



The Institute of Maxillofacial
Prosthetists & Technologists

21st Biennial Scientific Congress



10-12th September 2003
University of Strathclyde
Glasgow, Scotland

programme and abstracts

THE IMPT 21ST SCIENTIFIC CONGRESS – 2003

Dear Delegate

It is my very great pleasure and honour to welcome you to the 21st Scientific Congress on Maxillofacial Prosthetics and Technology, at Strathclyde University, Glasgow. Once again as at previous Congresses we are able to welcome many of our colleagues from overseas. I sincerely hope that everyone will take something away from this meeting that will help within their own practices.

This promises to be an interesting meeting with a session given over to the progress that has been made with regards to Statutory Registration, also an interesting report on The Institutes role within Agenda for change.

We will for the first time be inviting the membership to 'question time' your opportunity to ask members of council questions on issues or concerns regarding the profession.

Following an invitation from the Lord Provost we will attend a Civic Reception, in the Glasgow City Chambers, this is an endorsement of the standing that The IMPT has achieved.

Kevin Page FIMPT

Chairman of The Institute of Maxillofacial Prosthetists and Technologists

2003 Congress Organising Committee

Richard Eggleton MIMPT

Peter Evans MIMPT

Kevin Page FIMPT

Mark Townend MIMPT

Fraser Walker MIMPT

Message from Organising Committee

To assist presenters of papers, all delegates are respectfully reminded, that mobile phones and radio pagers etc. should be placed on silent running or switched off in the lecture theatre. Thank you.

The Institute of Maxillofacial Prosthetists and Technologists

President:

Mr A E Brown FDSRCS FRCS

President Elect:

Professor A F Ayoub FDSRCS

Immediate Past President:

Professor J D Langdon MDS FDSRCS F.MED.Sci

Chairman:

Mr K B Page FIMPT

Honorary Secretary:

Mr M B Cutler FIMPT GCGI

Honorary Treasurer:

Mr R Eggleton MIMPT

Honorary Registrar:

Mr T C Sharpe MIMPT

Members of Council:

Mr D L Allen MIMPT

Dr M A Bamber PhD MIMPT

Mr P LI Evans MIMPT

Mr C Haylock MBE FIMPT

Mrs S Jones MIMPT (Co-opted)

C V Fraser-Macnamara MIMPT (Hon)

Mr I Muir-Nelson MIMPT

Mr M Pilley MIMPT

Mr M Townend MIMPT

Congress Awards

The Wim de Ruiter Delft Plate

Awarded for the most outstanding scientific technical display or workshop. Mr Wim de Ruiter, a commercial laboratory owner from Ridderkirk near Rotterdam, provided a maxillofacial prosthetics service for the Rotterdam area and donated this award in 1985.

The Mount Vernon Award

Awarded for the most outstanding lecture. Designed and fabricated by Chief Maxillofacial Prosthetist and Technologist Mr John Haywarde at Mount Vernon Hospital, this award was first presented at the 1981 IMPT Congress held at Brunel University, London.

The Presidents Award

Awarded for the most outstanding artistic contribution to maxillofacial prosthetics. This award was inaugurated in 1983 at the IMPT International Congress held at The Royal College of Surgeons, London.

The Kidd Award

Awarded for the most outstanding contribution to implant technology. This award was donated by Mr Norman Kidd, who began making sub-periosteal implants in 1956 and upon his retirement, instigated the Kidd Award Plaque in 1997.

The Institute Award

Awarded for the best first time lecture presentation.

2003 Congress Award Assessors

Dr K Bergstrom AIMPT
Mr C Haylock MBE FIMPT
Mr W McLennan MIMPT

The Chairman's Award

Awarded for outstanding services to maxillofacial prosthetics and technology. Donated by Mr Brian Conroy in 1969, the award was commissioned – *“For those who have given signal service for advancement in technology, prosthetics, surgery and other activities that relate to maxillofacial prosthetics and technology”*.

The IMPT Travel Fellowship Award

To provide the means for study or research.

LECTURE TIMETABLE

Wednesday 10th September 2003

Session Title: Craniofacial Surgery, Chairman Kevin Page

09:15 **LECTURE THEATRE TO BE SEATED.**

09:30 Welcome and opening address by Mr Kevin Page to officially open the Congress.

Induction of the President Professor A F Ayoub.

09:45 Recent Advances in Maxillofacial Technology.

Professor A F Ayoub.

10:25 Articulators for Orthognathic Model Surgery. An Open and Shut Case?

Fraser Walker.

10:45 Question session.

10:55 Induction of new Fellows of The Institute of Maxillofacial Prosthetists and Technologists.

11:05 BREAK FOR MORNING COFFEE.

11:35 A Passive Robot Arm Assisted Craniofacial Surgery Planning.

Dr Anwar Bamber.

11:55 Silicone Occlusal Wafers for Orthognathic Surgery.

Gavin Carmichael.

12:15 A Multi- Disciplinary Approach to Dentofacial Deformity

Pauline Paul.

12:25 Key Spacer Model Planning – The Burnley Approach.

Gavin Carmichael.

12:35 A Study of the Differing Craniofacial Features of Humankind and Associated Issues Effecting Maxillofacial Prosthetics and Technology.

Karen Shaw.

12:45 Question session.

12:55 Verbal Introduction of Scientific Poster Displays by Presenters.

13:00 BREAK FOR LUNCH.

Session Title: Silicone and Colour, Chairman Steve Worrollo.

14:00 Colour Stability in Silicone Facial Prosthetics.

Alan Bocca.

14:20 Specification for a New Maxillofacial Prosthetic Material.

Dr Mark Waters.

14:40 There's More To Colour Than Meets The Eye – Computerised Iris Reproduction.

Liz Gill.

14:50 Considerations when Choosing A Silicone.

Derek Williams-Wynn.

15:10 Question session.

15:25 BREAK FOR AFTERNOON TEA.

Session Title: Orofacial Rehabilitation.

15:50 The Use of a Nasal Obturator in Hereditary Haemorrhagic Telangiectasia, (HHT).

Jason Watson.

16:00 Dribble or Pass.

Sarah Jones.

16:10 Treatment Outcomes of Extra Oral Implantology in Head and Neck Oncology Patients. A Retrospective Evaluation.

Dr Harry Reintsema.

16:30 Question session.

16:45 The IMPT Travel Fellowship Award, Presentation Report - Venture Across the Pond.

Sarah Parkinson.

16:55: The IMPT Travel Fellowship Award – An Overview.

Kevin Page. This Years Award to be presented at the Congress Banquet and Prize Giving Ceremony.

17:00 **CLOSE OF WEDNESDAYS LECTURE PROGRAMME.**

19:30 **Reunion Dinner in the Lord Todd Restaurant.**

LECTURE TIMETABLE

Thursday 11th September 2003.

Session Title: Governance – The Profession, Chairman Kevin Page.

09:00 S.W.O.T.

Mark Cutler.

09:40 Welcome to Wimpole Street, (Please make cheques payable to GDC).

Antony Townsend.

10:10 Question session.

10:25 BREAK FOR MORNING COFFEE.

10:50 AfC.

David Allen.

11:10 Continuous Professional Development.

Colin Haylock.

11:20 Open Forum and Question session.

Facilitated by the Council of The IMPT.

11:50 PRACTICAL WORKSHOP, VIDEO DEMONSTRATION AND TRADE DISPLAYS.

11:51 Mixing Techniques with the Speed Mixer.

Derek Williams-Wynn.

12:01 A Video Presentation of Ron Mueck

Life Sculptor.

Colin Haylock.

12:01 Trade Displays.

Companies kindly supporting the 2003

Congress please see full listing in

Programme.

12:45 CLOSE OF MORNING SESSION.

12:46 BREAK FOR LUNCH.

13:15 Coaches leave for Loch Lomond and boat excursion.

17:30 Coaches arrive back at the University of Strathclyde.

17:31 Dinner in the Lord Todd Restaurant.

19:15 Delegates leave on foot for the Glasgow City Chambers.

19:30 Civic Reception in the Picture Gallery of the Glasgow City Chambers.

Hosted by Glasgow City Council.

LECTURE TIMETABLE

Friday 12th September 2003.

Session Title: Body Prosthetics, Chairman Alan Bocca.

- 09:00 Feet and Toes.
Matthew Pilley.
- 09:20 Foot Gloves.
Peter Bowman.
- 09:30 A Partial Leg Prosthesis.
Ian Farnell.
- 09:40 Nipple Rehabilitation: A Comparative Study of Women's Perspectives on Surgery Versus Prostheses.
Elaine Goldsworthy.
- 09:50 'Stick and Go' - An Alternative Method of Nipple-Areola Retention.
Sarah Parkinson.
- 10:00 Hair Today Gone Tomorrow.
Sarah Jones.
- 10:10 Question session.
- 10:30 BREAK FOR MORNING COFFEE.

Session Title: Digital Technologies.

- 10:55 Applying Rapid Prototyping Technology to Craniofacial Rehabilitation.
Peter Evans.
- 11:15 Non-Contact Scanning and Rapid Prototyping for Burns Masks.
Dr Richard Bibb.
- 11:35 Application of Advanced Technology in Osseointegrated Facial Prosthetic Treatment.
Suzanne Verma and Andrew Grosvenor.
- 12:05 Freeform Haptic Technology Development and Use in Maxillofacial Technology.
Dr Henk Verdonck and Peter Evans.
- 12:25 Question session.
- 12:40 BREAK FOR LUNCH.

Session Title: Examining Our Profession, Chairman Fraser Walker.

- 13:30 The Diploma in Professional Studies, (Maxillofacial Prosthetics and Technology).
Chris Maryan.
- 13:50 Dignity Throughout Treatment.
Carol Winter.
- 14:00 Consent - Do We Need to Bother?
Mark Townend.
- 14:10 The Need for Annual Follow-Up of Indwelling Ocular Prostheses.
David Allen.
- 14:20 Introducing the MPT Survey; Job Satisfaction, Job Characteristics and Prosthesis Provision.
Jason Watson.
- 14:30 Ears Today, Cons Tomorrow! Results of The UK Maxillofacial Laboratory Questionnaire.
Jason Watson.
- 14:50 Question session.
- 15:10 BREAK FOR AFTERNOON TEA.

LECTURE TIMETABLE

Friday 12th September 2003 – contd.

Session Title: Auricular Defects, Reconstruction and Rehabilitation.

- 15:30 3D Modeling Technology in Autogenous Reconstruction: A Technical and Surgical Procedure Utilizing CAD/CAM and CNC Technologies.
Suzanne Verma and Andrew Grovesnor
- 16:00 Human Bites of the Ear.
Heidi Silk.
- 16:10 Okihiro Syndrome - Prosthetic Rehabilitation - A Case Study.
Claire Cooper.
- 16:20 Methods of Auricular Retention; Are We Satisfied?
Jason Watson.
- 16:30 Question session.
- 16:50 CLOSE OF CONGRESS.
Kevin Page Chairman of The Institute of Maxillofacial Prosthetists and Technologists.
- 19:30 Reception in the Winter Garden of the Barony-supported by Panadent Ltd.
- 20:00 Banquet and Prize Giving Ceremony in the Great Hall of the Barony.

Saturday 13th September 2003

Please vacate rooms and deposit keys in the Village Office by 10:00. Thank you.

Poster Displays

Helen Browell.
Keloid Therapy a New Design of Splint.

Stefan Edmondson.
Aetiology and Incidence of Cranioplasties in the West Midlands Region.

Liz Gill.
There's More To Colour Than Meets The Eye – Computerised Iris Reproduction.

Chris Maryan and Helen Browell.
Survey Into the Current Usage of Laboratory Made Devices to Support Oral and Maxillofacial Surgery.

Jane McPhail.
Micropigmentation Techniques.

Jane McPhail.
Teaching Core Skills in Plastic Surgery.

Cristina NáCher.
A Novel Method for Guiding Biopsy of Suspected Sub-Clinical Recurrence in the Post Maxillectomy Cavity.

Cristina NáCher
3-D Modelling Technology in the Preoperative Planning for Orthognathic Surgery: A Technical and Surgical Approach.

Sarah Quinn.
Magnetically Retained Sectional Oro-Facial Prosthesis.

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
TITLE:
ABSTRACT:

David Lee Allen, Senior Chief Maxillofacial Prosthetist

MIPT

MFU, Queen Victoria Hospital, East Grinstead, UK

The Need for Annual Follow-up for Indwelling Ocular Prostheses

Protein deposition and erosion to the polished surface of an ocular prosthesis presents as just one reason for the annual need to polish an eye. The lecture presentation identifies many other reasons for annual review and the necessary remedial treatment needing to be undertaken. These are supported by clinical and technical photographs.

M A Bamber, Oral & Maxillofacial Surgery Senior Tutor

PhD MBCHbA Dpod Med ILTM

OMFS Dept. Eastman Dental Hospital, London, UK

A Passive Robot Arm Assisted Craniofacial Surgery Planning

In craniofacial surgery the ability to measure and predict surgical changes is currently limited to a 2 dimensional assessment of a 3 dimensional change usually measured using lateral skull radiographs. Prediction of skeletal movement and the analysis of post-operative change is possible "in vitro" to a high degree of precision, by means of imaging, computer software and model surgery. However despite the ability to plan surgery precisely it has proven impossible to transpose such plans to the actual patient at the time of surgery with the same degree of accuracy.

The overall result of studies in the literature reveal a degree of inaccuracy in the actual maxillary surgical change when compared with the predicted change in both horizontal and vertical planes, especially when using internal reference lines to measure intra-operatively the planned movements. No study, up to my knowledge, has looked at inaccuracies in relocating the maxilla due to lack of a 3 dimensional measuring device. This study showed significant differences between the treatment plan and the outcome of the surgery in all 3 planes highlighting that the outcome of surgery did not match the treatment plan. The use of a robot arm can provide accurate biometric data for orthognathic surgical change, post-operative review and can improve the surgical outcome.

Richard Bibb, Head of Medical Applications

BSc (Hons) PhD

PDR, University of Wales, Institute Cardiff, Cardiff, UK

Non-Contact Scanning and Rapid Prototyping for Burns Masks

We have investigated the application of non-contact light based scanners and rapid prototyping technologies for the production of masks for the management of facial burns. The presentation will illustrate cases and highlight potential advantages, drawbacks and economic considerations of the approach.

Alan Bocca, Senior Chief Maxillofacial Prosthetist

MSc MIMPT

MFU, Morriston Hospital, Swansea, UK

A P Bocca, P Li Evans, M W Waters, K Bellamy

Colour Stability in Silicone Facial Prosthetics

Maxillofacial prosthetic rehabilitation has been employed for centuries in the treatment of facial defects resulting from ablative surgery, congenital deformity or trauma and its main aim is the restoration of form and function of a missing part of the face so that an individuals' psychological trauma and physical appearance may be relieved and enable them to an active role in society. The advent of a reliable retention system for facial prostheses provided by implant technology has led to an expanded population of patients amenable to this method of rehabilitation. Prostheses are typically made from silicone elastomers, are coloured using rare earth pigments and have been found to be both relatively easy to manufacture and aesthetically acceptable. A major drawback is the short lifespan of such prostheses, typically averaging 12 to 18 months, mainly through colour degradation. This leads to a patient requiring numerous remakes, which is expensive for the health service and time consuming for the patient. This paper will review the literature and discuss a dual approach currently under research to significantly extend the useful life of a prosthesis.

ABSTRACTS

NAME: **Peter A Bowman**, Senior Chief Maxillofacial Technologist
QUALIFICATIONS: LCGI MIMPT
UNIT: Maxillofacial Laboratory, Ninewells Hospital, Dundee, Scotland, UK
TITLE: **Foot Gloves**
ABSTRACT: This presentation outlines a method of making custom foot gloves for a patient who has congenital loss of both upper limbs. The patient requires protective gloves for her to be able to complete a first aid certificate course and "practice health and safety at work". It also demonstrates the diversity of the maxillofacial technologist.

Helen Browell, Maxillofacial Prosthetist
BSc Hons
MFU, Morriston Hospital, Swansea, UK
Browell H, Gravenor C, Evans P
Keloid Therapy – A New Design of Splint
Keloid therapy is based on the application of pressure and/or the use of silicone gel sheet. Because of the diversity in shape, location and size of the keloid splint, retention and patient compliance can often be poor. A new design of splint is described that is simple to construct, easily adjustable and has demonstrated excellent patient compliance. The treatment regime of pressure and gel is also discussed.

Gavin Carmichael, Senior Chief Technologist/Laboratory Manager
FOTA MIMPT
MFU, Burnley General Hospital, Burnley.
Key Spacer Model Planning – The Burnley Approach
This paper will briefly describe the use of readily available pre-formed components to speed up the use of the system and in particular make the positioning of the maxillary model easier for Le Fort I impactions.

Gavin Carmichael, Senior Chief Technologist/Laboratory Manager
F.O.T.A MIMPT
MFU, Burnley General Hospital, Burnley.
Silicone Occlusal Wafers for Orthognathic Surgery
With the now almost universal use of pre-surgical orthodontics, wafers have to be made to more exacting standards. This paper will briefly review previously used materials and then describe a method of wafer construction using an orthodontic positioner silicone. The advantages of the various techniques will be reviewed.

Claire Cooper, Maxillofacial Prosthetist
MIMPT
Maxillofacial Laboratory, Queen Elizabeth Hospital, Birmingham, UK
Okhihiro Syndrome - Prosthetic Rehabilitation - A Case Study
This case study looks at a 21 year old girl who has been diagnosed with Okhihiro Syndrome. It is characterised by radial anomalies, Duane anomaly, congenital heart defects, dysplastic ears, hearing loss and renal abnormalities. She also has hemifacial microsomia causing facial asymmetry and a left sided facial-palsy. She has a Bone Anchored Hearing Aid (BAHA) and prosthetic ear on the left side. She has also undergone a bimaxillary osteotomy to rotate and correct her maxilla and rotated and occluded the mandible with the maxilla to correct a class III occlusion and severe crossbite. This presentation briefly discusses Okhihiro Syndrome, then concentrates on her BAHA, prosthetic ear and bimaxillary osteotomy, describing what was done and how it improved her appearance

Mark Cutler, Principal Maxillofacial Prosthetist
FIMPT GCGI
MFU, Queen Victoria Hospital, East Grinstead, UK
S.W.O.T
The last few years has seen the genesis of a number of issues that directly effect our profession and our practice. The council of The IMPT has been proactive and has engaged, where possible, with all stakeholders involved in the change and evolution of our specialty. This presentation will take the form of a report to inform the IMPT membership of the elements that are driving the changes that impact on our profession.

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
TITLE:
ABSTRACT:

Stefan Edmondson, Maxillofacial Prosthetist

BSc Hons (Dental Technology) PDip (Maxillofacial) ongoing
Maxillofacial Laboratory, Queen Elizabeth Hospital, Birmingham, UK

Aetiology And Incidence Of Cranioplasties in the West Midlands Region

This study consists of 75 patients referred to our unit for cranioplasties. These are patients from the West Midlands Region who have had craniotomies within the last four years. The collected data was analysed for aetiology, defect site and for any demographic trends. The results showed that titanium was the most frequently used material for cranioplasty. The demographic data suggests that among the different areas in the West Midlands, the highest proportion of patients treated lived in Birmingham and Solihull. The most common defect was caused by trauma. Figures suggest that males in the 17 - 30 age range are the most likely group to present with a cranial defect.

The results from this study supports previous findings that titanium is the most frequently used successful type of cranioplasty. Limitations of this study are the small numbers of acrylic cranioplasty and bone flaps in the data. Future research needs to look at demographic trends over a larger area and increased time span with a wider variety of cranioplasty methods. It would be useful to compare other centres for treatment methods and incidence of defects.

Peter Evans, Maxillofacial Prosthetist
MIMPT

MFU, Morriston Hospital, Swansea, UK
Evans P, Bocca A, Sugar A, Bibb R

Applying Rapid Prototyping Technology to Craniofacial Rehabilitation

The advancement in 3D stereo lithographic technology and rapid prototyping for use in facial reconstruction has enabled the Maxillofacial Prosthetist/Technologist to plan cases with a higher degree of accuracy and manufacture implants that have little or no need for adjustment prior to insertion. However Maxillofacial laboratory technology still relies on the duplication of models using some type of impression medium and the final manufacture of the stent or implant using standard techniques.

These techniques inherently have a degree of inaccuracy which has been within tolerable limits until now. Cost and time limitations have restricted the use of digital technology for the Prosthetist who relies on to a large degree on manual dexterity and artistic skill. The presentation discusses several applications where laboratory and digital technology have been combined to improve outcomes and treat cases that could not have been carried out with standard methods and illustrates the improvements made and limitations of the techniques.

Ian Farnell, Maxillofacial Prosthetist

BSc MIMPT
MFU, Queen Victoria Hospital, East Grinstead, UK

Partial Leg Prosthesis

A technique for constructing a partial leg prosthesis. The patient had polio as a child and this has left him with a severely wasted calf and very little ankle movement. The patient asked for a more realistic prosthesis so one was created using a silicone layer over a foam core with a zip closure.

Liz Gill, Maxillofacial Technologist

BSc (Hons) C&G Advanced Max Fac, General

There's More to Colour than Meets the Eye – Computerised Iris Reproduction

Report of a research project investigating the use of imaging and computer/printing technology to construct an indwelling ocular prosthesis.

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
TITLE:
ABSTRACT:

Elaine Goldsworthy

MIMPT

Prosthetics Department, BPSU, Whiston Hospital, Merseyside UK

Nipple Rehabilitation: A Comparative Study of Women's Perspectives on Surgery Versus Prostheses

Breast diseases are quite unlike those which effect other parts of the body; in this area, not only can life be threatened but also aspects of motherhood, femininity and sexuality resulting in 25% of all breast cancer patients suffering from severe psychological problems as a result of the loss of a breast and/or nipple. We have undertaken a study which examines body satisfaction and psychological functioning before and after choosing either prosthetic rehabilitation of surgical reconstruction with tattooing. The study will evaluate the impact of either intervention and also afford the opportunity to explore the factors that contribute to women's choices to elect for either intervention.

Andrew Grovesnor

LCGI, RDT, MIMPT

COMPRU, Edmonton, Canada

Andrew Grovesnor, Rosemary Seelaus

Application of Advanced Technology in Osseointegrated Facial Prosthetic Treatment

Presently, advanced technologies assist in many aspects of patient care. The utilization of computer-aided technology to produce virtual and physical models contributes a substantial role in head and neck rehabilitation. This presentation will review existing and potential applications of technologies that have emerged from industry and have been integrated into treatment modalities for the osseointegrated facial prosthetic patient. The use of computers and the building of virtual models is not a novel concept. By assimilating established prosthetic procedures with computer-aided technologies such as rapid prototyping, CNC milling, and spectrophotometry, clinical professionals can maximize the full potential and benefits of bridging medicine and industry.

Through the use of advanced technology combined with established traditional prosthetic fabrication methods, early data suggests potential towards improved efficiency of treatment. Thus contributing to improved treatment outcomes for osseointegrated prosthetic patients, with respect to patient care and quality.

Andrew Grovesnor/*Suzanne Verma,

LCGI, RDT, MIMPT *MAMS, COMPRU Honorary Research Fellow

COMPRU, Edmonton, Canada *Baylor College of Dentistry, Baylor University, Texas, US

3D Modelling Technology in Autogenous Reconstruction: A Technical and Surgical Procedure Utilising CAD/CAM and CNC Technologies.

In an attempt to achieve a more predictable treatment outcome, CAD/CAM and CNC milling technologies have been applied to the presurgical planning of autogenous auricular reconstruction cases.

3D modeling technology is used to produce a mirrored ear form from a stone cast of the patient's non-treatment side. To achieve this, three-dimensional digital data are acquired using a touch probe scanner (Pix 30, Roland DGA, Irvine CA). These data are manipulated using CAD/CAM computer software (Roland Modela), and then transmitted to an output device for the rapid prototyping or milling, of a physical three-dimensional model of the desired form.

The surgical model and templates created with advanced 3D modeling technology provide a precise guide with respect to size, shape, and contour of the desired cartilage framework.

Combining advanced technologies and traditional clinical, technical, and surgical methods allows optimization of treatment outcomes for autogenous auricular reconstruction.

Acknowledgement: G. Wilkes, R. Seelaus, R. Giguere

Colin Haylock, Maxillofacial Prosthetist

MBE FIMPT

Maxillofacial Prosthetics, Charring Cross Hospital, London, UK

A Video Presentation of Ron Mueck Life Sculptor

Art, colour, sculpting presentation

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
TITLE:
ABSTRACT:

Sarah Jones MIMPT, Senior Chief Maxillofacial Prosthetist
Advanced City & Guilds Maxillofacial Prosthetics & Technology
Charring Cross Hospital, London, UK
Dribble or Pass
Border of mandible, saliva traps, problem cases

Sarah Jones MIMPT, Senior Chief Maxillofacial Prosthetist
Charring Cross Hospital, London, UK
Advanced City & Guilds Maxillofacial Prosthetics & Technology
Hair Today – Gone Tomorrow
Case reports utilising a technique for placing hair onto a silicone prosthesis

Chris Maryan
Principal Lecturer, MIMPT
Department of Chemistry and Materials, Manchester Metropolitan University
The Diploma in Professional Studies (Maxillofacial Prosthetics & Technology)
The Diploma is a work based independent learning programme supported by short courses at the Manchester Metropolitan University. The programme structure is presented with examples of learning materials and assessment. Issues relating to funding, in-service training, learner support and the challenges for the future training and education of MPTs are discussed.

Jane McPhail and Elaine Goldsworthy MIMPT
Prosthetics Department, Burns, Plastic and Surgery Unit, Whiston Hospital, Mersyside, UK

Micro Pigmentation Techniques

Originating in Asia, the ancient art of micro pigmentation describes the implantation of minute metabolically inert pigments into the dermis either for corrective or cosmetic enhancement.

This art has become popular around the world for enhancing facial features such as eyebrows, eyelashes and lips. It is also used to improve scarring, vitiligo and to re establish nipple areola colours following reconstruction.

Having undergone training in the USA we present our experience and thoughts on the role of the Maxillofacial Prosthetist in this area.

Jane McPhail MIMPT
Prosthetics Department, Burns, Plastic and Surgery Unit, Whiston Hospital, Mersyside, UK

Teaching Core Skills in Plastic Surgery

Developing technical skills in the operating theatre is essential to surgical training. New demands on our service, the current climate of endemic virus disease in animals, the recent human tissue censure and increasing patient expectation have required the traditional methods of teaching these skills to change.

Our Aim was to produce reliable, affordable, realistic models with anatomical landmarks, this has resulted in a life sized training simulator constructed to simulate the characteristics of skin and bone incorporating lesions and scars. The trainees receive hands on experience of the planning and execution of rhomboid flaps and z plasty, didactic lectures and one to one discussion and demonstration.

The model allows invaluable practice before moving on to clinical situations. In conjunction with supervised clinical experience we have found the model to be an effective method of teaching basic plastic surgery skills.

Christina Nacher Senior Chief Maxillofacial Prosthetist and Technologist
Dip Chem, MSc, LOTa, MIMPT
Kings College Hospital, London
Novel Method of Guiding Biopsy of Suspected Sub Clinical Recurrence of the Post Maxillectomy Cavity.

Christina Nacher Senior Chief Maxillofacial Prosthetist and Technologist
Dip Chem, MSc, LOTa, MIMPT
Kings College Hospital, London
3D Modelling Technology in the Pre-operative Planning for Orthognathic Surgery: A Technical and Surgical Approach.

ABSTRACTS

NAME:

QUALIFICATIONS:

UNIT:

TITLE:

ABSTRACT:

Sarah Parkinson

BSc (Hons) MIMPT

Maxillofacial Prosthetics, Poole Hospital NHS Trust, Poole, UK

Venture Across the Pond

After being awarded the IMPT Fellows award at the 2001 Scientific Congress in Brighton. The funds were used to travel to the 17th meeting of the American Anaplastology Association. This presentation reports on the 2002 AAA Meeting in South Carolina, highlighting the keynote speakers and the interesting developments across the pond.

Sarah Parkinson

BSc (Hons) MIMPT

Maxillofacial Prosthetics, Poole Hospital NHS Trust, Poole, UK

"Stick and Go" An alternative Method of Nipple-Areola Retention

The Nipple-Areola prosthesis rarely weighs more than 2 grams. This presentation explores the possibilities of utilising a "sticky gel silicone" to retain a nipple-areola prosthesis, thereby enabling the patient to disregard messy adhesives, Vaseline and oils, ultimately making the prosthesis easier to manage for the wearer. An experimental trial has been underway at Poole Hospital NHS trust for two months and this presentation presents the findings.

Pauline Paul

City and Guilds Advanced Maxillofacial, MIMPT

Prosthetics Laboratory, Glasgow Royal Infirmary, Glasgow

Multi Disciplinary Approach to Dentofacial Deformity Correction

Due to the closure of Canniesburn there has been a total reorganisation of the Maxillofacial Technical Service. In Glasgow we are now based on two sites, Glasgow Royal Infirmary and the Southern General Hospital. Out of this radical change has been the birth of a dento-facial deformity clinic at the Glasgow Dental Hospital. I would like to share with other delegates our multi disciplinary approach to dento-facial deformity correction.

Matthew J Pilley,

MIMPT

MFU, Leicester Royal Infirmary

Best Foot Forward-Feet and Toes

Following the successful prosthetic rehabilitation of a patient with a congenital foot deformity (Presented at I.M.P.T. conference, London 1999) subsequent cases have been referred. These range from patients requiring single toes to complex foot prostheses requiring gloving of the residual foot. There are numerous problems associated with these types of prostheses from lack of residual stump to the functional use of the prosthesis for weight bearing. Impression and moulding techniques have to be modified and new materials sourced in order to construct a functional, but yet robust prosthesis.

Sarah Quinn, Maxillofacial Prosthetist

MIMPT

MFU, Queen Victoria Hospital, East Grinstead, UK

Case Study – Magnetically Retained Sectional Oro-Facial Prosthesis

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
AUTHORS:

Harry Reintsema

DDS PhD

Dept. Maxillofacial Prosthetics, Groningen University Hospital, Netherlands

P J Schoen, H Reintsema, G M Raghoobar, R P Van Oort, B F A M Van Der Laan, F R Burlage, J L N Roodenburg, A Vissink

Treatment Outcome of Extra-Oral Implantology in Head-and-Neck Oncology Patients. A Retrospective Evaluation.

The handling and comfort of facial prostheses can enormously be enhanced by the use of implants. In this presentation the results are reported of 26 patients treated with bone anchored implants for the fixation of auricular (n = 13) or orbital (n = 13) prostheses after surgical treatment for head and neck tumours. 12 patients received the implants (n = 31) during tumour surgery, from which 7 patients received radiotherapy after surgery. 14 patients received the implants (n = 44) after previous surgery, from which 5 patients also had had radiation therapy.

No implants were lost in the patients who did not undergo radiation therapy, whereas 5 implants were lost in the group of radiated patients. In 42% the skin around the implants showed no adverse reactions, in 46% only slight redness; the other cases showed a skin reaction which could be treated adequately. No cases of osteoradionecrosis occurred.

In general the patients felt very confident in wearing the prostheses, especially those patients who had worn adhesive retained prostheses before. Retention, ease of handling and comfort were rated excellent.

From this study it is concluded that the fixation of facial prostheses can be improved by implants, resulting in high satisfaction of the patients. Implant placement during ablative surgery is to be considered.

Karen J Shaw, Maxillofacial Prosthetist and Technologist

HND and advanced C&G Max Fac and MIMPT

MFU, South Tower, Aberdeen UK

A Study of the Differing Craniofacial Features of Human Kind and Association Issues Effecting Maxillofacial Prosthetics and Technology

The striking differences between size and shape of cranio facial features through the races can present some difficulties when constructing facial prosthesis, facial implants or cranioplasty plates if the maxillofacial Prosthetist and technologist (MPT) is not aware of them.

There seems to be limited knowledge of the subject among practising MPT's.

I am researching this subject with a view to achieving a Graduateship of the City and Guilds of London Institute. I would like to present my findings to date at the 2003 congress.

Topics will include anthropometric data and observations on;

Face shape and size

Nose shape and size

Mouth and lips

Skin colour

Ear shape and size

Hair colour, form and quantity

Capacity of the skull

Prognathism

Nasal index

Cephalic index

Stature

My research is based on the findings of others. I hope to collate the data and present the results at the congress.

Heidi Silk, Maxillofacial Prosthetist

MIMPT

Maxillofacial Laboratory, Queen Elizabeth Hospital, Birmingham, UK

Human Bites Of The Ear

The study looks at the results of human bite injuries to the ear and the subsequent issues for the patient. Treatment options are discussed along with various methods for mould construction and a number of examples shown.

ABSTRACTS

NAME:
QUALIFICATIONS:
UNIT:
TITLE:
ABSTRACT:

Mark Townend

MIMPT

Maxillofacial Prosthetics, Poole Hospital NHS Trust, Poole, UK

Consent, Do We Need to Bother?

"The health professional carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done: it is they who will be held responsible in law if this is challenged later". *Poole Hospital NHS Trust, Consent Policy, Summary of Key Points August 2002.* Following the introduction of this policy the author was asked to review the local situation for Maxillofacial Prosthetic patients. The aim of this paper is to describe the review and subsequent introduction of a new policy. The paper is presented to facilitate further discussion about an issue, which may feature more prominently in regulatory frameworks.

Henk Verdonk / Peter Evans*

PhD DDS MIMPT*

Department of Cranio and Maxillofacial Surgery Academic Hospital, Maastrich Netherlands/ *MFU, Morriston Hospital, Swansea.

Freeform Haptic Technology Development and Use in Maxillofacial Technology

The joint presentation describes the development and use of the 'Freeform' haptic technology for use by the Prosthetist in the construction of facial prostheses, surgical planning of craniofacial cases and the construction of acrylic and titanium implants completed cases from both centres are described and the impact of haptic technology on the maxillofacial field discussed.

Acknowledgements: Mr Joules Poukins

Mark Walters, Senior Lecturer

BSc, PhD

Dental Health and Biological Sciences, Cardiff Dental School, Cardiff, UK

Specification for a New Maxillofacial Prosthetic Material

The materials used to make a maxillofacial prostheses are far from ideal and there is a need for improvement. In a meeting last year at the University of Wales, College of Medicine in Cardiff, a group of maxillofacial technologists from around the country met to discuss the current problems with materials. The first part of the meeting concentrated on what materials the different laboratories around the country were using. It was evident that there were a wide variety of materials which was universally used. The second part of the meeting concentrated on problems encountered with presently used materials and also an attempt to make a specification for an ideal material. This presentation will outline the main findings from the Cardiff meeting and give the outline specification for the proposed new maxillofacial system.

Fraser S Walker, Principal Maxillofacial Technologist

MIMPT LCGI Research Associate Glasgow University

MFU Southern General Hospital, Glasgow, UK

Articulators for Orthognathic Model Surgery. An Open and Shut Case?

Craniofacial deformity requires careful planning for a successful surgical outcome. The articulators presently used for surgery planning are essentially prosthetic instruments; this leads to certain compromises when planning the hard and soft tissue movements. A purpose built articulator is required. The design and construction of such a device will be shown and the advantages discussed.

Jason Watson, Chief Maxillofacial Prosthetist

BMEDSCI MIMPT

MFD, Queens Medical Centre, Nottingham, UK

The Use of Nasal Obturators in Hereditary Haemorrhagic Telangiectasia (HHT)

Hereditary Haemorrhagic Telangiectasia (HHT) is a familial disease which is characterised by the presence of multiple telangiectasia in the skin and mucous membrane. Nasal epistaxis is a common problem and management of the condition involves multiple surgical interventions. Two patients are presented who used occlusive nasal obturators to improve the condition.

ABSTRACTS

NAME: Jason Watson, Chief Maxillofacial Prosthetist
QUALIFICATIONS: BMEDSCI MIMPT
UNIT: MFD, Queens Medical Centre, Nottingham, UK
TITLE: **Methods of Auricular Retention; are we Satisfied?**
ABSTRACT: Auricular prostheses are the most common form of prosthetic rehabilitation. The commonly used methods of retention will be presented and the problems these present for both the patient and MPT.

Jason Watson, Chief Maxillofacial Prosthetist
BMEDSCI MIMPT
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Introducing the MPT Survey; Job Satisfaction, Job Characteristics and Prosthesis Provision
No research has been carried out into the role of Maxillofacial Prosthetists (MPT's) in treating patients. It is a unique role, being both clinician and technician. MPT's are exposed to a unique group of patients who present with varying degrees of deformity. This interaction is to be explored by the MPT survey.

Jason Watson, Chief Maxillofacial Prosthetist
BMEDSCI MIMPT
MFD, Queens Medical Centre, Nottingham, UK
"Ears Today, Cons Tomorrow!" Results of the UK Maxillofacial Laboratory Questionnaire
98 self report questionnaires were sent out to maxillofacial laboratories throughout the UK. Information was gathered on a variety of subjects to build a picture of the working environment of a maxillofacial laboratory. The results are to be presented to the delegates.

Derek Williams-Wynn
Director of Polymer Systems Technology Ltd
Considerations when Choosing a Silicone
Polymer Systems Technology, High Wycombe, UK
Overview of choosing a silicone taking into consideration chemical, physical and biological properties, and finding an acceptable material for the intended prosthetic, maxillofacial application.

Derek Williams-Wynn
Director of Polymer Systems Technology Ltd
Polymer Systems Technology, High Wycombe, UK
Mixing Techniques with the Speed Mixer
Developing and understanding the benefits of non invasive mixing from 1gm to 100gm

Carol Winter, Maxillofacial Prosthetist
BTEC, HNC, Maxillofacial Technology, MIMPT
MFU, South Manchester University Hospital, Wythenshawe, UK
Dignity Throughout Treatment
Presentation covers body image, the use of custom made dressings and deals with privacy in the context of the Caldicott report.

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