



*Statement by the American Association of Oral and Maxillofacial Surgeons Concerning
the Management of Selected Clinical Conditions and Associated Clinical Procedures*

Reconstructive Oral and Maxillofacial Surgery

Section 1: Parameters of Care as the Basis for Clinical Practice

Introduction

This statement is intended to summarize the procedures to be followed in the management of patients presenting for care by oral and maxillofacial surgeons. The definitive guide to the management of such patients is the *Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (ParCare '07)*. Any references used in the development of this statement can be found in the Parameters. This statement is not intended as a substitute for that document but rather as a synopsis of the information contained in the Parameters.

Use of Parameters of Care in Clinical Practice

The ultimate judgment regarding the appropriateness of any specific procedure must be made by the individual surgeon in light of the circumstances presented by each patient. Understandably, there may be good clinical reasons to deviate from the parameters. When a surgeon chooses to deviate from an applicable parameter based on the circumstances of a particular patient, the surgeon is well advised to note in the patient's record the reason for the procedure followed. Moreover, it should be understood that adherence to the parameters does not guarantee a favorable outcome.

The outcome of any surgery may be affected by the surgeon's lack of access to a potentially useful drug or device as a result of regulatory restrictions or product liability litigation. Outcome may also be affected by the decision of an insurer to deny coverage for a procedure or other services deemed necessary by the patient and the surgeon. If an insurer or other payer declines to authorize services that the surgeon regards as required by sound professional practice, the surgeon may have an obligation to protest the decision. A surgeon who protests the decision on behalf of the patient should explain to the payer why the procedure at issue would be in the best interest of the patient. The surgeon should document this action.

The American Association of Oral and Maxillofacial Surgeons (AAOMS) recognizes that this Statement may be used by hospitals and other institutions, managed care organizations, insurance carriers and other payers, attorneys in professional liability cases, and legislators and regulators concerned with health care policy. However, the document was not specifically developed for reimbursement, credentialing, or litigation uses. The AAOMS cautions that these uses involve various considerations that may be beyond the scope of this document.

Section 2. Reconstructive Oral and Maxillofacial Surgery

Preface

The successful replacement and restoration of missing or dysfunctional body parts necessitates knowledge and understanding of the complex interrelationships of function, form and anatomy in the oral and maxillofacial region. The overall goal of treatment is to restore optimal function and esthetics of the defective or missing structures.

Definitions

Reconstructive oral and maxillofacial surgery involves the correction of soft and/or hard tissue deformities and/or defects of the maxillofacial region including the teeth, jaws, face and contiguous structures.

Indications

Conditions that require reconstructive oral and maxillofacial surgery include congenital defects (present at the time of birth), developmental defects (occurring after birth) and acquired defects and diseases (including post-traumatic, post-surgical, and those resulting from a variety of pathologic processes). Functional deficits resulting from these conditions may include impaired masticatory function, speech, swallowing, demonstrated nutritional deficiencies, inadequate hard tissue support for the associated soft tissues, airway obstruction, malocclusion, facial bone asymmetries, oral-nasal and oral-antral communications, abnormal function of the paranasal sinuses and/or temporomandibular joint pain/dysfunction, and cutaneous disfigurement.

Various anatomic sites may be involved such as the hard and soft tissues of the face including neurological and vascular components.

Such procedures are medically and sometimes dentally necessary to help return the patient to the level of function and capabilities held prior to their injury and/or loss, regardless of the cause.

Treatment Goals

The goals of treatment, as outlined in the *AAOMS ParCare '07*, include the repair or replacement of missing or defective hard and/or soft tissues to improve the following: mastication, esthetics, speech, swallowing, airway, nutritional status; enhancement of social and psychological well being; and limitation of the severity and period of disability.

Treatment

Reconstructive oral and maxillofacial surgical procedures are based on the principles of restoring the function and form of the affected anatomical structures. Such procedures may include hard or soft tissue procedures, or a combination of both. These procedures may also include the use of prosthetic devices implanted on a temporary or permanent basis, tissue transfer techniques, reduction, revision and/or removal procedures and/or a variety of other options. The choice of the appropriate surgical treatment is specific to each patient based on the type and degree of the deformity, the available surgical options, experience of the surgeon and the needs of the patient.

Summary

The correction of deformities to the oral and maxillofacial regions is an extremely valuable and necessary service to those patients affected by these debilitating conditions. Such procedures are performed for reasons of medical and sometimes dental necessity even though there may be a restoration of normal form as well.

A more exhaustive list of the indications for and appropriate procedures to correct such deformities is included in the *AAOMS Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare '07)*.