

Patient indentifiable	information			
NHS, CHI or Hospital number	DOB D D M M Y Y			
Sex Female	Male Postcode			
Patient's risk factors				
Smoking Neve	er Current Ex-smoker (> 6 mo)			
Weekly alcohol consumption				
None I I	p to 14 units More than 14 More than 40 Ex-heavy Light units - Moderate			
Performance assess	sment (Provide all available) NA			
ECOG / WH	HO / Zubrod score PS0 PS1 PS2 PS3 PS4			
ACE-27	None Mild Moderate Severe			
☐ ASA ➡	No systemic disease Mild systemic disease Severe systemic disease, not life-threatening			
	Severe, life-threatening disease Moribund patient			
Diagnosis and charac	torication of defect			
Diagnosis	Cancer / Malignancy Benign tumour			
Diagnosis	Osteoradionecrosis (ORN) Other (inc. Trauma)			
Date of surgery	D D M M Y Y			
Brown classification	for mandibular defects Soft tissue defect(s)			
Class I	Class II Class IV Intraoral Extra oral			
Class Ic	Class IVc Both			
Number of segment	ts			
Reconstruction - Flap				
Was an osseous flap	also used for reconstruction			
Type of flap	Scapula DCIA			
	Fibula Other (provide details)			
Reconstruction - Plates				
Date of commencer	ment of planning DDMMMYY			
Plate structure	Plate production Additive manufacture (printed)			
Load-bearing	Load sharing Subtractive manufacture (milled)			
Cradle structure	Honeycomb / Porous structure Machine bend (adapted)			



Reconstruction - Plates (Continued)					
Supplier of the custom made implant					
Synthes KLS Stryker Other (provide details)					
Implant design process Implant material					
In-house designed and outsourced manufacture Titanium					
Totally outsourced design and manufacture Non-metallic					
Fully in-house design and manufacture					
Structure of implant Single reconstruction plate Multiple mini plates How many?					
Screws used Locking Monocortical					
(provide an answer Non-locking Bicortical					
Locking and non-locking Combination of both mono and bi cortical					
Cutting guides design process Material used for cutting guides					
In-house designed and outsourced manufacture Metal					
Totally outsourced design and manufacture Plastic (provide					
Fully in-house design and manufacture details)					
Other					
Pre-surgical Radiotherapy Chemoradiotherapy Previous surgery None					
Adjuvant treatment Radiotherapy Chemoradiotherapy None					
Was implant card given to patient?					
Comment					



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			
Г	Partial failure requiring a second flap (free or pedicled) to rehabilitate defect			
H	Partial failure requiring prosthesis to address residual defect			
ı	Complete flap failure requiring a second flap (free or pedicled) to rehabilitate it			
	Complete flap failure requiring prosthesis to address it			
ı	Complete flap failure requiring no further reconstructive or prosthetic rehabilitation			
ı	Failure to establish reconstruction			
If partial failure, Indicate reason for flap failure				
	Arterial 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			
Com	nment			



Follow-up at 6 months, 1 year and 2 years post-surgery					
Did the 6mo / 1-year / 2-year visit take place?					
Data of visit D D M M Y Y					
Have antibiotics been used for surgical site related issues over this period / since last visit? N					
Plate or bone exposed intra orally Plate or bone exposed extra orally	Y				
Evidence of sinus or fistula?					
Any radiological, CT evidence of bony mal- or non-union at $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					
Loosening of osteosynthesis plate / screws No Fibrous union					
Plate removal Y N					
Date of surgery to remove implants					
Was the removal of? All of the plate components Part of a plate	e 🗌				
Reason(s) for partial or complete plate removal					
Infection Technical need for dental rehabilitation	🔲				
Mechanical failure (Provide details)					
Comment					