KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

August 2026

Total number of OPD patient -2548 **Total number of IPD patient- 16**

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.	Sambhaji bhale	55/M	7601798	Wide local excision with left MRND (type 1) with left hemimandibulectomy and reconstruction with PMMC flap	Patient complains of growth and swelling over left side of lower jaw. Patient noticed increase in dimensions of the ulceroproliferative lesion since 1 month. Patient advised CECT along with all routine investigations. Patient planned for WLE and reconstruction with PMMC flap under general anaesthesia.Left neck dissection in subplatysmal plane done with left 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(right) and chest 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.
2.	Vitthal sawant	47/M	7586788	Wide local excision with right MRND (type 1) with right hemimandibulectomy and reconstruction with PMMC flap	Patient complains of growth and swelling over right side of lower jaw. Patient noticed increase in dimensions of the ulceroproliferative lesion since 3 month. Patient advised CECT along with all routine investigations. Patient planned for WLE and reconstruction with PMMC flap under general anaesthesia. Right neck dissection in subplatysmal plane done with right 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(right) and chest 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.
3.	**Shubhadra sutar**	**55/F**	**7611396**	**Wide local excision with right SOHND and primary closure under GA**	Patient complains of growth and swelling over right commissure of lip . Patient noticed increase in dimensions of the ulceroproliferative lesion since 2 month. Patient advised CECT along with all routine investigations. Patient planned for WLE and reconstruction under general anaesthesia. Right neck dissection in subplatysmal plane done (SOHND). Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto and primary closure was done. Post ablative defect closed with Vicryl 2-0 suture material neck(right) and chest 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.
4.	**Yogesh Deshmane**	**34/M**	**7609914**	**Open reduction and internal fixation left Zygomatico maxillary complex**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of bilateral parasymphysis fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 2.5 mm 6 hole with gap plate (1) with 2.5 mm x12 mm screws (6)on left lower border and 2.5mm 3 hole with gap plate (1) with 2.5mm x 12 mm screws(3) on right lower borderon left upper border 2mm 2 hole with gap (1) 2 mm x 10 mm screws (2) and 2 mm 2 hole with gap plate (1) 2mm x 10 screws (2)on right upper border of mandible. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
5.	**Dattatray more**	**41/M**	**7619088**	**Open reduction and internal fixation left Zygomatico**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture left Zygomatico maxillary complex Open

				maxillary complex	reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 2.5 mm 6 hole with gap plate (1) with 2.5 mm x12 mm screws (6)on left lower border and 2.5mm 3 hole with gap plate (1) with 2.5mm x 12 mm screws(3) on right lower border on left upper border 2mm 2 hole with gap (1) 2 mm x 10 mm screws (2) and 2 mm 2 hole with gap plate (1) 2mm x 10 screws (2)on right upper border of mandible. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
6.	**Tushar muttal**	**25/M**	**7628698**	**Open reduction and internal fixation B/L lefort II fracture**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of B/L lefort II fracture Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 2.5 mm 6 hole with gap plate (1) with 2.5 mm x12 mm screws (6)on left lower border and 2.5mm 3 hole with gap plate (1) with 2.5mm x 12 mm screws(3) on right lower borderon left upper border 2mm 2 hole with gap (1) 2 mm x 10 mm screws (2) and 2 mm 2 hole with gap plate (1) 2mm x 10 screws (2)on right upper border of mandible. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
7.	**Sujay pawar**	**9/M**		**Incision and Drainage under GA**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and USG scans were done. Radiographic evaluation revealed Lt Submandibular abscess with necrotizing fasciitis Planned with incision and drainage and extraction of the carious tooth. Extraoral Closure was done using Ethilion 4-0 sutures. Pressure dressing was placed at site of operation.
8.	**Ananda shinde**	**68/M**	**7608605**	**Wide local excision with left MRND (type 1) with right hemimandibule**	Patient complains of growth and swelling over right side of lower jaw. Patient noticed increase in dimensions of the ulceroproliferative lesion since 1 month. Patient advised CECT along with all routine investigations. Patient planned for WLE and reconstruction with PMMC flap under

				ctomy and reconstruction with PMMC flap	general anaesthesia. Left neck dissection in subplatysmal plane done with left 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(right) and chest 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.
9.	**Vitthal sawant**	**48/M**	**7634396**	**Post operative hematoma evacuation**	Patient is o/c/o SCC of right buccal mucosa and GBS. After which patient swelling in the operated right side of the face and neck For which the post operative hematoma evacuation was done.
10.	**Gauri chavan**	**26/F**	**7608605**	**Full mouth extraction done under GA**	Patient had multiple carious tooth in upper and lower jaw. Patient noticed pain and swelling in the lower jaw, for which the OPG radiographic examination was done along with all routine. Which was suggestive of multiple carious tooth in both the jaw. For which patient was planned for full mouth extraction under GA. Intraoral suture was done using vicryl 3-0. Patient was reversed and shifted to recovery.
11.	**Vilas kumbhar**	**64/M**	**7636724**	**Open reduction and internal fixation left Zygomatico maxillary complex**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture left Zygomatico maxillary complex Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 2.5 mm 6 hole with gap plate (1) with 2.5 mm x12 mm screws (6)on left lower border and 2.5mm 3 hole with gap plate (1) with 2.5mm x 12 mm screws(3) on right lower border on left upper border 2mm 2 hole with gap (1) 2 mm x 10 mm screws (2) and 2 mm 2 hole with gap plate (1) 2mm x 10 screws (2)on right upper border of mandible. Closure was done using

					vicryl sutures. Pressure dressing was placed at site of operation.
12.	**Nikita Kalambate**	**24/F**	**7638245**	**Surgical extraction with 48 and 38 under GA**	Patient complains of pain in lower right teeth back region since 10 days. OPG and CBCT was done which showed deeply impacted horizontal with 48 and horizontally impacted with 38. Surgical extraction was done under GA, PRF was placed in the socket with 48, closure was done vicryl 3-0 on both sides.
13.	**Ravindra Dige**	**54/M**	**7632098**	**Wide local excision, Right MRND Type-1, right sided hemimandibulectomy and reconstruction with PMMC flap under GA**	Patient complains of growth and swelling over right side of lower jaw. Patient noticed increase in dimensions of the ulceroproliferative lesion since 1 month. Patient advised CECT along with all routine investigations. Patient planned for WLE and reconstruction with PMMC flap under general anaesthesia.Right neck dissection in subplatysmal plane done with right 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 3-0 and PDS knotless barbed 3-0 suture material neck(right) and chest rommovac drain insertion 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.	**Hariba Munje**	**23/M**	**7641158**	**ORIF under GA**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture left Zygomatico maxillary complex Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 1.5 mm 4hole with gap orbita plate (1) + 1.5mm x 10mm screws on FZ region. Fixation done 1.5mm 4 hole with gap (1) + 1.5mm x 8mm screws (3) in left buttress. Fixation done using 1.5 3 hole with gap plate (1) and 1.5 mm x 8 mm screws (2)and 2mm x8mm screws (1) in left pyriform region Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.

15.	**Shripad mane**	**45/M**	**7638665**	**ORIF under GA**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture left Zygomatico maxillary complex Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 1.5 mm 4hole with gap L plate (1) + 1.5mm x 8mm screws(3) on left buttress Fixation done 1.5mm 4 hole with gap L plate (1) + 1.5mm x 8mm screws (4) in left buttress. Fixation done using 1.5 3 hole with gap plate (1) and 1.5 mm x 8 mm screws (4) in left pyriform region Closure was done using vicryl sutures. Pressure dressing was placed at site of operation
16.	**Jayraj kajale**	**38/M**	**7631110**	**ORIF under GA**	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed left parasymphysis fracture of mandible.Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates 2.5 mm 4 hole with gap glape (2) 2.5mm x 12mm screws (4) over upper and lower border of mandible. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.

HEAD OF THE DEPARTMENT

Name, Sign, Seal & Date

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