

QOMS - Orthognathic Surgery

SURGERY

Date of collection

D	D	M	M	Y	Y
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Collected by:

Patient identifiable information

NHS/CHI number

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Date of birth

D	D	M	M	Y	Y
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Sex at birth

Female Male

Date of index procedure

D	D	M	M	Y	Y
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Postcode

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Surgical matrix

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

Surgery and discharge

Grade of the surgeons performing the surgery

Operating Consultant Specialist registrar Associate specialist Junior doctor Assisting Consultant Specialist registrar Associate specialist Junior doctor

Surgical procedures

Le Fort I (V10.4) Sagittal split osteotomy Vertical sub sigmoid Genioplasty (V19.2) Inverted L osteotomy Segmental mandibular osteotomy Segmental maxillary osteotomy Le Fort II (V10.3) Le Fort III (V10.2) Kufner procedure Malar onlays (medpore) Mandibular body osteotomy Widening of the zygoma Bone graft rib Distraction osteogenesis TMJ replacement Bone graft iliac Other *

* Provide details

Was any third molar removed?

No Yes, prior to surgery Yes, during surgery

Mandibular fixation

N/A Bicortical screws Plates IMF

Maxillary fixation

Bendable plates 3D-printed plates N/A

Intra-operative complication(s)

No intra-operative complication Injury to teeth or roots Genioplasty complication Excessive haemorrhage, >500ml Unfavourable separation of the maxilla

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Unfavourable sagittal split of the mandible Transection of ID nerve Other *

* Provide details

Postoperative complicationsNo postoperative complications Septal deviation

* Provide details

Bleeding Infection Incorrect occlusion Other * 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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QOMS - Orthognathic Surgery	ORTHO						
Date of collection <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table> Collected by: _____	D	D	M	M	Y	Y	
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Patient identifiable information											
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D	D	M	M	Y	Y						

Pre-admission	
Presenting complaints	
Dysfunction <input type="checkbox"/> ➔	Abnormal jaw movements <input type="checkbox"/> Breathing problems <input type="checkbox"/> Other * <input type="checkbox"/> TMJ pain or dysfunction <input type="checkbox"/> Sleep problems <input type="checkbox"/> Eating problems <input type="checkbox"/> Speech problems <input type="checkbox"/>
Dysmorphology <input type="checkbox"/> ➔	Facial appearance <input type="checkbox"/> Dental appearance <input type="checkbox"/> Other * <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; min-height: 20px;">* Provide details here</div>	

Underlying association/cause?			
Cleft palate or Cleft lip and palate (CLP) <input type="checkbox"/>	Craniofacial syndrome <input type="checkbox"/>	Post trauma <input type="checkbox"/>	None of the above <input type="checkbox"/>

Did you use any of the following diagnostic aids?				
Study model <input type="checkbox"/>	2D photos <input type="checkbox"/>	3D photos <input type="checkbox"/>	Intra-oral scanner and virtual model <input type="checkbox"/>	None of the above <input type="checkbox"/>

Did you have use of the following radiograph?			
2D (Lateral cephalographs, OPT) <input type="checkbox"/>	CT <input type="checkbox"/>	CBCT <input type="checkbox"/>	None of the above <input type="checkbox"/>

Facial deformities			
Maxilla	Mandible	Condyle	Chin position
Hypoplasia / retrognathism <input type="checkbox"/>	Prognathism <input type="checkbox"/>	Resorption <input type="checkbox"/>	Normogenic <input type="checkbox"/>
Prognathism <input type="checkbox"/>	Retrognathism <input type="checkbox"/>	Hyperplasia <input type="checkbox"/>	Progenic <input type="checkbox"/>
Vertical excess <input type="checkbox"/>	Hemi-mandibular elongation <input type="checkbox"/>	Atrophy <input type="checkbox"/>	Retrogenic <input type="checkbox"/>
Vertical deficiency <input type="checkbox"/>		Fracture <input type="checkbox"/>	Vertical excess <input type="checkbox"/>
Asymmetry <input type="checkbox"/>	Hemifacial microsomia <input type="checkbox"/>	Normal <input type="checkbox"/>	Deficiency <input type="checkbox"/>
Anterior open bite (AOB) <input type="checkbox"/>			Asymmetry <input type="checkbox"/>
None of the above <input type="checkbox"/>			

Index of Orthognathic Functional Treatment Need (IOFTN)?		N/A <input type="checkbox"/>
5 Very great need for treatment <input type="checkbox"/>	5.1 Defect of cleft lip and palate and other craniofacial anomalies <input type="checkbox"/>	
	5.2 Increased overjet ≥ 9mm <input type="checkbox"/>	

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ORTHO

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Collected by:

4 Great need for
treatment

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

4.2 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

Clinician-reported patient-derived outcomes (optional)

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)

QOMS - Orthognathic Surgery**POSTOP**Date of
collection

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Collected by:

Record Identification

NHS/CHI

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REDCap ID

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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

D	D	M	M	Y	Y
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(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 *

* Provide details

90-day readmission post surgery

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

Y	N
---	---

Date of
readmission

D	D	M	M	Y	Y
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(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 *

* Provide details

Comment

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QOMS - Orthognathic Surgery	FOLLOW-UPS
Date of collection <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Collected by:	

Record Identification

NHS/CHI REDCap ID -

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? **Date of review**

Indicate why the review did not take place

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

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 * <input type="checkbox"/> |

* Provide details

Stability of the results The orthodontic treatment is not complete No relapse

Skeletal relapse only Occlusal relapse only Combined relapse (skeletal and occlusal)

Indicate the severity of the relapse Mild Moderate Severe

Neurosensory deficit Normal Paraesthesia Anaesthesia N/A

Right Lower lip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left lower lip <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have new records been collected?

None <input type="checkbox"/>	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"/>

Patient outcomes - To be completed by the clinician **OPTIONAL**

Improvement of quality of life	Confidence <input type="checkbox" value="Y"/> <input type="checkbox" value="N"/>	Better facial appearance <input type="checkbox" value="Y"/> <input type="checkbox" value="N"/>
	Interaction in the society <input type="checkbox" value="Y"/> <input type="checkbox" value="N"/>	Better chewing <input type="checkbox" value="Y"/> <input type="checkbox" value="N"/>

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

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REDCap ID

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Diagnosis of the dentofacial deformities 0  100

Impact of the deformity on the quality of life 0  100

Comment