



Orthognathic Surgery patients and assessment of their Quality of Life outcomes postoperatively.

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INTRODUCTION

Orthognathic surgery is an increasingly demanded surgery for Craniofacial deformities with very good clinical and reliable outcomes when performed appropriately. To measure the quality of life of these patients after surgery remains a challenge. Obtaining good facial esthetics and functional results should also mean a psychosocial satisfaction from the patient as well.



<u>AIM</u>

To quantify and compare with international standards the patient satisfaction after undergoing orthognathic surgery.

INTERVENTION

 Patients were interviewed after they underwent orthognathic surgery in the Department of Oral and Cranio-Maxillofacial surgery of Hamad Medical Corporation to assess their overall satisfaction through a validated questionnaire (OQOL) that consisted of twenty two questions relating to four The four domains of the validated OQOL questionary

Fig 1. Preop (left) and Postop (right) of a female patient who underwent orthognathic surgery: Maxillary osteotomy (lefort I), bilateral split sagittal mandibular osteotomy and genioplasty.





domains: appearance; function; social aspects of deformity; and awareness of deformity. The answers were numbered from one to four and coded as: 1 = 'means it bothers you a little' and 4 = 'means it bothers you a lot'; 2 and 3 = 'lie between these statements' and NA = 'means the statement does not apply to you or does not bother you'. The lower the result, the better quality of life the patient has.

- To minimize bias a colleague that was not the main surgeon performed the questionnaire.
- The results were compared to the most significant existing literature published in the last years¹⁻⁵.

RESULTS

A total of 24 consecutive patients participated in our study out of which 16 were females (66.7%) and 8 were males (33.3%), ages ranged between 18 and 27 years (mean 22.9), there was a wide scope of nationalities (more than 12) but mostly were Qataris: 16 (66.7%). Patients were followed for a mean period of 21.4 months (SD 8.7). The total results of the validated OQOL questionnaire were: 17.8 (SD 11.67) out of 88; Appearance: 7.12 (SD 5.03) out of 20; Function: 2.04 (SD 2.97) out of 20; Social aspects: 7.20 (SD 5.40) out of 32; Awareness of deformity: 1.45 (SD1.95) out of 16. **CONCLUSIONS**

We consider the overall results to be very promising. The patients were generally satisfied with the treatment given by our Department, and the general scores obtained from the OQOL questionnaire were comparable (and lower) to the reviewed specialized centres in orthognathic surgery. When performing these types of complex interventions what may seem to be a satisfactory outcome from a clinician's aspect like symmetry, appropriate proportions to the gender and the race, correction of occlusion, may not be so from the patient's side, because of misinterpreted expectations, and multiple psicosocial factors that define beauty for him or her.

Fig 2. Preop (left) and Postop (right) of a male patient who underwent orthognathic surgery: Maxillary osteotomy (lefort I), bilateral split sagittal mandibular osteotomy and genioplasty.

Refferences:

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NEXT STEPS

The patients should perform the same test before the surgery along with other recognized quality of life questionnaires (like SF-36) for later comparison.

The questionnaires should become part of our surgical protocol in order to continue to provide the patient with the best care possible.

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