Maxillofacial Surgery in Corporate Hospital Setup

Neeraj Singh¹ · Preet Kanwal Singh Ahluwalia²

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Abstract The practice of oral surgery has metamorphosed from exodontia in the past years to performing complex facial surgery in the present. The distance from oral surgery to oral and maxillofacial surgery has been made possible by the industrious efforts of professionals from around the world, who have constantly improvised in research and treatment strategies to serve the society. The specialty is constantly growing and finding new vistas to establish itself and the exploration into hospital-based practice is one of them. The article discusses the practice of maxillofacial surgery in a corporate hospital setup.

Keywords Maxillofacial surgery · Scope and growth · Corporate hospital

The specialty of oral and maxillofacial surgery has gone through a sea of change in the past two decades. There has been creation of sub-specialties within the specialty like oncologic and reconstructive surgery, facial aesthetic surgery, and hospital-based practice [1] to name a few. This division of medicine has always been distinctively unique in its expression as it encompasses the principles of dental surgery on one gamut and highly superspecialized surgical principles on the other. The practice of OMFS has been grappling with an identity crisis with perplexity and uncertainty hovering on the minds of young professionals as to what and how to practice. They are always on a

pendulous path on whether to limit the practice to office-based procedures or to explore hospital-based practice. This state of confusion is further augmented due to the difference in training and qualifications at various centers world over. Interdisciplinary fellowships further widen the rift. These issues were laconically discussed by Laskin [2], and it was remarked that it is the countries and regions only who have to decide what standards have to be adopted and fulfilled for one to qualify as a Maxillofacial surgeon. This puts much confusion regarding dual qualifications to rest. It also raises another pertinent question that are we doomed to be office-based procedures or will we be omnipresent in hospital-based practice as well coexisting with other medical specialists in delivering interdisciplinary patient care [1].

The current practice pattern of maxillofacial surgery in our country can be divided into following Groups:

- *Group 1* Professionals involved in teaching institutions with their clinical work ranging from minor oral surgery to complex craniofacial surgery.
- *Group 2* Professionals involved in private dental practice and who also occasionally practice office-based minor oral surgery which is limited to impactions, endodontic surgery, and conservative management of mandibular trauma.
- *Group 3* Professionals involved in private dental practice and visiting consultancy to hospitals and nursing homes for cases pertaining to maxillofacial trauma/pathology.
- *Group 4* Professionals involved in exclusive office-based oral and maxillofacial surgery practice with day care facility usually in associateship with other OMFS colleagues. This practice is mostly popular in USA.

✉ Neeraj Singh
neerajsinghdoc@gmail.com

Preet Kanwal Singh Ahluwalia
preetahluwalia@hotmail.com

¹ Apollo Hospital, New Delhi, India

² Fortis Hospital, Mohali, Punjab, India

- **Group 5 Professionals** involved in exclusive hospital-based practice. Such oral and maxillofacial surgeon practice a full scope of procedures ranging from minor oral surgery, trauma, oncology, reconstructive surgery, orthognathic surgery, TMJ surgery, facial deformity management, and management of medically compromised patients.

Predominantly, the first three groups have been popular in OMFS practice with few exceptions opting for group 4 or group 5. The relative ease of setting up dental practice and pecuniary benefits arriving early prompts many OMF surgeons to shun specialised OMF practice in favour of the routine dental practice. In the process, potential patients needing special OMF care are left to the mercy of other associated specialities like plastic and ENT surgery. Also the practice of OMFS does not amalgamate with a large pool of medical health care and is just limited to dental health care. Unfortunately, many medical professionals are oblivious to its existence let alone society in general. Krishnaraj [3] have also highlighted that a large part of the public and medical community are not very aware about OMFS as a separate speciality.

The current growth in private health sector primarily in corporate hospitals is touching a new high. During 2008–2020, the market is expected to record a CAGR (compound annual growth rate) of 16.5% which means the total industry size is expected to touch USD 160 billion by 2017 and USD 280 billion by 2020 (Fig. 1) [4]. This new headway in the health sector has led to the emergence of new medical specialities like sports medicine, geriatric medicine, bariatric surgery, nutritional medicine foraying into the health sector. There is no reason why an established speciality like OMFS should remain confined within the shell of dental surgery. Due to the limited number of jobs in the

academic arena, majority of fresh OMFS surgeons will strive to pursue a career in a private setups or corporate hospitals. Unfortunately, OMFS does not have the same public profile as the other surgical fields. This is largely because OMFS is a recent specialty, and the public perception about dentistry does not traditionally involve surgery [5]. The specialty of OMFS which is a bridge between dentistry and medicine seems to hang somewhere in between with even the newly passed out postgraduates being unsure of their role in a private hospital setting. Along with the specialized knowledge in the field of OMFS, one should hold on to the knowledge gained during undergraduation as well. There is hesitation among many oral and maxillofacial surgeons to do this, although the field of OMFS came into being as a result of its background in dentistry. It is this knowledge that sets us apart and quite often acts as our unique expertise in a corporate hospital setup.

The due recognition and professional satisfaction can be achieved by joining the larger area of identifiable medical practice in a corporate hospital. The majority of corporate hospitals are expanding their clinical care to complex cardiac surgeries, transplant surgery, oncologic care, neurocare which was hitherto not possible in our country.

With an increasing population and higher life expectancy, the pool of patients seeking oral healthcare is increasing every year. Life style diseases like DM and IHD have increased many folds. A large number of patients are on drugs for modalities which either interfere with administration of anesthesia, healing of wounds or the immunity per se. Oral surgical care of the medically compromised patients has thus become more complicated and demands frequent consultations/interventions from other medical disciplines.

Here the corporate setup scores over solo clinical practices; the surgeon with other medical specialties at an arms distance becoming more confident leading to greater overall patient safety and satisfaction. An OMFS when based in corporate hospitals can expand the arena of his practice by incorporating minor nuances:

- Minor oral surgeries and implant-related surgeries can be preformed under conscious sedation and short anesthesia due to availability of anesthetist in the hospital. The patient can be kept under daycare with parenteral analgesia imparting substantial postoperative patient comfort.
- Due to the presence of laboratory facilities under one roof, the microbiology, immunology, and pathology services can be of immense use in maxillofacial surgical pathology practice.
- Basic and advanced radiology along with nuclear imaging like PET scans and bone scintigraphy which are an integral part of tertiary hospital can help a

Fig. 1 Healthcare sector growth trend (US \$billion)

maxillofacial surgeon to diagnose skeletal hyperplasia, judge treatment response in osteomyelitis, and abnormal metabolic activity in neoplastic diseases.

- Incorporating TMJ disorder and myofascial pain disorder patients who sometimes need psychosomatic counseling and physiotherapy of masticatory musculature. Both the facilities are readily available in a corporate hospital thus enabling OMFS to provide comprehensive care to its patients.
- Large hospitals provide an opportunity to showcase the clinical work through continuing medical education programs.
- Insurance cover for various maxillofacial procedures can easily be availed through established Insurance desks in the corporate hospitals.
- Full-time presence of OMFS in the hospital can help the surgeon to get involved with the Trauma team and early treatment can be rendered to the patients.

It is beyond doubt that maxillofacial surgery in its full scope is a hospital-based branch and its presence along with other medical specialities in a corporate hospital is

mandatory if we intend to provide comprehensive care to our patients.

“One cannot resist an idea whose time has come” and now is the time to expand the horizon of maxillofacial surgery and to bring it out from being an office-based practice to recognized hospital-based practice thriving with other medical specialities.

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