

COSMETIC MAXILLOFACIAL SURGERY

Because of their surgical and dental background, oral and maxillofacial surgeons are finely attuned to the importance of harmony between facial appearance and function. Before any cosmetic procedure is performed, the oral and maxillofacial surgeon will request a thorough medical history to evaluate the patient's overall general health. A careful physical exam will be conducted. The procedure to be performed will be discussed, as well as the anticipated results, expected changes in appearance, type of anesthesia to be used, and possible risks and complications.

Cosmetic maxillofacial surgery may be performed on an outpatient basis in the oral and maxillofacial surgeon's office, surgical facility, or surgery center, or on an inpatient basis in the hospital, depending upon the surgeon's and patient's preference. Surgery may be performed under general anesthesia, IV sedation, or local anesthesia.

AN IMPORTANT LINK

Oral and maxillofacial surgeons are an important link in the referral network for primary care providers. Through appropriate referrals, patients can be provided with expedient and cost-effective health care for conditions relating to the specialty of oral and maxillofacial surgery. ●



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The Oral and Maxillofacial Surgeon:

A Partner in the Healthcare Team



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he American Association of Oral and Maxillofacial Surgeons (AAOMS) is pleased to provide you with this brochure regarding the specialty of oral and maxillofacial surgery and its role in patient care. Patients who present to the primary care provider with complaints of pain or dysfunction in the oral and maxillofacial region are often candidates for referral to an oral and maxillofacial surgeon. The following information will provide helpful guidelines for establishing a working relationship with an oral and maxillofacial surgeon in your area.

TRAINING AND SCOPE OF PRACTICE

After four years of postgraduate dental education, an oral and maxillofacial surgeon completes four or more years of intensive, postdoctoral, hospital-based surgical residency training. Oral and maxillofacial surgery residents spend significant time rotating through related medical fields such as internal medicine, general surgery, anesthesiology, otolaryngology, plastic surgery, and emergency medicine. Depending on the residency program, some surgeons may also opt to complete the necessary requirements to earn a medical or other advanced degree. Some may also subsequently complete fellowships in sub-specialty areas.

The scope of oral and maxillofacial surgery encompasses the diagnosis, surgical and related management of diseases, injuries, and defects that involve both the functional and esthetic aspects of the oral and maxillofacial regions. This includes preventive, reconstructive, or emergency care for the teeth, mouth, jaws, and facial structures.

OFFICE SURGERY

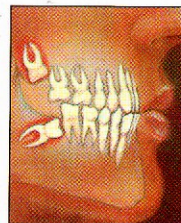
Oral and maxillofacial surgeons can perform a wide variety of procedures in an office setting as well as in a hospital environment. Local anesthesia, nitrous oxide, intravenous sedation, and general anesthesia are options available in the oral and maxillofacial surgery office for the appropriate patient and treatment. Office surgery can be the most efficient and

cost-effective way to perform many procedures while maintaining maximum patient comfort and safety.

In addition, many oral and maxillofacial surgeons perform laser surgery in the private office setting. A number of soft tissue procedures, such as biopsy of oral tissues, can be done quickly and with less post-operative discomfort by using laser techniques.

DENTOALVEOLAR SURGERY

A tooth that fails to emerge or fully break through the gum tissue is, by definition, "impacted." This is a common problem associated with third molars, or wisdom teeth, as they are the last teeth to develop and erupt into the mouth. Other teeth, however, such as cuspids and bicuspids, can also become impacted. The usual symptoms associated with impacted teeth are pain, swelling, and signs of infection in the surrounding tissues. An impacted tooth has the potential to cause permanent damage to adjacent teeth, gum tissue, and supporting bone structure. Impacted teeth are also associated with the development of cysts and tumors that can destroy large portions of the jaw. Many times impacted teeth are not addressed until symptoms are present, but early removal may be indicated if radiographs predict potential problems. Oral and maxillofacial surgeons have extensive training in the diagnosis and management of impacted teeth and in tooth extraction and dentoalveolar surgery.



RECONSTRUCTIVE SURGERY

Inadequate bone structure in the upper and/or lower jaws can be a result of injury, ablative tumor surgery, or long-term denture wearing. Osseous grafts using either autologous bone or bone substitutes can be performed to improve both the quantity and quality of the hard tissue. Skin grafts and soft tissue corrections can be utilized to improve the

architecture of the intraoral soft tissues. Through oral reconstructive surgery, a solid foundation can be provided for dental rehabilitation, which in turn aids nutrition and speech. If the patient is a good candidate, dental implants may be used to replace lost teeth and improve function. Implants can also be used to anchor intraoral and extraoral prostheses.

DENTAL IMPLANTS

Millions of Americans suffer from permanent tooth loss. Dental implants offer an excellent alternative to natural teeth. Dental implants are made of materials that are compatible with human bone and tissue. Small posts are attached to the implants and serve as stable anchors for artificial replacement teeth.

Working as a team member with the restorative dentist, the oral and maxillofacial surgeon can evaluate the patient and place implants in conjunction with necessary bone grafting of the jaw. Dental implant surgery is often done in the doctor's office, dependent upon the patient's individual needs.

FACIAL INFECTIONS

Infections in the maxillofacial region can develop into life-threatening emergencies if not treated promptly and effectively. Pain and swelling in the face, jaws or neck may indicate an infection of dental or related origin. If the infection is severe, an oral and maxillofacial surgeon is able to work within the hospital setting to diagnose and treat the problem. Appropriate imaging studies and culture and antibiotic sensitivity tests are routinely done. Surgical treatment may include intraoral or extraoral incision and drainage as well as extraction of involved teeth. For less severe infections, evaluation and treatment may be done in the office setting. Depending on the diagnosis and severity of the case, oral and maxillofacial surgeons may work with other specialists to provide comprehensive patient care.

FACIAL TRAUMA

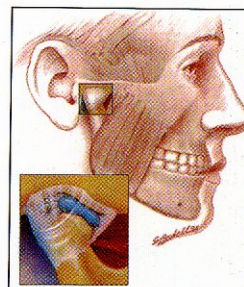
Because of their expanded dental/medical background and hospital-based training, oral and maxillofacial surgeons are uniquely qualified to deal with injuries to the face, jaws, mouth and teeth. Dental occlusion is the most important piece of the puzzle in dealing with complex facial fractures. Oral and maxillofacial surgeons have extensive training in repairing traumatic injuries, including fractures of the mandible, maxilla and orbits as well as closure of extraoral lacerations. Childhood injuries resulting from skateboarding, sports or bicycle accidents often involve dental or maxillofacial trauma. Younger children often sustain damage to teeth or supporting structures from falls. Such traumatic injuries can usually be effectively treated in the oral and maxillofacial surgery office, avoiding costly emergency room visits. For the pediatric patient, various sedation techniques can be employed to deliver prompt and effective treatment in the private office setting.

FACIAL PAIN

Oral and maxillofacial surgeons are trained to diagnose and treat complaints of facial pain. A common cause of facial pain and headaches is disease or dysfunction of the temporomandibular joint (TMJ). TMJ disorders have a wide range of symptoms that may include earaches, headaches, and limitation of jaw opening. Patients may also complain of clicking or grating sounds in the joint or pain on opening or closing the mouth.

Causes of TMJ dysfunction can be degenerative (osteoarthritis), traumatic (meniscal displacement or injury), inflammatory (rheumatoid arthritis), or stress-related. Some patients experience a combination of muscle and joint problems.

Diagnosis involves clinical examination, necessary



imaging studies (radiograph, CT, MRI) and nerve blocks. Once a specific problem is identified, recommendations can then be made for treatment.

Usually, conservative management (soft diet, anti-inflammatory drugs, physical and/or bite splint therapy) is the first step. With certain conditions, joint surgery may be an appropriate option.

Arthroscopic joint surgery is minimally invasive and has proven effective in the resolution of certain conditions involving TMJ pain and dysfunction. The procedure can be done on an outpatient-surgery basis at a hospital or ambulatory surgery center under general anesthesia. More complex joint surgery may be indicated for advanced conditions.

ORAL PATHOLOGY

Differential diagnosis of pathology in the maxillofacial region is an important part of the practice of oral and maxillofacial surgery. If indicated, biopsies and/or other tests can be performed to arrive at a definitive diagnosis and appropriate treatment plan. Early detection and treatment of oral lesions greatly improve the patient's prognosis. Lesions may be managed medically or surgically excised.

OROFACIAL DEFORMITIES

Discrepancies in skeletal growth between the upper and lower jaws may lead to both functional and psychological difficulties. Functionally, this may involve problems with chewing, swallowing, speech, or temporomandibular joint (TMJ) function. Patients may also exhibit psychological difficulties stemming from esthetic and social concerns.

Some abnormalities may involve only misaligned teeth and can be corrected orthodontically with braces or other appliances. Serious growth disturbances require surgery to realign the upper and/or lower jaw into a more normal relationship. Common dentofacial deformities, including under or overdevelopment of the jaws (prognathism, micrognathia, retrognathia) or misaligned teeth (over-bite or

under-bite), can cause difficulty in eating, swallowing, speaking, and breathing. Surgical correction of these problems (orthognathic surgery) is often performed in conjunction with treatment by an orthodontist and restorative dentist. Through careful diagnosis and surgical treatment planning, the outcome may be reasonably predicted. Orthognathic surgery is usually performed in a hospital or ambulatory surgical center under general anesthesia. The end result is a more balanced, functional skeletal relationship.

Congenital deformities like cleft lip and palate result when all or a portion of the oral-nasal cavity does not grow together during fetal development. As part of a team of healthcare specialists, oral and maxillofacial surgeons play an important role in the carefully orchestrated, multiple-stage correctional program for these patients. The goal: to facilitate the complete restoration of the jaw and facial structures, leading to normal function and appearance. Care and treatment must include consideration of function, appearance, nutrition, speech and hearing, as well as emotional and psychological development.

SNORING/OBSTRUCTIVE SLEEP APNEA

Obstructive breathing patterns during sleep occur in approximately 45% of the population and can range from snoring to periods of true apnea. Obstructive sleep apnea can lead to excessive daytime sleepiness, poor work performance, and cardiovascular disorders such as hypertension, arrhythmias, and congestive heart failure. Oral and maxillofacial surgeons are trained in both the diagnosis and treatment of this condition. When conservative methods fail to correct the problem, surgery may be indicated. Surgical procedures can involve the soft tissue of the oropharynx (palatopharyngoplasty, laser-assisted uvulopalatoplasty, radio frequency ablation) or the hard tissue of the lower jaw (mandibular and/or chin advancement). Oral and maxillofacial surgeons have the expertise to work with other medical specialists to provide treatment for obstructive sleep apnea.