KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

OCTOBER 2026

Total number of OPD patient -2346 **Total number of IPD patient- 17**

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.	Omkar Jangam	27/M	7684754	Open reduction and internal fixation of symphysis fracture and closed reduction for right condylar head fracture of mandible	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 symphysis fracture and right condylar head fracture of mandible 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 mm 4 hole with gap plate (1) with 2 mm x12 mm screws (4) on the superior region and 2.5 mm 4 hole with gap plate (1) with 2.5 mm x 12 mm screws(4) on lower border of the mandible Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation.
2.	Hanmant Shejwal	46/M	7667118	Open reduction and internal fixation of right zmc 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 right zmc . 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 mm 4 hole with gap plate (1) with 2 mm x10mm screws (1) over butress + 2hole with gap plate (1) with 1.5 mm x 8mm screws(2) on right FZ region Closure was done using vicryl 3-0 suture

					in simple interrupted manner. Pressure dressing was placed at site of operation.
3.	**Manisha patil**	**45/F**		**Implant exposure**	Patient complaints of implant exposure on paradymphysis region of mandible. Patient was advised OPG along with all routine investigations. patient was planned for implant removal under GA. Implant removal was done and closure was done with vicryl 3-0 suture material patient was reversed and shifted to ICU on Tpiece
4.	**Dagdabai Jagtap**	**68/F**	**7661600**	**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 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 Stratafix PDS barbed 3-0 suture material neck(left) and chest rommovac drain insertion done ,extraoral closure done using 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.
5.	**Vahida mulani**	**54/F**	**7677339**	**Wide local excision with left SOHND with Anterior maxillectomy and reconstruction with temporalis flap**	Patient complains of growth and swelling over left anterior maxillary region. 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 temporalis flap under general anaesthesia. Left neck dissection in subplatysmal plane done with SOHND type . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Temporalis 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(left) and chest rommovac drain insertion done ,extraoral closure done using ethilion 3-0 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.

6	**Ganesh vibhute**	**22/M**	**7678224**	**Open reduction and internal fixation of right zmc 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 right zmc . 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 4 hole with gap L plate (1) with 1.5 mm x8mm screws (6) over butress + 1.5 mm 2hole with gap plate (1) with 1.5 mm x 8mm screws(2) Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation
7	**Balaso gawali**	**52/M**	**7087453**	**Open reduction and internal fixation of left angle of mandible**	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 right zmc . 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 L plate (1) with 2.5 mm x8mm screws (6) placed over left angle f mandible Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation
8	**Bharati kamble**	**43/F**		**Oro nasal communication in anterior maxilla**	Secondary alveolar bone grafting with iliac crest bone
9	**Rushikesh salunkhe**	**35/M**	**7680008**	**Open reduction and internal fixation of right zmc 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 right zmc . 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 mm 4 hole with gap L plate (2) with 2 mm x8mm screws (14) placed 2mm 3 hole wih gap plate (2) Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation

10	**Sachin more**	**40/M**	**7647999**	**Open reduction and internal fixation of left angle of mandible**	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 right zmc . 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 4 hole with gap L plate (1) with 1.5 mm x8mm screws (4) placed 1.5 mm 4 hole wih gap orbita plate (1) + 1.5 mm x 8 mm screws (4) Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation
11	**Ashok patil**	**68/F**	**68/M**	**Submental space infection with underlying necrotising facitis**	Patient complaint of swelling over left submandibular region since 15 days and was prescribed iv antibiotics after which swelling subsided again after 8 days pt came with similar cmplaints USG was done s/o left submandibular space infection.Incision and drainage was planned under general anaesthesia. After securing airway, submental incision was given blunt dissection was done, 5cc pus drainage was done.and removal of necrotic tissue was done extraction done 35,36,37,38 .Corrugated drain was secured using proline3-0 suture material .
12	**Sarthak gawade**	**11/M**	**6735633**	**Recurrent giant cell lesion of anterior maxilla**	Patient complaint of swelling over anterior maxilla region since 1 month to which patient was advised excision of lesion all routine was given. Exision of lesion along with peripheral osteotomy and extraction was done with 11,21 closure was done using vicryl 3-0 suture material.
13	**Ramesh patil**	**48/M**	**1184505**	**Wide local excision with left SOHND with left hemiglossectomy and reconstruction with primary closure with collagen membrane**	Patient complains of growth and swelling over left lateral border of tongue . Patient noticed increase in dimensions of the ulceroproliferative lesion since 1 month. Patient advised MRI along with all routine investigations. Patient planned for WLE and reconstruction with temporalis flap under general anaesthesia neck dissection in subplatysmal plane done with left SOHND type . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto.left hemiglossectomy and primary closure was done with collagen menmbrane.It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture material neck(left) done , 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	**Suman Yadav**	**49/F**	**7687849**	**Wide local excision with left MRND (type 1) , right extended SOHND with anterior segmental mandibulectom y and reconstruction with recon plate and PMMC flap**	Patient complains of growth and swelling over left gbs region. 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 temporalis flap under general anaesthesia neck dissection in subplatysmal plane done with left MRND (type 1) , right extended SOHND type . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. anterior segmental mandibulectomy and reconstruction with recon plate and PMMC flap was placed in defect .It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture material neck(left) and chest rommovac drain insertion done ,extraoral closure done using ethilion 3-0 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
15	**Swapnil Deokar**	**35/M**	**7708602**	**Open reduction and internal fixation of left ZMC 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 left zmc 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 1.5 mm 4 hole with gap L plate (1) and 1.5 mm 4 hole with gap plate (1) over buttress and 1.5 mm 2 hole with gap plate over F-z reginwith 1.5 mm x10mm screws (10) placed 2mm 3 hole wih gap plate (2) Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation
16	**Appaso Patil**	**67/M**	**7712580**	**Open reduction and internal fixation of bilateral parasymphysis fracture of mandible**	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 symphysis 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 4 hole with gap plate (2) with 2.5 mm x10 mm screws (8)and 2.0 mm 4 hole with gap plate (1) and 2mm 6hole with gap plate (1) with 2 mm x 12 mm screws(10) .Closure was done using vicryl 3-0 suture in simple interrupted manner. Pressure dressing was placed at site of operation.
17	**Nikushi Pawar**	**56/M**	**7685825**	**Excision of with tumor mass and right submandibular gland under GA**	Patient complaint of swelling over right submandibular gland region since 6 months.MRI and FNAC were done suggestive of suspected pleomorphic adenoma.Neck crease incision was marked and dissection to expose submandibular gland was done.Tumor mass along with right submandibular gkand was excised,Closure was done using vicryl 3-0 and monocryl 3-0 in subcuticular manner. Pressure dressing was applied at the site of operation.

HEAD OF THE DEPARTMENT

Name, Sign, Seal & Date

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