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## ORIGINAL ARTICLE

# Awareness of Oral And Maxillofacial Surgery Among – Health Care Professionals – A Cross Sectional Study

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### ABSTRACT

Oral and Maxillofacial Surgery (OMFS), a dentistry specialty recognized by the Federal Dentistry Board in the mid-1960s, is responsible for the diagnosis, and clinical and surgical treatment of traumatic, congenital, developmental and iatrogenic lesions in the maxillofacial complex. Even today, difficulties are experienced owing to the lack of knowledge of the general public and health professionals concerning the scope of OMFS

A questionnaire survey of the perception of OMFS amongst 400 members of the general practitioners, general dentists, nursing students, and medical students is presented. Closed-ended format questions were designed to assess understanding of the range of conditions managed by Oral surgeons. The main objective was to ascertain how knowledgeable the medical/dental students, and health care professionals were about the diverse scope of surgical procedures that the oral and maxillofacial surgeon performs, and to improve the prognosis of different diseases.

**Key Words:** Oral and Maxillofacial Surgery; Awareness; Health care professionals

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### Introduction

Patients regularly present to their general practitioners (GPs), dentists, or emergency departments with abnormalities that require the expertise of specialists in oral and maxillofacial surgery (OMFS). Ideally, these patients should be given a timely referral to the specialty, for prompt assessment and treatment [1], [2]

Despite the perception that the public is unfamiliar with what an oral and maxillofacial (OMF) surgeon does, there is currently no supporting evidence to confirm this. Although a survey by HUNTER et al[9] showed that 72% of the public had heard of the specialty, an earlier study conducted by AMEERALLY et al[1] in England, revealed that 79% of the general public had never

heard of Oral and Maxillofacial Surgery (OMFS). A similar study, 10 years later, by IFEACHO et al [11], showed an increased awareness about the work undertaken by the specialty.

This lack of understanding is even more important, when it comes to health professionals. Patients regularly present to their dentists or emergency departments with abnormalities that require the expertise of specialists in OMFS. Our medical and dental colleagues need to have the necessary knowledge to make informed decisions about their patient’s management [13].

A similar survey was therefore done, to gain a better understanding concerning the public and health care professional’s perception of the specialty of oral and maxillofacial surgery in the NEPAL. The main objective was to ascertain how knowledgeable the medical/dental students and health care professionals were, about the diverse scope of surgical procedures that the oral and maxillofacial surgeon performs.

**Materials and Methods**

A cross-sectional study was performed among health care professionals in Manipal Teaching Hospital, Pokhara, and a tertiary care center in Nepal. A questionnaire [Table/Fig 1] was designed, that listed 15 clinical situations commonly encountered in the teaching hospital, and four different specialists. Respondents [Table/Fig 2] were asked to indicate who they would expect to treat them if they had one of a number of the specified conditions.

(Table/Fig 1) Questionnaire requiring correlation of clinical situation with specialist

Specialist	Clinical situation
OMF surgeon	Maxillary fracture
Plastic surgeon	Nose fracture
Head and Neck surgeon	Zygomatic fracture
E.N.T. surgeon	Dento-alveolar trauma
	Cancer of mouth
	Maxillary cyst
	Lump in the neck
	Lump in the mouth
	Dental implant
	Child with cleft lip
	Child with cleft palate
	Removal of wisdom tooth
	Mandibular reconstruction
	TMJ surgery

(Table/Fig 2) Number and Age of respondents

Group	Number	Age range(years)
Medical students	100	23-25
Dentists	100	36-38
Nurses	100	20-22
Medical professionals	100	38-40

The 400 interviewees were divided into four groups: 100 dentists, 100 medical professionals, 100 nursing students and 100 medical students. Medical students and nursing students were in their final years of the clinical course at Manipal Teaching Hospital, under Kathmandu University. The medical professionals included physicians and surgeons from all the clinical specialties. The results were collected and analyzed using Microsoft Excel.

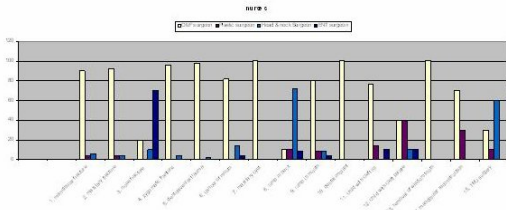
**Objective**

The questionnaire was intended to determine the percentage of respondents in each group that made the correct referral of patients presenting with different clinical situations.

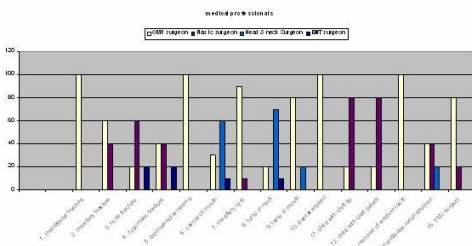
**Results**

The demographic data of the respondents were analyzed. The age range was similar in all four groups. The average age of the dental and medical professionals was 37 and 39 years respectively, while that of the nursing and medical students was 21 and 24 years, respectively. The results for the four groups of respondents are shown in [Table/Fig 3], [Table/Fig 4], [Table/Fig 5], [Table/Fig 6]. Most respondents (60-100%) in all four groups would consult an OMFS for fracture of the mandible, maxilla and zygoma. In cases with nasal fracture, the referral patterns were more inclined (60%) towards the E.N.T. surgeon. Further, the oral and maxillofacial surgeon scored an absolute majority in clinical situations like dento-alveolar trauma (94%), dental implant (100%), removal of wisdom tooth (100%), lump in the mouth (84%) and mandibular reconstruction (76%). For cancer of the mouth, most respondents (62%) would prefer an OMF surgeon for treatment. There were some differences when it came to reconstructive surgery, in terms of what

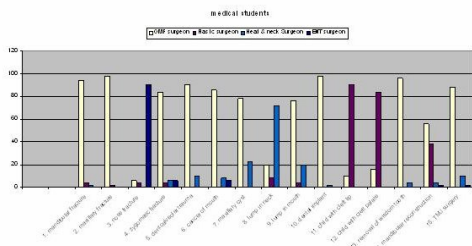
specialty would treat a cleft lip and cleft palate. About 32% were in the favor of an OMF surgeon, while 61% voted for a plastic surgeon for treating a case of cleft lip. Cases of cleft palate shared almost similar results.



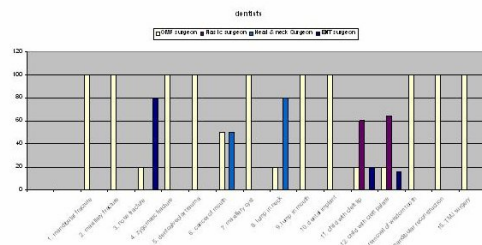
(Table/ Fig 3)



(Table/ Fig 4)



(Table/ Fig 5)



(Table/ Fig 6)

## Discussion

When the name of the specialty of “oral surgery” was changed to “oral and maxillofacial surgery” in 1977, the intent was to more clearly delineate the scope of practice of the specialty to the public. Since that time, there has been considerable debate over whether this goal has been accomplished. In attempting to answer this question, it is important to know whether other specialties may have similar problems. The results of this study clearly indicate that this is not a problem faced by OMFS alone. Not only do many other specialties have similar problems with recognition of their scope, but perhaps, it is not possible for a brief name to describe exactly all of what any specialist does. Therefore, although this does not mean that there should not be efforts to inform the public about what oral and maxillofacial surgeons do, it does indicate that no name alone can ever be completely descriptive[13], [14]

This survey demonstrated that almost all of the medical and dental students and medical/dental practitioners had heard of the specialty of oral and maxillofacial surgery. Apparently, however, some students and professionals were not aware of the wide surgical scope of the specialty. A majority of health-care professionals recognize OMFS, but some students and professionals are not aware of the wide surgical field of the specialty [13], [14], [17], [22].

The adult and pediatric OMFS services in Nepal are centralized in Kathmandu and Pokhara, and serve a population of 10 million. Peripheral hospitals provide OMFS services through outpatient clinics and day-care facilities. The four principal emergency hospitals provide all aspects of OMFS and take referrals from all GPs and dentists in the area. Otolaryngology and plastic surgery are similarly organized.

AMEERALLY et al [1] stated that if patients are to receive the optimal treatment

for oral and facial problems, dental and medical practitioners need to have a better understanding of what our specialty has to offer. OMFS has a long and complicated Latin name, and health coordinators have to be informed of the importance of this specialty in the management of complex and diverse problems within a well-defined anatomical area.

HUNTER et al [9] demonstrated that not surprisingly, most professionals like dental and medical students have heard of OMFS, but only a few realize the full scope of the specialty. They attribute this to a lack of publicity in the media, along with the fact that OMFS is grounded in dentistry rather than in medicine.

PARNES [20] stated that the governing bodies of the American Association of Oral and Maxillofacial Surgery formed a task force to discuss a possible name change for the specialty. Any change from the current name was rejected at that time. One of the concerns over changing the name was that another specialty of dentistry or medicine might adopt the abandoned name.

IFEACHO et al [11], noticed that recognition of OMFS among the general public and health professionals had increased (21–34%), and also, that the specialty had improved only marginally. Their results suggest that there was a clear division in the awareness between conditions relating to the mouth and those outside the mouth, in the head and neck region, despite the latter being well within the scope of OMFS.

LASKIN et al [15] evaluated the knowledge of 12 different specialties to determine whether such unfamiliarity is true only for OMFS, or whether it occurs with other specialties. The result of this study showed that name recognition was not a problem only for OMFS. Although this does not mean that no effort should be made to inform the public about what OMF surgeons do, it does indicate that no name alone can

ever be completely descriptive [18], [22],[23].

In general, the above results show that there is an increasing trend towards the recognition of Oral and Maxillofacial Surgery as a specialized branch for the treatment of the above mentioned conditions as compared to the past [3],[16],[21],[24],[25]

This survey was performed only in the Kathmandu and Pokhara areas, and therefore the results may not be applicable elsewhere. Regional variations exist, and surgeons are responsible for educating their own community and referral circles about the scope of their practice, which will depend on the training, experience and areas of interest. It is clear that greater progress needs to be made in the education of medical and dental students, as well as the general public, if the specialty of OMFS is to be practiced to its full potential [4],[5][6],[9]

## Conclusion

Awareness of the scope of OMFS should lead to improved access and efficient delivery of a quality service. Our medical and dental colleagues need to have the necessary knowledge to make informed decisions about their patient's management. Equally, the public would benefit from knowing what OMFS offers them, so that they can request an appropriate referral.

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