

CURRICULUM VITAE

**Professor Simon B. Holmes PhD BDS MB BS (Hons) FDS RCS FRCS(CSIG) FRCS
(OMFS)**

PERSONAL DETAILS

Name: Professor Simon Brook Holmes PhD BDS MB BS(Hons) FDS
RCS FRCS (CSIG) FRCS (OMFS)

NHS Address: Department of Oral & Maxillofacial Surgery
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Additional: Holder of full clean driving licence; Non-smoker with excellent state of health. Clear CRB to enhanced level checks.

Interests: Clinical photography, Fly Fishing, Motorcycling, Personal Fitness and Music.

PROFILE

A true clinical academic who has devoted a career in the development and recognition of multidisciplinary facial trauma management as central to patient care, and to facilitate predictable outcomes in terms of process and education.

A passionate educator and author of multiple layers of educational material through award winning textbook, chapters in key anatomical and surgical texts, multiple peer reviewed articles, keynote and invitational lectures and teaching faculty, and on line delivery. The development from inception to delivery of a distance learning MSc in Craniofacial trauma and reconstruction at QMUL heralds further development in this field.

KEY QUALIFICATIONS, AWARDS & MEMBERSHIPS

Doctor of Philosophy 'An evolution in the management of complex cranio-orbital and anterior skull base trauma – from who to reconstruct to how to.'
By publication – University of Portsmouth July 2022

Qmul Award for Inspirational Leadership

Awarded by Faculty of Medicine and Dentistry 2022

Academic Appointment

Professor of Craniofacial Traumatology
Queen Mary Hospital University of London 2015

Medical Education

1998 – 2003: HST at The Royal London Hospital

1990 – 1995: United Medical and Dental Schools
Guy's and St Thomas' Hospitals,
University of London

Dental Education

1983 – 1987: Guy's Hospital Dental School
University of London

Key Academic Qualifications

- 2022 – PhD – University of Portsmouth
- 2002 - FRCS (OMFS) Intercollegiate. Dublin
- 2000 - Specialist in Surgical Dentistry
- 1997 - FRCS Royal College of Surgeons of England
- 1995 - MBBS with Honours - UMDS Guys and St Thomas'
- 1993 - FDS, Royal College of Surgeons of England
- 1987 - BDS - Guy's Dental Hospital

Key Academic Distinctions

- 1995 - Highly Commended in the Undergraduate Essay Prize of the British Association of Otorhinolaryngologists
- 1995 - Spastics Society Prize in Paediatrics
- 1995 - MBBS Honours in Pharmacology and Therapeutics
- 1995 - MBBS Honours in Medicine
- 1994 - Roger Warwick Prize in Otorhinolaryngology
- 1994 - Final Year Medicine Prize
- 1994 - MBBS Certificate of Merit in Pathology
- 1992 - Distinction in Pharmacology
- 1992 - Certificate of Merit, Hilton Prize for Dissection
- 1991 - Distinction in Pharmacology, Anatomy, Biochemistry

Professional Memberships

- Fellow of Royal College of Surgeons
- Fellow BAOMS
- General Medical Council
- British Medical Association

PROFESSIONAL HISTORY

2015 – To Date:	Professor of Craniofacial Traumatology Queen Mary University of London
Mar 2003 – To Date:	Consultant Oral and Maxillofacial Surgeon Barts Health NHS Trust
2003 – 2016:	Private Surgical & Medico Legal Practitioner Oral & Maxillofacial Surgery The London Clinic/152 Harley Street/HCA International
Feb1998 - Mar 2003:	Higher Surgical Training Specialist Registrar in Oral and Maxillofacial Surgery CELWEX Rotation
Aug 1997 - Feb1998:	Basic Surgical Training Senior House Officer in General Surgery Queen Mary's Hospital, Sidcup, Kent
Feb 1997 - Aug 1997:	Basic Surgical Training Senior House Officer in Trauma and Orthopaedics Kent and Sussex Hospital
Aug 1996 - Feb 1997:	Basic Surgical Training Senior House officer in Accident and Emergency King's College Hospital, London
Feb 1996 - Aug 1996:	Pre-registration House Officer in ENT and General Surgery Guy's Hospital, London
Aug 1995 - Jan 1996:	Pre-registration House Officer In General Medicine and Diabetes Queen Mary's Hospital, Sidcup, Kent.
Oct 1990 - Feb 1998:	Oral Surgery Practice Beckenham, Kent
Oct 1990 - Jun 1995:	Emergency Dental Service and Oral Surgery Lewisham Hospital
Feb 1990 - Sept1990:	Senior House Officer in Oral and Maxillofacial Surgery Queen Mary's Hospital, Sidcup, Kent Greenwich District Hospital, London
Feb 1989 - Jan 1990:	Senior House Officer in Oral and Maxillofacial Surgery Bromley Hospital, Kent
Aug 1988 - Jan 1989:	House Officer Oral and Maxillofacial Surgery Guy's Hospital, London
Feb 1988 - Aug 1988:	General Dental Practice Bromley, Kent

SUPPORTING PROFESSIONAL ACTIVITY:

- Barts Health – Clinical Lead Oral & Maxillofacial Surgery (2011- 2016 & 2017 – 2019)
- Barts Health – Trust Trauma Audit Lead 2004 -2010
- BAOMS – National Chair of Trauma Speciality Interest Group 2013-2016
- BAOMS – Member IRM Panel
- BAOMS – Member Clinical Effectiveness Committee 2010 - 2016
- BAOMS – Assistant Editor BJOMS 2012 - date
- RCS – Member Invited review mechanism panel
- RCS – Faculty Oral & Maxillofacial Surgery
- AO North America – Ballistic trauma course Faculty 2003 to date
- “Saving Faces” - The Facial Surgery Research Foundation – Trustee
- Associate Editor BJOMS
- Editorial reviewer Injury
- Editorial reviewer IJOMFS
- Editorial reviewer JOMFS

PROFESSIONAL EXPERIENCE

March 2003 – To Date:-

Consultant Oral & Maxillofacial Surgeon at Barts NHS Trust, within the department of Oral & Maxillofacial surgery. The department is a consultant led service, with an additional core staff of SAS clinicians, Specialist Registrars and Senior House Officers. As a teaching hospital we host both doctors and dentists in training, have an extensive fellowship programme and accommodate significant numbers of both domestic and international elective students via our relationship with QMUL.

OMFS at Barts and The London is the hub of the CELWEX OMFS network. We provide on-call and acute support to colleagues at Queens Hospital Romford, Princess Alexandra Hospital Harlow, Whipps Cross University Hospital, London and Homerton University Hospital, London.

With regard to Trauma, BLT's status as a designated Trauma Centre, the co-location of HEMS and our position as the CELWEX hub provides a significant volume of both acute and revision, complex trauma referrals.

Direct Clinical Care

As Craniofacial Trauma, lead, I am responsible for the clinical management of +1000 facial fractures per annum. The pathway for care is via a dedicated trauma clinic and supported by twice-weekly dedicated trauma lists.

In addition, I lead a monthly pan-facial MDT clinic, comprising OMFS, Ophthalmology, ENT, Neurosurgery, Plastic Surgery, Orthoptics, Restorative Dentistry, periodontology and CNS in wound care. This clinic manages the care pathway for pan-facially injured patients.

Key Achievements

Development of dedicated trauma clinics/lists has contributed to an average non-elective LOS of 1.64 days since 2010.

Development of an MDT environment for pan-facial trauma patients has been nationally acknowledged as a "Gold-Standard" service, with many regional units seeking to develop our model.

Development of an MDT environment has not only increased cost/time efficiencies for the Trust, but more significantly has streamlined complex treatment planning to the benefit of the patient by providing a more expedient and accessible service.

Surgically, I have introduced and popularised the following surgical approaches, now regarded nationally as "Best Practice":-

- The transconjunctival incision with cantholysis and transcaruncular extension.
- Evidence based management of anterior skull base fractures
- The retromandibular incision for condylar neck fractures
- The retro auricular incision for condylar head fractures
- The endoscopic approach to the mandibular condyle
- Lag screw fixation to the condylar head

2019 to date – National Consultant level data – busiest unit with best results in UK

Supporting managerial activity Craniofacial Trauma

- Incorporation of psychology into MDT
- Incorporation of periodontology into MDT
- Incorporation of restorative dentistry into MDT
- Incorporation of Hygiene and Therapy into MDY

Supporting Managerial Activity

- Head & Neck CAU Director 2011 - 2012
- Clinical lead OMFS 2009 – 2016 & 2018 - 2019

Key Managerial Achievements

- As CAU Director for Head & Neck, successfully job-planned Consultant colleagues across ENT and OMFS, achieving compliance with the Trust's aims
- Development of strategic service review wrt Craniofacial Trauma
- Successful in securing a 130K charitable donation for the purchase of a "Brainlab" craniofacial navigation system. This is currently unique to Barts Health, thus enhancing the centres reputation for clinical excellence.
- Developed Head and Neck MDT OOH rota.
- Developed hospital at night teams at both Barts & RLH
- Redesigned SHO rota within constraints of WTD, whilst securing a CIP of £120K

Key Departmental Teaching Responsibilities

- Day to day responsibility for teaching/training of all levels of junior doctor, dental and medical under/post-graduates and work experience placements.
- Contributor to weekly departmental academic teaching sessions
- Interviewing panel for applications of post dental degree for medical school

Key Teaching Achievements

- BMJ Surgical Book of the Year 2014 – An Atlas of Maxillofacial Trauma Surgery
- Conception and development of distance learning MSc project – Craniofacial Trauma
- Scholarship including multiple published papers and QIP from student cadre
- Publication of three textbooks in acute and revision craniofacial trauma
- Publication of anatomy chapters in specialist text
- Publication of collaborative chapter in Gray's anatomy
- Publication of 2 chapters in Grays Surgical Atlas of Anatomy
- High rate of SHO's accepted for medical degree courses
- Mentored BSc student to a 1st Class degree via involvement in research 2013 & M Med Sci student to a 1st Class degree via involvement in research 2014

Key Governance & Audit Responsibilities

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- As OMFS clinical lead. Responsible for overseeing compliance of clinical governance within the department and acting as departmental complaints lead.
- As Barts Health Trauma Audit lead, responsible for organising twice yearly audit meetings.
- As BAOMS CEC member & Trauma SIG Chair, responsible for developing a portfolio of national audits for engagement at local level, which worked to inform national governance and clinical best practice.
- As member of the RCS IRM review panel, frequently asked to contribute to investigations and advise on best practice issues.

Key Governance & Audit Achievements

- Led Wrong tooth extraction review with CD resulting in improved levels of patient safety- 2016
- Via Barts Health – led SI investigation into allegations of clinical negligence and probity at an “outreach” facility.
- Via RCS – led a 4-person review team investigating allegations of clinical negligence within OMFS at a significant UK trust.
- Via BAOMS – reviewed standards of trauma care by an individual surgeon in a UK Trust following complaints to the Medical Director.
- Via BAOMS –Mandibular Fractures Presentation To Treatment Lead Times
A nationally subscribed audit launched 2nd Q 2014.

CLINICAL ACADEMIC ACTIVITY

Summary Of Key Academic Achievements

QMUL

- interview panel for applications of post dental degree for medical school 2014 - date
- Conception and development of distance learning MSc project – Craniofacial Trauma and Reconstruction

Royal College Of Surgeons – Standing Faculty For:-

- Emergencies Of The Head And Neck
- Neurosurgical Access Course
- Anatomy of The Head and Neck
- Convenor Emergency Skills In Facial Trauma

- Faculty AO North America Facial Ballistic Injuries
- Faculty AO UK 2003 to date
- BAOMS Trauma SIG Chair – development of national teaching curriculum for OMFS trauma
Co-author of two, definitive OMFS Facial Trauma text books
- Numerous invitations to write keynote papers in the subject of high energy facial and orbital fracture patterns
- Numerous international invitations to present keynote lectures on facial trauma
- Invited by Clarion UK to lecture to military and civilian peers on facial trauma management
- Consistent high scoring attendee assessments on all taught courses
- High rate of SHO's accepted for medical degree courses
- Mentored BSc student to a 1st Class degree via involvement in research 2013 & M Med Sci student to a 1st Class degree via involvement in research 2014

Submission of PhD June 2022

My thesis entitled – *An evolution in the management of complex cranio-orbital and anterior skull base trauma – from who to reconstruct to how to* - successfully defended and awarded

QMUL Chair In Craniofacial Traumatology

As a clinical academic, key responsibilities include teaching on Undergraduate and Postgraduate courses.

Undergraduate teaching focuses on developing a global understanding of facial traumatology in early years dental surgeons, to improve their treatment planning of facially injured patients. I have a specific interest in topographical head and neck anatomy and formally lecture on this subject to the DClinDent students, as part of their foundation training.

My research portfolio, focuses on advancing the front of facial traumatology and includes epidemiology on a local and international level and advanced management of high energy cranio-orbital trauma.

MSc Craniofacial Trauma and Reconstruction

This course was conceived, developed and designed as a 1 year, online/distance learning course and targeted at both UK & International students at various levels of career development. Now in its 5th year.

I developed all course materials and content, which consist of written text, video (anatomical constructed video and curated video), embedded pertinent papers and clinical case studies.

The course is structured around 8 modules:-

1. Acute trauma – Airway and Initial Management
2. Fractures of the Mandible
3. Fractures of the Lateral midface
4. Fractures of the Central Midface
5. Craniofacial Injuries
6. Acute facial Soft Injuries
7. Revision Trauma 1
8. Revision Trauma 2

Each module is sub-divided into 4 x two-week blocks, covering 12 topics. Teaching is via weekly individual skype case-based discussions and assessment is via dissertation by way of international peer group reviewed publication and has resulted to date is several post-graduate published works.

The original course was designed to take 2 students per annum, this has now increased to approximately five per annum.

I have mentored and trained 2 colleagues as senior lecturers as examiners and my focus is on teaching.

I manage the level 7 dissertations which have proven successful and have resulted in selected publications.

Research topics for dissertation are selected and results populated by myself and subsequent mentoring of the individual students. Research topics include QOL for facial trauma patients, mortality in craniofacial fractures, the role of periodontal disease in infection of mandibular fractures, functional aspects of orbital reconstruction, intracapsular fractures, craniofacial risk adjustment, outcomes of fractured zygomatic repair, and others.

Education in Ukraine

Following outbreak of war between the Soviet Union and Ukraine in early 2022, I made the MSc available as free access. This was well received and followed by significant numbers of Ukrainian surgeons, in whom not necessarily were maxillofacial trained.

This was followed up by a basic care of the craniofacial injured patient as a webinar, and a second webinar on the use of external fixation and intermaxillary fixation. This was work generated from using historical equipment and using a cadaveric head. We were able to demonstrate craniomandibular and cranio maxillary fixation , external fixation of the mandible, and internal suspension, all techniques that I had learned in the early part of my career.

PROPOSED TEACHING PROJECTS

Craniofacial Trauma and Reconstruction DClinSurg

This is a project that will be used to drive the establishment of a new University Degree. The proposal is to use the educational material that I have already written, and link this to a level 8 thesis and a specialist and supportive clinical program.

Degree in Stomatology – proposal in embryo

In the UK – current specialist accreditation demands a dental and medical undergraduate degree. Specialist list is held by the GMC. Current regulations issued by the GDC are that OMFS surgeons are no longer expected to remain on both registers once appointed.

Current applications to Specialist registrar entry are 0.7 to 1.

There is likely need to diversify training to avoid the double penalty of double undergraduate fees and in addition time taken to accredit. A distance learning course augmented by use of the haptic suite could be designed.

Intercalated BSc / MSc in Post Traumatic Dentofacial Reconstruction with a Focus on Injured Anterior Teeth – proposal in embryo

This is a potential course which would increase UG and PG engagement in this field to improve education and also delivery of clinical services in the Trust. Depending on experience and qualification the academic group would manage injured anterior teeth, but also rehabilitate the cadre of trauma patients with support from the MDT. The students would get experience in behaviour modification, simple and the full spectrum of more complex reconstructions including dental implantology. The integration of aesthetic modules into the course would facilitate experience in a competitive field and enhance applications at both UG and PG level

COMPLETED RESEARCH

During my three year tenure as BAOMS Trauma SIG Chair, I was responsible for developing a program of national and international collaborative research, working closely with National Facial and Oral Surgery Research Centre (NFORC) colleagues to manage and deliver projects. A key achievement was a national audit of 'time to theatre for fractured mandibles'

Skull Base Fractures

A collaborative project with Southampton Hospitals NHS Trust, researching the relationship between the distribution of injuries and associated intracranial disturbance. Published

This work looked at the prediction of outcome following analysis of pattern of fracture distribution according to vector of force. This followed work on finite element modelling, also studied at QMUL. This work was presented internationally in North America, Australia, UK, Madrid and the Balkans at international meetings. Published

Fractal analysis of anterior skull base fractures

This work followed the observational study and primary analysis. As part of an MSc project we analysed the spatial properties of fracture pattern lines by using fractal analysis. This demonstrated that the fractures of the anterior skull base are different from those of the middle cranial fossa which has therapeutic implications. Anterior fractures tend to be associated with decreased mortality but increased morbidity with multiple segmentation. Published

Europe-wide Distribution of Aetiology Of Facial Fractures

A collaborative, Europe-wide, two-year project with Professor Boffano at Turin University. Published in multiple journals and included subgroup studies on motorvehicle accidents, interpersonal violence, zygomatic fractures, and paediatric fractures. Published

Epidemiological work

Over the years we have presented internationally on most aspects of our trauma practice in terms of experience and outcome. With topics ranging from HEMS experience to Middle third, lateral middle third, craniofacial, mandibular, condylar, lacrimal, penetrating ocular, soft tissue wounds, dog bites, with a particular emphasis on orbital trauma. We have also published and presented our findings on civilian terrorist activity.

Psychological Morbidity Including PTSD, Anxiety & Depression Amongst Facial Trauma Patients

This was a funded two-year collaboration between the Institute of Psycho-trauma and my unit. The funding was via the special trustees of Barts and the London for the first year, and the shrine foundation for the second. Published in :-

This work supported a five- year campaign to develop Trauma psychological support services at Barts Health NHS trust, which this year was finally implemented by ELFT. <https://qi.elft.nhs.uk/wp-content/uploads/2016/10/developing-psychological-services-following-facial-trauma.pdf>

This has resulted in peerless experience of our patients who now have access to in house psychological services. There are usually two psychologists in clinic.

Finite element modelling in craniofacial trauma

The work to develop a digital model to replicate energy mechanisms was carried out in conjunction with SC Lecomber and SEMS at QMUL. This work informed our skull base trauma, and orbital trauma research interests.

Alpha-Numerical Scoring Of Complex Hard-Tissue Facial Injuries.

The study was designed to map facial fractures alpha-numerically, giving each patient a personal score and has resulted in the development of a smart-phone application pending national roll-out.

Correlate patient outcomes against the score + treatment intervention, supporting quantitative analysis of prognosis.

This study has been described by national peers as “ground breaking” and will in future enable the timely gathering of national data, inform best surgical practice and most importantly help us to develop a plan of care and support for the patient based on qualified prognosis and efficacy of treatment interventions. The work has been extended to include greater detail of the anterior skull base supported by an MSc project. Published

Orbital reconstruction – outcome

As this is a particular focus of my practice we have collected data on all aspects. We have granular knowledge of outcomes of orbital surgery with respect to both anatomy and functional outcomes.

The work has been published and presented internationally over the last 20 years – with increasing understanding as our experience increased.

We now have set international standards with respect to the use of preformed titanium plates, CAD CAM plates, with an opinion and evidence base to influence decision making. The latest work is on functional outcomes which demonstrates that diplopia rate is not influenced by size of Jaquiere staging, and that pure orbital fractures are likely to be associated with ongoing diplopia, and that diplopia at presentation signals ongoing risk. There is evidence however that all patients improved their binocular single vision scores. Published

The impact of dental disease on trauma outcome

Within the trauma practice mandibular fractures are conducted either within the specialist group, or as part of the general trauma ‘on call’ workload. All fractures are reviewed on the dedicated trauma clinic. This enables prompt access to specialist trauma experience following complication, and enhanced governance. COVID facilitated periodontology to join our MDT, and we noticed a reduction in our surgical site infection incidence. We therefore conducted a retrospective analysis of four years of mandibular fractures and identified a significant association with stage 3 and 4 periodontal disease. This yielded an odds ratio of 7, smoking was not significant. We published this data, and followed it up with data acquired with an MSc student who had a 400 patient case control study which we used to examine the relationship between smoking, periodontal disease, diabetes mellitus, alcohol and homelessness. The results indicate that smoking is weakly associated but with a low odds

ratio, whilst all the other parameters are more strongly associated, and in addition have high odds ratio's (between 3 and 5). Published

Humanitarian work

This has always been an area of interest for me. During my surgical training I visited the Mercy Ships in Sierra Leone and observed the full effects of man's inhumanity to man at first hand together with the achievements of inspired and inspirational surgical leadership with a truly flat hierarchy, but with commanding respect.

A degree of surgical success and good outcomes can be achieved in a lot of different fracture patterns with quite basic techniques. This is very much the philosophy of David Nott and inspired his course in surgery in austere and conflict environments. This philosophy was used to support a QMUL student in his PhD. We formed an expert group, devised a curriculum and then tested out a designed teaching package which was adopted. Published

PhD THESIS

This was entitled '*An evolution in the management of complex cranio-orbital and anterior skull base trauma – from who to reconstruct to how to.*'

This work in essence celebrated my surgical and academic progression over the last 20 years. The process was extremely rewarding and allowed me to get an encyclopaedic view of my subject.

Introduction -- I explained my inspiration and reviewed the historical progression in understanding and management of these fracture patterns, and how they were shaped by the second world war and the surgical revolution within craniofacial surgery, itself influenced by radiological evolution supported by the advent of CT scanning, together with the contributions of key personnel.

Epidemiology -- Discussion centered around my work with Boffano in the EURMAT study together with the other work that I have been involved with. Epidemiological study has certainly led the way to understanding the differences in presentation of different fracture patterns and even their sequelae. The orbital series represents one of the largest assembled by an individual surgeon.

Modelling of craniofacial fracture patterns -- In this chapter I discuss the work with Barrie Evans that took a large number of anterior skull base fractures which analysed different fracture patterns and their outcomes with reference to GCS at presentation, need for intubation, and craniectomy. This work evolved (vide infra) and whilst we were looking at vector of force – we came to appreciate it was likely due to the relative engagement of anterior posterior columns that was important. This in turn influenced by Paul Manson and our finite element analysis work

Fractal analysis --The modelling work took on a new direction following the realisation that the fracture patterns could be abstracted mathematically, and this difference exploited. We were able to show mathematically that anterior skull base fractures produced the Manson group 3 type of fractures which carried a significant risk of complications, but overall predicated survival.

Clinical outcomes of off the shelf titanium plates -- This work was inspired by an audit with data gathered from my practice. The advent of prefabricated off the shelf plates represented a paradigm shift in the management of these cases and as such I was a very early adopter. We demonstrated that whilst low return to theatre rates were observed, accuracy of fit assessed by the Ellis and Tan methodology, was lacking in Jaquierey 4 and 5. In particular the junctional zone was poorly reconstructed. This led us to the therapeutic decision to restrict these plates to Jaquierey 2 and 3 only.

Clinical outcomes using CAD CAM plates – the orbit specific implant -- This work followed on from the previous chapter – we firstly demonstrated that the casemix was more complex by showing statistically that the second group were of a higher Jaquierey group, we also devised a much more exacting assessment methodology. Despite this the results were much more striking, and we approached near anatomical perfection. It is clear that this technique is a 'gamechanger' for Jaquierey 4 and 5 defects.

Education in craniofacial trauma – In this section I discuss the way that I planned education and development of trauma surgery on a national and international scale. From presentation at scientific meetings and refereed literature contributions to publishing textbooks, one of which was BMJ surgical book of the year in 2014, to my distance learning work, and work with development of austere and conflict environments.

Future directions – In this I discuss further advancing the work previously published. Of note is that I have already submitted my work on functional orbital surgery options. I intend to explore the work around anterior skull base fracture patterns with a review of a 1600 patient

database. Further enhancement of the classification system could be expanded in that way I intend to look at overall complexity as a predictor of outcome.

CURRENT RESEARCH INTEREST

The Role of Artificial Intelligence in Orbital Trauma

The project which is at early stages seeks to establish a group examining the potential ability of AI to investigate anatomical and functional decision making to outcomes. This will attempt to establish robust guidelines to assist clinicians in making the correct diagnosis and to risk adjust outcomes.

[Link to Finite Element Analysis](#)

Can We Prevent Surgical Site Infection in Mandibular Fractures

This project building on our existing work will seek to explore via a randomised controlled trial the role of a dental hygienist as potentially preventing surgical site infection. This includes cost benefit analysis.

Developing And Integrating A Digital Model For Precise Risk Adjustment Of Complex Craniofacial Injuries

This builds upon existing base craniofacial, cranial, vault and soft tissue models to build a total risk adjusted score.

Establishing a risk adjusted Craniofacial Score against mortality and morbidity

This project will triangulate mortality and morbidity of facial and skull injury to mortality. The proposal is to use a 1600 patient database of HEMS patients with recorded outcome.

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CHAPTERS

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Maxillofacial Trauma and Emergencies

In book: Hamilton Bailey – Emergency Surgery
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The Orbit

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Holmes S, Evans B.
CRC Press - ISBN 144415737X

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In book: Atlas of Operative Maxillofacial Trauma Surgery (pp.245-275)

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Some Useful Adjuncts in Repair

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Fractures of the Nose and Facial Skeleton

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Holmes S, Dae K

Face

In book: ABC of Emergency Radiology (pp.85-92)

Holmes S, Pawar R, Makdissi J, Chan O. (2013).

Fractures of the facial skeleton

In book: Scott-Brown's Otorhinolaryngology: Head and Neck Surgery 7Ed (pp.1618-1635)

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Fractures of the facial skeleton. 10.1201/b15118-143.

Facial Fractures

In book ABC of Emergency Radiology

Holmes S, Berman L, Chan O.

Wiley- Blackwell ISBN-13-978-0727915283 (Second Edition) 2007.

WORKSHOPS

East of England Cadaveric Facial Trauma course – Orbit and Mandible- 2024

Warsaw EACMF – 2023 – Skull base, upper third , middle third.

St Georges – 2019 – Panfacial

CONSENSUS MEETINGS

Mandibular Fracture – J and J – Course Convener and Moderator

Orbital Trauma – J and J 2023 – Participant

KEYNOTE LECTURES & PRESENTATIONS

Maxillofacial reconstruction of ballistic injuries

John Lowry Education Session – EACMFS Rome 2024

War Trauma

Moderator – session EACMFS Rome 2024

Experience of civilian terrorist atrocities such as the London bombings of 7/7

EACMFS Rome 2024

Stimulan, a calcium sulphate based antibiotic delivery system, as an adjunct to infected mandibular fractures – can we learn from orthopaedic surgeons ?

Da Costa NAG, Van der Cruyssen, Nugent G, Holmes S, Bhatti N. EACMFS Rome 2024

A week in the life of an OMFS Craniofacial trauma team – should it be mandatory for medical school training ?

Edgar LJ, Nugent G, Colthard P, Holmes S
EACMFS Rome 2024

Emergency vs semielective management of mandibular fractures : a retrospective analysis of outcomes

Leow J, Solanki K, Yekezare M, Bhatti N, Holmes S
EACMFS Rome 2024

Reconstructing the Zygomatic Puzzle – fixing buttresses and predictability

Bell J, Hughes D, Ahmad Z, Holmes S
EACMFS Rome 2024

The role of the restorative dentist in supporting acute facial trauma patients: the Whitechapel experience

Poon XM Holmes S,
EACMFS Rome 2024

Facial Violence caused by domestic violence in the drug treatment population in Afghanistan

Farook MI, Golkari A, Mathur M, Barakaty T, Dave M, Holmes S, Alshahri NAF, Alshammari M, Korszun A, Coulthard P.
EACMFS 2024 Rome 2024

Does IMF improve predictability in midface reconstruction ?

Hughes D, Fussell R, Holmes S.
EACMFS Rome 2024

Health Inequalities in Craniofacial trauma patients – the inadequate provision of routine dental care in a vulnerable group

Fussell R, Hughes D, Holmes S
EACMFS Rome 2024

Does PSI orbit guarantee a trouble free reconstruction ?

Holmes S, Van der Cruyssen F, McDonagh S, Bhatti N
EACMFS Rome 2024

Dental Disease and surgical site infection of the mandible – the role of periodontitis as a predictive risk factor and the role of oral health management in reducing infection rates.

Van As D, Holmes S, Chatzopoulou D
EACMFS Rome 2024

Paediatric cervicofacial abscesses a retrospective view

Hjelmarsson C, Cairns M, Holmes S.
EACMFS Rome 2024

An analysis of lower eyelid changes and malposition in trauma patients after orbital fracture malposition

Hayat N, Coombes A, Casconi N, Bhatti N, Holmes S
EACMFS Rome 2024

Artificial Intelligence for Craniomaxillofacial Imaging support

Pham T, Holmes S, Dave M, Vishnu N, Coulthard P
EACMFS Rome 2024

Development of a domestic violence training program for craniomaxillofacial surgeons

Alshammari M, Dave M, Holmes S, Mathur M, Alshahri NAF, Coulthard I, Barakaty T, Farook MI, Korszun A, Coulthard P
EACMFS Rome 2024

The association between social deprivation and severe cervicofacial abscess in a tertiary OMFS Unit

Hjalmarsson C, Hughes M, Holmes S.
EACMFS Rome 2024

Orbital bony implant reconstruction accuracy of fit: studying the comparison of PSI to stock implant overlying the posteromedial edge of the orbital floor using post-operative radiographic imaging of traumatic Orbital fractures

Khan P, McQuillan J, Holmes S.
EACMFS Rome 2024

Implementing advanced surface analysis in craniofacial trauma surgery: a step-by-step guide using open-source software

Campbell A, Van der Cruyssen F, Wylde M, Holmes S.
EACMFS Rome 2024

Predictability in the management of the fractured mandible – the bone strikes back

Holmes S, Chatzopoulou D. Johnson and Johnson Symposium 2024

Functional aspects following Orbital trauma reconstruction

Hughes D, McQuillan J, Holmes S IAOMS Vancouver 2023

The Use of a novel two liquid system for coating metal fixtures in chlorhexidine

Alostath H, Holmes S, Catell M IAOMS Vancouver 2023

Assessing quality of life in facial trauma patients

Agius T, Oikonomou C, Holmes S IAOMS Vancouver 2023

Whither the poor eyelid, to orbit or not to orbit- that is the question

Holmes S, Davies R, Oikonomou C, Bhatti N IAOMS Vancouver 2023

Predictably managing and preventing orbital haemorrhage – can we avoid sleepless nights?

Basu I, Hughes D, Holmes S – IAOMS Vancouver 2023

Soft tissue scoring in complex facial trauma

Holmes S, Oikonomou C, Ahmad Z IAOMS Vancouver 2023

The role of diabetes , periodontal disease and smoking in surgical site infection in the fractured mandible

Chatzopoulou D, Punian KS, Holmes S IAOMS Vancouver 2023

The role of periodontal disease in surgical site infection in the fractured mandible

Chatzopoulou D, Hashem I, Smith C, Janaphanam K, Holmes S IAOMS Vancouver 2023

The role of caries in surgical site infection in the fractured mandible

Chatzopoulou D, Smith C, Hashem I, Janaphanam K, Holmes S IAOMS Vancouver 2023

Complex reconstruction of secondary post traumatic defects, is there a role of anterior orbitotomy in the digital age ?

Davies R, Fussell R, Johnson M, Holmes S IAOMS Vancouver 2023

Cost of surgical site infection of the mandible

Veetil A, Cove G, Bhatti N, Holmes S, Chatzopoulou D IAOMS Vancouver 2023

Post traumatic Brown Syndrome – cause for concern ?

Oikonomou C, McQuillan J, Holmes S IAOMS Vancouver 2023

The role of dental hygiene and therapy in the management of facial traumatology

Sidhu S, Willders C, Smith A, Holmes S, Chatzopoulou D IAOMS Vancouver 2023

Complex middle third fractures, the role of IMF and secondary Correction

Holmes S, Fussell R, Davies R, Bhatti N, Holmes S IAOMS Vancouver 2023

Retrospective analysis of frontal bone/ sinus fractures and surgical management

Cove G, Davies R, Hughes D, Holmes S IAOMS Vancouver 2023

Orbital trauma – anatomy and function

Flexfax – Webinar BAOMS March 2022

Skull and Craniofacial Injuries

British head injury study group – Webinar Nov 2022

Predicability in orbital surgery reconstruction secondary to trauma

Royal Society of Medicine – Orbital day – London Nov 2022

Predicting mortality in anterior skull base trauma

EACMFS – Madrid Oct 2022

Dental face of Craniofacial Trauma – Back to our roots rather than facebook.

Barts and the London Alumni Association 2022

The changing role of imaging of the facial skeleton - from pulling away the veil of mystery to quality assurance, clinical governance, and facilitating best outcome.

British Society of dental and maxillofacial radiology – London June 2022

Complex orbital trauma 2022

Keynote BAOMS Summer Conference London June 2022

Significance of the Outer frame – Correction of zygomatico orbital deformities

Innovative Concepts in Reconstructive Orbital Surgery KLS Martin June 2022

Paediatric Orbital trauma

Innovative concepts in reconstructive orbital surgery KLS Martin June 2022

Degloving the craniofacial skeleton – how I do it

Innovative concepts in reconstructive orbital surgery KLS Martin June 2022

My journey through Craniofacial Trauma

Keynote lecture in UMAX – Royal Society of Medicine April 2022

External fixation techniques in a war environment – Ukraine April 2022

Webinar

Management of the acute craniofacial injury – Ukraine

March 2022 Webinar

My Career as a facial trauma surgeon – a reflective experience

Keynote Scottish Oral and Maxillofacial Surgeons – Peebles 2021

Updates in maxillofacial trauma surgery throughout the covid era

Royal Society Medicine – OMFS – Webinar Jan 2021

Craniofacial Trauma

Trauma Sciences care of the injured patient QMUL London- Jan 2021

Orbital wall reconstruction- the limitations of the matrix orbital plate and advantages of patient specific implants

Keynote ANZOMS – 2021

Anterior Skull Base Fractures - analyses for Survival Prediction

Keynote ANZOMS – 2021

Complex facial injuries - a severity score for soft and hard tissues

Keynote ANZOMS – 2021

Maloney Lecture AAOMS – Keynote – eponymous invitational lecture

What is old is new – Machete injuries to the face

Keynote Memphis -2021

The role of endoscopy in medial orbital wall fractures

Keynote BAOMS Sheffield 2021

The role of digital planning in facial reconstruction including implant dentistry and soft and hard tissue regeneration

Keynote Limassol dental society 2021

The Emergency Dental Patient – When does the GDP need to refer ?

Keynote Limassol dental society 2021

The Fractured Mandible - Contemporary Management and Identification of The High Risk Case Keynote BAOS June 2021

Approaches to the seriously compromised orbit – lessons learned
BAOMS – Oct 2020

Facial Trauma Series – Recent Advances in Facial Trauma
Indian Society for Facial Aesthetic and Reconstructive Surgery for Otorhinolaryngologists – Oct 2020

Facial trauma surgery
Barts Plastic surgery society June 2020

Managing complex and pan-facial trauma – surgical considerations in planning
AO – Oct 2020

Complex Post Traumatic Orbital Reconstruction - Exploring the Limits
Keynote BOPPS 2020

Managing complex and panfacial trauma - surgical considerations in planning
AO Webinar- Critical aspects in CMF Trauma 2020

Approaches to the Seriously Compromised Orbit - Lessons learned
BAOMS webinar series 2020

Facial Skeletal Fracture – COVID education seminar series
ENT Webinar series - May 2020

Facing the test of time: a service evaluation of maxillofacial trauma management over 5 years

Hughes D, Moffatt J, Kanzaria A, Bhatti N, Holmes S
BJOMS 58 (2020) e141

Management of Complex Orbital Injuries
Keynote SORG – Madrid 2019

Management of the Complex Orbit
Keynote South African Association of Oral and maxillofacial Surgeons – Cape Town – 2019

Management of Major Orbital Injuries
Keynote International Association of Oral and Maxillofacial Surgeons – Rio de Janeiro – 2019

Soft Tissue Injuries of the Head and Neck
Keynote International Association of Oral and Maxillofacial Surgeons – Rio de Janeiro – 2019

Maxillofacial Trauma in the developing world: how big is the problem and how is it managed? A Systematic Review of the Literature.

Hon J, Holmes S
IAOMS – 2019 CapeTown

Management of High Energy Facial / Neurosurgical Injuries
Keynote British Neurosurgical Society – October 2018

Management of Craniofacial Injuries in Austere environment
Nov 2018 – Manchester

Complex injuries cadaveric course

St Georges Nov 2018

Sport and facial injuries

British national sports centre 2018

Facial Fractures

Feb 2018 - Royal Free Hospital – Division of Plastic Surgery

Medicine and me lecture on the surgical pathology with respect to the craniofacial skeleton and Domestic Violence. Moderator to gangland violence and facial injuries.

Dec 2017

The Orbit and the craniofacial surgeon

Keynote Mr Adrian Sugar Retirement Lecture Series - Oct 2017

Craniofacial Trauma Access Course

St Georges Tooting 2017

OMFS Trainees Study day – Zygomatic Osteotomy, Orbital reconstruction and Materials-

Royal London Hospital 2017

Plastic Surgery Study Day Initial management, Facial Fractures, Upper third fractures

Royal London Hospital 2017

British Oculoplastic Society – Craniofacial approach to the Orbit

London – 2017

Modern state of art craniofacial trauma surgery

Keynote BAOMS Annual Conference Brighton – 2016

OMFS Trainees Study Day – Orbital emergencies

Royal London Hospital 2016

QMUL A&E Pre-Hospital Care Course – Complex facial Injuries

Royal London Hospital 2016

NETRAG A&E Registrars group

2016

Advances in Modern Craniofacial Trauma Management

Keynote Scottish Oral and Maxillofacial Surgeons meeting - 2015

Frontal Sinus And Dural Tear How I Do It

Keynote -Combined Baltic and BAOMS meeting, Istanbul - 2015

League of Nurses

Royal London Hospital - Oct 2015

HEMS study day Royal London Hospital

2015

Craniofacial trauma outcome

Telford Trauma Course - May 2015

QMUL – finals lecture Oral and Maxillofacial trauma

June 2015

Fracture patterns of the anterior cranial fossa

Stephens J, Holmes S, Evans BT (2015).

International Journal of Oral and Maxillofacial Surgery.

44. e147-e148. 10.1016/j.ijom.2015.08.816.

NFORC – Research study day

April 2015

Ballistic Maxillofacial Injuries

AO North America - 2015

QMUL – surgical study day

RCS England April 2015

QMUL – OMFS as a career option

March 2015

Outcome Following Facial Trauma

Royal Society of Medicine - Oct 2014

Essex HEMS – Complex craniofacial injuries – cases you have sent

July 2014

Multidisciplinary Management Of The Traumatically Injured Patient

British Restorative Dentistry Society, London UK – January 2014

Advances In Facial Trauma

Clarion Combat Trauma Course, London UK – January 2014

Craniomaxillofacial Trauma and ITU

British Intensive Care Society, London - 2013

Advanced Post-Traumatic Orbital Reconstruction

Cardiff SpR Training Day – April 2013

Extensive Facial Trauma at a Level One Trauma Centre

Royal London Hospital - March 2013

Assessment of Ballistic Facial Injury

AO North American Conference, New Orleans USA – January 2013

Craniofacial Trauma – A Patient's Experience

Saving Faces Facial Surgery Research Foundation, London UK – January 2013

Managing Craniofacial Trauma

British Trauma Society, London UK – January 2013

How To Manage Dento-Facial Trauma

London Dental Association, London UK – January 2013

MDT Approach To Orbital Trauma

Clarion Combat Trauma Course, London UK – January 2012

Craniofacial Injury & Cranioplasty

RCS Head Injury Course, London UK – December 2012

Research Opportunities in Craniofacial Trauma

Saving Faces Facial Surgery Research Foundation, Edinburgh Scotland – October 2012

The Evolution of Complex Craniofacial Trauma Management

BAOMS Annual Conference, London UK – June 2012

Anterior Skull Base Trauma – The Orbital Extension

International Skull Base Surgery Congress, Brighton UK – May 2012

Orbital Anatomy Of The Face & Scalp

RCS Head & Neck Trauma Course, London – May 2012

Facial Injuries – A Structured Approach From a Civilian Trauma Centre

Clarion Combat Trauma Course, London UK – January 2012

Emergencies In Head & Neck Trauma

RCS Emergency Skills In Head & Neck Trauma, London UK – December 2011

Lessons In Maxillofacial Trauma From a Civilian Centre

RCS Military Trauma Conference, London UK – May 2011

Complex Orbital Trauma – The Royal London Experience

British Occulo-plastic Surgery Scientific Meeting. Cardiff UK - 2011

Complex Craniomaxillofacial Injury – Contemporary Management

BAOMS Junior Trainees Conference 2011 QMUL London UK - 2011

Managing Secondary Complex Orbital Injuries

HEMS – London UK - 2011

Dedicated OMFS Trauma Lists in a Level 1 Trauma Centre: Increasing Efficiency and Productivity

Collier J, Bridle C, Mulcahy A, Holmes S

BJOMS 2011 49S.s46

Managing Emergencies In Maxillofacial Practice: Haemorrhage Around The Airway

Royal College Of Anaesthetists London UK – 2011

Dedicated OMFS Trauma Lists In A Level 1 Trauma Centre: Increasing Efficiency And Productivity

BAOMS Trauma Symposium Royal College Of Physicians London UK - 2010

High Energy Facial Injuries Of The Craniofacial Region In Civilian Practice

Symposium On Ballistic Injuries Of The Face, RCS Edinburgh UK - 2010

High Velocity Injuries And Their Management

Into The Orbit Hertfordshire, UK – 2010

The Management Of Continuity Defects Of The Frontal Bar

BAOMS Annual Conference Manchester 2010

Holmes S, Anand S.

Middle Third Injuries

British Trauma Conference Telford, UK -2010

Tri-service Complex Orbital Injuries

St John's Cambridge UK – 2010

'Facing Up'

Saving Faces Trauma Research Day, Dana Centre, London UK – 2010

Craniomaxillofacial Trauma

London Trauma Conference London UK – 2009

The Management Of Complex Cranio Orbital Trauma

BAOMS / IAOMS. Combined Meeting Kerala India - 2009

Fractures Of The TMJ

BATMJ Surgeons Course RCS, London, UK – 2009

Controversies In Orbital Trauma Management

Medartis RCS Eng London UK -2009

Can Orbital Fat, Muscle, And Haematoma Be Differentiated Using Computer Tomography - Region Of Interest Analysis In The Evaluation Of Orbital Floor Injuries

BAOMS Annual Conference, Bournemouth UK - 2009

Day Case Surgery For OMFS Trauma: Experience From Our First 100 Patients

Collier J, Farooq S, Parminter D, Bridle C, Holmes S.

Abstract - BJOMS 2009 47 7 E59

BAOMS Annual Conference, Bournemouth UK - 2009

The Use Of The Short Preauricular Incision In Access To The TMJ

Holmes S, Bridle C, Alam S.

Abstract - BJOMS 2009 47 7 E65

BAOMS Annual Conference, Bournemouth UK - 2009

Improving The Soft Tissue Drape In High Energy Midfacial Trauma Using The Endotine

Holmes S, Coombes A.

Abstract - BJOMS 2009 47 7 E55-E56

BAOMS Annual Conference, Bournemouth UK - 2009

The Management Of Lacrimal Duct Injuries

Holmes S, Coombes A

Abstract - BJOMS 2009 47-7e50

BAOMS Annual Conference, Bournemouth UK - 2009

The Management Of Penetrating Ocular Injury

Holmes S, Coombes A

Abstract - BJOMS 2009 47 E52 Pr

BAOMS Annual Conference, Bournemouth UK – 2009

Medial Canthopexy Using A Design Specific Titanium Wire.

Ezra D, Coombes A, Holmes S.

BOPSS; British Ocular Plastics Surgeons Society, June -2009

Contralateral Lower Eyelid Blepharoplasty Following Unilateral Orbital Blow-Out Fracture Repair.

Paun S, Coombes A, Holmes S.

BOPSS June -2009

Addressing Lower Eyelid Descent And Soft Tissue Drape In High Energy Midface Trauma Using The Endotine.

Coombes A, Holmes S.

BOPSS - June 2009

Craniofacial Trauma, Multidisciplinary Facial Trauma Management

Dept Of Oral & Maxillofacial Surgery And Dept Of Emergency Medicine, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur And Malaysian Institute Of Road Safety Research (Miros) KI Malaysia - 2008

Controversies In Craniofacial Trauma Management

Medartis Institute Of Engineers, Helmstadt Sweden -2008

Paediatric Orbital Fractures. Is The Clock Ticking?

Bridle C, Killick Z, Collier J Holmes S

Abstract - BJOMS 2008 46 7 E37

BAOMS Annual Conference Cardiff UK - 2008

Exploration Of The Medial Orbital Wall – MDT By Stealth?

Holmes S, Paun S, Bridle C, Coombes A.

Abstract - BJOMS 2008 46 7 E38

BAOMS Annual Conference Cardiff UK - 2008

Oral And Maxillofacial Trauma: The 17 Year Experience Of The London Air Ambulance (Hems)

Bridle C, Collier J, Killick Z, Holmes S.

Abstract - BJOMS 46 7 E33 2008

BAOMS Annual Conference, Cardiff UK - 2008

The Role Of Pre Operative 3 Dimensional Ct Evaluation Of Type B Intracapsular Condylar Fractures To Determine The Feasibility Of Lag Screw Osteosynthesis

Collier J, Bridle C, Makdissi J, Holmes S.

Abstract - BJOMS 46 7 2008 E37 – E38

BAOMS Annual Conference, Cardiff UK - 2008

Assessment Of Lower Eyelid Position And Morbidity Following Transconjunctival Incision With Lateral Cantholysis

Antscherl J, Parbhoo A, Holmes S.

Abstract - BJOMS 2008 46 7 E56

BAOMS Annual Conference, Cardiff UK - 2008

Medial Canthopexy Using A Design Specific Titanium Wire – Preliminary Results From 2 Centres

Holmes S, Perry M.

Abstract - BJOMS 2008 46 7 E36

BAOMS Annual Conference, Cardiff UK - 2008

The Use Of The Extended Swinging Lid Technique In Acute And Revisional Maxillofacial Trauma Surgery

Holmes S, Coombes A

Abstract - BJOMS 2008 46 7 E52-E53

BAOMS Annual Conference, Cardiff UK - 2008

Complex Facial Injuries

IAOMFS Annual Scientific Meeting -2006

Bone Grafting – 4 Lecture and Operating Observation Series

Royal London Hospital – 2005

The Evaluation Of Complex Craniomaxillofacial Fractures Using A Novel 3 Dimensional Planning Environment

Holmes S., Chin-Shong D., Goldner S., Chan O.
BAOMS Annual Conference – 2004

Imaging in Maxillofacial Trauma.

North American Radiological Society Ghosh S, Holmes S, Froud I, Chan O, Vaidya S. (2004).

Maxillofacial Trauma And The Road Traffic Accident

House Of Commons On Behalf Of Road Peace, London UK – 2004

Maxillofacial Trauma Medical Foundation For The Victims Of Torture

London UK – 2004

Do Atrophic Mandibles Have Reduced Vascularity? Implication For Fracture Management

Kingsmill Vj, Holmes S, Moles D, Boyde A.
European Craniomaxillofacial Conference, Tours, France 2004

The Use Of A Novel 3d Planning Environment In Treatment Planning Secondary Traumatic Facial Deformity

Holmes S, Goldner S, Ali N, Andersson L, Hutchison I.
European Craniomaxillofacial Conference Tours, France – 2004

The Management Of Penetrating Neck Trauma

Holmes S., Kumar P., Walsh M., Carter J.
Abstract - BJOMS 2002 40 359
BAOMS Annual Conference Eire - 2002

The Use Of Contact Microscopy In The Diagnosis Of Oral Mucosal Conditions

Holmes S., Hutchison I.
Abstract - BJOMS 2002 40 354
BAOMS Annual Conference Eire - 2002

Risk Adjustment Of Mortality In Maxillofacial Surgery

Holmes S., Tekkis P., Goldhill D., Carter J.
Abstract - BJOMS 2002 40 368
BAOMS Annual Conference Eire - 2002

Complications With The Use Of The Epistat

Holmes S., Coghlan K., Mcalinden P., Hardee P., Chan O.
Abstract - BJOMS 2001 39 229

Control Of Midfacial Bleeding

Holmes S.B., Hardee P.S.G., Coghlan K.

Modern Maxillofacial Surgery

RLH Trust Open Day, London UK – 2000

Bone Grafting And Osseo distraction In Implantology

Coghlan K., Holmes S.
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