Response to—Orbital fractures treated in Auckland from 2010–2015: review of patient outcomes

Prue Baxter

I compliment Lanit Anand and Christopher Sealey on their most interesting paper and agree with their conclusion that titanium is a very well-tolerated material for orbital reconstruction. I note that commercially available plates or cut-to-fit mesh were used in their study. I first used custom-made titanium plates in 2003\(^1\)–\(^3\) and they are now used for the vast majority of patients having orbital reconstruction in the regional oral and maxillofacial unit in Swansea, Wales. Bespoke titanium plates decrease theatre time and facilitate accurate reconstruction. Now that the technology to make 3D models from CT scans is more widely available, I was wondering if the authors are considering moving on to use custom-made plates in the future?

