

## **LEVEL OF ORGANIZATION AND REALIZATION OF ORTHOPEDIC TREATMENT OF PATIENTS WITH THE POSTTRAUMATIC DEFECTS OF THE UPPER JAW AS A FACTOR OF QUALITY OF LIFE OF THIS GROUP OF PATIENTS**

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Introduction. Changes in the socio-political structure of the state and the environment, the aging of the population that took place in recent decades, could not but affect the health of Ukrainian citizens [2, 6, 7]. Analysis of literary data shows that the growth of social tension, deterioration of environmental conditions, worsening of the criminal situation in the country during the years studied led to an increase in the number of defects in the face and dento-jaw system as a result of injuries, congenital pathologies and oncological diseases. Patients with damage to the maxillofacial area make up a very difficult group among patients in dental clinics.

Treatment and rehabilitation of patients with acquired maxillo-facial defects are the most urgent medical and social problems of modern dentistry. Adequate and comprehensive rehabilitation measures are important in the system of specialized dental care, since acquired maxillofacial defects are most often accompanied by pronounced functional and aesthetic disorders that lead to limitation of life, to social maladaptation and profound socio-psychological problems of the patient's existence [1, 3, 5, 8].

Before dentists, the urgency of the problem of physical, moral, psychological, social rehabilitation of patients with congenital, post-traumatic, postoperative defects and deformations of the areas of the dental-jaw system, complicated by impaired breathing, speech, chewing, swallowing is growing. Unfortunately, there are no official statistics on the incidence of acquired maxillofacial defects among the population of the country. The absence of a system of state statistical recording of such patients inevitably affects the organization, planning and optimal provision of orthopedic dental care, taking into account the real need in it. Only individual and limited volume information in the literature give an idea of the frequency of occurrence of certain types of maxillofacial defects in different population groups and the annual increase in the number of patients requiring prosthetics [5].

In separate work of clinicians the use of new structures of maxillofacial prosthesis was grounded in order to increase the efficiency of rehabilitation of patients with maxillofacial defects. However, in practice of maxillofacial orthopedics there are different views on the use of certain types of jaw prostheses. Along with this, important comprehensive rehabilitation measures are taken into account in assessing the quality of life of this contingent of patients [4, 7]. Analysis of literary sources suggests that in practice most dental organizations do not carry out such activities, there is no social support in their entirety and a well-established scheme of specialized dental care, rehabilitation for serious breathing disorders, swallowing, phonation, language, chewing. Currently, there is no clear concept of conducting this category of patients [2].

Studies of scientists in this area are mainly devoted to the surgical aspect of the problem, and the clinical and organizational issues associated with the subsequent orthopedic rehabilitation of patients, little studied. A negative role is played by the lack of consistency in the work of the maxillofacial surgeons and orthopedic dentists in the stages of rehabilitation measures, the details and phases of their participation in the examination and treatment, as well as awareness of the achievements of modern orthopedic dentistry. And from the neurosurgical hospital, where these patients fall through the dominance of the severity of the pathology, they often come out with

severe functional, aesthetic disorders and for some time, usually go to the clinic of maxillofacial surgery, when bone fragments are extremely difficult to repel because of the callosity surfaces of the fracture, loss of bone tissue as a result of inflammatory process or inadequate primary surgical treatment.

In the analysis of literature, several directions are determined for solving the problem of rehabilitation of maxillofacial patients with complicated clinical conditions of the prosthetic bed. The main attention is paid to the problems of stability and functional efficiency of prosthetics, improvement of clinical and laboratory stages of their manufacture, prevention of the development of intense atrophic processes of tissues of the prosthetic field, development of a comprehensive methodological approach to rehabilitation of patients.

Orthopedic treatment of patients with extensive defects of the upper and lower jaw represents a difficult task. Currently, dentures and prosthetics-obturators of various types are used to replace defects in the dentition, there are no bone structures and the dissection of the oral cavity with the maxillary sinus or nasal cavity [7]. However, it should be noted that the literature does not adequately cover the peculiarities of orthopedic treatment of patients with congenital clefts of the lips and palate, defects and deformations of dentition, and the described technologies do not meet modern requirements [6].

In orthopedic treatment it is necessary to take into account that maxillofacial defects lead to a decrease (or absence) of not only vital functions, but also significantly affects the socio-psychological sphere of the patient. Restoration of defects in the maxillofacial region has different meanings for patients and depends on gender, age, social status, type of employment, and other characteristics. In some cases, the presence of maxillofacial defects in the dentition leads to extremely severe social maladaptation, reduces or alleviates the ability for the patient to properly carry out their daily activities. The patients' needs vary considerably: from restoration of masticatory function to aesthetic requirements and psychological comfort. It is from these positions that the study of the quality of life in patients with maxillofacial defects is extremely relevant to the scientific task.

In dentistry, some studies have been carried out with the use of methods for assessing the quality of life (QL) of patients [2]. In these works, aspects of the study of QL in patients with a lack of teeth and diseases of the temporomandibular joint were considered. At the same time, the analysis of domestic and foreign literature devoted to the problems of treatment of patients with maxillofacial defects, did not find research on the quality of life in this category of patients. This became the basis for seeking improvements in the approaches to rehabilitation of this group of patients based on the use of integrated approaches that take into account clinical and social aspects. The most important value in the system of rehabilitation measures is the use of adequate and effective clinical techniques, the application of maxillo-facial prostheses, which meet the aesthetic and functional properties.

Research into QL in medicine in recent years has become increasingly relevant. This is due to the fact that the medical science for a long time was actively searching for a universal criterion for assessing the state of the basic functions of man: physical, psychological, social and spiritual. Having determined QL by this criterion, modern medical science has returned to the most important principle of clinical practice "to treat not a disease but a patient." In numerous publications of recent years devoted to this problem, it is specifically indicated that the tasks not clearly defined in the treatment of patients with different forms of pathology, wrapped up in confused verbal categories, found certainty and clarity. Thus, at present, clinical medicine correlates QL exclusively with the state of health.

Subjective manifestations such as the inability to smile openly and smell, mouth odors, restrictions on the choice of food products, and others, negatively affect the emotional state of patients, also lead to changes in the psychological field. An unsatisfactory state of the oral cavity associated with inadequate orthopedic treatment or the absence of prosthetics, causing a sense of inconvenience and discomfort, in turn, can reduce human social activity (D. Locker, G. Slade, 2009). It is this aspect of the life of the individual and is intended to characterize the quality of life.

QL - an integral characteristic of the physical, psychological, emotional and social functioning of the patient, based on the subjective perception of his condition.

The research of QL is a reliable and effective method for evaluating the general well-being of a person. The method allows to characterize the multicomponent characteristics of human life - its physical condition (physical limitations, physical abilities, physical well-being), psychological state (levels of anxiety and depression, psychological well-being, emotional control and behavior, cognitive functions), social functioning (interpersonal contacts, social relations The role of the functioning (at work, at home), the overall subjective perception of health (the assessment of the present state and its prospects, the assessment of pain sensations) (J. Alonso, JE War e et al., 2004).

The evaluation of patients' luminosity is a new and promising direction of modern medicine. With the introduction of QL indexes, it became possible to more accurately understand the violations in the state of patients' health, to clarify the essence of the clinical problem, to choose the most rational method of treatment, as well as to determine its expected results on the parameters that are at the intersection of the scientific approach of specialists and subjective patient's point of view. Unfortunately, in dentistry, the criteria for QL are not used as actively as in other sections of medicine. In modern domestic and foreign literature, QL has not been studied in patients at the stages of treatment, in orthopedic dentistry, removable and non-removable denture structures.

In the professional literature, the issues of developing the system of clinical technologies for providing quality of treatment are practically not covered, the problem requires scientific study and substantiation of ways to overcome it for further improvement of dental care to the Ukrainian population, as well as the development and implementation of adapted life quality criteria in orthopedic dentistry practice for the assessment of the effectiveness of treatment outcomes patients with removable and non-removable dentures.

In this regard, the main goal and objectives are the search for ways in the complex of rehabilitation measures, as a strictly individual, differentiated methodological approach to examination, therapeutic, gastroenterological and orthopedic treatment of operated patients for oncological diseases, after resection of the upper jaw, in order to improve the quality life of patients.

**Key words:** quality of life, post-traumatic maxillofacial defect, orthopedic treatment, rehabilitation.

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