

QOMS - Orthognathic CRF

Clinical data



Record Identification

Local ID

REDCap record ID

Patient identifiable information

NHS, CHI or Admission number

Date of birth

Date of index procedure

Postcode

Sex at birth Female Male Intermediate Unknown

Pre-admission

Presenting complaints

Dysfunction

Dysmorphology

Abnormal jaw movements
 TMJ pain or dysfunction
 Eating problems
 Other (give details in box)

Breathing problems
 Sleep problems
 Speech problems

Facial appearance
 Dental appearance
 Other (give details below)

Underlying association/cause?

Cleft palate or Cleft lip and palate (CLP) Craniofacial syndrome Post trauma None of the above

Did you use any of the following diagnostic aids?

Study model 2D photos 3D photos
 Intra-oral scanner and virtual model None of the above

Did you have use of the following radiograph?

2D (Lateral cephalographs, OPT) CT CBCT None of the above

Facial deformities

Maxilla Hypoplasia / retrognathism Vertical deficiency
 Prognathism Asymmetry
 Vertical excess Anterior open bite (AOB)
 None of the above

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Mandible Prognathism Retrognathism Hemi-mandibular elongation Hemifacial microsomia

Condyle Resorption Hyperplasia Atrophy Fracture Normal

Chin position Normogenic Progenic Retrogenic Vertical excess
Deficiency Asymmetry

Index of Orthognathic Functional Treatment Need (IOFTN)?

N/A

5 Very great need for treatment

- 5.1 Defect of cleft lip and palate and other craniofacial anomalies
- 5.2 Increased overjet \geq 9mm
- 5.3 Reverse overjet \geq 3mm
- 5.4 Open bite \geq 4mm
- 5.5 Complete scissors bite affecting whole buccal segment(s) with signs of functional disturbance and/or occlusal trauma
- 5.6 Sleep apnoea not amenable to other treatments such as MAD or CPAP (as determined by sleep studies)
- 5.7 Skeletal anomalies with occlusal disturbance as a result of trauma or pathology

4 Great need for treatment

- 4.2 Increased overjet \geq 6mm and \leq 9mm
- 4.3 Reverse overjet \geq 0mm and $<$ 3mm with functional difficulties
- 4.4 Open bite $<$ 4mm with functional difficulties
- 4.8 Increased overbite with evidence of dental or soft tissue trauma
- 4.9 Upper labial segment gingival exposure \geq 3mm at rest
- 4.10 Facial asymmetry associated with occlusal disturbance

3 Moderate need for treatment

- 3.3 Reverse overjet \geq 0mm and $<$ 3mm with no functional difficulties
- 3.4 Open bite $<$ 4mm with no functional difficulties
- 3.9 Upper labial segment gingival exposure $<$ 3mm at rest, but with evidence of gingival/periodontal effects
- 3.10 Facial asymmetry with no occlusal disturbance

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Clinician-reported patient-derived outcomes

Rating of the dysfunction 0 100

Rating of the psychological deficit 0 100

Rating of the dysmorphology 0 100

Diagnosis of the dentofacial deformities 0 100

Impact of the deformity on the quality of life 0 100

Diagnosis of the case (e.g., Class III skeletal base III due to maxillary hypoplasia complicated by mandibular asymmetry and AOB)

Surgical matrix

Orthodontic treatment None - N/A Pre surgical Post surgical Pre & post surgical

Date of start of orthodontic treatment

Date of patient being ready for surgery

Prediction planning method(s) used?

Standard articulator 2D digital planning 3D-virtual digital planning

Surgical guides used to guide the occlusion during surgery?

Articular based wafer 3D printed wafer 3D printed plates
None

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Surgery and discharge

Grade of the surgeons performing the surgery

Operating

Consultant

Assisting

Consultant

Specialist registrar

Specialist registrar

Associate specialist

Associate specialist

Junior doctor

Junior doctor

Surgical procedures

Le Fort I (V10.4)

Sagittal split osteotomy

Vertical sub sigmoid

Genioplasty (V19.2)

Inverted L osteotomy

Segmental maxillary osteotomy

Segmental mandibular osteotomy

Le Fort II (V10.3)

Le Fort III (V10.2)

Mandibular body osteotomy

Kufner procedure

Malar onlays (medpore)

Widening of the zygoma

Bone graft rib

Bone graft iliac

Distraction osteogenesis

TMJ replacement

Other (give details below)

**Other surgical
procedure(s)**

Was any third molar removed?

No

Yes, prior to surgery

Yes, during surgery

Mandibular fixation

N/A

Bicortical screws

Plates

Inter-maxillary
fixation (IMF)

Maxillary fixation

Bendable plates

3D-printed plates

N/A

Intra-operative complication(s)

No intra-operative complication

Unfavourable separation of the maxilla

Excessive haemorrhage, >500ml

Transection of ID nerve

Unfavourable sagittal split
of the mandible

Genioplasty complication

Injury to teeth or roots

Other (give details below)

**Other intra-operative
complications**

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Indicate the nature and severity of postoperative complications

No postoperative complications

Septal deviation

Bleeding

Infection

Incorrect occlusion

Other (give details below)

**Other postoperative
complication(s)**

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Did the patient need to return to theatre? Y

N

Date of discharge

D	D	M	M	Y	Y
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Comment

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30-day return to theatre post-surgery

Did the patient return to theatre unexpectedly within 30 days after index surgery? Y N

Date of return to theatre (If the patient went back several to theatre, indicate the earliest occurrence.)

Indicate the reason(s) for return to theatre

Occlusal adjustment Septoplasty revision Haemorrhage
Infected / exposed / fractured plates Genioplasty revision Other (give details below)

Other reason(s) for return to theatre

90-day readmission post surgery

Was the patient unexpectedly readmitted within 90 days of index surgery? Y N

Date of readmission (If the patient was readmitted >1, indicate the earliest occurrence.)

Indicate the reason(s) for readmission

Occlusal adjustment Septoplasty revision
Infected / exposed / fractured plates Genioplasty revision Other (give details below)

Other reason(s) for readmission

Comment

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A copy of this form is to completed at 6 months, 1 year and 2 years after surgery

Follow-up data

For which follow-up visit is this form? 6 months 1 year 2 years

Did the follow-up take place? Y N

Date of review

D D M M Y Y

If it didn't take place, indicate why

Has the patient been readmitted since last visit / follow-up? Y N

Reason(s) for readmission

- | | |
|---|---|
| Medical-related reasons <input type="checkbox"/> | Revision of nasal septal deviation <input type="checkbox"/> |
| Occlusal adjustment <input type="checkbox"/> | Genioplasty revision <input type="checkbox"/> |
| Removal of fixation plates <input type="checkbox"/> | Other (give details below) <input type="checkbox"/> |

Other reason(s) for readmission

Stability of the results

- | | |
|--|---|
| The orthodontic treatment is not complete <input type="checkbox"/> | No relapse <input type="checkbox"/> |
| Skeletal relapse only <input type="checkbox"/> | Occlusal relapse only <input type="checkbox"/> |
| | Combined relapse (skeletal and occlusal) <input type="checkbox"/> |

Indicate the severity of the relapse Mild Moderate Severe

Neurosensory deficit Normal Paraesthesia Anaesthesia N/A

Right Lower lip

Left lower lip

Have new records been collected? None

- | | | |
|------------------------------------|---|--|
| 2D photos <input type="checkbox"/> | 2D radiographs <input type="checkbox"/> | Physical study models <input type="checkbox"/> |
| 3D photos <input type="checkbox"/> | 3D radiographs <input type="checkbox"/> | Digital study models <input type="checkbox"/> |

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Improvement of quality of life (To be completed by the clinician)

Confidence Y N

Better facial appearance Y N

Interaction in the society Y N

Better chewing Y N

Clinician-reported patient-derived outcomes

Patient satisfaction at the time of the visit

Poor Just Moderate High

Rating of the dysfunction 0 100

Rating of the psychological deficit 0 100

Rating of the dysmorphology 0 100

Diagnosis of the dentofacial deformities 0 100

Impact of the deformity on the quality of life 0 100

Comment