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**How to understand an article**

How to assess the strengths and weaknesses of published articles.

Examining bias and validity.

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**Medical Statistics**

A basic introduction to the key statistics in medical articles.

Giving an overview of statistics that compare risk, test confidence, analyse clinical investigations, and test difference.

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**August** *(12pm)*

- Fri 14th  Literature Searching
- Tues 18th  Understanding articles
- Weds 26th  Statistics

**September** *(1pm)*

- Thurs 3rd  Literature Searching
- Fri 11th  Understanding articles
- Mon 14th  Statistics
- Tues 22nd  Literature Searching
- Weds 30th  Understanding articles

**October** *(12pm)*

- Thurs 8th  Statistics
- Fri 16th  Literature Searching
- Mon 19th  Understanding articles
- Tues 27th  Statistics

**November** *(1pm)*

- Weds 4th  Literature Searching
- Thurs 12th  Understanding articles
- Fri 20th  Statistics
- Mon 23rd  Literature Searching

**December** *(12pm)*

- Tues 1st  Understanding articles
- Weds 9th  Statistics
- Thurs 17th  Literature Searching
To access electronic resources you need an NHS Athens username and password

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Current Awareness Database Articles on Oral and Maxillofacial Surgery

Below is a selection of articles on oral and maxillofacial surgery recently added to the healthcare databases, grouped in the following categories:

- Oral surgery
- Bisphosphonate-related osteonecrosis of the jaw
- Maxillofacial
- Cleft lip and palate

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

Oral surgery

**Title:** Blood investigations prior to oral surgery for suspected alcohol-induced coagulopathy. Are they necessary?

**Citation:** British dental journal, Aug 2015, vol. 219, no. 3, p. 121-123 (August 14, 2015)

**Author(s):** Quach, S, Brooke, A E, Clark, A, Ellison, S J

**Abstract:** Objective To evaluate the current practice of pre-oral surgery haematological investigation in patients with disclosed regular and prolonged high alcohol consumption above the national recommendation for coagulopathy due to potential alcohol induced liver impairment. Design Retrospective analysis of data. Setting University of Bristol Dental Hospital, United Kingdom, 2013. Subjects Adults (over 16 years old) with a reported high alcohol intake with no history of non-alcohol-related liver impairment or pre-existing coagulopathy. Main outcome measures Alcohol and bleeding history recorded, haematology test requested with results and actions for abnormal results. Results From a sample size of 58 patients, 75.9% of cases had their alcohol intake recorded; only 10.3% of cases had the duration of drinking recorded. Bleeding history was recorded in 82.9% of cases to which 6.9% of cases had a positive bleeding history. The most common combination of tests requested was full blood count, coagulation screen and liver function test. In 46.6% of cases, results were out of range - in all cases but 1, the patients abnormal haematology results were not followed up further. Conclusion It was found that 1.7% of cases met the locally agreed standard (from best available evidence) that haematology requests, including full blood count and coagulation screen, should only be undertaken in those with disclosed high alcohol intake and positive bleeding history. A consistent bleeding history and alcohol intake should always be documented thoroughly.
Title: Bacterial comparison of preoperative rinsing and swabbing for oral surgery using 0.2% chlorhexidine.

Citation: Journal of investigative and clinical dentistry, Aug 2015, vol. 6, no. 3, p. 193-196

Author(s): Johnson, Nigel R, Kazoullis, Andrea, Bobinskas, Alexander M, Jones, Lee, Hutmacher, Dietmar W, Lynham, Anthony

Abstract: The aim of the present study was to compare bacterial load using preoperative rinsing and swabbing techniques for oral surgery with 0.2% chlorhexidine (CHX). Participants were healthy volunteers undergoing a general anesthetic for the removal of teeth. Participants were randomly allocated to receive 15 mL of 0.2% CHX for 60 s as either a rinse or have their mouths swabbed. Plaque samples were aseptically collected pre- and post-rinsing from the same sites in all patients (the distal surface of all second molar teeth). Patients in the swab group had similar bacteria counts before and after the application of CHX (143.4 vs 138.5 colonies, P = 1.000). After rinsing with CHX, there was an eightfold reduction of bacterial load (71 vs 8.8 colonies, P < 0.001). The present study demonstrates that the use of CHX as an antimicrobial agent is effective in reducing the overall number of bacterial colonies in the oral cavity. Rinsing is a more effective method of doing this. © 2014 Wiley Publishing Asia Pty Ltd.

Title: Complications and mortality following surgery for oral cavity cancer: Analysis of 408 cases.

Citation: The Laryngoscope, Aug 2015, vol. 125, no. 8, p. 1869-1873 (August 2015)

Author(s): Schwam, Zachary G, Sosa, Julie A, Roman, Sanziana, Judson, Benjamin L

Abstract: To analyze the postoperative complications and mortality for oral cavity cancers, their time course, and to identify modifiable risk factors associated with their occurrence. Retrospective cohort study. Patients undergoing surgery for oral cavity cancer were identified in the American College of Surgeons National Surgical Quality Improvement Program Participant Use Data File (2005-2010). Overall and disease-specific complication and mortality data were analyzed using chi-square and multivariate regression analysis. There were 408 cases identified. The overall 30-day complication and mortality rates were 20.3% and 1.0%, respectively. The most common adverse events were reoperation (9.6%), infectious (6.6%), and respiratory (5.1%) complications. Twenty patients (4.9%) experienced postdischarge complications. Fifty-two percent of postdischarge wound dehiscences and 67% of postdischarge surgical-site infections occurred by postdischarge day 7, and 91% of all postdischarge complications occurred by postdischarge day 14. Smoking was independently associated with respiratory (odds ratio [OR] 3.59, P = .008) and surgical site complications (OR 5.13, P = .004). Neck dissection was independently associated with respiratory (OR 6.17, P = .001), surgical site (OR 6.30, P = .003), and infectious (OR 3.83, P = .003) complications. Current smokers and those undergoing neck dissection are at high risk of postoperative complications after oral cavity cancer surgery. Less than 5% of patients experienced postdischarge complications, nearly all of which occurred by postdischarge day 14. Most early postdischarge complications occurred at the surgical site. In order to mitigate postdischarge complications and their sequelae, early clinical follow-up should be sought for high-risk patients. 4. Laryngoscope, 125:1869-1873, 2015. © 2015 The American Laryngological, Rhinological and Otological Society, Inc.
Bisphosphonate-related osteonecrosis of the jaw

**Title:** Bisphosphonate-induced differential modulation of immune cell function in gingiva and bone marrow in vivo: Role in osteoclast-mediated NK cell activation.

**Citation:** Oncotarget, Aug 2015, vol. 6, no. 24, p. 20002-20025 (August 21, 2015)

**Author(s):** Tseng, Han-Ching, Kanayama, Keiichi, Kaur, Kawaljit, Park, So-Hyun, Park, Sil, Kozlowska, Anna, Sun, Shuting, McKenna, Charles E, Nishimura, Ichiro, Jewett, Anahid

**Abstract:** The aim of this study is to establish osteoclasts as key immune effectors capable of activating the function of Natural Killer (NK) cells, and expanding their numbers, and to determine in vivo and in vitro effect of bisphosphonates (BPs) during NK cell interaction with osteoclasts and on systemic and local immune function. The profiles of 27 cytokines, chemokines and growth factors released from osteoclasts were found to be different from dendritic cells and M1 macrophages but resembling to untreated monocytes and M2 macrophages. Nitrogen-containing BPs Zoledronate (ZOL) and Alendronate (ALN), but not non-nitrogen-containing BPs Etidronate (ETI), triggered increased release of pro-inflammatory mediators from osteoclasts while all three BPs decreased pit formation by osteoclasts. ZOL and ALN mediated significant release of IL-6, TNF-α and IL-1β, whereas they inhibited IL-10 secretion by osteoclasts. Treatment of osteoclasts with ZOL inhibited NK cell mediated cytotoxicity whereas it induced significant secretion of cytokines and chemokines. NK cells lysed osteoclasts much more than their precursor cells monocytes, and this correlated with the decreased expression of MHC class I expression on osteoclasts. Intravenous injection of ZOL in mice induced pro-inflammatory microenvironment in bone marrow and demonstrated significant immune activation. By contrast, tooth extraction wound of gingival tissues exhibited profound immune suppressive microenvironment associated with dysregulated wound healing to the effect of ZOL which could potentially be responsible for the pathogenesis of Osteonecrosis of the Jaw (ONJ). Finally, based on the data obtained in this paper we demonstrate that osteoclasts can be used as targets for the expansion of NK cells with superior function for immunotherapy of cancer.

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**Title:** Survey on awareness and perceptions of bisphosphonate-related osteonecrosis of the jaw in dental hygienists in Seoul.

**Citation:** International journal of dental hygiene, Aug 2015, vol. 13, no. 3, p. 222-227

**Author(s):** Mah, Y-J, Kang, G-Y, Kim, S-J

**Abstract:** We investigated awareness in dental hygienists of bisphosphonate-related osteonecrosis of the jaw (BRONJ) in patients with osteoporosis and cancer and assessed the situation in systemic history investigations to broaden the scope of the dental hygienists’ BRONJ awareness as a basis for contributing to preventing this disease. The study was carried out through a survey; 217 dental hygienists responded to the survey. They worked at 12 university and general hospitals, 10 dental hospitals and 35 dental clinics, for a total of 57 institutions in Seoul. The survey consisted of 37 questions: general characteristics (J Oral Maxillofac Surg 65: 2007; 369), systemic history investigations (Ruggiero et al. J Oral Maxillofac Surg 62: 2004; 527) and awareness of BRONJ (Park et al. J Korean Dent Assoc 49: 2011; 389). Among them, 79.7% were aware of BRONJ. Recognition was highest among
those from 25 to 35 years old ($P < 0.05$). In terms of work experience, those with 5-10 years experience showed the highest awareness ($P < 0.05$). In terms of institutions type, dental clinics showed lower awareness than general and dental hospitals ($P < 0.05$). It was found that 55.3% of the dental hygienists had been educated about BRONJ. Those aged 25-35 years were the most educated. In terms of institutions, dental clinic staff were the least educated. The degree of understanding about BRONJ was analysed with the average score of 6.14 points. According to these results, dental hygienists working in university hospitals and general hospitals had more opportunity to receive training than those working in dental clinics. Thus, it is considered that the development of professional training programs about BRONJ for all dental hygienists is necessary. © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

Maxillofacial

**Title:** Postprocessing in Maxillofacial Multidetector Computed Tomography.

**Citation:** Canadian Association of Radiologists journal = Journal l'Association canadienne des radiologistes, Aug 2015, vol. 66, no. 3, p. 212-222 (August 2015)

**Author(s):** Mazziotti, Silvio, Blandino, Alfredo, Gaeta, Michele, Bottari, Antonio, Sofia, Carmelo, D'Angelo, Tommaso, Ascenti, Giorgio

**Abstract:** Multidetector computed tomography (CT) and volumetric rendering techniques have always been a useful support for the anatomical and pathological study of the maxillofacial district. Nowadays accessibility to multidetector CT scanners allows the achievement of images with an extremely thin collimation and with high spatial resolution, not only along the axial plane but also along the patient’s longitudinal axis. This feature is the main theoretical assumption for multiplanar imaging and for an optimal 3-dimensional postprocessing. Multiplanar reconstruction (MPR) techniques permit images along any plane in the space to be obtained, including curved planes; this feature allows the representation in a single bidimensional image of different anatomical structures that develop on multiple planes. For this reason MPR techniques represent an unavoidable step for the study of traumatic pathology as well as of malformative, neoplastic, and inflammatory pathologies. Among 3-dimensional techniques, Maximum Intensity Projection and Shaded Surface Display are routinely used in clinical practice. In addition, volumetric rendering techniques allow a better efficacy in representing the different tissues of maxillofacial district. Each of these techniques give the radiologist an undoubted support for the diagnosis and the characterization of traumatic and malformative conditions, have a critical utility in the neoplastic evaluation of primary or secondary bone involvement, and are also used in the planning of the most modern radiosurgical treatments. The aim of this article is to define the main technical aspects of imaging postprocessing in maxillofacial CT and to summarize when each technique is indicated, according to the different pathologies of this complex anatomical district. Copyright © 2015 Canadian Association of Radiologists. Published by Elsevier Inc. All rights reserved.
Title: Update of patient-specific maxillofacial implant.

Citation: Current opinion in otolaryngology & head and neck surgery, Aug 2015, vol. 23, no. 4, p. 261-264 (August 2015)

Author(s): Owusu, James A, Boahene, Kofi

Abstract: Patient-specific implant (PSI) is a personalized approach to reconstructive and aesthetic surgery. This is particularly useful in maxillofacial surgery in which restoring the complex three-dimensional (3D) contour can be quite challenging. In certain situations, the best results can only be achieved with implants custom-made to fit a particular need. Significant progress has been made over the past decade in the design and manufacture of maxillofacial PSIs. Computer-aided design (CAD)/computer-aided manufacturing (CAM) technology is rapidly advancing and has provided new options for fabrication of PSIs with better precision. Maxillofacial PSIs can now be designed using preoperative imaging data as input into CAD software. The designed implant is then fabricated using a CAM technique such as 3D printing. This approach increases precision and decreases or completely eliminates the need for intraoperative modification of implants. The use of CAD/CAM-produced PSIs for maxillofacial reconstruction and augmentation can significantly improve contour outcomes and decrease operating time. CAD/CAM technology allows timely and precise fabrication of maxillofacial PSIs. This approach is gaining increasing popularity in maxillofacial reconstructive surgery. Continued advances in CAD technology and 3D printing are bound to improve the cost-effectiveness and decrease the production time of maxillofacial PSIs.

Title: Dental trauma in association with maxillofacial fractures: an epidemiological study.

Citation: Dental traumatology : official publication of International Association for Dental Traumatology, Aug 2015, vol. 31, no. 4, p. 318-323 (August 2015)

Author(s): Ruslin, Muhammad, Wolff, Jan, Boffano, Paolo, Brand, Henk S, Forouzanfar, Tymour

Abstract: The aim of this study was to retrospectively investigate the incidence and associated factors of dental trauma in patients with maxillofacial fractures at the VU Medical Center in Amsterdam. Data from 707 patients who were treated surgically for maxillofacial fractures were evaluated. The data were collected retrospectively from patient files and other available databases. The data collected included date of fracture, age, gender, type of fracture, and injured teeth. Of the total 707 patients, 164 patients (23.2%) presented dental injuries associated with facial fractures. Mandibular condylar fractures, mandibular parasymphyseal fractures, Le Fort fractures, and mandibular body fractures were found to be significantly more associated with dental injury. Zygomatic arch or zygomatic complex fractures were significantly less associated with dental injury. Women had a significant higher risk of facial fractures with dental injuries than men. The maxilla demonstrated the highest incidence of injured teeth. The most affected teeth were the maxillary incisors (33.1%), followed by mandible incisors (13.6%), mandible molars (12.8%), and maxillary premolars (12.6%). Our findings show a higher risk of dental injury among patients with a mandibular condylar fracture and mandibular parasymphyseal fracture but a lower risk of dental injury among patients with a zygomatic arch or zygomatic complex fracture. On average, patients had more than three injured teeth, with most of the injured
teeth being in the upper jaw. The maxillary incisors, followed by the mandible incisors, were the most injured teeth. © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

Title: Maxillofacial Fractures: Midface and Internal Orbit-Part I: Classification and Assessment.

Citation: Facial plastic surgery : FPS, Aug 2015, vol. 31, no. 4, p. 351-356 (August 2015)

Author(s): Mast, Gerson, Ehrenfeld, Michael, Cornelius, Carl-Peter, Litschel, Ralph, Tasman, Abel-Jan

Abstract: Fractures of the midface and internal orbit occur isolated or in combination with other injuries. Frequently, the patients are first seen in emergency rooms responsible for the coordination of initial diagnostic procedures, followed by the transfer to specialties for further treatment. It is, therefore, important for all physicians treating facial trauma patients to understand the basic principles of injuries to the midface. Thus, this article aims to describe the anatomy and the current classification systems in use, the related clinical symptoms, and the essential diagnostic measures to obtain precise information about the injury pattern. Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

Title: Maxillofacial Fractures: Midface and Internal Orbit-Part II: Principles and Surgical Treatment.

Citation: Facial plastic surgery : FPS, Aug 2015, vol. 31, no. 4, p. 357-367 (August 2015)

Author(s): Mast, Gerson, Ehrenfeld, Michael, Cornelius, Carl-Peter, Tasman, Abel-Jan, Litschel, Ralph

Abstract: Current clinical assessment and imaging techniques were described in part 1, and this article presents a systematic review of the surgical treatment principles in the management of midface and internal orbit fractures from initial care to definitive treatment, including illustrative case examples. New developments enabled limited surgical approaches by standardization of osteosynthesis principles regarding three-dimensional buttress reconstruction, by newly developed individualized implants such as titanium meshes and, especially for complex fracture patterns, by critical assessment of anatomical reconstruction through intraoperative endoscopy, as well as intra- and postoperative imaging. Resorbable soft tissue anchors can be used both for ligament and soft tissue resuspension to reduce ptosis effects in the cheeks and nasolabial area and to achieve facial aesthetics similar to those prior to the injury. Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

Title: Decision making in third molar surgery: a survey of Brazilian oral and maxillofacial surgeons.

Citation: International dental journal, Aug 2015, vol. 65, no. 4, p. 169-177, 0020-6539

Author(s): Camargo, Igor Batista, Melo, Auremir Rocha, Fernandes, André Vajgel, Cunningham, Larry L, Laureano Filho, José R, Van Sickels, Joseph E
Abstract: This study was designed to evaluate the variations in decision making among Brazilian oral and maxillofacial surgeons (OMFS) and trainees in relation to third molar surgery. A survey on 18 diverse clinical situations related to the assessment and treatment of the third molar surgeries was conducted during the 20th Brazilian National OMFS meeting. Participants were divided into three groups according to their level of training. Another variable studied was length of experience. Correlation between the question answers and the variables was analysed using the chi-square test and the f test. The mean age of participants was 32.68 years, and their mean length of experience was 5.24 years. There were no statistical differences between the level of training and number of years of experience and the responses to 15 of the 18 questions on clinical situations. However, differences were found in responses to prophylactic extraction of asymptomatic third molars, use of non-steroidal anti-inflammatory drugs (NSAIDs) during the preoperative surgical period and the use of additional imaging to plan extractions. The group with shorter time of experience (3.8 ± 3.94 years) tended to recommend extractions of asymptomatic third molars more frequently compared with the more experienced surgeons (P = 0.041). More experienced surgeons used NSAIDs in the preoperative surgical period, whereas the majority of the youngest surgeons (4.1 ± 5.96 years of experience) did not (P = 0.0042). The certificated trained and in practice group tended to treat deep lower third molar impactions based on the findings of a panoramic radiograph, without obtaining additional imaging [cone beam computed tomography (CBCT)] before treatment (P = 0.0132). Decision making regarding third molar treatment differs according to the level of training and is influenced by the number of years of experience. Therefore, further continuous education programmes in this area are warranted to make recommendations regarding third molars consistent with the current literature. © 2015 FDI World Dental Federation.

Cleft lip and palate

Title: Do patients with isolated Pierre Robin Sequence have worse outcomes after cleft palate repair: A systematic review

Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, August 2015, vol./is. 68/8(1095-1099), 1748-6815;1878-0539 (01 Aug 2015)

Author(s): Wan T., Chen Y., Wang G.

Abstract: Summary Cleft palate repair for Pierre Robin Sequence (PRS) patients has always been a challenge for surgeons and anesthetists. The aim of this systematic review is to investigate the outcome of cleft palate repair for PRS patients compared with cleft palate-only patients. All papers published before October 2014 were searched in the databases PubMed and MEDLINE. Search terms included "Pierre Robin Sequence," "cleft palate repair," and "speech result." Additional studies were identified by hand searching the reference lists of the papers retrieved from electronic search. Two independent reviewers assessed the eligibility of studies for inclusion, extracted the data, and assessed the quality of the studies. Six studies met the inclusion criteria. All but one study had multiple deficiencies in study designs. Four studies assessed the fistula rate of both groups, and all studies assessed some aspect of the speech results. Conflicting results and a lack of high-quality and long-term outcomes of reviewed studies provided no conclusive scientific
evidence about whether the outcome of cleft palate repair for PRS patients was better or worse than cleft palate-only patients. Further well-designed, well-controlled, and long-term studies are needed.

Title: Evaluation of the levator veli palatini muscle thickness in patients with velocardiofacial syndrome using magnetic resonance imaging

Citation: Journal of Plastic, Reconstructive and Aesthetic Surgery, August 2015, vol./is. 68/8(1100-1105), 1748-6815;1878-0539 (01 Aug 2015)

Author(s): Park M., Ahn S.H., Jeong J.H., Baek R.-M.

Abstract: Summary Velocardiofacial syndrome (VCFS) is associated with velopharyngeal insufficiency, which occurs in approximately 75% of VCFS patients. Surgical management of velopharyngeal insufficiency in VCFS patients is difficult with a high revision rate due to the anatomic and physiological abnormalities of the velopharynx. The aims of this study were to evaluate the thickness and symmetry of the levator veli palatini (LVP) muscle using magnetic resonance imaging (MRI), and to compare the findings in VCFS patients to those in patients with nonsyndromic submucous cleft palate. We conducted a prospective analysis of 17 VCFS patients (nine boys, eight girls; age range, 4-9 years) and nine patients with submucous cleft palate without VCFS (eight boys, one girl; age range, 4-13 years) who had undergone MRI between March 2009 and August 2013. The thickness of the LVP muscle was measured at six locations in both groups. The symmetry was determined by comparing the values between the average of the left three points and the right three points. The mean LVP muscle thickness was significantly thinner in VCFS patients (2.14 +/- 0.73 mm) than in patients without VCFS (3.70 +/- 1.08 mm) (p < 0.001). In addition, the difference between the left and right sides of muscle thickness in the VCFS group was larger than that in the nonsyndromic submucous cleft palate group (0.25 and 0.09 mm, respectively). The thinness and asymmetry of the LVP muscle should be considered when determining the surgical management of velopharyngeal insufficiency in VCFS patients.

Title: Cleft Lip and Palate. An Evidence-Based Review

Citation: Facial Plastic Surgery Clinics of North America, August 2015, vol./is. 23/3(357-372), 1064-7406;1558-1926 (01 Aug 2015)

Author(s): Shaye D., Liu C.C., Tollefson T.T.

Abstract: The current article reviews the pertinent literature on the management of cleft lip and palate. We review the commonly used surgical techniques for repair, adjunctive options for treatment, clinical outcomes, complications, and concerns to consider. Throughout the discussion, we state the level of evidence where applicable and identify areas for future study.
Journal Tables of Contents

The most recent issues of key journals. Click on the journal covers for the tables of contents. If you would like any of the papers in full text then get in touch: library@uhbristol.nhs.uk

Head and Neck; Vol. 37, iss. 10 October 2015

British Journal of Oral and Maxillofacial Surgery; Vol. 53, iss. 8 October 2015
http://www.bjoms.com/

Oral Surgery Oral Medicine Oral Pathology Oral Radiology ; Vol. 120, iss. 4, October 2015
http://www.oooojournal.net/issue/S2212-4403(15)X0009-5
Oral Surgery; Vol. 8, iss. 3, August 2015

The Cleft Palate-Craniofacial Journal; Vol. 52, iss. 5, September 2015
http://www.cpcjournal.org/
**New From the Dental Elf**

**Updated systematic review on surgery for oral cancer**
http://www.nationalelfservice.net/?s=oral+surgery#sthash.lg1vjH2U.dpuf

The existing Cochrane systematic review on surgical treatment of oral and oropharyngeal cancers has been updated, with important changes to the conclusions.

The reviewers concluded that there was weak evidence to suggest that dissection of clinically negative neck nodes at the time of removal of the primary tumour reduced cancer recurrence. However, there was insufficient evidence to conclude that elective neck dissection increases overall survival or disease free survival compared to therapeutic neck dissection.

- See more at: http://www.nationalelfservice.net/dentistry/oral-cancer/updated-systematic-review-on-surgery-for-oral-cancer/#sthash.jiNGXnaN.dpuf

**What is the trend in surgery for proximal humerus fractures?**
http://www.nationalelfservice.net/?s=oral+surgery#sthash.JZWai6D4.dpuf

Fractures to the upper arm, also known as proximal humerus fractures are a common fracture in low energy injuries, especially in those with osteoporosis. Many can be treated without surgery, but the most severely displaced, multi-fragmentary fractures may require operative management. Traditionally the operation of choice has been hemiarthroplasty (a ‘half’ shoulder replacement – replacement of humeral head – often discussed as the ‘ball’ of the ball and socket joint).

By comparison, reverse shoulder replacements (a ball placed into the glenoid – the ‘socket’ of the shoulder joint) have been used successfully in older people as an elective procedure for those with osteoarthritis associated with lack of rotator cuff (muscles of the shoulder) function. It has therefore been proposed that some proximal humerus fractures could be treated with reverse shoulder replacements. But what’s the evidence? Schairer et al. from the Hospital for Special Surgery in New York undertook a retrospective study of current practice in the US discover the current trends.

- See more at: http://www.nationalelfservice.net/treatment/surgical/what-is-the-trend-in-surgery-for-proximal-humerus-fractures/#sthash.PsO9RWVe.dpuf
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