Dental and oral and maxillofacial surgery applications: A short study.

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Abstract

The brain, eyes, important teeth, and intricate networks of nerves and blood arteries are all located in the oral and maxillofacial region, which has a convoluted architecture. As a result of improvements in basic scientific research in the field of intraoperative oral and maxillofacial surgery, the features of these procedures have been introduced into everyday clinical practice to assure safe and reliable operation. In oral and maxillofacial surgery, a navigation system is a helpful guide for a safer and more accurate complex. Clinical applications in maxillofacial trauma surgery, such as complex midfacial fractures and orbital trauma reconstruction, foreign body removal, complex dentoalveolar surgery, skull base surgery, including surgery of the temporomandibular joint (TMJ), and orthognathic surgery. However, some fundamental concerns, like as the mandible's movement and the difficulty of updating pictures intraoperative, persist.

Keywords: Surgery, Maxillofacial, Dentistry

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Introduction

Dental implants have become a popular treatment option for restoring missing teeth. The discipline of dental implantology is evolving as new implant surface technologies emerge and prosthesis choices expand. Dentists considering using this treatment technique in their practices should be aware of the importance of treatment planning in getting predictable results. Dentistry is the branch of medicine that deals with the prevention and treatment of oral disorders, such as diseases of the teeth and their supporting structures, as well as diseases of the mouth's soft tissues. Dentistry also includes the diagnosis and treatment of jaw malformations, tooth misalignment, and congenital defects of the oral cavity, such as cleft palate [1].

Dental specialties and subspecialties include orthodontics and dental orthopedics, pediatric dentistry, periodontics, prosthodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, endodontic, public health dentistry, and oral and maxillofacial radiology, in addition to general practice [2]. The quantity of training required by a dentist and an oral surgeon is one of the most significant disparities. Oral surgeons spend an additional four to eight years specialized in oral surgery after completing their general dentistry school. This new specialty requires extensive training to prepare them to become experts in oral surgery and a wide range of dental operations.

Oral surgeons continue to hone their skills by conducting complex treatments such as dental implants, jaw joint disorders, face pain, and wisdom tooth extraction after completing years of further training [3]. Oral surgeons are more frequently doing these surgical operations than ordinary dentists. The majority of oral procedures are completed in a matter of hours. Your surgeon will meet with you before to surgery to walk you through the procedure step by step. They will remind you of the stages on the day of the procedure, enable you to ask questions, and then provide either a numbing medication or a general anesthetic to help with pain control when you are ready [4]. When the operation is over, the nurse or surgeon will check to see whether you are doing well and will go over recovery instructions with you.

A list of suggested diets, items to avoid for a few days and strategies to lessen discomfort and swelling are frequently included in recovery instructions. Most dental procedures only take a few days to recuperate from. Maxillofacial surgeons, often known as oral and maxillofacial surgeons, are skilled in treating a wide range of diseases and injuries affecting the head, neck, mouth, jaw, and face. Oral and maxillofacial surgery refers to procedures involving the mouth (oral), jaw (maxilla), and face (maxillofacial surgery) (facial). Oral and maxillofacial surgery is sometimes thought of as an "upgraded" kind of dental surgery; however it goes much beyond what a dentist can do.

A maxillofacial surgeon is a dental professional who has advanced medical knowledge of problems affecting not just the teeth and jaws, but also the bones and soft tissues of the face, as well as the training to treat these conditions surgically and administer anesthesia correctly [5]. The use of lasers in OMF surgery has a number of advantages. Hemostasis and excellent field visibility, precision, improved infection control and elimination of bacteremia, lack of mechanical tissue trauma, reduced postoperative pain and edoema, reduced scarring and tissue shrinkage, microsurgical capabilities, fewer instruments at the operation site, asepsis due to non-contact tissue ablation, and prevention of tumor seeding are some of the advantages of laser surgery. In OMF surgery, the laser's hemostatic properties are quite beneficial. Because of the increased visibility of the surgical site, surgery can be performed with greater precision and accuracy.

Conclusion

Practitioners should be confident that novel clinical approaches are supported by good scientific evidence and are not based primarily on anecdotal reports or incomplete research. Despite the public's and experts' enthusiasm for this technique, further study, including controlled clinical studies, is needed to investigate the higher efficacy as well as the possible negative effects of laser therapy.

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