



# ORAL & MAXILLOFAICAL

SURGERY





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### **MESSAGE FROM PRINCIPAL**

It is my pleasure to welcome you to Akhter Saeed Medical and Dental College in Final year BDS Professional. AMDC aims to improve the dental health of the people in the Pakistan through providing the students with excellent cclinical training, supporting research and



learning environment. Towards this goal the Department of Oral & Maxillofacial Surgery has prepared a course handbook for the benefit of the students.

I have read this handbook would like to assure you that the team of oral & Maxillofacial Surgery has done an excellent job in addressing all the questions a student will have at the start of the course. This handbook also contains all the schedule of lectures and practical classes. I would like to congratulate the team for coming up with this hand book.

I am happy to be the Principal of Akhter Saeed Dental College and I am sure that the assurance from the dedication of my energetic and benevolent faculty and staff prompts you to be skilled and knowledgeable in attaining high standards of education.

> Best Wishes



### **MESSAGE FROM HEAD OF DEPARTMENT**

#### Dear Students,

I am very happy to be faculty member of this College and teaching the Oral & Maxillofacial during final year of BDS, I would like to introduce for you this handbook for Oral & Maxillofacial course that guides you throughout the year and finding the useful information that you need about the; course name, detailed course contents, detailed objectives for each class, the proper and modern methods and ways used for teaching in dental college, text books needed and evaluation systems. The topics covered in this course are highly relevant and have clinical training which will be of great help in your professional life. This subject is one of the very important foundation courses in dentistry and will help you to progress on to become a good dental surgeon. Hence, we the faculty of oral & Maxillofacial surgery suggest you to use this handbook to prepare yourself during the course and gain maximum benefit.

### **BEST WISHES & GOOD LUCK**

DR. SABIR HUSSAIN





# WHAT IS A STUDY GUIDE?

It is an aid to:

- Inform students how student learning program has been organized according to their learning objectives.
- Help students organize and manage their studies throughout the course.
- Guide students on assessment methods, rules and regulations

#### THE STUDY GUIDE:

- Communicates information on organization and management of the course. This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the course.
- Identifies the learning strategies such as lectures, small group teachings, clinical skills, demonstration, tutorial and case-based learning that will be implemented to achieve the course objectives.
- Provides a list of learning resources such as books, computer assisted learning programs, web- links, journals, for students to consult in order to maximize their learning.

### STUDENT'S OVERALL PERFORMANCE:

 Includes information on the assessment methods that will be held to determine every student's

#### **ACHIEVEMENT OF OBJECTIVES:**



• Focuses on information pertaining to examination policy, rules and regulations.

### **APPROVAL FOR THE COURSE**

This course has been reviewed, revised and approved by

- Pakistan Medical and Dental Council
- University of Health Sciences
- College Curriculum Committee





# **GENERAL COURSE INFORMATION**

Course Title	ORAL & MAXIL	LOFACIAL SURGER	Y
Course Components	Theory Marks:100	Clinical Exam Marks:100	
PRE-REQUISTES	General Anatomy	Oral Pathology	General Surgery
YEAR	Final Year BDS	·	



# **COURSE DESCRIPTION**

Oral & Maxillofacial Surgery is one of the clinical subject in dentistry deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions (the mouth and jaw areas). The discipline of Oral and maxillofacial surgery links the training in clinical dentistry. It covers the diverse spectrum of disease processes affecting oral structures and tissues.

The mission of the specialty of oral and maxillofacial surgery deals with the causative factors, clinical and radiographic features, diseases, identification, effects of diseases affecting the oral and maxillofacial region. Understanding the oral and maxillofacial surgery is necessary for diagnosis and for the development of rational treatment and preventive programs as a dental professional.

One of the most important purposes of oral and maxillofacial surgery is to give the student the ability to correctly diagnose of oral lesions, develop differential diagnosis. There are more than 200 different types of diseases that affect the oral cavity. The department of oral and maxillofacial surgery has educational goals for the 3rd year BDS (pre-clinical) and final year BDS (clinical) students and provide quality education including the clinical detailed examination, radiographic presentation of oral diseases and training by creating, preservation, integration and utilization of knowledge.



#### Oral & Maxillofacial Surgery

### **COURSE OBJECTIVES**



To produce graduates who have demonstrated that they have:

- Provide knowledge in oral Oral & Maxillofacial Surgery to undergraduate students.
- The skills and knowledge for a productive, competent, and compassionate Clinical practice.
- To familiarize the students with the foundational knowledge necessary for critical thinking, problem solving and diagnosis of oral diseases.
- The skills to clearly communicate their knowledge as needed.
- To familiarize students with multiple diagnostic techniques applicable in every condition.



### **ORAL SURGERY COURSE OUTLINE**

The purpose of this course is for the students to understand and know how to apply and identify oral and maxillo-facial cases and how these diseases to be studied. The pattern of study should be as follow:

- Definition of the diseases
- Pathogenesis/etiology of the diseases
- Clinical Characteristics of the diseases:
  - Prevalence
  - Age
  - Gender
  - Site
  - Color
  - Texture
  - Chief Complaints
- Radiographic Features:
  - Radiolucent/Radio-opaque/Mixed
  - Borders of lesion
  - Effect on surrounding structure
  - Root resorption
  - Root divergence
  - Characteristic radiographic appearance.
- Diagnostic aids used in diagnosis.
- How to make differential diagnosis
- Prognosis of the lesion



- Surgical management the lesion
  - Pre-operative assessment
  - Peri operative management
  - Post-operative care



# **UHS COURSE CONTENTS**



# **TABLE OF SPECIFICATION**





# SYLLABUS & TABLE OF SPECIFICATIONS (TOS):

syllabus

According to the syllabi & TOS of UHS, LHR, are as follows:

Sr.#	Contents	No. of MCQ s	% MC Qs	No. of SEQs	% SEQs	% distri butio n
1.	Oro-Facial Pain	1	2.2%	1	6.6%	4.4%
2.	Salivary Glands	5	11.1%	1	6.6%	8.8%
3.	Oncology	7	15.5%	1	6.6%	11.0%
4.	Local Anesthesia	11	24.4 %	1	6.6%	15.5%
5.	Maxillary Antrum	2	4.4%	1	6.6%	5.5%
6.	Basic Principles of Surgery	1	2.2%	1	6.6%	4.4%
7.	Impactions	2	4.4%	1	6.6%	5.5%
8.	Spread of Oral Infections	2	4.4%	1	6.6%	5.5%
9.	Pre-Prosthetic Surgery	2	4.4%	1	6.6%	5.5%
10.	Jaw Cysts	1	2.2%	1	6.6%	4.4%
11.	TMJ Ankylosis	1	2.2%	1	6.6%	4.4%
12.	Exodontias	3	6.6%	1	6.6%	6.6%
13.	Oral and Maxillo-Facial Trauma	3	6.6%	1	6.6%	6.6%
14.	Management of Medically Compromised Patients	4	8.8%	-	-	4.4%
15.	Periapical Surgery	-	-	1	6.6%	3.3%
16.	Dental Implant	-	-	1	6.6%	3.3%





# ACADEMIC CALENDAR



### ACADEMIC CALENDER OF ORAL SURGERY FOR LECTURES

	Торіс	Doctors name
Preop	erative Health Status Evalua	ation
<ul> <li>HOPC, Med Management of <u>conditions</u></li> <li>CVS, Pulmo</li> </ul>	data and chief complaint lical history and physical examination <b>patients with compromising medical</b> onary, renal hematologic problems docrine and Neurologic disorders	Dr. Waqar Ali
Prevention	and management of	
medical em	<u>ergencies</u>	
help, emerge <u>Medical emerge</u>	education, office staff training, access to ency supplies and equipment	Dr. Waqar ali
<ul> <li>COPD, For aspiration</li> <li>Altered constraind orthostatic toxicity, I</li> </ul>	y difficulty ; asthma, hyperventilation, oreign body aspiration, Gastric contents onsciousness ; vasovagal syncope, e hypotension, seizure , local anesthesia Diabetes mellitus, Thyroid dysfunction, asufficiency, Cerebrovascular	Dr. Waqar ali
Princi	ples of surgery	
<ul> <li>Basic necess</li> <li>Aspetic tech</li> <li>Incisions</li> <li>Flap Design</li> <li>Hemostasis</li> </ul>	ation and debridement rol	Dr. Sabir Hussain
• Wound repa	ssue damage	Dr. Yasir ishaq
• Factors that	impair wound healing primary, secondary and tertiary intention	



Oral & Maxillofacial Surgery

Oral & Maxilloracial Surgery	
• Healing of extraction socket	Dr. Waqar ali
• Bone healing	
<ul> <li>Implant osseointegration</li> </ul>	
• Facial neuropathology of traumatic origin	
Infection control in surgical prac	tice
Communicable pathogenic organisms	Dr. Waqar Ali
o Bacteria	
• Viral organisms	
Aseptic techniques	
o Terminology	
• Concepts	
• Techniques of instrument sterilization	
• Surgical staff preparation	
• Postsurgical sepsis	
Instrumentation for basic oral	
surgery	Du Calin Hannair
• Incising tissue	Dr. Sabir Hussain
• Elevating the mucoperisosteum	
<ul> <li>Retracting the soft tissue</li> <li>Grasping soft tissue</li> </ul>	
<ul> <li>Grasping soft tissue</li> <li>Controlling hemorrhages</li> </ul>	
<ul> <li>Removing bone</li> </ul>	
Principles of routine exodontia	
MUCOSAL AND SKIN CONDITIONS	Dr. Yasir Ishaq
<ul> <li>Presurgical medical assessment</li> </ul>	
• Pain and anxiety control	
• Indications for removal of teeth	
Contraindications to removal of teeth	
Principles of more complex exodontia	Dr. Sabir Hussain
<ul> <li>Clinical evaluation of teeth</li> <li>Radiographic examination</li> </ul>	
<ul> <li>Patient and surgeon preparation</li> <li>Chair position for extractions</li> </ul>	
<ul> <li>Mechanical principles involved in tooth extraction</li> </ul>	
	Dr. Waqar Ali
• Principles of elevator and forceps	
<ul> <li>Procedure for closed extraction</li> </ul>	
• Specific techniques for the removal	
• Postextraction tooth socket	
Principles of management of	
impacted teeth	
	Dr. Yasir Ishaq
• Indications for removal of impacted teeth	-
<ul> <li>Contraindications for removal of impacted teeth</li> </ul>	
• Classification systems for mandibular third molar	
• Root morphology	
• Classification systems for maxillary third molar	
impactions	
• Surgical procedure	



• Perioperative patient management	
Postoperative patient management	
<ul> <li>Control of postoperative hemorrhage</li> <li>Control of postoperative sequelae</li> <li>Melkersson-Rosenthal Syndrome</li> <li>Postoperative followup</li> <li>Operative note</li> </ul>	Dr. Sabir Hussain
Prevention and management of	
extraction complications	
<ul> <li>Prevention of complications</li> <li>Soft tissue injuries</li> <li>Problems with a tooth being extracted</li> <li>Injuries to adjacent teeth</li> <li>Injury to osseous structures</li> </ul>	Dr. Waqar Ali
<ul> <li>Injuries to adjacent structures</li> <li>Oroantral communications</li> <li>Postoperative bleeding</li> <li>Delayed healing and infection</li> <li>Fractures of the mandible</li> </ul>	Dr. Yasir Ishaq
Medicolegal considerations	
<ul> <li>Legal concepts influencing liability</li> <li>Risk reduction</li> <li>Informed consent</li> <li>Records and documentation</li> <li>Electronic records</li> <li>Referral</li> </ul>	Dr. Waqar Ali
<ul> <li>Complications</li> <li>Patient management problems</li> <li>Areas of dental litigation</li> <li>Telemedicine</li> <li>Rules and regulation affecting practice</li> </ul>	Dr. Sabir Hussain
<b>Preprosthetic Surger</b> y	Du Vogiu Ishog
<ul> <li>Objectives of preprosthetic surgery</li> <li>Principles of patient evaluation</li> <li>Recontouring of alveolar ridges</li> <li>Tori removal</li> <li>Soft tissue abnormality</li> <li>Immediate denture</li> </ul>	Dr. Yasir Ishaq
 <ul> <li>Alveolar ridge preservation</li> <li>Overdenture surgery</li> </ul>	



Oral & Maxillofacial Surgery

• Ridge extension surgery	
Implant treatment	
<ul> <li>Evaluation</li> <li>Treatment planning</li> <li>Surgical technique</li> <li>Surgical preparation</li> <li>Prosthetic options</li> </ul>	Dr. Waqar Ali
Implant treatment: Advanced concepts	
<ul> <li>Immediate implant</li> <li>Bone grafting</li> <li>Augmentation</li> </ul>	Dr. Yasir Ishaq
Principles of management and prevention of odontogenic infections	
<ul> <li>Microbiology</li> <li>Principle of treatment</li> <li>Prevention</li> </ul>	Dr. Waqar Ali
Complex odontogenic infections	
<ul> <li>Deep fascial space infection</li> <li>Osteomyelitis</li> <li>Actinomycosis</li> <li>Candidiasis</li> </ul>	Dr. Sabir Hussain
Principles of endodontic surgery	Dr. Yaser Ishaq
<ul> <li>Drainage of an abscess</li> <li>Periapical surgery</li> <li>Corrective surgery</li> </ul>	2.1. I USER ISHING
Radiotherapy and Chemotherapy	



Oral & Maxilloracial Surgery	
<ul> <li>Management of patients undergoing radiation</li> <li>Management of patients undergoing chemotherapy</li> <li>Management of patients with (BOJ)</li> </ul>	Dr. Waqar Ali
ODONTOGENIC DISEASE OF MAXILLARY SINUS	Dr. Sabir Hussain
<ul> <li>Evaluation</li> <li>Treatment</li> <li>Complication</li> </ul>	Dr. Yaser Ishaq
Salivary gland disorders	
<ul> <li>Evaluation</li> <li>Diagnosis</li> <li>Infections</li> <li>Neoplasms</li> </ul>	Dr. Waqar ali
Differential Diagnosis and biopsy	
<ul> <li>Examination and diagnostic modalities</li> <li>General principles of biopsy</li> <li>Intraosseous biopsy techniques</li> </ul>	Dr. Sabir hussain
Surgical management of oral pathologic lesions	
<ul> <li>Basic surgical goals</li> <li>Surgical management of cysts</li> <li>Principles of surgical management of tumors</li> </ul>	Dr. Yaser ishaq
Soft tissue and dentoalveolar injuries	



Oral & Maxillofacial Surgery

	naxilioracial Surgery
Soft tissue injury	Dr.Waqar Ali
• Evaluation	
<ul> <li>Diagnosis</li> </ul>	
o Treatment	
Dentoalveolar in	njury Dr. Sabir hussain
Evaluation	
Diagnosis	
Treatment	
Facial Fract	ures
○ Evaluation	Dr. Vogen ichog
	Dr. Yaser ishaq
o Treatment	
Dentofacial	deformity
	• •
	Dr. Waqar Ali
• Prevalence	•
• Causes	
• Evaluation	
• Treatment	
Orofacial	elefts
Orofacial	
• Causative	factors Dr. Vogen ichor
	factors Dr. Yaser ishaq
	-L
• Dental nee	us
Surgical recon	struction of the jaws
	Dr. Sabir Hussain
• Bone reconstruction	
• Types of grafts	
• Mandibular reconstru	ction
<ul> <li>Maxillofacial bone-g</li> </ul>	
	Gr
ll	I
Т	MJ Disorders
	Dr. Yaser ishaq
• Evaluation	
• Classification	
• Treatment	



### ACADEMIC CALENDER OF ORAL SURGERY CLINICAL ROTATION

#### FINAL YEAR ROTATION TRAINING SCHEDULE

Days	Dates	Торіс	Demonstrator	Daily discussion
required				Medical problem
		Perform simple extractions while attending the oral surgery clinics regularly during the designated period of rotational training; and record the details in quota book with verification by demonstrators done on the same day.	To be signed by demos for each case	
Clinical duty		Observe a minimum of three minor oral surgical procedures as 05 <sup>st</sup> or 2 <sup>nd</sup> assistant with comprehensive documentation of diagnosis, classification with diagrams, difficulty level establishment, treatment plan, procedure, post-op medications and instructions.	To be signed by demos for each case	
Clinical cases		Perform uncommon LA techniques like 2 posterior superior alveolar nerve block, 2 Gow Gates mandibular nerve block and 2 Vazirani-Akinosi Closed Mouth Mandibular Nerve Block.		
		Attend a minimum of 2 days of oral & maxillofacial surgery operation theatre sessions and submit reflective reports of the experience.		Write description of OT cases in your quota book.
Exo Clinical assessment		(Patient assessment, local anesthesia, Clinical methods, Medical emergencies, Exodontia)		
		Positioning for LA/ LA techniques	Dr. Sabir Hussain	ASA classification
		Positioning for extraction/ Choice of instruments (exodontias instruments)	Dr. Waqar Ali	Hypertension
		Forcep & elevator usage (Also to be helped with use of instruments during extraction – All demos)	Dr. Yasir Ishaq	IHD
		Perform suturing exercise on foam.		МІ



		Dr. Muhammad	
		Ahmed	
	Traumatology		
	<ul><li>a. Arch bar application</li><li>b. Eyelet application</li><li>c. IMF</li></ul>	Dr. Sohail Yasin	Arrhythmia Cardiac failure
Assignment	Perform sterilization of three packs of instruments including cleaning, packing, loading & unloading an autoclave, verifying sterilization and storing.	Dr. Sabir Hussain	
	Written Assignment + performance		
Assignment	Enlist disinfectants used and their usage.	Dr. Waqar Ali	
	Demonstrate dental unit preparation for patient treatment.		
	Follow personal protection for cross infection control.		
	Perform a dummy exercise for needle stick injury and writing the protocol.		
	Demonstrate how to gown & glove for surgery.	Dr. Yasir Ishaq	Pace maker
	Identify minor oral surgery instruments and describe their usage.	Dr. Muhammad Ahmed	Congenital heart disease
Assignment	Enlist different type of sutures and describing usage for each type.		
Hand written	Enlist materials/drugs used for hemorrhage control, medical emergency management, dressing materials and agents used in surgery.	Dr. Sohail Yasin	
	Clinical Methods	Dr. Sabir Hussain	Diabetes
	<ul><li>a. History taking</li><li>b. Medical emergency assessment.</li></ul>		
	Identify major oral surgery instruments and describing their usage.	Dr. Waqar Ali	Thyroid disease
Assignment	Enlist possible exodontias complications with management.	Dr. Yasir Ishaq	
05	Clinical Methods		Anemia
	a. Cranial nerves assessment.		



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a. Salivary glands assessment.     Dr. Sohail Yasin     Asthama Stroke       Clinical Methods     Dr. Sabir Hussain     Epilepsy       05     Clinical Methods     Dr. Waqar Ali     Liver disease       b. Maxillary fracture assessment.     Dr. Yasir Ishaq     Cancer patient       Clinical Methods     Dr. Muhammad     Pregnant       Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad     Pregnant       Linical Methods     Dr. Sohail Yasin     Pediatric patient       Clinical Methods     Dr. Sohail Yasin     Geriatric patient       Linical Methods     Dr. Sohail Yasin     Biochemical, LFT, RFT, Coag       Linical Methods     Dr. Sohail Yasin     Geriatric patient       Linical Methods     Dr. Sohail Yasin     Geriatric patient       Linical Methods     Dr. Sohail Yasin     Biochemical, LFT, RFT, Coag       Linical Methods     Dr. Sohail Yasin     Geriatric patient			Dr. Muhammad Ahmed	
b.     Neck node assessment     Dr. Sohail Yasin     Stroke       Clinical Methods     Dr. Sabir Hussain     Epilepsy       05     Clinical Methods     Dr. Waqar Ali     Liver disease       b.     Maxillary fracture assessment.     Dr. Yasir Ishaq     Cancer patient       Clinical Methods     Dr. Yasir Ishaq     Cancer patient       Clinical Methods     Dr. Yasir Ishaq     Cancer patient       Clinical Methods     Dr. Muhammad     Pregnant       Clinical Methods     Dr. Muhammad     Pregnant       Clinical Methods     Dr. Muhammad     Pregnant       Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad     Pregnant       Amed     Amed     Dr. Sobiil Yasin     Geriatric       a.     Patient Referral     Dr. Sobiil Yasin     Geriatric       b. Clinical notes keeping     Dr. Sobiil Yasin     Geriatric       Clinical Methods     Dr. Prescription writing     Dr. Sabir Hussain     Bleeding       Clinical notes keeping     Dr. Sobiil Yasin     Steroid patient       Emergency Equipment     Dr. Sabir Hussain     Bleeding       Emergency Medications     Dr. Waqar Ali     Steroid patient       Emergency Medications     Dr. Muhammad     Anmed       Patient Referes     Dr. Muhammad     Anmed </td <td></td> <td>Clinical Methods</td> <td></td> <td></td>		Clinical Methods		
Image: Clinical Methods     Dr. Sabir Hussain     Epilepsy       05     Clinical Methods     Dr. Waqar Ali     Liver disease       05     Clinical Methods     Dr. Waqar Ali     Liver disease       0     Maxillary fracture assessment.     Dr. Yasir Ishaq     Cancer patient       0     Clinical Methods     Dr. Yasir Ishaq     Cancer patient       0     Clinical Methods     Dr. Yasir Ishaq     Cancer patient       0     Clinical Methods     Dr. Muhammad     Pregnant       1     Clinical Methods     Dr. Sobil Yasin     Pediatric       1     Clinical Methods     Dr. Sobil Yasin     Pediatric       1     Clinical notes keeping     Dr. Sobil Yasin     Geriatric       2     Emergency Equipment     Dr. Sabir Hussain     Bleeding disorder       2     Emergency Medications     Dr. Waqar Ali     Steroid patient       2     Emergency Medications     Dr. Muhammad     Ahmed       4     Radiology     Midface series     Dr. Muhammad       4     Radiology     Midface series     Dr. Muhammad			Dr. Sohail Yasin	
05     Clinical Methods     Dr. Waqar Ali     Liver disease       05     Dr. Maxillary fracture assessment.     Liver disease       0     Dr. Maxillary fracture assessment.     Liver disease       0     Clinical Methods     Dr. Yasir Ishaq       0     Clinical Methods     Dr. Yasir Ishaq       0     Clinical Methods     Dr. Yasir Ishaq       0     Clinical Methods     Dr. Muhammad       1     Clinical Methods     Dr. Muhammad       1     Newstigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad       1     Clinical Methods     Dr. Muhammad       1     Clinical Methods     Dr. Muhammad       1     Clinical Methods     Dr. Muhammad       1     Oticial notes keeping     Dr. Sohail Yasin       2     Clinical Methods     Dr. Sohail Yasin       2     Emergency Equipment     Dr. Sohail Yasin       3     Pediatric patient       2     Emergency Medications     Dr. Waqar Ali       4     Emergency Medications     Dr. Waqar Ali       5     Emergency management including CPR     Dr. Yasir Ishaq       6     Radiology     Midface series       7     Mandibular series     Dr. Muhammad Ahmed				
a. Zygomatic fracture assessment.     Liver disease       b. Maxillary fracture assessment.     Dr. Yasir Ishaq       Clinical Methods     Dr. Yasir Ishaq       c. Mandibular fracture assessment.     Cancer patient       Clinical Methods     Dr. Muhammad       Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad       Clinical Methods     Dr. Sohail Yasin       Clinical Methods     a. Patient Referral       b. Clinical notes keeping     Dr. Sohail Yasin       Clinical methods     Dr. Sohail Yasin       Geriatric patient     Geriatric patient       Clinical Methods     Dr. Sohail Yasin       Bleeding disorder     Emergency Equipment       Dr. Sabir Hussain     Bleeding disorder       Emergency Medications     Dr. Waqar Ali       Emergency management including CPR     Dr. Yasir Ishaq       Radiology     Mandibular series > Midface series       Midface series     Dr. Muhammad Ahmed			Dr. Sabir Hussain	Epilepsy
b. Maxillary fracture assessment.     Dr. Yasir Ishaq       Clinical Methods     Dr. Yasir Ishaq       c. Mandibular fracture assessment.     Cancer patient       Clinical Methods     Dr. Muhammad       Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad       Clinical Methods     Dr. Sohail Yasin       Clinical Methods     Pediatric patient       Clinical Methods     Dr. Sohail Yasin       Pediatric     Clinical notes keeping c. Prescription writing       Dr. Sohail Yasin     Geriatric patient       Emergency Equipment     Dr. Sabir Hussain       Emergency Medications     Dr. Waqar Ali       Emergency management including CPR     Dr. Yasir Ishaq       Radiology     Mandibular series > Midface series       Radiology     Prantipatient       * Radiology     * Radiolopaque lesions	05	Clinical Methods	Dr. Waqar Ali	
Clinical Methods     Dr. Yasir Ishaq     Cancer patient       Clinical Methods     Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag     Dr. Muhammad Ahmed     Pregnant patient       Clinical Methods     a. Patient Referral b. Clinical notes keeping c. Prescription writing     Dr. Sohail Yasin     Pediatric patient       Emergency Equipment     Dr. Sabir Hussain     Bleeding disorder       Emergency Medications     Dr. Waqar Ali     Steroid patient       Emergency management including CPR     Dr. Muhammad Ahmed     Renal patient       Radiology     Mandibular series > Midface series     Dr. Muhammad Ahmed     Transplant patient		a. Zygomatic fracture assessment.		Liver disease
c. Mandibular fracture assessment.       Cancer patient         Clinical Methods       Investigations/interpretation – Hematological, Biochemical, LFT, RFT, Coag       Dr. Muhammad Ahmed       Pregnant patient         Clinical Methods       a. Patient Referral       Dr. Sohail Yasin       Pediatric patient         D. Clinical Methods       c. Prescription writing       Dr. Sohail Yasin       Pediatric patient         Geriatric patient       C. Prescription writing       Dr. Sohail Yasin       Bleeding disorder         Emergency Equipment       Dr. Sabir Hussain       Bleeding disorder         Emergency Medications       Dr. Waqar Ali       Steroid patient         Radiology       Mandibular series       Dr. Muhammad Ahmed       Pregnant patient         Radiology       Radiology       Prescription       Transplant patient				
Image: Clinical MethodsDr. Muhammad AhmedPregnant patientClinical MethodsDr. Muhammad AhmedPregnant patientClinical Methodsa. Patient Referral b. Clinical notes keeping c. Prescription writingDr. Sohail YasinPediatric patientEmergency EquipmentDr. Sabir HussainBleeding disorderGeriatric patientEmergency MedicationsDr. Waqar AliSteroid patientEmergency management including CPRDr. Yasir IshaqRenal patientRadiologyMandibular series > Midface seriesDr. Muhammad AhmedTransplant patientRadiology& Radiolucent lesions & Radiopaque lesionsDr. Sol with usinTransplant patient		Clinical Methods	Dr. Yasir Ishaq	
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Biochemical, LFT, RFT, CoagAhmedpatientClinical Methodsa. Patient Referral b. Clinical notes keeping c. Prescription writingpediatric patientDr. Sohail YasinPediatric patientGeriatric patientGeriatric patientEmergency EquipmentDr. Sabir HussainBleeding disorderEmergency MedicationsDr. Waqar AliSteroid patientEmergency management including CPRDr. Yasir IshaqRenal patientRadiology > Mandibular series > Midface seriesDr. Muhammad AhmedTransplant patient		Clinical Methods		
a. Patient Referral b. Clinical notes keeping c. Prescription writingPediatric patientDr. Sohail YasinPediatric patientGeriatric patientGeriatric patientEmergency EquipmentDr. Sabir HussainBleeding disorderEmergency MedicationsDr. Waqar AliSteroid patientEmergency management including CPRDr. Yasir IshaqRenal patientRadiology > Mandibular series > Midface seriesDr. Muhammad AhmedTransplant patient				-
b. Clinical notes keeping c. Prescription writing Dr. Sohail Yasin patient Geriatric patient Emergency Equipment Dr. Sabir Hussain Bleeding disorder Emergency Medications Dr. Waqar Ali Steroid patient Emergency management including CPR Dr. Yasir Ishaq Renal patient Radiology > Mandibular series > Midface series Dr. Muhammad Ahmed Transplant patient		Clinical Methods		
Image: seriespatientpatientImage: seriesEmergency EquipmentDr. Sabir HussainBleeding disorderImage: seriesEmergency MedicationsDr. Waqar AliSteroid patientImage: seriesEmergency management including CPRDr. Yasir IshaqRenal patientImage: seriesRadiology > Mandibular series > Midface seriesDr. Muhammad AhmedTransplant patientImage: seriesRadiology * Radiology * Radiology * RadiologyDr. ScheitkorieTransplant patient		b. Clinical notes keeping	Dr. Sohail Yasin	
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Emergency management including CPR     Dr. Yasir Ishaq     Renal patient       Radiology     > Mandibular series     Dr. Muhammad       Midface series     Dr. Muhammad     Ahmed       Radiology      Transplant       * Radiologaque lesions      Schwill Kein		Emergency Equipment	Dr. Sabir Hussain	-
Radiology     Mandibular series     Dr. Muhammad       Midface series     Dr. Muhammad       Radiology     Radiology       Radiology     Transplant       Radiology     Radiolucent lesions       Radioopaque lesions     Dr. Scheilburg		Emergency Medications	Dr. Waqar Ali	Steroid patient
<ul> <li>Mandibular series</li> <li>Midface series</li> <li>Dr. Muhammad Ahmed</li> <li>Radiology</li> <li>Radiolucent lesions</li> <li>Radioopaque lesions</li> <li>Dr. Muhammad Ahmed</li> </ul>		Emergency management including CPR	Dr. Yasir Ishaq	Renal patient
Midface series       Ahmed         Radiology       Transplant         Radiolucent lesions       patient         Radioopaque lesions       De Gel eilbruit		Radiology		
<ul> <li>Radiolucent lesions</li> <li>Radioopaque lesions</li> </ul>				
		<ul> <li>Radiolucent lesions</li> </ul>		
			Dr. Sohail Yasin	



#### Oral & Maxillofacial Surgery

	Surgical Anatomy & Access	Dr. Sabir Hussain	Endocarditis
	a. Zygoma.		
	b. Orbit.		
	c. Midface.		
	d. TMJ.		
	e. Mandible.		
	f. Salivary glands.		
	g. Tongue/floor of mouth.		
05	Traumatology	Dr. Waqar Ali	
	a. Suspension wires		
	b. Principles of IMF		
	Traumatology	Dr. Yasir Ishaq	
	Dentoalveolar fracture management		
	How to become good professionals		
		Dr. Muhammad	
		Ahmed	
	How to appear in Clinical Exam Of Oral Surgery	Dr. Waqar Ali	
	Submission of Suturing exercise and IMF	Dr. Sohail Yasin	
Final			
Clinical			
Chinican			

# **ORAL SURGRY LECTURES WITH**

# **LEARNING OUTCOME**





TOPICS	OUTCOME
Principle of Oral & Maxillofacial Surgery a)Examination & Diagnosis	Student should be able to. Perform general & local examination of patient. ii. Take complete history. iii. Interpretate the radiological, Bacteriological, pathological & histological. investigations. iv. Establish the diagnosis
b) Asepsis	Student should be able to. i.Define asepsis ii. Describe the preventive measures of controlling infection during surgery. iii. Describe the various methods of sterilization & disinfection of surgical instruments and setups sterilization of Dental Operating room.
2.Wounds & injuries of the soft tissues of the head & neck region.	Student should be able to Classify the wounds ii. Describe the mechanism of wound healing, bone healing. iii. Describe the principles of wounds & burn treatment
3. Infections; a)Odontogenic	Student should be able to Define odontogenic infection principle of management of anaerobic infection mixed infection, abscess, alveolar abscess, space infections, cellulitis, Ludwigs angina, cavernous sinus thrombosis, osteomyetitis. ii. Describe the anatomical boundary of the facial planes. iii. Differentiate the bacteriological involvement in infections. iv. Diagnose & manage the odontogenic infections.
b)Non-odonotogenic	Student should be able to Define osteomylitis, Acute and chronic ostecmyels actionomycosis, osteoradionecrois, tuberculoid osteomyelitis, syphilitic osteomyelitis, Non-specific chronic osteomyelitis.



Oral & Maxillofacial Surgery

4.Hemorrhage &	
	Student should be able to
shock	Describe bleeding &
	clotting phenomenon, factors
	influencing clotting mechanism,
	laboratory tests & analysis of
	haemorrhagic disorders.
	ii. Describe the systemic bleeding
	disorders & management.
	iii. Describe general & local
	management of bleeding
	disorders.
	iv. Describe clinical parameter of
	assessing the amount of blood
	loss.
	v. Clinical management of
	Shock.
Exodontia	Student should be able to.
a)Extraction of	Describe the general principle
teeth & related	of extractions.
problems	ii. Describe indication, contraindications,
problems	complications &
	management of extractions.
	iii. Perform the perfect chair, patient & doctor's position
	iv. Do the draping, proper identification & use of elevators & forceps.
	v. Perform the extraction of tooth.
	vi. Extraction of tooth in
	medically compromised patient.
	patient.
	Student should be able to
	Define & classify the impacted tooth.
	ii. Describe the assessment &
	surgical procedure of impacted tooth, & retained root.
	iii. Describe the procedure of
	III. Describe the procedure of
	odonototomy & odotectomy
	odonototomy & odotectomy iv. Describe the complications &
b) Survicel	odonototomy & odotectomy
b) Surgical	odonototomy & odotectomy iv. Describe the complications &
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Tumours of the Oral Cavity         Student should be able toi.           Oral Tomour         Define & classify the odontogenic tumour.         ii. Describe the clinical features, investigations, histopathology & management of odonogenic tumours.           b) Non odonotogenic         Student should be able toi.           Define & classify the odonotogenic tumour.         Define & classify the odonotogenic tumour.           ii. Describe the clinical features, investigations, histopathology & management of onon odonotogenic tumours.         Student should be able toi.           8.Facial injuries         Student should be able toi.         Describe the clinical features, investigations, histopathology & management of non odonotogenic tumours.           8.Facial injuries         Student should be able toi.         Describe the clinical features, in Advise the necessary investigations for diagnosis.           v. Describe the clinical features & management of mandibular & maxillary fractures of the middle third of the facial skeleton.         Define & classify the premalignant lesions.           9. Oral premalignant & malignant lessions.         Describe the act etiological factors, clinical features, histopathology & management of the premalignant lesions.         Describe the act etiological factors, clinical features, histopathology & management, prognosis & prevent ion of oral malignaney.           10.Salivary gland disorders         Student should be able to.         Describe the clinical features, histopathology & management of the tumors & cysts of salivary glands.		
a) Odontogenic       odontogenic tumour,         Tumour       ii. Describe the clinical features,         iii. Describe the clinical features,       iii.         b) Non       Student should be able toi.         odonotogenic       Define & classify the         odonotogenic tumour.       ii.         ii. Describe the clinical features,       iii.         iii. Describe the clinical features,       iii.         odonotogenic tumour.       iii.         b. Student should be able toi.       Define & classify the         odonotogenic tumours.       Student should be able toi.         B.Facial injuries       Student should be able toi.         structures.       classification of jaw fractures.         ii. Examine the different jaw       fractures.         fractures.       iii. Advise the necessary         iii. Advise the elinical features &       management of madibular &         maxillary fractures of the       middle third of the facial         skeleton.       Define & classify the premalignant lesions.         watent should be able to.       Define & classify the premalignant lesions.         iii. Describe the act etiological factors,       clinical features, histopathology & management of the premalignant lesions.         generations of oral cavity,       iv. Describe the clinical features, h	Tumours of the	Student should be able toi.
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11.	Student should be able toi.
Temporomandibular	Describe the anatomy &
joint	physiology of TMJ.
disorders (TMJ)	ii. Describe the Etiology, clinical
	features of various TMJ
	disorders.
	iii. Describe the diagnostic
	procedures & management of
	TMJ disorders, particularly
	ankylosis, dislocation & pain
	dysfunction disorders
12. Diseases of the	Student should be able to.
Maxillary sinus	Describe common
Maxinary sinus	
	odontogenic &
	nonodontogenic problems of
	maxillary sinus.
	ii. Oral antral fistula, Nasal
	antrostomy, Caldwell
	operation
	operation.
13. Neurological	Student should be able to.
disorders of the	Describe the etiology, clinical
maxillofacial	features & management of common neurological disorders of maxillofacial
region	region.
14. Pre prosthetic	Student should be able to.
surgery	Describe the basic
	knowledge of frenectomy.
1	knowledge of frenectomy, alveoloplasty_ridge
	alveoloplasty, ridge
	alveoloplasty, ridge augmentation, deepening of the
	alveoloplasty, ridge augmentation, deepening of the alveolar sulcus.
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15. Cleft lip &	alveoloplasty, ridge augmentation, deepening of the alveolar sulcus. ii. Describe the basic principles, types & surgical procedure of the dental implants. Student should be able toi.
15. Cleft lip & palate	alveoloplasty, ridge augmentation, deepening of the alveolar sulcus. ii. Describe the basic principles, types & surgical procedure of the dental implants.
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16. Dento facial	Student should be able to.
Deformity	Describe the basic principles of
	the dentofacial deformities & its
	management.
17. Infectious	Student should be able to.
diseases related	Narrate common infectious
to Oral &	diseases like tuberculosis, syphilis,
Maxillofacial	hepatitis, AIDS etc.
	nepatius, AIDS etc.
surgery.	
19) Detter	
18) Patient	Student will be able to perform
evaluation	Physical evaluation and takes
	preliminary history & follow up
	history
	Able to take history of any metabolic
	disease such as Diabetic,
	Hypertension Cardiovascular disease,
	Allergic condition
	Students will be able to perform
	physical examination correctly &
	Basic concept of CPR
19) Local	At the end of the session student will
Anesthesia	be able to
Allestilesia	
	i)Define and classify local
	Anesthesia
	ii)List the Indications, contraindications,
	complications of
	L.A. and the treatment of
	complications of L.A.
	iii)To Perform the technique of L.A.
	and technique of nerve infiltration
	and nerve block.
	iv)Demonstrate the technique of
	local Anesthesia for Maxillary
	and mandibular tissue and extra
	oral nerve block.
	v)Dose of local anesthesia.
	vi)Comparison of long & short
L	acting L.A.



Oral & Maxillofacial Surgery

20)Sedation and L.A.	At the end of the session the
in dentistry	student able to
	□ Discuss indication and
a) Complication from	purpose of sedation and L.A.
sedation and local	in dentistry.
anesthesia.	Enumerate the ideal drugs for
b) Local	sedation and can choice the
Complications	drug for sedation.
Trauma of	□ Perform the methods of
injection systemic	administering predicament or
complications.	sedative drugs.
	□ Will to able to prepare the
D1. 1. '.	Patient
Prophylaxis,	
treatment and	Student able to describe the
Management for Toxic reactions	Student able to describe the
TOXIC reactions	complications of local anesthetic-Local complications
	and systemic complications
	At the end of session, the student will be able to describe prophylaxis of the
	patient.
	Student will be able to do treatment and management of the reactions
	Post-Operative medication.
21)Concept of	At the end of the course the students
general	should be able to:
anesthesia	
Role of	
general	1. Describe the concepts of general anesthesia
anesthesia in	2. Perform pre anesthetic
Dentistry	evaluation of the patients
Preoperative	3. Enumerate complications &
Preparation for in-	indications of general
patient	anesthesia.
and out	
patient general anesthesia	
Indications for	
general anesthesia.	4. Will be able to demonstrate the
Types and	technique of general anesthesia.
Technique of	5. Will be able to describe the
general	supplementation of the general
anesthesia	anesthesia.
Supplementation of	6. Able to describe the pre-operative
general	medication.
anesthesia.	7. Know the complications of G.A
Preoperative	
medication	



# **STUDENT ADDITIONAL PRIVATE STUDY HOURS PER WEEK & STUDENT SUPPORT:**

In Additional to the lectures in the college hours the student is expected to put in 5 hours of private study/learning hours per week. (This is an average for the course).



The students are encouraged to interact with the tutors of the

course for any additional help required during the course. The staff members are instructed to inform the students regarding the office hours when they can approach the faculty for their help.

After each class the faculty member allocates a few minutes to clear the doubts of the students if needed.

Group of ten students are allotted to head of department, who is their mentor, the students can even approach their respective mentors if they have any additional problems with the subject.



### **TEACHING AND LEARNING RESOURCES**



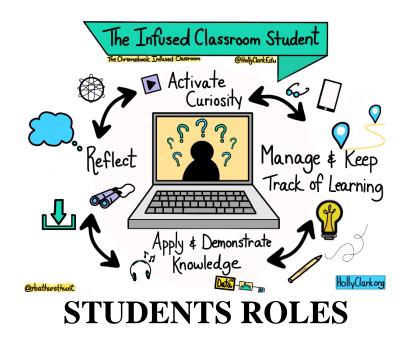


### **TEACHING AND LEARNING RESOURCES:**

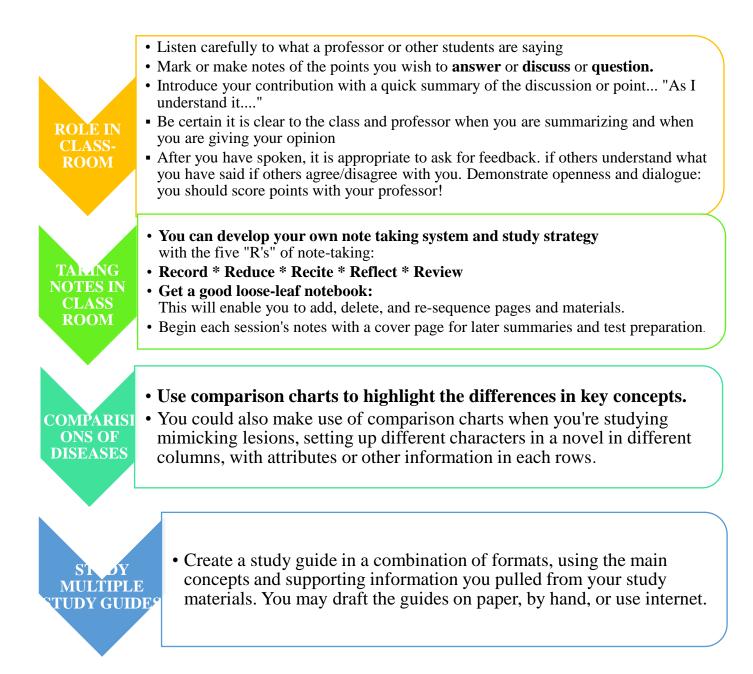
- Power point presentations
- Short Cases
- Tell and show
- Skill assignments
- Discussion on last year UQS
- Discussion of important questions during class would also aid in developing cognitive skills.
- Design assignments in such a way that the students would have to correlate the various topics and information given to them.
- The students will be asked oral questions after every question, group discussions, group tasks will be designed so that the students learn to interact with their batch mates.



# **STUDENTS ROLES**









### TAKING NOTES IN CLASSROOM

### L E C T U R E S

#### You can develop your own note taking system and study

#### strategy

with the five "R's" of note-taking:

### **Record \* Reduce \* Recite \* Reflect \* Review**

#### Get a good loose-leaf notebook:

This will enable you to add, delete, and re-sequence pages and materials.

Begin each session's notes with a cover page for later summaries and test

preparation.

<ul> <li>Heading:</li> <li>Date: Subject:</li> </ul>	<ul> <li>Lecture taught</li> <li>Teacher name</li> <li>Fellow student contribution</li> </ul>
2. Reduce:	Record/take notes in class here:
<ul> <li><i>After the class</i></li> <li><i>Summarize:</i></li> <li>Key/cue words Questions</li> <li>Link to information from your textbook, Websites or other sources that helps you understand or study the material</li> </ul>	<ul> <li>Identify the main points Capture the main ideas</li> <li>Use outlines or concept maps</li> <li>Use words and pictures and graphs or whatever it takes to get the information down quickly.</li> <li>Avoid quoting unless it is very necessary.</li> </ul>

#### A TYPICAL NOTES PAGE:





# PLANNING YOUR DAILY SCHEDULE

Daily schedule work Uient meeting
11:00am
II:00:2:1:00:PM Break I:00:2:00:PM Subject I Subject I Subject I
3:00522 - Surcentation . Molk



# MAKING YOUR DAILY SCHEDULE

Review how you spend your time in order to help you prioritize your goals and objectives.

Determine how you spend a "typical" 24-hour day:

Enter the hours or parts of hours for each activity, the total is 24 hours!

Don't be discouraged if you have to go back and change time spent on each activity.

Classes:	Studying:	Family commitments:
Sleeping:	Personal care/ grooming:	Meal preparation/ eating/clean-up:
Exercise/sports:	Socializing/entertainment (with friends):	Relaxing/TV/ video games, etc. (alone):
Transportation (school, work, etc):	Work/internship:	Other:





# **RECOMMENDED BOOKS**

1. Contemporary Oral and Maxillofacial Surgery

Authors: Patterson, Ellis & Tucker.

Publisher: Mosby

Edition: 6th

- 2. Killey's Fractures of Middle third of the facial skeleton
- 3. Killey's Fracture of the Mandible
- 4. Medical problems in Dentistry by Scully & Cawson
- 5. Local Anaesthesia in Dentistry G.L. Howe, Whitehead



### **FACILITIES PROVIDED**

### **LECTURES:**

A class room with a seating capacity of 70 students, equipped with a projector and white board.

### **CLINICS:**

 A well-equipped two clinical department of oral & maxillofacial surgery to trained. One in Farooq hospital, westwood & other one is in dental hospital, college premise



### YEARLY PLANNER OF TEST SCHEDULE





# **ASSESSMENT CRITERIA**





### STUDENT ASSESSMENT CRITERIA

SEMESTER	INTERNAL EVALUATION	TOTAL
EXAMINATION MARKS	(Class tests + Journals + Assignments + Modular	THEORY
	Exam	
90%	10%	100%

#### **INTERNAL ASSESSMENT**

The internal assessment will be based on the overall performance in the following:

- 33% lectures and clinical attendance assessments
- 33% test records & patient quota
- 33% sendup results
- If the student score 80% in overall internal assessment the he/she will be giving complete 10% of internal assessment.
- Maintaining a record of all tests and attendance of each student in the form of specially designed personal proforma.



### **INTERNAL ASSESSMENT OF 3<sup>RD</sup>**

# YEAR



The internal assessment of 3<sup>rd</sup> year consist of the following pattern:

SR.NO	MARKS DISTRIBUTION
CLASS TEST	0.25
MAJOR TEST	1
OSPE	0.5
VIVAS	1

#### INTERNAL ASSESSMENT OF FINAL YEAR

The internal assessment of 4<sup>th</sup> year consist of the following pattern:

SR.NO	MARKS DISTRIBUTION
CLASS TEST	0.25
MAJOR TEST	1.5
OSPE	0.5
VIVAS	1
REVIEW	2
ASSIGNMENTS	1
TERMS	2 marks each term
SENDUP	4 marks

