

**CURRICULUM VITAE**  
**Professor Simon B. Holmes FDS RCS FRCS**

## PERSONAL DETAILS

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

**Date of birth:** 1<sup>st</sup> July 1964

**Personal Address:** Flat 25 Medland House  
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**Personal Email:** [sbholmes1@mac.com](mailto:sbholmes1@mac.com)

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**NHS Address:** Department of Oral & Maxillofacial Surgery  
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**Professional Email:** [s.holmes@qmul.ac.uk](mailto:s.holmes@qmul.ac.uk) , [profsimon.holmes1@nhs.net](mailto:profsimon.holmes1@nhs.net)

**NHS Phone:** 020 3594 6844

**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.

## REFEREES

Professor Simon Myers PhD FRCS Plast  
Department of Plastic Surgery  
Barts Health NHS Trust,  
Royal London Hospital, London E1 1BB

Mr Christopher Bridle FDS RCS FRCS  
Consultant Oral & Maxillofacial Surgeon  
The James Cook University Hospital,  
Middlesbrough, TS4 3BW

Mr Andrew Coombes FRC Ophth  
Consultant Ophthalmologist  
Barts Health NHS Trust,  
The Royal London Hospital, London E1 1BB

## **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

### **Academic Appointment**

Appointed 2015: Professor of Craniofacial Traumatology  
Queen Mary Hospital University of London

### **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

### **Formal Education**

1978 – 1983: Loughborough Grammar School

### **Key Academic Qualifications**

- 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.

The case mix and expertise of the department encompasses all sub-speciality disciplines to include Trauma, Oncology, Orthognathic and with our core Oral Surgery function the department has an average throughput of 12,000 patients annually.

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***

- 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***

- Conception and development of distance learning MSc project – Craniofacial Trauma
- 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 1<sup>st</sup> Class degree via involvement in research 2013 & M Med Sci student to a 1<sup>st</sup> 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 2<sup>nd</sup> Q 2014.

## **CLINICAL ACADEMIC ACTIVITY**

### ***Summary Of Key Academic Achievements***

#### **QMUL**

- interview panel for applications of post dental degree for medical school
- 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 2012 (currently on sabbatical from this role)
- 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 1<sup>st</sup> Class degree via involvement in research 2013 & M Med Sci student to a 1<sup>st</sup> 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* - awarded subject to minor revision

### ***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 4<sup>th</sup> presentation, the course currently has 12 students.

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.

## **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.

### ***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. This work is being taken forward.

### ***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.

### ***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 :-

<https://qi.elft.nhs.uk/wp-content/uploads/2016/10/developing-psychological-services-following-facial-trauma.pdf>

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.

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.

### ***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.

### ***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 ratios (between 3 and 5). This work is submitted currently.

### **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.

## 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 Jaquiere 4 and 5. In particular the junctional zone was poorly reconstructed. This led us to the therapeutic decision to restrict these plates to Jaquiere 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 Jaquiere 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 Jaquiere 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.

## **KEYNOTE LECTURES & PRESENTATIONS**

### **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

### **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**

BAOMS Summer Conference London June2022

### **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**

Keynoter lecture in UMAX – Royal Society of Medicine April 2022

### **External fixation techniques in a war environment – Ukraine April 2022**

### **Management of the acute craniofacial injury – for Ukraine**

March 2022.

### **My Career as a facial trauma surgeon – a reflective experience**

Keynote Scottish Oral and Maxillofacial Surgeons – Peebles 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

**Facial trauma surgery**

Barts Plastic surgery society June 2020

**Complex Post Traumatic Orbital Reconstruction - Exploring the Limits**

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

**Craniofacial Trauma**

ISFARO – invitational keynote – India 2020

**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

**Management of High Energy Facial / Neurosurgical Injuries**

British Neurosurgical Society – October 2018

**The Orbit and the craniofacial surgeon**

Mr Adrian Sugar Retirement Lecture Series - Oct 2017

**Modern state of art craniofacial trauma surgery**

Keynote BAOMS Annual Conference Brighton - 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

## INVITED LECTURES & PRESENTATIONS

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

Barts and the London Alumni Association 2022

### **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

### **Managing complex and pan-facial trauma – surgical considerations in planning**

AO – Oct 2020

### **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 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**

SORG – Madrid 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  
ICOMS - CapeTown

### **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

### **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

***Successful management of a gun shot wound to the mandibular condyle by removal of the condylar head with no hard tissue reconstruction - Lessons for blunt trauma management?***

Palmer Julia, Ali S, Bhatti N, Blythe J, Holmes S. (2017). Successful management of a gun shot wound to the mandibular condyle by removal of the condylar head with no hard tissue reconstruction - Lessons for blunt trauma management?. British Journal of Oral and Maxillofacial Surgery. 55. e129. 10.1016/j.bjoms.2017.08.127.

***Management of facial trauma in children in the Libyan war, our experience***

Zaggut A, Farook S, , Bhatti N, Holmes S. (2017). Management of facial trauma in children in the Libyan war, our experience. British Journal of Oral and Maxillofacial Surgery. 55. e145. 10.1016/j.bjoms.2017.08.172.

**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

**OMFS Trainees Study Day – Orbital emergencies**

Royal London Hospital 2016

***Antibiotic usage in maxillofacial trauma: the need for a national protocol?***

Mirza Z, Amin K, Lau C, Holmes S. (2015).

Antibiotic usage in maxillofacial trauma: the need for a national protocol?.

British Journal of Oral and Maxillofacial Surgery. 53. e108. 10.1016/j.bjoms.2015.08.202.

***Implementing a dedicated, embedded psychology service within a Maxillofacial Trauma Outpatient Clinic: preliminary evaluation and findings from the first 4 months***

Price K, Wilson N, Holmes S, Bridle C, Heke S, Markides C, Dain V. (2015).

Implementing a dedicated, embedded psychology service within a Maxillofacial Trauma Outpatient Clinic: preliminary evaluation and findings from the first 4 months.

British Journal of Oral and Maxillofacial Surgery.

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

Royal London Hospital 2016

**NETRAG A&E Registrars group**

**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.

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**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

**Cranio-maxillofacial 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**

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*Abstract - BJOMS 2009 47 7 E65*

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

Holmes S, Coombes A.

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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*

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### **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

**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.

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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*

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**Risk Adjustment Of Mortality In Maxillofacial Surgery**

Holmes S., Tekkis P., Goldhill D., Carter J.

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**Complications With The Use Of The Epistat**

Holmes S., Coghlan K., Mcalinden P., Hardee P., Chan O.

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**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.

London Hospital Dental Society, London UK – 2000

**Oral Manifestations Of Systemic Disease.**

Holmes S., Buchanan J.

BDA Meeting, London UK – 2000

**Steroid Use As Risk Factor For Oral SCC**

Hardee P.S.G., Hutchison I.L., Holmes S.

*Abstract - BJOMS 2000 38 386*

**The TMJ, An Overview**

Prof Bradley's Retirement Lecture Series, London UK – 2000

**Infections Of The Head And Neck**

Luton And Dunstable BDA/BMA Meeting.- Hertfordshire UK – 2000

**Delays In Management In Polytrauma**

Bournemouth, UK – 1999

**Maxillary And Mandibular Injuries Emergencies In Otorhinolaryngology**

Royal National Throat Nose and Ear Hospital, London UK – 2000

**‘The Mouth As An Indicator Of Local And Systemic Disease’**

London Hygienists Group London UK -1998

**Intervention Times For Maxillofacial Injuries In Cases With Head Injuries’**

Holmes S., Cannell H., Dyer P.

British Trauma Society annual clinical meeting. London UK – 1998

## ARTICLES

### **Quantitative analysis of diplopia following orbital repair**

Hughes D, McQuillan J, Holmes S

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### **Understanding the relationship between periodontal disease, social factors and diabetes in surgical site infection in the fractured mandible**

Chatzopoulou D, Holmes S, Punian KS

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### **Periodontal Disease in the pathogenesis of the infected mandibular fracture – is smoking a confounding variable ?**

Janaphan K, Hashem I, Smith C, Holmes S, Chatzopoulou D.

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Holmes S, Schlittler F

British Journal Oral and Maxillofacial Surgery 2021 Nov;59(9):1074-1078.doi:

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Holmes S

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### ***Orbital Bone Fractures in a Central London Trauma Center: A Retrospective Study of 582 Patients***

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### ***Combining trauma severity indices to create a unified craniofacial disruption index: addition of the frontobasal unit to the ZS model***

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### ***Craniomaxillofacial War Injuries in Misrata, Libya***

Zaggut AW, Rahman W, , Muhammad M Youssef G, Holmes S, Ellamushi H, Shibu

M, Ghanem A, Myers S, Harris M

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### ***What are the limitations of the non patient specific implant in titanium reconstruction of the orbit ?***

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***Elite and Professional sports facial injuries management – a consensus report***

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***Toward a consensus view in the management of acute facial injuries during the Covid-19 pandemic***

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***Acquired Brown Syndrome in Head Trauma: Does Fixation of Associated Nasal and Frontal Bone Fractures Provide a Cure?***

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Ghanem A, Borg T, Sadigh P, Myers S, Smith D, Holmes S. (2019).

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The Annals of Fires and Burn Disaster. XXXII. 308.

***A European perspective of the cost effectiveness of facial composite tissue allotransplantation***

Borg T, Yalamanchili S, Ghali S, Myers S, Holmes S, Ghanem Ali. (2020).

A European perspective of the cost effectiveness of facial composite tissue allotransplantation.

European Journal of Plastic Surgery. 43. 10.1007/s00238-019-01598-8.

***The “European Zygomatic Fracture” research project: the epidemiological results from a multicenter European collaboration***

Brucoli M, Boffano P, Broccardo E, Benech A, Corre P, Bertin H, Pechalova P, Pavlov N, Petrov P, Tamme T, Kopchak A, Hresko A, Shuminsky E, Dediol E, Tarle, M, Konstantinovic V, Petrovic M, Holmes S, Karagozoglu K, Hakki F, Tymour F. (2019).

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***Motor –vehicle accidents related maxillofacial injuries: a multicentre and prospective study***

Ruslin M, Brucoli M, Boffano P, Benech Arnaldo, Dediol E, Uglesić V, Kovačić Žiga, Vesnaver A, Konstantinovic V, Petrovic M, Stephens J, Kanzaria A, Bhatti N, Holmes S, Pechalova P, Bakardjiev A, Malanchuk V, Kopchak A, Galteland Pål , Forouzanfar T. (2018).

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***Contemporary Classification of Zygomatic Fractures; A Shift to using Function over Form***

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**Prevalence and predictive factors of psychological morbidity following facial injury: a prospective study of patients attending a maxillofacial outpatient clinic within a major UK city**

Wilson N, Heke S, Holmes S, Dain V, Priebe S, Bridle C, Ayles I, Boyd C, Ramjaun G, Kanzaria A. (2018).

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**New and cost-effective way of retracting orbital contents during repair of the orbital floor.**

Bhatti N, Ali, S, Holmes S. (2017)

*British Journal of Oral and Maxillofacial Surgery*. 55. 10.1016/j.bjoms.2017.06.002.

***How far reaching is our research? An analysis of the journals in which oral and maxillofacial surgery research is cited***

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*The British journal of oral & maxillofacial surgery*. 55. 10.1016/j.bjoms.2017.03.003.

***ZS maxillofacial trauma app: a two-year review of an iPhone app intended to aid assessment of maxillofacial trauma***

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*International Journal of Oral and Maxillofacial Surgery*. 46. 199. 10.1016/j.ijom.2017.02.678.

***Management of complex orbital fractures***

Bhatti N, Kanzaria A, Huxham-Owen N, Bridle C, Holmes S. (2016). Management of complex orbital fractures.

*Br J Oral Maxillofac Surg*. 2016 Sep;54(7):719-23. doi: 10.1016/j.bjoms.2016.04.025. Epub 2016 Jun 3.

**The 100 Most Cited Articles in Facial Trauma: A Bibliometric Analysis**

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*International Journal of Oral and Maxillofacial Surgery*. 45. 10.1016/j.ijom.2016.01.016.

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**European Maxillofacial Trauma (Eur.Ma.T.) Project: A Multicentre Prospective Study.**

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