

**KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES**

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

SEPTEMBER 2026

Total number of OPD patient -2364

Total number of IPD patient- 24

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.	Rajendra Tambe	53/M	7640712	Wide local excision with left MRND (type 1) with left 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 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 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.	Datttray arate	73/M	7586788	Wide local excision with segmental low level maxillectomy and reconstruction with buccal fat pad under GA	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 with segmental low level maxillectomy and reconstruction with buccal fat pad flap under general anaesthesia. . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Buccal fat pad marking was done and flap was taken. It was sutured to the defect Post ablative defect closed with Vicryl 2-0

					suture. Sterile dressing given and patient was reversed and shifted to ICU on T piece.
3.	Chaya Bhise	46/F	7650220	Open reduction and internal fixation of left body and right parasymphysis 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 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 4 hole with gap plate (1) with 2.5 mm x12 mm screws (4) on left lower border and 2 mm 4 hole with gap plate (1) with 2 mm x 12 mm screws(4) on right lower border on left upper border 1.5 mm 4 hole with gap (1) 2 mm x 10 mm screws (4) . Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
4.	Sanjay Chavan	55/M	7655252	Implant removal Under GA	Patient complaint of exposed implants since 2 months. 2 dimensional radiographs and 3DCT scans were done. Radiographic evaluation revealed infected implant and clinically pus discharge extra orally from mandible. Open reduction & internal fixation was done under general anaesthesia 8 months ago. Planned with intraoral incision and full thickness flap was reflected. Exposed implant was examined and removed. Infected Bone fragments were removed. extraoral fistulectomy was done and sinus tract was removed. Closure was done using vicryl 3-0 and ethilon 4-0 suture material. Pressure dressing was placed at site of operation. GA reversal was given then patient extubated and shifter to recovery
5.	Abhishek Pawar	22/M	7660837	Enucleation & curettage under GA	Patient complained pain and difficulty in chewing over right anterior maxillary region since 1 month, CBCT was done which revealed cystic lesion of anterior maxilla planned for enucleation. Intraoral incision was taken and blunt dissection was done to expose the cystic lesion, cyst was enucleated. Cystic cavity was packed with PRf gel. Intraoral closure was done using vicryl 3-0.
6.	Dipak Salunkhe	49/M	1176114	WLE and reconstruction with infrahyoid flap under	Patient complains of growth and swelling over right lateral border of tongue. Patient noticed increase in dimensions of the ulcero-proliferative lesion since 3 month. Patient advised CECT along with all routine investigations. Patient

				general anaesthesia	planned for WLE and reconstruction with infrahyoid flap under general anaesthesia. . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Infrahyoid flap marking was done and flap was taken. It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture. Sterile dressing given and patient was reversed and shifted to ICU on T piece.
7.	Satyawan Dhawade	34/M	7659449	Open reduction and internal fixation of B/L ZMC fracture, left angle and right 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 zmc fracture, right parasymphysis and left angle fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision over left angle and b/l F-Z region 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 x12 mm screws (4) on right lower border and 2 mm 4 hole with gap plate (1) with 2 mm x 12 mm screws(4) on left angle region, on left F-Z region 1.5 mm 2 hole with gap (1) 2 mm x 10 mm screws (2) , on right F-Z region 1.5 mm 4hole with gap orbita (1) 1.5 mm x 8mm screws(4), on left buttress region 1.5mm (2) 2 hole with gap plates using 1.5 mm x 8 mm (4) screws were used, over right buttress region 1.5 mm 6 hole with gap plate using 1.5 mm x 8mm (4) screws were used, Closure was done using vicryl 3-0 intraorally , ethilon 4-0 over left anfle region and ethilon 5-0 over left f-z region sutures. Pressure dressing was placed at site of operation.
8	Vinod Shinde	43/M	7650218	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 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 2mm 4 hole with gap L plate (1) with 2 mm x8 mm screws (2)+ 2.5 mm x 8 mm

					screws(2) on right buttress region.Closure was done using vicryl sutures. Pressure dressing was placed at site of operation
9	Umesh Mandale	39/M	7650218	Open reduction and internal fixation of right parasymphysis left zygomatic arch and left subcondylar 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 of right parasymphysis left zygomatic arch and left subcondylar 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 2.5mm 6 hole with gap plate (1) with 2.5mm x10mm screws (6) over right lower border of mandible + 2mm 3 hole with gap plate (1) x 2 mm x 10 mm screws(3) on right upper border of mandibl region.Closure was done using vicryl sutures. Pressure dressing was placed at site of operation
10	Dilip chand	59/M	7663458	Incision and drainage under GA	Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and USG scans were done. Radiographic evaluation revealed Rt and Lt Submandibular space infection.Planned with incision and drainage and extraction of the carious tooth.Corrugated drain were placed using mersilk 1-0 suture material. Pressure dressing was placed at site of operation
11	Mahendra patil	28/M	7628915	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 of bilateral zmc fracture, right parasymphysis and left angle fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision over left angle and b/l F-Z region 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 x12 mm screws (4)on right lower border and 2 mm 4 hole with gap plate (1) with 2 mm x 12 mm screws(4) on left angle region, on left F-Z region 1.5 mm 2 hole with gap (1) 2 mm x 10 mm screws (2) , on right F-Z region 1.5 mm 4hole with gap orbita (1) 1.5 mm x 8mm screws(4), on left buttress region 1.5mm (2) 2 hole with gap plates using 1.5 mm x

					8 mm (4) screws were used, over right buttress region 1.5 mm 6 hole with gap plate using 1.5 mm x 8mm (4) screws were used, Closure was done using vicryl 3-0 intraorally , ethilon 4-0 over left anfle region and ethilon 5-0 over left f-z region sutures. Pressure dressing was placed at site of operation.
12	Rajendra Jadhav				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, symphysis and right subcondylar fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision over left upper vestibule intraoral incision and full thickness flap was reflected. Fracture site was exposed then the lower vestibule incision was marked from 33 to 43 intraorally to expose the fracture site then blunt dissection was done to expose the fracture site and fracture reduction was done and fixation was done using 2mm 4 hole with gap l plate over left buttress region and 2mmX8mm screws(4) then in symphysis region 2mm 4 hole with gap plate(1) with 2mmX8mm Screws (4) and 2.5mm 4 hole with gap plate (1) using 2.5mmX8mm screws(4) were placed Pressure dressing was placed at site of operation.
13	Ratan Talap	24/M	7636814	Anterior mandibular Cyst Enucleation and curettage with apicectomy under GA	Patient complained pain and difficulty in chewing over right anterior mandibular region since 1 month, CBCT was done which revealed cystic lesion of anterior mandible planned for enucleation and apicectomy. Intraoral incision was taken and blunt dissection was done to expose the cystic lesion, cyst was enucleated in toto, apicectomy and retrograde filling with MTA was done. Cystic cavity was packed with abgel mixed with 5 Floro uracil and PRP gel. Intraoral closure was done using vicryl 3-0. Pressure dressing was placed at site of operation
14	Shahaji Shinde	36/M	7638456	Wide local excision with left SOHND and reconstruction with infrahyoid flap under GA	Patient complains of growth and swelling over left buccal mucosa over corner of mouth. 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 infrahyoid flap under general anaesthesia. Left SOHND neck dissection in subplatysmal plane done, . Primary lesion

					marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto. Infrahyoid flap marking was done and flap was taken. It was sutured to the defect Post ablative defect closed with Vicryl 2-0 suture material intraorally and ethilon 3-0 extraorally and neck 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.
15	Shubham Mane	30/M	7597970	Open reduction and internal fixation and wound debridement of communitied B/L ZMC6fracture with OE fracture	Patient complaint of RTA Patient complained of pain, swelling & difficulty in mastication. Sine 2 months. 2 3DCT scans were done. Radiographic evaluation revealed communitied fracture of B/L zygomatico-maxillary complexwith NOE fracture. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision and full thickness flap was reflected. Fracture site was exposed. . Bone fixation was done using titanium miniplates 1.5mm 4 hole with gap plate (1) with 1.5mm x10mm screws (4) over left buttress region and wound dbridement along with removal of dentoalvelar segment with15,16,17 and 14 from maxillary sinus was done..Closure was done using vicryl 2-0 and3-0 sutures. Patient shifted to ICU-13 on T-piece with vital WNL.
16	Sangram Garud	32/M	7586889	Anterior maxillary Cyst Enucleation and curettage with apicectomy under GA	Patient complained pain and difficulty in chewing over right anterior mandibular region since 1 month, CBCT was done which revealed cystic lesion of anterior maxilla planned for enucleation and apicectomy. Intraoral incision was taken and blunt dissection was done to expose the cystic lesion, cyst was enucleated in toto, apicotomy and retrograde filling with MTA was done . Cystic cavity was packed with PRf gel. Intraoral closure was done using vicryl 3-0.patient was shifted to ICU-13 with vitals WNL.
17	Pruthaviraj Yadav	24/M	7672606	ORIF for Left ZMC fracture 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 of Left zmc fracture. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision over left upper vestibule intraoral incision and full thickness flap was reflected. Fracture site was exposed 1.5mm 4 hole with gap and 1.5 mm 3hole with gap plate

					(1)and 1.5mm 4 hole with gap L plate using 1.5mmX8mm screws (10) used for the fixation of ZMC fracture (6) Intraoral closure was done using vicryl 3-0 suture material then the patient shifted to recovery
18	Yuvraj wagh	22/M	7635617	ORIF for right parasymphysis fracture 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 of right parasymphysis fracture. Open reduction & internal fixation was planned under general anaesthesia. Planned with intraoral incision over righty lower vestibule intraoral incision and full thickness flap was reflected. Fracture site was exposed 2 mm 3 hole with gap and (1)and 2.5 mm 5 hole with gap plate(1) using 2.5mmX8mm screws (8) used for the fixation of right parasymphysis fracture of mandible Intraoral closure was done using vicryl 3-0 suture material then the patient shifted to recovery
19	Aniket More	14/M	1179118	Incision and drainage	Patient complained of pain, swelling & difficulty in mastication. 2 dimensional radiographs and USG scans were done. Radiographic evaluation revealed Rt Submandibular space infection.Planned with incision and drainage and extraction of the carious tooth. Pressure dressing was placed at site of operation
20	Ushatai ghadage	68/F	7639890	Wide local excision with left hemiglossectomy and primary closure under GA	Patient complains of growth and swelling over leftlateral border of tongue . 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 primary closure and collagen membrane under general anaesthesia. Leftside selective neck dissection in subplatysmal plane done, . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto..Primary closure and collagen membrane cosure was done. Sterile dressing given and patient was reversed and shifted to ICU on T piece.
21	Murad desai	32/M	7677844	ORIF for Left angle and symphysis of mandible and left ZMC	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, symphysis and right

				fracture under GA	subcondylar fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision over left upper vestibule intraoral incision and full thickness flap was reflected. Fracture site was exposed then the lower vestibule incision was marked from 33 to 43 and for angle region 36 to RMT region to expose the fracture site the fracture was reduced and the IMF was done. 2mm 6 hole with gap plate (1) was placed at angle region using 2mmX8mm screws (6). 2mm 4 hole with gap and 2.5mm 4 hole with gap plate (1)(1) using 2mmX8mm screws (4) and 2.5mmX8mm screws (4) used for the fixation of mandible then in left ZMC region 2mm 4 hole with gap L plate (1) and 2 hole with gap 2mm plate (1) was used using 2mmX8mm screws (6) Intraoral closure was done using vicryl 3-0. patient was shifted to recovery with vitals WNL.
22	Prashant jadhav	33/M	7675338		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, symphysis and right subcondylar fracture of mandible. Open reduction & internal fixation was planned under general anaesthesia. Planned with extraoral incision over left upper vestibule intraoral incision and full thickness flap was reflected. Fracture site was exposed then the lower vestibule incision was marked from 33 to 43 and incision was taken the fracture was exposed and reduced and the IMF was done.. 2mm 4 hole with gap and 2.5mm 4 hole with gap plate (1)(1) using 2mmX8mm screws (4) and 2.5mmX8mm screws (4) used for the fixation of mandible (6) Intraoral closure was done using vicryl 3-0 suture material then the patient shifted to recovery
23	Sharda chavan	59/F	7691358	Right side maxillary Cyst Enucleation and curettage	Patient complained pain and difficulty in chewing over right maxillary region since 2-3 month, CBCT was done which revealed cystic lesion of maxilla planned for enucleation and curattage. Intraoral incision was taken and blunt dissection was done to expose the cystic lesion, cyst was enucleated in toto. Cystic cavity was packed with Abgel. Intraoral closure was done

					using vicryl 3-0. patient was shifted to recovery with vitals WNL.
24	Baban More	72/M	7607301	Wide local excision, anterior hemimandibulectomy , It extended SOHND and Rt SOHND and reconstruction with free fibula graft under GA	Patient complains of growth and swelling over lower lip . Patient noticed increase in dimensions of the ulceroproliferative lesion since 1 month. Patient advised CECT along with all routine investigations. Patient planned for Wide local excision, anterior hemimandibulectomy , It extended SOHND and Rt SOHND and reconstruction with free fibula graft under general anaesthesia. Left side selective neck dissection in subplatysmal plane done, . Primary lesion marked and exposed after doing blunt dissection along with safe margins to be excised. Primary tumour removed in toto..Free fibular graft placed and closure done. Sterile dressing given and patient was reversed and shifted to ICU with Tracheostomy tube.

Handwritten signature

HEAD OF THE DEPARTMENT

for **Name, Sign, Seal & Date**

**Head of Department
Dept. Of Oral & Maxillofacial Surgery
School Of Dental Sciences, Karad**