

**KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES**

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

June 2026

Total number of OPD patient - 3333

Total number of IPD patient – 20

Details of major clinical procedure being performed –

S/n	Patient Name	Age/ Gender	OPD no.	Major clinical Procedure	Brief detail of the procedure (summary from chief complaint to treatment done)
1.	Pratibha Thorat	49/F	7537581	Open reduction and internal fixation left parasymphysis fracture of mandible	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of left parasymphysis. Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
2.	Chandrakant Tupare	39/M	7532997	Wide local excision and resection with primary closure of left alveolar region	Patient complains of growth and swelling over left side of alveolus region. Patient noticed increase in dimensions of the swelling since 2 months. Patient advised CECT along with all routine investigations. Incisional biopsy was already done in outside private hospital suggestive of lobulated capillary haemangioma. Patient planned for Wide local excision, resection and reconstruction under General anaesthesia. Nasal intubation done. Excision of primary tumour was done along with extraction of 41,42, 31,32,34,35,36,37 and after achieving haemostasis peripheral osteotomy was done and primary closure was done with vicryl 3-0 in vertical mattress and simple interrupted manner. Specimen was sent for histo-pathology.
3.	Arnav kabure	17/M	7357303	Post traumatic septo-rhinoplasty	Patient complaint of Road Traffic Accident (RTA) Patient complained of nasal deformity since 6 months. Patient had history of ORIF under GA 6 months ago. 2 dimensional radiographs and 3D-CT scans were done. Radiographic evaluation revealed depressed nasal bone and midface region. septal rhinoplasty with costochondral rib graft was planned under GA. After oral intubation, scrubbing and painting was done. Transverse curvilinear incision was taken in right side 9 th intercostal space and 3.5 cm of rib graft was harvested. Transfixion incision was taken, rib

					graft inserted, nasal tip projection was corrected, Ala reduction procedure was performed B/L and closure done with 5-0 PDS, Gypsona cast was given over the nasal bone.
4.	Jotiram deshmukh	37/M	7530207	ORIF under GA	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had history of oral bleeding. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of left parasymphysis. & right angle fracture of mandible .Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned with oral incision and full thickness flap was reflected. Fracture site was exposed. Extra oral incision taken and fracture site exposed for right angle region Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. And layered suturing extra orally using vicryl 3-0 and ethilion 4-0 .Pressure dressing was placed at site of operation.
5.	Satish jadhav	35/M	7523302	ORIF under GA	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of left ZMC .Open reduction & internal fixation was planned under general anaesthesia.. Planned with oral incision and full thickness flap was reflected. Fracture site was exposed. Extra oral incision taken and fracture site exposed for left F-Z region .Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. And layered suturing extra orally using vicryl 3-0 and ethilion 5-0 .No Pressure dressing was placed at site of operation.
6.	Pritam jadhav	20/M	7545574	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 2 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right Zygomatico maxillary complex. Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 2mm L plate was fixed over the

					right buttress region and 2mm 4 hole with gap plate was fixed on the right piriform region. Satisfactory occlusion was achieved.. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures.
7.	Vinayak Patil	30/M	890567	Multiple extraction and RCT under GA	Patient complains of grossly decayed teeth and root pieces since 2-3 years. Patient is a suspected case of Autism Spectrum Disorder (ASD), with slow responsiveness to commands and questions. Patient has a history of seizures since past 25 years and is on medication for the same. Routine radiographic examination including OPG and RVG was done s/o multiple root pieces and grossly carious teeth in both arches. Patient was planned for multiple teeth extraction and root canal treatment under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Root pieces wrt 11,12,16,17,18,14,33,36,27,28 were extracted. Root canal treatment was done wrt 13,34,46,47,37 by department of endodontics. Abgel was placed in extraction socket, figure of 8 sutures placed. Patient reversed extubated and shifted to recovery
8.	Janardhan sawant	63/M	7546282	Right side Bite composite resection, MRND II, and reconstruction with PMMC flap under GA	Patient complains of growth and swelling over right side of Cheek Patient noticed increase in dimensions of the swelling since 15 days. Patient advised CECT along with all routine investigations. Patient planned for bite composite resection and reconstruction under general anaesthesia. MRND II neck dissection in subplatysmal plane done on right side Planned skin incision placed along with Extraoral Lip split incision approach. Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Post ablative defect closed with PMMC flap with Vicryl 2-0 suture material neck and chest rommovac drain insertion done ,extraoral closure done using ethilion 4-0 suture material neck and chest closure done with vicryl 2-0 in subcut manner and skin closed with skin stapplers . Sterile dressing given and patient shifted to ICU with T-piece
9.	Gajanan aundhkar	61/M	4826426	Right side total parotidectomy under GA	Patient complains of growth and swelling over right side of Cheek Patient noticed increase in dimensions of the swelling since 1 month . Patient advised MRI along with all routine investigations. Patient planned for right side total parotidectomy under general anaesthesia.

					Planned skin incision modified blair's incision was taken dissection done in subcutaneous plane parotid fascia exposed . superficial lobe resected all 5 branches of facial nerve identified and preserved deep lobe of parotid resected closure done using vicryl 3-0 in subcutaneous manner and ethilion 4-0 in simple interrupted manner. Pt shifted to ICU
10.	Harshit Chavan	17/M	7536478	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 15 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right angle fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 2.5 mm 4 hole with gap plate was fixed on the right angle region. Satisfactory occlusion was achieved.. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures.
11.	Dhrutvari Kulkarni	15/F	7544844	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 2 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right Zygomatico maxillary complex. Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 2mm L plate was fixed over the right buttress region and 2mm 3 hole with gap plate was fixed on the right piriform region. Satisfactory occlusion was achieved.. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures.
12.	Rajeev Sabale	54/M	7552508	Left partial glossectomy with primary closure under GA	Patient complains of growth and swelling over left side of tongue. Patient noticed increase in dimensions of the ulceroproliferative lesion since 15 days. Patient advised MRI along with all routine investigations. Patient planned for partial glossectomy and reconstruction under general anaesthesia. Supraomohyoid neck dissection in subplatysmal plane done on left side. Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Post ablative

					defect closed with primary closure of tongue with Vicryl 2-0 suture material neck rommovac drain insertion done ,extraoral closure done using ethilion 4-0 suture and vicryl 2-0 suture over neck and skin closed with skin stapplers . Sterile dressing given and patient was extubated and shifted to ICU with all vitals WNL.
13.	Amol Jiman	38/M	7546878	Right hemiglossectomy and reconstruction with infrahyoid flap under GA	Patient complains of growth and swelling over right side of tongue. Patient noticed increase in dimensions of the ulceroproliferative lesion since 15 days. Patient advised MRI along with all routine investigations. Patient planned for hemiglossectomy and reconstruction under general anaesthesia. Supraomohyoid neck dissection in subplatysmal plane done on right side. Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Infrahyoid flap marking was done and flap was taken. It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture material neck rommovac drain insertion done ,extraoral closure done using ethilion 4-0 suture and vicryl 2-0 suture over neck and skin closed with skin stapplers . Sterile dressing given and patient was reversed and shifted to ICU on T piece.
14	Sangita kokare	51/F	7546801	Enucleation and curratage under GA	Patient complaint of swelling ins upper front region of teeth since 1 year and Patient also complained of pain, swelling & difficulty in mastication since 6 months. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed Cystic lesion in premaxillary region of about 39mm in anterioposterior direction and 26mm of buccolingual direction. Enucleation and curratage planned under GA . After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected.crevicular incision marking done and incision was taken and full thickness mucoperiosteal flap was elevated to expose the swelling site.enucleation was done done along with peripheral osteotomy then ab gel and PRF was placed and closure done using vicrly 3-0 in interrupted manner.
15	Jaywant chopdar	65/M	7544122	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 5 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture

					of right parasymphysis fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 3d printed 2mm L plate and 2mmx8mm screws was fixed over the right parasymphysis region and Satisfactory occlusion was achieved.. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures
16	Vikas sutar	47/M	7558088	Left side bite COMPOSITE resection with MRND type I and reconstruction with PMMC flap under GA	Patient complains of growth and swelling over left side of lower jaw. Patient noticed increase in dimensions of the ulceroproliferative lesion since 20 days. Patient advised CECT along with all routine investigations. Patient planned for BITE COMPOSITE and reconstruction with PMMC flap under general anaesthesia. ipsilateral neck dissection in subplatysmal plane done (MRND type 1). Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. PMMC flap marking was done and flap was taken. It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture material neck rommovac drain insertion done ,extraoral closure done using ethilion 4-0 suture and vicryl 2-0 suture over neck and skin closed with skin stapplers . Sterile dressing given and patient was reversed and shifted to ICU on T piece.
17	Mubarak Naikwadi	44/M	7570627	ORIF under GA	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of bilateral parasymphysis. & left subcondylar fracture of mandible .Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned with oral incision and full thickness flap was reflected. Fracture site was exposed. Extra oral incision taken and fracture site exposed for left subcondylar region region Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. And layered suturing extra orally using vicryl 3-0 and ethilon 4-0 and intraoral suturing was done using vicryl 3-0

18	Jameer Nadaf	22/M	7562240	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 10 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right Zygomatico maxillary complex and right supraorbital rim fracture. Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 1.5mm L plate was fixed over the right buttress region and 1.5mm 2 hole with gap plate was fixed on the right piriform region, 1.5mm 4 whole with gap plate was fixed over right supraorbital region. Satisfactory occlusion was achieved.. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures. Intraorally and ethilon 4-0 extraorally.
19	Vaibhavi Sarnobat	49/F	7570862	ORIF under GA	Patient complaint of Road Traffic Accident (RTA). Patient complained of pain, swelling & difficulty in mastication since 5 days. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of B/L Zygomatico maxillary complex fracture (Lefort II fracture). Open reduction & internal fixation was planned under general anaesthesia. After securing airway. Planned with oral incision and full thickness mucoperiosteal flap was reflected. Fracture site was exposed. 1.5mm orbita plate was fixed over the left infraorbital rim region and 2mm 4 hole with gap plate was fixed on the right buttress region, 2mm 2 whole with gap plate was fixed over right pyriform region 2mm 4 hole with gap plate was fixed on the left buttress region. 2mm 4 hole with gap L plate was fixed on the left buttress region Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates. Closure was done using vicryl 3-0 sutures. Intraorally and ethilon 4-0 extraorally.
20	Priyanka jadhav	36/F	7573637	Incision and Drainage	Patient complaint of pus discharge from inside the mouth since 2 and also complained of pain, swelling & difficulty in mastication since 5 days. 2 dimensional radiographs and USG scans were done. Radiographic evaluation revealed Space infection of about 35-40 cc. incision and drainage was planned under general anaesthesia. After securing airway. Planned with oral incision

					and extraorally over right submandibular region. Decompression was done by doing subperiosteal dissection in plane then the corrugated rubber drain was place extraorally and sutured it with mersily 2-0 suture material about 20 cc pus drained intraop then the patient extubated and shifted to ward after maintaining vitlas withn normal limits
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HEAD OF THE DEPARTMENT

Name, Sign, Seal & Date


Head of Department
Dept. Of Oral & Maxillofacial Surgery
School Of Dental Sciences, Karad