Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017

RECONSTRUCTIVE SURGERY

J Oral Maxillofac Surg
75:e264-e301, 2017, Suppl 1

THIS SECTION IS 1 OF 11 CLINICAL SECTIONS INCLUDED IN *AAOMS PARCARE 2017,* WHICH IS VIEWED AS A LIVING DOCUMENT APPLICABLE TO THE PRACTICE OF ORAL AND MAXILLOFACIAL SURGERY. IT WILL BE UPDATED AT DESIGNATED INTERVALS TO REFLECT NEW INFORMATION CONCERNING THE PRACTICE OF ORAL AND MAXILLOFACIAL SURGERY.

INTRODUCTION

Reconstructive Oral and Maxillofacial Surgery is defined as the surgical correction of soft and/or hard tissue defects of the jaws, face, and contiguous structures, including reduction, revision, augmentation, grafting, and implantation for the correction or replacement of defective structures to assist in restoring function to the compromised patient.

The general principles of reconstruction in the region of the face and jaws are similar to those for reconstruction of other anatomic sites. The concentration of essential functional and esthetic anatomy in the oral and maxillofacial region, however, mandates particular care and knowledge of the facial form, masticatory apparatus, and dentition.

The Oral and Maxillofacial Surgeon, therefore, must understand and observe diagnostic and technical principles specific to the restitution of normal function and appearance in this critical area. Because of rapid developments associated with both alloplastic and allogeneic materials and autogenous tissue transfers, variability in treatment approaches within the definitions of acceptable practice can be expected. Evolution of computer assisted surgical planning and navigational surgery also introduces variability in treatment approaches within the definitions of acceptable practice. However, diagnostic or therapeutic measures employed in reconstructive surgery should be based on objective scientific data and where appropriate, clinical observation representative of a structured analysis of treatment. Treatment analysis should be based on an adequate sample, take into account inclusion and exclusion criteria, and involve a sufficient period of follow-up.

GENERAL CRITERIA, PARAMETERS, AND CONSIDERATIONS FOR RECONSTRUCTIVE SURGERY

INFORMED CONSENT: All surgery must be preceded by the patient's or legal guardian's consent, unless an emergent situation dictates otherwise. Emergent circumstances should be documented in the patient's record. Informed consent is obtained after the patient or the legal guardian has been informed of the indications for the procedure(s), the goals of treatment, the known benefits and risks of the procedure(s), the factors that may affect the risk, the treatment options, and the potential favorable and unfavorable outcomes.

PERIOPERATIVE ANTIBIOTIC THERAPY: In certain circumstances, the use of oral antimicrobial rinses and systemic antibiotics may be indicated to lower the probability of infections related to surgery. The decision to employ prophylactic perioperative antibiotics is at the discretion of the treating surgeon and should be based on the patient's clinical condition as well as other comorbidities which may be present.

USE OF IMAGING MODALITIES: Imaging modalities may include panoramic radiograph, periapical and/or occlusal radiographs, maxillary and/or mandibular radiographs, computed tomography, cone beam computed tomography, positron emission tomography, positron emission tomography/computed tomography, and magnetic resonance imaging. In determining studies to be performed for imaging purposes, principles of ALARA (as low as reasonably achievable) should be followed.

DOCUMENTATION: The *AAOMS ParCare 2017* includes documentation of objective findings, diagnoses, and patient management interventions. *The ultimate judgment regarding the appropriateness of any specific procedure must be made by the individual surgeon in light of the circumstances presented by each patient. Understandably, there may be good clinical reasons to deviate from these parameters. When a surgeon chooses to deviate from an applicable parameter based on the circumstances of a particular patient, he/she is well advised to note in the patient's record the reason for the procedure followed. Moreover, it should be understood that adherence to the parameters does not guarantee a favorable outcome.*

GENERAL THERAPEUTIC GOALS FOR RECONSTRUCTIVE SURGERY:

A. Restored absent or abnormal tissue and function
B. Restored or improved facial symmetry and appearance
C. Enhanced social and psychological well-being
D. Limited severity and period of disability
E. Replacement of missing or qualitatively deficient soft tissue and improved physiologic function
F. Maintenance of form and function over time (eg, maintenance of volume of grafted bone, acceptable growth of a costochondral graft in a child)
G. Appropriate understanding by patient (family) of treatment options and acceptance of treatment plan
H. Appropriate understanding and acceptance by patient (family) of favorable outcomes and known risks and complications