

# CURRICULUM

**FOR** 

ORAL & MAXILLOFACIAL SURGERY (2023)

# National University of Medical Sciences Pakistan

## 1. <u>Context / Preamble</u>

Oral and maxillofacial surgery is a specialty within dentistry that deals with the diagnosis and surgical management of diseases, disorder, deformities, injuries and esthetic aspects of the mouth, teeth, jaws and face.

This undergraduate Oral and Maxillofacial Surgery curriculum is designed to train Bachelor of Dental Surgery (BDS) students to provide minor oral surgery services in the practice of general dentistry. This mainly involves safe extraction of teeth (Exodontia), treatment of minor soft and hard tissue injuries (Trauma), diagnosis and treatment of routine oral and dental infections, defects and pathologies of the region, and the diagnosis and referral of major problems to the concerned specialists.

Oral and Maxillofacial Surgery is a major subject of final professional BDS examination and carries a total of 300 marks.

#### 2. Mission

The mission of this course is to familiarize BDS students with the basic knowledge, skills and attitudes for safe practice of minor oral surgical procedures in dental clinics.

## 3. Competencies

The following generic competencies apply to this oral & maxillofacial Surgery course:

- Critical Thinking
- Problem Solving
- Communication Skills
- Professionalism
- Procedural Skills

# 4. Learning Outcomes

Specific Learning outcome of each course is attached as Annex A

# 5. <u>Implementation of the curriculum</u>

#### Overview

- 1. The Oral and Maxillofacial Surgery curriculum is divided into 10 courses or modules, taught sequentially as given below:
  - a. Medically compromised conditions and their management
  - b. Basic principles of surgery
  - c. Exodontia
  - d. Odontogenic & maxillofacial infections
  - e. Oral & maxillofacial trauma
  - f. Oral & maxillofacial pathology

- g. Oral & maxillofacial deformity
- h. Preprosthetic and implant surgery
- i. Temporomandibular and facial pain disorders.
- j. Management of hospitalized patients
- 2. Implementation of curriculum is at the discretion of institute. Clerkships/ clinical rotations for 08 weeks' may be followed
- 3. During their clinical rotation, students in small groups learn through practical chair side demonstrations of the techniques of local anesthesia administration, dental extractions, soft tissue suturing and wiring and splinting techniques for dento alveolar injuries on dental models. They then perform dental extractions on patients under supervision. They also observe and assist seniors in other minor oral surgical procedures under local anesthesia,

#### 6. Resources

To be filled by each institute

#### 7. Facilities

To be filled by each institute

## 8. Course Administration

To be filled by each institute

# 1) Examination.

- a. Minimum attendance of 75% is a requirement to appear in university professional examination
- b. Continuous formative evaluation is conducted during the academic year comprising of 5 theory tests, and 2 clinical assessment tests (ward tests and Pre annual). The results are communicated to students through notice board. Feedback is provided after each evaluation
- c. The weighting of internal assessment is 20% in 4th professional BDS Examination
- d. There will be two mid-term & term examinations followed by a pre-Annual and annual examinations each year.
- e. The structure of the paper of all the term examinations and pre-annual will be the same as that for annual examination though syllabus will be different.
- f. The structure of Mid-term exam will be half of the term exam.
- g. The syllabus for mid-term & term examinations will be announced by the department at least 02 weeks prior to examination.
- h. Pre-annual examination will be from whole syllabus.
- i. The date sheet for mid-term, term and pre-annual examinations will be published by Examination branch while the examinations will be conducted

- by respective department. The result will be submitted to examination branch for incorporation in internal assessment.
- j. The University shall take the 4th professional Examination at the end of the academic year. Annual Theory will be of 100 marks & Practical Examination will be of 200 marks. The pass score shall be 50% in theory and practical separately. However, in clinical subjects, student should pass in clinical exams / OSCE (with 50% marks) and unobserved stations (with 50% marks) separately
- k. Log book. Each student is expected to maintain record of practical work in log book. Safe keeping (make copies) of the log book is the responsibility of each student. The log book must be submitted to the surgery department at the end of the academic year.

## **Communication of Information to Students**

All information is communicated to students through notice boards.

#### **Recommended Textbooks**

- Contemporary Oral & Maxillofacial Surgery. 6<sup>th</sup> Edition 2013. Peterson, Ellis, Hupp, Tucker
- Handbook of Local Anesthesia. 6<sup>th</sup> Edition, 2013 Stanley F. Malamed
- Killeys- Midface fractures vol I; Mandible fractures vol-II
- Medical Problems in Dentistry, by Scully & Cawson
- Minor Oral Surgery by Geoffery L. Howe

#### **Reference Books**

- Maxillofacial Surgery, 2<sup>nd</sup> edition, Booth, Schendel, Hausamen
- Operative Maxillofacial Surgery, 2nd edition, 2009. Langdon, Patel
- An Outline of Oral Surgery Part-I & Part-II by Killey, Sewarde & Kay
- Oral & Maxillofacial Surgery by Laskin
- Oral & Maxillofacial Surgery by Kruger
- Pain And Anxiety Control for the Conscious Dental Patient, Meechan JG,
   Robb ND, Seymour RA- Oxford University Press (1998)
- Color Atlas of Dental Analgesia and Sedation in Dentistry, Hill C M & Morris PJ
- Hand Book of Nitrous Oxide and Oxygen Sedation Clark MS & Burnick Al. Mosby (1999).
- Oral & Maxillofacial Surgery by John Peddler.
- Resuscitation handbook, Basket PKF (1989)

# <u>Learning Outcomes</u> <u>Oral & Maxillofacial Surgery Final Year BDS</u>

Sr.No	Theme/ Topics	Course Content	Learning Outcomes: Knowledge At the completion of BDS Course, the students should be able to:	Educational Strategy	Weightings	Assessment Tools
	<u> </u>	I. Medically Co	mpromised Patients & Medical	<b>Emergencies in Dental</b>	Clinic	
1.	Medically Compromised States/ Emergencies	Health Status Evaluation  Medically compromised States  Medical Emergencies	<ul> <li>List components of medical history of patient requiring dental surgery</li> <li>Describe intra &amp; extra-oral examination for oral &amp; maxillofacial problems.</li> <li>Enumerate major signs &amp; symptoms of compromised status of the following:         <ul> <li>CVS</li> <li>Respiratory System</li> <li>Endocrinal System</li> <li>Hematological disorders</li> <li>Renal and hepatic disorders</li> <li>Gastro-intestinal system</li> </ul> </li> <li>CNS</li> <li>List relevant investigations.</li> <li>List essential drugs and equipment required for</li> </ul>	Interactive Lectures     Small Group Discussion     PBL / CBL	15 %	One Best MCQs & SAQs

			<ul> <li>managing medical emergencies in dental clinics</li> <li>Identify the special needs of females undergoing dental surgery while they:         <ul> <li>Are pregnant</li> <li>Are breast feeding</li> </ul> </li> <li>Identify the need of relevant medical referral(s) and consultation(s)</li> <li>Administer basic life support in cases of medical emergencies</li> <li>Identify and administer initial management of the following medical emergencies:         <ul> <li>Acute Anaphylaxis</li> <li>Vasovagal syncope</li> <li>Foreign body inhalation and aspiration</li> <li>Hypo / hypertension status</li> <li>Emergencies affecting any of the above mentioned systems</li> </ul> </li> </ul>		
	T		sic Surgical Principles	ı	
2.	Basic Principles of Oral Surgery	<ul> <li>Principles of aseptic and sterile surgical protocol.</li> </ul>	<ul> <li>List steps of a minor oral surgery procedure.</li> <li>Describe the principles of aseptic and sterile surgical protocol.</li> </ul>	<ul><li>Interactive Lectures</li><li>Small Group Discussions</li></ul>	MCQs

principles of the	Describe the principles of the     PBL / CBL
following in oral	following in oral surgery:
surgery:	Pre-op, intra-op and post-
➤ Pre-op, intra-op	operative pain & anxiety
and post-	control (select appropriate
operative pain	method – LA, LA +
& anxiety	sedation, GA).
control (select	> Therapeutic and
appropriate	prophylactic use of
method – LA,	antibiotics.
LA + sedation,	Edema control.
GA).	Hemostasis and dead
> Therapeutic	space management.
and	Management of medical
prophylactic	emergencies.
use of	Access to facial skeleton.
antibiotics.	Define these terms related to
Edema control.	oral surgery flaps: height,
➤ Hemostasis and	base, apex, width, length,
dead space	corners, sides, triangular,
management.	rectangular, sub marginal,
➤ Management of medical	semi-lunar
	Describe basic principles of  floor design in and appropriate
emergencies.  Access to facial	flap design in oral surgery.
skeleton.	Draw & label the following
	flaps used in minor oral
Basic principles of  flan design in eral	surgery:
flap design in oral	> 1, 2, 3 sided flaps and their
surgery.	variations.
	> Sub-marginal / semi lunar.
	For tori removal.

For impacted maxillary canines.  ≥ 1st and 2nd stage implant surgery ≥ For impacted wisdom teeth.  • name suture materials and needles used in oral surgery  Physiology of Wound Repair  • Describe the physiology of wound repair (soft tissues &bone) by: ≥ primary intention, ≥ secondary intention, ≥ Healing of an extraction wound and Osseo- integration.  • Describe the factors that impair wound healing. • Classify nerve injuries (Seddon & Sunderland). • Describe the principles of management of nerve injuries.  Medico-legal Documentation and Consent  • Describe the rela of a dentict. • Describe the rela of a dentict. • Describe the rela of a dentict.	 		
Physiology of Wound Repair  Physiology of Wound Pescribe the physiology of wound repair (soft tissues &bone) by:  primary intention,  secondary intention,  Healing of an extraction wound and Osseo-integration.  Describe the factors that impair wound healing.  Classify nerve injuries (Seddon & Sunderland).  Describe the principles of management of nerve injuries.  Medico-legal Documentation and Consent  Medico-legal List the common areas of dental litigation.  List the steps to reduce risk of litigation.			
Surgery  For impacted wisdom teeth.  name suture materials and needles used in oral surgery  Physiology of Wound Repair  Physiology of Wound Repair  Describe the physiology of wound repair (soft tissues &bone) by:  primary intention,  secondary intention,  Healing of an extraction wound and Osseo-integration.  Describe the factors that impair wound healing.  Classify nerve injuries (Seddon & Sunderland).  Describe the principles of management of nerve injuries.  Medico-legal Documentation and Consent  Medico-legal tist the common areas of dental litigation.  List the steps to reduce risk of litigation.			
		► 1 <sup>st</sup> and 2 <sup>nd</sup> stage implant	
teeth.  name suture materials and needles used in oral surgery  Physiology of Wound Repair  Describe the physiology of wound repair (soft tissues &bone) by:  primary intention, secondary intention, Healing of an extraction wound and Osseointegration.  Describe the factors that impair wound healing. Classify nerve injuries (Seddon & Sunderland). Describe the principles of management of nerve injuries.  Medico-legal Documentation and Consent  Medico-legal List the common areas of dental litigation. List the steps to reduce risk of litigation.			
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<ul> <li>primary intention,</li> <li>secondary intention,</li> <li>Healing of an extraction wound and Osseo- integration.</li> <li>Describe the factors that impair wound healing.</li> <li>Classify nerve injuries (Seddon &amp; Sunderland).</li> <li>Describe the principles of management of nerve injuries.</li> <li>Medico-legal Documentation and Consent</li> <li>List the common areas of dental litigation.</li> <li>List the steps to reduce risk of litigation.</li> </ul>	Repair	wound repair (soft tissues	
> secondary intention, > Healing of an extraction wound and Osseo- integration.  • Describe the factors that impair wound healing. • Classify nerve injuries (Seddon & Sunderland). • Describe the principles of management of nerve injuries.  Medico-legal Documentation and Consent  • List the common areas of dental litigation. • List the steps to reduce risk of litigation.		&bone) by:	
<ul> <li>Healing of an extraction         wound and Osseo-         integration.</li> <li>Describe the factors that         impair wound healing.</li> <li>Classify nerve injuries (Seddon         &amp; Sunderland).</li> <li>Describe the principles of         management of nerve injuries.</li> <li>Medico-legal         Documentation and         Consent</li> <li>List the common areas of         dental litigation.</li> <li>List the steps to reduce risk of         litigation.</li> </ul>		primary intention,	
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<ul> <li>Describe the factors that impair wound healing.</li> <li>Classify nerve injuries (Seddon &amp; Sunderland).</li> <li>Describe the principles of management of nerve injuries.</li> <li>Medico-legal Documentation and Consent</li> <li>List the common areas of dental litigation.</li> <li>List the steps to reduce risk of litigation.</li> </ul>		wound and Osseo-	
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Documentation and dental litigation.  Consent  List the steps to reduce risk of litigation.	Medico-legal		
Consent  • List the steps to reduce risk of litigation.	_		
litigation.			
▼ Describe the fole of a definise		Describe the role of a dentist	
in forensic odontology.			
Recognize non-accidental			
injuries in children and adults		_	

	II	<ul> <li>Follow ethical standards in dentistry, research and on social media.</li> <li>Exodontia Including Local</li> </ul>	Anesthesi	<u>a</u>			
3. Exc	Simple Exodontia  Complicated Exodontia	<ul> <li>Welcome, introduce; seat the patient.</li> <li>Elicit relevant medical and dental history.</li> <li>Set up the instrument tray.</li> <li>Perform examination.</li> <li>Order and interpret relevant investigations.</li> <li>Record diagnosis (indications and contra-indications for extraction).</li> <li>Enlist indications and contra-indications for the removal of teeth.</li> <li>Formulate and finalize a treatment plan.</li> <li>Name the nerves that need to be anesthetized to extract individual teeth.</li> <li>Enlist the indications for open extractions.</li> <li>Select appropriate flaps for adequate access for</li> </ul>	ı	Ctive Lectures  Group sions	15 %	•	Type 1 MCQs SAQs

	<ul> <li>Describe the technique used for open extraction of single and multi-rooted teeth.</li> <li>Describe the procedure to remove fractured root fragments/tips.</li> <li>State the justification for leaving root fragments in the socket.</li> <li>Plan the sequence of multiple extractions.</li> </ul>
Management of Impacted Teeth	<ul> <li>Define an impacted tooth.</li> <li>Name commonly impacted teeth, and reasons for their impaction.</li> <li>Enlist the indications for removal of impacted teeth.</li> <li>Enlist the contraindications for removal of impacted teeth.</li> <li>Classify impacted teeth &amp; determine the level of difficulty for extraction.</li> <li>Describe the management of a patient with an impacted third molar.</li> <li>List and select appropriate treatment option for a patient with an impacted canine.</li> </ul>

			<ul> <li>Describe the step-wise surgical procedure for the removal of impacted teeth.</li> <li>Take consent and enlist the potential risks and complications for the removal of impacted teeth.</li> <li>IV. Oral &amp; Maxillofacial Infections</li> </ul>	<u>ons</u>	
4.	Odontogenic & Non Odontogenic Infections	<ul> <li>Factors (host, micro-organisms, anatomical) that govern the spread of odontogenic infections</li> <li>Spread and pathophysiology of following infections in head and neck:         <ul> <li>Odontogenic infection to primary and secondary fascial spaces.</li> <li>Cavernous sinus thrombosis/orbital cellulitis.</li> <li>Mediastinitis</li> <li>Ludwig's angina.</li> <li>Osteomyelitis.</li> </ul> </li> </ul>	organisms, anatomical) that govern the spread of odontogenic infections.  • Diagnose and differentiate between edema (inoculation), cellulitis and abscess.  • Describe spread and pathophysiology of following infections in head and neck:  > Odontogenic infection to primary and secondary fascial spaces.  > Cavernous sinus	Interactive Lectures  Small Group Discussions  PBL / CBL	<ul> <li>Type 1 MCQs</li> <li>SAQs</li> </ul>

<ul> <li>Candidiasis, necrotizing fasciitis, actinomycosis.</li> <li>Management of infections</li> <li>Provide supportive therapy: select appropriate antibiotic and manage airway, nutrition, and hydration.</li> <li>Refer, when indicated.</li> <li>Choose and prescribe appropriate antibiotic(s) for odontogenic infections.</li> <li>Justify prophylaxis against infectious endocarditis and total joint replacement.</li> <li>Oral &amp; Maxillofacial Trauma</li> </ul>	
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5.	ATLS	Advanced Trauma Life Support (ATLS) Principles	<ul> <li>List steps of ATLS evaluation (primary survey) of patient with maxillofacial trauma</li> <li>Describe the detailed clinical examination of Maxillofacial trauma patients</li> </ul>	<ul> <li>Interactive Lectures</li> <li>Small Group         Discussions     </li> <li>PBL / CBL</li> </ul>	15%	•	Type 1 MCQs SAQs
6.	Facial Soft Tissue Injuries and Dent alveolar Trauma		<ul> <li>State etiology (name 3 causes) of maxillofacial trauma, Dentoalveolar trauma, facial soft and hard tissue injuries.</li> <li>Define abrasion, contusion, laceration.</li> <li>Order and interpret relevant investigations.</li> <li>Describe the management of facial soft tissue injuries and close the intra-oral soft tissue wound by sutures in a logical order.</li> <li>Classify traumatic injuries to the teeth and supporting structures (WHO Classification)</li> </ul>	<ul> <li>Interactive Lectures</li> <li>Small Group Discussions</li> <li>PBL / CBL</li> </ul>		•	Type 1 MCQs SAQs

		<ul> <li>Splint teeth using acid etch technique or wires on a model.</li> <li>Make an eyelet.</li> <li>Do IMF on a model using eyelets and arch bars.</li> </ul>		
7.	Mandibular Fractures	<ul> <li>Order and interpret relevant investigations.</li> <li>Classify mandibular fractures according to the type, site and favorability to reduction.</li> <li>Formulate a treatment plan for mandibular fractures in adults and children.</li> <li>Name possible complications of mandibular fractures.</li> </ul>		
		<ul> <li>Order and interpret relevant investigations.</li> <li>Classify mid and upper face fractures according to the type and site/level of fracture.</li> <li>Discuss principles of management of midfacial fractures.</li> <li>Describe management of patients with multiple facial injuries.</li> <li>Discuss principles of management of fractures of zygomatic bone and arch,</li> </ul>	<ul> <li>Interactive Lectures</li> <li>Small Group Discussions</li> <li>PBL / CBL</li> </ul>	<ul><li>Type 1 MCQs</li><li>SAQs</li></ul>

		VI. Cysts, Tu	frontal bone and NOE complex.  Name complications of mid and upper face fractures.  Describe considerations in the management of pediatric and geriatric maxillo-facial trauma.  Describe principles of management of fire arm injuries involving the face.  Identify instruments used in management of OMF trauma.  Imors, Periapical, Antral and Ot	her Pathological Lesion	ıs	
8.	Oral & maxillofacial pathology	Biopsy	<ul> <li>Order and interpret relevant investigations.</li> <li>Describe the adjuncts to clinical screening of suspicious lesions, including fluorescent light and vital staining.</li> <li>State the indications of biopsy and describe each type of soft and hard tissue biopsy.</li> <li>Identify instruments used for oral biopsy.</li> <li>Write a biopsy request form for histopathological examination and properly handle biopsy specimen.</li> </ul>	Interactive Lectures     Small Group     Discussions     PBL / CBL	10 %	<ul><li>Type 1 MCQs</li><li>SAQs</li></ul>

	Cysts	classify jav	cysts (simple
	·		on – odontogenic
			odontogenic)
			te between
			dentigerous and
		keratocyst	-
ı		State the i	
			s, disadvantages
			ques for the
			ent of jaw cysts and
1		cyst-like le	•
		="	n, marsupialization,
			n followed by
			zation, enucleation
		with curet	•
	Tumors	• Describe t	ne management of
		jaw tumor	s based on the types
		ofresectio	n: marginal
		(segmenta	l), partial, total,
		composite	
		• Describe t	ne management of
		benign sof	t tissue tumors.
		• Describe t	ne management of
		potentially	malignant
		(premalign	ant) lesions.
		• describe th	ne management of
		malignant	tumors of the oral
		cavity acco	rding to the
		following f	actors:

	<ul><li>Histopathology, grade and extracapsular spread.</li><li>TNM staging.</li></ul>		
Salivary Gland Disorders	<ul> <li>Describe pathophysiology and presentation of obstructive, retentive, infectious and neoplastic salivary gland disease.</li> <li>Describe various diagnostic modalities for salivary gland disorders.</li> <li>describe the principles of management of the following salivary gland disorders: sialolithiasis,</li> <li>Mucocele, ranula, infections, traumatic injuries to salivary glands, pleomorphic adenoma, Warthin's tumor, mucoepidermoid carcinoma, adenoid cystic carcinoma, adenocarcinoma.</li> </ul>	<ul> <li>Interactive Lectures</li> <li>Small Group Discussions</li> <li>PBL / CBL</li> </ul>	Type 1 MCQs  SAQs
Periapical & Periradicular Patholog	Name the different		

 1		
	<ul> <li>List contraindications for surgical endodontics.</li> <li>select appropriate procedure, flap, technique and (root-end filling) materials for surgical Endodontics</li> <li>Discuss the post-operative instructions after endodontic surgery</li> </ul>	
Maxillary Sinus Diseases	<ul> <li>Describe odontogenic and non-odontogenic infections of maxillary sinus and their differential diagnoses.</li> <li>Describe the treatment of sinusitis.</li> <li>Classify oro-antral communication according to size and describe their management according to the time elapsed.</li> <li>Enlist the common maxillary sinus tumors of odontogenic and non-odontogenic origin and describe their management.</li> </ul>	
Management of	State the mechanism of	
patients undergoing	action of radiotherapy,	
Radiotherapy &	regimes of radiotherapy and	
Chemotherapy	list its adverse oral effects.	

Describe the dental
management of patients
undergoing radiotherapy to
the OMF region.
Define osteoradionecrosis.
Describe its stages and
management plan.
State the dental management
of a patient undergoing
systemic chemotherapy.
Define MRONJ.
State the management of a
patient at risk of MRONJ
needing dental extraction.

		VII. [	Dentofacial Deformity and Ortho	ognathic Surgery		
9.	maxillofacial & 0	Dentofacial Deformity & Orthognathic Surgery	<ul> <li>Enlist causes of dentofacial deformities.</li> <li>Order and interpret relevant investigations.</li> <li>Describe the pre-surgical preparation for orthognathic surgery patient.</li> <li>Describe the surgical treatment options (osteotomies) for the following: mandibular excess, mandibular deficiency, maxillary and mid-face deficiency, combination deformity, facial asymmetry.</li> <li>Describe the role and advantages of distraction osteogenesis in OMF region</li> </ul>	<ul> <li>Interactive Lectures</li> <li>Small Group Discussions</li> <li>PBL / CBL</li> </ul>	10%	<ul><li>Type 1 MCQs</li><li>SAQs</li></ul>
		Oro-facial Clefts	<ul> <li>Name the number of different types of rare facial clefts in addition to cleft lip and palate.</li> <li>Classify cleft lip and palate for communication and record keeping.</li> <li>Enlist the OMF problems faced by a cleft patient.</li> <li>Constitute a team for the treatment of a cleft patient.</li> <li>Describe the treatment of a cleft patient to the</li> </ul>			

		Reconstruction of OMF Defects	<ul> <li>sequence and surgical procedures.</li> <li>State the general principles of OMF reconstruction.</li> <li>Describe the biology of bone reconstruction and define osteo-induction, osteo-conduction, osteo-promotion and osteo-genesis.</li> <li>Classify bone grafts on the basis of source and vascularity (autogenous)</li> <li>Enlist the goals of mandibular reconstruction: restoration of continuity, alveolar bone height, osseous bulk and function.</li> <li>Describe the role of maxillofacial prosthetics in rehabilitation of OMF defects.</li> </ul>					
	,		VIII. Prosthetics and Implants	s Su	ırgery	•		
10.	Preprosthetic and implant surgery	Preprosthetic surgery	<ul> <li>Enlist objectives of pre- prosthetic surgery.</li> <li>Identify abnormalities of soft and hard tissues which interfere with denture (partial/complete) construction and formulate a treatment plan.</li> </ul>	•	Interactive Lectures  Small Group Discussions  PBL / CBL	5 %	•	Type 1 MCQs SAQs

Name and describe ridge
extension, augmentation and
correction (osteotomies)
procedures for mandible and
maxilla.
Discuss complications of pre-
prosthetic surgery.
Briefly describe the principles     of following surgical
of following surgical
procedures:
> Alveloloplasty simple,
intraseptal (Dean's),
> tuberosity reduction,
exostosis and undercuts
correction, tori removal,
> mylohyoid ridge
reduction,
> genial tubercle reduction,
> retromolar pad reduction,
> lateral palatal soft tissue
excess removal,
> unsupported hypermobile
tissue removal,
> inflammatory fibrous
hyperplasia removal,
➤ Labial and lingual
frenectomy
Describe the surgical protocol
for immediate denture
placement/construction.

	<ul> <li>Describe methods of ridge</li> </ul>
	preservation.
	<ul> <li>Describe procedure and</li> </ul>
	advantages of overdenture.
Dental Implants	Define dental implant and
Surgery	identify its components.
	Define osseointegration, list
	factors influencing
	osseointegration.
	Define the following terms
	related to dental implants:
	endosseous, root-form, cover
	screw, healing
	abutment/gingival former,
	single/two stage, screw/cement
	retained, biotypes.
	Describe the following
	considerations for implant
	placement: soft tissue, hard
	tissue and biomechanical.
	Assess a patient in need of
	dental implant(s) by history,
	clinical examination, and
	imaging.
	Describe the surgical
	procedure for one stage, two
	stage and immediate dental
	implant placement.

		IX.	<ul> <li>State the peri-operative management of dental implant placement.</li> <li>Enlist complications of implant surgery and describe their management.</li> <li>Describe ridge augmentation and preservation, guided bone regeneration, onlay bone grafting, sinus lift and distraction osteogenesis for dental implant placement.</li> <li>Name the following special maxillofacial implants: zygomatic and extra-oral.</li> <li>Pain / TMJ Surgery / Salivary (</li> </ul>	Glar	nd Diseases			
11.	TMJ and facial pain disorders	TMJ Disorders  Oro-facial Pain	<ul> <li>Classify TMJ disorders as:         myofascial, internal         derangement (Wilke's),         systemic arthritis conditions,         chronic recurrent dislocation,         ankylosis, neoplasia and         infections.</li> <li>Select management options for         TMD and ankylosis.</li> <li>Describe the pathophysiology         of neuropathic pain.</li> <li>Classify oro-facial pain         according to site and etiology.</li> </ul>	•	Interactive Lectures  Small Group Discussions  PBL / CBL	5 %	•	Type 1 MCQs SAQs

			Differentiate trigeminal neuralgia from pre-trigeminal neuralgia, odontalgia, and post-herpetic neuralgia, neuroma, burning mouth syndrome, glossopharyngeal neuralgia and headaches.			
			X. Hospitalized patients	& GA		
12.	Management of hospitalized patients	Pre and post-operative management of hospitalized patients	<ul> <li>Identify the need of patient hospitalization</li> <li>Write consultation and referral requests to other specialties</li> <li>Describe the pre and post-operative management of hospitalized patients</li> <li>Advise the pre anesthesia investigations</li> <li>Maintain operative and post-operative records of the hospitalized patients</li> </ul>		5 %	

<u>Clinical Outcomes</u>: By the end of final year BDS, the students should be able to:

#### **Health Status Evaluation**

- Elicit detailed history of the patient
- Perform intra and extra-oral examination for oral and maxillofacial problems.
- Order and interpret relevant investigations.
- Apply the following suturing techniques: simple interrupted, figure of '8', horizontal and vertical mattress.
- Administer infiltration for maxillary extractions and mandibular anterior teeth extractions.
- Administer inferior alveolar nerve block for mandibular extractions.
- Administer supplemental LA techniques.
- Communicate with a patient after a complication has occurred (role play) + break bad news in a way to avoid litigation

#### **Exodontia**

- Use appropriate operator and patient positions,
- Identify and use appropriate instruments and techniques to perform an extraction
  - gingival detachment
  - forceps application
  - tooth luxation and delivery
  - jaw support and tissue retraction (non-dominant hand)
  - Advise postoperative instructions

#### Infections

- Order and interpret relevant investigations.
- Perform incision and drainage of intra oral abscesses
- Collect specimen for culture and sensitivity

#### Aids to dental specialties

- Order and interpret relevant investigations.
- Describe the surgical procedure for one stage, two stage and immediate dental implant placement.

#### Trauma

- Identify signs and symptoms of dento alveolar injuries
- Identify common signs and symptoms of facial fractures
- Order and interpret relevant investigations.
- Splint teeth using acid etch technique or wires on a model.
- Make an eyelet.
- Do IMF on a model using eyelets and arch bars.
- Order and interpret relevant investigations.
- Order and interpret relevant investigations.

#### **Pathology**

- Identify signs and symptoms of odontogenic cysts and tumors
- Identify clinical signs of oral malignancy
- Order and interpret relevant investigations.

#### Deformity

Order and interpret relevant investigations.

# Oro facial pain

- Differentiate odontogenic from non-odontogenic pain with history and clinical examination
- Diagnose trigeminal neuralgia and describe its management options.