

**KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES**

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

July 2026

Total number of OPD patient 3246

Total number of IPD patient-13

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.	Baban Bodare	74/M	7573089	Open reduction and internal fixation left Zygomatico maxillary complex	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 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 4 hole with gap 2mm (1) x 3 screw 4mm and 3 hole with gap 2mm (1) x 2 screw 4mm . Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
2.	Popat Chavan	52/M	7554636	Wide local excision with right SOHND and left MRND (type 1) with left extended hemimandibule ctomy 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. Right neck dissection in subplatysmal plane done (SOHND) and 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 left) 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.
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3.	Vasant Jadhav	52/M	7595863	Open reduction and internal fixation left Zygomatico maxillary complex	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had no history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of left Zygomatico maxillary complex. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral infra orbital incision and blunt dissection was carried out to expose the fracture site and intraoral incision with full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates .Intraoral 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.
4.	Rohit Ghatake	30/M	7593339	Open reduction and internal fixation right Zygomatico maxillary complex	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had no history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of right Zygomatico maxillary complex. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral infra orbital incision and blunt dissection was carried out to expose the fracture site and intraoral incision with full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates .Intraoral Closure was done

					using vicryl sutures And layered suturing extra orally using vicyrl 3-0 and ethilion 5-0 .Pressure dressing was placed at site of operation.
5.	Vivek yadav	22/M	7591886	Open reduction and internal fixation of Left parasymphysis and Right angle fracture of mandible	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had no history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of right angle and left parasymphysis of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and blunt dissection was carried out to expose the fracture site and intraoral incision with full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates .Intraoral Closure was done using vicryl sutures And layered suturing extra orally using vicyrl 3-0 and ethilion 5-0 .Pressure dressing was placed at site of operation.
6.	Chaya bhakare	55/F	7602518	Incision & Drainage Under GA	Patient 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 10-15 cc. incision and drainage was planned under general anaesthesia. After securing airway. Planned with oral incision and extraorally over submental 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 10 cc pus drained intraop then the patient extubated and shifted to ICU after maintaining vitlas withn normal limits
7.	Ek Nath Kotekar	59/M	7590304	Wide local excision with right MRND (type 1) and with right SOHND, left hemimandibulectomy and reconstruction with PMMC flap	Patient complains of growth and swelling over chin region. Patient noticed increase in dimensions of the ulcer proliferative lesion since 2 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 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.
8.	Sitaram kadam	59/M	7291626	Incision & Drainage Under GA	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 25-30 cc. incision and drainage was planned under general anaesthesia. After securing airway. Planned with oral incision and extraorally over left submandibular region and left temporal 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 25 cc pus drained intraop then the patient extubated and shifted to ICU after maintaining vitlas withn normal limits
9.	Shrinath shirtode	38/M	7586902	Open reduction and internal fixation of left parasymphysis region and fistulectomy	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had no history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of Left parasymphysis fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and blunt dissection was carried out to expose the fracture site and. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates .Intraoral Closure was done using vicryl sutures And layered suturing extra orally elliptical incision marking done and fistulous tract was excised and curated and closure was done using vicryl 3-0 and ethilion 4-0 .Pressure dressing was placed at site of operation.
10.	Kusum kamble	79/F	7601810	Wide local excision with left SOHND and Closure with collagen membrane 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 tongue along with all routine investigations. Patient planned for WLE and reconstruction under general anaesthesia. Left 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. Defect was closed with collagen membrane with Vicryl 2-0 suture material. Neck(left) and 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.
11.	Vilas mane	50/M	7547700	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 check region. Patient noticed increase in dimensions of the ulcer proliferative lesion since 2 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 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.
12.	Vinayak Khambe	42/M	7596560	Open reduction and internal fixation of right ZMC fracture	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Patient had no history of oral and ear bleeding. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed fracture of right Zygomatico maxillary complex. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral brow's incision and blunt dissection was carried out to expose the fracture site and intraoral incision with full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Bone fixation was done using titanium miniplates .Intraoral Closure was done using vicryl sutures And layered suturing extra orally using vicryl 3-0 and ethilion 5-0 .Pressure dressing was placed at site of operation.
13	Nisha Marade	32/F	7477045	Surgical extraction with 28 and 18	Patient complained of tooth pain in upper left teeth back region since 7 months.Opg and CBCT was done suggestive of impacted with 28 and 18. Surgical extraction was planned under general anesthesia. Intraoral releasing incision was

					made, flap was reflected to expose 28 and 18, bone guttering was done using 703 bur, tooth were extracted. Closure was done using vicryl 3-0. Patient was shited to recory with all vitals within 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