. The flap is then sutured as before.
- RESULTS:** Postoperative bleeding and wound exudate were anecdotally reduced. There were no problems with delayed wound healing. We did not find that glue application prior to inset hindered flap transposition. Fewer resources were required to manage wound care. Patients did not report issues with postoperative bleeding following discharge.
- CONCLUSION:** Application of cyanoacrylate tissue adhesive decreases postoperative bleeding and exudate in forehead flap surgery. The use of tissue adhesive minimises patient distress and inconvenience prior to flap division and reduces the number of community nurse led dressing changes. This improves patient satisfaction whilst having a positive financial impact. Application increases pedicle stability and provides a barrier to the raw edges of the pedicle, reducing the risk of bridge tourniquet, infection and damage to the flap.

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- OBJECTIVES:** To determine what simulation models are available to aid training and surgical skills in facial plastic techniques.
- METHODS:** An extensive literature search using Medline and EMBASE was performed using the key words: facial plastics, plastic surgery of the face, nose, rhinology and simulation. A total of 199 papers were found, of which only 1 paper described a model for training z-plasty techniques(1).
- RESULTS:** Simulation is a well recognised training tool used to aid surgical skills training.(2) Only one paper within the search described a simulation model to help train a particular facial plastic technique. Other related papers focused on the possible use of computer models that can simulate rhinological outcomes but not how to perform the procedure itself.
- CONCLUSION:** Many facial plastics techniques and procedures are taught through an apprentice model via a more senior colleague. Training is often augmented by attending courses using live models and/or fresh frozen cadavers. Due to limitations including limited exposure within the NHS and reduction in training time; we propose that further time and money can be spent in developing simulation models within this field. This in turn may help to improve the trainees' understanding of the procedure, surgical skills and expedite learning curves.References: 1.Shewaga R et al, Z-DOC: a serious game for Z-plasty procedure training; Stud Health Technol Inform. 2013. 2.Anthony G. Gallagher et al; Virtual Reality Simulation for the Operating Room. Proficiency-Based Training as a Paradigm Shift in Surgical Skills Training; Ann Surg. 2005

P10: OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) STATIONS IN FACIAL PLASTICS: HOW ARE TRAINEES PERFORMING?

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- METHODS:** As part of a formative regional OSCE, trainees were examined on two facial plastics tasks; a simulated rhomboid flap and taking informed consent for a pinnaplasty. The trainees assessed ranged from ST3 to ST8 with varying levels of facial plastics exposure. Both of the tasks are within the scope of potential Viva questioning at the FRCS examination and trainees should be competent in performing them; this OSCE assessed their abilities.
- RESULTS:** In both of the scenarios, the candidates were assessed by an expert examiner using an itemised checklist. Individual station scores were calculated along with overall marks and pass marks were identified using a modified Angoff calculation. A global score was also used to identify borderline candidates. All of the data has been anonymised and simple statistics were carried out.
- CONCLUSION:** Overall, candidates performed better in other interactive tasks compared with the two facial plastic stations. Candidates faired better in the consent station with 92% passing the station (average score 16.46/20), compared with the rhomboid flap simulation in which only 57% passed the station (average score 9.5/20). In fact, the rhomboid flap station was the most poorly scored of all the 14 interactive stations. Facial plastic surgery (FPS) is an important subspecialised area of Otolaryngology. It appears that trainee's exposure and therefore abilities in performing FPS tasks varies and we need to ensure all trainees rotate through centres where FPS is undertaken. Further training is required to ensure trainees are as competent in FPS as they are in other areas of Otolaryngology.

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- OBJECTIVES:** The internal nasal valve is the narrowest part of the nasal valve area, and has been widely identified as a source of nasal obstruction. It lies in the coronal plane and is bordered by the head of the inferior turbinate, the caudal part of the upper lateral cartilage and the angle between this structure and the dorsal septum, beyond the plane of the pyriform aperture. There is no general consensus on how to define and quantify the degree of internal nasal valve collapse. We therefore propose an endoscopic classification system of the internal nasal valve, based on the degree of the middle turbinate visible, with the study aiming to assess its reliability.
- METHODS:** This study was designed to assess inter-rater reliability for a grading system of internal nasal valve (INV) collapse. Representative endoscopic photographs depicting various grades of INV collapse were graded by 9 experienced ENT surgeons, this was for a total of 9 observations.
- RESULTS:** Inter-rater reliability was determined using Fleiss Kappa calculation. Good agreement was established between the reviewers (i.e. inter-rater reliability), with a Fleiss Kappa of 0.029 ($p < 0.01$). Our proposed INV grading system has been shown to have good inter-rater reliability, and it is simple and easily reproducible. It is a reliable instrument for assessing INV collapse, and can be used as an outcome tool to potentially assess the efficacy of treatment. We hope to further validate this tool clinically on patient's pre and post-surgical intervention.

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OBJECTIVES: The Royal College of Surgeons recently formed an Interspecialty Committee(1) to set standards for cosmetic surgery delivery in the UK. Cosmetic interventions still occur within the NHS and their provision depends on specific criteria. In times of limited resources, why are these cosmetic procedures still funded? If cosmetic procedures are needed and desired by patients, how can we appreciate the true value of these interventions and is the NHS obliged to cater for that need by providing cosmetic surgery?

METHODS: Today there is wide variation in funding(2) of cosmetic and non-emergency surgical procedures provided by the NHS. The heterogeneity between outputs and outcome measures for non-emergency surgical interventions means we often have to calculate benefit in terms of Quality adjusted life years (QALYs)(3). We look at the role of the NHS and for doctors in general with a focus on facial aesthetic procedures. We compare ethical, economic and functional justification and discrepancy in rhinoplasty, otoplasty, surgical treatment for facial palsy, circumcision and gender reassignment surgery.

CONCLUSION: If we can provide patients interventions they want which offer improved physical, mental and social well-being, then by our own definitions they have an identified *Need*. With consideration of health economics, we may be ethically obliged to decide between all or nothing for NHS cosmetic interventions.

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OBJECTIVES: Epicanthal webbing can result from both traumatic and iatrogenic injuries (Eg. ethmoidal and frontal sinuses or even lacrimal sac procedures). Surgical management traditionally involves a Z-plasty or V-to-Y-plasty of the inner canthus to release the web contraction. These methods may have limitations when the webbing is too close to the eye. This case report exemplifies such a scenario and our alternative solution.

METHODS: A 37 year old female sustained a deep horizontal skin laceration extending over the nasal dorsum approximately 5 mm from each medial canthus. The defect was debrided and sutured by an enthusiastic junior doctor in the Emergency Department. Unfortunately the wound contracted over the following two weeks. The patient re-presented to hospital lamenting a clear cosmetic deformity. After delay for scar maturation it was felt that the the inner canthi were too close for a traditional approach and bilateral full thickness skin grafts were harvested from the post auricular area. Appearances are still satisfactory at 4 months.

RESULTS: Epicanthal folds most commonly occur naturally in asian populations or in caucasian individuals after trauma or surgery. Fronto-ethmoidal external approaches, and more rarely external DCR and blepharoplasty represent the commonest iatrogenic causes of medial canthal webbing. Persistent scars are traditionally treated with aforementioned techniques. Rhomboid and bilobed flaps have also been described.

CONCLUSION: This case report suggests that FTSG should be considered as an additional surgical method to correct both traumatic and iatrogenic epicanthal webbing. References 1. Patrinely J R, Marines H M, Anderson R L. Skin flaps in periorbital reconstruction. *Surv Ophthalmol.* 1987;31:249–261. 2. S Ng, C Inkster and B. Leatherbarrow. The rhomboid flap in medial canthal reconstruction. *Br J Ophthalmol.* May 2001; 85(5): 556–559. 3. Shotton FT. Optimal closure of medial canthal surgical defects with rhomboid flaps: "rules of thumb" for flap and rhomboid defect orientations. *Ophthalmic Surg.* 1983 Jan;14(1):46–52.