

FEATURES OF PREPARING THE ORAL CAVITY FOR AMBULATORY SURGERY IN PREPARATION FOR RECONSTRUCTIVE OPERATIONS ON THE JAWS

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Literature sources and clinical experience results indicate that patients with skeletal jaw deformities are admitted for inpatient treatment without adequate surgical sanitation of the oral cavity, nose, nasopharyngeal, and oropharyngeal areas. This leads to an increase in the number of inflammatory complications in the postoperative period. Analysis of our archival materials on the treatment of 35 adult patients with jaw deformities showed that postoperative inflammatory complications were observed in 26% of cases. This also indicates that the duration of inpatient treatment was extended up to 3–4 weeks and that outpatient preparatory measures were not adequately developed based on a complex and interdisciplinary approach.

Research objective: To develop a preoperative outpatient surgical preparation scheme for the oral cavity and maxillofacial area, based on an interdisciplinary approach, aimed at reducing the number of complications and shortening the duration of inpatient treatment in elderly patients suffering from jaw deformities.

From 2006 to 2025, a total of 78 elderly patients underwent a comprehensive examination at the maxillofacial surgery clinic in Tashkent, and outpatient surgical preparation of the oral cavity was carried out according to the scheme improved by us. The patients were aged between 18 and 56 years, including 46 women and 32 men.

The improved outpatient preparation scheme included the following stages (based on an interdisciplinary approach):

- a) Outpatient therapeutic and surgical sanitation of the oral cavity;
- b) Sanitation and treatment of ENT organs;
- c) Operations aimed at preserving teeth, removal of planned teeth, and subsequent orthodontic correction;
- d) Operations to eliminate soft tissue anomalies of the oral cavity, compactosteotomy, and minor intraoral bone-plastic operations within separate segments of the jaw tooth rows, carried out together with orthodontic treatment;
- d) If necessary, consultation with an orthopedic dentist, psychologist, psychiatrist, and other specialists.

Based on the proposed scheme, the outpatient patients who underwent examination were divided into two groups.

The first group included 47 patients with retro-micrognathia of the upper jaw and pro-macrognathia of the lower jaw.

The second group included 31 patients with pro-macrognathia of the upper jaw and retro-micrognathia of the lower jaw.

After comprehensive preparation, all patients were referred to the inpatient department to undergo the main stage of orthognathic correction. In the inpatient department, bimaxillary orthognathic surgeries were performed in 26 patients of the first group, while only the upper or lower jaw was operated on in 21 patients. In the second group, both jaws were operated on in 15 patients and only the upper jaw was operated on in 16 patients.

The average duration of bone-reconstructive operations was 3.25 hours. After major reconstructive operations, inflammatory complications (6.6% instead of 26%) were observed in two patients: in one case, sinusitis, and in another, the formation of a ligature fistula was noted. As a result of the prescribed general and local treatment, the sites of inflammation were eliminated.

The average duration of hospitalization depending on the volume of surgical intervention was 6 ± 3.3 days (previously 16–18 days).

Thus, the results of our clinical experience in applying an interdisciplinary outpatient preparation scheme for the oral cavity showed a significant reduction in the number of inflammatory complications in patients with jaw skeletal deformities, a decrease in the volume of surgery, and a reduction in the duration of hospitalization.