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Research Article

AWARENESS ABOUT ORAL AND MAXILLOFACIAL SURGERY SPECIALTY AMONG MEDICAL AND DENTAL PROFESSIONALS

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ABSTRACT

Scope of Oral & maxillofacial surgery occurred in Egypt in the so-called Edwin smith papyrus (2700BC). Oral & maxillofacial surgery is a specialty of dentistry, but the typical oral surgeon functions more like a hybrid between Medicine and Dentistry. The work performed by an OMFS doesn't start and end with teeth, it expands to incorporate procedure that are lifesaving, as well as those that enhance the quality of life by priority better function and aesthetics.

The OMFS is a rapidly growing specialty in the past few decades in areas such as Treatment for Trauma, Dentofacial deformities, TMJ disorders and many more completely new methods have been developed such as Distraction osteogenesis, Hybrid implants, Tissue engineering, Reconstructive surgeries, Treatment for sleep apnea and facial cosmetic surgeries. In this study Awareness of OMFS among the medical professionals remains low and therefore OMFS practitioners should take it upon themselves to be active promoters while being guardians and ambassadors for this specialty.

INTRODUCTION

Scope of Oral & maxillofacial surgery occurred in Egypt in the so-called Edwin smith papyrus (2700BC) [1]. The specialty of oral & maxillofacial surgery (OMS) is defined by the American Association of Oral & maxillofacial surgery (1948) as the specialty of dentistry that includes the diagnosis, surgical and adjunctive treatment, injuries and defects involving both the functional and the aesthetic aspects of the hard and soft of the Oral & maxillofacial region [2].In mid1960's OMFS is a specialty of dentistry recognized by Federal Dentistry Broadis responsible for the diagnosis, and clinical and surgical treatment of traumatic, congenital, developmental and iatrogenic lesions in the maxillofacial complex [3].

Oral & maxillofacial surgery is a specialty of dentistry, but the typical oral surgeon functions more like a hybrid between Medicine and Dentistry [4]. The work performed by an OMFS doesn't start and end with teeth, it expands to incorporate procedure that are lifesaving, as well as those that enhance the quality of life by priority better function and aesthetics.

The OMFS is a rapidly growing specialty in the past few decades in areas such as Treatment for Trauma, Dentofacial deformities, TMJ disorders and many more completely new methods have been developed such as Distraction osteogenesis, Hybrid implants, Tissue engineering, Reconstructive surgeries, Treatment for sleep apnea and facial cosmetic surgeries.

Medical practitioners should also have basic dental awareness to unconver sign and symptoms of dental diseases from patient, to provide appropriate treatment or advice to these patients and to act as public health educators.

Aim of the study

To access the Awareness about Oral & maxillofacial surgery among Medical and Dental students and staff members of Adhiparasakthi Medical and Dental institutions at Melmaruvathur, Tamilnadu, India.

MATERIAL AND METHODS

A cross sectional questionnaire based study was conducted amongst the students and staff members of Adhiparasakthi dental and medical institutions. Anonymity and confidentiality of respondents were maintained and participation was voluntary. A51 questions in 9 groups was prepared based on the previous studies. This questionnaire gathered the demographic details from the students and staff members, which included age, gender, year of study, stream, family

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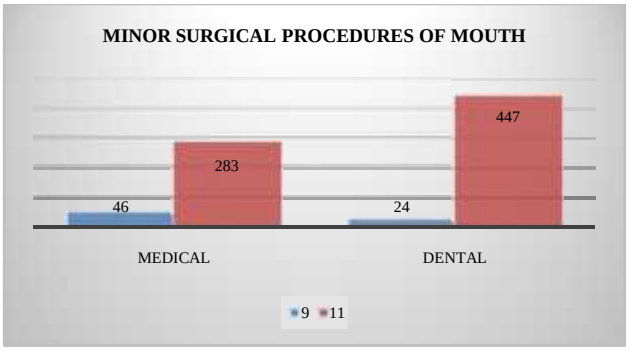
monthly income, Parents education level. After obtaining permission from the higher authorities the questionnaire were distributed to the students during lecture classes. The participants were instructed not to discuss with one another to avoid the possibility of a bias or a confounding factor. Only questionnaires which were fully completed were included in the study. Once the questionnaires were completed the data was compiled into a Microsoft Excel spreadsheet and the Statistical Analysis was carried out using IBM SPSS for Microsoft Windows version 23.Correlation between Medical and Dental professional's regarding awareness about Oral & Maxillofacial surgery specialty scores was calculated by Pearson's correlation coefficient. A p value <0.05 was considered statistically significant.

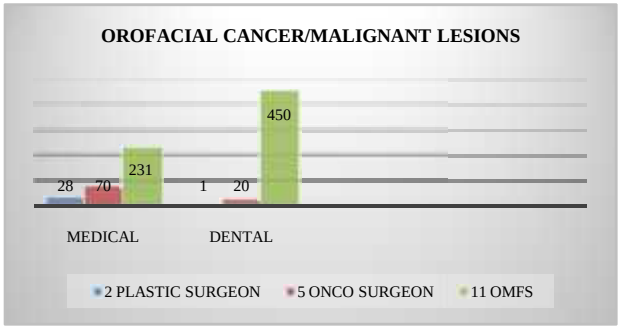
RESULTS

A Total of 900 questionnaire were handed out the Dental and Medical professional's. Among that 800 questionnaire were collected back after completion and incomplete questionnaire were excluded from the study. Out of 800 participants 41% (n =329) belonged to Medical stream and 58.9% (n =471) belonged to Dental stream and this study comprises of 28.6% of males (n =229) and 71.4% of females (n = 571).

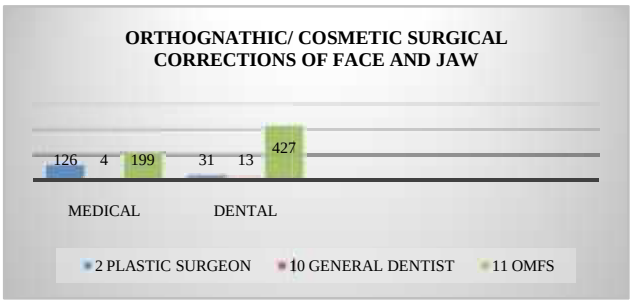
Among 9 categories I belonged to Minor surgical procedures of mouth from Medical 5.75% (n = 46) were marked has other dental specialist and 35.3 % has chosen OMFS where has in Dental only 3% (n = 24) has chosen other dental specialist and 55.8% (n = 447). (P value 0.00)



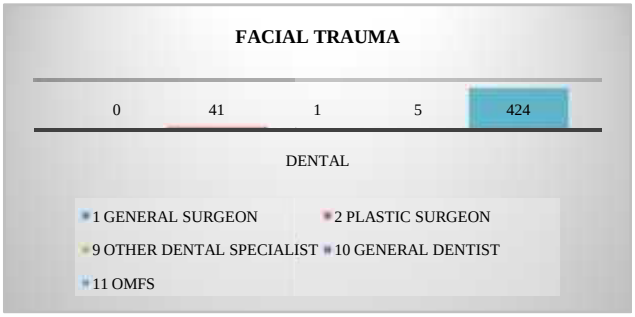
II-Oro-Facial cancers
Medical 3.5% (n = 28) were chosen has plastic surgeon, 8.75% (n = 70) by Onco surgeon and 28.8 % by OMFS.
Dental 0% (n = 0) none of them chosen plastic surgeon, 2.5% (n = 20) by Onco surgeon and 56.2 % by OMFS
(P value 0.00)



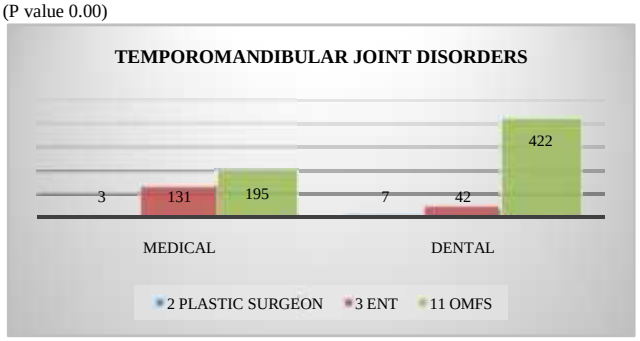
III Othognathic / Cosmetic surgical corrections of face and jaw
Medical 15.7 % (n = 126) were chosen by plastic surgeon, 0.5% (n = 4) by General dentist and 24.8 % by OMFS.
Dental 3.8% (n = 31) by plastic surgeon, 1.6% (n = 13) by General dentist and 53.3 % by OMFS (Pvalue0.00)



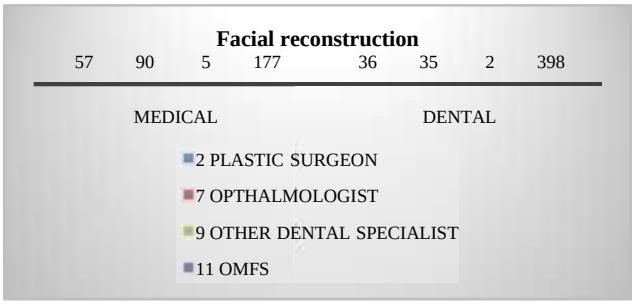
IV Facial trauma
Medical 0.125 % (n = 1) were chosen by General surgeon, 20.3 % (n =163) by Plastic surgeon, 1.25 % (n = 10) by other dental specialist, 0.75% (n = 6) by General dentist and 18.6 % (n = 149) by OMFS.
Dental None of them were chosen by General surgeon, 5.1 % (n =41) by Plastic surgeon, 0.125 % (n = 1) by other dental specialist, 0.62% (n = 5) by General dentist and 5.3 % (n = 424) by OMFS.
(Pvalue0.00)



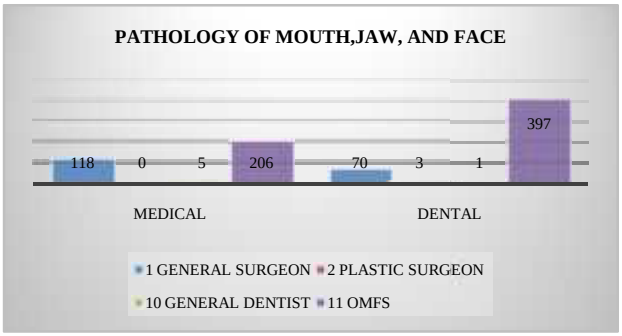
V TMJ disorders
Medical 37.5 % (n = 3) were chosen has plastic surgeon, 16.3 % (n = 131) by ENT and 24.3 (n = 195) % by OMFS.
Dental 0.87 % (n = 7) none of them chosen plastic surgeon, 5.2 % (n = 42) by ENT and 52.7 % by OMFS
(P value 0.00)



VI Facial reconstruction
Medical 7 % (n = 57) were chosen by Plastic surgeon, 11.2 % (n =90) by Ophthalmologist, 0.62 % (n = 5) by other dental specialist, 22 % (n = 177) by General dentist and 18.6 % OMFS.
Dental 4.5 % (n = 36) were chosen by Plastic surgeon, 4.3 % (n =35) by Ophthalmologist, 0.25 % (n = 2) by other dental specialist, 49.7 % (n = 398) by General dentist and 18.6 % OMFS.
(P value 0.00)



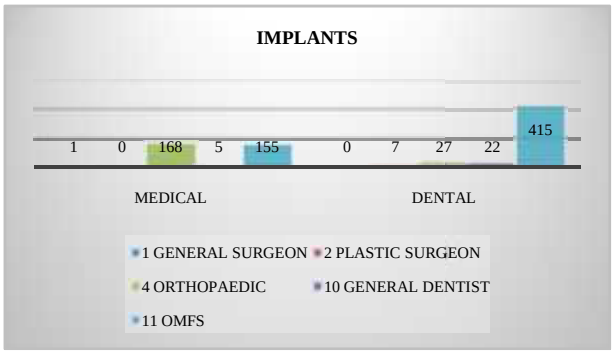
VII Pathology of mouth, jaw and face
Medical 14.7 % (n = 118) were chosen by General surgeon, 0 % (n =0) by Plastic surgeon, 0.62 % (n = 5) by General dentist, and 25.7 % (n = 206) by OMFS.
Dental 8.75 % (n = 70) were chosen by General surgeon, 0.37 % (n =0) by Plastic surgeon, 0.125 % (n = 1) by General dentist, and 49.6 % (n = 397) by OMFS.
(P value 0.00)



VIII Implants

Medical 0.125 % (n = 1) were chosen by General surgeon, 0 % (n =0) by Plastic surgeon, 21 % (n = 168) by Orthopaedics, 0.6 % (n = 5) by General dentist, and 19.3 % (n = 155) by OMFS.

Dental 0 % (n = 0) were chosen by General surgeon, 0.8 % (n =7) by Plastic surgeon, 3.3 % (n = 27) by Orthopaedics, 2.75 % (n = 22) by General dentist, and 51.8 % (n = 415) by OMFS (P value 0.00)

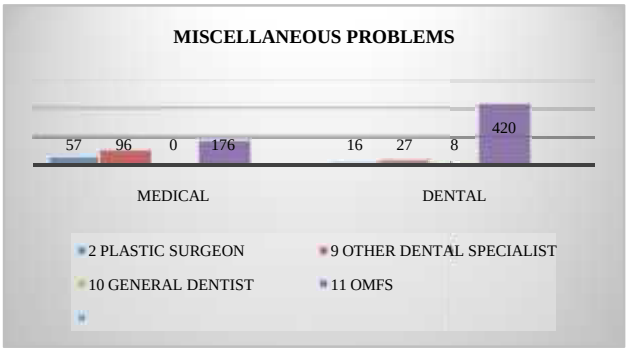


IX Miscellaneous

Medical 7 % (n = 57) were chosen by Plastic surgeon, 12. % (n =96) by other dental specialist, 0 % (n = 0) by General dentist and 22 % (n = 176) by OMFS.

Dental 2 % (n = 16) were chosen by Plastic surgeon, 3.3 % (n =27) by other dental specialist, 1% (n = 8) by General dentist and 52.5 % (n = 420) by OMFS.

(P value 0.00)



DISCUSSION

The scope of different dental and medical specialties still produces some confusion, especially among the general public. The majority of health-care professionals recognize OMFS, but some students and professionals are not aware of the wide surgical field of the specialty [5,6]

Ameerally *et al*. [7] stated that if patients are to receive the optimal treatment for oral and facial problems, dental and medical practitioners need to have a better understanding of what our specialty has to offer. OMFS has a long and complicated Latin name, and health coordinators have to be informed of the importance of this specialty in the management of complex and diverse problems within a well-defined anatomical area. These authors suggested changing to a much simpler name such as 'Oral and Facial Surgery', and also advocated a better system of education for both the public and professionals, including medical and dental students.

Hunter *et al*. [8] demonstrated that, not surprisingly, most professionals, dental and medical students have heard of OMFS, but only a few realize the full scope of the specialty. They attribute this to a lack of publicity in the media, along with the fact that OMFS is grounded in dentistry rather than medicine. There is also a tremendous overlap between the specialties otolaryngology, plastic surgery and OMFS with no definite procedure specific to each specialty.

Parnes [9] stated that in 1993 the governing bodies of the American Association of Oral and Maxillofacial Surgery formed a task force to discuss a possible name change for the specialty. Any change from the current name was rejected at that time. One of the concerns over changing the name was that another specialty of dentistry or medicine might adopt the abandoned.

Ifeacho *et al*. [10], 10 years later, compared their results with those of A Meerally *et al*.[7], and noticed that recognition of OMFS among the general public and health professionals had increased (21–34%), but that the specialty had improved only marginally. Their results suggest that there was a clear division in awareness between conditions relating to the mouth and those outside the mouth in the head and neck region, despite the latter being well within the scope of OMFS. The need for publicity is underscored by the authors, particularly on account of the unusual name, which lay people do not understand or easily remember.

Laskin *et al*. [11] evaluated knowledge of 12 different specialties to determine whether such unfamiliarity is true only for OMFS or whether it occurs with other specialties. The result of this study showed that name recognition was not a problem only for OMFS. Although this does not mean that no effort should be made to inform the public about what OMF surgeons do, it does indicate that no name alone can ever be completely descriptive[12,13,14]

Oral and maxillofacial surgery initially it started as a branch of surgical dentistry by dentists who had a special interest in surgery. They were then known as oral surgeons. In World War II, the specialty increased its remit to include maxillofacial trauma by a few dedicated units in the UK and the USA. Then over a period of time, they increased their scope to include facial deformity correction, pathology and so on to reach its current position. By this time the specialty was known as oral and maxillofacial surgery. In certain countries it is now mandatory to get both a medical and dental qualification before becoming a maxillofacial surgeon. Whether this dual qualification is needed to practice maxillofacial surgery or whether it is used as a ''political'' weapon to remove the tag of a ''dentist'' is still under debate. Our association hears this topic on a regular basis in nearly every conference.

In India, lately there has been a vast increase in the number of trainees in Oral and maxillofacial surgery and this has improved the visibility of the specialty. This is mainly due to the increase in the number of college seats available at a postgraduate level lately. [15]

With respect to in this study, medical students and Doctors suggested that plastic surgeons, ENT, OMFS were more

qualified in the treatment of all clinical conditions mentioned in this study , whereas dental students and doctors are more ware of most of the clinical conditions and they most them suggested Oral & Maxillofacial surgeons for all clinical conditions mentioned in this study. This suggests that very less medical students and professionals recognize OMFS, rather than the dental students and professionals.

CONCLUSION

Awareness of OMFS among the medical professionals remain slow. Therefore OMFS practitioners should take it upon themselves to be active promoters while being guardians and ambassadors for this specialty.

References

1. ROWE NL. The history of the treatment of maxillo-facial trauma. *Ann Roy Coll Surg Eng* 1971; 49:329-49.
2. American Association of Oral and Maxillofacial surgeons: *Oral and Maxillofacial surgeons*: An important link. Accessed August 22, 2010. Available from www.aaoms.org/tmj.php.
3. Perception of Oral maxillofacial surgery by health care professionals. *Int. J. Oral Maxillofac. Sur*g. 2008; 37:41-46.
4. Knowledge, Attitude and Awareness of specialty of OMFS amongst medical consultants of vodadora district in Gujarat state. *J. Maxillofac. oralsurg* (Jan-Mar 2015) 14 (1): 51-56.
5. Laskin DM. Considering the patient as well as the problem. *J Oral Maxillofac Surg* 1996: 54: 1049.
6. Lesny RJ. A Survey of resident selection procedures in Oral Maxillofacial Surgery. *J OralMaxillofac Surg* 2000: 58: 666-667.
7. Ameerally P, Fordyce AM, Martin IC. So you think they know what we do? The public and professional perception of Oral Maxillofacial Surgery. *Br J Oral Maxillofac Surg* 1994: 32: 142-145.
8. Hunter MJ, Rubeiz T, ROSE L. Recognition of the scope of Oral and Maxillo-facial Surgery by the public and health care professionals. *J Oral MaxillofacSurg* 1996: 54: 1227-1232.
9. PARNES EI. Recognition of the scope of oral and maxillofacial surgery by the public and health care professionals-Discussion. *J Oral Maxillofac Surg* 1996: 54: 1233.
10. Ifeacho SN, Malhi GK, James G. Perception by the public and medical profession of Oral Maxillofacial Surgery-has it changed after 10 years. *Br J Oral Maxillofac Surg* 2005: 43: 289-293.
11. Laskin DM, Ellis Jr JA, Best AM. Public recognition of specialty designations. *J Oral Maxillofac Surg* 2002: 60:1182-1185.
12. McArdle PJ, Whitnall M. The referral practice of general medical practitioners to the surgical specialties: implications for the future. *Br J Oral Maxillofac Surg* 1996: 34: 394-399.
13. Spina AM, Smith TA, Marciani RD, Marshall EO. A Survey of resident selection procedures in Oral Maxillofacial Surgery. *J Oral Maxillofac Surg* 2000: 58: 660-666.
14. Szuster FSP, Nastri AL, Goss AN, Spencer AJ. Survey of Australian and New Zealand Oral Maxillofacial Surgery trainees and recent specialists-education and experience. *Int J Oral Maxillofac Surg* 2000: 29: 305-308.
15. Are people Aware of Oral and Maxillofacial surgery in India? *J. Maxillofac. Oral Surg*. (July- Sept 2011) 10 (3): 185-189.

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