is modified to include tumour involved structures such as IJV and accessory nerve where appropriate.

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Validation of a visual acuity application versus Snellen chart in the assessment of visual acuity in maxillo-facial trauma patients

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Introduction: Orbital trauma comprises a significant proportion of blunt facial trauma, and it is imperative that visual acuity is recorded in such cases not only for clinical assessment, but for medico-legal purposes. Maxillofacial staff may have to assess trauma patients in circumstances where the gold standard Snellen chart is not available.

Methods: A series of 20 patients attending a Maxillofacial trauma clinic with injuries involving the orbit had visual acuity assessed using the standard Snellen chart by one clinician, and subsequently rechecked using the EyeChart Application (Dok LLC) for I-phone by a second clinician. Visual acuity, injury type and treatment required were recorded.

Results: In 18/20 patients the visual acuity recorded was identical by both methods.

Conclusions: Given the ubiquitous presence of I-phone/I-pad this application is a reliable substitute for circumstances when the Snellen chart is unavailable. It would be desirable to confirm the assessment by conventional means when available.

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P96

Incidence of inferior alveolar and lingual nerve paraesthesia following mandibular third molar extractions: a retrospective audit of 236 cases

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Introduction: Trigeminal nerve injury is a potential consequence of dentoalveolar surgery.

Aim: To determine the incidence of paraesthesia following extraction of mandibular third molars.

Method: A 2 month retrospective audit was undertaken of 236 patients attending a Dental Teaching hospital's daycase LA and GA clinics. Hospital numbers were recorded from daybooks. Hospital notes were examined, demographics and surgery information was recorded.

Results: 263 teeth were extracted from 236 patients over the two months period.

There were seven documented reports of paraesthesia in the immediate post operative period. Five had resolved within three weeks, the remaining two persisted beyond 4 months.

28% of surgical extractions had no documented warning of the risk of post operative paraesthesia in hospital records.

86% of cases resulting in paraesthesia were extracted by a member of senior staff.

Clinical relevance: The data from this audit has provided useful information about the risks of paraesthesia within the Oral Surgery Unit.

The percentage of cases resulting in paraesthesia extracted by senior staff would indicate that the vetting process for listing extractions is successful.

Limitations in study design lead to the recommendation that data should be collected prospectively during an ongoing telephone review audit.

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P97

Understanding the transition from primary to secondary care: experiences of patients with oral precancer

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Introduction: The patient journey from primary to secondary care is significant. The benefit of a smooth transition at this stage should not be underestimated. Previous studies have described the impact of this transition on other patient groups. The aim of this study was to identify and describe oral precancer patients' experiences of progression through a health care system.

Method: 28 patients were recruited from 2 hospital sites. Criterion based sampling was employed to ensure a breadth of patient experience. In depth qualitative interviews allowed the exploration of patients' views and experiences in detail. Interviews were digitally audio-recorded and transcribed verbatim. Data collection and analysis was an iterative process following the principles of the constant comparative method.

Results: 28 interviews with 14 men and 14 women aged 38–80 were conducted ranging from 24 to 57 min in length. Patients' accounts of their experiences provided new insights into the oral cancer patient's experience of care. The emerging themes related to the role of the doctor–patient relationship, the effect of time, the impact of continuity of care and the significance of information provision.

Conclusions: Timely referral from primary to secondary care can reduce uncertainty or a feeling of being 'in limbo'. Initial consultations herald the beginning of new doctor–patient relationships which need to be carefully negotiated so that patients feel able to access information where needed, avoid unnecessary uncertainty, feelings of powerlessness and a perceived lack of involvement in their care.

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