



MAX FAC SURGE

THE OMFS NEWSLETTER

ASSOCIATION OF MAXILLO FACIAL SURGEONS OF INDIA
TAMILNADU AND PUDUCHERRY BRANCH

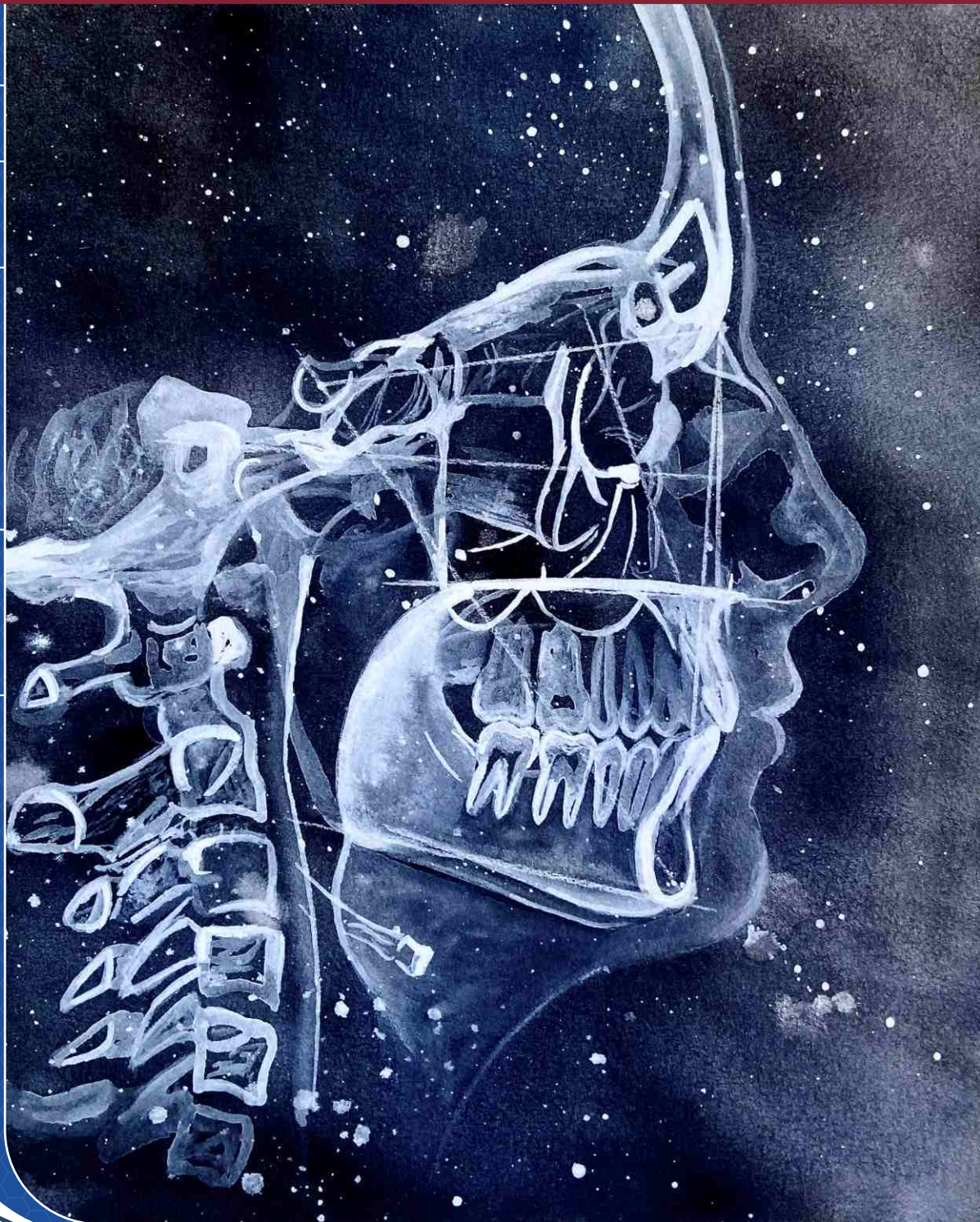
Volume 1

Issue 2

MAY 2023 to
AUG 2023

Editor
Dr. R. Yoganandha

Co-Editors
Dr. J. Balaji
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**ASSOCIATION OF MAXILLO FACIAL SURGEONS OF INDIA
TAMILNADU AND PUDUCHERRY BRANCH**

Volume 1

Issue 2

May 2023 - Aug 2023

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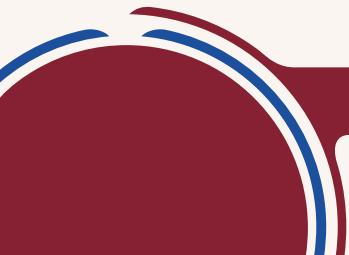
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“Aut inveniam viam aut faciam.” (Latin).
I shall either find a way, or MAKE ONE.

At the outset, heartfelt thanks to the overwhelming affection with which the first volume Max-Fac Surge was received and appreciated. It's a collective achievement and I am filled with immense gratitude to the readers, editorial team and all our contributors. That said, the onus is now on us to keep striving for even better editions, to sustain the interest and readership.

As the strength of our fraternity rises and as more maxillofacial surgeon's step-in as a specialist consultant to main-stream health care, there has been a silent cry for help to negate an *identity-crisis*. Sometimes, it is more than a task to explain and make understand the scope of our specialty and the training that it encompasses and imparts us to treat various conditions and diseases of the dentofacial, craniofacial, head and neck regions. Also, our strength lies in the fact we have an added training to understand of the concept of OCCLUSION which most overlapping specialty consultants lack.

A knee-jerk reaction to reading the above lines may be imminent, but there is no denying the fresh OMFS pass-outs are at the hilt of adopting of many fancy pseudonyms apart from what they were originally trained to do. This may not ring an alarm in the immediate future, but over the next decade or so, the specialty and its interests will emerge diluted.

The OMFS post graduates should seek and make use of the many initiatives and training programs facilitated by the National Association and never lose focus from the prime area of training. It is sad realisation to note that there is a rampant encroachment of skills unique and definite to OMFS specialty by other healthcare professionals. The future of the profession as a distinct specialty solely rests with us, where it is an individual and collective responsibility to assert our specialty as part of main-stream health care deliverance and practice it to the highest standards.

It is not untrue that we sometimes need to fight our wars. For that, it is imperative that we as a specialty need to be extremely cohesive, train ourselves periodically – either to learn new, or refine existing skills. The results and the outcomes of our work needs to be phenomenally humongous and all-encompassing. This uncompromising display of perfected skill will rise the value, significance and importance of our specialty to its pinnacle. Always remember... ***“FIND A WAY, OR IT'S TIME TO MAKE ONE.”***

On a parting note: Hearty Congratulations! The National Campaign on Trauma Awareness was a swash-buckling hit carried with great zeal and enthusiasm across the State, and was enormously appreciated by the discerning public and fellow health care colleagues. On behalf of the editorial team, best wishes to the Organizing Team of the 15th Annual Conference of the Association of Oral and Maxillofacial Surgeons of India – Tamil Nadu and Puducherry Chapter, a great success!

Warm Regards,

R Yoganandha
Editor-in-Chief



Dr P SUBRAMANIAN
President

Greeting! I am extremely elated to share my thoughts for the second volume of Max Fac Surge – Newsletter of Association of Oral and Maxillofacial Surgeons of India – Tamil Nadu and Puducherry Chapter. It makes it doubly special as this issue is a conference edition. It has been an extremely fulfilling tenure at the state office where I witnessed, and was fortunate to be part of a gamut of scientific programs and webinars conducted by the members and OMFS Departments of various Dental colleges of Tamil Nadu.

The efforts of the state branch to foster new membership development has been heartening and I am certain that in the years to come, this will continue to be encouraging. I am extremely delighted by the response to the first issue of the newsletter and congratulate the editorial team for their unwavering efforts.

The response to the National Trauma Awareness campaign spear-headed by the National Association is a need of the hour initiative to make known our specialty and profession. I am immensely delighted at the fabulous response to this program and thank all the members who took efforts to highlight and showcase this event.

My best wishes to the organizing team of 15th Annual Conference of the Association of Oral & Maxillofacial Surgeons – Tamil Nadu & Puducherry Chapter at Chennai.

Warm regards,

Dr P Subramanian

President – AOMSI TN & P

Secretary's Message

Dr K ARUN KUMAR

Hon. Secretary



Greetings!! At the outset, I thank our members for the warm and overwhelming reception to the first Volume of Max Fac Surge.

As I remarked in the 1st issue, the newsletter is a mirror of the Association. And this volume of our newsletter continues to showcase various initiatives taken up by our association and activities conducted by our members through their institutions and hospitals. The contents as always are interesting, insightful and creative.

My heartfelt thanks to all involved for making the National Trauma Awareness Campaign a great success. It is a need of the hour initiative. My best wishes for 15th Annual Conference of the Association of Oral & Maxillofacial Surgeons–TamilNadu & Puducherry Chapter. See you all at Chennai.

Warm regards,

Dr K Arun Kumar

Hon Secretary – AOMSI TN & P



Dr VIKAS DHUPAR
President

Greetings from the Head office of AOMSI

I am happy to learn that the Tamil Nadu and Puducherry State Chapter of AOMSI is releasing its second volume newsletter for this calendar year

I want to start by stating that a great team work that is required to bring publish a newsletter. This is possible by support of the all the office bearers of the state chapter in particular the President **Dr P Subramaniam** and Hon. Secretary **Dr K Arun Kumar**. The editorial team lead by **Dr R Yoganandha** with his team must have burnt midnight oil to compile this newsletter. The newsletter will serve as a window through which the complete profile of the academic and co-curricular activities will be highlighted.

Oral & Maxillofacial Surgery is at present at a very interesting crossroad due to rapidly developing newer technologies in our field. Patients today are very demanding; we need to adapt to newer innovations very rapidly in order to deliver the best to our patients. A selfless pursuit for excellence should be the goal of all Oral & Maxillofacial surgeons.

I congratulate the State office and the members, students, and OMFS departments of various dental colleges for active participation and contribution to make the National Trauma Awareness campaign a roaring success. My best wishes to the organizing team of the 15th Annual State AOMSI Conference in Chennai.

Best wishes for the success of the newsletter of Tamil Nadu and Puducherry Chapter of AOMSI.

Jai Hind
Vikas Dhupar
President, AOMSI

Secretary's Message

Dr S GIRISH RAO
Hon. General Secretary



Greetings from the Head office of AOMSI

At the outset, I would like to congratulate the President **Dr P Subramaniam**, Secretary **Dr K Arun Kumar**, Editor **Dr R Yoganandha** and the most enthusiastic and hard-working office bearers and team of Tamil Nadu and Pondicherry state chapter for bringing out this well informative e-newsletter—Max Fac Surge.

I believe that this chapter is infused with zeal and energy to pursue the activities of our dear speciality. All the maxillofacial surgeons in Tamil Nadu and Pondicherry are doing a phenomenal work for the association and the society.

It has been heart-warming to see the passion among all our surgeons in working towards spreading awareness about maxillofacial surgery in their own capacities. Let us celebrate our speciality by coming together, joining hands and taking our fraternity to greater heights and making Oral & Maxillofacial Surgery a household name.

My heartfelt thanks to all members and OMFS students for committed participation in the National Trauma Awareness campaign, which has been a stupendous success. My best wishes to the organizers of 15th TNAOMSI State Conference at Saveetha Dental College, Chennai.

Jai Hind!

Dr Girish Rao
Hon. General Secretary AOMSI



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TAMILNADU AND PUDUCHERRY BRANCH

HIGHLIGHTS

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Written by ROBIN SHARMA

1. Execution of Your Ideas

Most people talk about their great ideas, but few execute on them. The first principle of success you are going to learn from Robin Sharma is the execution of your ideas is more important than having the ideas.

No idea is going to work until you first put in the work. The idea itself is just a form of potential knowledge until you act on it, nothing will happen. If you want to be successful, make sure you work on your ideas and your dreams. A lot of people ask why they are not producing the success result they want in life, and even more people wonder why they are not rich. The reason is simple, they did not execute their ideas. They have a dream, whether it is to become rich or be successful in life, but all they do is to dream about their dreams. They are not willing to take the action.

Sharma said one thing that makes successful people great is that they are willing to sacrifice and work on their dreams. They are willing to act and take action. When there is no action, there will be no result. You must be willing to sacrifice and work for what you desire. The word “extraordinary” says it well, you must be willing to do the “extra” in order to become “extraordinary”.

The majority of people dream about what they want out of their life before they go to sleep at night, but only the minority who wakes up the next day and who work on their dreams are the ones who will be successful.

2. Become Legendary

Robin Sharma always said, “Nothing fails like success”. And what this means is that when you are on your road to success, remember that you have to do even better to maintain your results. It is true that becoming successful is difficult, but staying at the top and maintaining your success is even more challenging. And Sharma encourages people to go one step further and never stay comfortable. You have to aim to become legendary.

In today's world, it is getting easier to become a celebrity. With the presence of numerous platforms such as Facebook, YouTube, and Twitter, anyone from around the world can shoot themselves to instant fame by uploading and sharing something on the internet. The challenge now is whether you can sustain your success and maintain your results. Don't just aim for short-term success, go for legendary.

While it is true that creating a piece of great art is difficult, but becoming **Van Gogh** is even more difficult. And you have to play the game to become legendary. Don't just aim for creating a piece of great art, aim to become like Van Gogh. No matter what industry you are in right now, learn to become a legendary figure in your field.

When you are successful, go one step further. As you become more successful, become even more punctual, work even harder, read even more books, and so on. If you used to wake up at 5am, once you have achieved great results, go one step further and wake up at 4am to become the icon in your field.

3. Create a One-Page Plan

When you fail to plan, you plan to fail. You need to have a plan if you want to produce outstanding results in your life because a plan is what gives you sense clarity and it allows you to focus on what truly matters in life. Unsuccessful people waste too much time on TV, chit-chat, social media, playing games, while successful people use those times working on their dreams and moving forward in life. This is simply because successful people are clear about their goals and what they want because they have a plan and they know what their schedule.

Robin Sharma suggested his students create a one-page plan and then review the plan every morning to get a head start. Write down your top five goals into your one-page plan, write down the sub-goals, and you can also include your top five values in it.

The key is to gain clarity on your life and know what you need to do and accomplish each day, each week, each month, each quarter, and even each year. When you are absolutely clear with what you want to achieve in your life, you will be more productive than most people and you will be able to work on your targets to produce the results you want.

4. Embrace Failure

In life, most people are afraid to fail. One of the reasons is because the society has conditioned people to link failure with something bad. To the majority, when you fail, it simply means that you are doing something wrong and this is not a good thing. However, highly successful people do not look at failure as failure. They look at failure as something that they can learn from. They treat failures as stepping stones to success. And this is what you must do too.

You must embrace failure and accept it. It is alright to fail because without failure you will never learn. When you look at how a baby learns to walk, you will see that the baby will fail in many attempt to stand up and to balance herself. Will you try to stop the baby from walking because she fails a couple of times? No, you will not do that. Instead, you will encourage the baby and try to teach her the right way to walk. And this is how you should approach failures in every other area in your life too.

Michael Jordan has a great quote, “I've missed more than 9000 shots in my career. I've lost almost 300 games. 26 times, I've been trusted to take the game-winning shot and missed. I've failed over and over and over again in my life. And that is why I succeed.”

Elon Musk blew up rockets at launch pad before he succeeds in landing one perfectly. Steve Jobs was fired from the company that he started, but that did not deter his entrepreneurial spirit. Eventually, he got back to Apple and built legendary products that revolutionized the whole industry. So, embrace failure and transform it into feedback to go higher in your life.

5. Raise Your Standards

Robin Sharma often uses the term “BIW”, which means “Best In World”. And he said if you want to be the BIW, you must raise your standards. No matter what you do, you must raise your standards in every facet of your life. Raise your standard in your relationship. Raise your standard in the way you work. Raise your standard in your health and exercise more regularly.

The problem comes when people face challenges from other people who are trying to laugh or mock at their dreams. And according to Sharma, when people tell you that your dream is impossible, you should feel proud because it means that you are on the right path to achieving something extraordinary. Even when the people around you did not support you in what you do, you must continue to raise your standards and ignore the naysayer.

When **Arnold Schwarzenegger** wanted to be a bodybuilder, people laughed at him and told him that it is impossible for him to do. He ignored the naysayer and proved them wrong. When he ventured into the movie industry and wanted to be a movie star, people told him that his name is too difficult to pronounce and his body is too huge, but he ignored the naysayers and worked on his dream. Today, Arnold was a famous Hollywood actor, a successful bodybuilder that won numerous Mr. Olympia titles and also produced great results in his political career.

So, ignore what others tell you about your dreams and raise your standards to become the person worthy of success.

6. Boost Your Enthusiasm

When you look at all the highly successful people who appeared on TV, you will notice a big difference between these people and the ordinary people you face in life each day. And the difference is their level of enthusiasm. Extraordinary people are enthusiastic about their lives and with what they do. They are passionate to talk about their visions and their work. On the other hand, unsuccessful people hate talking about their work. They choose to complain rather than feeling passionate about their work.

The founder of Apple, the late **Steve Jobs** once said that passion is the key to success. This is because without passion, you will give up when you hit with a roadblock or face some difficulties on your path. And this is what separates the successful and the unsuccessful. Successful people are so passionate that they are willing to continue to work on their dreams even when they fail or when they are not producing the results

they want. Conversely, people who are not passionate will choose to give up when they face problems or when they don't get the results they want.

Therefore, boost your level of enthusiasm and become passionate about what you do. Live with passion and make your life spectacular every day when you wake up. Your enthusiasm will determine your level of commitment, and your level of commitment will determine your level of success. Hence, become outrageously enthusiastic about your life and what you do.

7. Learn to Serve

One success principle Robin Sharma always shared is to be an instrument of service. Sharma's father is a doctor and he still goes to work even at the age of 77. And when Sharma asked his father why he continues to work when he can retire comfortably, he told Sharma, “My patients need me.” And this is what planted the character to serve in Sharma.

If you want to be successful in what you do, you must learn to serve. Most people let their ego-self to take control of their lives. They have been conditioned by the society to think that when they own a Ferrari or when they live in a big castle by the cliff or when they have millions of dollars in the bank, they are considered successful and they will live a life full of joy. This is often not true at all. Sharma said that his deepest sense of satisfaction and greatest joy come not from the outer results he achieved, but it is from his inner power.

This is why becoming an instrument of service is important. When you serve your clients, your colleagues, your team, your parents, your children, your spouse, your friends, and the world better, you will gain the sense of inner power that will give you sustained happiness and energy to go on.

Robin Sharma said these words during an interview, “At the end of the day, we are a bunch of people on a little planet on a huge galaxy and before you know it, we will become a bunch of dust. A great billionaire can be buried next to a taxi driver or a pizza maker and we are not that big a deal. All that really matters is why we are alive and to do your best to serve the world better.”

8. Small Wins Matter

Success is not a revolution, but an evolution. And this means that success is what you do every single day. It is about accomplishing the small tasks that will lead you to a bigger success down the road. It is not about doing the big things. Sharma says, “What you do each day is more important than what you do once in a decade.”

Often times, people neglected the importance of doing the small things. Most people have the wrong perception and thought that success is huge and it is something big that comes once in a while. Of course, this is not true. Success is about doing the small things and building the habits that will lead you to the path of the extraordinary.

Small and steady win the race. What you do right now will determine your success later in your life. And all you need to focus on right now is to do your best and take the right action, and the rest of your life will take care of itself. The little win you achieve by choosing to work on your dream and sacrifice watching TV will set you up for another win the next day. When you choose to wake up early to pursue your goal, this little win will build your momentum and drive you throughout your day. Small wins matter.

Take a look at all the big companies that earn billions of dollars annually, you will discover that these companies do not evolve and become where they are in a single day. People did not achieve great success from making a single decision or taking a single action. People become successful when they build the small wins consistently, day in and day out, and the small results will accumulate and eventually, become enormous. This is how you achieve success in life.

9. Apply the 20/20/20 Formula

Robin Sharma has a powerful technique called the 20/20/20 formula to help unleash your inner greatness to achieve outstanding results each day. Most people get up in the morning, they go into their regular routine and run their day by default. They chase the day, feeling stressed, let life acts on them rather than taking control of their lives, and so on. This is not a great way to success because you are living each day in the reactive mode.

The 20/20/20 formula shared by Sharma can be associated with the quote, “The more you sweat in training, the less you bleed in combat.” And this technique suggests you wake up an hour earlier each day. This is what Sharma called the “5am Club”. When you wake up at 5am, you use the first 20 minutes with intense exercise. When you exercise, and sweat, your brain will release dopamine that will make you feel good. Besides that, exercise can relieve your stress and make you happy.

After that, you use the next 20 minutes to plan and schedule your day. Remember your one-page plan? You can review it and write down what you need to get done. Clarity is power. As for the next 20 minutes, use it for learning and improving yourself. You can read books, go through audio programs or watch an educational video on YouTube. Whatever you do, you must make sure you are learning and improving yourself each day.

When you apply this technique, and use it every day, you will have a jumpstart and get ahead of most ordinary people. So, apply the 20/20/20 formula to your life starting from tomorrow onward.

10. Stop Making Excuses

One of the most important success principles one must acquire is to stop making excuses. When you make excuses, you will never be able to produce the results you desire. When **Nelson Mandela**, the man who brought South Africa to independence was jailed for 27 years, he did not blame the world or make any excuse for the incident. Rather, he learned to use this experience to his advantage and became one of the

greatest leaders in the world. Most people will blame their circumstances and give lousy excuses as to why they cannot succeed. Successful people will never do that.

Every adversity, setback, failure, and challenge you face in life can be your greatest opportunity if you choose to stop making the excuse and treat them as stepping stones to success. When you blame or make excuses, you are directly giving away the power to control and to change the situation.

Imagine if you fail your exam in school and you blame the teacher for not teaching you correctly, what can you do to improve the situation? Well, the answer is obvious, nothing, because you are giving excuse and saying that your teacher is the one who causes your failure. In this situation, there is nothing you can do about it because your teacher is in control.

Now, what happens if you choose to stop the blame and instead, take the responsibility and tell yourself that it is because you did not study hard and that is why you fail the exam? Things will be completely different. Here, you put yourself in the position of power by taking the responsibility. So, what can you do if you want to pass the exam the next time? Study hard and put in more effort. When you take full responsibility for what happened, you are in control and thus, you have the power to change the situation for the better.

This does not only happen in exams or in school, it is in every area of your life. Therefore, stop making excuses and begin taking full responsibility for your life. And when you do that, you possess the power to change and make things better.

Medical updates for Maxillofacial Surgeon

Perioperative care in Diabetes Mellitus: A Narration of Recent update

Dr Catherine MDS

Dr Thanvir Mohamed Niazi MDS.,

Department of OMFS, CSI College of Dental Sciences & Research Institute

As per a recent WHO survey, in India, an estimated 77 million people above the age of 18 years are suffering from diabetes (type 2). The incidence in India is 9.6% now and will rise to 10.9% by 2045. Adults with diabetes have a two- to three-fold increased risk of heart attacks and strokes. The reduced blood flow and neuropathy increase the chance of diabetic foot ulcers, infection, and the eventual need for limb amputation. The micro occlusion in the retinal blood vessels causes diabetic retinopathy and blindness. Diabetes is among the leading causes of kidney failure and periodontal diseases.

Patients with diabetes account for 15% of all operative procedures, making it the second most common perioperative comorbidity as these patients are clinically more complex. Variable fasting times, the stress response to surgery, and potentially hazardous administration of parental medications including insulin may lead to adverse postoperative outcomes like hyper or hypoglycemic state, poor wound healing, DKA, etc. One study found the incidence of postoperative adverse events in those with diabetes was 7.7%, and a postoperative rise in plasma glucose of 1 mmol/L increased adverse events by 1.31-fold. The Oral and Maxillofacial surgeons must have an updated knowledge on the peri-operative management of Diabetes patients.

Center for perioperative care (CPOC) recommends that, before any surgery, a care plan should be formed with the patient, and surgical and clinical teams which should be easily accessible and referred to during the perioperative period. The following factors should be considered and addressed.

- Type of diabetes - Type I, II, Gestational, others like Endocrinopathies, Drug/chemically induced, Diseases of the pancreas, Infection, MODY, and, Genetic syndromes associated.
- Date of last diabetes review
- HbA1c levels within three months before referral
- A list of all current medications (dose/route)
- Body mass index (BMI), Blood pressure, and, Glomerular Filtration Rate (GFR)
- Presence and management of co-morbidities (for example hypertension, cardiac disease, renal disease) end-organ damage, and, complications (for example foot ulceration/disease, peripheral vascular disease).
- Urgency of procedure and anticipated period of total fasting (one missed meal versus greater than one)

Medical updates for Maxillofacial Surgeon

- Referral to the diabetes specialist team is advised, if HbA1c >69mmol/mol (8.5%) or if on an insulin pump/CSII for optimization before any surgical intervention.

Ambulatory surgery vs. inpatient admission:

The option of day surgery for specific procedures should be considered in those with diabetes using the same principles as non-diabetic patients. People with diabetes are often better at handling drugs and diet, so admitting them to the hospital may disrupt their routine and glycemic control. Scheduling of surgery should aim to minimize the period of fasting for patients with diabetes. Limited hospital admission has the potential to reduce iatrogenic harms of administration errors.

Intra-operative recommendations:

- Glucose levels should be maintained between 6–12 mmol/L
- Capillary Blood Glucose test (CBG) should be checked at induction and at least hourly if on insulin or insulin secretagogues.
- Immediate access to a glucometer, ketone meter, and hypoglycemia management.

Medication adjustment:

Clear communication and referral pathways between surgical, anesthetic, and, diabetes teams are vital to ensure pre-operative optimization. Individualized treatment plans for pre and postoperative medication changes are recommended.

1. Long-acting or premixed insulin can usually be continued the day before and the day of surgery but with a dose reduction (usually between 50%–80% depending on the type of insulin used). This should reduce the need for the use of variable rate insulin infusion (VRII).

Variable rate insulin infusion (Sliding Scale)

With thorough optimization and individualized planning, it is possible to avoid the use of VRII while still maintaining good glycemic control. The use of VRII, however, may be preferable in the following circumstances:

- Patients with T1D or T2D with a fasting period of >1 meal
- Patients with T1D not received background/basal insulin
- Poor/suboptimal diabetes control (HbA1c >69 mmol/mol)
- Need for emergency surgery
- Persistent hyperglycemia in spite of acute decompensation.

Medical updates for Maxillofacial Surgeon

2. The metformin should be continued perioperatively, even in the fasting patient, continuation of metformin does not cause hypoglycemia, nor does it significantly raise lactate levels.
3. Sulphonylureas are insulin secretagogue that binds to the sulphonylureas receptors in the beta cells of the pancreas and stimulates insulin release, thereby causing hypoglycemia in the fasted patient by increasing insulin secretion. Therefore, it is widely accepted that *this class of medication is withheld on the day of surgery to avoid the risk of hypoglycemia.*
4. The glucagon-like peptide-1 receptor agonist (GLP-1RA) liraglutide is superior to insulin in the perioperative management of patients with T2DM undergoing elective surgery within **Enhanced Recovery After Surgery (ERAS)** protocols. The patient cohort receiving liraglutide showed more stable glycemic levels, lower insulin doses on the day of surgery, and less additional insulin volume throughout the perioperative period.
5. A newer class of agent is sodium-glucose co-transport-2 inhibitors (SGLT-2i) or 'gliflozins', which, prevents renal glucose reabsorption, by blocking the SGLT-2 transporter thereby lowering blood glucose. They have significant cardio-renal protective effects. A rare but potentially serious and life-threatening association between SGLT-2i and euglycaemic DKA has been recognized, the increased risk is noted when there is a restriction to food or fluid intake (such as fasting for surgical procedures). Therefore, SGLT-2i is *withheld in any patient who has been hospitalized for major surgery or acute serious illness.* Ketone levels should be monitored daily, even if asymptomatic with normal blood glucose levels, and the drugs should only be restarted once the clinical condition has stabilized and normal oral intake is established.

Adjuvant drugs and impact on glucose control:

1. A single dose of dexamethasone (4mg) does not affect the 24-hour blood glucose level. However, higher doses are associated with a rise in blood glucose levels.
2. The patients with diabetes have an increased risk for the occurrence of difficult intubation, the most important contributing factors were found to be obesity, increased neck circumference, and stiff joint syndrome. It can be beneficial to consider regional anesthesia in patients with diabetes mellitus. Some of the benefits include the avoidance of airway complications, reduced incidence of PONV, earlier resumption of diet, decreased duration of insulin infusions, earlier mobilization, opioid-sparing, and reduced length of stay.
3. The local anesthesia with vasoconstrictor, at a minimum dosage of 5.4mL, neither caused hyperglycemia nor had a significant impact on hemodynamic and anxiety parameters.
4. A continuous infusion of magnesium sulphate at 15 mg/kg/h which was commenced 20 min before induction and continued for the first 24 h postoperatively decreases the blood glucose level and the need for insulin.

Medical updates for Maxillofacial Surgeon

5. A recent systematic review, suggest good diabetic control and antibiotic prophylaxis before invasive dental procedure.

Postoperative consideration:

Blood glucose should be maintained between 6–12 mmol/L. Restoring to regular diet and diabetic medication as early as possible. This can be achieved through early '**DREAMing**' (DRinking, EAting, and, Mobilizing), which is the keystone of postoperative care. Appropriate use of anti-emetics and analgesia, avoidance of intravenous fluids if able to meet needs orally, protection of pressure areas, and, promotion of mobilization is crucial. In patients who undergo oral surgical procedures, the diet may alter from solid to liquid which can cause a shooting up of glucose level. Drug dose adjustment needs to be considered.

Conclusion:

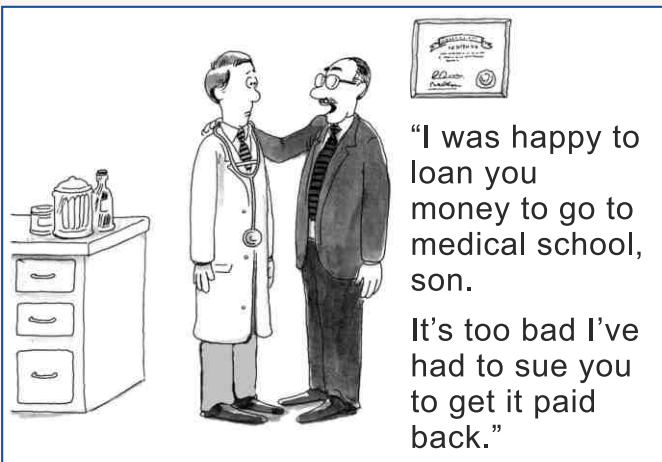
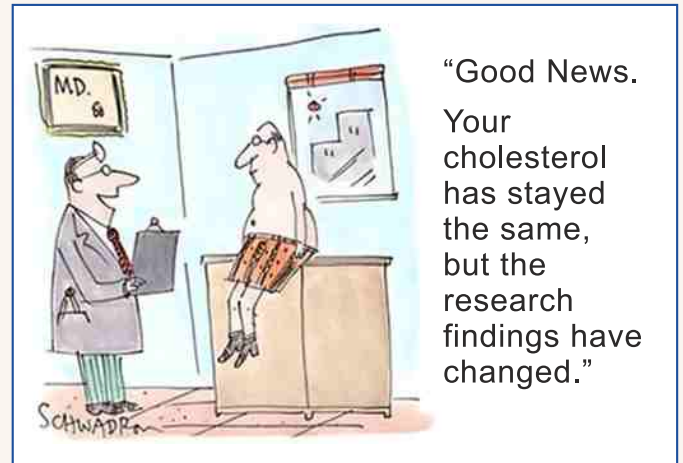
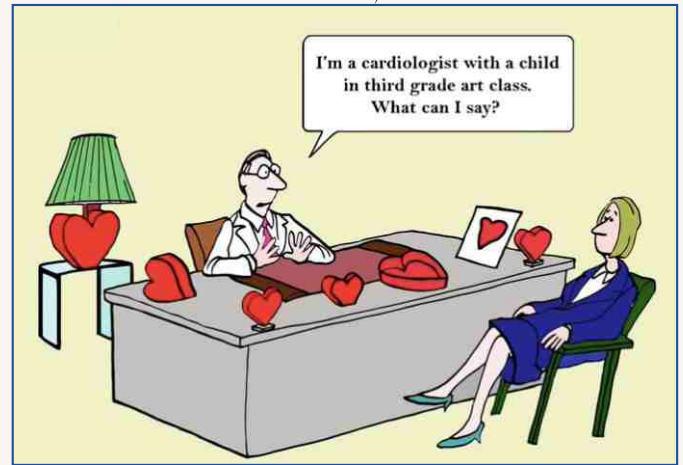
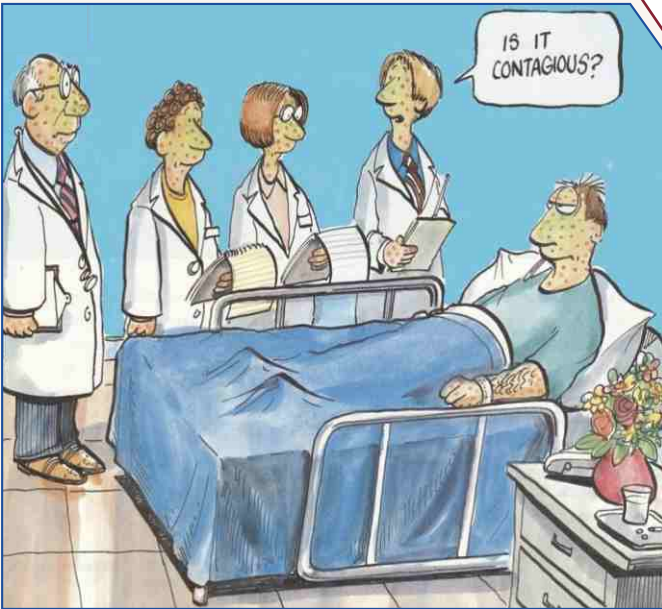
Early identification and glucose optimization pre-operatively is vital and assists in formulating an individualized plan for diabetes care during admission, surgery, and postoperative period. The plan should include dose adjustments of diabetes medication and the use of VRII or continuous subcutaneous insulin infusion where applicable. The guideline also highlights the importance of improved communication between healthcare teams involved in the perioperative care to improve outcomes and care.

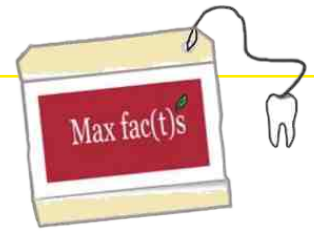
References:

1. Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery. Center for Perioperative care, Academy of Royal colleges. March 2021.
2. K Crowley, P O Scanail, J Hermanides, D J Buggy. Current practice in the perioperative management of patients with diabetes mellitus: a narrative review. British Journal of Anaesthesia, 131 (2): 242-252 (2023)

Laugh it Out Loud

LOL!





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Chitosan- the perfect intraoral vehicle:

Chitosan is a polysaccharide derived from chitin which can be found in the arthropod cuticle; in marine fauna such as the squid; and in the cell wall of fungi. This biomolecule displays interesting bioadhesive properties on oral tissue. Chitosan boasts antibacterial and anti-fungal properties, and is known for its high degree of biocompatibility. Moreover, it has previously been described in the scientific literature as a wound-healing agent; a drug delivery system for the slow release of different topical and systemic drugs; a hemostatic agent; and biomaterial for bone and cartilage regeneration. In addition, the use of chitosan membranes for guided bone regeneration has been considered. Due to its excellent bioadhesive properties and its high adherence to oral surfaces, chitosan is considered as the perfect vehicle for permitting increased substantially and likewise it is used to prolong the release of different oral therapeutic agents such as chlorhexidine.

Sinogenic facial pain:

The term “sinogenic” facial pain is routinely used to suggest a pathogenic relationship between rhinological disorders and facial pain, and several physio-pathological theories have been postulated. A “convergence hypothesis” has been elaborated, suggesting that headache might be a rebound mechanism that occurs when the central nervous system is stimulated by a headache-provoking environmental trigger. Sinus headache may be the result of trigeminal afferents in the nasal and sinus territory that activate the trigemino-vascular system. Peripheral trigger would occur with immunologic activation from allergies or infection or from stimulation derived from abnormal anatomic features culminating in facial pain. In addition, the creation of a pressure differential across obstructed sinus ostia, presence of inflammation and bacterial toxins and underlying osteitis may influence sensory nerve function and contribute to the etiology of headache.

Propranolol -A potent drug for TMJ osteoarthritic pain:

Propranolol is a racemic mixture in which the S(-)-enantiomer dominates the binding affinity for α -adrenergic receptors (α -ARs). This compound is officially approved for the treatment of conditions, such as cardiac conditions, tremor, migraine, and pheochromocytoma. Emerging clinical evidence indicated that propranolol provides efficacious treatment for the pain management of TMD via the blockage of AR signal. In osteoarthritic joints, evidence of hyperactivities of subchondral bone remodeling and sympathetic nerve

fiber sprouting in the osteochondral junction has been displayed. The TMD patients also showed an impaired activation of the sympathetic–adrenergic component of the autonomic nervous system under stress. The elimination of abnormal sympathetic signals by blocking α -ARs will suppress alveolar bone loss and osteoclast hyperactivities.

Difference between Enucleation, Evisceration and Exoneration of Eye:

Enucleation

Removal of the entire eyeball, including sclera and cornea, leaving a stump of the optic nerve and the extraocular muscles. An intraorbital prosthesis is usually implanted.

Evisceration

Removal of all intraocular structures, leaving only sclera and sometimes cornea. An ocular prosthesis is usually implanted.

Exoneration

Removal of the eyeball and the orbital contents which may include removal of orbital bone.

Quincke's Disease:

Acute isolated uvular swelling, most likely a focal manifestation of nonhereditary angioneurotic edema, lacking any sort of genetic influence or laboratory association, has been termed Quincke's disease after the renowned German clinician of the late nineteenth century Heinrich Quincke.

Globe–Rim Relations:

The relationship of the globe to the orbital rims is a primary determinant of the appearance of the upper third of the face. On average, the surface of the soft tissues overlying the supraorbital rim lies 10 mm anterior to the cornea, and the surface of the soft tissues overlying the infraorbital rim lies 3 mm behind the anterior surface of the cornea. This implies that the supraorbital rim usually projects 13 mm beyond the infraorbital rim. When the orbital rims have a greater projection beyond the anterior surface of the cornea, the eyes appear “deep set.” When the orbital rims project less, the eyes appear “prominent.”

Hybrid Ameloblastoma

Waldron and El-Mofty discovered a rare variant of ameloblastoma composed histologically of areas of the classic follicular or plexiform ameloblastoma and areas of desmoplastic ameloblastoma. This was named hybrid ameloblastoma. It is still not clear whether desmoplastic changes occur secondarily in the stroma of a preexisting solid/multicystic variant of ameloblastoma, or whether the areas of primary desmoplastic ameloblastoma transform in to solid multicystic type.

Penicillin Allergy And Dental Implants:

Studies have shown that patients with a penicillin allergy experience higher rates of dental implant failure but have not looked at which antibiotics were used. A study included 838 patients—434 who reported having a penicillin allergy, as well as a random sample of 404 patients without the allergy. All patients without a penicillin allergy were given amoxicillin, while those who reported an allergy were given alternative antibiotics: clindamycin, azithromycin, ciprofloxacin, or metronidazole. The researchers found that dental implants failed in 17.1% of patients who reported a penicillin allergy, compared to 8.4% of patients without an allergy. Patients who took certain antibiotics other than amoxicillin were much less likely to have successful dental implants; the failure rate for patients taking clindamycin was 19.9% and was 30.8% for azithromycin.

Combined Platelet-Rich Plasma and Hyaluronic Acid can Reduce Pain in Patients Undergoing Arthrocentesis for Temporomandibular Joint Osteoarthritis:

The benefit of adjuvant medications, such as platelet-rich plasma (PRP) and hyaluronic acid (HA), following arthrocentesis remains controversial. In a study with a total of 30 patients (15 males and 15 females) with a mean age of 29.63 ± 8.34 years who were followed for 6 months in this study, the mean reduction in pain at 6 months was 4.1 ± 0.9 , 4.1 ± 1.1 , and 5.1 ± 1.0 for HA, PRP, and HA/PRP, respectively ($P < .05$). In all 3 treatment groups, mean VAS parameters had significantly reduced after treatment and these postoperative values were significantly lower in the PRP+HA group ($P < .001$). TMJ noises were significantly reduced in all treatment groups ($P < .001$), but the PRP+HA group exhibited a greater reduction.

Does a short period of MMF decrease the complications in ORIF of Mandibular Angle fracture?

A short duration of two weeks post-operative maxillomandibular fixation (MMF) has the potential to reduce complications following open reduction and internal fixation (ORIF) of mandibular angle fractures. A study of 307 patients with 84.4% men with an average age was 32.5 years who underwent a short duration of MMF had a Post operative inflammatory complication rate of 8.3% compared to 18.2% for no MMF ($p = 0.08$).

Osteotome-mediated sinus floor elevation with Bio-Oss Collagen or no grafting:

In a study that had 40 healthy patients it was concluded that the placement of Bio-Oss Collagen underneath the Schneiderian membrane in conjunction with osteotome-mediated sinus floor elevation seems not to improve the survival rate of the suprastructures or implants, peri-implant marginal bone loss, implant stability quotient, frequency of biological or mechanical complications, patient-reported outcome measures, or oral health-related quality of life compared with no grafting material, after 1 year of implant loading.

Lateral augmentation of the sinus floor followed by regular implants versus short implants in the vertically deficient posterior maxilla:

In a meta-analysis of RCTs comparing the outcomes of short implants (6 mm) versus lateral sinus floor augmentation followed by regular implants (10 mm) in the deficient posterior maxilla, eleven RCTs with 1, 3, and 5 years of follow-up it was found that there was no significant difference in the implant loss rate at the patient level after 1 and 3 years between the two groups. After 5 years, the risk ratio was in favour of regular implants with augmentation and approached significance (3.28, $P=0.06$). Excluding the results of two studies on ultrashort implants, the risk ratio for complications was in favour of short implants, but without significance (0.33, $P=0.08$). Mean marginal bone loss was significantly lower at 1, 3, and 5 years for the short implants when compared to regular implants with augmentation. The residual osseointegration length of implants was between 3.4 mm and 5.9 mm in the short implants group and between 10.1 mm and 12.5 mm in the regular implants group after 5 years. It was hence concluded that short implants in the atrophic posterior maxilla demonstrate comparable outcomes to regular implants within the first 5 years.

Can Human Placental Derived Graft Injection Help Patients with Advanced Internal Derangement of the Temporomandibular Joint?:

Arthrocentesis is a minimally invasive and effective first-line surgical treatment option for patients with early stages of TMJ internal derangement who have failed non surgical and pharmacological treatment. Arthrocentesis removes inflammatory mediators that are associated with degradation of the TMJ complex. Intra-articular injections of adjunctive medications such as steroids and hyaluronic acid have also been used with varying results. However, minimal consideration has been given thus far to regeneration therapy. Procenta is an FDA-approved acellular placental-derived graft with innate ability to allow recipient cells to infiltrate and proliferate, allowing for an appropriate biological reparative response to occur. Additionally, Procenta provides unique viscous handling properties and tensile strength which could improve TMJ functionality.

Trigeminal Neuralgia

Presentation

Many imaging requests may incorrectly give a history of trigeminal neuralgia when what the patient actually has is trigeminal neuropathy (any symptom attributable to the nerve in contrast to trigeminal neuralgia which has very specific criteria: sudden, severe paroxysmal attacks of pain). constant, dull, burning pain or paresthesia of the face is not trigeminal neuralgia and would not be expected to relate to neurovascular compression and should instead prompt a search for other pathologies

MRI Protocol

Ideally should include sequences of the face and skull base to enable full assessment of the trigeminal divisions for any pathology, in particular, for perineural tumor spread whole brain FLAIR images to assess for demyelination as a cause are also recommended.

Approach

A suggested approach is to look for all other causes of trigeminal neuropathy first (CP angle tumors, skull base and face pathology, white matter lesions etc.) focus on the transitional zone for neurovascular compression co-register MRA and thin T2 (e.g. CISS)

Osteochondritis dissecans of the temporomandibular joint:

In a study of 39 joints the most frequently reported clinical presentation involved TMJ pain, locked jaw and articular noises (clicking and crepitus). The imaging methods used to identify osteochondritis dissecans were radiographs, tomography, arthrography and magnetic resonance imaging. The reported imaging findings varied widely, but the most frequent were (single or multiple) calcified intra-articular loose bodies, signs of degenerative osseous changes, disc displacements, widening of the joint space and alterations in condylar morphology.

Influence of keratinized mucosa on peri-implant diseases:

In a study aimed to assess the relationship between keratinized mucosa width and peri-implant diseases, namely peri-implant mucositis and peri-implantitis. 91 implant cases were taken. After a minimum of 6 months the width of keratinized mucosa, probing depth, plaque index, bleeding on probing, and marginal bone levels were assessed. There was no statistically significant association between keratinized buccal mucosa width and peri-implant mucositis or peri-implantitis. In conclusion, in the present sample, keratinized buccal mucosa width was not associated with peri-implant diseases, suggesting that a band of keratinized mucosa may not be necessary to maintain peri-implant health.

Post Graduate Corner - Case Feature

Osteochondroma of the Condyle

Compiled by:

Dr Goutham Nambiar, II Year PG (APDCH)

Guided by:

Dr. Durairaj, Dr. James Antony Bhagat M, Dr. Nathiya B
Adhiparasakthi Dental College and Hospital

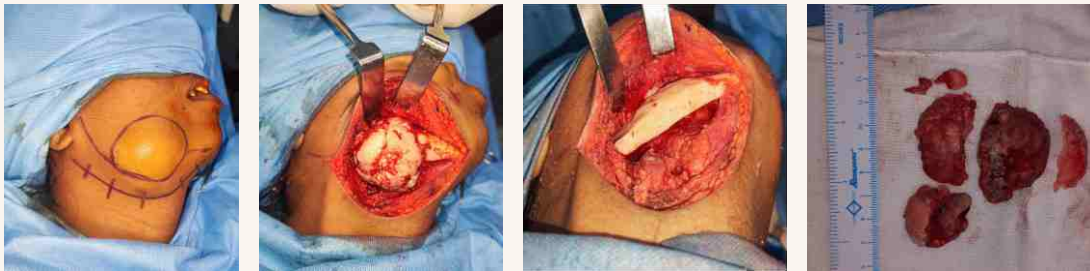
A case of swelling of the lower jaw for the past one year which had caused disfigurement of the face in a female of 21 years of age, had been reported to the department of Oral and Maxillofacial Surgery, Adhiparasakthi Dental College and Hospital (APDCH). CT facial bones had shown a clear hyperplastic growth on the mandible on the right side. The patient was admitted and pre-surgical routine investigations were done and was posted for surgery. Surgical recontouring of the mandible was done. A histopathologic examination provided a diagnosis of Osteoma on the Right side of the Mandible. Following this, the patient was satisfied with the aesthetic outcome.

A)



Preoperative Front profile CT section of the lesion

B)



Intraoperative Image

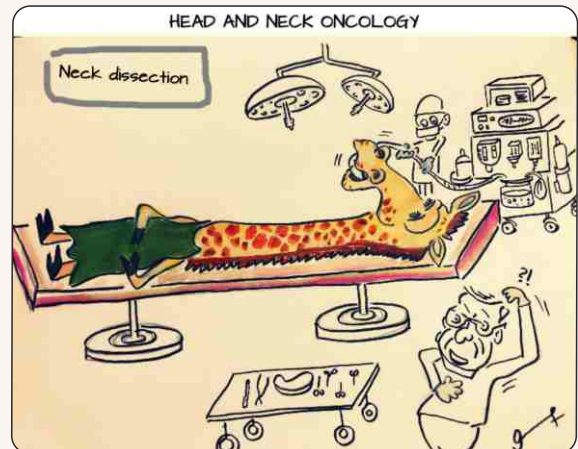
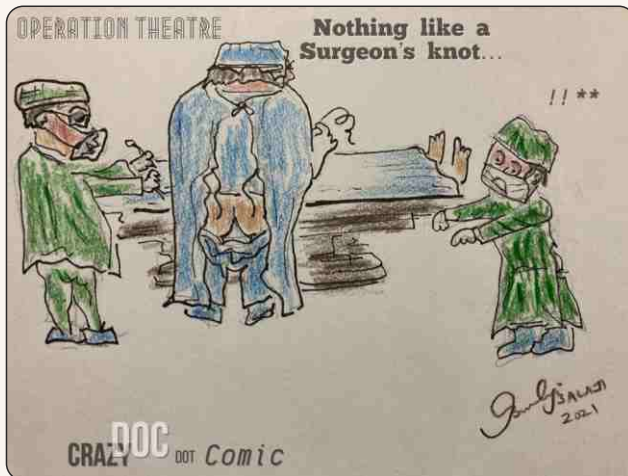
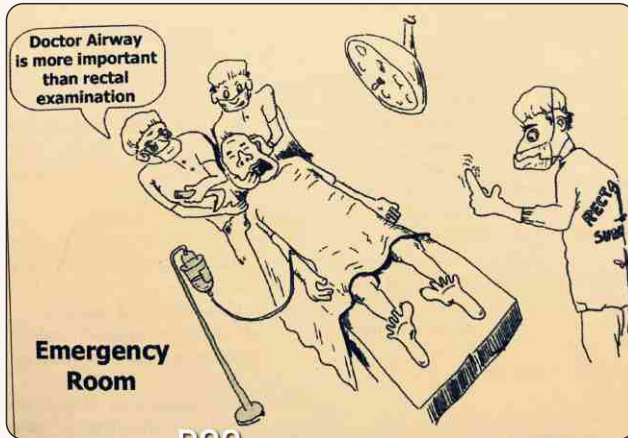
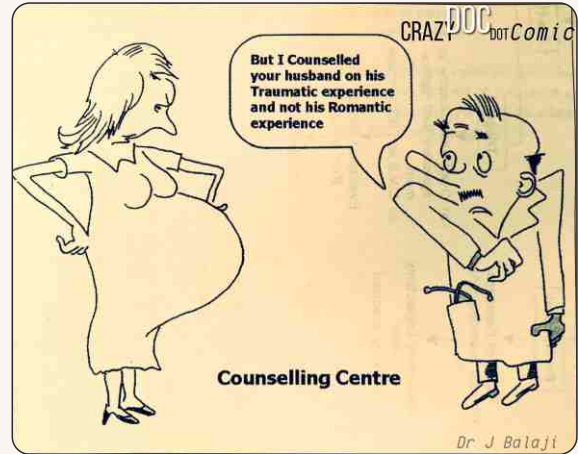
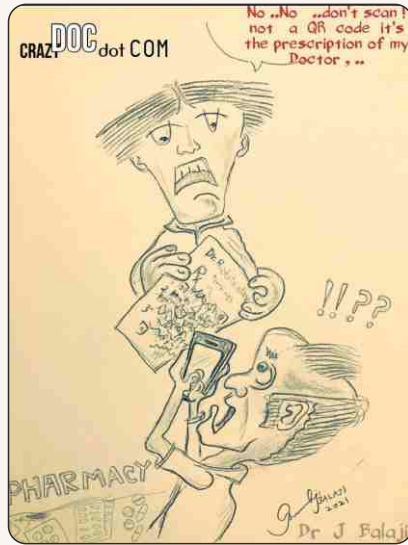
C)



Post operative image

Satire in Surgery – Cartoon Corner

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Shock, Fluid Resuscitation and Management – Part 1

Prof Dr R Yoganandha

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Definition: An acute, generalized, inadequate perfusion of critical organs, that if continued will produce a series of serious pathophysiological consequences.

Features of shock: Hemodynamic, endocrine, and metabolic alterations result and produce clinical signs of shock, i.e.,

- Arterial hypotension
- Rapid, thready pulse
- Decreased urine output
- Thirst
- Increased respiratory rate
- Vasoconstriction
- Acidosis
- CNS dysfunction

The major underlying event is a shift from aerobic to anaerobic metabolism. Identification and elimination reverses the chain of events resulting from cellular dysfunction. Delay in treatment causes permanent cellular and organ damage, resulting in irreversible shock and death.

Classification of Shock: Shock occurs when cardiac output is insufficient to create enough flow and pressure in the vascular bed to perfuse vital organs and cells. Shock, can broadly be classified under 4 categories:

- Hypovolemic (Hematogenic)
- Cardiogenic
- Obstructive
- Distributive (Neurogenic/ vasogenic/ septic)

A. Hypovolemic Shock

Defined as a reduction in the amount of fluid pumped through the vascular bed. The two types of hypovolemic shock are hemorrhagic and non-hemorrhagic shock.

Hemorrhagic Shock: Blood loss may be from either external sources such as lacerations and deep abrasions or from internal sources including GI bleeding (ulcer), femoral fracture, crush injuries and ruptured internal organs (liver, spleen).

- Acute blood loss (up to 15%): Minimal hemodynamic change.
- 15% to 25 % loss of blood volume – No hemodynamic changes, if loss not rapid; but metabolic changes of shock initiated.
- Rapid loss of 30% or more (venous blood) – SHOCK
- Rapid loss of < 30% arterial blood – SHOCK

Non-hemorrhagic Shock: Massive shift of fluid from intravascular to extravascular compartment (third space). Two conditions that attributes are:

- Decrease in plasma: As in burns, peritonitis, crush injuries, pancreatitis, surgical wounds and pleural effusion.
- Water loss: Protracted vomiting, diarrhoea, hyperglycemia, diabetes insipidus, excessive diuretic use, salt wasting, nephritis, adrenocortical failure.

B. Cardiogenic Shock: Shocks that result from intrinsic cardiac disorders. The most common cause is left ventricular hypertrophy secondary to acute myocardial infarction.

Clinical features of cardiogenic shock associated with left ventricular hypertrophy:

- Decreased cardiac output
- Decreased pulmonary artery occlusion pressure
- Decreased systemic vascular resistance

Other causes:

- a. Right ventricular failure from infarction – The clinical features are low cardiac output, normal or decreased pulmonary artery occlusion pressure, and increased central venous pressure.

- b. Cardiac dysrhythmias –Dysrhythmias rendering pump inefficient, mitral regurgitation, atrial regurgitation, atrial stenosis, and acute viral myocarditis

C. Obstructive Shock: Caused by any factor extrinsic to the heart that reduces adequate left or right ventricular filling and decreases cardiac output. Causes include:

- Constrictive pericarditis
- Cardiac tamponade with pericardial effusion
- Tension pneumothorax with shift in mediastinum
- Tumors that obstruct flow to the heart

D. Distributive Shock: It is the pooling of blood within the vascular system due to an abnormal distribution of fluids secondary to changes in regional vascular resistance. It is either neurogenic or vasogenic in nature.

Warm Shock: Occurrence of arterial hypotension despite increased cardiac output, due to decrease in peripheral vascular resistance, and occurrence of cutaneous vasodilatation.

Septic Shock: Common cause of distributive shock is *massive sepsis*. Clinical features are manifested by onset of a hard, shaking chill, elevated temperature, mental obtundation, tachycardia, and tachypnea. Septic shock is also sometimes present in older individuals or obstetric patients who have undergone urologic manipulation.

Causative organisms:

- Endotoxins from gram negative bacteria
- Exotoxins from gram positive bacteria
- Toxic shock syndrome: Exotoxins from Staphylococcus group
- Lipopolysaccharide toxins stimulate increase in vasoactive substances such as tumor necrosis factor alpha and interleukins contributing to septic shock in debilitated patients.

Characteristics of Septic shock:

- Arterial hypotension
- Decreased peripheral resistance with sequestration of blood in venous pools
- Normal central venous pressure
- Normal blood volume
- Renal ischemia

Neurogenic shock: Seen in patients with traumatic spinal cord injuries. Occurs due to peripheral pooling resulting from loss of neurologic vasoconstrictor potential.

Other causes of Distributive Shock:

- Endocrinopathies such as adrenal insufficiency, hypoglycemia, hypothyroidism
- Anaphylaxis
- Microcirculatory disturbances
- Hyperviscosity syndromes (Sickle cell anemia, Embolism, Polycythemia vera)

Clinical Manifestations of Shock

Most signs and symptoms result from low peripheral blood flow and increased adrenal sympathetic activity.

- Early stages: Anxious and restless
- Late stages: Apathetic and exhausted (decreased cerebral perfusion)
- Coma: If resuscitative measures are not taken

Skin appearance:

Hypovolemic shock: cool, pale, blanched with poor capillary refill

Septic/ distributive shock: warm and calmy (peripheral vasodilatation)

Neurogenic or Anaphylactic distributive shock: cool and calmy

Pulse: Typically, rapid and thready owing to a compensatory attempt to increase cardiac output, in the setting of decreased available circulatory fluid. In some forms of distributive shock, in the presence of increased cardiac output, the pulse may be stronger than normal.

Thirst: Due to increased adrenal secretion associated with trauma. This results in water intoxication in presence of shock induced renal intoxication.

Respiratory Rate: Respiratory rate and depth are increased to compensate either for metabolic acidosis or pulmonary ventilatory disturbances, as in pulmonary edema and left ventricular failure.

Left side congestive heart failure: Dyspnoea, hypoxemia and S3 gallop. Low peripheral venous pressure

Body temperature: In hypovolemic shock, there is decrease in core body temperature. In septic shock, temperature may exceed 104 to 105 Fahrenheit.

Urine output: Is decreased as a compensatory effort and due to renal ischemia. In an attempt to retain sodium and fluid, urinary levels of sodium are reduced to <10 mEq/L unless acute tubular necrosis has occurred, in which case this compensatory mechanism is lost.

Pathophysiologic changes in shock:

Hemodynamic changes include endocrine, metabolic and cellular consequences. In a patient who fails to respond to the replacement of blood loss and resuscitative measures is said to be in a state of ***“irreversible shock.”*** This is caused due to disturbances in the peripheral circulation and infection with gram negative bacteria and their endotoxins.

If shock is prolonged and resuscitation efforts are delayed, ischemic anoxia changes to stagnant congested anoxia.

Sequence of events:

1. Low flow state in peripheral capillaries during vasoconstriction.
2. Metabolic wastes accumulate leading to acidosis which reduces arteriole sphincters less sensitive to catecholamines.
3. Increasing epinephrine secretion with loss of tone of arterial sphincters.
4. Blood stagnation in capillary beds and following increase in hydrostatic pressure over serum oncotic pressure, fluids leave capillaries, moving in to interstitial spaces in large volumes.
5. As stagnation continues, severe ischemia ensues such that capillaries begin to slough and rupture, allowing blood to escape in to interstitium.
6. This further reduces blood volume and venous return to the heart leading to irreversible shock.
7. Cardiac blood flow and cardiac output decrease to the point that arrest or fibrillation occurs.

General Principles of Therapy

1. Prevention is the key. If not, limit depth and duration.
2. Diagnosis of underlying cause.
3. Patient assessment at regular intervals
4. Frequent monitoring.
5. Excessive oscillations should be avoided in treatment. Do not attempt to restore neutrality with rapidity.
6. View lab data with caution.

Monitoring:

1. Patient's blood pressure and level of consciousness.
2. Start arterial line to measure arterial blood pressure and also collect samples for blood gas, electrolytes, hemoglobin and hematocrit.

3. Pulse rate
4. Other baseline investigations include serum electrolytes, blood urea nitrogen (BUN), creatinine, liver function test (LFT), renal function test (RFT), and coagulation studies.
5. Foley catheter to monitor urinary output and also fluid-electrolyte therapy.
6. Urine analysis, urinary electrolytes, and osmolality, blood lactate levels.
7. Central venous catheter to measure CVP (right arterial pressure).
8. Pulmonary arterial (Swan-Gauz) catheter for measurement of pulmonary artery pressure.

To be continued in Issue 1, Volume 3:

- Fluid balance and resuscitation
- Management of Metabolic Disturbances
- Pitfalls in treatment of shock.

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Dr Sasikala Balasubramaniam**

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ORTHOGNATHIC SURGERY

1. **Huang CS, Chen YR.** Orthodontic principles and guidelines for the surgery-first approach to orthognathic surgery. *Int J Oral Maxillofac Surg.* 2015;44(12):1457–62.
2. **Steenen SA, Becking AG.** Bad splits in bilateral sagittal split osteotomy: systematic review of fracture patterns. *Int J Oral Maxillofac Surg.* 2016;45:887–97.
3. **Ow ATC, Cheung LK.** Skeletal stability and complications of Bilateral Sagittal Split Osteotomies (BSSO) and Mandibular Distraction Osteogenesis (MDO): an evidence-based review. *J Oral Maxillofac Surg.* 2009;67:2344–53.
4. **Bays RA, Bouloux GF.** Complications of orthognathic surgery. *Oral Maxillofac Surg Clin North Am.* 2003;15:229–42.
5. **Vercruyse H Jr, et al.** The effect of a Le Fort I incision on nose and upper lip dynamics: unraveling the mystery of the “Le Fort I lip”. *J Craniomaxillofac Surg.* 2016;44:1917–21.
6. **Turvey T.** Sequencing of two-jaw surgery: the case for operating on the maxilla first. *J Oral Maxillofac Surg.* 2011;69:2225.
7. **Chen Z, Mo S, Fan X, et al.** A Meta-analysis and Systematic Review Comparing the Effectiveness of Traditional and Virtual Surgical Planning for Orthognathic Surgery: Based on Randomized Clinical Trials. *Journal of Oral and Maxillofacial Surgery: Official Journal of the American Association of Oral and Maxillofacial Surgeons.* 2020 Sep
8. **Guo J, Wang T, Han JJ, Jung S, Kook MS, Park HJ, Oh HK.** Corrective outcome and transverse stability after orthognathic surgery using a surgery-first approach in mandibular prognathism with and without facial asymmetry. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2018;126(1):22–30.
9. **Rodrigues DB, Castro V.** Condylar hyperplasia of the temporomandibular joint. Types, treatment, and surgical implications. *Oral Maxillofac Surg Clin North Am.* 2015;27(1):155–67.
10. **Wolford LM, Karras SC, Mehra P.** Considerations for orthognathic surgery during growth, part 1: mandibular deformities. *Am J Orthod Dentofac Orthop.* 2001;119(2):95–101.
11. **Wolford LM, Karras SC, Mehra P.** Considerations for orthognathic surgery during growth, part 2: maxillary deformities. *Am J Orthod Dentofac Orthop.* 2001;119(2):102–5.

Events Calendar

Upcoming Association of Oral and Maxillofacial Surgeons of India

15th Annual Conference of Association of Oral and Maxillofacial Surgeons of India
Tamilnadu & Puducherry Branch

State Conference

VENUE: SAVEETHA DENTAL COLLEGE AND HOSPITALS, POONAMALLEE, VELAPPANCHAVADI, CHENNAI

SEP 2023 | 7th PRECONFERENCE
8th & 9th CONFERENCE

AOSM NATIONAL OFFICE BEARERS
PRESIDENT
DR. VIJAY SURESH
GENERAL SECRETARY
DR. QIBISH BAO

TAMIL NADU CHAPTER
DR. P. SUBRAMANIAM
TAMIL NADU STATE PRESIDENT
DR. JAYAN KUMAR
TAMIL NADU STATE SECRETARY

CONFERENCE SECRETARIES
DR. KRISHNA KUMAR RAJA
DR. KESAVA RAO

ORGANISING COMMITTEE
ORGANISING CHAIRMAN
DR. MURUGESAN
ORGANISING SECRETARY
DR. SENTHILKUMAR KP
SCIENTIFIC CHAIRMAN
DR. SENTHIL MURUGAN M
TREASURER
DR. SENTHIL MURUGAN P

15th Annual Conference Association of Oral and Maxillofacial Surgeons of India
Tamil Nadu & Puducherry

DIGITAL DISSECT
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Register & Relish
The Scientific Extravaganza.....

#Right2Face
by Zorix 355 garalen Le Forte DePuy Synthes stryker SIMPLADENT

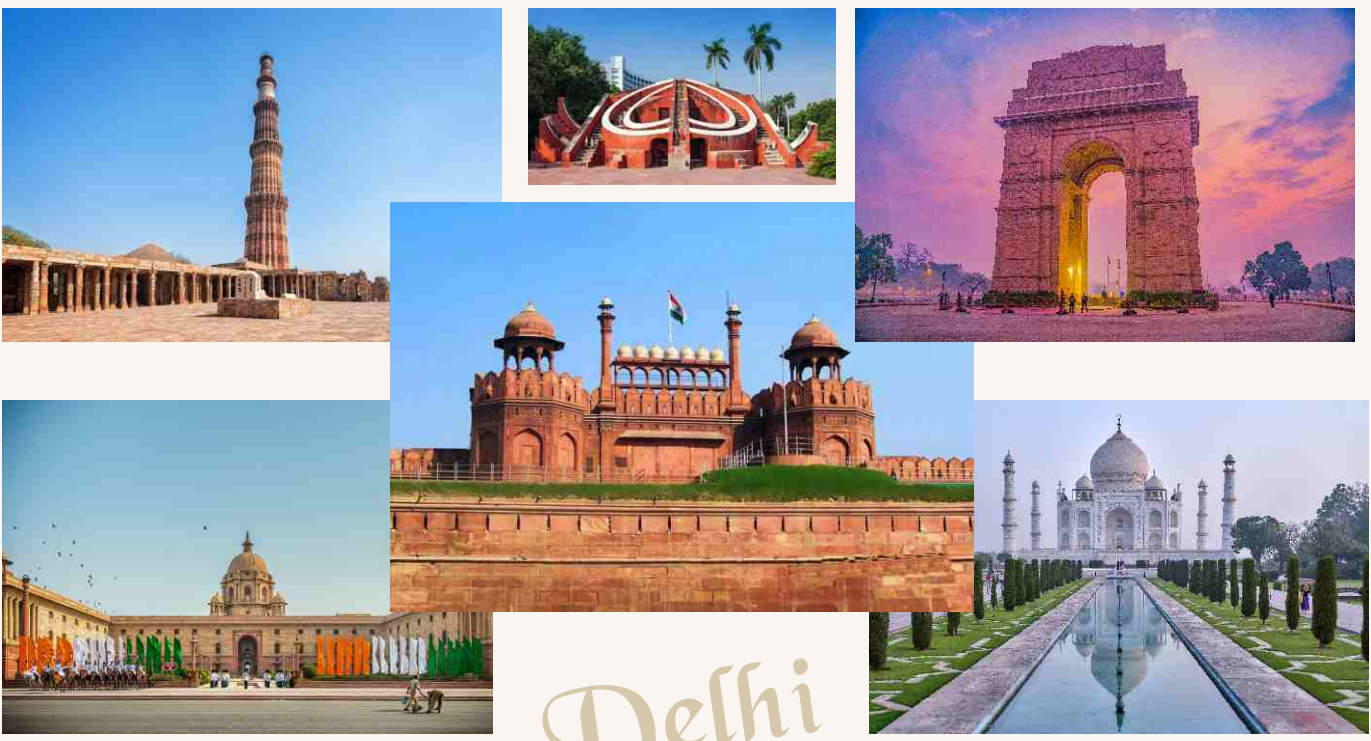
Events Calendar

Upcoming AOMSI Events

Home Committee Scientific Registration Trade & Sponsorship Venue Accommodation Contact

47th AOMSI - 2023
Date : 23rd - 25th November 2023
Venue : The Leela Ambience Convention Hotel, Delhi
Theme : Teaming Experience with Evidence

dates : Last date for earlybird registration is 28th February 2023.



Events Calendar

16 ACOMS Events



16th ASIAN CONGRESS OF ORAL & MAXILLOFACIAL SURGERY
 "Research, Innovate and Collaborate"
ACOMS CHENNAI - INDIA
 25th-27th July 2024
 Chennai Convention & Trade Center, Mambambakkam, Chennai - 600089, India
REGISTRATIONS ARE OPEN
 Visit WWW.ACOMS2024.COM For Registration

3 DAYS OF SCIENTIFIC EXTRAVAGANZA

- Keynote Presentations
- Guest Lectures
- Debates
- Panel Discussion
- Meet - Gen Session
- Live Surgeries
- PG Trainees - Poster Presentations
- PG Trainees - Prize Paper Presentations
- Delegate Free Paper Presentations
- Innovation Sessions - Phases
- Video Demonstrations

PRE CONFERENCE WORKSHOPS

- Implants - Basics
- Zygomatic Implants
- TMJ Arthroscopy
- Orthognathic - Treatment Planning
- Microvascular Reconstruction
- Hair Transplant

SECRETARIAT
 Principal Office
 Sree Balaji Dental College & Hospital,
 Velachery, Chennai - 600 100,
 Tamilnadu, India
 Email : jimomo@acoms2024.com
 Mobile/WhatsApp : +91 9840 09211

WWW.ACOMS2024.COM




16 ACOMS 2024 INDIA
 INNOVATE. TREAT



Kolukkumalai A Treaker's Paradise

Kolukkumalai is a small village in the Theni district of Tamil Nadu at the border of Idukki district of Kerala. So, technically it is a part of Tamil Nadu but Munnar (in Kerala) is the most popular gateway to Kolukkumalai tea estate.

Kolukkumalai is about 7,130 feet (2,170 m) above sea level and lies some 32 kilometres from Munnar. The hill top village is accessible only by jeep due to rugged and rain drenched roads covering up to 17 km. It is about a one-and-a-half-hour journey from Munnar town. The exact location of Kolukkumalai is in Theni district (Tamil Nadu). The approach road is via Suryanelli near Munnar in Idukki district of Kerala.

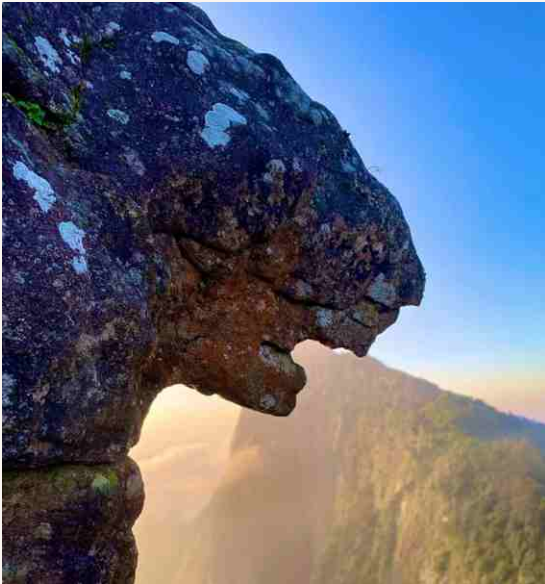
It is home to the highest tea plantations in the world. The natural beauty here is intoxicating, promising a beautiful sunrise overlooking the Palani hills. The aromatic breeze in this hill-station is unique and fresh, causing the tea in the Kolukkumalai Tea Estate to be special. The name Kolukkumalai means shivering mountain. *Kolakku* means shivering, *Malai* means mountain well it does live up to its name in the winters.

To reach Kolukkumalai you need to hire a jeep from the gate of **Suryanelli Tea Estate**.

Kolukkumalai tea estate was started in 1920 and the first planting of tea was done seven years later. At an altitude of almost 7000ft, the tea gardens provide breath-taking views of the vistas of Munnar and Kodaikanal hills stations.

Kolukkumalai is still on the periphery of the tourist map of Munnar, or even Kerala because it is quite far from the Munnar town. For people who choose accommodation in the town or near the famous





Top Station of Munnar for a weekend trip may find it difficult to fit Kolukkumalai in their 2–3-day itinerary. The second reason is that no private car is allowed in the premises of the Suryanelli tea estate, and there are not too many signboards showing you the way to the jeep hiring spot. Lastly, the 1-hour jeep-ride is not suitable for the faint-hearted.

Neelakurinji, a special variety of *Strobilanthus* that grows on the hills of Annamalai and Kolukkumalai range once every 12 years! The best places to see these blossoms are the Eravikulam National Park in Munnar, the Kolukkumalai hilltop and Kodaikanal and 2018 was the year of Neelakurinji,

The usual trip is 4 hours to the tea factory outlet with halts at various viewpoints and back. Trek to the Neelakurinji blossoms takes another 1.5-2 hours. On the way to the highest organic tea factory in the world, one could stop at the Suryanelli tea factory-cum-museum. This factory has modern machinery and is known for advanced tea production technology. From here, the off-roading gets bumpier and turns into a rollercoaster joyride.

The best part of the weather is the misty atmosphere and a large number of waterfalls all around. Most of these are perennial waterfalls, but they reduce to drizzle in the dry season.

At the Kolukkumalai tea factory, you will be greeted with the friendly staff who will show you around the factory and explain to the entire process of tea production. The tea factory, built in 1936 still continues to use the **orthodox method of tea processing** with the machines of the colonial era.

The orthodox method means the tea is handpicked and goes through the 4-step process of withering, rolling, oxidation and drying. As beautiful as the scene of the colourfully clad plantation workers plucking tea in the tea gardens looks, it's extremely hard work.

From the Kolukkumalai tea factory, one can get a clear view of Kodaikanal in Tamil Nadu. After a thoroughly entertaining and educational tour of the factory, you can get sip of the famous orange pekoe tea.

Where to stay at Kolukkumalai...

Due to the nature of the protected area, the options to stay within the Kolukkumalai tea estate are limited. There are 2 options for staying at the tea estate itself-

- Kolukkumalai Mountain hut – A quaint homestay in the tea estates with decent facilities
- Black Eagle Campsite – A permanent campsite on the slopes of Meeshapulimalai
- There are other organized tours with temporary camping activities.
- If you want to combine this trip with your Munnar itinerary, you should choose accommodation at Chinnakanal in Idukki district of Kerala. There are some great options nearby like Fort Munnar and Sterling Resort which are close to the jeep hiring site as well as many other pristine viewpoints.



National & State Conferences

- 26th Mid-Term Conference & 12th PG Convention of AOMSI, Loni, Maharashtra

Maxillofacial Trauma Hands-on Workshop conducted in association with Stryker

- Sri Balaji Dental College & Hospital, Hyderabad
- Indira Gandhi Institute of Dental Sciences, Puducherry

Accredited Programs conducted with AOMSI – TN & P Branch

- Introduction to Corticobasal Implants (Virtual)

Online Events - Webinars

- Ask your Mentor Series

National Trauma Awareness Campaign

- National Trauma Awareness campaign programs conducted by OMFS Departments of various Dental Colleges across Tamil Nadu to create awareness on road safety, helmet use and the distinct role of Oral and Maxillofacial Surgeon as “Guardians of the Face.”

Felicitation

- Dr Sanjiv Nair - President, International Association of Oral and Maxillofacial Surgeons
- Dr Gunaseelan Rajan – President, Asian Association of Oral and Maxillofacial Surgeons

Obituary

- Prof Dr Srivatsa Kengasubbiah

Pixels - NATIONAL MID-TERM CONFERENCE 2023

26TH MID-TERM CONFERENCE & 12TH PG CONVENTION OF AOMSI, Loni, Maharashtra

26th MID-TERM CONFERENCE & 12th PG CONVENTION OF AOMSI
Date: 20th, 21st & 22nd JULY 2023
Venue: Padmabhushan Dr. Balasaheb Vikhe Patil Lecture hall Complex, PIMS, Loni.
Theme: **MAXFAX 360°**
Host: AOMSI & Pravara Institute of Medical Sciences (PIMS)

Home Committee Registration Scientific Trade & Sponsorship Accommodation Venue Contact

Updates: [M Guidelines Click here](#) | Last date for abstract submission of free paper : 15th April 2023 | Last date for submission of Abstract - Prize paper : 31st March 2023



26th Mid-Term Conference & 12th PG Convention of AOMSI, Loni, Maharashtra



Pixels - MAX FAC TRAUMA WORKSHOP

MAX FAC TRAUMA WORKSHOP in association with STRYKER - Hyderabad

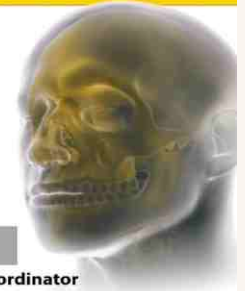


Association of Oral &
Maxillofacial Surgeons of India
(Tamilnadu & Puducherry Branch)

Maxfax Trauma Workshop Hands on Course

Dates : 28th April 2023 - 29th April 2023

Venue : Sri Balaji Dental College, Moinabad Road, Himayatnagar Hyderabad - 500075



FACULTY

Course Director
Dr. S Prabhu

Course Co Director
Dr. Rajashekar Gaddipati

Course Faculties
Dr. S. Prabhu
Dr. P. Subramanian
Dr. K. Arun Kumar
Dr. S. Jimson
Dr. Rajashekar Gaddipati
Dr. Arjun Kumar

President
Dr. P. Subramanian

Programme coordinator
Dr. S. Jimson

Course Coordinators
Dr. Pramod Kumar Gandra
Dr. Mohsin Ali

Dr. Dinesh Sharma
Dr. Sukhvinder Bindra
Dr. M. Rajmohan
Dr. Pasupuleti Anitha
Dr. Bhogavaram Bharadwaj
Dr. Ratna K Beeram

Hon' State Secretary
Dr. K Arun Kumar

For registration Contact:

Dr. K. Arun Kumar +91 9840127037

- ✓ Limited attendance course: Limited to 20 participants (hands on) and 20 (observers)
- ✓ Participants will be awarded Certificate of participation on completion of course

MAX FAC TRAUMA WORKSHOP in association with STRYKER - Hyderabad



Pixels - MAXFAC TRAUMA WORKSHOP

MAX FAC TRAUMA WORKSHOP in association with STRYKER - Puducherry



Pillaiarkuppam, PY, India
Bahour Taluk, Pillaiarkuppam, 607403, PY, India
Lat 11.810483, Long 79.775874
06/18/2023 12:30 PM GMT+05:30
Note : Captured by GPS Map Camera



Pillaiarkuppam, PY, India
Bahour Taluk, Pillaiarkuppam, 607403, PY, India
Lat 11.811041, Long 79.776326
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Note : Captured by GPS Map Camera

Maxillofacial Surgeon's of India
(Tamilnadu & Puducherry Branch)

in association with **stryker**

Maxfax Trauma Workshop Hands on Course

17th and 18th June 2023
Venue: Indira Gandhi Institute of Dental Sciences, Sri Balaji Vidyapeeth,
Pillaiarkuppam, Puducherry - 607402



FACULTY

Course Director
Dr. S Prabhu

Programme coordinator
Dr. S. Jimson

Course Coordinator
Dr. K. Shankar
Dr. R. Sathyanarayan

Course Faculties

Dr. P. Subramanian
Dr. K. Arunkumar
Dr. Thiruneelakandan
Dr. K. Thanvir Mohammed Niazi
Dr. Murugan
Dr. Yuvaraj

Dr. R. Karthigeyan
Dr. G. Sureshkumar
Dr. S. Suraj
Dr. Madivanan Ilangovan
Dr. Senthil Murugan
Dr. B. Krishnan

President
Dr. P. Subramanian

Hon' State Secretary
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For registration Contact:
Dr. K. Arun Kumar +91 9840127037

- ✓ Limited attendance course: Limited to 20 participants (hands on) and 20 (observers)
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MAX FAC TRAUMA WORKSHOP in association with STRYKER - Puducherry



Pixels - ACCREDITED PROGRAM CONDUCTED WITH AOMSI - TN & P BRANCH

INTRODUCTION TO CORTICOBASAL IMPLANTS (VIRTUAL)



**Association of Oral And Maxillofacial Surgeons of India
(Tamil Nadu and Puducherry Branch)**

	<u>State office bearers</u>	<u>Elected Members</u>
 Dr. P. Subramanian President AOMSI-(Tamilnadu & Puducherry branch)	Dr.Vimalambiga Ramani Hon Treasurer Dr.R.Yoganandha Hon Editor Dr.K.Thanvir Mohammed Niazi Vice President Dr.S.Thirunelakandan President elect Dr.V.B.Krishna Kumar Raja Immediate past President Dr.S.SuraJ Joint secretary Dr.G.V.V.Giri Representative to AOMSI Dr.S.Jimson Representative to AAOMS	Dr Senthilnathan Periasamy Dr Suresh Veeramani Dr Senthil Murugan Dr Elengkumar Dr Riaz Dr Shilpa Sunil

Introduction to Corticobasal Implants (Virtual)

Goals and objectives of this Event is to provide participants with a comprehensive understanding of corticobasal implants, their indications and their benefits.



Facebook: @jkkndental
Instagram: @jkkndental
Twitter: @jkkn_dental
LinkedIn: @jkkndch



JKKN Dental College and Hospital
&
Association of Oral And Maxillofacial Surgeons of India – Tamilnadu and Puducherry Branch

Registration open to CRRIs, Post Graduates, Faculties and Private Practitioners

Click Here To Register

Registration Free!

Date:
13 May 2023, Saturday
Time:
09.45 Am to 01.00 Pm

Resource Person

Dr. S. Mahendra Perumal MDS.,

Facio Maxillary Surgeon and Implantologist,
Clinical Master of Immediate Loading,
International Teacher and Mentor-
International Implant Foundation,
Munich, GERMANY.



E-Certificate will be provided

PATRONS


SMT.N.SENDAMARAAI
 CHAIRPERSON - JKKN EDUCATIONAL INSTITUTIONS


SHRI.S.OMMESHARAVANA
 DIRECTOR - JKKN EDUCATIONAL INSTITUTIONS


DR.S.ELANCHEZHIAN
 PRINCIPAL & HOD
 DEPARTMENT OF PERIODONTICS
 JKKN DENTAL COLLEGE & HOSPITAL

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 PROGRAM COORDINATOR
 HEAD OF THE DEPARTMENT
 DEPARTMENT OF OMFS



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 DEPARTMENT OF OMFS


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 HEAD OF THE DEPARTMENT
 DEPARTMENT OF PROSTHODONTICS


DR.VIJAY THIYAGARAJAN
 READER
 DEPARTMENT OF OMFS

ASK YOUR MENTOR SERIES



Ask your Mentor - 4

An exclusive program for PG Trainees
An initiative of AOMSI - TN & Puducherry branch

Dr. P. SUBRAMANIAN
PRESIDENT

Dr. K. ARUN KUMAR
HON. STATE SECRETARY

- Exam oriented discussions
- Send your questions through google forms before 31.05.2023
<https://forms.gle/JSbQwEsoYaGX8nK78>
- Mentors would answer your questions "Live" thro' Zoom
 - 11 sessions (June 5th, 2023, to June 28th, 2023)
 - All topics covered

Co-ordinators: Dr Elavenil, Dr Sasikala, Dr Vandana, Dr Kalpa Pandya, Dr Arun Vignesh



TOPICS

- Local Anaesthesia
- General Anaesthesia/Sedation

5th June Monday 8:00 PM

Ask your Mentor Season 4 Session 1

An initiative of AOMSI - TN & Puducherry branch






DR LAKSHMI SHETTY
Mentor

DR J. BALAJI
Mentor

DR KATHIRAVAN
Moderator

DR PRADEEP DEVADOSS
Moderator

<https://us06web.zoom.us/join> https://us06web.zoom.us/webinar/register/WN_ZT0ARskTQGT2IF550yIHw



TOPICS

- Cysts and Benign tumours
- Minor Oral Surgery

7th June Wednesday 8:00 PM

Ask your Mentor Season 4 Session 2

An initiative of AOMSI - TN & Puducherry branch






DR SRIVALLI NATARAJAN
Mentor

DR REKHA
Mentor

DR TRIVENI
Moderator

DR SNEHA
Moderator

<https://us06web.zoom.us/join> https://us06web.zoom.us/webinar/register/WN_ZT0ARskTQGT2IF550yIHw



TOPICS

- Implantology
- Distraction osteogenesis

9th June Friday 8:00 PM

Ask your Mentor Season 4 Session 3

An initiative of AOMSI - TN & Puducherry branch






DR VINAY VIJAYA KUMAR
Mentor

DR SUSHMITHA
Mentor

DR ROHIT PUNGA
Moderator

DR THOMAS ZACHARIAH
Moderator

<https://us06web.zoom.us/join> https://us06web.zoom.us/webinar/register/WN_ZT0ARskTQGT2IF550yIHw



TOPICS

- Trauma- Midface and Upper face
- Trauma- Mandible & Soft tissue injuries

12th June Monday 8:00 PM

Ask your Mentor Season 4 Session 4

An initiative of AOMSI - TN & Puducherry branch






DR CHITRA CHAKRAVARTHY
Mentor

DR PADMARAJ HEGDE
Mentor

DR VIMALAMBIGA
Moderator

DR PAUL MATHAI
Moderator

<https://us06web.zoom.us/join> https://us06web.zoom.us/webinar/register/WN_ZT0ARskTQGT2IF550yIHw



TOPICS

- Orthognathic Surgery
- Salivary glands & Maxillary sinus

14th June Wednesday 8:00 PM

Ask your Mentor Season 4 Session 5

An initiative of AOMSI - TN & Puducherry branch






DR SURESHKUMAR
Mentor

DR BOBBY JOHN
Mentor

DR ARJUN KRISHNADAS
Moderator

DR DEEPTI SIMON
Moderator

<https://us06web.zoom.us/join> https://us06web.zoom.us/webinar/register/WN_ZT0ARskTQGT2IF550yIHw



WEBINARS

TOPICS

- Temporomandibular Joint
- Surgical Principles

16th June Friday 8:00 PM

Ask your Mentor Season 4 Session 6

An initiative of AOMSI - TN & Puducherry branch

DR. NEHAL PATEL
Mentor

DR. VIVEK NARAYANAN
Mentor

DR. SASIKALA
Moderator

DR. JAMES BHAGAT
Moderator

https://us06web.zoom.us/join/register/WN_ZTDARskTQGT2JfSS0yJHw

TOPICS

- Hard tissue reconstruction
- Soft tissue reconstruction

19th June Monday 8:00 PM

Ask your Mentor Season 4 Session 6

An initiative of AOMSI - TN & Puducherry branch

DR. SENTHIL MURUGAN
Mentor

DR. SHUBHRA CHAUHAN
Mentor

DR. S PRADEEP
Moderator

DR. MALATHI
Moderator

https://us06web.zoom.us/join/register/WN_ZTDARskTQGT2JfSS0yJHw

TOPICS

Diagnostic Investigations
Nerve Injuries and Neuralgia

23rd June Friday 8:00 PM

Ask your Mentor Season 4 Session 9

An initiative of AOMSI - TN & Puducherry branch

Dr. R. YOGANANDHA
Mentor

Dr. KARTHIK RAMAKRISHNAN
Mentor

Dr. YESHASHWINI THELEKKAT
Moderator

Dr. ASHI CHUG
Moderator

https://us06web.zoom.us/join/register/WN_ZTDARskTQGT2JfSS0yJHw

TOPICS

Infections, Osteomyelitis & Osteoradionecrosis
Varied Surgical Modalities
Tips to Face MDS Examination

26th June Monday 8:00 PM

Ask your Mentor Season 4 Session 10

An initiative of AOMSI - TN & Puducherry branch

Dr. RAMAKRISHNA SHENGUL
Mentor

Dr. C PRASAD
Mentor

Dr. MANIKANDHAN R
Vice President, AOMSI
Mentor

Dr. DEBORAH SYBIL
Moderator

Dr. P. SENTHIL MURUGAN
Moderator

https://us06web.zoom.us/join/register/WN_ZTDARskTQGT2JfSS0yJHw

TOPICS

Oral Malignancies
Miscellaneous Topics

28th June Wednesday 8:00 PM

Ask your Mentor Season 4 Session 11

An initiative of AOMSI - TN & Puducherry branch

Dr. AMT DHAWAN
EDITOR, JMOS-AOMSI
Mentor

Dr. THANGAVELU A
Mentor

Dr. SENTHIL MOORTHY
Moderator

Dr. AKHILESH KUMAR SINGH
Moderator

https://us06web.zoom.us/join/register/WN_ZTDARskTQGT2JfSS0yJHw

Dr. P. Subramanian
President

Dr. K. Arun Kumar
Hon'ble Secretary

Video Demo Series -3

On Zoom Meeting
9th July 2023 10.30am Onwards

PRESENTER

Dr. Srinivas Gosla Reddy M.B.B.S.,
M.D.S., FRCS (Edin.), FRCS (Eng.),
FRCS (Surg.), F.M.D.

MODERATOR

Dr. K. Arun Kumar
M.D.S., F.R.C.S.

**Craniofacial surgery :-
Cranioostenosis and
Hypertelorism mgt-
Video demo**

Zoom ID : https://stryker.zoom.us/join/register/WN_KVCH84m7RTW5TOUBVDMK2A#/registration



Pixels - NATIONAL TRAUMA AWARENESS CAMPAIGN

NATIONAL TRAUMA AWARENESS CAMPAIGN



ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA
GUARDIANS OF THE FACE

**NATION WIDE
TRAUMA
AWARENESS
CAMPAIGN -2023**


**26th AUGUST
2023**

www.aomsi.com





Let's Face it!

An initiative of AOMSI



AOMSI
ASSOCIATION OF
ORAL & MAXILLOFACIAL
SURGEONS OF INDIA

**MAX
FAX**
SURGEONS
GUARDIANS
OF THE
FACE

We call ourselves Max Fax Surgeons, we are the guardians of the face. Our speciality is related to various kind of treatments and surgeries required for the face including the mouth and teeth.



AOMSI
ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA



**National
Trauma**
AWARENESS CAMPAIGN

Today, I am here as part of the National Trauma Awareness Campaign which is also a potential world record event.

**Saving lives,
Saving faces**

Our profession is at the forefront of ensuring that your most visible part, the face is safeguarded and in turn, we save lives too.



NATIONAL TRAUMA AWARENESS CAMPAIGN



But before we talk about the campaign, I would like to tell you the story of a couple of my patients. Meet Rohit, a very brilliant academic student, who dropped out of college to work in a roadside eatery.



Although he was a very good student he had to drop out - and guess why? Because his father forgot something!



I have another patient. Pooja. She was pursuing her masters in Theatre from one of India's most top colleges for drama. One day she suddenly dropped out of college.



When i found out why, I realised she had to drop out as she had forgotten something too!



Siddharth is a son of a colleague at my hospital. His friends arranged a birthday party for him but he did not come for the same. All their plans were a flop



He too did not come as he forgot something and had to pay the price for it.



NATIONAL TRAUMA AWARENESS CAMPAIGN



I am sure you must be wondering what is that they all forgot? Any guesses? There is a common thread that connects all the 3 people and how forgetting something simple led to bigger consequences for themselves and people around them



Rohit's father forgot to wear his seatbelt and left the family to fend for themselves financially. He had to drop out of college to take care of the family



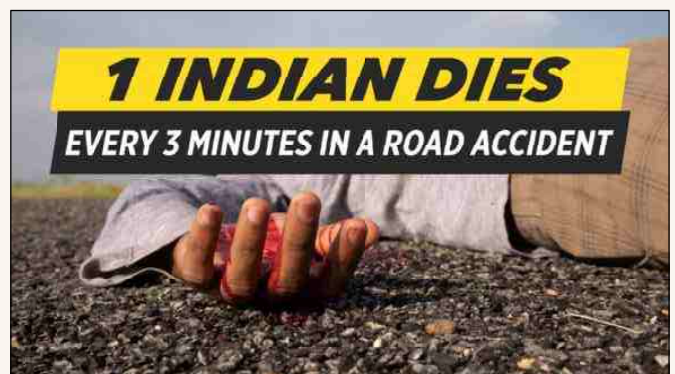
Pooja's dreams of being a great dancer and artist had to take a break as she forgot to wear her helmet the other day and ended up with a face that did not seem like it was hers!



Sidharth forgot to wear a helmet and met with an accident and had to miss his own birthday party as he was in hospital with extensive face and head injuries that led to a coma.



These are not rare stories that happen on the road! Globally 3 people die every minute in a road traffic accident. That's almost 1.5 million people every year! Equal to the population of many small countries



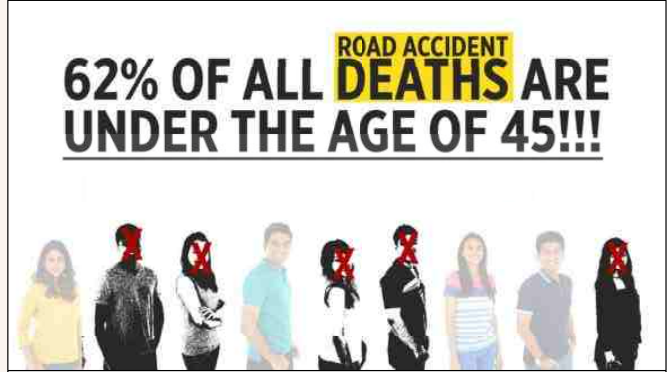
Closer home one Indian dies in a road accident every 3 minutes. That's almost 1.75 Lakh people in a year.

NATIONAL TRAUMA AWARENESS CAMPAIGN



44%
of all fatal accidents happen while on two wheelers

Almost 44% of all accidents involving a death are on two wheelers. Especially pillion riders who are most vulnerable to falls and head injuries



62% OF ALL ROAD ACCIDENT DEATHS ARE UNDER THE AGE OF 45!!!

The saddest part is that many of these deaths occur to individuals who are in the prime of their life. They are just starting their careers or the sole breadwinner for their families.



India is becoming the automobile capital of the world and, the **Road Traffic Accidents capital too!!!**

India is growing fast and is on its way to become the automobile capital of the world and ironically the accident capital of the world too



are the leading cause of death in RTAs

In fact, the saddest part is that head and facial injuries are among the top most causes of death in Road Traffic Accidents.



NO MAKEUP CAN HIDE ROAD SCARS

Why should you care? As I said earlier, the part of the body that's most visible to everyone is the face. And once there is a damage to the face, the pain and wound may heal but the scars will remain. We as Max Fax surgeons can do our best to protect lives from facial injuries, but the scars are for life and hence it is so important to make sure the scars are avoided in the first place.

Persons injured and killed due to non-use of safety devices (helmets and seat belts) during 2021

Category	Non Wearing of Helmet		Non Wearing of Seat Belt	
	Killed	Injured	Killed	Injured
Drivers	32,877	57,264	8,438	16,416
% Share in Total	70.6	61.1	51.5	41.8
Passenger	13,716	36,499	7,959	22,815
% Share in Total	29.4	38.9	48.5	58.2
Total	46,593	93,763	16,397	39,231

The numbers speak for themselves in terms of the sheer magnitude of this problem



NATIONAL TRAUMA AWARENESS CAMPAIGN


WHY are RTAs so prevalent?

Rapid Urbanization

Poor Safety Standards

Lack of Law Enforcement

Drugs and Alcohol



Which brings us to the question of what makes Road traffic accidents so prevalent? The biggest factor is the rapid urbanisation. More and more vehicles are coming on the road. With more money being available to young students's parents, they are forcing them to let the use two wheelers even without licence. A lot of drivers are not at all trained for the road and do not follow safe driving practices. With the sheer number of vehicles its difficult for the authorities to enforce law. To add to this problem is the menace of youngsters having easy access to drugs and alcohol. Apart from destroying their life and lifestyle, it also leads to more accidents on the road.

RTA leads to


Life-altering injuries and disabilities

Emotional burden

Economic burden



The ones who are injured and survive are the worst affected. Accidents lead to disabilities which alter lives and lifestyles. Many lose jobs, are resigned to a wheelchair for all their life and have to lead a life dependent on others for even simple things like going to a toilet! The emotional burden is not only on them but their near and dear too. The economic burden caused in unimaginable. It affects not only the family but also the nation too as the country loses a capable person



HOW DO _____

YOU

SOLVE THIS SITUATION?

So what can you and I do? At AOMSI we believe we can't solve this without you - the young future of India. Your proactive actions will help to solve this grave problem to a large extent. On one end by individual actions personally and on the other collective actions you take when you see a road traffic accident.

WEAR A FULL FACE HELMET AT ALL TIMES



Number 1: Wear a helmet at all times. It the biggest protector of the beauty called your face and a great helmet will never let you, your face and your head down. Buckle properly so that helmet fits snugly

HELMET for PILLION TOO!!!



75% fatalities occur to the pillion as they are the ones with least balance and control. So make sure that the pillion too wears a helmet at all times





Use **Full face cover** with completely **Transparent Visor** Helmets

A full face cover helmet is the only protection for the face. A good one should cover most of the face with just enough space for good visibility. This way even in extreme accidents - your face is protected

NATIONAL TRAUMA AWARENESS CAMPAIGN



While driving a car or riding a car, ensure that the seat belt is clipped in at all times for all passengers. The most common outcome of car accidents is either an injury to the face or the rib cage and both can be protected by just clipping on the seat belt



Make sure to follow all traffic rules at all times - signals, lanes, zebra crossings - each has its own value in adding to making the roads safer.

FACE IT CAMPAIGN

VIDEO...

Lets now watch a video that takes us through a powerful story on the importance of helmets and seat belts



Wow such a powerful video. These are things you can do which are entirely in your control. But many a times, you might be safe but not others on the road. Lets now look at what you can do when you see an accident on the road - Be a Good samaritan. And dont be scared of having to be involved in legal hassles later

Good Samaritans are protected by LAW!

45. After section 134 of the principal Act, the following section shall be inserted, namely:—

Insertion of new section 134A.

"134A. (1) A Good Samaritan shall not be liable for any civil or criminal action for any injury to or death of the victim of an accident involving a motor vehicle, where such injury or death resulted from the Good Samaritan's negligence in acting or failing to act while rendering emergency medical or non-medical care or assistance.

Protection of Good Samaritans.

(2) The Central Government may by rules provide for the procedure for questioning or examination of the Good Samaritan, disclosure of personal information of the Good Samaritan and such other related matters.

Explanation.—For the purposes of this section, "Good Samaritan" means a person, who in good faith, voluntarily and without expectation of any reward or compensation renders emergency medical or non-medical care or assistance at the scene of an accident to the victim or transports such victim to the hospital."

The government has put in rules that protect samaritans who help accident victims to ensure you are not harrassed



NATIONAL TRAUMA AWARENESS CAMPAIGN

In case of motor accident...

- 1 STOP & HELP**
the injured
- 2 OFFER**
medical assistance
- 3 RESPOND**
as a good SAMARITAN

Here are things that you can do when you are the first responder at an accident site till professional help arrives.

Never hesitate TO HELP!

Make a difference by extending a helping hand
Be a good SAMARITAN

FIRST AID for road accident victims

ARRIVING AT THE ACCIDENT SITE
SCENE SAFETY
(for patient and rescuer both)

CALL 108
EMERGENCY
• MEDICAL • POLICE • FIRE

CHECK THE AIRWAY OBSTRUCTION
While restricting the cervical spine motion



NATIONAL TRAUMA AWARENESS CAMPAIGN

TREAT BLEEDING WOUNDS

Pressure/Circumferential bandage/Torniquet/ immobilization of fractured bone



KEEP VICTIM WARM



ACTIONS AS A FIRST RESPONDER



CHECK THE VICTIM FOR A RESPONSE

Gently shake the shoulders.
Ask loudly



IF UNRESPONSIVE

Open the airway by lifting the chin
Check breathing: Look, listen & feel



Observe chest movement,
Listen to breathing sound
Feel breath on your cheek





NATIONAL TRAUMA AWARENESS CAMPAIGN

IF RESPONSIVE

Observe and call for help



NOT BREATHING NORMALLY

Alert emergency services
Deliver 30 chest compressions



Place the heel of one hand in the center of the victim's chest & place the heel of your other hand on the top of the first hand



Place the lips around victim's mouth, blow 2 times

Continue with 30 chest compressions and 2 blows until emergency service arrive



BREATHING NORMALLY

Place in the recovery position
Call for help
Check breathing again



PROPER POSITIONING TILL YOU SHIFT





NATIONAL TRAUMA AWARENESS CAMPAIGN

CONTROLLING EXTERNAL BLEEDING



CONTROLLING EXTERNAL BLEEDING



APPLY A PRESSURE BANDAGE

using either a folded triangular bandage or a roller bandage



NECK IMMOBILISATION



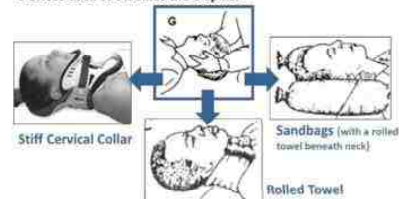
Restriction of Cervical Spine Motion

is of utmost importance before starting with any maneuver or during shifting of the Trauma Victim

ASSESSMENT & TREATMENT

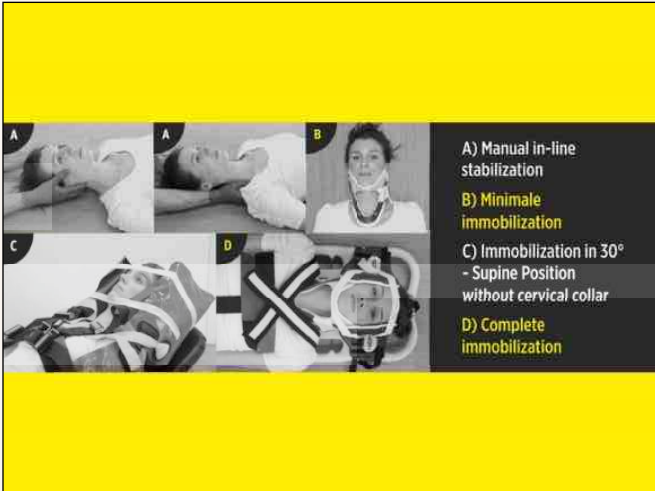
Spine Precautions

Devices used to stabilize the C-spine:





NATIONAL TRAUMA AWARENESS CAMPAIGN



WHAT TO DO IF YOU ARE THE FIRST RESPONDER?

VIDEO...



“Road safety continues to be a major developmental issue, a public health concern and a leading cause of death and injury.”

Shri Nitin Gadkari Ji
 Hon Minister Road Transport and Highways
 Government of India

MESSAGE FROM HON MINISTER SHRI NITIN GADKARI

VIDEO...





NATIONAL TRAUMA AWARENESS CAMPAIGN

INITIATIVES
Ministry of Road Transport & Highways, GOI

- Motor Vehicle (Amendment) Act 2019
- Integrated Road Accidents Database (IRAD)
- e-Detailed Accidents Report (e-DAR)



सत्यमेव जयते



Restoring Form, Function, Aesthetic &
TRANSFORMING LIVES



Before and after **Maxillofacial surgical treatment** of a severe Pan Facial Fracture post road traffic accidents



MAXILLOFACIAL SURGEONS ARE
GUARDIANS OF THE FACE

SAVING LIVES FACES



WEAR

HELMET | SEATBELT



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KSR INSTITUTE OF DENTAL SCIENCE AND RESEARCH, TIRUCHENGODE



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DHANALAKSHMI SRINIVASA DENTAL COLLEGE





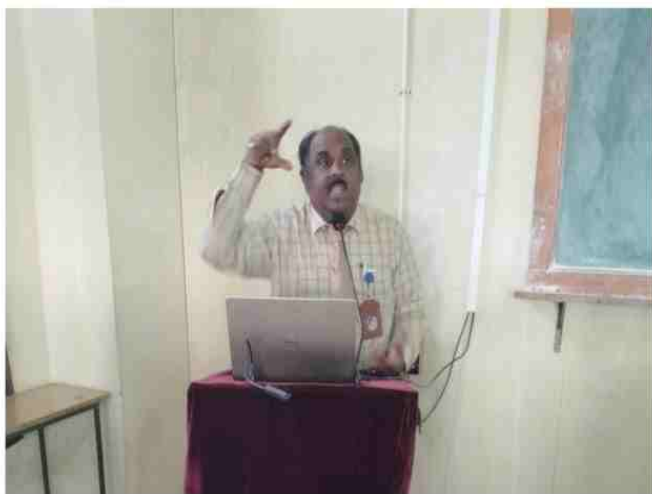
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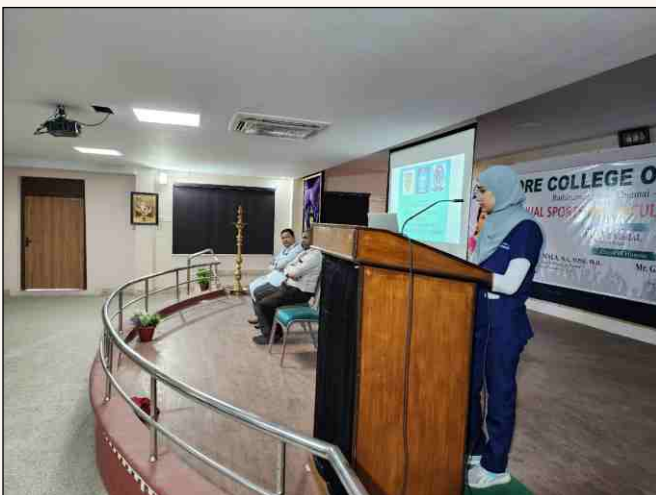
TAGORE DENTAL COLLEGE HOSPITAL

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY
TAGORE DENTAL COLLEGE AND HOSPITAL

Association Of Oral & Maxillofacial Surgeons Of India
Tamilnadu & Puducherry Branch

"TRAUMA AWARENESS CAMPAIGN"
LETS FACE IT!
26th AUGUST 2023

Prof. Dr. M. MALA CHAIRPERSON	Dr. C. J. VENKATAKRISHNAN PRINCIPAL	Dr. S. BALAGOPAL VICE PRINCIPAL	Dr. P. SAI KRISHNA VICE PRINCIPAL	Dr. R. RAT PROF & HOD



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SAVEETHA DENTAL COLLEGE HOSPITAL





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RAMAKRISHNA DENTAL COLLEGE





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JKK DENTAL COLLEGE HOSPITAL



Pixels - FELICITATION

Dr Sanjiv Nair

President, International Association of Oral and Maxillofacial Surgeons

Dr Gunaseelan Rajan

President, Asian Association of Oral and Maxillofacial Surgeons



2 Indian surgeons honoured at conference in Canada

Two Indian surgeons – Gunaseelan Rajan from Chennai and Sanjiv Nair from Bengaluru – were honoured at the inaugural ceremony of the 25th International Conference of Oral and Maxillofacial Surgery (ICOMS 2023) in Canada as the President of the Asian Chapter and as President of the International Association respectively. In the conference, held once in two years in different countries, over 1,300 specialists from 67 countries met from June 8-11 to debate recent advances in oral surgery, mouth cancer, research and innovation in facial surgery. While Dr. Rajan chaired a special session on mouth cancer, including robotic surgery and advanced dental implant treatment, Dr. Nair chaired a session on vascular tumors of the facial region.

Obituary



Dear Vatsa, You will forever be fondly remembered. You touched our lives with an abundance of love, affection, and warmth. Your kindness and benevolence have had a tremendous impact on a lot of us. You left us way too early, Vatsa.

Prof Dr Srivatsa Kengasubbiah
14.01.1976 to 03.11.2023



Compact • Optimized • Practical



12-HP-012
H Plate, 12Holes, 0.5t



12-YP-006
Y Plate, 8Holes, 0.5t

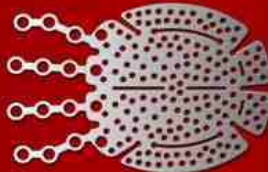


12-TP-010
T Plate, 10Holes, 0.5t

MID PLATES



16-OR-003-S
Orbital Plate
Small



16-OR-003
Orbital Plate



Double L Plate, 1.0t

MINI PLATES



BSSO Plate 0.8t



BSSO Plate 0.8t



Condyle, 9 Holes,
Short, 1.0t



20-CN-004
Condyle, 4 Holes, 1.0t



20-CN-004-S
Condyle, 4 Holes, 1.0t



20-CN-009
Condyle, 9 Holes, 1.0t

MG PLATES



20-MG-005
MG Plate, 7 Holes



20-MG-010
MG Plate, 7 Holes



20-MG-015
MG Plate, 7 Holes



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