

## **Audit on Patient Recovery Post-Open Exposure of Palatally Impacted Canines**

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### **Objectives:**

Palatally ectopic canines occur in 2-3% of young people, commonly treated by exposure to allow orthodontic movement. Aiming to enhance insight into patient recovery after palatal canine exposure and improve open palatal canine exposure patient management. Five standards derived from prior studies were used.

### **Methods:**

Data was collected prospectively at the time of surgical intervention and at post-operative review, using a proforma implemented for all adolescent patients undergoing open palatal exposures between January – December 2021. Reviews were scheduled from 7-15 days post-operatively. All data was securely stored on an electronic spreadsheet; overall 50 exposures sampled.

### **Outcomes:**

Standard 1: "Back to Normal Activity" - all successfully resumed normal activities by review. Standard 2: "Eating Normally" - 86% reported they were eating normally at review. 4 patients (7 exposures) reported difficulty with eating, yet did not seek help. Pain levels in this group ranged from 0-7/10. All patients with eating difficulties underwent general anaesthesia with full-thickness/wedge technique and had a pack sutured in-situ. 75% of those not eating normally were bilateral exposures, with 2 receiving a healing plate. Standard 3: "Not in Pain" - 36% still experienced pain at review. Bilateral exposures had higher pain scores. Scores tended to decrease with the time interval post-operatively. Only one patient sought professional help, primarily associated with insertion/removal of a healing plate. Standard 4: "Pack in Situ" - 92% were still in place at the post-operative review. Standard 5: "No Post-operative Complications" – nil reported.

### **Conclusion:**

This audit confirmed we can inform patients that pain typically lasts 1-2 weeks post-exposure, with increased pain for bilateral cases. The patient information leaflet has been updated to give more detail regarding when/how to seek help with potential healing plate issues. We plan to conduct a follow-up audit to assess the need for potential further surgical interventions e.g. re-exposure.