

Subcondylar Fracture Management Survey

1. What specialty do you belong to?
 - Otolaryngology - General
 - Fellowship trained Facial Plastic and Reconstructive - Otolaryngology
 - Fellowship trained Head and Neck Oncology - Otolaryngology
 - Plastic Surgery – General
 - Fellowship trained Craniofacial Surgery - Plastic Surgery
 - Fellowship trained Facial Aesthetics - Plastic Surgery
 - Oral Maxillofacial Surgery – General
 - Fellowship trained Craniofacial Surgery – Oral Maxillofacial Surgery
 - Fellowship trained Head and Neck Oncology - Oral Maxillofacial Surgery
 - Fellowship trained Facial Aesthetics - Oral Maxillofacial Surgery

2. How many years have you been in practice?
 - 0-5 years
 - 6-10 years
 - 11-20 years
 - Over 20 years

3. What is your practice environment? (mark all that apply)
 - Academic practice w/ residency program
 - Hospital owned practice w/ resident involvement
 - Hospital owned practice without residency
 - Private practice with resident involvement
 - Private practice without residency involvement
 - Government / Military

4. Does your clinical practice include facial trauma coverage?
 - Yes
 - No

5. Do you share facial trauma coverage with other services?
 - Yes
 - No

6. What is your approximate volume per year of facial traumas requiring surgery?

- 0-10 cases per year (approx. less than 1 case every 8 weeks)
- 11-25 cases per year (approx. 1-2 cases every 4 weeks)
- 26-40 cases per year (approx. 2-3 cases every 4 weeks)
- 41-80 cases per year (approx. 1-2 cases a week)

7. When did you get experience in management of trauma?

- Only residency
- Only fellowship
- Mostly residency some fellowship
- Mostly fellowship, some residency
- Both evenly

8. Do you refer cases that you feel are complex or complicated cases to other surgeons/ services?

- Yes, often (greater than 50% of the time)
- Yes, sometimes (11-50% of the time)
- Yes, but rarely (10% or less of the time)
- No, I manage these

9. Do you manage and/or treat mandibular condylar neck/ subcondylar fractures?

- Yes
- Yes, but only if they can be managed with a closed approach (e.g closed reduction with or without maxillomandibular fixation)
- No, I will refer these patients

10. Which of the following, in your practice, have been considered an indication for open reduction? (mark all that apply)

- Fracture dislocation angulation > 30 degrees
- Displacement into medial cranial fossa
- Loss of vertical height > 5mm
- Loss of vertical height > 10mm
- Bilateral condylar/subcondylar fractures with displacement
- Contraindication to MMF (e.g epilepsy)
- Poor dentition / edentulous
- Other

11. For condylar neck / subcondylar fractures which meet an indication for an OPEN approach do you manage these yourself or refer to someone else?

- Yes, I manage these
- No , I refer these patients

12. If you manage these fractures, how do you usually treat subcondylar fractures considered to have indication for open reduction and fixation (ORIF)?

- Conservatively – soft diet, pain control and physical therapy
- Closed reduction with maxillomandibular fixation in occlusion with rigid interdental fixation (e.g arch bars with wires)
- Closed reduction with maxillomandibular arch bars and guiding elastics
- Open approach preauricular trans-parotid ORIF
- Open approach retromandibular retroparotid approach ORIF
- Open approach retromandibular trans-parotid approach ORIF
- Open approach submandibular (Risdon) approach ORIF
- Endoscopic assisted transoral ORIF
- Other

13. If you do not perform an open approach, what is your rationale?

- I do not feel comfortable and/or was not trained with any of the external approaches
- I have had complications from external approaches in the past
- I believe the closed approach yields appropriate results in these instances
- I perform the endoscopic approach
- The facial nerve injury is too high a risk
- Other

14. If you perform open approaches for repair of subcondylar fractures – what do you perceive is the benefit of these approaches over the closed and transoral approaches?

- Improved exposure during case
- Better reduction of fracture
- Ability to place more hardware (e.g additional plate and or screws)
- Other