



Severe isolated Maxillo-Facial trauma

Polytrauma patients with injuries that include maxillo-facial components should be referred to the trauma team leader at St George's as per Network guidelines.

The purpose of this guideline is to cover severe isolated max fax injuries where the patient is not suitable for discharge and review in an outpatient clinic.

Hospitals with Maxillo-Facial surgery:

- St George's routinely take Max Fax referrals from Kingston, Croydon and St Helier.
- Royal Surrey County Hospital, Guildford routinely take Max Fax referrals from Basingstoke Hospital, Frimley Park Hospital, Ashford and St Peter's and East Surrey.

Referrals

Management of severe isolated maxillofacial injuries with no direct need for neurosurgery should be referred to the specialist centre appropriate for the TU as described above.

Guidance on likely management at the OMFS centre.

Maxillofacial trauma can be broadly broken down in to soft tissue and hard tissue injuries and frequently patients may have both:

- Soft tissue injuries (scalp/facial lacerations) would usually be seen and treated at point of presentation and then discharged
- Midface fractures including zygoma, maxillary and orbital fractures are usually reviewed in ED and then discharged to be reviewed electively in our trauma clinic the following week to plan any surgery once swelling has reduced.
- Mandibular fractures requiring surgery (when displaced or multiple fractures) are not usually suitable for discharge and review in an outpatient clinic and so these are admitted for surgical fixation.

Other groups of patients who may have Maxillo-Facial injuries

- Signs of skull fracture or stable brain contusions etc on CT that need to stay in for neuro obs under guidance of the neurosurgery team and admitted as per TU local policy.
- White eye blow out- ie entrapment of orbital contents in an orbital floor fracture require urgent theatre in Guildford or St George's.
- Significant haemorrhage from maxillofacial injuries needing acute intervention eg packing of bleeding mid face fractures should be discussed with the MTC TTL.